



August 26, 2021

RECEIVED

By CERTIFICATE OF NEED PROGRAM, Aug 31, 2021

Eric Hernandez, Program Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

CN_22-05

Via email: FSLCON@DOH.WA.GOV

Dear Mr. Hernandez:

Enclosed please find a Certificate of Need application from Cashmere Care Center, recently renamed Cashmere Post Acute, proposing to add 30 beds to our existing nursing home in Chelan County.

The processing fee of \$46,253 was sent separately via UPS. The tracking number is 1ZY5X1810383559629.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Kirkman Lindahl
Managing Director of Operations
Foundation Healthcare Services

APPLICATION FOR CERTIFICATE OF NEED
Nursing Home Projects
(Excluding CCRC)

CN_22-05

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990 and the instructions on page 2 of this form.

Application is made for a Certificate of Need in accordance with provisions of Chapter 70.38 Revised Code of Washington (RCW) and Rules and Regulations adopted by the Department (WAC 246-310). I hereby certify that the statements made in this application are correct to the best of my knowledge and belief.

APPLICANT(S)

OWNER:

David Lindahl, Manager
Name and Title of Responsible Officer
(PLEASE PRINT OR TYPE)
Legal Name of Owner:
817 Pioneer Ave, LLC
Address of Owner:
817 Pioneer Ave, Cashmere, WA 98815

OPERATOR:

Kirkman Lindahl, Managing Director of Operations
Name and Title of Responsible Officer
(PLEASE PRINT OR TYPE)
Legal Name of Operator:
T-Street Holdings, LLC dba Cashmere Post Acute
Address of Operator:
817 Pioneer Ave, Cashmere, WA 98815

[Handwritten Signature]
Signature of Responsible Officer

[Handwritten Signature]
Signature of Responsible Officer

Date: 8/25/2021 Telephone: 509.782.1251

Date: 8/25/2021 Telephone: 509.782.1251

TYPE OF OWNERSHIP:

- [] District
[] Private Non-Profit
[] Proprietary - Corporation
[] Proprietary - Individual
[X] Proprietary - Partnership
[] State or County

OPERATION OF FACILITY:

- [] Owner Operated
[] Management Contract
[X] Lease

Proprietor(s) or Stockholder(s) information:
Provide the name and address of each owner
and indicate percentage of ownership:

David and Rene Lindahl Family Trust - 100%
555 N El Camino Real, A266
San Clemente, CA 92672

TYPE OF PROJECT (check all that apply):

- [] Total Replacement of Existing Facility
[] New Facility
[] Renovation/Modernization
[X] Bed Addition
[] Capital Expenditure Over the Minimum
[] Bed Capacity Change/Redistribution
[] New Institutional Health Service
[] Mandatory Correction of Fine/Deficiencies
[] Amend Current Certificate of Need
[] Expansion/Reduction of Physical Plant
[] Other

Intended Project Start Date: Upon Certificate of Need approval
Intended Project Completion Date: Upon Certificate of Need Approval
ESTIMATED CAPITAL EXPENDITURE: \$0.00

Project Description: Add 30 beds to the existing nursing home in Chelan County.

ATTACH NARRATIVE PORTION OF THE APPLICATION



**CERTIFICATE OF NEED APPLICATION
FOR THE ADDITION OF 30 BEDS**

August 2021

SECTION 1 APPLICANT DESCRIPTION

A. Owner Description:

1. Legal name of owner:

The applicant is T-Street Holdings LLC dba Cashmere Post Acute¹. Please note that until July 28, 2021, Cashmere Post Acute operated under the name of Cashmere Care Center. The name was changed on that date; it was a name change only (not a legal change).

2. Address of each owner:

The address of Cashmere Post Acute is:

817 Pioneer Ave
Cashmere, WA 98815

3. Provide the following information about each owner.

- a. **If an out-of-state corporation, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division. Show relationship to any organization as defined in Section 405.427 of the Medicare Regulations.**

T-Street Holdings LLC dba Cashmere Post-Acute is a Washington Limited Liability Company (LLC). Exhibit 1 includes the requested information from the Secretary of State's website. The UBI number is 604 348 119.

¹ The physical assets are owned by 817 Pioneer Ave LLC. T-Street Holdings LLC dba Cashmere Post Acute is the operator and licensee.

- b. If an out-of-state partnership, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

This question is not applicable.

B. Operator Description:

1. Legal name and address of operating entity (unless same as owner).

- a. If an out-of-state corporation, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

The operating entity is the same as the applicant.

- b. If an out-of-state partnership, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

This question is not applicable.

- c. Is the applicant currently, or does the applicant propose to be reimbursed for services provided under Titles V, XVIII, and/or Title XIX of the Social Security Act?**

The applicant will secure both Medicaid and Medicare certification.

d. Name, title, address and telephone number of person to whom questions regarding this application should be directed.

Questions regarding this application should be addressed to:

Paul Foltz, Executive Director
 Cashmere Post Acute
 o: (509) 782-1251 ext. 225
 c: (949) 677-3344
 e: pfoltz@foundationrc.com

Kirkman Lindahl
 Managing Director of Operations
 Foundation Healthcare Services
 c: 949.697.6456
 e: klindahl@foundationrc.com

e. Provide separate listings of each Washington and out-of- state health care facility, including name, address, Medicare provider number, Medicaid provider number, owned and/or managed by each applicant or by a related party, and indicate whether owned or managed. For each out-of- state facility, provide the name, address, telephone number and contact person for the entity responsible for the licensing/survey of each facility.

T-Holdings LLC does not operate any other facilities. However, the members of T- Holdings LCC also own Foundation Healthcare Services (Foundation). Foundation, under unique LLCs also operates three other nursing homes, all of which are located in Washington State. These facilities are detailed in Table 1.

**Table 1
 Facilities Owned or Managed by Foundation Healthcare Services**

Name	Date Commenced Operations	Address	Medicare Provider Number	Medicaid Provider Number	Role
Auburn Post Acute	February 2021	414 17th St SE Auburn, WA 98002	50-5355	41154441	Operator/licensee
North Bend Post Acute	May 2021	219 Cedar Ave S North Bend, WA 98045	50-5339	4114310	Operator/licensee
Roo Lan Health and Rehab	February 2020	1505 Carpenter Rd SE Lacey, WA 98503	50-5254	4116151	Operator/licensee

Source: Applicant

**SECTION 2
FACILITY DESCRIPTION**

A. Name and address of the proposed/existing facility.

The name and address of the existing facility is:

Cashmere Post Acute
817 Pioneer Ave
Cashmere, WA 98815

B. Provide the following information:

	NURSING HOME (SNF)	BOARDING HOME (CONG.)
Total Number of Beds Currently Licensed	65	0
Number of Beds Currently Set Up	85 ²	0

Upon project completion, Cashmere Post Acute will operate with the following bed configuration:

	NURSING HOME (SNF)	BOARDING HOME (CONG.)
Total Number of Beds Licensed	95	0

² Consistent with the Governor's Proclamation 20-36, Cashmere Post Acute currently operates 20 beds beyond its historical license.

SECTION 3 PROJECT DESCRIPTION

A. Describe the proposed project. This description should include discussion of any proposed conversion or renovation of existing space, as well as the construction of new facility space. Also, specify any unique services being proposed.

T-Holdings LLC assumed operations of Cashmere Care Center (as it was then known), in February of 2019. It had historically been licensed for 110 beds; but banked, relinquished or otherwise lost a total of 45 beds, such that it was operating only 65 beds when T-Holdings, LLC assumed operations.

In addition to the loss of beds at Cashmere Post Acute, other providers in the Chelan/Douglas planning area, including Cascade Medical, Central Washington and Lake Chelan Community Hospital closed beds and another provider, Regency, forfeited beds. As a result, according to CN Program estimates produced in January of 2021, of the 32 Counties in the State that have nursing facility beds, Chelan County is in the lowest quintile, at 13 beds per 1,000 residents age 70+.

We understand that the bed to population ratio is only one part of evaluating nursing home bed need. In addition to the bed to population ratio and the estimate of surplus or shortage of beds that it produces, the Department of Social and Health Services (DSHS) historically published, but has not since May of 2018, estimates of Nursing-Home-Comparable Home- and Community-Based Service Capacity. In its 2018 report, it identified 382 beds of Total Nursing-Home Comparable Capacity in Chelan County. When added to the current 242 beds of supply, a shortage of beds continues to exist as the combined supply is below the population's need for 737 beds in 2022, which increases to 803 beds in 2024.

In addition to providing improved access to post-acute and long-term care locally, the project specifically addresses a gap related to safe care options for hard to place/discharge from hospitals/other higher level of care individuals with behavioral health needs. With the ownership change to T-Holdings LLC; Cashmere opted to be one of a relatively small number of Nursing Facilities in the State to participate in one or more of DSHS' Expanded Community Services (ECS) programs.

These programs directly respond to the legislature's request for more options for the safe placement and care of individuals that have been traditionally hard to discharge from hospitals or other higher levels of care due to behavioral needs that compound their physical needs. The maximum number of ECS clients Cashmere is contractually able to accept is 16. In addition, we have an agreement with DSHS for ECS respite, and we can accept a total of 4 clients at any time under this agreement.

ECS is defined by DSHS as:

enhanced care and support that is provided to DSHS clients who have been identified by DSHS (herein referred to as "Department") as having exceptional care needs due to behavioral issues and who have been designated as ECS clients by the Home and Community Services (HCS) Deputy Regional Administrator or the HCS ECS Regional Coordinator or their designee.

Under our agreement with DSHS, Cashmere Post Acute is responsible for:

- Providing a team of professionals experienced in geriatric behavioral health interventions (the "ECS Team") to provide specialized training in behavior management to or on behalf of ADSA clients who have been identified by HCS ECS regional coordinators as ECS program eligible clients. This team includes
 - A Gero-psychiatrist or a psychiatrist with extensive background in geriatrics; or a Psychiatric ARNP with geriatric specialty training or extensive geriatric experience and the appropriate licensing under RCW 18.79; or a Physician's Assistant with geriatric specialty training or extensive geriatric experience and the appropriate licensing under RCW 18.71A; and
 - Program staff certified as Geriatric Mental Health Specialists or with extensive training in geriatrics.
- Assuring that all services are provided under the direction of the ECS team, including:
 - The development and implementation of an Individualized Behavior Support Plan for each ECS client that identifies a specific and measurable goal or set of goals that the client will be working toward in terms of the identified problem(s); outlines strategies that the client and facility staff can use to meet the goals and mitigate crises that put the client at risk for loss of placement; and identify specific actions that facility staff are to take prior to/during a crisis to assist the client in maintaining placement at our facility.
 - Providing enhanced training of staff to meet the exceptional behavioral needs of ECS clients.

Cashmere Post Acute's census in this 16-bed program consistently averaged 77% capacity in 2019, 73% in 2020 and 75% in 2021. More than 54% of patients admitted to this unit come from providers outside of Chelan/Douglas County including Pierce, Spokane, and Yakima County, demonstrating its regional and even statewide role.

There is no capital expenditure for this bed addition project given that the resident rooms currently exist. The additional beds will be added to patient rooms that are currently 2-bed

rooms, but only have a single resident. Note that 20 of these rooms have already transitioned back to semi-private under the Governor’s 20-36 proclamation in early 2020.

B. Health Services (check all in each column that apply):

**Table 2
Health Services**

TYPES OF THERAPY	SUPPORT SERVICES	CURRENT SERVICES	PROPOSED SERVICES
Physical Therapy	Inpatient	X	
Physical Therapy	Outpatient		X
Speech Therapy	Inpatient	X	
Speech Therapy	Outpatient		X
Occupational Therapy	Inpatient	X	
Occupational Therapy	Outpatient		X
Nursing Services	Outpatient	N/A	N/A
Meals on Wheels	Outpatient	N/A	N/A
Adult Day Care	Outpatient	N/A	N/A
Other – Behavioral Health	Outpatient	X	X

C. Increase in total licensed beds or redistribution of beds among facility and service categories of skilled nursing and boarding home care:

This project proposes the addition of 30 nursing facility beds, including the 20 that we have been operating since late April 2020. No redistribution of boarding home beds will result from this project.

D. Indicate if the nursing home would be Medicaid certified.

Cashmere Post Acute is currently Medicaid certified.

E. Indicate if the nursing home would be Medicare eligible:

Cashmere Post Acute is currently Medicare certified.

Indicate the number of Medicare certified beds:

Current: 85

Proposed: 95

F. Description of new equipment proposed.

No new equipment is needed.

G. Description of equipment to be replaced, including cost of the equipment and salvage value (*if any*) or disposal or use of the equipment to be replaced.

No equipment will be replaced as a part of this project.

H. Blueprint size schematic drawings to scale of current locations of patient rooms, ancillary departments and support services.

Drawings of the current facility are included as Exhibit 2.

I. Blueprint size schematic drawings to scale of proposed locations of patient rooms, ancillary department, and support services, *clearly differentiating between remodeled areas and new construction.*

There is no new construction proposed.

J. Geographic location of site of proposed project.

1. Indicate the number of acres in nursing home site:

The site includes 3.35 acres.

2. Indicate the number of acres in any alternate site for the nursing home (*if applicable*)

Under a variety of operating names, Cashmere Post Acute has been operational on the current site since 1961. No alternate site is proposed.

- 3. Indicate if the primary site or alternate site has been acquired (*if applicable*)**
Yes No

Address of site:

817 Pioneer Ave
Cashmere, WA 98815

Address of alternate site:

Not applicable.

- 4. If the primary site or alternate site has not been acquired, explain the current status of the site acquisition plans, including proposed time frames.**

The facility has been operational since 1961 at the current location.

- 5. Demonstration of sufficient interest in project site. Provide a copy of a clear legal title to the proposed site and one of the following:**
- a. Lease for at least five years, with options to renew for not less than a total of twenty years; or**
 - b. Legal, enforceable agreement to give such title or such lease in the event a Certificate of Need is issued.**

A copy of the lease is included as Exhibit 3.

- 6. Demonstration that the proposed site may be used for the proposed project. Please include a letter from the appropriate municipal authority indicating that the site for the proposed project is properly zoned for the anticipated use and scope of the project, or a written explanation of why the proposed purpose is exempt.**

Cashmere Post Acute has been operating at its current site for decades. There are no changes contemplated to the physical plant as a result of this project.

K. Space Requirements

- 1. Existing gross square feet:**

The existing gross square footage is approximately 36,000.

2. Total gross square footage for the proposed addition and existing facility.

There is no addition of square footage associated with this project.

3. Proposed new facility gross square footage.

This question is not applicable.

4. Do the above responses include any shelled-in areas? Yes ___ No X

If yes, please explain the type of shelled-in space proposed (administration, patient beds, therapy space, etc.)

This question is not applicable.

L. Proposed Timetables for Project Implementation:

1. FINANCING

- a. Date for obtaining construction financing: NA
- b. Date for obtaining permanent financing: NA
- c. Date for obtaining funds necessary to undertake the project: NA

1. DESIGN

- a. Date for completion and submittal to Consultation and Construction Review Section of preliminary drawings: A TA will be scheduled in late fall 2021
- b. Date for completion and submittal to Consultation and Construction Review Section of final drawings: NA

3. CONSTRUCTION

- a. Date for construction contract award: NA
- b. Date for 25 percent completion of construction (25% of the dollar value of the contract in place) NA
- c. Date for 50 percent completion of construction: NA
- d. Date for 75 percent completion of construction: NA
- e. Date for completion of construction: NA
- f. Date for obtaining licensure approval: NA
- g. Date for occupancy/offering of service(s): NA

M. As the applicant(s) for this project, please describe your experience and expertise in the planning, developing, financing, and construction of skilled nursing and intermediate care facilities.

The business model for Foundation and the members of T-Street Holdings LLC dba Cashmere Post Acute is to acquire Nursing Facilities that are under performing or otherwise not meeting standards clinically or financially, and then using the experience and expertise of the members and the operations team to improve the staffing, clinical care, resident care environment and resident/family satisfaction. Our experience is that this “turnaround” typically takes 18 months to two years. In the last few years, this timeline has been compromised by COVID, but even so, Cashmere Post Acute has already gone from a 1-star Medicare facility to a 4-star in its latest published rankings.

SECTION 4 PROJECT RATIONALE: NEED

1. Identify and analyze the unmet health services needs and/or other problems to which this project is directed.

a. Describe the need the people you plan to serve have for the service you propose.

There are three categories of people that Cashmere Post Acute currently, and will continue to serve.

The first are residents of Chelan/Douglas in need of **Medicare skilled level/ post-acute care** to support their transition from the hospital to the home or another residential setting. The goal of post-acute care is to improve functional status and outcomes (e.g., returning the resident to at least the level of daily activity that they experienced prior to the illness or injury that resulted in the admission). Common diagnoses include various cardiac conditions, hip or femur fractures or surgeries, joint replacements, strokes, sepsis and infections. Most residents in this category come to us from the Planning Area; the majority of this care is reimbursed by Medicare and the average length of stay is about 41 days. The average age is 74. Typical services include nursing, wound care, physical, occupational and speech therapy, etc.

The second category of people are **those that can no longer stay safely at home and need a long-term placement**. Most residents in this category come to us from the Planning Area. About 2% of these residents enter the facility as private pay, but when they use up their resources convert to Medicaid. Another 81% start as Medicaid patients. The average age is 76. The average length of stay is in excess of 12 months. Typical services include nursing, wound care, dietary management, restorative and respiratory.

The final category of residents are the **ECS residents, who come to us after extended hospital stays, and with significant behavioral health and often, social determinants of health needs**. Residents in this category come to us from throughout the State, and to date, the average length of stay has been 159.83 days. These residents are younger than the other two categories, and to date have an average age of 66. Typical services include nursing, behavioral health, wound care, dietary management and restorative.

Importantly, behind these numbers and programs are some incredible people with diverse backgrounds, stories, needs and personalities. One of our first admitted ECS patients under the new ownership was a patient we will call Joe. Joe came to us in March of 2020 after being admitted and discharged from the psych unit at Eastern State Hospital a total of 22 times! Joe was schizoaffective, bipolar, a type 2 diabetic and had klinefelter syndrome. Due to Joe's behaviors, diagnoses, and medical history, placement was difficult.

Joe's diagnosis only told a minute portion of his story. We found him to be charismatic, kind, always willing to lend a helping hand, warm, full of colorful stories and enjoyed by all who came into contact with him. One of his favorite pastimes was to create model airplanes from

construction paper and scotch tape with various aerodynamic features and submit his designs to Lockheed and Martin and Boeing for construction consideration. Joe enjoyed sitting with administrative and nursing staff and sharing stories of his time in the military, working on cars, and the various adventures he and his older brother had growing up on a farm. We gave Joe a home and in the 5 months that we cared for Joe before his passing, he felt safe and content here at Cashmere Post Acute with people who loved him and provided exceptional care.

Another patient came to us from Central Washington Hospital in January of 2021. She was admitted to the hospital due to congestive heart failure complications, obesity and type 2 diabetes. While she was at the hospital, she contracted COVID-19 and entered a two-week coma. Once medically stable and ready, she was discharged to our team to facilitate recovery with our therapy and nursing team. She arrived distraught, crying incessantly, no appetite and no desire or motivation to get better. Through the hard work of our nursing and therapy team along with her willingness to accept challenges, she relearned how to walk again, how to better manage her diet and diabetes and regained her ability to oversee her activities of daily living. She was discharged home after 60 days under our care and couldn't wait to spend time with her cat who she hadn't seen in 3 months.

In all three categories of residents, we hear from hospitals that delays in discharge due to no available beds are increasing lengths of stay “days awaiting placement” and confounding the COVID bed availability issues at hospitals of all sizes in the region.

b. Address the need for nursing home beds based on the 40 beds per 1,000 population and Substitute House Bill 2098, which encourages the development of a broad array of home and community-based long-term care services as an alternative to nursing home care.

The beds proposed in this application are needed. Based on the most recent bed to population estimates prepared by the CN Program, the Chelan Douglas Planning Area is nearly 67% below the 40 beds per 1,000 population 70+ ratio. Of the 32 Counties that have nursing facility beds, Chelan County is in the lowest quintile, at 13 beds per 1,000 residents age 70+.

We understand and acknowledge that the bed to population ratio is only one part of evaluating nursing home bed need. In addition to the bed to population ratio and the estimate of surplus or shortage of beds that it produces, the Department of Social and Health Services (DSHS) historically published, but not since May of 2018, estimates of Nursing-Home-Comparable Home- and Community-Based Service Capacity. In 2018, its latest report, it identified 382 beds of Total Nursing-Home Comparable Capacity in Chelan County, when added to the current 242 beds of supply, it continues to show a shortage of beds. The combined supply is below the population's need for 737 beds in 2022, which increases to 803 beds in 2024.

- 2. If your proposal exceeds the number of beds identified as needed in your county nursing home planning area as shown in WAC 246-310-380(6), please discuss how the approval of beds beyond the projected need would further the policy that beds should be located reasonably close to the people they serve.**

The request does not exceed the number of beds needed, per WAC 246-310-380 (6).

- 3. Provide utilization data for each of the last three full fiscal years, the current annualized full fiscal year, and the next three full fiscal years: inpatient and outpatient. (USE SCHEDULE A which is attached to these guidelines.)**

Schedule A is included in Exhibit 4.

- 4. In the case of any proposed conversion of beds from other service categories to nursing care beds, provide evidence that the conversion will not jeopardize the availability of service. Document the availability and accessibility of the services that are to be converted.**

This project does not propose any conversion of beds from other service categories.

- 5. In the context of the criteria contained in WAC 246-310-210(2) (a) and (b), please describe how the service will be available to the following: low-income individuals; racial and ethnic minorities; women; handicapped individuals; elderly; and other under-served persons.**

Included in Exhibit 5 is a copy of Cashmere Post Acute's resident's admission policy. All residents are accepted based on medical need, regardless of race, beliefs, age, ethnicity, religion, culture, language, social/physical/mental health, socio-economic status, sex, sexual orientation, gender identity or expression or disability.

- 6. Does/will your facility require a pre-admission deposit? Please explain the intent and use of the deposit.**

Cashmere Post Acute does not require a pre-admission deposit.

- 7. Please submit copies of the facility's admission agreement, policies and procedures.**

The requested information is included in Exhibit 5.

- 8. If you propose any special services including but not limited to heavy care, Alzheimer's care, respite care and day care.**
 - a. Describe the service in full detail.**
 - b. Include program content, staffing by classification and FTE commitment, budget, and the amount of space dedicated to each service.**
 - c. Document the need for any special services.**

Cashmere Post Acute is one of only a small number of Nursing Facilities in the State that has entered into a contract with DSHS for the care of ECS level individuals. The service was described in full in response to question 1. Information regarding staffing is provided in Section 6 of this Application.

- 9. If the purpose of the project is to correct existing structure, fire and/or life safety code deficiencies, or licensing, accreditation, or certification standards as provided for under provisions of WAC 246-310-480, provide a detailed description of the cited deficiencies and attach copies of the two most recent Fire Marshal's surveys and/or surveys conducted by the Survey Program, Aging and Adult Services Administration, Department of Social and Health Services, or other surveying agency.**

This question is not applicable.

SECTION 5 FINANCIAL FEASIBILITY

According to the guidelines, applicants must complete one of the following sections as appropriate: Section I (New nursing home or replacement of existing nursing home), Section II (Adding beds to an existing nursing home or remodel at a cost in excess of the capital expenditure threshold) Project, Section III (amendment of an existing certificate of need). All applicants must complete Section IV (Financing, operating deficits, financial statements and charges. The applicable sections for this application are Sections II and IV.

SECTION II

Indicate the name, address and phone number of the licensed architect or engineer that completed this section.

There is no change to the physical plant, and no licensed architect or engineer has been retained.

- 1. Indicate the total cost of constructing the new nursing home, replacing the existing nursing home, or constructing a bed addition at the nursing home. In cases where a nursing home/boarding home facility shares a common foundation and roof, the cost of the shared items shall be apportioned to the nursing home based on the Medicare program methodology for apportioned costs to the nursing home service. Construction cost shall include the following items.**

a. Land Purchase	
b. Utilities to Lot Line	
c. Land Improvements	
d. Building Purchase	
e. Residual Value of Facility	
f. Building Construction	
g. Fixed Equipment	
h. Moveable Equipment	
i. Architect/Engineer Fees	
j. Consulting Fees	
k. Site Preparation	
l. Supervision & Inspection	
m. Costs Associated with Financing to Include Interim Interest	
1. Land	
2. Building	
3. Equipment	
4. Other-Loan Fees	
n. Sales Tax	
1. Land	
2. Building construction	
3. Equipment	
4. Other	
o. Other Project Costs – Itemized	
Fee/Permits/	
Construction Review Fees	
p. Total Estimated Capital Cost (Actual/Replacement Cost)	\$0

There is no capital expenditure. The facility was originally licensed for 110 beds and 85 beds have been set-up and operational for nearly 18 months. The equipment for the 10 additional beds was acquired in April 2020.

- 2. Provide a copy of a signed non-binding cost estimate or contractor's estimate of the project's land improvements, building construction cost, architect and engineering fees, site preparation, supervision and inspection of site, Washington State sales tax, and other project costs (items c, f, i, k, m, n, and o above).**

This question is not applicable.

3. Estimated Nursing Home Construction Costs

	Estimated Square Footage	Construction Cost Square Footage (use f, g, & k)	Total Cost per Bed (use p)	Total Cost per Square Footage (use p)
Nursing Home	0	\$0	\$0	\$0

4. For an existing facility, indicate the incremental increase in capital costs per patient day that would result from this project using the chart below:

This question is not applicable.

	Current Year (2021)	Year 1	Year 2	Year 3
Total Depreciation Expenses				
Total Interest Expenses				
Total Capital Expenditure				
Patient Days				
Capital Cost per Patient Day (c/d)				

SECTION IV

1. Identify the owner or operator who will incur the debt for the proposed project.

There is no debt. This question is not applicable.

2. Anticipated sources and amounts of financing for the project (actual sources for conversions)

	Specify Type	Dollar Amount
Public Campaign		
Bond Issue		
Commercial Loans		
Government Loans		
Grants		
Bequests & Endorsements		
Private Foundations		
Accumulated Reserves		
Owner's Equity		
Other - (specify)		
Other - (specify)		
<i>TOTAL (must equal total Project Cost)</i>		

This question is not applicable.

3. Provide a complete description of the methods of financing which were considered for the proposed project. Discuss the advantages of each method in terms of costs and explain why the specific method(s) to be utilized was (were) selected.

This question is not applicable.

4. Indicate the anticipated interest rate on the loan for constructing the nursing home.

This question is not applicable.

5. Indicate if the interest rate will be fixed or variable on the long-term loan and indicate the rate of interest.

This question is not applicable.

6. Estimated start-up and initial operating expenses

a. Total estimated start-up costs \$0 (*expenses incurred prior to opening such as staff training, inventory, etc., reimbursed in accordance with Medicaid guidelines for start-up costs*)

b. Estimated period of time necessary for initial start-up: 0 months (*period of time after construction completed, but prior to receipt of patients*)

c. Total estimated initial operating deficits \$0 (*operating deficits occurring during initial operating period*)

d. Estimated initial operating period 0 months (*period of time from receipt of first patient until total revenues equal total expenses*)

Cashmere Post Acute already operates 85 of the 95 beds requested. There will be no start-up costs and no operating deficits.

7. Anticipated Sources of Financing Start-up and Initial Operating Deficits.

Unrestricted Cash	
Unrestricted Marketable Securities of Proponent	
Accounts Receivable	
Commercial Loan	
Line of Credit (<i>specify source</i>)	
Other (<i>specify</i>)	
TOTAL	

Based on the response to Q6, this question is not applicable.

8. Evidence of Availability of Financing for the Project

Please submit the following:

- a. Copies of letter(s) from the lending institution indicating a willingness to finance the proposed project (*both construction and permanent financing*). The letter(s) should include:
 - i. Name of person/entity applying
 - ii. Purpose of the loan(s)
 - iii. Proposed interest rate(s) (fixed or variable)
 - iv. Proposed term (*period*) of the loan(s)
 - v. Proposed amount of loan(s)

There is no financing. This question is not applicable.

- b. Copies of letter(s) from the appropriate source(s) indicating the availability of financing for the initial start-up costs. The letter(s) should include the same items requested in 8(a) above, as applicable.

This question is not applicable.

- c. Copies of each lease or rental agreement related to the proposed project.

A copy of the lease agreement between the landlord and T-Holdings, LLC was included as Exhibit 3.

- d. Separate amortization schedule(s) for each financing arrangement including long-term and any short-term start-up, initial operating deficit loans, and refinancing of the facility's current debt setting forth the following:
 - i. Principal
 - ii. Term (*number of payment period, long-term loans may be annualized*)
 - iii. Interest
 - iv. Outstanding balance of each payment period

This question is not applicable.

9. Provide the following:

- a., Please supply copies of the following pages and accompanying footnotes of each applicant's three most recent financial statements: Balance Sheet, Revenue and Expense, and Changes in Financial Position. (If not available as a subsidiary corporation, please provide parent company's statements, as appropriate.)**

T- Holding's has operated Cashmere Post Acute since early 2019. Historical financial statements for 2019-2021 are included as Appendix 1.

- b., Please provide the following facility-specific financial statements through the third complete fiscal year following project completion. Identify all assumptions utilized in preparing the financial statements.**

- i. Schedule B Balance Sheet**
- ii. Schedule C Statement of Operations**
- iii. Schedule D This Statement Has Been Eliminated**
- iv. Schedule E Statement of Changes in Equity/Fund Balance**
- v. Schedule F Notes to Financial Statements**
- vi. Schedule G Itemized Lists of Revenue and Expenses**
- vii. Schedule H Debt Information**
- viii. Schedule I Book Value of Allowable Assets**

The requested pro forma financials are included in Exhibit 6.

10. Utilizing the data from the financial statements, please calculate the following:

- a. Debt Service Coverage**
- b. Current Ratio**
- c. Assets Financed by Liabilities Ratio**
- d. Total Operating Expense to Total Operating Revenue**

Table 3 details the requested financial ratios.

**Table 3
Financial Ratios, 2020-2022**

Ratio	Target Ratio³	Proj. FYE 2022	Proj. FYE 2023	Proj. FYE 2024
Current Ratio	1.8-2.5	2.5	2.5	2.5
Assets Financed by Liabilities	0.6-0.8	.5	.5	.5
Total Operating Expense/Total Operating Revenue	1.0	.9	.9	.9
Debt Service Coverage	1.5-2.0	2.0	2.0	2.0

Source: Applicant

11. If the project's calculated ratios are outside the normal or expected range, please explain.

Cashmere Post Acute's ratios are within range or, if they are outside of the target, they are better than expected.

12. If a financial feasibility study has been prepared, either by or on behalf of the proponent in relation to this project, please provide a copy of that study.

No financial feasibility study has been prepared.

13. Current and Projected Charges and Percentage of Patient Revenue

a. Per Diem Charges for Nursing Home Patients for Each of the Last Three Fiscal Years:

Per diem historical charges for the period, the period since T-Holdings, LLC has operated the nursing home is included in Table 4 below:

³ Cashmere Post Acute used the target ratios identified in one of the last CN decisions for nursing home beds. That decision was the April 2015 reconsideration for the Seattle University 36 bed nursing home, p.12

Table 4
Average Per Diem Charges- Historical

	2019	2020
Private Pay	256.13	289.95
Medicaid- traditional	218.84	260.08
Medicaid- ECS	200.41	349.86
Medicare	543.91	635.84
VA	N/A	N/A
Other/ HMO/Commercial	453.46	890.4

Source: Applicant

b. Current Average Per Diem Charges for Nursing Home Patients:

Current per diem charges are included in Table 5.

Table 5
Average Per Diem Charges- Current

	2021
Private Pay	263.70
Medicaid- traditional	258.54
Medicaid- ECS	341.65
Medicare	555.96
VA	N/A
Other/ HMO/Commercial	572.13

Source: Applicant

c. Projected Average Per Diem Charges for Nursing Home Patients for Each of the First Three Years of Operation:

Charges for the first three years are detailed in Table 6.

**Table 6
Average Per Diem Charges-First Three Years**

	2022	2023	2024
Private Pay	271.61	279.75	288.15
Medicaid- traditional	266.29	274.28	282.51
Medicaid- ECS	351.89	362.45	373.33
Medicare	572.63	589.81	607.51
VA	N/A	N/A	N/A
Other/ HMO/Commercial	234,135	245,841	258,133

Source: Applicant

d., Please indicate the percentage of patient revenue that will be received for the:

Existing Facility	
Medicaid	81.0 %
Medicare	15.0%
Commercial/Private/Other	4.0%
Total	100.0%

Source: Applicant

Proposed Facility 2022	
Medicaid	81.0 %
Medicare	15.0%
Commercial/Private/Other	4.0%
Total	100.0%

Source: Applicant

**SECTION 6
STRUCTURE AND PROCESS (QUALITY) OF CARE**

1. Nursing Home Number of Employees

**Table 7
Current and Projected Staffing**

Staffing	Current Employees 2021	Projected Employees 2022
	<i>Full-Time Equivalent</i>	<i>Full-Time Equivalent</i>
Registered Nurse	8	12
LPN	5	7
Nurses' Aides & Assistants	54	60
NURSING TOTAL	67	79
Dietitians	1	1
Aides	6	8
DIETARY TOTAL	7	9
Administrator (Program Director)	1	1
Assistant Administrator (Asst. Program Director)	0	1
Administrator In-training	0	0
Activities Director	1	1
Medical Director	1	1
In-service Director	1	1
Director of Nursing	1	1
Clerical	2	3
Housekeeping/ Maintenance/Laundry	8	12
ADMINISTRATION TOTAL	15	21
Physical Therapist	4	4
Occupational Therapist	3	4
Pharmacist	1	1
Medical Records	1	2
Social Worker	2	2
Plant Engineer	1	2
Other (specify) Activities Aides	2	3
Accounting staff	1	1
Other office staff	1	1
Network support	0	0
ALL OTHERS-TOTAL	16	20
TOTAL STAFFING	105	129

2. Nursing Hours/Patient Day

Table 8
Nursing Hours//Patient Day

	Current (2021)	Proposed
RNs	.89	1.03
LPNs	.28	.28
Nurses' Aides and Assistants	2.33	2.33
Total	3.5	3.64

3. Provide evidence that the personnel needed to staff the nursing home will be available.

Cashmere Care Center is currently fully staffed to operate 85 beds, including the behavioral health staff required for the 16 bed ECS and the 4 bed ECS respite. We are acutely aware that supporting our residents is a demanding job, and we have worked to engage, support, and develop our workforce so that our residents and families can receive the best care.

We offer competitive salaries, a generous paid time off program and a benefit package. In addition, we encourage and support staff, through flexible scheduling, to continue their education, if desired. The current pandemic and the federal government's recent mandate that all staff be vaccinated will challenge all nursing homes, including Cashmere Post Acute; though we fully expect to be able to continue the staff the facility in a quality manner.

4. Provide evidence that there will be adequate ancillary and support services to provide the necessary patient services.

In addition to behavioral health staff, required ancillary and support services include pharmacy, respiratory therapy, restorative, dietary, physical therapy, and occupational therapy. We do and will continue to use licensed contracted providers for these services.

5. Provide evidence that indicates the services provided at your facility will be in compliance with applicable federal and state laws, rules, and regulations for health care facilities.

Cashmere Post Acute has undergone one annual survey and one infection control focused survey since T-Holdings, LLC assumed responsibility for operations. In both instances, we have been found to be in compliance with all applicable federal and state laws, rules, and regulations.

6. Provide evidence that the project will be in compliance with applicable conditions of participation related to the Medicare and Medicaid programs.

Cashmere Post Acute provides services in compliance with the applicable conditions of participation related to the Medicare and Medicaid programs

7. Fully describe any history of each applicant with respect to the actions noted in the Certificate of Need criterion. (WAC 246-310-230 (5) (a). If there is such a history, provide evidence that ensures safe and adequate care to the public to be served and in conformance with applicable federal and state requirements.

Cashmere Post Acute, under its current operator, has no history with respect to the criteria in WAC 246-310-230 (5)(a).

8. Provide evidence that the project will adequately address continuity of care. Describe the arrangements that will be made with other providers for patient care consultation services. Provide assurance that patients will be referred to a hospital for acute care needed. Also, provide assurance that patients discharged from the nursing home will be referred to home health, hospice, or assisted living agencies when such care is needed.

Continuity of care will be facilitated through the agreements with the below organizations and associated parties:

- Medical Director: Dr. Stan Flemming - Post Acute Medical
- Primary Care Physician Services: Dr. Kyra Carpenter - Confluence Health Geriatric Team
- Behavioral Health Specialist: Dr. Wassan Signh - Post Acute Medical
- Pharmacy Services: Johnson Shieh - Pharmacist for River Village Pharmacy
- Hospital Services (acute care needed): Central Washington Hospital

9. Existing nursing homes will document the number of patients discharged from the nursing home to the patient’s home, referred to home health, hospice agency, or assisted living services during the last three years.

**Table 9
Discharge Disposition**

	2019	2020	Q1-Q2 2021
Discharged Home	15	17	8
Discharged to Home Health	12	10	6
Discharged to Hospice	8	13	5
Discharged to Assisted Living	9	7	11

Source: Applicant

SECTION 7 COST CONTAINMENT

- 1. Describe distinct alternative means for meeting the need described previously. Identify alternative advantages and disadvantages, including cost, efficiency or effectiveness.**

Cashmere Post Acute considered four options: 1) do nothing/status quo, 2) build an addition to the existing facility to accommodate additional community need; 3) expand existing facility to more than 95 beds; or 4) the current project.

Doing nothing was eliminated as an option considering the significant need in the community identified and described in detail in our project description and the need section. Building an addition to accommodate the additional beds needed would be costly and significantly limit our ability to immediately meet community need. Expanding the current facility to accommodate more than the 95 beds requested would impact efficiency of operations, result in over-crowding, potentially limit our ability to serve residents with unique needs, and impact resident and family satisfaction.

The chosen option of expanding to 95 beds allows us to continue to meet the expanded need identified and addressed during the COVID Pandemic. It additionally ensures we are able to meet identified additional community need and continue to provide the customized and patient-centered services needed for each of the different categories of residents served (and described in detail in the Need Section).

- 2. Describe, in as much detail as possible, specific efforts that were undertaken to contain the costs of offering the proposed service.**

As noted in earlier sections of the application, there is no capital, and as such the addition of beds to address community needs is being undertaken in a no-cost manner.

- 3. In the case of construction, renovation, or expansion, describe any operating or capital cost reductions achieved by architectural planning, engineering methods, methods of building design and construction, or energy conservation methods used.**

Again, the current building is not being remodeled and no capital is being expended.

4. Under a concurrent or comparative review, preference will be given to the project which meets the greatest number of criteria listed below. Provide documentation describing how the proposed project meets the following criteria.
 - a. Projects that include other institutional long-term care services or evidence of relatively greater linkages to community-based, long-term care services.
 - b. Projects which improve the geographic distribution and/or provide access to nursing home beds in a currently under-served area.
 - c. Nursing home operators having (*or proposing to have*) a Medicare contract in areas with less than the statewide proportion of Medicare nursing home beds to total nursing home beds.
 - d. Nursing home operators serving (*or proposing to serve*) Medicaid clients.
 - e. Nursing home operators proposing to serve additional heavy care patients in areas where CSO placement staff or hospital discharge planners document significant and continuing difficulties in placing such patients in nursing homes.
 - f. Existing nursing home operators in the state who are seeking to achieve a 100-bed minimum efficient operating size for nursing homes or to otherwise upgrade a facility with substantial physical plant waivers or exemptions, as determined by Washington State Aging and Adult Services Administration.
 - g. Projects that propose to serve individuals requiring mental health services and care for Alzheimer's or dementia conditions.

We understand that Cashmere Post Acute is the only entity in the Planning Area to apply for a certificate of need in this 2021 concurrent review process. As such, this question is not applicable.

Exhibit 1
Secretary of State Documentation



Business Information

BUSINESS INFORMATION

Business Name: **T-STREET HOLDINGS, LLC**

UBI Number: **604348119**

Business Type: **WA LIMITED LIABILITY COMPANY**

Business Status: **ACTIVE**

Principal Office Street Address: **555 N EL CAMINO REAL STE A266, STE A266, SAN CLEMENTE, CA, 92672-6740, UNITED STATES**

Principal Office Mailing Address: **555 N EL CAMINO REAL STE A266, STE A266, SAN CLEMENTE, CA, 92672-6740, UNITED STATES**

Expiration Date: **10/31/2021**

Jurisdiction: **UNITED STATES, WASHINGTON**

Formation/ Registration Date: **10/15/2018**

Period of Duration: **PERPETUAL**

Inactive Date:

Nature of Business: **HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION**

REGISTERED AGENT INFORMATION

Registered Agent Name: **NATIONAL REGISTERED AGENTS, INC.**

Street Address: **711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501-1267, UNITED STATES**

Mailing Address: **711 CAPITOL WAY S STE 204, OLYMPIA, WA, 98501-1267, UNITED STATES**

Exhibit 2
Line Drawings

pre-COVID NH bed set-up (65 beds)



EMERGENCY SUPPLIES

EVACUATION POINT 3

WEST WING 26 Beds

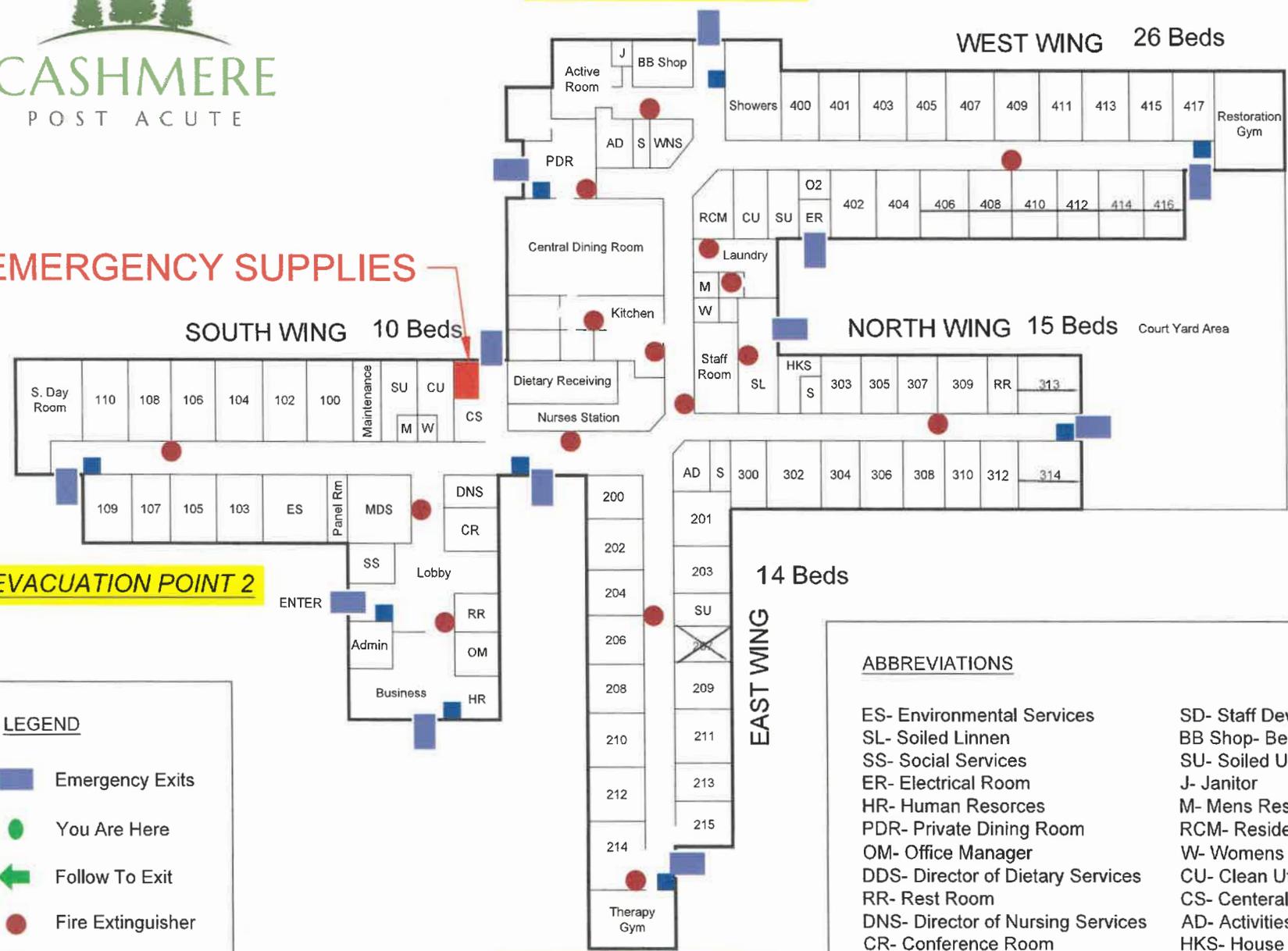
SOUTH WING 10 Beds

NORTH WING 15 Beds

14 Beds

EAST WING

EVACUATION POINT 1



EVACUATION POINT 2

LEGEND

- Emergency Exits
- You Are Here
- Follow To Exit
- Fire Extinguisher
- Pull Alarm

ABBREVIATIONS

ES- Environmental Services	SD- Staff Development
SL- Soiled Linnen	BB Shop- Beauty/Barber Shop
SS- Social Services	SU- Soiled Utilities
ER- Electrical Room	J- Janitor
HR- Human Resorces	M- Mens Rest Room
PDR- Private Dining Room	RCM- Resident Care Manager
OM- Office Manager	W- Womens Rest Room
DDS- Director of Dietary Services	CU- Clean Utilities
RR- Rest Room	CS- Central Supply
DNS- Director of Nursing Services	AD- Activities Director
CR- Conference Room	HKS- House Keeping Storage
WNS- West Nurses Station	S- Storage

Exhibit 3
Lease

Operating Lease

817 Pioneer Avenue, Cashmere, WA 98815

This Operating Lease ("**Lease**") is made and entered into as of January 25, 2019 by and between 817 PIONEER, LLC, a Washington limited liability company ("**Landlord**") and T-STREET HOLDINGS, LLC a Washington limited liability company ("**Tenant**").

Recitals

A. WHEREAS, Tenant operates a 65-bed skilled nursing facility located at 817 Pioneer Ave., Cashmere, WA 98815 (the "**Facility**"); and

B. WHEREAS, Landlord owns the real property and improvements comprising the Facility and Landlord desires to lease the Facility to Tenant pursuant to the terms of this Lease.

NOW THEREFORE, in consideration of the mutual covenants, agreements, conditions and representations hereinafter set forth, the parties agree as follows:

1. PREMISES.

1.1 Description. Landlord hereby leases to Tenant and Tenant hereby hires from Landlord, the Facility, which is more particularly described in Exhibit "A", which is attached hereto and incorporated herein by reference, and all buildings, structures and improvements located thereon and actually being used in the business and operation of as of the date of this Lease, all of which shall hereinafter be referred to as the "**Premises**", and the appurtenant rights set forth in Section 1.2(a),(b)and(c) below.

1.2 Appurtenant Rights. The appurtenant rights referred to in Section 1.1 of this Lease are as follows:

(a) Tenant shall have full and unimpaired access to the Premises at all times, except as provided in herein.

(b) This Lease shall confer no rights to Tenant either with regard to the subsurface of the land more than fifteen (15) feet below the foundation level of any building or structure that is a part of the Premises or with regard to the air space more than fifteen (15) feet above the top of the roof of any building or structure that is a part of the Premises.

(c) Subject to Landlord's consent, which shall not be unreasonably withheld, Tenant shall have the right to change the name of the Premises during the term of this Lease.

1.3 Acceptance of Premises. Tenant agrees that the Premises shall be leased to and accepted by Tenant in their present condition on the date of this Lease, "AS IS", with all faults, if any, and without any warranty whatsoever, specifically, but without limiting the generality of the foregoing, without any warranty of the nature or quality of the construction of the Premises or any portion thereof, the adequacy of the design of the Premises or any portion thereof, the quality of the labor or materials included in any of the work or improvements on the Premises or any portion thereof, or the fitness of the Premises or any portion thereof for any particular purpose, except as set forth herein. Tenant acknowledges that Landlord has made no representation whatsoever with respect to the Premises.

1.4 Acceptance of Premises. Tenant acknowledges and represents to Landlord that prior to the execution of this Lease, Tenant or Tenant's authorized agents, representatives or employees have independently inspected the Premises and that Tenant agrees that the Premises shall be leased to and accepted by Tenant.

2. TERM.

2.1 Commencement and Expiration of Initial Term; Options to Renew Term. The initial term of this Lease shall commence on February 15, 2019 (the "**Commencement Date**") and expire on February 28, 2029, unless sooner terminated pursuant to this Lease. Tenant is hereby granted two (2) consecutive five (5) year options to renew the term of this Lease on the same terms and conditions as set forth herein. Such option(s) must be executed in writing by giving written notice to Landlord at least six (6) months prior to the expiration of the initial term or any extended term. The first option must be exercised as a condition to the exercise of the second option.

3. RENT

3.1 Minimum Rent. From the Commencement Date hereof and until January 1, 2020, Landlord has agreed with Tenant that it shall not charge Minimum Rent, provided however, that notwithstanding the fact that Tenant shall not be charged Minimum Rent, Tenant shall nonetheless remain responsible for all other obligations of Tenant under this Lease as of the Commencement Date, including without limitation, payment of all Additional Rent, payment of Impositions and the payment and procurement of all policies of insurance required under the terms and conditions of this Lease. Commencing as of January 1, 2020:

(a) Tenant will pay to Landlord the monthly sum of Twenty Thousand and no/100 Dollars (\$20,000.00) ("**Minimum Rent**"). Such amount shall be payable in advance, on the 1st day of each calendar month for the remainder of the Term, subject to the Rental Adjustments set forth below.

(b) Commencing as of March 1, 2024, and thereafter on March 1st of every year thereafter for the remainder of the Term (including all extensions thereof pursuant to Tenant's exercise of its option to extend the Term as set forth in Section 2.1) (each a "**Rental Adjustment Date**"), the Minimum Rent shall be increased by one and one-half percent (1.5%) over the Minimum Rent due for the immediately preceding Lease year.

3.2 Additional Rent. In addition to the Minimum Rent, Tenant shall pay all sums, amounts, Impositions (as defined below), fees, expenses and costs (including, without limitation, legal fees and disbursements) payable or reimbursable to Landlord under this Lease other than Base Rent, and all of same shall be and constitute Additional Rent hereunder. The terms "**Minimum Rent**" and "**Additional Rent**" shall be collectively referred to as "**Rent.**" Landlord shall have the same rights and remedies hereunder consequent upon a failure of Tenant to pay any item of Additional Rent as upon a failure of Tenant to pay any item of Minimum Rent.

3.3 Payment of Rent. All Rent shall be due and payable in United States currency, in advance in equal monthly installments during each year on the first day of each calendar month thereof (or in the event the first day of the calendar month is not a business day, on the first business day following the first day of each calendar month) throughout the Term.

3.4 Net Lease Provisions. Landlord and Tenant intend that the Rent herein specified shall be net to Landlord in each year during the Term, and that all costs, expenses and obligations of every kind and nature, (known or unknown, general or special, ordinary or extraordinary, foreseen or unforeseen, direct or indirect, contingent or otherwise) relating to the Premises and the operation, maintenance, preservation and protection thereof (except Landlord's income taxes) which may arise or become due during the Term shall be timely paid by Tenant and that Landlord shall be indemnified by Tenant against such costs, expenses and obligations. Tenant's obligation to pay Rent is independent of all, and is in no manner conditioned upon any, other covenants, conditions and obligations of Landlord or Tenant under this Lease. There shall be no abatement of Rent payments for any reason nor shall Tenant be entitled to any offsets or deductions from Rent payments due hereunder.

4. TAXES AND ASSESSMENTS.

4.1 Taxes. Tenant shall be solely responsible for the payment, prior to the date when penalties would attach, of all general and special real estate taxes and assessments (together with any excise taxes on such real estate taxes and assessments levied or imposed by any governmental taxing authority), fire district taxes, liens, impositions, including capital stock, franchise, ad valorem, sales, use, bed taxes, single business, gross receipts, transaction privilege, rent or similar taxes; personal property taxes, assessments including assessments for public improvements or benefits, whether or not commenced or completed prior to the date hereof and whether or not to be completed within the Term; ground rents; water, sewer and other utility levies and charges; excise tax levies; fees including license, permit, inspection, authorization and similar fees; and all other governmental charges, in each case whether general or special, ordinary or extraordinary, or foreseen or unforeseen, of every character in respect of the Leased Premises, and all interest and penalties thereon attributable to any failure in payment by Tenant which at any time prior to, during or in respect of the Term hereof may be assessed or imposed on or in respect of or be a lien upon the Leased Premises (collectively, the "**Impositions**") that accrue from the Commencement Date through the Term. Tenant shall pay all of the Impositions directly to the applicable taxing authorities and Tenant shall promptly forward proof of payment to Landlord in such form as shall be reasonably acceptable to Landlord. Landlord shall promptly forward any tax bills which it may receive to the Tenant. Landlord shall only bill Tenant for any of the Impositions if Tenant does not pay any of the Impositions before delinquency and Landlord is obligated or elects (in Landlord's sole and absolute discretion) to pay any of the Impositions directly to remain current with all taxing authorities. Impositions shall specifically exclude Landlord's income, franchise, gross receipts, estate or gift taxes, capital stock taxes and all other taxes applicable to Landlord's gross or net income. Tenant shall pay the full amount of any increases in any of the Impositions resulting from alterations or improvements made by or for the benefit of Tenant. After the expiration or termination of this Lease, Tenant shall pay all bills for any of the Impositions which become due and payable after the expiration or termination of this Lease covering any period through the expiration or earlier termination of this Lease. If any governmental taxing authority acting under any present or future ordinance or regulation, shall levy, assess or impose a tax, excise and/or assessment (other than any net income or franchise tax) upon Landlord or Tenant for rental payable by Tenant to Landlord, either by way of substitution for or in addition to any existing tax on land, buildings or otherwise, then Tenant shall be responsible for and shall pay such tax, excise and/or assessment or shall reimburse Landlord for the cost and expense thereof, as the case may be.

4.2 Tax and Insurance Impound Accounts and Maintenance Reserves.

4.2.1 At any time during the Term, if Landlord elects (in its sole and absolute discretion) to obtain a mortgage loan on the Premises (a “**Mortgage Loan**”), and if such mortgage lender (a “**Mortgagee**”) requires: (a) a monthly impound of the real property taxes for the Premises, and/or (b) a monthly impound of the annual premiums for the insurance policies to be maintained by Tenant under this Lease, and/or (c) that Tenant fund and pay a monthly maintenance reserve amount to be deposited with Landlord or Mortgagee for the repair, replacement or improvement of the Premises, then Tenant shall on the first day of each calendar month occurring after Tenant’s receipt of written notice from Landlord that Mortgagee is requiring that Impositions and/or insurance premiums be impounded and/or a monthly maintenance reserves payments, pay together with the Rent due for such month, a sum equal to one-twelfth (1/12th) of the Impositions and/or insurance premiums to be levied, charged, filed, assessed or imposed upon or against the Premises and/or such monthly maintenance reserve amounts required by Mortgagee. Tenant acknowledges that amounts impounded pursuant to this Section 4.2 shall be considered a portion of Rent. Tenant shall pay a sum of money towards its liability under this Lease to Landlord on a periodic basis in accordance with the Mortgagee’s requirements. Landlord shall impound the Impositions and/or insurance premium payments received from Tenant in accordance with the requirements of Mortgagee and shall utilize such funds to timely pay Impositions and, if applicable, the insurance premiums.

4.2.2 If for any reason any deposit made by Tenant or held by Landlord or Mortgagee under this Section 4.2 shall not be sufficient to pay any Imposition or insurance premium within the time specified therefor in this Lease, then, within ten (10) days after written demand by Landlord or Mortgagee, Tenant shall deposit an additional amount with Landlord or Mortgagee, increasing the deposit held by Landlord or Mortgagee so that Landlord or Mortgagee holds sufficient funds to pay such Imposition or premium in full (or in installments as otherwise provided for herein), together with any penalty or interest thereon. Landlord or Mortgagee may change their estimate of any Imposition or insurance premium for any period on the basis of a change in an assessment or tax rate or on the basis of a prior miscalculation or for any other good faith reason; in which event, within ten (10) days after written demand by Landlord or Mortgagee, Tenant shall deposit with the Landlord or Mortgagee the amount in excess of the sums previously deposited with Landlord or Mortgagee for the applicable period which would theretofore have been payable under the revised estimate.

4.2.3 In connection with any assignment of the Landlord’s interest under this Lease, the original Landlord named herein and each successor-in-interest shall transfer all amounts deposited by Tenant with Landlord and that have not otherwise been deposited with Mortgagee pursuant to the provisions of this Section 4.2 and not used pursuant to this Section 4.2 to such assignee (as the subsequent holder of Landlord’s interest in this Lease) and upon such transfer, the original Landlord named herein or the applicable successor-in-interest transferring the deposits shall thereupon be completely released from all liability with respect to such deposits so transferred and Tenant shall look solely to said assignee, as the subsequent holder of Landlord’s interest under this Lease, in reference thereto.

4.2.4 All amounts deposited with Landlord or Mortgagee pursuant to the provisions of this Section 4.2 shall be held by Landlord or Mortgagee as additional security for the payment and performance of the Tenant’s obligations under this Lease and, upon the occurrence and during the continuance of any default, to the extent permitted by Mortgagee, Landlord may, in its sole and absolute discretion, apply such amounts towards payment or performance of such obligations.

4.2.5 Upon the expiration or earlier termination of this Lease, as long as no default then exists, any sums then held by Landlord or Mortgagee under this Section 4.2 for periods

after the expiration or termination of this Lease shall be refunded to Tenant; provided, however, that if an default has occurred and is continuing, all of such sums may be applied by Landlord towards any amounts owed by Tenant to Landlord pursuant to this Lease.

4.3 Tenant's Right to Contest Real Property Taxes. Tenant at its cost shall have the right, at any time, to seek a reduction in the assessed valuation of the Premises. If Tenant seeks a reduction or contests the real estate taxes, the failure on Tenant's part to pay any real estate taxes, shall not constitute a default as long as Tenant complies with the provisions herein below. Landlord shall not be required to join in any proceeding or contest brought by Tenant unless the provisions of any law require that the proceeding or contest be brought by or in the name of Landlord or any owner of the Premises. In that case Landlord shall join in the proceeding or contest or permit it to be brought in Landlord's name as long as Landlord is not required to bear any cost. Tenant, on final determination of the proceeding or contest, shall immediately pay or discharge the real estate taxes determined by any decision or judgment rendered, together with all costs, charges, interest and penalties incidental to the decision or judgment. If Tenant does not pay the real estate taxes when due and Tenant seeks a reduction or contests them as provided hereinabove, before the commencement of the proceeding or contest, Tenant shall furnish to Landlord, a surety bond issued by an insurance company qualified to do business in the State of Washington satisfactory to Landlord. The amount of the bond shall equal 125% of the total amount of real estate taxes in dispute. The bond shall hold Landlord and the Premises harmless from any damage arising out of the proceeding or contest and shall insure the payment of any judgment that may be rendered. Notwithstanding the foregoing, at any time the Premises is encumbered by a Mortgage Loan, Tenant shall fully comply with all such further requirements that Mortgagee may impose upon Tenant in connection with contesting any real property tax assessments.

5. USE OF PREMISES.

5.1 Permitted Use. Tenant shall use or permit the Premises or any part thereof, to be used only for the purpose or purposes of operating the Facility located thereon as a licensed skilled nursing facility in the State of Washington, with at least 65 licensed beds, the number of licensed beds at the Facility as of the Commencemnt Date. Tenant shall not change or convert the use of the Facility to any other use, without the prior written consent of Landlord, which consent may be granted or withheld in Landlord's sole and absolute discretion. Tenant shall cause the Facility to be and remain licensed for a minimum number of licensed beds the Facility was licensed for on the Commencement Date and each such licensed bed shall be and remain certified to participate in the Medicare and Medicaid programs.

5.2 Prohibited Uses. Tenant shall not use the Premises or permit anything to be done in, on or about the Premises which will in any way conflict with any material law, statute, ordinance or governmental rule or regulation or requirement of duly constituted public authorities now in force and which may hereafter be enacted or promulgated. Tenant shall at its sole cost and expense promptly comply with all material laws, statutes, ordinances and governmental rules, regulations or requirements now in force or which may hereafter be in force and with the requirements of any board of fire underwriters or other similar body now or hereafter constituted relating to or affecting the condition, use or occupancy of the Premises. The judgment of any court of competent jurisdiction or the admission of Tenant in any action against Tenant, where Landlord is a party thereto, that Tenant has materially violated any law, statute, ordinance or governmental rule, regulation or requirement, shall be conclusive of the fact as between Landlord and Tenant. Tenant shall not use or allow the Premises to be used for any unlawful or objectionable purpose, nor shall Tenant cause, maintain or permit any nuisance in, on or about the Premises. Tenant shall not commit or suffer to be committed any waste in

or upon the Premises. Tenant shall not do or permit anything to be done in or about the Premises nor bring or keep anything therein which will in any way materially increase the existing rate or affect any fire or other insurance upon the Premises or any of the contents therein (unless Tenant shall pay any increased premium as a result of such use or acts), or cause a cancellation of any insurance policy covering said Premises or any of the contents therein, nor shall Tenant sell or permit to be kept, used or sold in or about said Premises any articles which may be prohibited by standard form policy of fire insurance (except for oxygen and other medically necessary chemicals and substances ordinarily used in the operation of a skilled nursing facility and for which use insurance coverage is maintained).

6. SERVICES AND UTILITIES. Tenant shall during the term hereof make all arrangements for and pay on or before the due date thereof for all charges for electricity, gas, heat, air conditioning, water, telephone service, disposal and janitorial services, security and all other utilities and services supplied to the Premises and shall hold Landlord harmless from any liability therefrom and Tenant shall not permit same to become a lien upon the Premises.

7. LANDLORD'S RIGHT OF ENTRY. Landlord, or any authorized representative, shall have the right to go upon and inspect, repair or improve the Premises as provided in this Lease, during normal business hours, upon reasonable notice to Tenant, or Tenant's representative, provided Landlord shall not unreasonably interfere with the operation of Tenant's business, shall observe and protect all patient's rights of privacy and Landlord shall have the right to post and keep posted therein notices which Landlord may deem proper for the protection of Landlord's interest in the Premises. In case of emergency, Landlord may enter the premises at any time, and said entry shall not be deemed a forcible or unlawful entry into or a detainer of the Premises or an eviction of the Tenant from the Premises.

8. INDEMNITY. Tenant shall indemnify and hold harmless Landlord from and against any and all claims arising from Tenant's use of the Premises or the conduct of its business or from any activity, work, or things done, permitted or suffered by Tenant in, on or about the Premises, and shall further defend, protect, indemnify and hold Landlord harmless from and against any and all claims arising from any breach or default in the performance of any obligation on Tenant's part to be performed under the terms of this Lease, or arising from any act or negligence of Tenant, or any of its agents, representatives or employees, and from and against any and all costs, reasonable attorneys' fees, expenses and liabilities incurred in connection with any such claim or any action or proceedings brought thereon; and in case any action or proceeding be brought against Landlord by reason of any such claim, Tenant, upon notice from Landlord, shall defend the same at Tenant's expense by counsel reasonably satisfactory to Landlord. Landlord shall not be liable for injury or damage which may be sustained by the person, goods, wares, merchandise or property of Tenant, its employees or invitees or any other person in or about the Premises from any cause. Tenant waives all claims against Landlord from any such injury or damage arising for any reason, except that Landlord shall be liable to Tenant for injury or damage proximately caused solely from the grossly negligent or intentional acts of Landlord and its designated agents, representatives or employees, and Tenant shall look first to any insurance coverages that Landlord may have with respect to such conduct and once the insurance, if any, has been exhausted shall then look to the Landlord for reimbursement of all injury or damage approximately caused by such conduct.

9. INSURANCE.

9.1 Tenant shall obtain and maintain, or cause to be maintained, insurance for Tenant and the Leased Premises providing at least the following coverages:

9.1.1 Comprehensive “all risk” insurance on the Improvements and the personal property, including Building Ordinance Coverage from Operation of Building Laws, Demolition Costs and Increased Cost of Construction Endorsements, naming Landlord as the “Loss Payee”, in each case (A) in an amount equal to one hundred percent (100%) of the “Full Replacement Cost” (as such Full Replacement Cost may be determined from time to time by Mortgagee), which for purposes of this Lease shall mean actual replacement value with a waiver of depreciation (except with respect to the insurance pursuant to clauses (D), (x), and (y) below); (B) containing an agreed amount endorsement with respect to the Improvements and personal property waiving all co-insurance provisions; (C) providing for no deductible in excess of Fifty Thousand Dollars (\$50,000.00) for all such insurance coverage; and (D) containing an “Ordinance or Law Coverage” or “Enforcement” endorsement if any of the Improvements or the use of the Facility shall at any time constitute legal non-conforming structures or uses and covering the increased cost of construction, demolition cost, value of the undamaged portion of the structure and any increased expenses to rebuild due to the enforcement of building or zoning laws or requirements following a covered loss to the Leased Premises. In addition, Tenant shall obtain: (x) if any portion of the Improvements is currently or at any time in the future located in a federally designated “special flood hazard area,” flood hazard insurance in an amount equal to the maximum amount of such insurance available under the National Flood Insurance Act of 1968, the Flood Disaster Protection Act of 1973 or the National Flood Insurance Reform Act of 1994, as each may be amended or such greater amount as Landlord shall require; and (y) earthquake insurance in amounts and in form and substance satisfactory to Landlord (which shall in all events be in amounts no less than one hundred percent (100%) of the Full Replacement Cost and with a deductible not to exceed twenty-five percent (25%) of the building value), provided that the insurance pursuant to clauses (x) and (y) hereof shall be on terms consistent with the comprehensive “all risk” insurance policy required under this Section 9.1.1, and provided further that the ordinance and law coverage pursuant to clause (D) may have a sub-limit of twenty-five (25%) of the insurable building value. Should Landlord’s interest in the Leased Premises secure a loan from Mortgagee, the insurance policy or policies required by this Section 9.1.1 shall name Mortgagee as the “Loss Payee” thereunder. Furthermore, should a Mortgagee require additional or greater insurance coverages, Tenant shall provide the same;

9.1.2 Commercial general liability insurance against claims for personal injury, bodily injury, death or property damage occurring upon, in or about the Facility, such insurance (A) with a combined limit of not less than Three Million Dollars (\$3,000,000.00) in the aggregate and One Million Dollars (\$1,000,000.00) per claim; (B) to continue at not less than the aforesaid limit until required to be changed by Landlord in writing by reason of changed economic conditions making such protection inadequate; and (C) to cover at least the following hazards: (1) premises and operations; (2) products and completed operations on an “if any” basis; (3) independent contractors; (4) blanket contractual liability; and (5) contractual liability covering the indemnities contained in this Lease to the extent the same is available;

9.1.3 Business income with extra expense insurance (A) with loss payable to Landlord as to rental interruption insurance; (B) covering all risks required to be covered by the insurance provided for in Section 9.1.1 above; (C) containing an extended period of indemnity endorsement which provides that after the physical loss to the Improvements and personal property has been repaired, the continued loss of income will be insured until such income either returns to the same level it was at prior to the loss, or the expiration of twelve (12) months from the date that the Facility is repaired or replaced and operations are resumed, whichever first occurs, and notwithstanding that the policy may expire prior to the end of such period; and (D) in an amount equal to one hundred

percent (100%) of the projected net profit and extra expense with respect to the Facility for a period of twelve (12) months from the date of such casualty (assuming such casualty had not occurred) and notwithstanding that the policy may expire at the end of such period. The amount of such business income insurance shall be determined prior to the date hereof and at least once each year thereafter based on Tenant's reasonable estimate of the gross income from the Facility for the succeeding twelve (12) month period. Nothing herein contained shall be deemed to relieve Tenant of its obligations to pay the Rent when due except to the extent such amounts are actually paid out of the proceeds of such business income insurance;

9.1.4 At all times during which structural construction, repairs or alterations are being made with respect to the Improvements, and only if the Facility coverage form does not otherwise apply, (A) owner's contingent or protective liability insurance covering claims not covered by or under the terms or provisions of the above mentioned commercial general liability insurance policy; and (B) the insurance provided for in Section 9.1.1 above written in a so-called builder's risk completed value form (1) on a non-reporting basis, (2) against all risks insured against pursuant to Section 9.1.1 above, and (3) with an agreed amount endorsement waiving co-insurance provisions, naming Landlord as the insured;

9.1.5 worker's compensation insurance with respect to any employees of Tenant, in such amounts and limits as required under applicable laws;

9.1.6 comprehensive boiler and machinery insurance, if applicable, in amounts as shall be reasonably required by Landlord on terms consistent with the commercial property insurance policy required under Section 9.1 above;

9.1.7 motor vehicle liability coverage for all owned and non-owned vehicles, including rented and leased vehicles containing minimum limits per occurrence, including umbrella coverage, of One Million Dollars (\$1,000,000.00) or such other insurance as required by any Federal or State of Washington agency in connection with the transport of patients;

9.1.8 if the Facility is or becomes a legal "non-conforming" use, ordinance or law coverage and insurance coverage to compensate for the cost of (upon a casualty) demolition or rebuilding of the undamaged portion of the Facility along with any reduced value and the increased cost of construction in amounts as may be requested by Landlord;

9.1.9 the commercial property and business income insurance required under Sections 9.1.1 and 9.1.3 above shall cover perils of terrorism and acts of terrorism and Tenant shall maintain commercial property and business income insurance for loss resulting from perils and acts of terrorism on terms (including amounts) consistent with those required under Sections 9.1.1 and 9.1.3 above;

9.1.10 professional liability and malpractice insurance with limits of at least One Million Dollars (\$1,000,000.00) per claim / Three Million Dollars (\$3,000,000.00) in the aggregate, a Three Million Dollar (\$3,000,000.00) policy limit, and a deductible in an amount not in excess of One Hundred Thousand Dollars (\$100,000.00) in the aggregate. Tenant shall also require each medical director for the Facility and the associated nurse practitioner at the Facility to carry professional liability and malpractice insurance with limits of not less than One Million Dollars (\$1,000,000.00) per claim / Three Million Dollars (\$3,000,000.00) in the aggregate;

9.1.11 upon sixty (60) days' notice, (x) such other reasonable insurance and in such reasonable amounts as Landlord or Mortgagee from time to time may reasonably request against such other insurable hazards which at the time are commonly insured against for property similar to the Facility located in or around the region in which the Facility is located, and (y) such changes to existing coverages set forth in this Lease required by Mortgagee.

9.2 All insurance provided for in Section 9.1 shall be obtained under valid and enforceable policies (collectively, the "**Policies**" or, in the singular, the "**Policy**"), and shall be subject to the approval of Landlord as to insurance companies, amounts, deductibles, loss payees and insureds. The Policies shall be issued by financially sound and responsible insurance companies authorized to do business in the State of Washington and having a claims paying ability rating of "A" or better by Moody's or not less than A-/VII as such rating is issued by AM Best. The Policies described in Section 9.1 and all subparts thereto (other than those strictly limited to liability protection) shall designate Landlord as loss payee. Not less than ten (10) days prior to the expiration dates of the Policies theretofore furnished to Landlord, certificates of insurance evidencing the Policies accompanied by evidence satisfactory to Landlord of payment of the premiums due thereunder shall be delivered by Tenant to Landlord.

9.3 Any blanket insurance Policy shall specifically allocate to the Facility the amount of coverage from time to time required hereunder and shall otherwise provide the same protection as would a separate Policy insuring only the Facility in compliance with the provisions of Section 9.1.

9.4 Except as otherwise set forth in Section 9.1.1 - 9.1.11, all Policies provided for or contemplated by Section 9.1 (except for the worker's compensation insurance policy), shall name Tenant as the insured and Landlord and Mortgagee as the additional insured, as their interests may appear.

9.5 All Policies provided for in Section 9 and all subparts thereto shall contain clauses or endorsements to the effect that:

9.5.1 no act or negligence of Tenant, or anyone acting for Tenant, or of any tenant or other occupant, or failure to comply with the provisions of any Policy, which might otherwise result in a forfeiture of the insurance or any part thereof, shall in any way affect the validity or enforceability of the insurance insofar as Landlord is concerned;

9.5.2 the Policies shall not be materially changed (other than to increase the coverage provided thereby) or canceled without at least thirty (30) days' written notice to Landlord and any other party named therein as an additional insured;

9.5.3 the issuers thereof shall give notice to Landlord if the Policies have not been renewed fifteen (15) days prior to its expiration; and Landlord shall not be liable for any insurance premiums thereon or subject to any assessments thereunder.

9.5.4 If at any time Landlord is not in receipt of written evidence that all Policies are in full force and effect, Landlord shall have the right, upon three (3) days notice to Tenant, to take such action as Landlord deems necessary to protect its interest in the Leased Premises, including, without limitation, the obtaining of such insurance coverage as it in its sole discretion deems appropriate. All premiums incurred by Landlord in connection with such action or in obtaining such

insurance and keeping it in effect shall be paid by Tenant to Landlord, as the case may be, upon demand.

9.6 Certificates of Insurance. By no later than five (5) days prior to the Commencement Date of this Lease, Tenant shall furnish Landlord, Mortgagee, and other third parties which Landlord shall designate, with appropriate certificates of insurance on acceptable forms, together with an additional insurance endorsement showing that each type of insurance required under this Lease is in full force and effect and not cancelable or modifiable without thirty (30) days prior written notice to the Landlord, and if applicable, Mortgagee. Tenant will provide Landlord with acceptable certificates of insurance pursuant to this Section 9.6 evidencing the renewal of such Policies at least ten (10) business days prior to the Policies' expiration date. Tenant acknowledges that all such certificates shall name Landlord and Mortgagee, and their successors and assigns, as an additional insured on the general liability and umbrella policies and as a loss payee/mortgagee as their interests may appear on the property and boiler and machinery policies.

9.7 Waiver of Subrogation. Landlord and Tenant hereby waive all rights of recovery for causes of action which either has or may have or which may arise hereafter against the other for any damage to the Leased Premises or the property or business of either of them or of anyone claiming through either of them, by way of subrogation or otherwise, caused by any of the perils covered by a special form policy of property insurance or contents insurance or by any other insurance for damage to property carried by the party whose property was damaged; provided, however, that the foregoing waiver shall apply only if and to the extent that a waiver of subrogation for property damage is not prohibited in the state in which the Leased Premises are located, has been consented to by the applicable insurance carrier, and only to the extent of such insurance coverage.

10. DESTRUCTION AND CONDEMNATION.

10.1 Destruction. If, during the term of this Lease, the Premises are totally or substantially destroyed rendering the Premises totally or substantially inaccessible or unusable, and the damage or destruction was from a risk covered by the insurance described in Section 9.1 and all subparts thereto, Tenant shall restore the Premises to substantially the same condition as they were in immediately before such damage or destruction and in conformance with then existing building codes and regulations. If the damage or destruction is not covered by insurance obtained by the Tenant, but it was from a risk which was supposed to be an insurable risk as described in Section 9.2, Tenant shall restore the premises to substantially the same condition as they were in immediately before such damage or destruction and in conformance with the then currently existing building codes and regulations. Such damage or destruction shall not terminate this Lease. If existing laws do not permit the restoration, either party may terminate this Lease by giving notice to the other party within sixty days of such discovery.

10.2 Destruction Due to Risk Not Supposed To Be Insured. If the damage or destruction referred to in Section 10.1 above, is from a risk which was not supposed to be an insurable risk as described in Section 9.1 and all subparts thereto, Landlord may, at Landlord's option, restore the Premises to substantially the same condition as they were immediately before such damage or destruction and in conformance with existing building codes and regulations, and, in such event, such damage or destruction shall not terminate this Lease (except that, to the extent not covered by insurance, rent shall be abated in proportion to the degree in which Tenant's use of the Premises is impaired from the date of destruction until such damage is repaired). In the event Landlord chooses not to repair such damage, Landlord shall give written notice to Tenant within thirty (30) days after

the date of the occurrence of such damage of Landlord's intention to cancel and terminate this Lease as of the date of the occurrence of such damage. Tenant shall have the right within fifteen (15) days of receipt of such notice to give written notice to Landlord of Tenant's intention to repair such damage and Tenant shall make the repairs at Tenant's sole cost and expense without right of reimbursement, as soon as is reasonably possible. If Tenant does not give such notice within fifteen (15) days after receipt of Landlord's notice to cancel and terminate this Lease as set forth herein, this Lease shall be canceled and terminated as of the date of the occurrence of said damage.

10.3 Procedures for Restoring The Premises. Within one hundred twenty (120) days after the date that Tenant is obligated to restore the Premises under Section 10.1, Tenant at its cost shall prepare final plans and specifications and working drawings complying with all applicable laws that will be necessary for restoration of the Premises. The plans and specifications and working drawings must be approved by Landlord. Landlord shall have forty-five (45) days after receipt of the plans and specifications and working drawings to either approve or disapprove the plans and specifications and working drawings, and if Landlord does not approve or disapprove the plans and specifications and working drawings within such forty-five (45) day period, Landlord shall be deemed to have approved the plans and specifications and working drawings. If Landlord disapproves the plans and specifications and working drawings, Landlord shall notify Tenant of the objections and proposed solution to each objection. Tenant acknowledges that the plans and specifications and working drawings shall be subject to approval of the appropriate government agencies and that they will be prepared in such a manner as to obtain approval. Upon such approval, the restoration shall be accomplished as follows:

10.3.1 Tenant shall complete the restoration within two hundred forty (240) days after final plans and specifications and working drawings have been approved by all appropriate government agencies and all required permits have been obtained, subject to reasonable extension for delays resulting from causes beyond Tenant's reasonable control. If the repair or restoration of the Premises takes longer to complete than the amount of the rent loss insurance maintained by Tenant or required by this Lease to be maintained by Tenant, then rent shall be equitably abated in proportion to Tenant's loss of use of the licensed beds in the Premises. In the event this Lease is terminated by reason of such damage or destruction or by Tenant's option, as provided hereinabove, Landlord shall be entitled to all insurance proceeds from policies required herein and payable by reason of such destruction, except to the extent that the insurance proceeds are payable to any policy maintained by Tenant to cover Tenant's intangible personal property.

10.3.2 Tenant shall retain a licensed contractor that is bondable. The contractor shall be required to carry workers' compensation insurance, public liability and property damage insurance and fire and extended coverage insurance, during the period of construction, in accordance with Section 9.1.1. Such insurance shall contain waiver of subrogation clauses in favor of Landlord, Landlord and Tenant in accordance with the provisions of Section 9.7.

10.3.3 Tenant shall notify Landlord of the date of commencement of the restoration not later than ten (10) days before commencement of the restoration to enable Landlord to post and record notices of non-responsibility. The contractor retained by Tenant shall not commence construction until a completion bond and a labor and materials bond have been delivered to Landlord in amounts reasonably satisfactory to Landlord to insure completion of the construction and until notices of non-responsibility are posted and recorded.

10.3.4 Tenant shall accomplish the restoration in a manner that will cause the least disruption and interference at the Premises. All construction shall be completed with

due diligence in compliance with the plans and specifications and working drawings and applicable laws.

10.3.5 On completion of the restoration Tenant shall immediately record a notice of completion in the county in which the Premises are located.

10.4 Condemnation. If, during the term of this Lease, there is any taking of all or any part of the Premises or any interest in this Lease by condemnation, the rights and obligations of the parties shall be determined as follows:

10.4.1 For purposes of this section, the term "condemnation" shall mean the exercise of any governmental power, whether legal proceedings or otherwise, by a condemnor, and a voluntary sale or transfer by Landlord to any condemnor, either under threat of condemnation or while legal proceedings for condemnation are pending. The term "condemnor" shall mean any public or quasi-public authority, or private corporation or individual, having the power of condemnation.

10.4.2 Total Taking by Condemnation. If the Premises are totally taken by condemnation, this Lease shall terminate on the date the condemnor has the right to possession of the Premises.

10.4.3 Partial Taking by Condemnation. If any portion of the Premises is taken by condemnation, this Lease shall remain in effect, except that Tenant can elect to terminate this Lease if the remaining portion of the Premises is rendered unsuitable for Tenant's continued use of the Premises. If Tenant elects to terminate this Lease, Tenant must exercise its right to terminate by giving notice to Landlord within thirty (30) days after the nature and the extent of the taking have been finally determined. If Tenant elects to terminate this Lease as provided herein, Tenant shall also notify Landlord of the date of the termination, which date shall not be earlier than six (6) months after Tenant has notified Landlord of its election to terminate; except that this Lease shall terminate on the date the condemnor has the right to possession of the property being condemned if such date falls on a date before the date of termination as designated by Tenant. If Tenant does not terminate this Lease within the thirty (30) day period, this Lease shall continue in full force and effect. If any portion of the Premises is taken by condemnation and this Lease remains in full force and effect, on the date of taking the minimum monthly rent shall be reduced by an amount that is in the same ratio to the minimum monthly rent as the number of beds lost as a result of the taking bears to the number of beds at the Facility immediately prior to such taking.

10.5 Award-Distribution. The condemnation award shall belong to and be paid to Landlord, except that Tenant shall receive from the award the following:

10.5.1 A sum attributable to that portion of the award constituting severance damages, to the extent reasonable, for Tenant's restoration of the Premises and improvements situated thereon (excluding Tenant's personal property).

10.5.2 A sum paid to Tenant from the condemnor for loss of business value and goodwill, removal and relocation expenses, depopulation and transfer expenses of residents to other health care providers and a sum attributable to the "bonus value" of the Lease, (i.e., any excess of the market value of the Premises, for the remainder of the initial Term and any unexercised options over the present value at the date of the taking of the Rent payable for the remainder of the initial Term and unexercised options).

10.6 No Termination of Lease on Condemnation. No temporary taking of all or any part of the Premises or of Tenant's rights therein or under this Lease shall terminate this Lease or give Tenant any other rights under this Section 10.

10.7 Abatement of Rent. Except as otherwise provided in Section 10.2, in the event of any damage or destruction to the Premises or any portion thereof, there shall be no abatement or reduction of rent.

10.8 Waiver. The rights of the parties in the event of damage or destruction are to be governed solely by the provisions of this Lease and not by any statutes or laws. Tenant waives any provisions of Washington state law, or similar law, present or future, with respect of any damage or destruction of the Premises or any portion thereof.

10.9 Requirements of Mortgagee. Notwithstanding the provisions of Section 10 and all subparts thereto, if at any time during the Term, Landlord has a Mortgage Loan on the Premises, Landlord and Tenant shall comply with such Mortgagee's requirements with respect to any destruction or condemnation of the Premises, as set forth in the applicable Mortgage Loan documents.

11. MAINTENANCE, ALTERATIONS AND ADDITIONS.

11.1 Maintenance and Repairs. Tenant, at Tenant's sole cost and expense, shall maintain the Premises and every part thereof all in good order, condition and repair, the heating, ventilating and air conditioning systems, including any boilers and other pressure vessels, the roof, and the machinery and equipment located in or upon the Premises or which otherwise are a part of the Premises except as set forth herein. Landlord shall not have any responsibility to maintain the Premises or any portion thereof. Tenant waives any provisions of Washington state law, or any similar law, present or future, with respect to Landlord's and Landlord's obligations for tenant ability of the Premises and Tenant's right to make repairs and deduct the expenses of such repairs from rent. Notwithstanding anything herein to the contrary at any time prior to the expiration of the term of this Lease, Tenant shall replace the roof to the Premises at Tenant's sole cost and expense, with a minimum fifteen (15) year guarantee on materials.

11.2 Alterations and Additions by Tenant. Tenant shall make no alterations, additions or improvements to the Premises or any part thereof which exceeds Fifty Thousand Dollars (\$50,000), individually, without first obtaining the prior written consent of Landlord and which consent shall not be unreasonably withheld. Notwithstanding anything herein to the contrary, Tenant shall not need Landlord's consent for any maintenance and repair items.

12. SUBLETTING AND ASSIGNMENT.

12.1 Voluntary Assignment. Tenant shall not voluntarily transfer, mortgage, pledge, hypothecate or encumber its interest, or any part thereof, in this Lease or in the Premises, all or any part of the Premises, or allow any other person or entity to occupy or use all or any part of the Premises, without first obtaining the prior written consent of Landlord. Landlord shall not unreasonably withhold its consent under this Section 12.1.

12.2 Involuntary Assignment. No interest of Tenant in this Lease shall be assignable by operation of law. Each of the following acts shall be considered an involuntary assignment:

(a) The making by Tenant of any general assignment or general arrangement for the benefit of creditors;

(b) The filing by or against Tenant of a petition to have Tenant adjudged a bankrupt or a petition for reorganization or arrangement under any law relating to bankruptcy;

(c) The appointment of a trustee or receiver to take possession of substantially all of Tenant's property located in or on the Premises or of Tenant's interest in this Lease; or

(d) The attachment, execution or other judicial seizure of substantially all of Tenant's property located in or on the Premises or of Tenant's interest in this Lease.

An involuntary assignment shall constitute a default by Tenant and Landlord shall have the right to elect to terminate this Lease, in which case this Lease shall not be treated as an asset of Tenant.

13. HOLDING OVER. If Tenant remains in possession of the Premises after expiration of this Lease, without a written lease, Tenant shall be deemed to be occupying and using the same as a Tenant from month-to-month, subject to all the conditions, provisions and obligations of this Lease insofar as they may be applicable to such month-to-month tenancy. In such event the rent shall be 150% of the rent existing at the expiration of the term hereof.

14. SUCCESSORS AND ASSIGNS. Subject to the provisions of Section 12 pertaining to assignment and subletting, the covenants and agreements of this Lease shall be binding upon the heirs, legal representatives, successors and assigns of the parties hereto.

15. DEFAULT AND REMEDIES.

15.1 Default. The occurrence of any of the following shall constitute a material default and breach of this Lease by Tenant:

15.1.1 Any failure by Tenant to pay the rent or any other monetary sums required to be paid hereunder within five (5) days of its due date.

15.1.2 The abandonment or vacation of the Premises by Tenant (failure to occupy the Premises for ten (10) consecutive days shall be deemed an abandonment or vacation).

15.1.3 Any failure by Tenant to observe and perform any other provision of this Lease to be observed or performed by Tenant, where such failure continues for thirty (30) days after written notice thereof by Landlord to Tenant; provided, however, that the nature of the default is such that the same cannot reasonably be cured within said thirty (30) day period, Tenant shall not be deemed to be in default if Tenant shall within such thirty (30) day period-commence such cure and thereafter diligently prosecute the same to completion.

15.1.4 The making by Tenant of any involuntary assignment of this Lease as set forth in Section 12.2.

15.1.5 Any suspension or revocation following the waiver or exhaustion of all available administrative and judicial appeals) of the license to operate the Premises as a skilled nursing facility, any loss of Medicare or Medicaid certification resulting in an actual termination of reimbursement, or any order to remove or the actual removal by any authority having

jurisdiction over the operation of the Premises as a licensed skilled nursing facility of more than one--half of the patients then residing in said facility.

15.1.6 If Tenant shall fail to pay before delinquency, any and all provider or bed taxes that may be imposed by any and all governmental authority having jurisdiction over the Facility and Premises, provided however, that if any such governmental authority imposing such provider or bed taxes permits a repayment agreement with respect to any delinquent provider or bed taxes, Tenant shall not be in default so long as Tenant enters into and fully and promptly complies with such repayment agreement and provides a copy of such repayment agreement to Landlord.

15.1.7 If Tenant shall admit in writing its inability to pay its debts generally as they become due.

15.1.8 If Tenant receives a state or federal notice of termination of license or "fast track" decertification and such notice has not been suspended, extended, withdrawn or terminated within the time periods (including applicable extensions and appeal periods) required by any governmental authority having jurisdiction over the Premises and the Facility.

15.1.8 The creation of any indebtedness relating to or encumbering the Premises (other than trade payables which are not more than thirty (30) days past due, not evidenced by a note and not in excess of Two Hundred Fifty Thousand Dollars (\$250,000.00))

15.1.9 If any of the licenses, Medicare or Medicaid certifications, certificates, approvals, permits, variances, waivers, provider agreements and other authorizations material to the operation of the Facility is at substantial and imminent risk of being terminated, suspended or otherwise restricted in such a way that such termination, suspension or restriction would have a materially adverse effect on the operation of the Facility as determined by Landlord in its reasonable discretion.

15.1.10 Any act or omission by Tenant, any permitted subtenant, or any manager, if applicable, that constitutes a default by Landlord under the terms of any Mortgage Loan documents; or Tenant fails or refuses to execute any certificate, document or agreement that Landlord or Mortgagee may reasonably request within ten (10) days after Tenant's receipt thereof.

15.2 Remedies. In the event of any default or breach by Tenant, Landlord may, at any time thereafter without limiting Landlord in the exercise of any right or remedy at law or in equity which Landlord may have by reason of such default or breach:

(a) Continue this Lease in full force and effect, and this Lease will-continue in effect as long as Landlord does not terminate Tenant's right to possession, and Landlord shall have the right to collect rent when due. During the period Tenant is in default, Landlord can enter the Premises and relet the Premises to third parties for Tenant's account. Tenant shall be liable to Landlord for all costs Landlord incurs in reletting the Premises, including, without limitation, brokers' commissions, expenses of remodeling the Premises required by the reletting, and like costs. Reletting can be for a period shorter or longer than the remaining term of this Lease. No act by Landlord allowed hereunder shall terminate this Lease unless Landlord notifies Tenant in writing that Landlord elects to terminate this Lease. If Landlord elects to relet the Premises as provided herein, then notwithstanding any provision in this Lease to the contrary, any rent that Landlord receives from reletting shall be applied to the payment of: first, to any indebtedness from Tenant to Landlord other than rent due from Tenant;

(ii) second, to all costs, including for maintenance, incurred by Landlord in reletting; and (iii) third, to any rent due and unpaid under this Lease. After deducting the payments referred to herein, any sum remaining from the rent Landlord receives from reletting shall be held by Landlord and applied in payment of future rent as rent becomes due under this Lease. In no event shall Tenant be entitled to any excess rent received by Landlord. If, on the date rent is due under this Lease, the rent received from the reletting is less than the rent due on that date, Tenant shall pay to Landlord, in addition to the remaining rent due, all costs, including for maintenance, Landlord incurred in reletting that remain after applying the rent received from the reletting as provided in this Section 15.2(a).

(b) Terminate Tenant's right to possession of the Premises at any time. No act by Landlord other than giving written notice to Tenant shall terminate this Lease. Acts of maintenance, efforts to relet the Premises, or the appointment of a receiver on Landlord's initiative to protect Landlord's interest under this Lease shall not constitute a termination of Tenant's right to possession. On termination, Landlord shall have the right to recover from Tenant: (i) the worth, at the time of the award, of the unpaid rent that had been earned at the time of termination of this Lease, (ii) the worth, at the time of the award, of the amount by which the unpaid rent that would have been earned after the date of termination of this Lease until the time of award exceeds the amount of the loss of rent that Tenant proves could have been reasonably avoided, (iii) the worth, at the time of the award, of the amount by which the unpaid rent for the balance of the term after the time of award exceeds the amount of the loss of rent that Tenant proves could have been reasonably avoided; and (iv) any other amount, including attorneys' fees and court costs, necessary to compensate Landlord for all detriment proximately caused by Tenant's default.

(c) If Landlord at any time, by reason of Tenant's default, pays any sum or does any act that requires the payment of any sum, the sum paid by Landlord shall be immediately due from Tenant to Landlord at the time the sum is paid and shall be considered additional rent. The payment of any such sum or the performance of any such act by or on the part of Landlord shall not mitigate Tenant's default.

15.3 Appointment of Receiver. If Tenant is in default of this Lease Landlord shall have the right to petition a court of competent jurisdiction to have a receiver appointed to collect rent and conduct Tenant's business on the Premises. Neither the filing of a petition for the appointment of a receiver nor the appointment itself shall constitute an election by Landlord to terminate this Lease.

15.4 Late Charges. Tenant hereby acknowledges to Landlord that late payment by Tenant to Landlord of rent and other sums due hereunder will cause Landlord to incur costs not contemplated by this Lease, the exact amount of which will be extremely difficult to ascertain. Accordingly, if any installment of rent or other sum due from Tenant shall not be received within five (5) days after such amount shall be due, Tenant shall pay to Landlord the sum of \$250.00 per day for each day after the fifth (5th), but not to exceed \$7,500.00 per month as a late charge. The parties hereby agree that such late charge represents a fair and reasonable estimate of the costs Landlord will incur by reason of late payment by Tenant. Acceptance of such late charge by Landlord shall not constitute a waiver of Tenant's default with respect to any such overdue amount.

15.5 Interest on Past Due Obligations. Any sum due from Tenant that is not received by Landlord or Landlord's designee when such amount is due shall bear interest at 10% per annum, or, the maximum rate an individual is permitted by law to charge (whichever is the lesser) from the date the amount is due until Landlord is paid by Tenant. Acceptance of such interest by Landlord shall not constitute a waiver of Tenant's default with respect to any such overdue amount.

15.6 Limitation of Landlord's Liability. If Landlord is in default of this Lease, and consequently Tenant recovers a money judgment against Landlord, the judgment shall be satisfied only out of the proceeds of sale received on execution of the judgment and levy against Landlord's right, title and interest in the Premises and any available insurance proceeds. Neither Landlord nor, upon assignment to a corporation, any of its officers, directors, shareholders or employees of Landlord shall be personally liable for any deficiency.

16. LIENS. Tenant shall keep the Premises and every part thereof free from any liens arising out of work performed, materials, furnished, or obligations incurred by Tenant, and shall indemnify, hold harmless and defend Landlord from any liens and encumbrances arising out of any work performed and materials furnished by or at the direction of Tenant. Landlord shall always have the right to post and keep posted on the Premises any notices permitted or required by law for the protection of Landlord and the Premises from mechanics' and materialmen's liens, and Tenant shall give to Landlord at least ten (10) days prior written notice of the expected date of commencement of any work of improvement on the Premises. Upon expiration or earlier termination of this Lease, Tenant shall satisfy and discharge any purchase money liens that Tenant placed upon such replacement personal property.

17. SECURITY, TENANT AR FINANCING, AND REPORTING OBLIGATIONS. If, during the term of this Lease, there is any taking of all or any part of the Premises or any interest in this Lease by condemnation, the rights and obligations of the parties shall be determined as follows:

17.1 Lease Constitutes Security Agreement. In order to secure the payment and performance of all of Tenant's obligations under this Lease and all other documents contemplated under this Lease, Tenant hereby grants to Landlord a first priority security interest in and lien upon, (a) all trade fixtures, equipment, furniture, merchandise, inventory and other personal property located from time to time in or upon the Leased Premises (including the proceeds thereof), and (b) to the fullest extent permitted by applicable law, all accounts, accounts receivable, deposit accounts, licenses, certifications, certificates, accreditations, approvals, permits, variances, waivers, provider agreements, certificates of need, and other authorizations issued to or held by Tenant with respect to the operation of the Facility as a long-term care, assisted living or skilled nursing facility and Tenant's interest in and rights under all third party payor provider agreements with respect to the Facility (the items listed in clauses (a) and (b), together with the proceeds of same, are hereinafter referred to, collectively, as the "**Collateral**") to secure the performance of all of Tenant's obligations under this Lease. The security interest granted to Landlord with respect to Tenant's personal property is intended to be subordinate to any purchase money security interest or capital lease on any of Tenant's personal property provided that Tenant has notified Landlord and Mortgagee of the creation of such security interest or capital lease prior to the creation thereof and Landlord and Mortgagee have approved same, which approval shall not be unreasonably withheld or delayed. Tenant acknowledges that Landlord's rights under this Lease, including, but not limited to, this Section 17.1 may be assigned to Mortgagee as security for a Mortgage Loan. Should Mortgagee (a "**Secured Party**") require either that the security interest in the Collateral hereby granted to Landlord be granted directly to such Secured Party, or that Landlord subordinate the priority of its security interest in the Collateral, the Landlord and Tenant shall promptly execute and deliver such documents as such Secured Party may require to either (i) subordinate Landlord's lien in the Collateral to the first priority security interest of the Secured Party in all or any portion of the Collateral, or (ii) confirm the direct grant by Tenant of a first priority security interest in all or any portion of the Collateral to the Secured Party. Upon a default by Tenant, Landlord and/or Secured Party shall have all the rights and remedies of a secured party under the laws

of the State of Washington. Tenant, as debtor, authorizes Landlord and/or any Secured Party to file, as the secured party, upon execution of this Lease by Tenant, UCC-1 Financing Statements in proper form, and thereafter, from time to time, such extensions and/or updates of such financing statements as are required for the purpose of perfecting and maintaining the priority of the security interest granted to Landlord or Mortgagee herein, and to perform any other acts reasonably necessary to the perfection of such security interest. Tenant consents to Landlord's and/or Mortgagee's preparation of and the filing of such financing statements by Landlord and agrees that the provisions of this Section shall constitute a security agreement for the purposes contemplated hereby. Throughout the Term of this Lease, Tenant shall not pledge or otherwise grant a security interest in any of the Collateral to a third party without Landlord's prior written consent, which consent may be granted or withheld in Landlord's sole and absolute discretion. The security interest granted by this Section shall be in addition to any lien of Landlord that may now or at any time hereafter be provided by law. In the event Landlord or a Secured Party exercises its remedies to foreclose the security interest created under this Section 17.1 or elsewhere in this Lease, Tenant shall cooperate with Landlord or the Secured Party in transferring all of the aforementioned items promptly as requested by Landlord or Secured Party in Landlord's or Secured Party's or their respective designee's name or for the benefit of Secured Party. This Section and Landlord's and/or the Secured Party's rights and remedies hereunder shall survive the termination of this Lease.

17.2 Tenant's Accounts Receivable Financing. Notwithstanding the lien and the security interest in the Collateral created by Tenant in favor of Landlord herein, Landlord agrees that, subject to Tenant satisfying the other terms of Section 17.1, but without impairing, restricting, or limiting the rights of the Secured Party arising under this Lease (by virtue of Landlord's assignment of same to such Secured Party or otherwise), as follows: Tenant shall (i) be entitled to secure accounts receivable financing (the "**AR Financing**") from an accounts receivable lender (the "**AR Lender**") of Tenant's selection, which AR Financing shall be secured by a first priority lien in Tenant's accounts receivable and deposit accounts; and, (ii) in connection with Tenant securing such AR Financing, Landlord shall subordinate, and cause Mortgagee to subordinate, the priority of their security interest in the accounts receivable and deposit accounts pursuant to the terms of a commercially reasonable Intercreditor Agreement (the "**Intercreditor**"). The Intercreditor shall be subject to the prior reasonable review and approval of Landlord and Mortgagee. Landlord and Mortgagee shall not be required to execute and deliver the Intercreditor, and subordinate its lien in the accounts receivable and deposit accounts unless and until: (y) a copy of all relevant documents comprising the proposed AR Financing (the "**AR Loan Documents**") have been delivered to Landlord and Mortgagee, and (z) Landlord and Mortgagee have reasonably reviewed and approved of the terms and conditions of the AR Loan Documents.

17.3 Tenant Reporting Obligations. Tenant shall provide Landlord with all of the financial, management and regulatory reports listed in Schedule 1 within the applicable time specified therein. All financial information provided shall be prepared in accordance with the Accounting Principles and shall be submitted in such other form as Landlord may reasonably require from time to time. If Tenant becomes subject to any reporting requirements of the Securities and Exchange Commission during the Term, it shall concurrently deliver to Landlord such reports as are delivered pursuant to applicable securities laws.

18. NOTICES. Unless otherwise provided herein, any notice, tender or delivery to be given hereunder by either party to the other may be effected by personal delivery in writing or by registered or certified United States mail, postage prepaid, return receipt requested, and, in the case of notice by mail, shall be deemed delivered forty-eight (48) hours after deposit into the United States mail in

accordance herewith or upon any earlier refusal of receipt therefore. Mailed notices shall be addressed as set forth below, but each party may change its address for written notice in accordance with this Section 18:

If to Tenant:

T-Street Holdings, LLC
555 North El Camino Real #A266
San Clemente, CA 92672
Attn: Kirk Lindahl and Steven Frost

If to Landlord:

817 Pioneer Avenue, LLC
257 Vista Marina
San Clemente, CA 92672
Attn.: David Lindahl

19. SUBORDINATION AND ATTORNMENT. Without the necessity of any additional document being executed by Tenant for the purpose of effecting a subordination, this Lease shall be subject and subordinate at all times to the lien of any Mortgage Loan or deeds of trust now or hereafter placed on, against or affecting the Premises, or any ground or underlying lease; provided, however, that if the Mortgagee, trustee, or holder of any such Mortgage Loan or deed of trust elects to have Tenant's interest in this Lease be subordinate to any such instrument, then, by notice to Tenant, this Lease shall be deemed superior, whether this Lease was executed before or after said instrument. Notwithstanding the foregoing, Tenant covenants and agrees to execute and deliver within ten (10) days of Landlord's request such further instruments evidencing such subordination or superiority of this Lease as may be required by Landlord.

In the event of foreclosure or the exercise of the power of sale under any mortgage or deed of trust made by Landlord covering the Premises, Tenant shall attorn to the purchaser upon any such foreclosure or sale and recognize such purchaser as the Landlord under this Lease, provided said purchaser expressly agrees in writing to be bound by the terms of this Lease.”

20. TRANSFER OF LESSOR'S INTEREST. In the event of a sale or conveyance of Landlord's interest in the Premises other than a transfer for security purposes only, Landlord shall be relieved from and after the date specified in any such notice of transfer of all obligations and liabilities accruing thereafter on the part of Landlord, provided that any funds in the hands of Landlord at the time of transfer in which Tenant has an interest shall be delivered to the successor of Landlord. This Lease shall not be affected by any such sale and Tenant agrees to attorn to the purchaser or assignee provided all Landlord's obligations hereunder are assumed in writing by the transferee.

21. ESTOPPEL STATEMENT. Each party shall, upon fifteen (15) days written notice from the other party, execute, acknowledge and deliver to the other party, for the benefit of such other party and for the benefit of third parties relying thereon, a statement in writing certifying that the Lease is

unmodified and in full force and effect or stating the nature and extent of any existing modifications, and the dates to which the monthly rental and other charges are paid in advance, if any, and acknowledging that there are not, to such other party's knowledge, any uncured defaults on the part of either party hereunder, or specifying such defaults if any are claimed. Any such statement may be relied upon by the receiver of such statement. Any party's failure to deliver such statement within such time shall be conclusive upon the failing party of all statements contained therein. If Landlord desires to sell, finance or refinance the Premises Tenant agrees to deliver to Landlord such financial statements of Tenant as may be reasonably requested by Landlord.

22. SURRENDER OF PREMISES. Upon vacating the Premises, Tenant shall surrender the Premises, in the same condition as received, and the personal property shall be free and clear of all liens placed upon such personal property by Tenant, and, to the extent the Premises have been improved and items replaced, in the same condition as improved and replaced, reasonable wear and tear excepted. The voluntary or other surrender of this Lease by Tenant, or a mutual cancellation thereof, shall not work a merger, and shall, at the option of Landlord, terminate all or any existing subleases or subtenancies, or may, at the option of Landlord, operate as an assignment to it of any or all such subleases or subtenancies. Upon the expiration or earlier termination of this Lease, Tenant shall use its best efforts to reasonably cooperate with Landlord or Landlord's nominee in connection with the processing by Landlord or Landlord's nominee of any applications for all licenses, operating permits, change of ownership applications, interim management agreement and/or sublease to facilitate the change of ownership on terms and conditions reasonably acceptable to Tenant and other governmental authorization, patient and resident records and patient and resident trust accounts which may be necessary for the operation of the Premises as required by applicable law, provided that the costs and expenses of any such transfer or the processing of any such application shall be paid by Landlord or Landlord's nominee. Notwithstanding anything herein to the contrary, nothing shall require Tenant to complete the necessary applications for or on behalf of Landlord or Landlord's nominees.

23. WAIVER. No covenant agreement, representation or the breach thereof shall be deemed waived, except by written consent of the party against whom the waiver is claimed specifically referring to this Lease and the intention to waive the same, and any such waiver of the breach of any covenant, agreement, condition or representation shall not be deemed to be a waiver of any preceding or succeeding breach of the same or any other covenant, agreement, condition or representation. Acceptance by Landlord of any performance by Tenant after the time the same shall have been due shall not constitute a waiver by Landlord of the breach or default of any covenant, agreement, condition or representation unless otherwise expressly agreed to by Landlord in writing.

24. TIME OF ESSENCE. Time is of the essence in all aspects of this Lease.

25. COSTS OF SUIT. If Landlord or Tenant shall bring any action for relief against the other, declaratory or otherwise, arising out of this Lease, including any suit by Landlord for the recovery of rent or possession of the Premises, the losing party shall pay the successful party a reasonable sum for attorneys' fees which shall be deemed to have accrued on the commencement of such action and shall be paid whether or not such action is prosecuted to judgment.

26. SEVERABILITY. If any term or provision of this Lease shall, to any extent, be determined by a court of competent jurisdiction to be invalid or unenforceable, the remainder of this Lease shall not be affected thereby, and each term and provision of this Lease shall be valid and enforceable to the fullest extent permitted by law.

27. GOVERNING LAW: VENUE. The parties agree that this Lease shall be governed by the laws of the State of Washington. The proper venue for any action brought hereunder or in connection with this Lease shall be in State of Washington, County of Chelan.

28. RECORDATION: QUITCLAIM DEED. This Lease shall not be recorded, except that if either party requests the other party to do so, the parties shall execute a memorandum of lease in recordable form. On the expiration or termination of this Lease, Tenant shall execute and deliver to Landlord, immediately on Landlord's request, a quitclaim deed to the Premises, in recordable form, designating Landlord as transferee.

29. NO PARTNERSHIP OR JOINT VENTURE. Landlord shall not become or be deemed a partner or a joint venturer with Tenant by reason of the provisions of this Lease.

30. ENTIRE AGREEMENT. Except as otherwise expressly set forth herein, this Lease contains the entire agreement between the parties with respect to the subject matter hereof, and all previous and collateral agreements, representations, warranties, promises and conditions are superseded by this Lease. No prior representation promise or condition not referred to or incorporated in this Lease shall be binding on either party. No alteration or modification of any of the provisions of this Lease shall be binding unless such alteration or modification is in writing, is duly executed by the party to be bound thereby, and specifically refers to this Lease and the intention to modify or alter the same.

31. COUNTERPARTS. This Lease may be executed in separate counter parts and any such executed counter parts shall constitute one agreement binding on all parties hereto.

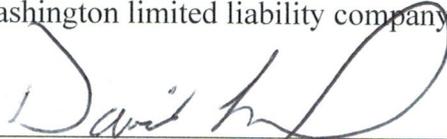
(signature pages follow)

OPERATING LEASE
-signature page

IN WITNESS WHEREOF, the parties have executed this Lease as of the date and year first above written.

LANDLORD:

817 PIONEER AVENUE, LLC
a Washington limited liability company

By: 
Name: David Lindahl
Its: Manager

TENANT:

T-STREET HOLDINGS, LLC
a Washington limited liability company

By: 
Name: Kirk Lindahl
Its: Manager

Exhibit A

Legal Description

The following described real estate, situated in the County of Chelan, State of Washington:

PARCEL A: PARCEL NO. 23 19 05 510 060

Parcel C of Boundary Line Adjustment No. 2017-01CA, Chelan County, Washington, recorded January 19, 2017 under Auditor's File No. 2451549.

PARCEL B: PARCEL NO. 23 19 05 510 045

The Southerly 200.00 feet of the following described parcel:

Lot 2, John Kuelb's Plat of Cashmere Fruitlands, Chelan County, Washington, according to the plat thereof recorded in Volume 1 of Plats, Page 86;

EXCEPT the South 200.00 feet of the West 80.00 feet thereof;

AND EXCEPT the following described parcel:

COMMENCING at the Southeast corner of said Lot 2; Thence along the South line of said Lot 2 a bearing of South 87°50'52" West for a distance of 157.00 feet; Thence North 03°28'08" West 200.00 feet; Thence North 87°50'52" East 80.00 feet; Thence North 03°28'08" West 60.00 feet; Thence North 87°50'52" East 82.98 feet; Thence South 02°09'08" East 259.94 feet to the POINT OF BEGINNING.

PARCEL C: PARCEL NO. 23 19 05 510 065

That part of Lot 2, John Kuelb's Plat of Cashmere Fruitlands, Chelan County, Washington, according to the plat thereof recorded in Volume 1 of Plats, Page 86, described as follows:

BEGINNING at the Southeast corner of said Lot 2, and run thence West on the South line thereof, being the North right of way line of the county road known as Pioneer Avenue, a distance of 77.0 feet to THE TRUE POINT OF BEGINNING; Thence continue West on said North right of way line the of county road for 80 feet; Thence North 01°19' West 200 feet; Thence North 89° East for 80 feet; Thence South 01°19' East for 200 feet to THE TRUE POINT OF BEGINNING

*Schedule 1 to Operating Lease
- Tenant Reporting Obligations*

Schedule 1

Financial, Management and Regulatory Reports

REPORT	DUE DATE
<p>Quarterly consolidated or combined financial statements of Tenant and any Guarantor, respectively (Via e-mail to dlindahlllds@gmail.com or such other e-mail address as Landlord may designate from time to time)</p>	<p><i>Forty-Five (45) days</i> after the end of each of the first three quarters of the fiscal year of Tenant and such Guarantor</p>
<p>Annual consolidated or combined financial statements of Tenant and any Guarantor (Via e-mail to dlindahlllds@gmail.com or such other e-mail address as Landlord may designate from time to time)</p>	<p><i>One Hundred Twenty (120) days</i> after the fiscal year end of Tenant and such Guarantor</p>
<p>Regulatory reports with respect to the Facility, as follows:</p> <ol style="list-style-type: none"> (1) all federal, state and local licensing and reimbursement certification surveys, inspection and other reports received by Tenant as to the Facility and its operations, including state department of health licensing surveys and reports relating to complaint surveys; (2) Medicare and Medicaid certification surveys; and (3) life safety code survey reports and/or fire marshal survey reports. <p>(Via e-mail to dlindahlllds@gmail.com or such other e-mail address as Landlord may designate from time to time)</p>	<p><i>Five (5) Business Days</i> after receipt</p>
<p>Reports of regulatory violations, by written notice of the following:</p> <ol style="list-style-type: none"> (1) any violation of any federal, state or local licensing or reimbursement certification statute or regulation, including Medicare or Medicaid; (2) any suspension, termination or restriction (including Immediate Jeopardy) placed upon Tenant or the Facility, the operation of the Facility or the ability to admit residents or patients; (3) the inclusion of the Facility on the “Special Focus List” maintained by CMS; or (4) any violation of any other permit, approval or certification in connection with the Facility or the operations thereof, by any federal, state or local authority, including Medicare or Medicaid. 	<p><i>Five (5) Business Days</i> after receipt</p>
<p>Written evidence of payment of all Impositions to be paid by Tenant under the Lease as and when required under the Lease.</p>	<p>Not later than <i>thirty (30) days</i> after the applicable due date under this Lease for each Imposition.</p>

Exhibit 4
Schedule A

SCHEDULE A

Line No.	Fiscal Year	Medicare Patient Days	Medicaid Patient Days	Private Patient Days	HMO Patient Days	Total Patient Days	# of Licensed Beds	Occupancy Rate
1	Actual 1/1 to 12/31, 2019	982	19,924	1,078	76	22,060	65	92.9%
								95.7% (Jan-Mar)
								85.9% (Apr – Dec)
2	Actual 1/1 to 12/31, 2020	3,964	20,552	954	210	25,680	65 (85 starting 4/1/202)	90.8% Overall
3	Actual 1/1 to 7/31, 2021	2,361	13,128	563	222	16,274	85	90.3%
4	Estimated 8/1 to 12/31, 2021	1,874	10,198	501	150	12,723	85	97.8%
5	Projected 1/1 to 12/31/2022	4,835	25,526	1,064	470	31,195	95	91.9%
6	Projected 1/1 to 12/31/2023	5,076	26,802	1,117	493	33,488	95	96.5%
7	Projected 1/1 to 12/31/2024	5,177	27,338	1,139	503	34,157	95	98.5%

Exhibit 5
Admission Policies/Agreements

Admissions Policies

Policy Statement

Written policies and procedures governing admissions to the facility will be maintained on a current basis to ensure fair and impartial admission practices.

Policy Interpretation and Implementation

1. The primary purpose of our admission policies is to establish uniform guidelines for personnel to follow in admitting residents to the facility.
2. Our admission policies apply to all residents admitted to the facility without regard to race, color, creed, national origin, age, sex, religion, handicap, ancestry, marital or veteran status, and/or payment source.
3. The objectives of our admission policies are to:
 - a. Provide uniform guidelines in the admission of residents to the facility;
 - b. Admit residents who can be adequately cared for by the facility;
 - c. Reduce the fears and anxieties of the resident and family during the admission process;
 - d. Review with the resident, and/or his/her representative (sponsor), the facility's policies and procedures relating to resident rights, resident care, financial obligations, visiting hours, etc.; and
 - e. Assure that appropriate medical and financial records are provided to the facility prior to or upon the resident's admission.
4. It shall be the responsibility of the Administrator, through the admissions department, to assure that the established admission policies, as they may apply, are followed by the facility and resident.
5. Our admission policies and procedures are reviewed for revisions and updates as necessary, but at least annually. Records of such revisions and/or reviews are maintained in the business office.

References	
OBRA Regulatory Reference Numbers	§483.15(b) Equal access to quality care.
Survey Tag Numbers	F621
Other References	
Related Documents	
Version	1.0 (H5MAPL0968)

Admission Agreement

Policy Statement

All residents have a signed and dated Admission Agreement on file.

Policy Interpretation and Implementation

1. At the time of admission, the resident (or his/her representative) must sign an Admission Agreement (contract).
2. The Admission Agreement (contract) will reflect all charges for covered and non-covered items, as well as identify the parties that are responsible for the payment of such services.
3. With respect to our Admission Agreement, our facility will not ask or require residents/potential residents to:
 - a. waive their rights to Medicare or Medicaid benefits;
 - b. submit written assurance that they are not eligible for or will not apply for Medicare or Medicaid benefits;
 - c. waive facility liability for losses of personal property; or
 - d. provide a third party guarantee of payment as a condition of admission, expedited admission or continued stay.
4. A copy of the Admission Agreement is provided to the resident or his/her representative (sponsor), and a copy placed in the resident's permanent file.
5. Inquiries concerning the facility's Admission Agreement should be referred to the Administrator and/or business office.

References	
RA Regulatory Reference Numbers	§483.15(a) Admissions policy.
Key Tag Numbers	F620
Other References	
Related Documents	Model Nursing Facility Admission Agreement
Version	1.2 (H5MAPL0032)

Admissions – From the Community

Policy Statement

Residents from the community whose medical and nursing care needs can be adequately met may be admitted to this facility.

Policy Interpretation and Implementation

1. A resident may be admitted directly from the community to the facility upon the written order of the resident's primary healthcare provider.
2. Prior to, or at the time of admission, a resident admitted from the community to the facility will have the following information available to assure that the immediate care needs of the resident can be met:
 - a. Admitting diagnosis and prognosis;
 - b. Current medical status;
 - c. Physician orders for immediate care;
 - d. Provider certification that the resident is free from communicable, infectious, or contagious diseases, including a negative PPD (tuberculin skin test) within the prior 12 months;
 - e. Advance directives (as applicable); and
 - f. Others as necessary or appropriate.
3. A physical examination will be made within forty-eight (48) hours of the resident's admission unless a physical examination was completed not more than five (5) days prior to the resident's admission.
4. A copy of the physical examination must be provided to the facility and filed in the resident's admission record.
5. A summary of the resident's prior treatment(s) and his or her rehabilitative potential (long-term and short-term) will be provided to the facility within forty-eight (48) hours of the resident's admission.

References	
RA Regulatory Reference Numbers	§483.15(a) Admissions policy; §483.20(a) Admission orders
Key Tag Numbers	F620; F635
Other References	
Related Documents	Admission Agreement Admission Criteria
Version	1.1 (H5MAPL0044)

Exhibit 6
Financials

NOTE: Show all Adjustments and Reclassifications on Schedule G-5. Use column 7 to report adjustment numbers from Schedule G-5.

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
1	CURRENT ASSETS							
2	Cash	(127,377)	5,282,274	5,387,919	5,387,919	5,387,919	5,387,919	5,387,919
3	Marketable Securities	0	0	0	0	0	0	0
4	Patient Accounts Receivable	306,701	675,774	689,289	689,289	689,289	689,289	689,289
5	Other Receivables	47,977	0	0	0	0	0	0
6	Less: Allowance for Doubtful Accounts	0	0	0	0	0	0	0
7	Inventories	0	0	0	0	0	0	0
8	Prepaid Expenses	19,162	(999)	(1,019)	(1,019)	(1,019)	(1,019)	(1,019)
9	Due from Other Funds	66,840	1,447	1,476	1,476	1,476	1,476	1,476
10	Home Office Current Assets	0	0	0	0	0	0	0
11	Patient Trust Fund Assets	0	0	0	0	0	0	0
12	Current Intercompany Receivables	0	0	0	0	0	0	0
13	Other Current Assets	0	0	0	0	0	0	0
14	TOTAL CURRENT ASSETS (Lines 2 through 13)	313,303	5,958,496	6,077,666	6,077,666	6,077,666	6,077,666	6,077,666
15	PROPERTY, PLANT, AND EQUIPMENT							
16	Land	0	0	0	0	0	0	0
17	Land Improvements	0	0	0	0	0	0	0
18	Building	0	0	0	0	0	0	0
19	Building Improvements	0	0	0	0	0	0	0
20	Equipment - Fixed	0	0	0	0	0	0	0
21	Equipment - Moveable	0	21,218	21,642	21,642	21,642	21,642	21,642
22	Equipment - Vehicles	151	0	0	0	0	0	0
23	Equipment - Other	54	0	0	0	0	0	0
24	Leasehold Improvements	0	196,877	200,815	200,815	200,815	200,815	200,815
25	TOTAL FACILITY PROPERTY, PLANT AND EQUIPMENT (Lines 16 through 24)	205	218,095	222,457	222,457	222,457	222,457	222,457

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Initiated Dollars Projected FYE 2021	Non-Initiated Dollars Projected FYE 2022	Non-Initiated Dollars Projected FYE 2023	Non-Initiated Dollars Projected FYE 2024	Non-Initiated Dollars Projected FYE 2025
26	Accum. Deprec. - Land Improv.	0	0	0	0	0	0	0
27	Accum. Deprec. - Building	0	0	0	0	0	0	0
28	Accum. Deprec. - Building Improv.	0	0	0	0	0	0	0
29	Accum. Deprec. - Fixed Equipment	0	0	0	0	0	0	0
30	Accum. Deprec. - Move. Equipment	8,200	(8,235)	(8,400)	(8,400)	(8,400)	(8,400)	(8,400)
31	Accum. Deprec. - Vehicles	0	0	0	0	0	0	0
32	Accum. Deprec. - Other Equipment	0	0	0	0	0	0	0
33	Accum. Deprec. - Leasehold Improv.	0	(1,331)	(1,358)	(1,358)	(1,358)	(1,358)	(1,358)
34	TOTAL ACCUMULATED DEPRECIATION (Lines 26 through 33)	8,200	(9,566)	(9,757)	(9,757)	(9,757)	(9,757)	(9,757)
35	NET BOOK VALUE - FACILITY ASSETS (Line 25 plus Line 34)	8,405	208,529	212,700	212,700	212,700	212,700	212,700

NOTE: Show all Adjustments and Reclassifications on Schedule G-5. Use column 7 to report adjustment numbers from Schedule G-5.

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE				
36	Construction in Progress	0	0	0	0	0	0	0
37	Home Office Depreciable Assets	0	0	0	0	0	0	0
38	Accumulated Depreciation - Home Office Assets	0	0	0	0	0	0	0
39	NET PROPERTY, PLANT AND EQUIPMENT (Lines 35 through 38)	8,405	208,529	212,700	212,700	212,700	212,700	212,700
40	NON-CURRENT ASSETS							
41	Long-Term Investments	0	0	0	0	0	0	0
42	Intercompany Receivables	0	0	0	0	0	0	0
43	Unamortized Start-Up Costs	0	0	0	0	0	0	0
44	Goodwill	0	0	0	0	0	0	0
45	Home Office Non-Current Assets	0	0	0	0	0	0	0
46	Other Non-Current Assets	0	0	0	0	0	0	0
47	TOTAL NON-CURRENT ASSETS (Lines 41 through 46)	0	0	0	0	0	0	0
48	TOTAL ASSETS (Lines 14 + 39 + 47) (NOTE: Line 48 must equal Line 81)	321,708	6,167,025	6,290,366	6,290,366	6,290,366	6,290,366	6,290,366

NOTE: Show all Adjustments and Reclassifications on Schedule G-5. Use column 7 to report adjustment numbers from Schedule G-5.

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE				
49	CURRENT LIABILITIES							
50	Accounts Payable	238,401	54,728	55,823	55,823	55,823	55,823	55,823
51	Notes Payable	(15)	0	0	0	0	0	0
52	Related Liabilities	(100)	3,456,728	3,525,863	3,525,863	3,525,863	3,525,863	3,525,863
53	Current Portion of Long-Term Debt	0	0	0	0	0	0	0
54	Due to Other Funds	596	(320)	(326)	(326)	(326)	(326)	(326)
55	Home Office Current Liabilities	0	0	0	0	0	0	0
56	Patient Trust Fund Liabilities	(300)	1,118,105	1,140,467	1,140,467	1,140,467	1,140,467	1,140,467
57	Current Intercompany Payables	0	0	0	0	0	0	0
58	Other Current Liabilities	154,772	85,808	87,524	87,524	87,524	87,524	87,524
59	TOTAL CURRENT LIABILITIES (Lines 50 through 58)	393,354	4,715,049	4,809,350	4,809,350	4,809,350	4,809,350	4,809,350
60	LONG-TERM LIABILITIES							
61	Mortgage Payable	0	0	0	0	0	0	0
62	Notes Payable	0	0	0	0	0	0	0
63	Capitalized Lease Obligations	0	0	0	0	0	0	0
64	Intercompany Payables	0	0	0	0	0	0	0
65	Deferred Income Tax	0	0	0	0	0	0	0
66	Home Office Long-Term Liabilities	0	0	0	0	0	0	0
67	Other Long-Term Liabilities	0	423,225	431,690	431,690	431,690	431,690	431,690
68	TOTAL LONG-TERM LIABILITIES (Lines 61 through 67)	0	423,225	431,690	431,690	431,690	431,690	431,690

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Initiated Dollars Projected FYE 2021	Non-Initiated Dollars Projected FYE 2022	Non-Initiated Dollars Projected FYE 2023	Non-Initiated Dollars Projected FYE 2024	Non-Initiated Dollars Projected FYE 2025
69	EQUITY / FUND BALANCES							
70	Stockholders' Equity							
71	Common Stock	0	0	0	0	0	0	0
72	Preferred Stock	0	0	0	0	0	0	0
73	Treasury Stock	0	0	0	0	0	0	0
74	Additional Paid in Capital	0	0	0	0	0	0	0
75	Proprietorship Equity	0	0	0	0	0	0	0
76	Partnership Equity	0	0	0	0	0	0	0
77	Fund Balance	0	0	0	0	0	0	0
78	Retained Earnings	171,957	1,169,354	1,192,741	1,192,741	1,192,741	1,192,741	1,192,741
79	Divisional Equity	(243,603)	(140,603)	(143,415)	(143,415)	(143,415)	(143,415)	(143,415)
80	TOTAL EQUITY / FUND BALANCES (Lines 71 through 79)	(71,646)	1,028,751	1,049,326	1,049,326	1,049,326	1,049,326	1,049,326
81	TOTAL LIABILITIES AND EQUITY (Lines 59 + 68 + 80) (NOTE: Line 81 must equal Line 48)	321,708	6,167,025	6,290,366	6,290,366	6,290,366	6,290,366	6,290,366

Period Ending: 2020

1. Schedules which support account balances should be attached to Schedule G.
2. Notes to financial statements must include a Schedule of Charges to Private Patients.
3. Indicate how Average Charge to Private Patients from Schedule G was calculated.
4. Input the detail for the Six category questions regarding 2020 COVID-19 Funding.

REFERENCE

New to Schedule F for cost year 2020 is COVID-19 funding reporting for cost year 2020. The following six categories need to be completed with the total amount of COVID-19 funds received and expected but not already returned back for cost year 2020 for the nursing facility. For each of the six categories provide the detailed funding source description, the total nursing facility funding amount, and the percentage of the nursing facility total funds that may be returned back in the future for cost year 2020. Please indicate in the "Detailed Funding Description" that the detail can not be determined if the facility funding detail is not available. In this case just input the total funds or remaining total funds of undetailed amounts for the nursing facility etc. Please complete the "Additional Description of funding and Cost Report Schedule and Account Number where amounts are reported" for any additional information and the cost report schedules and account numbers. For each of the six categories there is ten available detailed funding breakdowns to input the detailed funding. Please insert additional rows for detailed funding breakdown if there are more than ten per category.

1. Treasury, Small Business Administration (SBA) and the CARES Act/Paycheck Protection Program (PPP): Total amount of coronavirus-related relief received from Treasury, SBA, and CARES Act/PPP by the Nursing Facility for cost year 2020.

1.1. Detailed Funding Description (for example PPP):	1.1. Total Funds:	1.1. Percent of Total Funds That May Be Returned:	1.1. Additional Description of funding and Cost Report Schedule and Account Number where amounts are reported:
PPP	\$1,047,700.00	0.0%	Payable
US HHS Stimulus (CARES Act)	\$308,516.45	0.0%	Loans
	\$0.00	0.0%	
	\$0.00	0.0%	
	\$0.00	0.0%	
	\$0.00	0.0%	
	\$0.00	0.0%	
	\$0.00	0.0%	
	\$0.00	0.0%	
	\$0.00	0.0%	
	\$0.00	0.0%	

<u>Notes to Cost Report; Schedule G</u>		
4490	Patient Personal Revenue: Expense(s) for Patient Personal are listed as non-allowable on Schedule G; No revenue offset is required	
4620	Interest Income: Expense(s) relating to interest income are listed as non-allowable on Schedule G; No revenue offset is required	
G	Hours for purchased services on Schedule G and hourly rates are estimates. Many of the positions included are based on a flat fee per month regardless of hours worked	
G	We did not remove the cost of bonuses. Bonuses are included on the employees Paystub as compensation and do not meet the definition of fringe benefit.	

SCHG

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
1	ROUTINE CARE REVENUE							
2	Medicare	210495	1,099,650	1,121,643	1,121,643	1,121,643	1,121,643	1,121,643
3	Medicaid	3541244	4,383,455	4,471,124	4,471,124	4,471,124	4,471,124	4,471,124
4	Private	234405	203,253	207,318	207,318	207,318	207,318	207,318
5	Other Routine Care (Attach Schedule)	38646	230,071	234,672	234,672	234,672	234,672	234,672
6	TOTAL ROUTINE REVENUE	4024790	5,916,429	6,034,758	6,034,758	6,034,758	6,034,758	6,034,758
7	OTHER PATIENT REVENUE							
8	Physical Therapy	424280	748,200	763,164	763,164	763,164	763,164	763,164
9	Speech Therapy	82200	222,800	227,256	227,256	227,256	227,256	227,256
10	Occupational Therapy	712200	1,183,200	1,206,864	1,206,864	1,206,864	1,206,864	1,206,864
11	Other Therapy (Attach Schedule)	0	0	0	0	0	0	0
12	Physician Care	0	0	0	0	0	0	0
13	Pharmacy	65174	158,523	161,693	161,693	161,693	161,693	161,693
14	Nursing Supplies	0	0	0	0	0	0	0
15	Equipment Rental	0	0	0	0	0	0	0
16	Patient Activities	0	0	0	0	0	0	0
17	Laboratory and Radiology	1608	5,370	5,477	5,477	5,477	5,477	5,477
18	Expanded Community Services and Community Home Project	651985	1,222,110	1,246,552	1,246,552	1,246,552	1,246,552	1,246,552
19	Oxygen	660	330	337	337	337	337	337
20	Other Patient Revenue (Attach Schedule)	62500	71,750	73,185	73,185	73,185	73,185	73,185
21	Respite Care	0	0	0	0	0	0	0
22	Mental Health	0	0	0	0	0	0	0
23	Supplementation (Attach Schedule)	0	0	0	0	0	0	0
24	Hold Room	0	0	0	0	0	0	0
25	TOTAL OTHER PATIENT REVENUE	2000607	3,612,283	3,684,529	3,684,529	3,684,529	3,684,529	3,684,529
26	OTHER OPERATING REVENUE							
27	Laundry	0	0	0	0	0	0	0
28	Meals	0	0	0	0	0	0	0
29	Vending Machines	0	0	0	0	0	0	0
30	Barber & Beauty Shop	0	0	0	0	0	0	0
31	Gift Shop	0	0	0	0	0	0	0
32	Patient Telephone	0	0	0	0	0	0	0
33	Property Rental	0	0	0	0	0	0	0
34	Other Operating Revenue	0	0	0	0	0	0	0
35	TOTAL OTHER OPERATING REVENUE	0	0	0	0	0	0	0
36	NON-OPERATING REVENUE							
37	Gain on Sale of Fixed Assets	0	0	0	0	0	0	0
38	Interest Income	0	0	0	0	0	0	0
39	Dividend Income	0	0	0	0	0	0	0
40	Other Non-Operating Revenue (Attach Schedule)	150	10,166	10,369	10,369	10,369	10,369	10,369
41	TOTAL NON-OPERATING REVENUE	150	10,166	10,369	10,369	10,369	10,369	10,369
42	REVENUE DEDUCTIONS (Attach Sched	-1270282	(1,235,696)	(1,260,410)	(1,260,410)	(1,260,410)	(1,260,410)	(1,260,410)
43	TOTAL REVENUE	4755265	8,303,182	8,469,246	8,469,246	8,469,246	8,469,246	8,469,246

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
	NURSING							
44	IN-HOUSE SERVICE							
45	DNS	89855	98,994	100,974	100,974	100,974	100,974	100,974
46	RN	406423	470,205	479,609	479,609	479,609	479,609	479,609
47	LPN	164921	332,692	339,346	339,346	339,346	339,346	339,346
48	Certified Nursing Assistants Other Nursing With Admin. Duties (attached schedule)	687643	1,029,485	1,050,075	1,050,075	1,050,075	1,050,075	1,050,075
49		63571	59,427	60,616	60,616	60,616	60,616	60,616
50	SUBTOTAL IN-HOUSE NURSING SERVICES	1412413	1,990,803	2,030,619	2,030,619	2,030,619	2,030,619	2,030,619
51	OTHER IN-HOUSE SERVICES							
52	Activities Director & Assistants	73906	102,231	104,276	104,276	104,276	104,276	104,276
53	Medical Director	0	0	0	0	0	0	0
54	Pharmaceutical	0	0	0	0	0	0	0
55	Social Worker	34204	56,258	57,383	57,383	57,383	57,383	57,383
56	Medical Records	3676	1,804	1,840	1,840	1,840	1,840	1,840
57	Physician	0.00	0	0	0	0	0	0
58	Other (Attach Schedule)	0	0	0	0	0	0	0
59	TOTAL IN-HOUSE SALARIES & HOUR	1524199	2,151,096	2,194,118	2,194,118	2,194,118	2,194,118	2,194,118
60	Fringe Benefits	33446	68,408	69,776	69,776	69,776	69,776	69,776
61	Payroll Taxes	167108	245,934	250,853	250,853	250,853	250,853	250,853
62	Nursing Supplies (Attach Schedule)	95568	208,345	212,512	212,512	212,512	212,512	212,512
63	PURCHASED SERVICES							
64	DNS	0	0	0	0	0	0	0
65	RN	30347	10,490	10,700	10,700	10,700	10,700	10,700
66	LPN	537	24,270	24,755	24,755	24,755	24,755	24,755
67	Certified Nursing Assistants Other Nursing With Admin. Duties (attached schedule)	230876	156,858	159,995	159,995	159,995	159,995	159,995
68		0	0	0	0	0	0	0
69	SUBTOTAL PURCHASED NURSING SERVICES AND HOURS	261760	191,618	195,450	195,450	195,450	195,450	195,450
70	OTHER PURCHASED SERVICES							
71	Activities Director & Assistants	2885	1,239	1,264	1,264	1,264	1,264	1,264
72	Medical Director	4332	13,300	13,566	13,566	13,566	13,566	13,566
73	Pharmaceutical	0	5,324	5,430	5,430	5,430	5,430	5,430
74	Social Worker	0	300	306	306	306	306	306
75	Medical Records	0	0	0	0	0	0	0

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
	NURSING							
76	OTHER PURCHASED SERVICES (Cont.)							
77	Physician	0	0	0	0	0	0	0
78	Other (Attach Schedule)	57667	46,665	47,598	47,598	47,598	47,598	47,598
79	TOTAL PURCHASED SERVICES	326644	258,446	263,615	263,615	263,615	263,615	263,615
80	ALLOCATED SERVICES (Schedule G-2)							
81	DNS	0	0	0	0	0	0	0
82	RN	0	0	0	0	0	0	0
83	LPN	0	0	0	0	0	0	0
84	Certified Nursing Assistants Other Nursing With Admin. Duties	0	0	0	0	0	0	0
85	(attached schedule)	0	0	0	0	0	0	0
86	SUBTOTAL ALLOCATED NURSING SERVICES AND HOURS	0	0	0	0	0	0	0
87	OTHER ALLOCATED SERVICES							
88	Activities Director & Assistants	0	0	0	0	0	0	0
89	Medical Director	0	0	0	0	0	0	0
90	Pharmaceutical	0	0	0	0	0	0	0
91	Social Worker	0	0	0	0	0	0	0
92	Medical Records	0	0	0	0	0	0	0
93	Physician	0	0	0	0	0	0	0
94	Other (Attach Schedule)	0	0	0	0	0	0	0
95	TOTAL ALLOCATED SERVICES	0	0	0	0	0	0	0
96	Other Allocated Expenses (Schedule G-2)	0	0	0	0	0	0	0
97	TOTAL NURSING	2146965	2,932,229	2,990,874	2,990,874	2,990,874	2,990,874	2,990,874
98	THERAPY (Schedule G-7, Line 21)							
99	FOOD	126520	153,533	156,604	156,604	156,604	156,604	156,604
100	FOOD REVENUE OFFSET (Attach Sched	0	0	0	0	0	0	0
101	TOTAL FOOD	126520	153,533	156,604	156,604	156,604	156,604	156,604
102	LAUNDRY							
103	Salaries and Wages	38881	82,524	84,174	84,174	84,174	84,174	84,174
104	Fringe Benefits	914	9,092	9,274	9,274	9,274	9,274	9,274
105	Payroll Taxes	4716	10,606	10,818	10,818	10,818	10,818	10,818
106	Purchased Services	5564	219	223	223	223	223	223
107	Allocated Services (Schedule G-	0	0	0	0	0	0	0
108	Allocated Expenses (Schedule G	0	0	0	0	0	0	0
109	Supplies/Other	8102	19,954	20,353	20,353	20,353	20,353	20,353
110	TOTAL LAUNDRY	58177	122,395	124,843	124,843	124,843	124,843	124,843
111	DIETARY							
112	Salaries and Wages	160092	213,912	218,190	218,190	218,190	218,190	218,190
113	Fringe Benefits	3974	9,451	9,640	9,640	9,640	9,640	9,640
114	Payroll Taxes	20322	27,426	27,975	27,975	27,975	27,975	27,975
115	Purchased Services	22985	29,861	30,458	30,458	30,458	30,458	30,458
116	Allocated Services (Schedule G-	0	0	0	0	0	0	0
117	Allocated Expenses (Schedule G	0	0	0	0	0	0	0
118	Supplies/Other	11496	38,350	39,117	39,117	39,117	39,117	39,117
119	TOTAL DIETARY	218869	319,000	325,380	325,380	325,380	325,380	325,380
120	DIRECT CARE REVENUE OFFSET (Attach Schedule)	0	0	0	0	0	0	0
121	TOTAL DIRECT CARE EXPENSES	2550531	3,527,157	3,597,700	3,597,700	3,597,700	3,597,700	3,597,700

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
122	GENERAL AND ADMINISTRATIVE							
123	IN-HOUSE SALARIES							
124	Administrator	38636.00	141,254	144,079	144,079	144,079	144,079	144,079
125	Assistant Administrator	0	0	0	0	0	0	0
126	Administrator in Training (Report AIT Name on Sch. G Detail)	0	0	0	0	0	0	0
127	Supply/Ward Clerks	0	0	0	0	0	0	0
128	Accounting/Bookkeeping *	165239	152,904	155,962	155,962	155,962	155,962	155,962
129	Legal (Attach Schedule)	0	0	0	0	0	0	0
130	Other (Attach Schedule)	0	0	0	0	0	0	0
131	TOTAL IN-HOUSE SALARIES	203875	294,158	300,041	300,041	300,041	300,041	300,041
132	Administrator, Assistant Administrator,	0.00	0	0	0	0	0	0
133	Administrator-in-Training Fringe Benefits			0	0	0	0	0
134	Administrator, Assistant Administrator,	0.00	0	0	0	0	0	0
135	Administrator-in-Training Payroll Taxes			0	0	0	0	0
136	Other Fringe Benefits	78405	426,467	434,996	434,996	434,996	434,996	434,996
137	Other Payroll Taxes	12039	28,527	29,098	29,098	29,098	29,098	29,098
138	Administrative Supplies	10262	11,306	11,532	11,532	11,532	11,532	11,532
139	PURCHASED SERVICES							
140	Administrator	0.00	0	0	0	0	0	0
141	Assistant Administrator	0	0	0	0	0	0	0
142	Administrator-In-Training	0	0	0	0	0	0	0
143	Supply/Ward Clerks	0	0	0	0	0	0	0
144	Accounting/Bookkeeping *	2145	15,351	15,658	15,658	15,658	15,658	15,658
145	Legal (Attach Schedule)	408	3,007	3,067	3,067	3,067	3,067	3,067
146	Other (Attach Schedule)	43520.00	16,270	16,595	16,595	16,595	16,595	16,595
147	TOTAL PURCHASED SERVICES	46073	34,628	35,321	35,321	35,321	35,321	35,321

* Attach a schedule showing how much of these Accounting/Bookkeeping costs are associated with fair hearings and legal pursuits against the department.

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected				
148	ALLOCATED SERVICES (Schedule G-2)							
149	Administrator	0.00	0	0	0	0	0	0
150	Assistant Administrator	0	0	0	0	0	0	0
151	Administrator-In-Training	0	0	0	0	0	0	0
152	Supply/Ward Clerks	0	0	0	0	0	0	0
153	Accounting/Bookkeeping *	0	0	0	0	0	0	0
154	Legal (Attach Schedule)	0	0	0	0	0	0	0
155	Other (Attach Schedule)	0	0	0	0	0	0	0
156	Allocated General Management	0	0	0	0	0	0	0
157	Allocated Management Fees	237913	414,674	422,967	422,967	422,967	422,967	422,967
158	Other Allocated Expenses (Attach Schedule)	0	0	0	0	0	0	0
159	TOTAL ALLOCATED SERVICES	237913	414,674	422,967	422,967	422,967	422,967	422,967
160	Mgmt Fees Paid to Outside Mgmt Company	0	0	0	0	0	0	0
161	Travel (Attach Schedule)	41656	61,978	63,218	63,218	63,218	63,218	63,218
162	Telephone	16346	24,813	25,309	25,309	25,309	25,309	25,309
163	Dues and Subscriptions (Attach Schedule)	6024	12,462	12,711	12,711	12,711	12,711	12,711
164	Education & In-Service Training	7425	13,270	13,535	13,535	13,535	13,535	13,535
165	Insurance	84646	86,742	88,477	88,477	88,477	88,477	88,477
166	Miscellaneous Taxes (Attach Schedule)	64295	115,637	117,950	117,950	117,950	117,950	117,950
167	Start-up/Organizational Costs (Attach Schedule)	0	0	0	0	0	0	0
168	Safety Net Assessment Fee (SNA)	431465	496,179	506,103	506,103	506,103	506,103	506,103
169	Advertising (Attach Schedule)	5664	5,696	5,810	5,810	5,810	5,810	5,810
170	Other Vehicle	1837	7,575	7,727	7,727	7,727	7,727	7,727
171	Group Retro Expenses	-52	0	0	0	0	0	0
172	Office Equipment Lease Payment	1596	7,440	7,589	7,589	7,589	7,589	7,589
173	(Attach Schedule)			0	0	0	0	0
174	Licenses (Attach Schedule)	10862	29,655	30,248	30,248	30,248	30,248	30,248
175	Other (Attach Schedule)	1582	(270)	(275)	(275)	(275)	(275)	(275)
176	BAD DEBTS (Schedule G-8, Line 9)							
177	TOTAL ADMINISTRATIVE	1261913	2,070,937	2,112,356	2,112,356	2,112,356	2,112,356	2,112,356

* Attach a schedule showing how much of these Accounting/Bookkeeping costs are associated with fair hearings and legal pursuits against the department.

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
178	MAINTENANCE							
179	Salaries and Wages	54472	52,353	53,400	53,400	53,400	53,400	53,400
180	Fringe Benefits	1662	4,517	4,607	4,607	4,607	4,607	4,607
181	Payroll Taxes	6571	6,696	6,830	6,830	6,830	6,830	6,830
182	Purchased Services	15381	30,049	30,650	30,650	30,650	30,650	30,650
183	Allocated Services (Schedule G-2)	0	0	0	0	0	0	0
184	Allocated Expenses (Schedule G-2)	0	0	0	0	0	0	0
185	Supplies/Other	25576	53,188	54,252	54,252	54,252	54,252	54,252
186	TOTAL MAINTENANCE	103662	146,803	149,739	149,739	149,739	149,739	149,739
187	HOUSEKEEPING							
188	Salaries and Wages	80753	88,196	89,960	89,960	89,960	89,960	89,960
189	Fringe Benefits	1549	5,948	6,067	6,067	6,067	6,067	6,067
190	Payroll Taxes	10025	12,056	12,297	12,297	12,297	12,297	12,297
191	Purchased Services	0	0	0	0	0	0	0
192	Allocated Services (Schedule G-2)	0	0	0	0	0	0	0
193	Allocated Expenses (Schedule G-2)	0	0	0	0	0	0	0
194	Supplies/Other	18777	27,737	28,292	28,292	28,292	28,292	28,292
195	TOTAL HOUSEKEEPING	111104	133,937	136,616	136,616	136,616	136,616	136,616
196	OTHER PROPERTY							
197	Utilities	101909	90,826	92,643	92,643	92,643	92,643	92,643
198	Property Insurance	0	0	0	0	0	0	0
199	Real Estate Taxes	13277	16,378	16,706	16,706	16,706	16,706	16,706
200	Personal Property Taxes	0	0	0	0	0	0	0
201	Allocated Expenses (Schedule G-2)	0	0	0	0	0	0	0
202	Minor Equipment	7768	37,585	38,337	38,337	38,337	38,337	38,337
203	Other (Attach Schedule)	0	0	0	0	0	0	0
204	Incidental Rentals (Attach Schedule)	0	0	0	0	0	0	0
205	TOTAL OTHER PROPERTY	122954	144,789	147,685	147,685	147,685	147,685	147,685
206	INDIRECT REVENUE OFFSET (Attach Schedule)		0	0	0	0	0	0
207	TOTAL INDIRECT CARE	1599633	2,496,466	2,546,395	2,546,395	2,546,395	2,546,395	2,546,395
208	TOTAL ROUTINE EXPENSES	4150164	6,023,623	6,144,095	6,144,095	6,144,095	6,144,095	6,144,095

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
219	PHYSICAL THERAPY							
220	Salaries and Wages	0	0	0	0	0	0	0
221	Fringe Benefits	0	0	0	0	0	0	0
222	Payroll Taxes	0	0	0	0	0	0	0
223	Purchased Services	81341	181,383	185,011	185,011	185,011	185,011	185,011
224	Associated Expenses (Schedule G-2)	0	0	0	0	0	0	0
225	Supplies/Other	2971	4,957	5,056	5,056	5,056	5,056	5,056
226	TOTAL PHYSICAL THERAPY	84312	186,340	190,067	190,067	190,067	190,067	190,067
227	SPEECH THERAPY			0	0	0	0	0
228	Salaries and Wages	0	0	0	0	0	0	0
229	Fringe Benefits	0	0	0	0	0	0	0
230	Payroll Taxes	0	0	0	0	0	0	0
231	Purchased Services	20676	74,172	75,655	75,655	75,655	75,655	75,655
232	Associated Expenses (Schedule G-2)	0	0	0	0	0	0	0
233	Supplies/Other	142	0	0	0	0	0	0
234	TOTAL SPEECH THERAPY	20818	74,172	75,655	75,655	75,655	75,655	75,655
235	OCCUPATIONAL THERAPY							
236	Salaries and Wages	0	0	0	0	0	0	0
237	Fringe Benefits	0	0	0	0	0	0	0
238	Payroll Taxes	0	0	0	0	0	0	0
239	Purchased Services	134168	242,563	247,414	247,414	247,414	247,414	247,414
240	Associated Expenses (Schedule G-2)	0	0	0	0	0	0	0
241	Supplies/Other	101	155	158	158	158	158	158
242	TOTAL OCCUPATIONAL THERAPY	134269	242,718	247,572	247,572	247,572	247,572	247,572
243	OTHER THERAPY							
244	Salaries and Wages	0	0	0	0	0	0	0
245	Fringe Benefits	0	0	0	0	0	0	0
246	Payroll Taxes	0	0	0	0	0	0	0
247	Purchased Services	0	0	0	0	0	0	0
248	Associated Expenses (Schedule G-2)	0	0	0	0	0	0	0
249	Supplies/Other	677	0	0	0	0	0	0
250	TOTAL OTHER THERAPY	677	0	0	0	0	0	0
251	MENTAL HEALTH							
252	Salaries and Wages	0.00	0	0	0	0	0	0
253	Fringe Benefits	0	0	0	0	0	0	0
254	Payroll Taxes	0	0	0	0	0	0	0
255	Purchased Services	62356.00	49,197	50,181	50,181	50,181	50,181	50,181
256	Associated Expenses (Schedule G-2)	0.00	0	0	0	0	0	0
257	Supplies/Other	0	0	0	0	0	0	0
258	TOTAL MENTAL HEALTH CARE	62356	49,197	50,181	50,181	50,181	50,181	50,181
259	EXPANDED COMMUNITY SERVICES AND COMMUNITY HOME PROJECT							
260	Salaries and Wages	0	0	0	0	0	0	0
261	Fringe Benefits	0	0	0	0	0	0	0
262	Payroll Taxes	0	0	0	0	0	0	0
263	Purchased Services	0	0	0	0	0	0	0
264	Associated Expenses (Schedule G-2)	0	0	0	0	0	0	0
265	Supplies/Other	0	0	0	0	0	0	0
266	TOTAL EXPANDED COMMUNITY SERVICES	0	0	0	0	0	0	0
267	TOTAL OTHER PATIENT EXPENSES	302432	552,427	563,476	563,476	563,476	563,476	563,476

* For financial statement purposes only. For reimbursement of therapy costs and exceptional care and Extended Community Services costs, complete Schedules G-7 and O-1 respectively.

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
268	Other Unallowable Expenses							
269	Unallowable Depreciation	9780	1,829	1,866	1,866	1,866	1,866	1,866
270	Unallowable Bad Debts	60450	316,043	322,364	322,364	322,364	322,364	322,364
271	Unallowable Advertising not related to rec	1852	0	0	0	0	0	0
272	Unallowable Travel	11	0	0	0	0	0	0
273	Unallowable Interest	0	0	0	0	0	0	0
274	Unallowable Allocated Property	0	0	0	0	0	0	0
275	Unallowable Lease Payments	-1500	240,000	244,800	244,800	244,800	244,800	244,800
276	Unallowable CNA Training (Direct Care)	0	0	0	0	0	0	0
277	Unallowable CNA Training (Indirect Care)	0	0	0	0	0	0	0
278	Other (Specify Below)							
279	Unallowable Oxygen	10158	21,389	21,817	21,817	21,817	21,817	21,817
280	Unallowable Rev Exp. of Lab/X-ray	4956	9,461	9,650	9,650	9,650	9,650	9,650
281	Unallowable Non Office Equipment Rentals	711	0	0	0	0	0	0
282	Unallowable Sole Source Enteral Feeding	0	0	0	0	0	0	0
283	Unallowable Rev exp. of Barber/Vending/Meals	0	(70)	(71)	(71)	(71)	(71)	(71)
284	Unallowable Nursing Pool Non Licensed	0	0	0	0	0	0	0
285	Unallowable Bed Hold	0	0	0	0	0	0	0
286	Unallowable Professional License Fees	0	0	0	0	0	0	0
287	Unallowable Lobbying Expense	0	0	0	0	0	0	0
288	Unallowable Public Relations	0	0	0	0	0	0	0
289	Unallowable Rev Exp. of Prescription Drugs	37446	65,781	67,097	67,097	67,097	67,097	67,097
290	Ventilator Exp. Portion of Wrap-Around Payment	0	0	0	0	0	0	0
291	Tracheotomy Exp. Portion of Wrap-Around Pmt.	0	0	0	0	0	0	0
292	Unallowable C.N.A.	3425	2,017	2,057	2,057	2,057	2,057	2,057
293	Unallowable Patient Personal	1556	320	326	326	326	326	326
294	Unallowable Patient Transportation	0	7,374	7,521	7,521	7,521	7,521	7,521
295	Unallowable Legal	0	0	0	0	0	0	0
296	Other Unallowable	1858	28	29	29	29	29	29
297	Unallowable Dues	0	0	0	0	0	0	0
298	Unallowable Mgmt Fees	0	0	0	0	0	0	0
299	Unallowable IV	0	0	0	0	0	0	0
300	Unallowable Fines & Penalties	0	650	663	663	663	663	663
301	Unallowable Prior Year	0	0	0	0	0	0	0
302	Unallowable Assisted / Independent Living	0	0	0	0	0	0	0
303	Other Unallowable	0	0	0	0	0	0	0
304	Other Unallowable	0	0	0	0	0	0	0
305	Other Unallowable	0	0	0	0	0	0	0
306	Other Unallowable	0	0	0	0	0	0	0
307	Other Unallowable	0	0	0	0	0	0	0
308	Other Unallowable	0	0	0	0	0	0	0
309	Other Unallowable	0	0	0	0	0	0	0
310	Other Unallowable	0	0	0	0	0	0	0
311	Other Unallowable	0	0	0	0	0	0	0
312	Other Unallowable	0	0	0	0	0	0	0
313	Other Unallowable	0	0	0	0	0	0	0
314	Other Unallowable	0	0	0	0	0	0	0
315	Other Unallowable	0	0	0	0	0	0	0
316	Other Unallowable	0	0	0	0	0	0	0
317	Other Unallowable	0	0	0	0	0	0	0
318	Other Unallowable	0	0	0	0	0	0	0
319	Other Unallowable	0	0	0	0	0	0	0
320	Other Unallowable	0	0	0	0	0	0	0
321	Other Unallowable	0	0	0	0	0	0	0
322	Other Unallowable	0	0	0	0	0	0	0
323	Other Unallowable	0	0	0	0	0	0	0
324	Total Other Unallowable	60110	106,950	109,089	109,089	109,089	109,089	109,089
325	TOTAL OTHER OPERATING EXPENSE	130703	664,822	678,118	678,118	678,118	678,118	678,118

Line No.	ACCOUNT	Actual FYE 2019	Current FYE 2020	Non-Inflated Dollars Projected FYE 2021	Non-Inflated Dollars Projected FYE 2022	Non-Inflated Dollars Projected FYE 2023	Non-Inflated Dollars Projected FYE 2024	Non-Inflated Dollars Projected FYE 2025
326	Loss on Sale of Fixed Assets	0	0	0	0	0	0	0
327	Income Taxes	0	0	0	0	0	0	0
328	Other (Specify Below)	0	0	0	0	0	0	0
329	Rounding	9		0	0	0	0	0
330				0	0	0	0	0
331	TOTAL NON-OPERATING EXPENSES (Unallowable)	9	0	0	0	0	0	0
332	TOTAL EXPENSES	4583308	7,240,872	7,385,689	7,385,689	7,385,689	7,385,689	7,385,689
333	NET INCOME (LOSS)	171957	1,062,310	1,083,556	1,083,556	1,083,556	1,083,556	1,083,556

Appendix 1
Historical Financial Statements

Monthly Income Statement

T-Street Holdings, LLC

For the month ended December 31, 2019

Accrual Basis

	DEC 2019	NOV 2019	OCT 2019	SEP 2019	AUG 2019	JUL 2019	JUN 2019	MAY 2019	APR 2019	MAR 2019	FEB 2019
Income											
Med A	79,665.07	(255.16)	41,290.28	43,937.61	37,151.18	49,185.84	59,458.10	67,171.37	42,787.65	36,493.77	6,714.07
HMO	11,266.18	5,470.15	3,158.60	-	9,973.88	(1,169.17)	61.11	1,698.41	3,577.69	426.11	57.75
Medicaid	255,196.00	263,531.34	287,935.74	270,231.08	242,734.82	271,843.12	263,281.68	354,513.61	340,705.01	351,238.08	130,863.11
Medicaid ECS	103,482.96	109,602.92	110,159.28	92,912.12	124,068.28	123,511.92	98,211.60	-	-	-	-
Private	24,592.00	37,737.55	16,931.00	19,639.00	35,909.00	14,942.00	8,535.00	32,665.00	23,288.00	143.71	17,077.39
Hospice	13,878.00	-	-	-	4,756.32	1,783.62	964.05	-	-	-	-
Med B	20,743.10	45,340.05	28,090.12	20,889.41	22,035.41	18,614.75	12,749.83	14,069.84	17,509.10	10,000.70	87.48
Total Income	508,823.31	461,426.85	487,565.02	447,609.22	476,628.89	478,712.08	443,261.37	470,118.23	427,867.45	398,302.37	154,799.80
Gross Profit	508,823.31	461,426.85	487,565.02	447,609.22	476,628.89	478,712.08	443,261.37	470,118.23	427,867.45	398,302.37	154,799.80
Operating Expenses											
Ancillary											
Therapy											
Physical Therapy	7,724.75	9,403.57	8,663.33	8,789.73	7,667.90	7,434.69	5,616.73	10,504.46	9,742.49	8,763.92	-
Occupational Therapy	15,518.01	17,572.60	15,508.82	13,536.26	13,743.46	13,507.78	10,323.91	13,363.78	13,663.59	7,760.56	481.32
Speech Therapy	4,724.83	3,721.64	3,247.83	3,275.97	2,086.86	1,910.82	1,440.47	409.23	-	-	-
Total Therapy	27,967.59	30,697.81	27,419.98	25,601.96	23,498.22	22,853.29	17,381.11	24,277.47	23,406.08	16,524.48	481.32
ANC EXP-LAB	521.63	498.06	390.00	612.15	573.61	360.00	375.00	453.59	482.48	420.00	180.00
ANC EXP-OXYGEN	1,110.00	940.00	983.24	1,065.00	850.00	1,286.35	810.00	810.00	810.00	1,020.00	473.57
ANC EXP-PHARMACY	5,940.23	5,377.18	711.53	2,804.17	3,861.07	1,910.13	4,261.02	1,882.75	9,671.17	1,026.61	-
ANC EXP-XRAY	-	24.74	-	-	64.78	-	-	-	-	-	-

Monthly Income Statement

	DEC 2019	NOV 2019	OCT 2019	SEP 2019	AUG 2019	JUL 2019	JUN 2019	MAY 2019	APR 2019	MAR 2019	FEB 2019
Other	12.00	67.68	-	20.00	-	115.35	-	-	37.86	-	-
Total Ancillary	35,551.45	37,605.47	29,504.75	30,103.28	28,847.68	26,525.12	22,827.13	27,423.81	34,407.59	18,991.09	1,134.89
Nursing											
Wages											
Nursing Admin Wages	8,713.34	8,913.34	9,113.34	9,804.11	8,071.22	9,083.34	9,083.34	9,083.34	9,083.34	6,440.00	2,466.70
MDS Wages	6,940.03	6,538.03	7,518.16	7,830.81	6,275.15	7,978.58	6,416.35	3,292.41	4,475.84	4,409.60	1,896.00
RN Wages	41,239.88	39,672.63	43,226.61	44,271.00	50,054.60	46,690.21	46,413.44	32,827.28	27,219.11	26,106.21	8,702.36
Medication Technician Wages	-	2,677.26	-	-	-	-	-	-	-	-	-
LPN Wages	14,505.49	12,550.51	15,351.87	11,054.30	10,725.71	16,435.46	16,128.91	18,839.38	18,954.10	22,679.03	7,696.65
CNA Wages	65,562.33	60,332.83	60,060.74	58,658.22	44,796.49	39,217.03	40,243.86	33,547.52	40,840.08	43,789.07	20,938.00
RNA Wages	3,781.58	3,014.40	2,596.95	3,102.12	2,968.20	3,523.71	3,025.10	3,196.07	3,100.44	2,827.03	1,289.07
CNA IN Training Wages	12,763.78	13,139.12	14,832.23	16,892.38	18,898.51	16,482.51	16,854.57	17,880.48	10,781.50	5,932.40	97.58
Nursing Payroll Taxes	13,855.71	12,436.03	13,231.64	12,887.45	12,911.50	12,772.39	12,600.13	11,169.37	10,698.48	10,670.38	4,030.79
Employee Benefits	9,145.21	4,534.68	6,915.77	4,662.59	7,433.36	5,221.30	3,495.16	4,584.93	3,415.71	2,437.45	1,003.29
Total Wages	176,507.35	163,808.83	172,847.31	169,162.98	162,134.74	157,404.53	154,260.86	134,420.78	128,568.60	125,291.17	48,120.44
Agency											
Agency CNA	8,076.93	8,189.43	4,427.25	600.00	27,548.54	44,513.13	37,589.10	31,243.83	28,062.59	29,287.15	12,984.71
Agency LPN	-	-	-	-	-	-	-	-	-	536.52	-
Agency RN	-	-	-	-	-	-	772.20	3,255.40	8,045.04	10,105.59	4,227.60
Total Agency	8,076.93	8,189.43	4,427.25	600.00	27,548.54	44,513.13	38,361.30	34,499.23	36,107.63	39,929.26	17,212.31
Nursing Supplies	5,956.54	6,738.46	6,053.99	8,230.96	8,528.41	5,463.29	7,155.67	7,963.04	10,274.10	8,556.46	3,500.99
Nursing Consulting	10,915.75	10,920.70	11,074.81	7,060.28	7,350.28	9,059.20	10,461.68	7,319.06	13,588.33	11,213.48	2,624.23
NURSING-PHARMACY-DRUG HOUSE SUPPLY (OTC)	1,612.59	2,473.82	2,759.25	1,213.92	733.48	1,077.71	776.37	582.40	544.28	1,200.04	-
Other	(219.77)	2,440.13	2,674.00	4,143.54	3,528.52	4,195.11	6,823.46	4,058.60	2,307.40	2,689.14	7,685.98
Total Nursing	202,849.39	194,571.37	199,836.61	190,411.68	209,823.97	221,712.97	217,839.34	188,843.11	191,390.34	188,879.55	79,143.95
Dietary											
Wages	16,454.94	15,620.08	15,362.15	13,819.62	14,353.97	15,532.80	14,202.86	15,580.15	14,051.55	15,114.12	8,209.64

Monthly Income Statement

	DEC 2019	NOV 2019	OCT 2019	SEP 2019	AUG 2019	JUL 2019	JUN 2019	MAY 2019	APR 2019	MAR 2019	FEB 2019
Wages Registered Dietician	168.75	450.00	787.50	170.00	-	214.00	-	-	-	-	-
Payroll Taxes	1,501.99	1,370.88	1,337.01	1,199.49	1,368.79	1,429.99	1,343.51	1,517.21	1,349.55	1,448.92	780.72
Employee Benefits	996.05	900.77	818.34	632.97	1,819.30	743.71	927.51	1,131.78	622.67	643.47	411.50
Food & Supplements	11,298.19	11,864.31	11,029.98	13,725.12	11,057.87	12,160.22	12,363.71	15,512.30	11,344.09	11,482.82	4,681.81
DIETARY-CONSULTANT	2,425.00	1,975.00	2,600.00	1,875.00	2,100.00	2,462.50	1,900.00	1,875.00	2,562.50	1,975.00	950.00
Other	1,810.95	3,868.97	1,978.89	293.96	-	449.03	108.55	-	1,882.50	2,475.92	-
Total Dietary	34,655.87	36,050.01	33,913.87	31,716.16	30,699.93	32,992.25	30,846.14	35,616.44	31,812.86	33,140.25	15,033.67
Plant											
Wages	3,212.81	2,921.54	2,761.56	3,220.79	5,038.94	9,751.61	7,309.09	6,777.47	5,764.80	4,565.42	3,148.45
Payroll Taxes	297.39	261.46	246.76	299.35	465.08	949.42	660.08	624.94	548.39	454.52	294.57
Employee Benefits	229.57	226.81	222.87	233.75	138.13	934.59	229.85	350.88	166.03	315.72	83.23
Utilities	12,309.69	11,213.65	11,484.58	11,798.69	10,282.87	10,048.06	8,189.69	8,561.45	7,230.78	8,774.29	1,496.88
Equipment	406.43	306.88	-	-	157.50	-	-	-	-	-	-
Purchased Services	1,876.42	3,326.11	116.26	680.15	2,084.12	1,268.90	2,717.81	3,558.86	813.00	1,062.70	85.85
Repairs and Maintenance	1,140.37	545.98	2,944.90	1,910.86	6,012.21	1,776.28	1,776.09	473.72	404.86	-	88.22
Supplies	1,855.94	559.93	376.52	680.93	1,529.14	973.70	62.57	-	-	-	-
Other	-	-	-	-	-	-	-	-	24.15	81.00	-
Total Plant	21,328.62	19,362.36	18,153.45	18,824.52	25,707.99	25,702.56	20,945.18	20,347.32	14,952.01	15,253.65	5,197.20
Laundry											
Wages	7,926.96	7,574.14	5,457.33	2,023.91	3,354.90	2,776.25	1,989.91	2,513.94	2,684.04	1,701.92	878.16
Payroll Taxes	716.65	672.76	464.26	178.25	193.76	248.38	182.02	265.67	256.24	162.47	82.54
Employee Benefits	450.93	593.00	176.29	151.99	81.57	96.63	74.65	372.03	109.08	67.14	33.67
LAUNDRY-LINEN&BEDDING	-	-	921.80	-	-	1,257.37	77.87	-	-	-	262.85
LAUNDRY-SUPPLIES-NON MEDICAL	6.49	-	-	2,987.26	808.94	1,190.25	-	210.94	-	-	-
Other	400.66	364.24	728.08	515.70	648.52	539.35	513.13	517.44	1,913.34	431.20	431.20
Total Laundry	9,501.69	9,204.14	7,747.76	5,857.11	5,087.69	6,108.23	2,837.58	3,880.02	4,962.70	2,362.73	1,688.42
Housekeeping											

Monthly Income Statement

	DEC 2019	NOV 2019	OCT 2019	SEP 2019	AUG 2019	JUL 2019	JUN 2019	MAY 2019	APR 2019	MAR 2019	FEB 2019
Wages	7,051.93	4,158.18	7,856.67	9,381.79	9,353.71	9,702.98	6,534.90	7,406.90	6,447.16	8,414.58	4,444.22
Payroll Taxes	396.72	369.46	684.58	829.64	869.81	881.13	589.80	701.21	615.50	803.32	417.77
Employee Benefits	385.78	358.64	479.49	706.45	838.97	351.96	236.54	271.97	256.73	324.43	173.29
HOUSEKEEPING-SUPPLIES-NON MEDICAL	1,562.72	1,074.63	1,291.36	1,605.60	2,258.19	700.10	2,028.00	2,744.04	2,366.33	2,254.96	799.28
HOUSEKEEPING SUPPLIES - CHEMICALS	10.15	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	30.78	81.48	-
Total Housekeeping	9,407.30	5,960.91	10,312.10	12,523.48	13,320.68	11,636.17	9,389.24	11,124.12	9,716.50	11,878.77	5,834.56
Activities											
Wages	6,628.34	6,072.07	7,124.28	5,281.75	5,611.20	7,090.48	7,590.82	9,566.90	9,139.81	7,002.33	2,798.32
Payroll Taxes	570.07	543.31	617.20	494.81	491.80	642.80	727.52	940.84	872.54	675.04	263.06
Benefits	331.62	344.87	211.03	679.74	172.25	219.55	558.72	653.28	305.21	332.14	104.58
ACTIVITIES OUTINGS	110.00	-	-	94.85	-	-	-	-	-	-	-
Supplies	1,217.87	1,358.30	775.64	1,008.49	448.93	1,925.36	715.44	925.65	762.72	934.78	17.50
Total Activities	8,857.90	8,318.55	8,728.15	7,559.64	6,724.18	9,878.19	9,592.50	12,086.67	11,080.28	8,944.29	3,183.46
Social Services											
Wages	3,244.00	2,927.60	4,010.97	2,900.20	3,276.20	3,044.00	3,074.30	3,401.40	3,415.30	3,260.40	1,649.90
Payroll Taxes	301.14	284.06	341.20	265.00	285.89	308.48	289.36	318.63	325.39	313.57	152.78
Employee Benefits	173.13	431.62	14.38	231.52	13.02	452.05	172.14	173.52	93.53	12.96	6.23
SOCIAL SERVICES-PATIENT TRANSPORTATION	-	-	-	-	-	120.00	-	-	48.07	210.00	-
Other	4.75	54.55	671.41	-	-	-	-	43.77	-	89.77	50.00
Total Social Services	3,723.02	3,697.83	5,037.96	3,396.72	3,575.11	3,924.53	3,535.80	3,937.32	3,882.29	3,886.70	1,858.91
Medical Records											
Wages	-	-	-	-	-	-	-	801.90	1,272.45	1,026.90	574.65
Payroll Taxes	-	-	-	-	-	-	-	98.73	131.55	98.02	54.01
Employee Benefits	-	-	-	-	-	-	-	236.45	126.75	5.44	3.05
Total Medical Records	-	-	-	-	-	-	-	1,137.08	1,530.75	1,130.36	631.71
Education											

Monthly Income Statement

	DEC 2019	NOV 2019	OCT 2019	SEP 2019	AUG 2019	JUL 2019	JUN 2019	MAY 2019	APR 2019	MAR 2019	FEB 2019
Other	-	600.00	12.93	-	-	545.00	168.60	305.00	1,049.13	2,485.87	65.00
Total Education	-	600.00	12.93	-	-	545.00	168.60	305.00	1,049.13	2,485.87	65.00
Administration											
Wages	16,983.28	18,471.19	23,121.09	25,005.99	21,377.38	21,862.75	21,314.25	21,630.12	19,613.96	11,002.87	3,492.52
Payroll Taxes	1,969.81	1,890.48	134.07	2,557.73	(1,058.50)	2,060.88	2,168.23	2,057.03	1,826.29	1,055.61	323.13
Employee Benefits	5,486.04	7,677.58	4,337.28	10,667.43	8,151.61	7,186.68	5,572.35	9,782.02	6,253.76	9,346.10	(2,019.58)
G&A-MARKETING	0.65	138.62	55.00	-	355.54	-	197.38	350.00	37.52	-	376.00
G&A-AUTO	30.47	429.90	239.27	229.90	315.12	74.33	15.15	401.69	101.00	-	-
G&A-HOLIDAY PARTY	29.97	-	-	-	-	-	-	-	-	-	366.19
Liability Insurance	7,267.29	7,267.29	7,267.29	7,750.91	7,143.81	7,514.40	7,338.21	11,675.46	5,892.46	5,892.46	9,636.33
Travel Expense	1,876.00	1,016.81	4,055.80	3,787.63	4,715.57	2,492.82	2,883.49	3,096.44	2,224.90	3,198.65	7,062.25
Phone and Internet	1,610.80	1,649.91	1,626.80	1,693.51	1,609.09	1,667.00	1,977.50	1,742.34	1,593.63	1,882.94	714.54
Other	19,112.98	19,717.52	13,487.72	14,023.40	11,007.78	12,253.94	9,459.80	11,420.51	11,831.85	14,632.58	8,914.89
Total Administration	54,367.29	58,259.30	54,324.32	65,716.50	53,617.40	55,112.80	50,926.36	62,155.61	49,375.37	47,011.21	28,866.27
Bad Debt	597.93	7,047.94	8,864.78	13,952.87	1,857.04	13,234.77	9,631.94	2,156.62	3,106.52	-	-
G&A-SNA FEE	41,699.00	42,412.00	43,723.00	40,940.00	42,711.00	43,240.00	40,411.00	42,021.00	39,583.00	38,640.00	15,410.00
NONOPER EXP-MANAGEMENT FEE	25,441.16	23,071.34	24,378.25	22,380.46	23,831.44	23,919.16	22,179.51	23,505.91	21,393.37	19,915.12	7,897.30
NONOPER EXP-TAXES-REAL PROPERTY	1,508.78	1,508.78	1,508.78	1,458.45	1,458.45	1,458.45	1,458.45	1,458.45	1,458.43	-	-
Non Operational Expense	-	-	-	-	-	-	-	-	18.51	1,631.00	-
Total Operating Expenses	449,489.40	447,670.00	446,046.71	444,840.87	447,262.56	475,990.20	442,588.77	435,998.48	419,719.65	394,150.59	165,945.34
EBITDAR	59,333.91	13,756.85	41,518.31	2,768.35	29,366.33	2,721.88	672.60	34,119.75	8,147.80	4,151.78	(11,145.54)
Rent											
NONOPER EXP-LEASE-BUILDING	-	-	-	-	-	(60,000.00)	19,500.00	19,500.00	19,500.00	-	-
Total Rent	-	-	-	-	-	(60,000.00)	19,500.00	19,500.00	19,500.00	-	-
Depreciation											
DEPRECIATION-BUILDING IMPROVEMENTS	-	1,210.38	-	1,055.11	-	-	-	-	-	-	-

Monthly Income Statement

	DEC 2019	NOV 2019	OCT 2019	SEP 2019	AUG 2019	JUL 2019	JUN 2019	MAY 2019	APR 2019	MAR 2019	FEB 2019
DEPRECIATION-EQUIPMENT-COMPUTER	1,053.81	-	-	-	-	-	-	-	-	-	-
DEPRECIATION-EQUIPMENT-FIXED	545.60	-	577.80	-	-	-	-	-	919.70	4,417.16	-
Total Depreciation	1,599.41	1,210.38	577.80	1,055.11	-	-	-	-	919.70	4,417.16	-
Other Income / (Expense)											
NONOPER REV-DONATIONS	-	-	-	-	-	150.00	-	-	-	-	-
Total Other Income / (Expense)	-	-	-	-	-	150.00	-	-	-	-	-
Net Income	57,734.50	12,546.47	40,940.51	1,713.24	29,366.33	62,871.88	(18,827.40)	14,619.75	(12,271.90)	(265.38)	(11,145.54)

Cashmere Care Center 2020

	20-Jan	20-Jan	20-Feb	20-Feb	20-Mar	20-Mar
	Actual \$	Actual / Day	Actual \$	Actual / Day	Actual \$	Actual / Day
INCOME						
MED A	83,396.56 -		62,075.35	535.13	92,199.39	526.85
HMO	37,623.60 -		-168.37 -		-190.03 -	
MEDICAID	265,629.30 -		221,890.70	211.93	332,152.42	235.57
MEDICAID ECS	108,889.89 -		108,889.89	291.93	129,655.72	320.93
MCAID PENDING	6,649.00 -		13,830.00	294.26	-45,302.00	266.48
MCAID MNGD CARE	0 -		0 -		-932.58 -	
PRIVATE	6,726.00 -		30,624.94	309.34	17,080.00	266.88
HOSPICE	3,418.16 -		18,861.77	211.93	20,719.98	240.93
VA	0 -		0 -		0 -	
MEDICARE B	15,080.01 -		13,772.74	13.15	20,078.14	14.24
UHC Capitated Revenue						
TOTAL UHC Capitated Revenue	0 -		0 -		0 -	
MISC REVENUE	175.26 -		0	0	356.42	0.18
TOTAL INCOME	527,587.78 -		469,777.02	265.26	565,817.46	287.36
EXPENSES						
ANCILLARY						
THERAPY	31,353.13 -		25,915.88	223.41	30,584.54	174.77
LAB	489.44 -		918.02	7.91	542.35	3.1
OXYGEN	1,929.00 -		1,595.00	13.75	1,895.00	10.83
PHARMACY	3,694.11 -		4,224.72	36.42	4,175.06	23.86
XRAY	0 -		71.65	0.62	528.95	3.02
ANCILLARY OTHER	955.76 -		122.15	1.05	1,974.90	11.29
TOTAL ANCILLARY	38,421.44 -		32,847.42	283.17	39,700.80	226.86
NURSING						
NURSING ADMIN WAGES	8,713.34 -		8,713.34	4.92	8,713.34	4.43
MDS WAGES	6,860.11 -		6,707.59	3.79	5,639.94	2.86
RN WAGES	42,858.03 -		35,968.84	20.31	43,760.02	22.22
LPN WAGES	16,095.74 -		20,116.62	11.36	23,206.72	11.79
MED TECH	0 -		0	0	0	0

CNA WAGES	59,815.51 -	62,118.64	35.08	61,444.13	31.21
RNA WAGES	6,400.30 -	5,917.72	3.34	5,837.87	2.96
CNA IN TRAINING	13,255.91 -	9,388.53	5.3	9,652.47	4.9
INSERVICE WAGES	0 -	0	0	0	0
PAYROLL TAXES	14,243.86 -	13,217.12	7.46	14,076.25	7.15
EMPLOYEE BENEFITS	6,935.10 -	7,765.34	4.38	7,797.50	3.96
AGENCY LICENSED NURSE	0 -	0	0	0	0
AGENCY CNA	6,081.87 -	662.58	0.37	0	0
NURSING SUPPLIES	6,372.33 -	7,101.77	4.01	16,920.81	8.59
NURSING CONSULTING	5,915.52 -	5,870.00	3.31	6,786.09	3.45
NURSING-COVID 19 EXPENSES					
NURSING-COVID	0 -	0	0	0	0
NURSING-COVID 19 EXPENSES (con't)					
TOTAL NURSING-COVID 19 EXPENSES	0 -	0	0	0	0
OTHER EXPENSES	3,448.32 -	3,369.32	1.9	2,271.46	1.15
TOTAL NURSING	196,995.94 -	186,917.41	105.54	206,106.60	104.68
DIETARY					
WAGES - SUPERVISOR	3,375.45 -	2,687.85	1.52	3,564.72	1.81
WAGES - STAFF	12,696.55 -	11,933.85	6.74	13,045.48	6.63
WAGES - RD	326.25 -	270	0.15	330.75	0.17
PAYROLL TAXES	1,538.84 -	1,371.03	0.77	1,528.93	0.78
EMPLOYEE BENEFITS	1,324.25 -	671.75	0.38	873.26	0.44
FOOD & SUPPLEMENTS	11,265.88 -	10,580.29	5.97	11,649.71	5.92
CONSULTANTS	2,200.00 -	1,837.50	1.04	2,000.00	1.02
OTHER EXPENSES	2,250.99 -	1,891.13	1.07	2,525.73	1.28
DIETARY-COVID 19 EXPENSES					
DIETARY-COVID	0 -	0	0	0	0
TOTAL DIETARY-COVID 19 EXPENSES	0 -	0	0	0	0
TOTAL DIETARY	34,978.21 -	31,243.40	17.64	35,518.58	18.04
PLANT					
WAGES - SUPERVISOR	0 -	0	0	0	0
WAGES - STAFF	3,772.13 -	2,914.03	1.65	2,828.91	1.44
PAYROLL TAXES	338.25 -	261.41	0.15	240.93	0.12

EMPLOYEE BENEFITS	232.34 -	120.74	0.07	65.11	0.03
UTILITIES	13,871.79 -	11,488.10 -		7,867.62 -	
EQUIPMENT	1,581.23 -	134.16	0.08	1,736.06	0.88
PURCHASED SERVICES	495.19 -	1,457.15	0.82	459.08	0.23
REPAIRS & MAINTENANCE	3,343.26 -	2,771.95	1.57	1,266.46	0.64
SUPPLIES	0 -	1,144.40	0.65	1,095.67	0.56
OTHER EXPENSES	0 -	0	0	0	0
PLANT-COVID 19 EXPENSES					
TOTAL PLANT-COVID 19 EXPENSES	0 -	0	0	0	0
TOTAL PLANT	23,634.19 -	20,291.94	11.46	15,559.84	7.9
LAUNDRY					
WAGES - SUPERVISOR	0 -	0	0	0	0
WAGES - STAFF	8,835.89 -	7,238.51	4.09	8,300.27	4.22
PAYROLL TAXES	890.42 -	654.89	0.37	761.84	0.39
EMPLOYEE BENEFITS	4,631.40 -	308.6	0.17	774.56	0.39
SUPPLIES	2,369.27 -	511.7	0.29	563.1	0.29
OTHER EXPENSES	0 -	0	0	0	0
LAUNDRY-COVID 19 EXPENSES					
TOTAL LAUNDRY-COVID 19 EXPENSES	0 -	0	0	0	0
TOTAL LAUNDRY	16,726.98 -	8,713.70	4.92	10,399.77	5.28
HOUSEKEEPING					
WAGES - SUPERVISOR	0 -	0	0	0	0
WAGES - STAFF	5,705.69 -	6,149.55	3.47	6,989.90	3.55
PAYROLL TAXES	520.17 -	591.79 -		628.25 -	
EMPLOYEE BENEFITS	173.84 -	604.4	0.34	330.45	0.17
SUPPLIES	1,357.38 -	2,350.17	1.33	3,930.74	2
OTHER EXPENSES	0 -	0	0	0	0
HOUSEKEEPING-COVID 19 EXPENSES					
TOTAL HOUSEKEEPING-COVID 19 EXPENSES	0 -	0	0	0	0
TOTAL HOUSEKEEPING	7,757.08 -	9,695.91	5.47	11,879.34	6.03
ACTIVITIES					
WAGES - SUPERVISOR	3,651.30 -	2,965.60	1.67	3,662.00	1.86
WAGES - STAFF	3,255.47 -	3,155.49	1.78	4,503.95	2.29

PAYROLL TAXES	629.64 -	548.43	0.31	721.14	0.37
EMPLOYEE BENEFITS	182.48 -	214.54	0.12	219.84	0.11
SUPPLIES	481.84 -	744.15	0.42	535.32	0.27
OTHER EXPENSES	337.59 -	345	0.19	120	0.06
ACTIVITIES-COVID 19 EXPENSES					
TOTAL ACTIVITIES-COVID 19 EXPENSES	0 -	0	0	0	0
TOTAL ACTIVITIES	8,538.32 -	7,973.21	4.5	9,762.25	4.96
SOCIAL SERVICES					
WAGES - SUPERVISOR	3,098.40 -	3,023.80	1.71	4,433.54	2.25
WAGES-ASSISTANT	0 -	0 -		0 -	
PAYROLL TAXES	323.92 -	266.68	0.15	380.69	0.19
EMPLOYEE BENEFITS	492.75 -	12.26	0.01	29.02	0.01
OTHER EXPENSES	45.9 -	123.04	0.07	312.15	0.16
SOCIAL SERVICES-COVID 19 EXPENSES					
TOTAL SOCIAL SERVICES-COVID 19 EXPENSES	0 -	0	0	0	0
TOTAL SOCIAL SERVICES	3,960.97 -	3,425.78	1.93	5,155.40	2.62
MEDICAL RECORDS					
WAGES	0 -	0	0	0	0
PAYROLL TAXES	0 -	0	0	0	0
EMPLOYEE BENEFITS	0 -	0	0	0	0
OTHER EXPENSES	0 -	0	0	0	0
MEDICAL RECORDS-COVID 19 EXPENSES					
TOTAL MEDICAL RECORDS-COVID 19 EXPENSES	0 -	0	0	0	0
TOTAL MEDICAL RECORDS	0 -	0	0	0	0
ADMINISTRATION					
WAGES	22,279.46 -	23,111.12	13.05	22,381.29	11.37
PAYROLL TAXES	2,452.73 -	2,317.57	1.31	1,906.11	0.97
EMPLOYEE BENEFITS	7,845.82 -	8,170.15	4.61	12,455.19	6.33
MARKETING EXPENSE	0 -	0	0	0	0
LIABILITY INSURANCE	1,374.83 -	12,784.87	7.22	7,034.52	3.57
TRAVEL EXPENSE	0 -	314.35	0.18	0	0
PHONE & INTERNET	1,656.05 -	1,682.15	0.95	2,288.27	1.16
OTHER EXPENSES	14,505.26 -	13,109.24	7.4	14,845.67	7.54

TOTAL ADMINISTRATION	50,114.15 -	61,489.45	34.72	60,911.05	30.94
BAD DEBT	2,721.74 -	11,491.30	6.49	11,946.17	6.07
SNA FEE	38,939.00 -	38,065.00	21.49	41,262.00	20.96
MANAGEMENT FEE	26,370.60 -	23,488.85	13.26	28,290.87	14.37
PROPERTY TAXES	1,508.78 -	1,508.78	0.85	1,508.78	0.77
TOTAL EXPENSES	450,667.40 -	437,152.15	246.84	478,001.45	242.76
EBITDAR	76,920.38 -	32,624.87 -		87,816.01 -	
<i>EBITDAR MARGIN</i>	<i>0.15 -</i>	<i>0.07 -</i>		<i>0.16 -</i>	
DEPRECIATION AMORTIZATION RENT	20,000.00 -	20,000.00	11.29	20,000.00	10.16
EBIT	56,920.38 -	12,624.87 -		67,816.01 -	
<i>EBIT MARGIN</i>	<i>0.11 -</i>	<i>0.03 -</i>		<i>0.12 -</i>	
OTHER	0 -	0 -		0 -	

Cashmere Care Center 2020

	20-Apr	20-Apr	20-May	20-May	20-Jun	20-Jun
	Actual \$	Actual / Day	Actual \$	Actual / Day	Actual \$	Actual / Day
INCOME						
MED A	89,272.94	557.96	129,012.73	553.7	129,407.48	539.2
HMO	-2,808.26 -		2,690.71	538.14	11,995.14	571.2
MEDICAID	331,354.27	267.44	331,154.45	246.21	334,913.89	245.9
MEDICAID ECS	135,658.77	348.74	120,993.70	327.01	114,126.49	327.01
MCAID PENDING	26,730.00	270	16,740.00	270	30,240.00	270
MCAID MNGD CARE	0 -		0 -		0 -	
PRIVATE	-414.94	-103.73	37,894.00	296.05	22,850.00	245.7
HOSPICE	18,984.94	283.36	10,897.31	253.43	7,176.72	358.84
VA	0 -		0 -		0 -	
MEDICARE B	12,278.72	9.91	14,055.43	10.45	7,594.28	5.58
UHC Capitated Revenue						
TOTAL UHC Capitated Revenue	0 -		0 -		0 -	
MISC REVENUE	0	0	0	0	0	0
TOTAL INCOME	611,056.44	312.08	663,438.33	303.49	658,304.00	299.64
EXPENSES						
ANCILLARY						
THERAPY	28,134.39	175.84	33,113.20	139.13	33,159.79	127.05
LAB	262.67	1.64	690.53	2.9	482.29	1.85
OXYGEN	1,865.00	11.66	1,865.00	7.84	1,990.00	7.62
PHARMACY	5,980.37	37.38	2,836.55	11.92	6,439.53	24.67
XRAY	52.09	0.33	0	0	63.48	0.24
ANCILLARY OTHER	219.3	1.37	3,022.25	12.7	1,349.02	5.17
TOTAL ANCILLARY	36,513.82	228.21	41,527.53	174.49	43,484.11	166.61
NURSING						
NURSING ADMIN WAGES	13,713.34	7	8,444.11	3.86	10,623.34	4.84
MDS WAGES	4,956.48	2.53	5,272.38	2.41	5,288.04	2.41
RN WAGES	40,795.35	20.84	37,852.92	17.32	42,978.02	19.56
LPN WAGES	23,526.16	12.02	26,766.93	12.24	24,200.41	11.02
MED TECH	0	0	0	0	0	0

CNA WAGES	66,226.83	33.82	75,755.75	34.65	79,021.12	35.97
RNA WAGES	6,083.30	3.11	5,888.10	2.69	5,163.69	2.35
CNA IN TRAINING	7,193.93	3.67	10,969.19	5.02	7,198.00	3.28
INSERVICE WAGES	0	0	0	0	0	0
PAYROLL TAXES	14,118.55	7.21	14,918.14	6.82	15,295.86	6.96
EMPLOYEE BENEFITS	4,413.50	2.25	6,206.30	2.84	7,497.41	3.41
AGENCY LICENSED NURSE	0	0	0	0	0	0
AGENCY CNA	0	0	0	0	4,078.26	1.86
NURSING SUPPLIES	11,556.34	5.9	14,309.27	6.55	10,678.40	4.86
NURSING CONSULTING	1,500.25	0.77	891.5	0.41	17,819.02	8.11
NURSING-COVID 19 EXPENSES						
NURSING-COVID	0	0	0	0	0	0
NURSING-COVID 19 EXPENSES (con't)						
TOTAL NURSING-COVID 19 EXPENSES	0	0	0	0	0	0
OTHER EXPENSES	7,868.57	4.02	4,350.47	1.99	2,957.21	1.35
TOTAL NURSING	201,952.60	103.14	211,625.06	96.81	232,798.78	105.96
DIETARY						
WAGES - SUPERVISOR	3,537.60	1.81	3,761.50	1.72	3,941.10	1.79
WAGES - STAFF	12,827.91	6.55	14,787.71	6.76	16,010.75	7.29
WAGES - RD	540	0.28	286.65	0.13	288.9	0.13
PAYROLL TAXES	1,525.89	0.78	1,644.87	0.75	1,766.93	0.8
EMPLOYEE BENEFITS	1,223.52	0.62	725.58	0.33	850.07	0.39
FOOD & SUPPLEMENTS	12,959.78	6.62	12,551.39	5.74	13,202.65	6.01
CONSULTANTS	2,087.50	1.07	1,962.50	0.9	2,687.50	1.22
OTHER EXPENSES	3,087.06	1.58	2,093.56	0.96	4,157.37	1.89
DIETARY-COVID 19 EXPENSES						
DIETARY-COVID	0	0	0	0	0	0
TOTAL DIETARY-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL DIETARY	37,789.26	19.3	37,813.76	17.3	42,905.27	19.53
PLANT						
WAGES - SUPERVISOR	0	0	0	0	0	0
WAGES - STAFF	3,614.76	1.85	3,634.52	1.66	4,706.80	2.14
PAYROLL TAXES	307.85	0.16	311.07	0.14	421.2	0.19

EMPLOYEE BENEFITS	80.02	0.04	82.83	0.04	273.47	0.12
UTILITIES	6,544.22 -		6,215.66 -		8,796.63 -	
EQUIPMENT	1,109.96	0.57	2,011.14	0.92	1,990.53	0.91
PURCHASED SERVICES	2,609.29	1.33	1,256.39	0.57	2,117.79	0.96
REPAIRS & MAINTENANCE	3,465.47	1.77	1,112.42	0.51	2,500.32	1.14
SUPPLIES	305.14	0.16	405.35	0.19	151.06	0.07
OTHER EXPENSES	0	0	0	0	0	0
PLANT-COVID 19 EXPENSES						
TOTAL PLANT-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL PLANT	18,036.71	9.21	15,029.38	6.88	20,957.80	9.54
LAUNDRY						
WAGES - SUPERVISOR	0	0	0	0	0	0
WAGES - STAFF	8,107.88	4.14	9,350.48	4.28	8,106.90	3.69
PAYROLL TAXES	715.07	0.37	796.35	0.36	709.15	0.32
EMPLOYEE BENEFITS	516.84	0.26	245.81	0.11	447.14	0.2
SUPPLIES	1,622.30	0.83	1,369.29	0.63	1,940.43	0.88
OTHER EXPENSES	33.55	0.02	0	0	0	0
LAUNDRY-COVID 19 EXPENSES						
TOTAL LAUNDRY-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL LAUNDRY	10,995.64	5.62	11,761.93	5.38	11,203.62	5.1
HOUSEKEEPING						
WAGES - SUPERVISOR	0	0	0	0	0	0
WAGES - STAFF	6,911.05	3.53	6,502.46	2.97	7,096.96	3.23
PAYROLL TAXES	625.05 -		590.19 -		607.7 -	
EMPLOYEE BENEFITS	481.2	0.25	645.63	0.3	260.33	0.12
SUPPLIES	1,467.59	0.75	1,394.97	0.64	2,700.17	1.23
OTHER EXPENSES	0	0	0	0	0	0
HOUSEKEEPING-COVID 19 EXPENSES						
TOTAL HOUSEKEEPING-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL HOUSEKEEPING	9,484.89	4.84	9,133.25	4.18	10,665.16	4.85
ACTIVITIES						
WAGES - SUPERVISOR	3,562.40	1.82	3,556.40	1.63	1,882.70	0.86
WAGES - STAFF	6,001.74	3.07	6,702.05	3.07	7,825.85	3.56

PAYROLL TAXES	826.92	0.42	885	0.4	844.75	0.38
EMPLOYEE BENEFITS	259.48	0.13	275.34	0.13	274	0.12
SUPPLIES	1,320.63	0.67	1,474.65	0.67	657.03	0.3
OTHER EXPENSES	9.99	0.01	184.94	0.08	14.99	0.01
ACTIVITIES-COVID 19 EXPENSES						
TOTAL ACTIVITIES-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL ACTIVITIES	11,981.16	6.12	13,078.38	5.98	11,499.32	5.23
SOCIAL SERVICES						
WAGES - SUPERVISOR	3,587.60	1.83	4,061.18	1.86	5,711.07	2.6
WAGES-ASSISTANT	0 -		1,411.34 -		954.1 -	
PAYROLL TAXES	386.61	0.2	474.55	0.22	592.08	0.27
EMPLOYEE BENEFITS	930.33	0.48	57.38	0.03	281.93	0.13
OTHER EXPENSES	0	0	0	0	300	0.14
SOCIAL SERVICES-COVID 19 EXPENSES						
TOTAL SOCIAL SERVICES-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL SOCIAL SERVICES	4,904.54	2.5	6,004.45	2.75	7,839.18	3.57
MEDICAL RECORDS						
WAGES	0	0	0	0	0	0
PAYROLL TAXES	0	0	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0	0	0
OTHER EXPENSES	0	0	0	0	0	0
MEDICAL RECORDS-COVID 19 EXPENSES						
TOTAL MEDICAL RECORDS-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL MEDICAL RECORDS	0	0	0	0	0	0
ADMINISTRATION						
WAGES	22,526.87	11.51	26,522.04	12.13	56,510.40	25.72
PAYROLL TAXES	1,950.91	1	2,311.79	1.06	4,508.70	2.05
EMPLOYEE BENEFITS	11,479.48	5.86	12,137.87	5.55	11,495.46	5.23
MARKETING EXPENSE	0	0	0	0	0	0
LIABILITY INSURANCE	7,034.52	3.59	7,195.60	3.29	7,519.81	3.42
TRAVEL EXPENSE	0	0	0	0	0	0
PHONE & INTERNET	1,680.11	0.86	1,680.06	0.77	1,823.02	0.83
OTHER EXPENSES	17,876.86	9.13	25,969.62	11.88	16,195.32	7.37

TOTAL ADMINISTRATION	62,548.75	31.95	75,816.98	34.68	98,052.71	44.63
BAD DEBT	23,782.21	12.15	1,647.47	0.75	12,823.59	5.84
SNA FEE	41,354.00	21.12	44,804.00	20.5	45,011.00	20.49
MANAGEMENT FEE	30,522.82	15.59	33,171.92	15.17	32,915.20	14.98
PROPERTY TAXES	3,737.33	1.91	1,622.93	0.74	1,622.93	0.74
TOTAL EXPENSES	493,603.73	252.1	503,037.04	230.12	571,778.67	260.25
EBITDAR	117,452.71 -		160,401.29 -		86,525.33 -	
<i>EBITDAR MARGIN</i>	<i>0.19 -</i>		<i>0.24 -</i>		<i>0.13 -</i>	
DEPRECIATION AMORTIZATION RENT	20,000.00	10.21	20,000.00	9.15	20,000.00	9.1
EBIT	97,452.71 -		140,401.29 -		66,525.33 -	
<i>EBIT MARGIN</i>	<i>0.16 -</i>		<i>0.21 -</i>		<i>0.1 -</i>	
OTHER	100,240.25 -		208,276.20 -		0 -	

Cashmere Care Center 2020

	20-Jul	20-Jul	20-Aug	20-Aug	20-Sep	20-Sep
	Actual \$	Actual / Day	Actual \$	Actual / Day	Actual \$	Actual / Day
INCOME						
MED A	433,634.41	644.33	267,856.98	656.51	204,972.21	685.53
HMO	7,450.57	1,064.37	11,349.24	756.62	12,374.92	727.94
MEDICAID	269,599.02	245.98	336,107.48	239.56	345,917.78	238.4
MEDICAID ECS	84,916.00	326.6	112,864.40	318.83	130,588.80	320.07
MCAID PENDING	-2,970.00	270	-7,830.00	270	9,720.00	270
MCAID MNGD CARE	0 -		0 -		0 -	
PRIVATE	22,799.40	296.1	15,000.60	238.1	16,394.22	273.24
HOSPICE	17,121.00	259.41	20,030.00	250.38	7,158.00	238.6
VA	0 -		0 -		0 -	
MEDICARE B	21,002.38	19.16	8,790.90	6.27	14,649.64	10.1
UHC Capitated Revenue						
TOTAL UHC Capitated Revenue	0 -		0 -		0 -	
MISC REVENUE	0	0	0	0	0	0
TOTAL INCOME	853,552.78	393.71	764,169.60	333.12	741,775.57	322.37
EXPENSES						
ANCILLARY						
THERAPY	62,173.88	91.43	38,406.34	90.8	45,519.71	144.05
LAB	830.04	1.22	60	0.14	874.45	2.77
OXYGEN	1,925.00	2.83	1,925.00	4.55	1,630.00	5.16
PHARMACY	4,165.36	6.13	3,098.04	7.32	7,174.72	22.7
XRAY	213.57	0.31	0	0	163.01	0.52
ANCILLARY OTHER	2,685.32	3.95	525.13	1.24	305.21	0.97
TOTAL ANCILLARY	71,993.17	105.87	44,014.51	104.05	55,667.10	176.16
NURSING						
NURSING ADMIN WAGES	54,870.26	25.31	7,083.34	3.09	7,083.34	3.08
MDS WAGES	1,144.98	0.53	4,961.88	2.16	5,388.84	2.34
RN WAGES	36,404.98	16.79	37,672.90	16.42	46,883.11	20.38
LPN WAGES	22,824.64	10.53	39,762.23	17.33	37,195.65	16.16
MED TECH	0	0	0	0	0	0
CNA WAGES	66,034.19	30.46	71,549.16	31.19	63,061.24	27.41
RNA WAGES	5,577.67	2.57	6,467.12	2.82	5,171.78	2.25
CNA IN TRAINING	10,898.96	5.03	12,250.81	5.34	16,715.25	7.26

INSERVICE WAGES	0	0	0	0	0	0
PAYROLL TAXES	17,347.87	8	16,485.56	7.19	15,940.20	6.93
EMPLOYEE BENEFITS	10,253.31	4.73	8,822.22	3.85	8,425.36	3.66
AGENCY LICENSED NURSE	5,690.40	2.62	20,467.44	8.92	0	0
AGENCY CNA	44,229.96	20.4	31,501.02	13.73	23,438.23	10.19
NURSING SUPPLIES	23,476.71	10.83	19,339.75	8.43	13,592.53	5.91
NURSING CONSULTING	4,806.50	2.22	6,041.50	2.63	6,616.50	2.88
NURSING-COVID 19 EXPENSES						
NURSING-COVID	0	0	0	0	0	0
NURSING-COVID 19 EXPENSES (con't)						
TOTAL NURSING-COVID 19 EXPENSES	0	0	0	0	0	0
OTHER EXPENSES	2,790.31	1.29	2,727.48	1.19	3,265.26	1.42
TOTAL NURSING	306,350.74	141.31	285,132.41	124.29	252,777.29	109.86
DIETARY						
WAGES - SUPERVISOR	3,987.70	1.84	4,106.80	1.79	4,023.70	1.75
WAGES - STAFF	15,535.45	7.17	15,669.92	6.83	16,554.81	7.19
WAGES - RD	296.55	0.14	307.35	0.13	135	0.06
PAYROLL TAXES	1,969.26	0.91	1,741.52	0.76	1,839.86	0.8
EMPLOYEE BENEFITS	3,673.27	1.69	697.24	0.3	1,295.06	0.56
FOOD & SUPPLEMENTS	13,555.10	6.25	13,989.22	6.1	14,726.64	6.4
CONSULTANTS	1,937.50	0.89	2,025.00	0.88	1,987.50	0.86
OTHER EXPENSES	5,096.97	2.35	2,738.03	1.19	1,787.15	0.78
DIETARY-COVID 19 EXPENSES						
DIETARY-COVID	0	0	0	0	0	0
TOTAL DIETARY-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL DIETARY	46,051.80	21.24	41,275.08	17.99	42,349.72	18.4
PLANT						
WAGES - SUPERVISOR	0	0	1,871.73	0.82	3,337.11	1.45
WAGES - STAFF	6,438.06	2.97	4,304.04	1.88	4,076.84	1.77
PAYROLL TAXES	576.03	0.27	664.5	0.29	631.42	0.27
EMPLOYEE BENEFITS	310.53	0.14	1,713.90	0.75	145.57	0.06
UTILITIES	9,323.97 -		4,675.58 -		5,461.60 -	
EQUIPMENT	2,613.96	1.21	1,958.56	0.85	2,145.36	0.93
PURCHASED SERVICES	4,815.85	2.22	2,463.58	1.07	8,736.56	3.8
REPAIRS & MAINTENANCE	3,963.94	1.83	1,308.46	0.57	5,503.64	2.39
SUPPLIES	332.92	0.15	298.77	0.13	123.72	0.05

OTHER EXPENSES	8.75	0	0	0	0	0
PLANT-COVID 19 EXPENSES						
TOTAL PLANT-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL PLANT	28,384.01	13.09	19,259.12	8.4	30,161.82	13.11
LAUNDRY						
WAGES - SUPERVISOR	0	0	0	0	0	0
WAGES - STAFF	5,548.95	2.56	6,464.20	2.82	5,973.64	2.6
PAYROLL TAXES	496.72	0.23	555.73	0.24	532.74	0.23
EMPLOYEE BENEFITS	442.73	0.2	176.94	0.08	391.76	0.17
SUPPLIES	1,854.93	0.86	1,626.13	0.71	1,331.73	0.58
OTHER EXPENSES	185	0.09	0	0	0	0
LAUNDRY-COVID 19 EXPENSES						
TOTAL LAUNDRY-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL LAUNDRY	8,528.33	3.93	8,823.00	3.85	8,229.87	3.58
HOUSEKEEPING						
WAGES - SUPERVISOR	0	0	0	0	0	0
WAGES - STAFF	7,850.78	3.62	8,266.09	3.6	9,592.16	4.17
PAYROLL TAXES	995.14 -		827.56 -		895.43 -	
EMPLOYEE BENEFITS	2,403.32	1.11	1,459.89	0.64	962.13	0.42
SUPPLIES	2,049.74	0.95	1,610.88	0.7	1,148.41	0.5
OTHER EXPENSES	15	0.01	0	0	0	0
HOUSEKEEPING-COVID 19 EXPENSES						
TOTAL HOUSEKEEPING-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL HOUSEKEEPING	13,313.98	6.14	12,164.42	5.3	12,598.13	5.48
ACTIVITIES						
WAGES - SUPERVISOR	3,929.70	1.81	3,296.50	1.44	3,586.90	1.56
WAGES - STAFF	4,401.12	2.03	5,362.25	2.34	7,392.72	3.21
PAYROLL TAXES	777.91	0.36	766.15	0.33	964.48	0.42
EMPLOYEE BENEFITS	979.13	0.45	376.79	0.16	435.53	0.19
SUPPLIES	1,134.32	0.52	742.52	0.32	932.54	0.41
OTHER EXPENSES	29.99	0.01	14.99	0.01	146.48	0.06
ACTIVITIES-COVID 19 EXPENSES						
TOTAL ACTIVITIES-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL ACTIVITIES	11,252.17	5.19	10,559.20	4.6	13,458.65	5.85
SOCIAL SERVICES						
WAGES - SUPERVISOR	4,863.56	2.24	4,943.11	2.15	4,622.26	2.01

WAGES-ASSISTANT	0 -		765.8 -		1,435.56 -	
PAYROLL TAXES	444.58	0.21	497.02	0.22	575.69	0.25
EMPLOYEE BENEFITS	372.56	0.17	114.58	0.05	732.15	0.32
OTHER EXPENSES	0	0	0	0	0	0
SOCIAL SERVICES-COVID 19 EXPENSES						
TOTAL SOCIAL SERVICES-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL SOCIAL SERVICES	5,680.70	2.62	6,320.51	2.76	7,365.66	3.2
MEDICAL RECORDS						
WAGES	0	0	0	0	0	0
PAYROLL TAXES	0	0	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0	0	0
OTHER EXPENSES	0	0	0	0	29.2	0.01
MEDICAL RECORDS-COVID 19 EXPENSES						
TOTAL MEDICAL RECORDS-COVID 19 EXPENSES	0	0	0	0	0	0
TOTAL MEDICAL RECORDS	0	0	0	0	29.2	0.01
ADMINISTRATION						
WAGES	39,113.41	18.04	30,485.71	13.29	24,980.56	10.86
PAYROLL TAXES	3,319.61	1.53	1,768.69	0.77	1,280.15	0.56
EMPLOYEE BENEFITS	13,406.86	6.18	14,799.31	6.45	13,907.81	6.04
MARKETING EXPENSE	0	0	0	0	0	0
LIABILITY INSURANCE	7,195.60	3.32	7,519.81	3.28	7,195.60	3.13
TRAVEL EXPENSE	486.72	0.22	19.76	0.01	0	0
PHONE & INTERNET	1,668.72	0.77	1,668.72	0.73	1,668.72	0.73
OTHER EXPENSES	19,944.40	9.2	21,499.01	9.37	25,314.03	11
TOTAL ADMINISTRATION	85,135.32	39.27	77,761.01	33.9	74,346.87	32.31
BAD DEBT	78,768.62	36.33	45,937.35	20.02	33,699.58	14.65
SNA FEE	33,281.00	15.35	43,033.00	18.76	47,794.00	20.77
MANAGEMENT FEE	42,677.64	19.69	38,208.48	16.66	37,088.78	16.12
PROPERTY TAXES	1,622.93	0.75	1,622.93	0.71	1,622.93	0.71
TOTAL EXPENSES	733,040.41	338.12	634,111.02	276.42	617,189.60	268.23
EBITDAR	120,512.37 -		130,058.58 -		124,585.97 -	
EBITDAR MARGIN	0.14 -		0.17 -		0.17 -	
DEPRECIATION AMORTIZATION RENT	20,000.00	9.23	20,000.00	8.72	20,000.00	8.69
EBIT	100,512.37 -		110,058.58 -		104,585.97 -	
EBIT MARGIN	0.12 -		0.14 -		0.14 -	
OTHER	0 -		104,250.00 -		-7,608.08 -	

Cashmere Care Center 2020

	20-Oct	20-Oct	20-Nov	20-Nov	20-Dec	20-Dec	20-Dec YTD Total	YTD Total
	Actual \$	Actual / Day	Actual \$	Actual / Day	Actual \$	Actual / Day	Actual \$	Actual / Day
INCOME								
MED A	150,260.02	718.95	172,446.58	641.07	602,934.53	591.11	2,417,469.18	635.84
HMO	19,785.51	682.26	26,297.04	547.85	37.11 -		126,437.18	890.4
MEDICAID	390,670.60	241.01	372,614.40	241.33	205,658.30	241.1	3,737,662.61	260.08
MEDICAID ECS	134,561.20	322.69	130,345.50	321.84	76,421.80	321.1	1,387,912.16	349.86
MCAID PENDING	810	270	10,800.00	270	2,700.00	270	62,117.00	312.15
MCAID MNGD CARE	0 -		0 -		0 -		-932.58 -	
PRIVATE	17,164.98	276.85	9,510.80	4,755.40	7,332.84	152.77	202,962.84	289.95
HOSPICE	7,474.10	241.1	12,903.00	258.06	3,066.60	255.55	147,811.58	257.51
VA	0 -		0 -		0 -		0 -	
MEDICARE B	42,263.45	26.07	44,451.31	28.79	7,368.47	8.64	221,385.47	15.41
UHC Capitated Revenue								
TOTAL UHC Capitated Revenue	0 -		0 -		0 -		0 -	
MISC REVENUE	0	0	0	0	0	0	531.68	0.02
TOTAL INCOME	762,989.86	321.67	779,368.63	330.52	905,519.65	415.19	8,303,357.12	349.54
EXPENSES								
ANCILLARY								
THERAPY	50,474.71	212.08	58,780.29	185.43	66,070.99	64.78	503,686.85	127.71
LAB	1,210.09	5.08	405	1.28	1,487.47	1.46	8,252.35	2.09
OXYGEN	1,630.00	6.85	1,345.00	4.24	1,795.00	1.76	21,389.00	5.42
PHARMACY	3,811.17	16.01	6,161.88	19.44	14,019.89	13.74	65,781.40	16.68
XRAY	34.63	0.15	0	0	81.24	0.08	1,208.62	0.31
ANCILLARY OTHER	3,450.57	14.5	1,186.14	3.74	1,020.06	1	16,815.81	4.26
TOTAL ANCILLARY	60,611.17	254.67	67,878.31	214.13	84,474.65	82.82	617,134.03	156.47
NURSING								
NURSING ADMIN WAGES	7,083.34	2.99	7,083.34	3	6,756.42	3.1	148,880.85	6.27
MDS WAGES	5,400.72	2.28	4,987.44	2.12	2,819.08	1.29	59,427.48	2.5
RN WAGES	42,638.00	17.98	42,477.80	18.01	19,914.78	9.13	470,204.75	19.79
LPN WAGES	46,126.27	19.45	39,781.00	16.87	13,089.95	6	332,692.32	14.01
MED TECH	0	0	0	0	0	0	0	0
CNA WAGES	74,236.38	31.3	59,506.90	25.24	28,074.83	12.87	766,844.68	32.28
RNA WAGES	5,551.43	2.34	3,248.76	1.38	876.47	0.4	62,184.21	2.62
CNA IN TRAINING	18,108.57	7.63	22,468.14	9.53	12,469.82	5.72	150,569.58	6.34

INSERVICE WAGES	0	0	0	0	0	0	0	0
PAYROLL TAXES	17,304.35	7.3	17,841.15	7.57	21,968.22	10.07	192,757.13	8.11
EMPLOYEE BENEFITS	7,583.11	3.2	12,426.98	5.27	11,730.69	5.38	99,856.82	4.2
AGENCY LICENSED NURSE	0	0	0	0	11,512.27	5.28	37,670.11	1.59
AGENCY CNA	31,909.32	13.45	32,432.88	13.75	39,783.13	18.24	214,117.25	9.01
NURSING SUPPLIES	15,074.74	6.36	13,722.73	5.82	10,096.17	4.63	162,241.55	6.83
NURSING CONSULTING	899.02	0.38	5,591.50	2.37	5,591.50	2.56	68,328.90	2.88
NURSING-COVID 19 EXPENSES								
NURSING-COVID	0	0	1,150.96	0.49	22,486.97	10.31	23,637.93	1
NURSING-COVID 19 EXPENSES (con't)								
TOTAL NURSING-COVID 19 EXPENSES	0	0	1,150.96	0.49	22,486.97	10.31	23,637.93	1
OTHER EXPENSES	5,134.37	2.16	3,525.33	1.5	3,882.54	1.78	45,590.64	1.92
TOTAL NURSING	277,049.62	116.8	266,244.91	112.91	211,052.84	96.77	2,835,004.20	119.34
DIETARY								
WAGES - SUPERVISOR	5,157.81	2.17	4,131.86	1.75	1,558.17	0.71	43,834.26	1.85
WAGES - STAFF	16,760.11	7.07	16,020.64	6.79	4,837.87	2.22	166,681.05	7.02
WAGES - RD	270	0.11	198.9	0.08	146.25	0.07	3,396.60	0.14
PAYROLL TAXES	1,989.75	0.84	1,905.91	0.81	2,471.70	1.13	21,294.49	0.9
EMPLOYEE BENEFITS	1,625.92	0.69	880.77	0.37	1,742.09	0.8	15,582.78	0.66
FOOD & SUPPLEMENTS	15,667.62	6.61	15,255.62	6.47	17,748.33	8.14	163,152.23	6.87
CONSULTANTS	2,525.00	1.06	3,075.00	1.3	2,675.00	1.23	27,000.00	1.14
OTHER EXPENSES	7,511.58	3.17	-2,222.33	-0.94	1,496.05	0.69	32,413.29	1.36
DIETARY-COVID 19 EXPENSES								
DIETARY-COVID	0	0	312.98	0.13	2,630.87	1.21	2,943.85	0.12
TOTAL DIETARY-COVID 19 EXPENSES	0	0	312.98	0.13	2,630.87	1.21	2,943.85	0.12
TOTAL DIETARY	51,507.79	21.71	39,559.35	16.78	35,306.33	16.19	476,298.55	20.05
PLANT								
WAGES - SUPERVISOR	0	0	2,054.61	0.87	863.71	0.4	8,127.16	0.34
WAGES - STAFF	3,501.13	1.48	3,414.92	1.45	1,020.06	0.47	44,226.20	1.86
PAYROLL TAXES	298.18	0.13	659.99	0.28	760.03	0.35	5,470.86	0.23
EMPLOYEE BENEFITS	65.89	0.03	2,190.45	0.93	461.19	0.21	5,742.04	0.24
UTILITIES	5,293.73 -		4,992.30 -		5,562.55 -		90,093.75 -	
EQUIPMENT	2,887.00	1.22	3,074.81	1.3	2,476.86	1.14	23,719.63	1
PURCHASED SERVICES	3,451.43	1.46	1,776.24	0.75	1,521.07	0.7	31,159.62	1.31
REPAIRS & MAINTENANCE	1,510.19	0.64	3,109.69	1.32	1,135.70	0.52	30,991.50	1.3
SUPPLIES	160.3	0.07	96.31	0.04	84.67	0.04	4,198.31	0.18

OTHER EXPENSES	0	0	0	0	0	0	8.75	0
PLANT-COVID 19 EXPENSES								
TOTAL PLANT-COVID 19 EXPENSES	0	0	0	0	0	0	0	0
TOTAL PLANT	17,167.85	7.24	21,369.32	9.06	13,885.84	6.37	243,737.82	10.26
LAUNDRY								
WAGES - SUPERVISOR	0	0	0	0	0	0	0	0
WAGES - STAFF	5,350.41	2.26	5,846.62	2.48	3,400.33	1.56	82,524.08	3.47
PAYROLL TAXES	565.07	0.24	553.88	0.23	1,073.47	0.49	8,305.33	0.35
EMPLOYEE BENEFITS	1,329.87	0.56	233.22	0.1	1,893.44	0.87	11,392.31	0.48
SUPPLIES	2,439.41	1.03	3,265.72	1.38	2,046.64	0.94	20,940.65	0.88
OTHER EXPENSES	0	0	0	0	0	0	218.55	0.01
LAUNDRY-COVID 19 EXPENSES								
TOTAL LAUNDRY-COVID 19 EXPENSES	0	0	0	0	0	0	0	0
TOTAL LAUNDRY	9,684.76	4.08	9,899.44	4.2	8,413.88	3.86	123,380.92	5.19
HOUSEKEEPING								
WAGES - SUPERVISOR	0	0	0	0	0	0	0	0
WAGES - STAFF	10,188.61	4.3	10,586.25	4.49	2,356.79	1.08	88,196.29	3.71
PAYROLL TAXES	913.27 -		1,077.56 -		1,005.30 -		9,277.41 -	
EMPLOYEE BENEFITS	609.93	0.26	427.09	0.18	368.23	0.17	8,726.44	0.37
SUPPLIES	3,947.05	1.66	1,861.84	0.79	3,903.35	1.79	27,722.29	1.17
OTHER EXPENSES	0	0	0	0	0	0	15	0
HOUSEKEEPING-COVID 19 EXPENSES								
TOTAL HOUSEKEEPING-COVID 19 EXPENSES	0	0	0	0	0	0	0	0
TOTAL HOUSEKEEPING	15,658.86	6.6	13,952.74	5.92	7,633.67	3.5	133,937.43	5.64
ACTIVITIES								
WAGES - SUPERVISOR	3,381.80	1.43	2,539.60	1.08	780	0.36	36,794.90	1.55
WAGES - STAFF	7,674.57	3.24	6,997.95	2.97	2,162.98	0.99	65,436.14	2.75
PAYROLL TAXES	970.45	0.41	939.1	0.4	1,268.23	0.58	10,142.20	0.43
EMPLOYEE BENEFITS	445.89	0.19	903.58	0.38	454.06	0.21	5,020.66	0.21
SUPPLIES	1,220.07	0.51	1,984.64	0.84	1,002.68	0.46	12,230.39	0.51
OTHER EXPENSES	124.41	0.05	29.99	0.01	14.99	0.01	1,373.36	0.06
ACTIVITIES-COVID 19 EXPENSES								
TOTAL ACTIVITIES-COVID 19 EXPENSES	0	0	0	0	0	0	0	0
TOTAL ACTIVITIES	13,817.19	5.83	13,394.86	5.68	5,682.94	2.61	130,997.65	5.51
SOCIAL SERVICES								
WAGES - SUPERVISOR	5,052.56	2.13	4,909.00	2.08	1,315.00	0.6	49,621.08	2.09

WAGES-ASSISTANT	1,387.54 -		682.36 -		0 -		6,636.70 -	
PAYROLL TAXES	556.14	0.23	496.04	0.21	137.54	0.06	5,131.54	0.22
EMPLOYEE BENEFITS	151.29	0.06	271.28	0.12	5.13	0	3,450.66	0.15
OTHER EXPENSES	30.88	0.01	-18.95	-0.01	0	0	793.02	0.03
SOCIAL SERVICES-COVID 19 EXPENSES								
TOTAL SOCIAL SERVICES-COVID 19 EXPENSES	0	0	0	0	0	0	0	0
TOTAL SOCIAL SERVICES	7,178.41	3.03	6,339.73	2.69	1,457.67	0.67	65,633.00	2.76
MEDICAL RECORDS								
WAGES	602.04	0.25	602.04	0.26	600	0.28	1,804.08	0.08
PAYROLL TAXES	0	0	0	0	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0	0	0	0	0
OTHER EXPENSES	0	0	0	0	0	0	29.2	0
MEDICAL RECORDS-COVID 19 EXPENSES								
TOTAL MEDICAL RECORDS-COVID 19 EXPENSES	0	0	0	0	0	0	0	0
TOTAL MEDICAL RECORDS	602.04	0.25	602.04	0.26	600	0.28	1,833.28	0.08
ADMINISTRATION								
WAGES	30,282.06	12.77	54,740.39	23.21	225,365.57	103.33	578,298.88	24.34
PAYROLL TAXES	1,382.87	0.58	1,771.91	0.75	2,689.40	1.23	27,660.44	1.16
EMPLOYEE BENEFITS	9,058.82	3.82	12,704.52	5.39	12,864.34	5.9	140,325.63	5.91
MARKETING EXPENSE	0	0	0	0	0	0	0	0
LIABILITY INSURANCE	7,195.60	3.03	7,495.60	3.18	7,195.60	3.3	86,741.96	3.65
TRAVEL EXPENSE	150.59	0.06	60.14	0.03	0	0	1,031.56	0.04
PHONE & INTERNET	2,986.90	1.26	1,727.02	0.73	4,283.60	1.96	24,813.34	1.04
OTHER EXPENSES	27,448.03	11.57	23,737.89	10.07	22,465.59	10.3	242,910.92	10.23
TOTAL ADMINISTRATION	78,504.87	33.1	102,237.47	43.36	274,864.10	126.03	1,101,782.73	46.38
BAD DEBT	36,173.22	15.25	21,967.64	9.32	5,300.21	2.43	286,259.10	12.05
SNA FEE	49,151.00	20.72	46,782.00	19.84	26,703.00	12.24	496,179.00	20.89
MANAGEMENT FEE	38,149.49	16.08	38,968.43	16.53	44,820.98	20.55	414,674.06	17.46
PROPERTY TAXES	0	0	0	0	0	0	16,378.32	0.69
TOTAL EXPENSES	655,256.27	276.25	649,196.24	275.32	720,196.11	330.21	6,943,230.09	292.28
EBITDAR	107,733.59 -		130,172.39 -		185,323.54 -		1,360,127.03 -	
EBITDAR MARGIN	0.14 -		0.17 -		0.2 -		0.16 -	
DEPRECIATION AMORTIZATION RENT	20,000.00	8.43	20,000.00	8.48	21,829.48	10.01	241,829.48	10.18
EBIT	87,733.59 -		110,172.39 -		163,494.06 -		1,118,297.55 -	
EBIT MARGIN	0.11 -		0.14 -		0.18 -		0.13 -	
OTHER	-12,160.00 -		18,329.75 -		14,714.32 -		426,042.44 -	

Cashmere Care Center 2021	21-Jan	21-Jan	21-Feb	21-Feb
INCOME				
MED A	337,871.35	588.63	205,595.75	555.66
HMO	2,993.45	748.36	14,901.20	620.88
MEDICAID	359,194.48	237.25	345,296.56	279.14
MEDICAID ECS	104,770.70	337.97	104,094.76	337.97
MCAID PENDING	-86,040.00	269.72	7,560.00	270
MCAID MNGD CARE	0 -		0 -	
PRIVATE	12,625.99	203.65	7,548.28	269.58
HOSPICE	7,997.07	257.97	12,640.53	257.97
VA	0 -		0 -	
MEDICARE B	10,484.39	6.92	21,868.50	17.68
UHC Capitated Revenue				
TOTAL UHC Capitated Revenue	0 -		0 -	
MISC REVENUE	0	0	0	0
TOTAL INCOME	749,897.43	344.62	719,505.58	352.01
EXPENSES				
ANCILLARY				
THERAPY	42,272.94	73.14	40,287.56	102.25
LAB	1,846.00	3.19	1,929.88	4.9
OXYGEN	1,045.00	1.81	910	2.31
PHARMACY	6,021.97	10.42	11,483.21	29.15
XRAY	208.65	0.36	0	0
ANCILLARY OTHER	796.03	1.38	1,409.06	3.58
TOTAL ANCILLARY	52,190.59	90.3	56,019.71	142.18
NURSING				
NURSING ADMIN WAGES	6,756.42	3.1	9,006.42	4.41
MDS WAGES	4,298.94	1.98	5,036.04	2.46
RN WAGES	49,748.76	22.86	41,715.92	20.41
LPN WAGES	35,428.59	16.28	35,893.13	17.56
MED TECH	0	0	0	0
CNA WAGES	70,763.35	32.52	62,438.12	30.55
RNA WAGES	3,351.70	1.54	3,281.11	1.61
CNA IN TRAINING	27,019.30	12.42	25,808.12	12.63
INSERVICE WAGES	0	0	0	0
PAYROLL TAXES	20,849.30	9.58	17,483.87	8.55
EMPLOYEE BENEFITS	9,759.59	4.49	7,521.50	3.68
AGENCY LICENSED NURSE	0	0	1,200.15	0.59
AGENCY CNA	21,653.59	9.95	16,663.30	8.15
NURSING SUPPLIES	9,891.16	4.55	9,535.64	4.67
NURSING CONSULTING	10,591.50	4.87	591.5	0.29
NURSING-COVID 19 EXPENSES				
NURSING-COVID	3,841.67	1.77	1,529.00	0.75
NURSING-COVID 19 EXPENSES (con't)				
TOTAL NURSING-COVID 19 EXPENSES	3,841.67	1.77	1,529.00	0.75

OTHER EXPENSES	6,188.92	2.84	2,283.58	1.12
TOTAL NURSING	280,142.79	128.74	239,987.40	117.41
DIETARY				
WAGES - SUPERVISOR	3,366.31	1.55	3,641.72	1.78
WAGES - STAFF	16,703.20	7.68	14,805.98	7.24
WAGES - RD	146.25	0.07	0	0
PAYROLL TAXES	2,153.56	0.99	1,989.31	0.97
EMPLOYEE BENEFITS	1,597.43	0.73	1,904.09	0.93
FOOD & SUPPLEMENTS	13,663.19	6.28	13,177.46	6.45
CONSULTANTS	2,337.50	1.07	2,637.50	1.29
OTHER EXPENSES	4,428.78	2.04	5,374.97	2.63
DIETARY-COVID 19 EXPENSES				
DIETARY-COVID	0	0	144.67	0.07
TOTAL DIETARY-COVID 19 EXPENSES	0	0	144.67	0.07
TOTAL DIETARY	44,396.22	20.4	43,675.70	21.37
PLANT				
WAGES - SUPERVISOR	2,960.05	1.36	2,402.06	1.18
WAGES - STAFF	3,125.12	1.44	4,835.85	2.37
PAYROLL TAXES	657.34	0.3	721.14	0.35
EMPLOYEE BENEFITS	537.71	0.25	166.07	0.08
UTILITIES	7,681.89 -		7,865.94 -	
EQUIPMENT	858.42	0.39	5,240.62	2.56
PURCHASED SERVICES	1,213.15	0.56	748.24	0.37
REPAIRS & MAINTENANCE	4,154.58	1.91	1,694.64	0.83
SUPPLIES	26.28	0.01	111.58	0.05
OTHER EXPENSES	0	0	0	0
PLANT-COVID 19 EXPENSES				
TOTAL PLANT-COVID 19 EXPENSES	0	0	0	0
TOTAL PLANT	21,214.54	9.75	23,786.14	11.64
LAUNDRY				
WAGES - SUPERVISOR	0	0	0	0
WAGES - STAFF	6,700.51	3.08	6,296.31	3.08
PAYROLL TAXES	682.53	0.31	697.15	0.34
EMPLOYEE BENEFITS	210.06	0.1	735.31	0.36
SUPPLIES	1,670.55	0.77	1,425.55	0.7
OTHER EXPENSES	0	0	0	0
LAUNDRY-COVID 19 EXPENSES				
TOTAL LAUNDRY-COVID 19 EXPENSES	0	0	0	0
TOTAL LAUNDRY	9,263.65	4.26	9,154.32	4.48
HOUSEKEEPING				
WAGES - SUPERVISOR	0	0	0	0
WAGES - STAFF	9,087.50	4.18	7,726.41	3.78
PAYROLL TAXES	925.74 -		806.32 -	
EMPLOYEE BENEFITS	279.64	0.13	419.81	0.21
SUPPLIES	1,706.49	0.78	1,772.69	0.87

OTHER EXPENSES	0	0	0	0
HOUSEKEEPING-COVID 19 EXPENSES				
TOTAL HOUSEKEEPING-COVID 19 EXPENSES	0	0	0	0
TOTAL HOUSEKEEPING	11,999.37	5.51	10,725.23	5.25
ACTIVITIES				
WAGES - SUPERVISOR	3,358.00	1.54	2,954.60	1.45
WAGES - STAFF	7,569.09	3.48	4,549.90	2.23
PAYROLL TAXES	1,139.04	0.52	768.62	0.38
EMPLOYEE BENEFITS	565.68	0.26	359.19	0.18
SUPPLIES	1,521.55	0.7	931.18	0.46
OTHER EXPENSES	40.99	0.02	14.99	0.01
ACTIVITIES-COVID 19 EXPENSES				
TOTAL ACTIVITIES-COVID 19 EXPENSES	0	0	0	0
TOTAL ACTIVITIES	14,194.35	6.52	9,578.48	4.69
SOCIAL SERVICES				
WAGES - SUPERVISOR	4,611.35	2.12	1,092.80	0.53
WAGES-ASSISTANT	0 -		0 -	
PAYROLL TAXES	486.02	0.22	111.31	0.05
EMPLOYEE BENEFITS	166.55	0.08	4.91	0
OTHER EXPENSES	0	0	0	0
SOCIAL SERVICES-COVID 19 EXPENSES				
TOTAL SOCIAL SERVICES-COVID 19 EXPENSES	0	0	0	0
TOTAL SOCIAL SERVICES	5,263.92	2.42	1,209.02	0.59
EDUCATION				
WAGES	0	0	0	0
PAYROLL TAXES	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0
OTHER EXPENSES	99.82	0.05	0	0
EDUCATION-COVID 19 EXPENSES				
TOTAL EDUCATION-COVID 19 EXPENSES	0	0	0	0
TOTAL EDUCATION	99.82	0.05	0	0
MEDICAL RECORDS				
WAGES	602.04	0.28	0	0
PAYROLL TAXES	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0
OTHER EXPENSES	0	0	0	0
MEDICAL RECORDS-COVID 19 EXPENSES				
TOTAL MEDICAL RECORDS-COVID 19 EXPENSES	0	0	0	0
TOTAL MEDICAL RECORDS	602.04	0.28	0	0
ADMINISTRATION				
WAGES	34,486.03	15.85	67,066.80	32.81
PAYROLL TAXES	3,170.27	1.46	6,967.68	3.41
EMPLOYEE BENEFITS	14,018.10	6.44	11,439.84	5.6
MARKETING EXPENSE	0	0	0	0
LIABILITY INSURANCE	7,195.60	3.31	10,678.99	5.22

TRAVEL EXPENSE	550.91	0.25	1,149.21	0.56
PHONE & INTERNET	2,339.06	1.07	529.09	0.26
OTHER EXPENSES	20,349.32	9.35	27,471.83	13.44
G&A-COVID 19 EXPENSES (con't)				
TOTAL G&A-COVID 19 EXPENSES	0	0	0	0
TOTAL ADMINISTRATION	82,109.29	37.73	125,303.44	61.3
BAD DEBT	-45,800.20	-21.05	22,928.67	11.22
SNA FEE	36,754.00	16.89	37,950.00	18.57
MANAGEMENT FEE	37,494.87	17.23	35,975.28	17.6
PROPERTY TAXES	3,573.10	1.64	3,573.10	1.75
TOTAL EXPENSES	553,498.35	254.37	619,866.49	303.26
EBITDAR	196,399.08 -		99,639.09 -	
EBITDAR MARGIN	0.26 -		0.14 -	
DEPRECIATION AMORTIZATION RENT	20,586.00	9.46	20,586.00	10.07
EBIT	175,813.08 -		79,053.09 -	
EBIT MARGIN	0.23 -		0.11 -	
OTHER	-218 -		0 -	

Cashmere Care Center 2021	21-Mar	21-Mar	21-Apr	21-Apr
INCOME				
MED A	165,082.41	555.83	137,525.55	563.63
HMO	13,278.32	510.7	16,744.04	558.13
MEDICAID	360,104.32	257.95	373,584.36	258
MEDICAID ECS	139,504.73	338.6	106,316.93	339.67
MCAID PENDING	8,370.00	270	24,570.00	270
MCAID MNGD CARE	0 -		0 -	
PRIVATE	12,240.00	278.18	18,210.00	267.79
HOSPICE	16,528.95	275.48	25,254.00	271.55
VA	0 -		0 -	
MEDICARE B	48,023.70	34.4	40,620.35	28.05
UHC Capitated Revenue				
TOTAL UHC Capitated Revenue	0 -		0 -	
MISC REVENUE	0	0	35.1	0.02
TOTAL INCOME	763,132.43	336.78	742,860.33	324.82
EXPENSES				
ANCILLARY				
THERAPY	53,546.17	165.78	54,523.58	198.99
LAB	1,383.01	4.28	779.07	2.84
OXYGEN	1,493.90	4.63	1,250.00	4.56
PHARMACY	9,479.85	29.35	14,240.61	51.97
XRAY	568.2	1.76	409.05	1.49
ANCILLARY OTHER	5,882.15	18.21	1,761.00	6.43
TOTAL ANCILLARY	72,353.28	224	72,963.31	266.29
NURSING				
NURSING ADMIN WAGES	6,429.49	2.84	9,147.92	4
MDS WAGES	5,857.02	2.58	4,915.84	2.15
RN WAGES	44,268.81	19.54	46,020.47	20.12
LPN WAGES	41,163.76	18.17	34,562.21	15.11
MED TECH	0	0	0	0
CNA WAGES	72,540.00	32.01	71,676.14	31.34
RNA WAGES	3,788.79	1.67	2,978.26	1.3
CNA IN TRAINING	26,443.83	11.67	29,211.71	12.77
INSERVICE WAGES	0	0	0	0
PAYROLL TAXES	18,352.59	8.1	18,203.85	7.96
EMPLOYEE BENEFITS	8,371.12	3.69	9,980.82	4.36
AGENCY LICENSED NURSE	1,342.98	0.59	3,238.02	1.42
AGENCY CNA	9,804.30	4.33	21,300.41	9.31
NURSING SUPPLIES	15,257.44	6.73	6,902.06	3.02
NURSING CONSULTING	5,591.50	2.47	5,591.50	2.44
NURSING-COVID 19 EXPENSES				
NURSING-COVID	2,048.78	0.9	1,042.06	0.46
NURSING-COVID 19 EXPENSES (con't)				
TOTAL NURSING-COVID 19 EXPENSES	2,048.78	0.9	1,042.06	0.46

OTHER EXPENSES	6,750.11	2.98	5,085.57	2.22
TOTAL NURSING	268,010.52	118.27	269,856.84	118
DIETARY				
WAGES - SUPERVISOR	4,023.82	1.78	4,555.12	1.99
WAGES - STAFF	16,694.46	7.37	15,430.15	6.75
WAGES - RD	0	0	0	0
PAYROLL TAXES	1,884.35	0.83	1,767.68	0.77
EMPLOYEE BENEFITS	880.66	0.39	638.9	0.28
FOOD & SUPPLEMENTS	14,091.62	6.22	15,594.23	6.82
CONSULTANTS	675	0.3	3,085.00	1.35
OTHER EXPENSES	3,192.60	1.41	2,919.73	1.28
DIETARY-COVID 19 EXPENSES				
DIETARY-COVID	0	0	0	0
TOTAL DIETARY-COVID 19 EXPENSES	0	0	0	0
TOTAL DIETARY	41,442.51	18.29	43,990.81	19.24
PLANT				
WAGES - SUPERVISOR	3,321.76	1.47	3,052.53	1.33
WAGES - STAFF	6,594.54	2.91	3,752.74	1.64
PAYROLL TAXES	899.47	0.4	610.49	0.27
EMPLOYEE BENEFITS	349.95	0.15	271.79	0.12
UTILITIES	15,191.06 -		6,847.67 -	
EQUIPMENT	1,280.19	0.56	3,507.79	1.53
PURCHASED SERVICES	1,396.97	0.62	846.12	0.37
REPAIRS & MAINTENANCE	3,135.52	1.38	2,717.31	1.19
SUPPLIES	574.42	0.25	78.5	0.03
OTHER EXPENSES	0	0	0	0
PLANT-COVID 19 EXPENSES				
TOTAL PLANT-COVID 19 EXPENSES	0	0	0	0
TOTAL PLANT	32,743.88	14.45	21,684.94	9.48
LAUNDRY				
WAGES - SUPERVISOR	0	0	0	0
WAGES - STAFF	6,320.24	2.79	5,969.41	2.61
PAYROLL TAXES	580.88	0.26	542.2	0.24
EMPLOYEE BENEFITS	292.69	0.13	383.46	0.17
SUPPLIES	1,093.43	0.48	1,140.14	0.5
OTHER EXPENSES	0	0	0	0
LAUNDRY-COVID 19 EXPENSES				
TOTAL LAUNDRY-COVID 19 EXPENSES	0	0	0	0
TOTAL LAUNDRY	8,287.24	3.66	8,035.21	3.51
HOUSEKEEPING				
WAGES - SUPERVISOR	0	0	0	0
WAGES - STAFF	8,752.38	3.86	7,240.58	3.17
PAYROLL TAXES	799.67 -		751.16 -	
EMPLOYEE BENEFITS	286.7	0.13	1,505.06	0.66
SUPPLIES	1,694.07	0.75	1,013.09	0.44

OTHER EXPENSES	0	0	15	0.01
HOUSEKEEPING-COVID 19 EXPENSES				
TOTAL HOUSEKEEPING-COVID 19 EXPENSES	0	0	0	0
TOTAL HOUSEKEEPING	11,532.82	5.09	10,524.89	4.6
ACTIVITIES				
WAGES - SUPERVISOR	3,631.38	1.6	3,852.75	1.68
WAGES - STAFF	5,189.04	2.29	6,909.47	3.02
PAYROLL TAXES	802.04	0.35	959.18	0.42
EMPLOYEE BENEFITS	432.41	0.19	263.75	0.12
SUPPLIES	2,008.98	0.89	945.1	0.41
OTHER EXPENSES	14.99	0.01	240	0.1
ACTIVITIES-COVID 19 EXPENSES				
TOTAL ACTIVITIES-COVID 19 EXPENSES	0	0	0	0
TOTAL ACTIVITIES	12,078.84	5.33	13,170.25	5.76
SOCIAL SERVICES				
WAGES - SUPERVISOR	4,134.23	1.82	4,064.94	1.78
WAGES-ASSISTANT	0 -		0 -	
PAYROLL TAXES	370.48	0.16	357.58	0.16
EMPLOYEE BENEFITS	11.66	0.01	11.75	0.01
OTHER EXPENSES	0	0	0	0
SOCIAL SERVICES-COVID 19 EXPENSES				
TOTAL SOCIAL SERVICES-COVID 19 EXPENSES	0	0	0	0
TOTAL SOCIAL SERVICES	4,516.37	1.99	4,434.27	1.94
EDUCATION				
WAGES	0	0	0	0
PAYROLL TAXES	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0
OTHER EXPENSES	0	0	0	0
EDUCATION-COVID 19 EXPENSES				
TOTAL EDUCATION-COVID 19 EXPENSES	0	0	0	0
TOTAL EDUCATION	0	0	0	0
MEDICAL RECORDS				
WAGES	1,204.08	0.53	600	0.26
PAYROLL TAXES	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0
OTHER EXPENSES	0	0	0	0
MEDICAL RECORDS-COVID 19 EXPENSES				
TOTAL MEDICAL RECORDS-COVID 19 EXPENSES	0	0	0	0
TOTAL MEDICAL RECORDS	1,204.08	0.53	600	0.26
ADMINISTRATION				
WAGES	29,390.61	12.97	35,637.28	15.58
PAYROLL TAXES	2,740.27	1.21	3,197.16	1.4
EMPLOYEE BENEFITS	12,859.98	5.68	14,668.59	6.41
MARKETING EXPENSE	0	0	0	0
LIABILITY INSURANCE	6,636.84	2.93	9,864.54	4.31

TRAVEL EXPENSE	353.54	0.16	264.1	0.12
PHONE & INTERNET	1,252.14	0.55	970	0.42
OTHER EXPENSES	28,286.64	12.48	24,583.83	10.75
G&A-COVID 19 EXPENSES (con't)				
TOTAL G&A-COVID 19 EXPENSES	0	0	0	0
TOTAL ADMINISTRATION	81,520.02	35.98	89,185.50	39
BAD DEBT	26,598.39	11.74	7,320.99	3.2
SNA FEE	44,643.00	19.7	46,299.00	20.24
MANAGEMENT FEE	38,151.62	16.84	37,143.02	16.24
PROPERTY TAXES	3,573.10	1.58	3,839.77	1.68
TOTAL EXPENSES	646,655.67	285.37	629,048.80	275.05
EBITDAR	116,476.76 -		113,811.53 -	
<i>EBITDAR MARGIN</i>	0.15 -		0.15 -	
DEPRECIATION AMORTIZATION RENT	20,586.00	9.08	20,586.00	9
EBIT	95,890.76 -		93,225.53 -	
<i>EBIT MARGIN</i>	0.13 -		0.13 -	
OTHER	0 -		0 -	

Cashmere Care Center 2021	21-May	21-May	21-Jun	21-Jun
INCOME				
MED A	115,238.02	519.09	154,025.26	558.06
HMO	16,174.68	521.76	21,274.44	607.84
MEDICAID	417,522.62	257.73	431,634.00	258
MEDICAID ECS	150,951.07	340.75	121,476.00	334.64
MCAID PENDING	-40,500.00	270	0 -	
MCAID MNGD CARE	0 -		0 -	
PRIVATE	38,953.92	274.32	16,294.10	276.17
HOSPICE	32,262.00	268.85	15,468.00	266.69
VA	0 -		0 -	
MEDICARE B	38,880.89	24	45,842.84	27.4
UHC Capitated Revenue				
TOTAL UHC Capitated Revenue	0 -		0 -	
MISC REVENUE	466.38	0.19	0	0
TOTAL INCOME	769,949.58	317.11	806,014.64	327.12
EXPENSES				
ANCILLARY				
THERAPY	46,602.24	184.2	48,840.37	157.04
LAB	1,676.74	6.63	1,167.46	3.75
OXYGEN	1,160.00	4.58	1,115.00	3.59
PHARMACY	4,408.70	17.43	19,656.85	63.21
XRAY	389.85	1.54	515.03	1.66
ANCILLARY OTHER	2,580.90	10.2	3,364.00	10.82
TOTAL ANCILLARY	56,818.43	224.58	74,658.71	240.06
NURSING				
NURSING ADMIN WAGES	9,347.09	3.85	7,179.49	2.91
MDS WAGES	5,047.52	2.08	5,000.06	2.03
RN WAGES	41,345.34	17.03	45,436.83	18.44
LPN WAGES	40,792.73	16.8	28,696.27	11.65
MED TECH	0	0	0	0
CNA WAGES	80,933.89	33.33	70,926.17	28.78
RNA WAGES	3,476.54	1.43	4,057.79	1.65
CNA IN TRAINING	27,833.90	11.46	32,077.48	13.02
INSERVICE WAGES	0	0	0	0
PAYROLL TAXES	19,064.66	7.85	17,910.60	7.27
EMPLOYEE BENEFITS	10,265.28	4.23	13,320.04	5.41
AGENCY LICENSED NURSE	5,798.48	2.39	15,717.12	6.38
AGENCY CNA	50,212.26	20.68	37,344.51	15.16
NURSING SUPPLIES	14,401.51	5.93	14,771.78	6
NURSING CONSULTING	5,591.50	2.3	5,591.50	2.27
NURSING-COVID 19 EXPENSES				
NURSING-COVID	452.61	0.19	0	0
NURSING-COVID 19 EXPENSES (con't)				
TOTAL NURSING-COVID 19 EXPENSES	452.61	0.19	0	0

OTHER EXPENSES	7,507.79	3.09	7,133.22	2.89
TOTAL NURSING	322,071.10	132.65	305,162.86	123.85
DIETARY				
WAGES - SUPERVISOR	4,157.59	1.71	4,305.11	1.75
WAGES - STAFF	17,721.24	7.3	17,055.06	6.92
WAGES - RD	0	0	0	0
PAYROLL TAXES	1,978.95	0.82	1,969.56	0.8
EMPLOYEE BENEFITS	1,085.65	0.45	1,292.51	0.52
FOOD & SUPPLEMENTS	19,019.88	7.83	10,945.43	4.44
CONSULTANTS	2,112.00	0.87	2,328.00	0.94
OTHER EXPENSES	4,591.88	1.89	3,771.28	1.53
DIETARY-COVID 19 EXPENSES				
DIETARY-COVID	0	0	0	0
TOTAL DIETARY-COVID 19 EXPENSES	0	0	0	0
TOTAL DIETARY	50,667.19	20.87	41,666.95	16.91
PLANT				
WAGES - SUPERVISOR	2,588.78	1.07	3,166.36	1.29
WAGES - STAFF	3,223.19	1.33	3,534.54	1.43
PAYROLL TAXES	538.35	0.22	632.52	0.26
EMPLOYEE BENEFITS	431.26	0.18	658.76	0.27
UTILITIES	6,321.27 -		9,888.66 -	
EQUIPMENT	5,050.24	2.08	11,688.49	4.74
PURCHASED SERVICES	862.62	0.36	4,081.55	1.66
REPAIRS & MAINTENANCE	2,976.30	1.23	3,390.12	1.38
SUPPLIES	306.37	0.13	7.29	0
OTHER EXPENSES	0	0	0	0
PLANT-COVID 19 EXPENSES				
TOTAL PLANT-COVID 19 EXPENSES	0	0	0	0
TOTAL PLANT	22,298.38	9.18	37,048.29	15.04
LAUNDRY				
WAGES - SUPERVISOR	0	0	0	0
WAGES - STAFF	6,791.84	2.8	8,151.91	3.31
PAYROLL TAXES	696.59	0.29	729.79	0.3
EMPLOYEE BENEFITS	1,316.13	0.54	215.4	0.09
SUPPLIES	2,361.03	0.97	1,719.85	0.7
OTHER EXPENSES	15	0.01	0	0
LAUNDRY-COVID 19 EXPENSES				
TOTAL LAUNDRY-COVID 19 EXPENSES	0	0	0	0
TOTAL LAUNDRY	11,180.59	4.6	10,816.95	4.39
HOUSEKEEPING				
WAGES - SUPERVISOR	0	0	0	0
WAGES - STAFF	7,006.61	2.89	5,146.68	2.09
PAYROLL TAXES	625.4 -		464.78 -	
EMPLOYEE BENEFITS	244.86	0.1	214.04	0.09
SUPPLIES	2,207.64	0.91	2,462.77	1

OTHER EXPENSES	0	0	0	0
HOUSEKEEPING-COVID 19 EXPENSES				
TOTAL HOUSEKEEPING-COVID 19 EXPENSES	0	0	0	0
TOTAL HOUSEKEEPING	10,084.51	4.15	8,288.27	3.36
ACTIVITIES				
WAGES - SUPERVISOR	870.76	0.36	0	0
WAGES - STAFF	8,972.35	3.7	11,030.13	4.48
PAYROLL TAXES	968.09	0.4	989.4	0.4
EMPLOYEE BENEFITS	1,315.83	0.54	291.9	0.12
SUPPLIES	870.79	0.36	288.77	0.12
OTHER EXPENSES	469.94	0.19	200.99	0.08
ACTIVITIES-COVID 19 EXPENSES				
TOTAL ACTIVITIES-COVID 19 EXPENSES	0	0	0	0
TOTAL ACTIVITIES	13,467.76	5.55	12,801.19	5.2
SOCIAL SERVICES				
WAGES - SUPERVISOR	4,093.85	1.69	4,865.27	1.97
WAGES-ASSISTANT	0 -		0 -	
PAYROLL TAXES	363.85	0.15	427.98	0.17
EMPLOYEE BENEFITS	54.46	0.02	14.41	0.01
OTHER EXPENSES	164.76	0.07	0	0
SOCIAL SERVICES-COVID 19 EXPENSES				
TOTAL SOCIAL SERVICES-COVID 19 EXPENSES	0	0	0	0
TOTAL SOCIAL SERVICES	4,676.92	1.93	5,307.66	2.15
EDUCATION				
WAGES	0	0	0	0
PAYROLL TAXES	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0
OTHER EXPENSES	0	0	0	0
EDUCATION-COVID 19 EXPENSES				
TOTAL EDUCATION-COVID 19 EXPENSES	0	0	0	0
TOTAL EDUCATION	0	0	0	0
MEDICAL RECORDS				
WAGES	0	0	0	0
PAYROLL TAXES	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0
OTHER EXPENSES	0	0	0	0
MEDICAL RECORDS-COVID 19 EXPENSES				
TOTAL MEDICAL RECORDS-COVID 19 EXPENSES	0	0	0	0
TOTAL MEDICAL RECORDS	0	0	0	0
ADMINISTRATION				
WAGES	38,154.24	15.71	34,139.28	13.86
PAYROLL TAXES	3,070.51	1.26	1,727.46	0.7
EMPLOYEE BENEFITS	18,402.52	7.58	19,002.92	7.71
MARKETING EXPENSE	0	0	0	0
LIABILITY INSURANCE	10,267.36	4.23	6,636.84	2.69

TRAVEL EXPENSE	804.16	0.33	357.5	0.15
PHONE & INTERNET	1,260.38	0.52	1,449.64	0.59
OTHER EXPENSES	22,974.93	9.46	28,396.51	11.52
G&A-COVID 19 EXPENSES (con't)				
TOTAL G&A-COVID 19 EXPENSES	0	0	0	0
TOTAL ADMINISTRATION	94,934.10	39.1	91,710.15	37.22
BAD DEBT	8,630.53	3.55	24,224.75	9.83
SNA FEE	50,025.00	20.6	49,519.00	20.1
MANAGEMENT FEE	38,497.48	15.86	39,869.39	16.18
PROPERTY TAXES	1,948.88	0.8	1,948.88	0.79
TOTAL EXPENSES	685,300.87	282.25	703,023.05	285.32
EBITDAR	84,648.71 -		102,991.59 -	
EBITDAR MARGIN	0.11 -		0.13 -	
DEPRECIATION AMORTIZATION RENT	20,586.00	8.48	20,586.00	8.35
EBIT	64,062.71 -		82,405.59 -	
EBIT MARGIN	0.08 -		0.1 -	
OTHER	0 -		0 -	

Cashmere Care Center 2021	21-Jul	21-Jul YTD Totals	YTD Totals	
INCOME				
MED A	195,068.02	521.57	1,310,406.36	555.96
HMO	41,646.97	578.43	127,013.10	572.13
MEDICAID	424,745.48	265.13	2,712,081.82	258.54
MEDICAID ECS	176,206.40	355.97	903,320.59	341.65
MCAID PENDING	0 -		-86,040.00	269.72
MCAID MNGD CARE	0 -		0 -	
PRIVATE	16,749.48	270.15	122,621.77	263.7
HOSPICE	529.36	264.68	110,679.91	267.99
VA	0 -		0 -	
MEDICARE B	30,416.39	18.99	236,137.06	22.51
UHC Capitated Revenue				
TOTAL UHC Capitated Revenue	0 -		0 -	
MISC REVENUE	0	0	501.48	0.03
TOTAL INCOME	885,362.10	339.61	5,436,722.09	334.12
EXPENSES				
ANCILLARY				
THERAPY	48,758.74	109.32	334,831.60	129.83
LAB	1,032.04	2.31	9,814.20	3.81
OXYGEN	1,205.00	2.7	8,178.90	3.17
PHARMACY	6,151.80	13.79	71,442.99	27.7
XRAY	1,535.84	3.44	3,626.62	1.41
ANCILLARY OTHER	2,669.21	5.98	18,462.35	7.16
TOTAL ANCILLARY	61,352.63	137.56	446,356.66	173.07
NURSING				
NURSING ADMIN WAGES	8,945.32	3.43	56,812.15	3.49
MDS WAGES	4,384.34	1.68	34,539.76	2.12
RN WAGES	39,486.88	15.15	308,023.01	18.93
LPN WAGES	23,252.35	8.92	239,789.04	14.74
MED TECH	0	0	0	0
CNA WAGES	73,601.48	28.23	502,879.15	30.9
RNA WAGES	3,922.70	1.5	24,856.89	1.53
CNA IN TRAINING	43,376.11	16.64	211,770.45	13.01
INSERVICE WAGES	0	0	0	0
PAYROLL TAXES	18,486.78	7.09	130,351.65	8.01
EMPLOYEE BENEFITS	16,476.61	6.32	75,694.96	4.65
AGENCY LICENSED NURSE	67,781.11	26	95,077.86	5.84
AGENCY CNA	38,626.56	14.82	195,604.93	12.02
NURSING SUPPLIES	10,450.24	4.01	81,209.83	4.99
NURSING CONSULTING	591.5	0.23	34,140.50	2.1
NURSING-COVID 19 EXPENSES				
NURSING-COVID	1,226.34	0.47	10,140.46	0.62
NURSING-COVID 19 EXPENSES (con't)				
TOTAL NURSING-COVID 19 EXPENSES	1,226.34	0.47	10,140.46	0.62

OTHER EXPENSES	5,266.13	2.02	40,215.32	2.47
TOTAL NURSING	355,874.45	136.51	2,041,105.96	125.44
DIETARY				
WAGES - SUPERVISOR	3,345.72	1.28	27,395.39	1.68
WAGES - STAFF	19,369.99	7.43	117,780.08	7.24
WAGES - RD	0	0	146.25	0.01
PAYROLL TAXES	2,229.23	0.86	13,972.64	0.86
EMPLOYEE BENEFITS	2,697.41	1.03	10,096.65	0.62
FOOD & SUPPLEMENTS	10,500.58	4.03	96,992.39	5.96
CONSULTANTS	2,304.00	0.88	15,479.00	0.95
OTHER EXPENSES	4,489.05	1.72	28,768.29	1.77
DIETARY-COVID 19 EXPENSES				
DIETARY-COVID	0	0	144.67	0.01
TOTAL DIETARY-COVID 19 EXPENSES	0	0	144.67	0.01
TOTAL DIETARY	44,935.98	17.24	310,775.36	19.1
PLANT				
WAGES - SUPERVISOR	2,809.59	1.08	20,301.13	1.25
WAGES - STAFF	4,246.56	1.63	29,312.54	1.8
PAYROLL TAXES	693.54	0.27	4,752.85	0.29
EMPLOYEE BENEFITS	958.46	0.37	3,374.00	0.21
UTILITIES	7,727.93 -		61,524.42 -	
EQUIPMENT	5,782.93	2.22	33,408.68	2.05
PURCHASED SERVICES	3,169.17	1.22	12,317.82	0.76
REPAIRS & MAINTENANCE	2,802.59	1.08	20,871.06	1.28
SUPPLIES	211.95	0.08	1,316.39	0.08
OTHER EXPENSES	0	0	0	0
PLANT-COVID 19 EXPENSES				
TOTAL PLANT-COVID 19 EXPENSES	0	0	0	0
TOTAL PLANT	28,402.72	10.89	187,178.89	11.5
LAUNDRY				
WAGES - SUPERVISOR	0	0	0	0
WAGES - STAFF	7,175.88	2.75	47,406.10	2.91
PAYROLL TAXES	646.33	0.25	4,575.47	0.28
EMPLOYEE BENEFITS	190.1	0.07	3,343.15	0.21
SUPPLIES	2,104.87	0.81	11,515.42	0.71
OTHER EXPENSES	0	0	15	0
LAUNDRY-COVID 19 EXPENSES				
TOTAL LAUNDRY-COVID 19 EXPENSES	0	0	0	0
TOTAL LAUNDRY	10,117.18	3.88	66,855.14	4.11
HOUSEKEEPING				
WAGES - SUPERVISOR	0	0	0	0
WAGES - STAFF	5,667.90	2.17	50,628.06	3.11
PAYROLL TAXES	688.47 -		5,061.54 -	
EMPLOYEE BENEFITS	2,204.33	0.85	5,154.44	0.32
SUPPLIES	1,842.23	0.71	12,698.98	0.78

OTHER EXPENSES	15	0.01	30	0
HOUSEKEEPING-COVID 19 EXPENSES				
TOTAL HOUSEKEEPING-COVID 19 EXPENSES	0	0	0	0
TOTAL HOUSEKEEPING	10,417.93	4	73,573.02	4.52
ACTIVITIES				
WAGES - SUPERVISOR	3,413.19	1.31	18,080.68	1.11
WAGES - STAFF	8,627.57	3.31	52,847.55	3.25
PAYROLL TAXES	1,080.34	0.41	6,706.71	0.41
EMPLOYEE BENEFITS	471.4	0.18	3,700.16	0.23
SUPPLIES	481.68	0.18	7,048.05	0.43
OTHER EXPENSES	349.62	0.13	1,331.52	0.08
ACTIVITIES-COVID 19 EXPENSES				
TOTAL ACTIVITIES-COVID 19 EXPENSES	0	0	0	0
TOTAL ACTIVITIES	14,423.80	5.53	89,714.67	5.51
SOCIAL SERVICES				
WAGES - SUPERVISOR	5,048.48	1.94	27,910.92	1.72
WAGES-ASSISTANT	0 -		0 -	
PAYROLL TAXES	459.01	0.18	2,576.23	0.16
EMPLOYEE BENEFITS	183.27	0.07	447.01	0.03
OTHER EXPENSES	0	0	164.76	0.01
SOCIAL SERVICES-COVID 19 EXPENSES				
TOTAL SOCIAL SERVICES-COVID 19 EXPENSES	0	0	0	0
TOTAL SOCIAL SERVICES	5,690.76	2.18	31,098.92	1.91
EDUCATION				
WAGES	0	0	0	0
PAYROLL TAXES	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0
OTHER EXPENSES	0	0	99.82	0.01
EDUCATION-COVID 19 EXPENSES				
TOTAL EDUCATION-COVID 19 EXPENSES	0	0	0	0
TOTAL EDUCATION	0	0	99.82	0.01
MEDICAL RECORDS				
WAGES	0	0	2,406.12	0.15
PAYROLL TAXES	0	0	0	0
EMPLOYEE BENEFITS	0	0	0	0
OTHER EXPENSES	0	0	0	0
MEDICAL RECORDS-COVID 19 EXPENSES				
TOTAL MEDICAL RECORDS-COVID 19 EXPENSES	0	0	0	0
TOTAL MEDICAL RECORDS	0	0	2,406.12	0.15
ADMINISTRATION				
WAGES	33,532.17	12.86	272,406.41	16.74
PAYROLL TAXES	1,707.37	0.65	22,580.72	1.39
EMPLOYEE BENEFITS	19,306.80	7.41	109,698.75	6.74
MARKETING EXPENSE	0	0	0	0
LIABILITY INSURANCE	6,636.84	2.55	57,917.01	3.56

TRAVEL EXPENSE	954.62	0.37	4,434.04	0.27
PHONE & INTERNET	1,022.55	0.39	8,822.86	0.54
OTHER EXPENSES	31,152.84	11.95	183,215.90	11.26
G&A-COVID 19 EXPENSES (con't)				
TOTAL G&A-COVID 19 EXPENSES	0	0	0	0
TOTAL ADMINISTRATION	94,313.19	36.18	659,075.69	40.5
BAD DEBT	53,224.33	20.42	97,127.46	5.97
SNA FEE	49,703.00	19.07	314,893.00	19.35
MANAGEMENT FEE	44,699.85	17.15	271,831.51	16.71
PROPERTY TAXES	1,948.88	0.75	20,405.71	1.25
TOTAL EXPENSES	775,104.70	297.32	4,612,497.93	283.46
EBITDAR	110,257.40 -		824,224.16 -	
<i>EBITDAR MARGIN</i>	0.12 -		0.15 -	
DEPRECIATION AMORTIZATION RENT	20,586.00	7.9	144,102.00	8.86
EBIT	89,671.40 -		680,122.16 -	
<i>EBIT MARGIN</i>	0.1 -		0.13 -	
OTHER	0 -		-218 -	