											OUTSIDE						DRUGS &	CAPITAL				SFY2021
E.	AC			MEDICARE	MEDICAID	OTHER	TOTAL	AVAILABLE	OCCUPANCY	SALARIES &	PROFESSIONAL	EMPLOYEE	TAXES (NON-	OFFICE	INSURANCE	GENERAL	MEDICAL	RELATED	ADMINISTRATIVE	OTHER	TOTAL	COST PER
	D	FACILITY NAME	FACILITY TYPE	DAYS	DAYS	DAYS	DAYS	DAYS	RATE	WAGES	FEES	EXPENSES	PAYROLL)	EXPENSES	EXPENSES	EXPENSES	SUPPLIES	EXPENSES	SERVICES	EXPENSES	EXPENSES	DAY
20	50 N	ORTH WINDS LIVING CENTER	AIDS Facility	-	7,676	-	7,676	10,585	72.52%	\$882,551.03	\$ 556,896.58	\$ 158,196.24	\$ 5,488.13	\$ 93,606.95	\$ 9,623.48	\$ 230,552.36	\$ 135,547.75	\$ 82,322.21	\$ 30,000.00	\$ 107,316.17	\$2,292,100.90	\$ 298.61

State of Oklahoma Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary AIDS Nursing Facility SFY 08 thru SFY 21 Cost Comparison

	SI	FY 2021	SI	FY 2020	5	FY 2019	SI	FY 2018	S	Y 2017	s	FY 2016	S	FY 2015	SI	FY 2014	s	FY 2013	SI	FY 2012	SF	Y 2011	SF	Y 2010	S	FY 2009	SF	Y 2008
Available Patient Days:		10,585		10,614		10,585		10,585		10,585		10,614		10,585		10,585		10,585		9,882		9,855		9,855		9,855		9,882
Total Patient Days:		7,676		7,234		9,184		9,572		9,502		9,320		9,398		9,604		9,169		8,497		8,551		7,819		8,212		8,414
Medicaid Days:		7,676		7,234		9,184		9,572		9,502		9,320		9,398		9,604		9,169		8,497		8,551		7,819		8,212		8,414
Medicare Days:		-		-		-		-		-						-						-		-		-		-
Other Days:		-		-		-		-		-						-						-		-		-		-
Occupancy %:		72.52%		68.16%		86.76%		90.43%		89.77%		87.81%		88.79%		90.73%		86.62%		85.98%		86.77%		79.34%		83.33%		85.14%
% of Medicaid:		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%		100.00%
Description:	Tota	al Per Day	Tota	al Per Day	To	tal Per Day	Tota	al Per Day	Tota	al Per Day	Tot	al Per Day	Tota	al Per Day	Tota	al Per Day	Tot	al Per Day	Tota	al Per Day	Tota	al Per Day	Tota	l Per Day	Tota	al Per Day	Tota	l Per Day
Salaries & Wages:	\$	114.98	Ş	149.44	\$	119.57	\$	109.52	Ş	112.21	\$	102.69	\$	104.34	\$	99.70	\$	103.76	\$	110.84	\$	104.58	\$	116.42	\$	102.95	\$	96.71
Outside Professional Fees:	s	72.55	ć	10.53	s	8.34	s	13.47	ć	5.05	s	11.76	ć	10.72	ć	8.14	s	3.86	ć	6.85	s	6.60	ć	12.58	ć	12.68	s	15.27
Outside Professional rees.	ş	72.55	ş	10.55	ş	0.54	ş	15.47	ş	5.05	ç	11.70	ş	10.72	ş	0.14	ş	5.00	ş	0.00	ş	0.00	ş	12.56	ç	12.00	ş	15.27
Employee Expenses:	s	20.61	s	23.71	s	18.06	s	17.11	s	20.37	s	21.00	¢	20.97	¢	19.94	s	19.45	s	23.63	¢	21.70	¢	22.71	s	19.76	¢	16.66
Employee Expenses.	Ş	20.01	Ş	23.71	ç	10.00	Ş	17.11	Ş	20.37	ç	21.00	Ş	20.57	ç	13.54	ç	15.45	ç	23.05	ç	21.70	Ş	22.71	ç	15.70	ç	10.00
Taxes (Non-Payroll):	s	0.71	\$	0.71	s	0.56	s	0.91	s	0.61	ś	0.63	s	0.62	¢	0.57	Ś	0.51	s	0.55	¢	0.53	s	0.58	¢	0.62	¢	0.55
Taxes (non rayion).	Ŷ	0.7 1	Ŷ	0.71	Ŷ	0.50	Ŷ	0.51	Ŷ	0.01	Ŷ	0.05	Ŷ	0.02	Ŷ	0.57	Ŷ	0.51	Ŷ	0.55	Ŷ	0.55	Ŷ	0.50	Ŷ	0.02	Ŷ	0.55
Office Expenses:	ś	12.19	s	14.12	s	8.48	s	9.01	s	9.18	ś	6.95	Ś	7.85	s	7.87	Ś	8.08	Ś	8.41	s	8.42	s	8.69	Ś	8.01	s	7.07
Insurance:	\$	1.25	\$	1.07	\$	1.05	\$	1.14	\$	0.77	\$	0.76	\$	0.80	\$	0.96	\$	0.48	\$	0.47	\$	0.41	\$	0.52	\$	0.40	\$	0.60
General Expenses:	\$	30.04	\$	23.55	\$	17.99	\$	17.90	\$	20.30	\$	16.16	\$	19.62	\$	18.71	\$	26.11	\$	19.60	\$	17.10	\$	23.05	\$	21.53	\$	26.59
Drugs & Medical Supplies:	\$	17.66	\$	7.51	\$	6.13	\$	5.73	\$	6.41	\$	4.61	\$	4.96	\$	7.53	\$	5.92	\$	6.62	\$	7.69	\$	6.42	\$	7.01	\$	4.85
Capital Related Cost:	\$	10.72	\$	15.93	\$	12.26	\$	11.68	\$	11.78	\$	12.01	\$	11.94	\$	11.74	\$	12.29	\$	6.02	\$	8.88	\$	9.71	\$	11.27	\$	12.41
Administrative Services:	\$	3.91	\$	9.95	\$	4.27	\$	6.00	\$	3.79	\$	6.03	\$	5.28	\$	1.77	\$	-	\$	0.35	\$	1.99	\$	2.56	\$	2.19	\$	5.65
Other Expenses:	\$	13.98	\$	13.17	\$	12.13	\$	11.61	\$	11.52	\$	11.11	\$	11.30	\$	11.16	\$	9.03	\$	7.43	\$	7.13	\$	7.46	\$	7.38	\$	7.09
Total:	\$	298.61	ş	269.70	ş	208.84	ş	204.07	ş	202.00	ş	193.72	\$	198.40	ş	188.08	\$	189.48	ş	190.77	ş	185.03	ş	210.70	ş	193.80	ş	193.45

State of Oklahoma Oklahoma Health Care Authority 3/23/2022 Nursing Home Facility Cost Report Summary AIDS Facilities State Fiscal Year June 30, 2021 Page 1 Summary SFY 21 10,585 Available Patient Days: 10,585 Total Patient Days: 7,676												
Total Patient Days:	7,676											
Medicaid Days:	7,676											
Medicare Days:	-											
Other Days:	-											
Occupancy %:	72.52%											
% of Medicaid:	100.00%											
Description:			<u>Totals</u>	<u>Co:</u>	st Per Day							
Salaries & Wages:			\$882,551.03	\$	114.98							
Outside Professional Fe	ees:	\$	556,896.58	\$	72.55							
Employee Expenses:		\$	158,196.24	\$	20.61							
Taxes (Non-Payroll):		\$	5,488.13	\$	0.71							
Office Expenses:		\$	93,606.95	\$	12.19							
Insurance:		\$	9,623.48	\$	1.25							
General Expenses:		\$	230,552.36	\$	30.04							
Drugs & Medical Suppl	ies:	\$	135,547.75	\$	17.66							
Capital Related Cost:		\$	82,322.21	\$	10.72							
Administrative Service	5:	\$	30,000.00	\$	3.91							
Other Expenses:		\$	107,316.17	\$	13.98							
Total:		\$	2,292,100.90	\$	298.61							

3/23/2022 AIDS Facilities Page 2 Salaries and Wages SFY21 Available Patient Days: Total Patient Days: Medicaid Days: Medicare Days: Other Days:

10,585

7,676

7,676

-

-

 Occupancy %:
 72.52%

 % of Medicaid:
 100.00%

Description:			Total Cost	Total Hours	Cos	st Per Day	<u>Hrs Per Day</u>	Cos	st Per Hr
Registered Nurses:		\$	50,546.21	1,583	\$	6.58	0.21	\$	31.93
Licensed Practical Nurses:		\$	244,238.45	8,753	\$	31.82	1.14	\$	27.90
Director of Nursing:		\$	-	-	\$	-	-	\$	-
Nurse Aides:		\$	145,917.07	9,020	\$	19.01	1.18	\$	16.18
CMA Aides:		\$	2,488.72	146	\$	0.32	0.02	\$	-
QMRP'S (ICF-MR Only):		\$	-	-	\$	-	-	\$	-
Medical Director:		\$	-	-	\$	-	-	\$	-
Physical Therapist:		\$	-	-	\$	-	-	\$	-
Occupational Therapist:		\$	-	-	\$	-	-	\$	-
Respitory Therapist:		\$	-	-	\$	-	-	\$	-
Speech Therapist:		\$	-	-	\$	-	-	\$	-
Therapy Aide/Assistant:		\$	77,888.17	4,181	\$	10.15	0.54	\$	18.63
Administrator:		\$	-	-	\$	-	-	\$	-
Assistant Administrator:		\$	-	-	\$	-	-	\$	-
Accountant/Bookeeper:		\$	-	-	\$	-	-	\$	-
Other Office Staff:		\$	40,212.89	1,917	\$	5.24	0.25	\$	20.98
Soc Serv Dir/Soc Worker:		\$	41,702.99	2,024	\$	5.43	0.26	\$	20.60
Other Soc Serv Staff:		\$	-	-	\$	-	-	\$	-
Activities Director:		\$	-	-	\$	-	-	\$	-
Other Activities Staff:		\$	53,263.93	3,805	\$	6.94	0.50	\$	14.00
Comb Soc Serv/Activities:		\$	-	-	\$	-	-	\$	-
Dietician:		\$	2,200.00	88	\$	0.29	0.01	\$	25.00
Other Dietary Staff:	subtotal	\$ \$	109,381.46 767,839.89	7,402 38,919	\$	14.25	0.96	\$	14.78

Aids Facilities Page 2 cont. Salaries and Wages SFY 21 Available Patient Days: Total Patient Days: 10,585 7,676 Medicaid Days: Medicare Days: 7,676 Other Days: Occupancy %:

% of Medicaid:

72.52% 100.00%

-

-

Description:		-	<u>Total Cost</u>	Total Hours	Cos	<u>t Per Day</u>	<u>Hrs Per Day</u>	Cos	st Per Hr
Housekeeping Supervisor:		\$	-	-	\$	-	-	\$	-
Housekeeping Staff:		\$	67,618.57	4,177	\$	8.81	0.54	\$	16.19
Maintenance Supervisor:		\$	-	-	\$	-	-	\$	-
Maintenance Staff:		\$	17,892.57	1,215	\$	2.33	0.16	\$	14.73
Laundry Supervisor:		\$	-	-	\$	-	-	\$	-
Other Laundry Staff:		\$	29,200.00	2,920	\$	3.80	0.38	\$	10.00
Medical Records:		\$	-	-	\$	-	-	\$	-
Other:	subtotal	\$ \$	- 114,711.14	8,312	\$	-	-	\$	-
Total Salaries & Wages:		\$	882,551.03	47,231	\$	114.98	6.15	\$	18.69

	State of Oklahoma Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary									
3/23/2022				innary						
AIDS Facilities	State I	fiscal Year J	une 30, 2021							
Page 3										
Outside Professional Fee SFY21	S									
Available Patient Days:	10,585									
Total Patient Days:	7,676									
Medicaid Days:	7,676									
Medicare Days:	7,070									
-	-									
Other Days:	-									
0/1										
Occupancy %:	72.52% 100.00%									
% of Medicaid:	100.00%									
Description:			<u>Totals</u>	<u>Co</u>	ost Per Day					
Contract Registered Nurse:		\$	33,075.10	\$	4.31					
Contract Lic. Practical Nurs	е:	\$	203,932.83	\$	26.57					
Contract Nurse Aides:		\$	48,769.87	\$	6.35					
Medical Director:		\$	10,200.00	\$	1.33					
Therapists:		\$	-	\$	-					
Consulting Social Worker:		\$	-	\$	-					
Dietician:		\$	-	\$	-					
Pharmacist:		\$	4,680.00	\$	0.61					
Dentist:		\$	-	\$	-					
Accountants:		\$	2,301.22	\$	0.30					
Legal:		\$	175.78	\$	0.02					
Housekeeping:		\$	-	\$	-					
Maintenance:		\$	24,063.25	\$	3.13					
Other:		\$	229,698.53	\$	29.92					
Computer Programmer:		\$	-	\$	-					
Total O/S Professional:		\$	556,896.58	\$	72.55					

State of Oklahoma Oklahoma Health Care Authority 3/23/2022 Nursing Home Facility Cost Report Summary										
AIDS Facilities	State Fiscal Year	r June	30, 2021							
Page 4										
Employee Expenses										
SFY21										
Available Patient Days:	10,585									
Total Patient Days:	7,676									
Medicaid Days:	7,676									
Medicare Days:	-									
Other Days:	-									
Occupancy %:	72.52%									
% of Medicaid:	100.00%									
/0 of iviculture.	100.00 /0									
Description:			Totals	Cost P	er Day					
Employee Benefits and Pay	vroll Related Expenses									
Fica:		\$	67,318.31	\$	8.77					
Unemployment Compensa	ition Tax:	\$	16,771.15	\$	2.18					
	T	ሰ		¢	2 70					
Workman's Compensation	Insurance:	\$	29,095.00	\$	3.79					
Group Health Dental Insu	rance	\$	9,170.75	\$	1.19					
Group meanin Dentai mou		Ψ	9,170.75	Ψ	1.17					
Life Insurance:		\$	-	\$	-					
Retirement and Pension:		\$	2,715.95	\$	0.35					
Other Employee Benefits:		\$	31,928.80	\$	4.16					
Staff Development and Tra	aining									
Nurse Aide Competency E		\$	-	\$	-					
I J										
Other Licensed Direct Care	e Training:	\$	-	\$	-					
Other:		\$	1,196.28	\$	0.16					
TT + 1		*		<i>*</i>						
Total		\$	158,196.24	\$	20.61					

3/23/2022	Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2021								
AIDS Facilities		i jun	c 00, 2021						
Page 5 Taxes Non-Payroll Rela	tad								
SFY21	lited								
Available Patient Days:	10,585								
Total Patient Days:	7,676								
Medicaid Days:	7,676								
Medicare Days:	_								
Other Days:	-								
,									
Occupancy %:	72.52%								
% of Medicaid:	100.00%								
Description:			<u>Totals</u>	<u>Cost l</u>	<u>Per Day</u>				
Excise Tax:		\$		\$					
		Ψ	-	Ψ	-				
Corporation License:		\$	-	\$	-				
-									
Ad Valorem:		\$	5,488.13	\$	0.71				
Auto Tag/Registration:		\$	-	\$	-				
Other:		\$	_	\$	_				
		Ψ		¥					
Total Taxes Non-Payrol	1	\$	5,488.13	\$	0.71				

3/23/2022 AIDS Facilities Page 6 Office Expense	State of Oklahoma Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2021										
SFY21											
Available Patient Days:	10,585										
Total Patient Days:	7,676										
Medicaid Days: Medicare Days:	7,676										
Other Days:	_										
Other Duys.											
Occupancy %:	72.52%										
% of Medicaid:	100.00%										
Description:			<u>Totals</u>	Cost	<u>Per Day</u>						
Office Supplies:		\$	20,699.44	\$	2.70						
Office Phone:		\$	21,897.51	\$	2.85						
Office Utilities:		\$	51,010.00	\$	6.65						
Total Office Expense: \$ 93,606.95 \$ 12.19											

3/23/2022 AIDS Facilities Page 7 Insurance Non-Payroll	State o Oklahoma He Nursing Home Facil State Fiscal	ry			
SFY 21					
Available Patient Days:	10,585				
Total Patient Days:	7,676				
Medicaid Days:	7,676				
Medicare Days:	-				
Other Days:	-				
Occupancy %:	72.52%				
% of Medicaid:	100.00%				
Description:		<u>Totals</u>	<u>Cost P</u>	er Day	
Building Insurance:		\$ 9,423.48	\$	1.23	
Automobile Insurance:		\$ -	\$	-	
Other Insurance:		\$ 200.00	\$	0.03	
Total Insurance Expens	e:	\$ 9,623.48	\$	1.25	

3/23/2022 AIDS Facilities Page 8 General Expenses SFY21 Available Patient Days: Total Patient Days: Medicaid Days: Medicare Days: Other Days:	State of Oklahoma Hea Nursing Home Facilit State Fiscal Y 10,585 7,676 7,676 - -	lth Care ty Cost F	Authority Report Summary		
Occupancy %:	72.52%				
% of Medicaid:	100.00%				
Description:			<u>Totals</u>	Cost]	<u>Per Day</u>
Dues and Publications:		\$	272.00	\$	0.04
Public Relations:		\$	9,102.00	\$	1.19
Automobile Expense:		\$	6,281.14	\$	0.82
Maintenance:		\$	30,776.15	\$	4.01
Laundry and Linen:		\$	4,556.05	\$	0.59
Housekeeping Supplies:		\$	78,741.36	\$	10.26
Food and Kitchen Supplie	25:	\$	88,218.15	\$	11.49
Social Services Supplies:		\$	12,605.51	\$	1.64
Total General Expenses	:	\$	230,552.36	\$	30.04

3/23/2022

AIDS Facilities	State Fiscal Y	lear Jun	e 30, 2021		
Page 9					
Drugs & Medical Supplies					
SFY21					
Available Patient Days:	10,585				
Total Patient Days:	7,676				
Medicaid Days:	7,676				
Medicare Days:	-				
Other Days:	-				
Occupancy %:	72.52%				
% of Medicaid:	100.00%				
Description:			Totals	Cost	<u>Per Day</u>
Drugs and Medical Supplies:		\$	127,206.77	\$	16.57
Oxygen and Oxygen Related Suj	oplies	\$	4,743.67	\$	0.62
Over-the-Counter Medication:		\$	3,597.31	\$	0.47
Special Adaptive Medical Equip	:	\$	-	\$	-
Total Drugs & Medical:		\$	135,547.75	\$	17.66

3/23/2022 AIDS Facilities Page 10 Capital Related Cost SFY21 Available Patient Days: Total Patient Days: Medicaid Days: Medicare Days: Other Days:	State of Oklahoma Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2021 10,585 7,676 7,676 -							
Occupancy %:	72.52%							
% of Medicaid:	100.00%							
Description:			<u>Totals</u>	<u>Cost Per Day</u>				
Equipment Rent/Lease:		\$	10,785.26	\$ 1.41				
Facility Rent/Lease:		\$	60,000.00	\$ 7.82				
Interest Expense:		\$	744.95	\$ 0.10				
Depreciation Summary								
Building & Improvemen	ts:	\$	8,631.00	\$ 1.12				
Local Improvements:		\$	-	\$ -				
Leasehold & Improveme	nts:	\$	530.00	\$ 0.07				
Equipment:		\$	1,631.00	\$ 0.21				
Total Depreciation:		\$	10,792.00	\$ 1.41				
Total Capital Related Co	osts:	\$	82,322.21	\$ 10.72				

3/23/2022 AIDS Facilities Page 11	State of Oklahoma Oklahoma Health Care Authority Nursing Home Facility Cost Report Summary State Fiscal Year June 30, 2021					
Administrative Services	S					
SFY21						
Available Patient Days:	10,585					
Total Patient Days:	7,676					
Medicaid Days:	7,676					
Medicare Days:	-					
Other Days:	-					
O a a a a a a a a a a a a a a a a a a a	70 50%					
Occupancy %: % of Medicaid:	72.52%					
% of Medicald:	100.00%					
Description:			<u>Totals</u>	<u>Cost P</u>	<u>er Day</u>	
Home Office Expense:		\$	-	\$	-	
Owner's Non-Salary Compensation:		\$	-	\$	-	
Owner's Salaries Paid:		\$	-	\$	-	
Benefits on Owner's Salar	ies:	\$	-	\$	-	
Director's Fees:		\$	-	\$	-	
Management Fees Paid:		\$	30,000.00	\$	3.91	
Total Administrative Se	ervices:	\$	30,000.00	\$	3.91	

State of OklahomaOklahoma Health Care Authority3/23/2022Nursing Home Facility Cost Report SummaryAIDS FacilitiesState Fiscal Year June 30, 2021Page 12Other Expenses								
SFY21								
Available Patient Days:	10,585							
Total Patient Days:	7,676							
Medicaid Days:	7,676							
Medicare Days:	-							
Other Days:	-							
Occupancy %:	72.52%							
% of Medicaid:	100.00%							
Description:			<u>Totals</u>	<u>Cost I</u>	<u>Per Day</u>			
Hepatitis Vaccination Cos	its:	\$	1,019.27	\$	0.13			
Provider Fees:		\$	104,332.39	\$	13.59			
Other Costs:		\$	1,964.51	\$	0.26			
Total Other Costs:		\$	107,316.17	\$	13.98			