Original

Waynesboro Health and Rehabilitation Center

CN1411-045

Waynesboro Healthcare, LLC
485 Central Avenue, NE, Cleveland, TN 37311 * 423-478-5953

November 10, 2014

VIA HAND DELIVERY

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Waynesboro Healthcare, LLC Certificate of Need Application

Dear Mrs. Hill,

Please find one (1) original and two (2) copies of the Certificate of Need application with affidavit as submitted by Waynesboro Healthcare, LLC regarding the request for replacement of Wayne Care Nursing Home.

Also, please find check number 1133 in the amount of $12,702.63 for the CON application filing fee.

As discussed earlier, the Publication of Notification was published in the Wayne County News on November 5, 2014 and the Letter of Intent was submitted to the Department on the same day.

If you have any questions or need additional information, please contact me at 423-478-5953.

Respectfully submitted,

Kelli A. Canan

Kelli A. Canan
Project Manager

Cc: Thomas D. Johnson, Chief Manager
Ann Reed, Director of Licensure

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building
500 Deaderick Street, 9th Floor
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

INSTRUCTIONS FOR FILING AN APPLICATION FOR A CERTIFICATE OF NEED

Please read the following instructions, the Rules and Regulations of the Agency, and Tennessee Code Annotated, §68-11-1601 *et seq.*, prior to preparation of this application.

DOCUMENTATION: In preparing this application, it is the applicant's responsibility to demonstrate through its answers that the project is necessary to provide needed health care in the area to be served, that it can be economically accomplished and maintained, and that it will contribute to the orderly development of adequate and effective health care facilities and/or services in this area. Consult Tennessee Code Annotated, §68-11-1601 *et seq.*, Health Services and Development Agency Rule 0720-4-.01, and the criteria and standards for certificate of need document Tennessee's Health: Guidelines for Growth, for the criteria for consideration for approval. Tennessee's Health: Guidelines for Growth is available from the Tennessee Health Services and Development Agency or from the Agency's website at www.tennessee.gov/HSDA. Picture of the Present is a document, which provides demographic, vital, and other statistics by county available from the Tennessee Department of Health, Bureau of Policy, Planning, and Assessment, Division of Health Statistics and can be accessed from the Department's website at www2.state.tn.us/health/statistics/HealthData/pubs_title.htm.

Please note that all applications must be submitted in triplicate (1 original and 2 copies) on single-sided, unbound letter size (8 x 11 ½) paper, and not be stapled nor have holes punched. Cover letter should also be in triplicate. If not in compliance as requested, application may be returned or reviewing process delayed until corrected pages are submitted.

REVIEW CYCLES: A review cycle is no more than sixty (60) days. The review cycle begins on the first day of each month.

COMMUNICATIONS: All documents for filing an application for Certificate of Need with the Health Services and Development Agency must be received during normal business hours (8:00a.m. - 4:30p.m. Central Time) at the Agency office, located at the Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, TN 37243. For the purpose of filing Letters of Intent, application forms, and responses to supplemental information, the filing date is the actual date of receipt in the Agency office. These documents, as well as other required documents must be received as original, signed documents in the Agency office. Fax and e-mail transmissions **will not** be considered to be properly filed documentation. In the event that the last appropriate filing date falls on a Saturday, Sunday, or legal holiday, such filing should occur on the preceding business day. All documents are to be filed with the Agency in ***single-sided and in triplicate***.

LETTER OF INTENT: Applications shall be commenced by the filing of a Letter of Intent. The Letter of Intent must be filed with the Agency between the first day and the tenth day of the month prior to the beginning of the review cycle in which the application is to be considered. This allowable filing period is inclusive of both the first day and the tenth day of the month involved. The Letter of Intent must be filed in the form and format as set forth in the application packet.

Any Letter of Intent that fails to include all information requested in the Letter of Intent form, or is not timely filed, will be deemed void, and the applicant will be notified in writing. The Letter of Intent may be refiled but, if refiled, is subject to the same requirements as set out above.

See Attachment "1" Letter of Intent

PUBLICATION OF INTENT: Simultaneously with the filing of the Letter of Intent, the Publication of Intent should be published for one day in a newspaper of general circulation in the proposed service area of the project. The Publication of Intent must be in the form and format as set forth in the application packet. The Publication of Intent should be placed in the Legal Section in a space no smaller than four (4) column inches. Publication must occur between the first day and the tenth day of the month, inclusive.

1. A "newspaper of general circulation" means a publication regularly issued at least as frequently as once a week, having a second-class mailing privilege, includes a Legal Notice Section, being not fewer than four (4) pages, published continuously during the immediately preceding one-year period, which is published for the dissemination of news of general interest, and is circulated generally in the county in which it is published and in which notice is given.
2. In any county where a "newspaper of general circulation" does not exist, the Agency's Executive Director is authorized to determine the appropriate publication to receive any required Letter of Intent. A newspaper which is engaged in the distribution of news of interest to a particular interest group or other limited group of citizens, is not a "newspaper of general circulation."
3. In the case of an application for or by a home care organization, the Letter of Intent must be published in each county in which the agency will be licensed or in a regional newspaper which qualifies as a newspaper of general circulation in each county. In those cases where the Publication of Intent is published in more than one newspaper, the earliest date of publication shall be the date of publication for the purpose of determining simultaneous review deadlines and filing the application.

PROOF OF PUBLICATION: Documentation of publication must be filed with the application form. Please submit proof of publication with the application by attaching either the full page of the newspaper in which the notice appeared, with the ***mast and dateline intact***, or a publication affidavit from the newspaper.

See Attachment "2" Proof of Publication

SIMULTANEOUS REVIEW: Those persons desiring a simultaneous review for a Certificate of Need for which a Letter of Intent has been filed should file a Letter of Intent with the Agency and the original applicant (as well as any other applicant filing a simultaneous review), and should publish the Letter of Intent simultaneously in a newspaper of general circulation in the same county as the original applicant. The publication of the Letter of Intent by the applicant seeking simultaneous review must be published within ten (10) days after publication by the original applicant.

1. Only those applications filed in accordance with the rules of the Health Services and Development Agency, and upon consideration of the following factors as compared with the proposed project of the original applicant, may be regarded as applications filing for simultaneous review.

   (A) Similarity of primary service area;

(B) Similarity of location;
(C) Similarity of facilities; and
(D) Similarity of service to be provided.

2. The Executive Director or his/her designee will determine whether applications are to be reviewed simultaneously, pursuant to Agency Rule 0720-3-.03(3).

3. If two (2) or more applications are requesting simultaneous review in accordance with the statute and rules and regulations of the Agency, and one or more of those applications is not deemed complete to enter the review cycle requested, the other applications(s) that is/are deemed complete shall enter the review cycle. The application(s) that is/are not deemed complete to enter the review cycle will not be considered as competing with the applications(s) deemed complete and entering the review cycle.

FILING THE APPLICATION: *All applications*, including applications requesting simultaneous review, must be filed in ***triplicate*** (original and two (2) copies) with the Agency within five (5) days after publication of the Letter of Intent. ***The date of filing is the actual date of receipt at the Agency office.***

Applications should have all pages numbered.

All attachments should be attached to the back of the application, be identified by the applicable item number of the application, and placed in alpha-numeric order consistent with the application form. For example, an Option to Lease a building should be identified as Attachment A.6., and placed before Financial Statements which should be identified as Attachment C. Economic Feasibility.10. The last page of an application should be the completed affidavit.

Failure by the applicant to file an application within five (5) days after publication of the Letter of Intent shall render the Letter of Intent, and hence the application, ***void***.

FILING FEE: The amount of the initial filing fee shall be an amount equal to $2.25 per $1,000 of the estimated project cost involved, but in no case shall the fee be less than $3,000 or more than $45,000. Checks should be made payable to the Health Services and Development Agency.

FILING FEES ARE NON-REFUNDABLE and must be received by the Agency before review of the application will begin.

REVIEW OF APPLICATIONS FOR COMPLETENESS: When the application is received at the Agency office, it will be reviewed for completeness. The application must be consistent with the information given in the Letter of Intent in terms of both project scope and project cost. ***Review for completeness will not begin prior to the receipt of the filing fee.***

1. If the application is deemed complete, the Agency will acknowledge receipt and notify the applicant as to when the review cycle will begin. "Deeming complete" means that all questions in the application have been answered and all appropriate documentation has been submitted in such a manner that the Health Services and Development Agency can understand the intent and supporting factors of the application. Deeming complete shall not be construed as validating the sufficiency of the information provided for the purposes of addressing the criteria under the applicable statutes, the Rules of the Health Services and Development Agency, or the standards set forth in the State Health Plan/Guidelines for Growth.

2. If the application is incomplete, requests by Agency staff for supplemental information must be completed by the applicant within sixty (60) days of the written request. Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days which is allowed by the statute. If the requested information is submitted within sixty (60) days of the request, but not by the date specified in the staff's letter, the application is not void, but will enter the ***next*** review cycle. If an application is not deemed complete within sixty (60) days after the

written notification is given by the Agency staff that the application is deemed incomplete, the application shall be deemed void. If the applicant decides to re-submit the application, the applicant shall comply with all procedures as set out by this part and a new filing fee shall accompany the refiled application.

Each supplemental question and its corresponding response shall be typed and submitted on a separate sheet of 8 1/2" x 11" paper, be filed in ***triplicate,*** and include a signed affidavit. All requested supplemental information must be received by the Agency to allow staff sufficient time for review before the beginning of the review cycle in order to enter that review cycle.

3. Applications for a Certificate of Need, including competing applications, will not be considered unless filed with the Agency within such time as to assure such application is deemed complete.

   All supplemental information shall be submitted simultaneously and only at the request of staff, with the only exception being letters of support and/or opposition.

The Agency will promptly forward a copy of each complete application to the Department of Health or the Department of Mental Health and Developmental Disabilities for review. The Department reviewing the application may contact the applicant to request additional information regarding the application. The applicant should respond to any reasonable request for additional information promptly.

AMENDMENTS OR CHANGES IN AN APPLICATION: An application for a Certificate of Need which has been deemed complete ***CANNOT*** be amended in a substantive way by the applicant during the review cycle. Clerical errors resulting in no substantive change may be corrected.

* **WITHDRAWAL OF APPLICATIONS**: The applicant may withdraw an application at any time by providing written notification to the Agency.

* **TIMETABLE FOR CERTIFICATE OF NEED EXPIRATION**: The Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; *however*, the Agency may extend a Certificate of Need for a reasonable period upon application and good cause shown, accompanied by a non-refundable filing fee, as prescribed by Rules. An extension cannot be issued to any applicant unless substantial progress has been demonstrated. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

* **For further information concerning the Certificate of Need process, please call the offices of the Health Services and Development Agency at 615/741-2364.**

* **For information concerning the Joint Annual Reports of Hospitals, Nursing Homes, Home Care Organizations, or Ambulatory Surgical Treatment Centers, call the Tennessee Department of Health, Office of Health Statistics and Research at 615/741-1954**

* **For information concerning Guidelines for Growth call the Health Services and Development Agency at 615/741-2364. For information concerning Picture of the Present call the Department of Health, Office of Health Statistics at 615/741-9395.**

* **For information concerning mental health and developmental disabilities applications call the Tennessee Department of Mental Health and Developmental Disabilities, Office of Policy and Planning at 615/532-6500.**

SECTION A:

APPLICANT PROFILE

Please enter all Section A responses on this form. All questions must be answered. If an item does not apply, please indicate *"N/A"*. ***Attach appropriate documentation as an Appendix at the end of the application and reference the applicable Item Number on the attachment.***

For Section A, Item 1, *Facility Name* ***must be*** *applicant facility's name and address* ***must be*** *the site of the proposed project.*

For Section A, Item 3, *Attach a copy of the partnership agreement, or corporate charter* ***and*** certificate of corporate existence, if applicable, from the Tennessee Secretary of State.

For Section A, Item 4, *Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% or more ownership interest. In addition, please document the financial interest of the applicant, and the applicant's parent company/owner in any other health care institution as defined in* Tennessee Code Annotated, §68-11-1602 *in Tennessee. At a minimum, please provide the name, address, current status of licensure/certification, and percentage of ownership for each health care institution identified.*

For Section A, Item 5, *For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract.*

Please describe the management entity's experience in providing management services for the type of the facility, which is the same or similar to the applicant facility. Please describe the ownership structure of the management entity.

For Section A, Item 6, *For applicants or applicant's parent company/owner that currently own the building/land for the project location; attach a copy of the title/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements* ***must include*** *anticipated purchase price. Lease/Option to Lease Agreements* ***must include*** *the actual/anticipated term of the agreement* ***and*** *actual/anticipated lease expense. The legal interests described herein* ***must be valid*** on the date of the Agency's consideration of the certificate of need application.

1. ***Name of Facility, Agency, or Institution***

Waynesboro Health & Rehabilitation Center (Replacing Wayne Care Nursing Home)
Name

104 J.V. Mangubat Drive — Wayne
Street or Route — County

Waynesboro — TN — 38485
City — State — Zip Code

2. ***Contact Person Available for Responses to Questions***

Kelli Canan — CON Project Manager
Name — Title

Health Services Management Group — kelli.canan@healthservices.cc
Company Name — Email address

485 Central Avenue, NE — Cleveland — TN — 37311
Street or Route — City — State — Zip Code

Management Company — 423-478-5953 — 423-472-6283
Association with Owner — Phone Number — Fax Number

3. ***Owner of the Facility, Agency or Institution***

Waynesboro Healthcare, LLC — 423-478-5953
Name — Phone Number

485 Central Avenue, NE — Bradley
Street or Route — County

485 Central Avenue, NE — TN — 37311
City — State — Zip Code

4. ***Type of Ownership of Control (Check One)***

A. Sole Proprietorship _____
B. Partnership _____
C. Limited Partnership _____
D. Corporation (For Profit) _____
E. Corporation (Not-for-Profit) _____
F. Government (State of TN or Political Subdivision) _____
G. Joint Venture _____
H. Limited Liability Company _____
I. Other (Specify)_____ X

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

5. ***Name of Management/Operating Entity (If Applicable)***

Health Services Management Group, LLC
Name

485 Central Avenue, NE
Street or Route

Bradley
County

Cleveland
City

TN
State

37311
Zip Code

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. ***Legal Interest in the Site of the Institution (Check One)***

A. Ownership _____
B. Option to Purchase _____
C. Lease In _____ Years _____
D. Option to Lease _____
E. Other (Specify) X Lease with Agreement to Purchase

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

7. ***Type of Institution (Check as appropriate--more than one response may apply)***

A. Hospital (Specify)_____ _____
B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty _____
C. ASTC, Single Specialty _____
D. Home Health Agency _____
E. Hospice _____
F. Mental Health Hospital _____
G. Mental Health Residential Treatment Facility _____
H. Mental Retardation Institutional Habilitation Facility (ICF/MR) _____
I. Nursing Home X
J. Outpatient Diagnostic Center _____
K. Recuperation Center _____
L. Rehabilitation Facility _____
M. Residential Hospice _____
N. Non-Residential Methadone Facility _____
O. Birthing Center _____
P. Other Outpatient Facility (Specify)_____ _____
Q. Other (Specify) _____ _____

8. **Purpose of Review *(Check) as appropriate--more than one response may apply)***

A. New Institution _____
B. Replacement/Existing Facility X
C. Modification/Existing Facility X
D. Initiation of Health Care Service as defined in TCA § 68-11-1607(4) (Specify)_____ _____
E. Discontinuance of OB Services _____
F. Acquisition of Equipment _____
G. Change in Bed Complement [*Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation]*
H. Change of Location X
I. Other (Specify)_____ _____
_____

9. Bed Complement Data

Please indicate current and proposed distribution and certification of facility beds.

		Current Beds Licensed	*CON	Staffed Beds	Beds Proposed	TOTAL Beds at Completion
A.	Medical					
B.	Surgical					
C.	Long-Term Care Hospital					
D.	Obstetrical					
E.	ICU/CCU					
F.	Neonatal					
G.	Pediatric					
H.	Adult Psychiatric					
I.	Geriatric Psychiatric					
J.	Child/Adolescent Psychiatric					
K.	Rehabilitation					
L.	Nursing Facility (non-Medicaid Certified)					
M.	Nursing Facility Level 1 (Medicaid only)	155	155	155		
N.	Nursing Facility Level 2 (Medicare only)					
O.	Nursing Facility Level 2 (dually certified Medicaid/Medicare)				155	155
P.	ICF/MR					
Q.	Adult Chemical Dependency					
R.	Child and Adolescent Chemical Dependency					
S.	Swing Beds					
T.	Mental Health Residential Treatment					
U.	Residential Hospice					
	TOTAL					

*CON-Beds approved but not yet in service

10. Medicare Provider Number Applied For

Certification Type Dual Certification – Level 1 and Level 2

11. Medicaid Provider Number 744-0200

Certification Type Level 1 (currently)

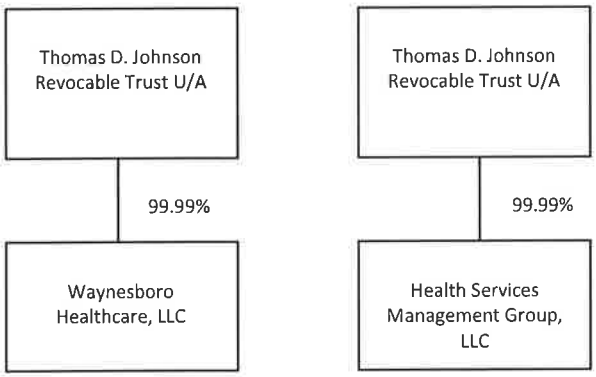
12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? N/A

13. ***Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area.*** **Will this project involve the treatment of TennCare participants? yes, see below. If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted *or plans to contract***

Discuss any out-of-network relationships in place with MCOs/BHOs in the area.

Response to Section A, Item 3: Please see Attachment "3" Section A, Item 3.

Response to Section A, Item 4: The Applicant, Waynesboro Healthcare, LLC, (See Attachment "4" Section A Item 4) operates two nursing homes located in Wayne County: Waynesboro Health and Rehabilitation Center (formerly known as Wayne County Nursing Home) located at 104 J.V. Mangubat Drive in Waynesboro, Tennessee, and Wayne Care Nursing Home located at 505 South High Street in Waynesboro, Tennessee pursuant to Operations Transfer Agreements and Lease Agreements with Wayne County, copies of which are included as Attachment "6" Section A, Item 6. The Applicant is an affiliate of Health Services Management Group, LLC ("HSMG"), which manages both of the nursing homes pursuant to a Management Agreement with the Applicant, a copy of which is included as Attachment "5" Section A, Item 5. HSMG manages 8 nursing home facilities in Tennessee, including facilities in 6 Counties. The ownership structure of the Applicant and HSMG is as follows:



Health Services Management Group Manages the following Tennessee facilities:
1) Ardmore Health & Rehabilitation Center, Ardmore, Giles County, Tennessee
2) Ashton Place Health & Rehabilitation Center, Ashton, Shelby County, Tennessee
3) Fayetteville Health & Rehabilitation Center, Fayetteville, Lincoln County, Tennessee
4) Horizon Health & Rehabilitation Center, Manchester, Coffee County, Tennessee
5) Mid-South Health & Rehabilitation Center, Shelby County, Tennessee
6) Wayne Care Nursing Home, Wayne County, Tennessee
7) Waynesboro Health & Rehabilitation Center, Wayne County, Tennessee
8) Willows of Winchester Health & Rehab Center, Winchester, Franklin County, TN

Response to Section A, Item 5: A copy of the management agreement with HSMG is included as Attachment "5" Section A, Item 5. As listed above, HSMG manages 8 nursing home facilities in Tennessee. HSMG has managed nursing homes in Tennessee for over 8 years.

Response to Section A, Item 6: Currently, the property and assets of both nursing homes are owned by Wayne County, Tennessee. However, the Applicant and Wayne County have entered into a Purchase and Sale Agreement pursuant to which the Applicant will purchase the nursing homes from Wayne County. A copy of the Purchase

and Sale Agreement is included as Attachment "6" Section A, Item 6. Due to the timing of certain licensure approvals required for the transaction, which are described in more detail in this application, and other transactional matters, the parties do not anticipate closing the transaction until on or after May 1, 2015. However, in the interim and as noted above, the Applicant is operating the facilities pursuant to an Operations Transfer Agreement and Lease with the Wayne County. Upon the closing of the transaction with Wayne County, the Applicant anticipates that it will simultaneously sell the property and assets of the nursing homes to Wayne Real Estate Investors, LLC, an unaffiliated third party, and enter into a lease agreement with Wayne Real Estate Investors, LLC. In the alternative, the Applicant may assign the Purchase and Sale Agreement to Wayne Real Estate Investors, LLC prior to the anticipated closing date and, thereafter, enter into a lease agreement with Wayne Real Estate Investors, LLC. (See Attachment "19")

Response to Section A, Item 13: The Applicant is in the process of negotiating with and/or has secured contracts with the VA, United Healthcare, AmeriGroup and Blue Cross Blue Shield for all TennCare, TennCare Select and CHOICES product lines.

Once certified for Medicare, the Applicant will request expansion with United Healthcare and Amerigroup to all product lines and will contract with Blue Cross Blue Shield of Tennessee. In addition the Applicant will apply for contracts with Windsor, HealthSpring, TRICARE, and Humana.

CIGNA Commercial and Aetna Commercial are not participants in the Medicare Advantage Plans in the Applicant's market, but would most likely enter into a Letter of Agreement with the Applicant in the event the Applicant has a participant that lives in the service area as there are no other covered providers.

NOTE: ***Section B*** is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. ***Section C*** addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. **Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.**

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

RESPONSE:

Executive Summary (See Attachment "7" Section B.I. Project Description)
Replacement Facility for Wayne Care Nursing Home and Construction of Addition to Waynesboro Health and Rehabilitation Center

Ownership Structure:

Lessor	Wayne County (currently; will be Wayne Real Estate Investors, LLC)
Lessee/Licensee	Waynesboro Healthcare, LLC
Management Company	Health Services Management Group, LLC

Operations Transfer History:
Waynesboro Healthcare, LLC (the "Applicant") began operating two (2) nursing homes, Waynesboro Health & Rehabilitation Center (License #278) (f/k/a Wayne County Nursing Home), a 109-bed facility located at 104 J.V. Mangubat Drive, Waynesboro, TN 38485, and Wayne Care Nursing Home, a 46-bed facility located at 505 S. Main Street, Waynesboro, TN 38485 (License #277), on August 1, 2014.

Project Description:

To better serve the Wayne County community, the project will combine the two licensed facilities into one licensed facility (replacement facility) by closing the 46-bed facility at 505 S. Main Street and combining the beds by constructing an addition to the existing 109-bed facility located at 104 J.V. Mangubat Drive. Once the addition is complete, Waynesboro Health & Rehabilitation Center will house the total combined 155-bed facility.

Services:
The facilities are both certified for Level 1/Medicaid only. A "bed change request" for Dual Certification has been requested by submitting a CMS-855A for initial Medicare enrollment. Furthermore, 18 of the licensed beds will be allocated to a new designated Secured Memory Unit for Alzheimer's and Dementia residents. Both of these services are in great need in Wayne County. The Applicant proposes to provide long-term care services from the replacement facility in the existing building and the newly-constructed wing. The Applicant will accept most forms of private long-term care insurance. As a part of dual certification, the newly-constructed wing and existing space will accommodate rehabilitation space. The secured Memory Care Unit will offer activities of daily living.

Service Area:
The service area for this project is Wayne County.

Major Medical Equipment:
There is no major medical equipment required for this project.

Project Cost:
The estimated project cost is $5,658,317.63.

Funding: This project will be funded by a commercial loan from Georgia Commerce Bank.

Staffing:
Proposed direct patient care staffing in year 1 and year 2 includes the following:

		Staffing Pattern	
		Year 1	Year 2
		FTE's	FTE's
Direct Nursing	Nursing Admin	7	7
Direct Nursing	RN	5	5
	LPN	14	14
	CNA	38	38
	Rehab Aide		2
	Activities	2	3
	Social Svs	1.8	1.5
Total FTE's		67.8	70.5

Financial Feasibility:
As will be described in further detail in the application, after analysis of the market rates, cost of construction, and the projected utilization as a result of expanded services, the project is financially viable to carry the debt service at competitive rates.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

RESPONSE:

The Applicant proposes to replace the 46-bed Wayne Care facility by constructing a wing onto the 109-bed Waynesboro facility. The 46 beds will be relocated to the newly-constructed wing at 109 J.V. Mangubat Drive, Waynesboro, TN 38485, resulting in a substantial addition to and modernization of the existing Waynesboro facility. In addition to the new wing, the Applicant will also construct a 1,400 square foot dining, activities and office area at the front of the existing building. This will improve dining, activity and office space, which is currently inadequate, and will accommodate 28 of the relocated beds. Further, the applicant will include a smaller dining area on the first floor of the new wing to accommodate the 18 Secured Memory Unit beds.

The new additions and renovations will modernize the combined 155-bed facility. The square footage and bed complement will be as follows:

SQUARE FOOTAGE AND COST PER SQUARE FOOTAGE CHART

A. Unit / Department	Existing Location	Existing SF	Temporary Location	Proposed Final Location	Proposed Final Square Footage			Proposed Final Cost / SF		
					Renovated	New	Total	Renovated	New	Total
Resident Rooms		13,368	----------		0	9480	9,480	$120.00	$170.00	$1,611,600.00
Admin		1,264	----------		500	522	1,022	$120.00	$170.00	$148,740.00
Rehab		438	----------		438	0	438	$120.00	$170.00	$52,560.00
Food Service		1,163	----------		0	167	167	$120.00	$170.00	$28,390.00
Laundry		480	----------		0	0	0	$120.00	$170.00	$0.00
0		3,989	----------		0	2022	2,022	$120.00	$170.00	$343,740.00
Activities & Lounge		656	----------		360	1627	1,987	$120.00	$170.00	$319,790.00
Storage		2,120	----------		0	670	670	$120.00	$170.00	$113,900.00
Dining		1,103	----------		1,654	1529	3,183	$120.00	$170.00	$458,410.00
									$170.00	
									$170.00	
B.Unit/Depart. GSF Sub-Total		24,581			2,952	16,017	18,969	$120.00	$170.00	$3,077,130.00
									$170.00	
C. Mechanical / Electrical GSF		2,189	----------		0	548	548	$120.00	$170.00	$93,160.00
D. Circulation /Structure GSF		6,430	----------		0	4235	4,235	$120.00	$170.00	$719,950.00
E. Total GSF		33,200			2,952	20,800	23,752	$120.00	$170.00	$3,890,240.00

The existing structure will incorporate a new two-story wing, providing the 18 bed Secured Memory Unit on the lower floor and providing the 36 beds on the upper floor. The completed facility will offer 14 private rooms and the remaining rooms will be shared. The new addition has a total of 19,400 square feet.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

RESPONSE:

There is no change to the number of licensed beds at either facility; however, 46 of the beds at the existing Wayne Care facility will be relocated to the Waynesboro facility as part of the project. The reasons for the change of location are described in more detail in section "D" below.

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

RESPONSE:

The Applicant currently provides ICF/MR services. With the Applicant's request for dual certification, the Applicant will add rehabilitation services in accordance with Medicare requirements.

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. Home Health Services
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)
14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20. Rehabilitation Services
21. Swing Beds

Long-Term Care and Rehabilitation Services

Currently, there are no facilities in Wayne County providing skilled nursing or rehabilitation services. The Applicant will be able to meet the existing need in Wayne

County to allow patients in Wayne County to obtain skilled nursing and rehabilitation services locally without traveling to other counties. As will be discussed further, the current bed need in Wayne County for skilled nursing services is 138 beds, but there are currently no beds for skilled nursing services.

D. Describe the need to change location or replace an existing facility.

RESPONSE:

This project involves the relocation of Wayne Care Nursing Home's 46 licensed beds to the newly-constructed wing of the existing 109-bed facility, Waynesboro Health & Rehabilitation Center. Operating two separate facilities, with two separate staffs on two separate campuses approximately 1.35 miles apart is not as financially and operationally efficient as combining the two licensed homes into one.

The original Wayne Care Nursing Home building was constructed in 1976. Wayne County acquired the 46-bed facility in 2010. The layout of the 46-bed facility is not capable of meeting the modern expectations of nursing care due to many ward rooms and outdated amenities. There are no sinks and toilets in the patient rooms. For basic hygiene needs, residents must go down the hall to a communal restroom. Virtually every major system, as well as the structure, are outdated and in need of replacement. Please see photographs of the current facility included as Attachment "8" Section B. II. D. Need. The current site of the 46-bed facility is restrictive and not conducive of a renovation. In addition, operating two separate facilities would be inefficient. Therefore, the replacement of the Wayne Care Nursing Home is best to be relocated and combined with the 109-bed facility.

Based upon the foregoing, the Applicant determined to close the Wayne Care Nursing Home building on August 23, 2014. Please see Attachment "9" Section B. II. D. Need, which includes correspondence between the Applicant and the Tennessee Department of Health and the Residents' families regarding the closure of the facility and the placement of the 46 licensed beds on inactive status. Closing the Wayne Care Nursing Home building and offering a new space in the more modern existing Waynesboro Health & Rehabilitation facility brings many advantages to the residents and families. During the transfer of residents, all of the families were quite pleased with the change. Further, many of the staff relocated to the Waynesboro Health & Rehabilitation facility; therefore, the residents were surrounded with familiar faces for their care.

Also, the Applicant's intent is to offer a combined 155 dually-certified bed facility in order to meet the needs of Wayne County more effectively. The process for this dual certification was initiated on September 17, 2014. Furthermore, of the existing 155 licensed beds, the replacement facility will offer an 18-bed designated Secure Memory Unit serving Alzheimer's and Dementia residents. This will be housed in the newly-constructed addition.

The combination of the two facilities by constructing an addition and renovating the existing space will have a great impact on the betterment of the quality of care provided to the residents of Wayne County and their families.

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of $1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

1. For fixed-site major medical equipment (not replacing existing equipment):

   a. Describe the new equipment, including:

1. Total cost ;(As defined by Agency Rule).
2. Expected useful life;
3. List of clinical applications to be provided; and
4. Documentation of FDA approval.

b. Provide current and proposed schedules of operations.

2. For mobile major medical equipment:

a. List all sites that will be served;

b. Provide current and/or proposed schedule of operations;

c. Provide the lease or contract cost.

d. Provide the fair market value of the equipment; and

e. List the owner for the equipment.

3. Indicate applicant's legal interest in equipment (*i.e.*, purchase, lease, etc.) In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

RESPONSE:

Not applicable.

III. (A) Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which **must include**:

RESPONSE:

Plot plan of the site – Please see Attachment "10" Section B. III. (A)

1. Size of site (***in acres***); **RESPONSE:** 2.6 acres
2. Location of structure on the site; and **RESPONSE**: **Please see Attachment "11" Section B. III. A. 2**
3. Location of the proposed construction. **RESPONSE**: **Please see Attachment "12" Section B. III. A. 3.**
4. Names of streets, roads or highway that cross or border the site.

   RESPONSE: J.V. Mangubat Drive which is 300 feet away from Highway 64, a 4-lane thoroughfare.

   Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

(B) 1. Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

RESPONSE:

This site is located at 104 J.V. Mangubat Drive which is less than a half mile away from Highway 64, a 4-lane thoroughfare, within the city limits of Waynesboro, Highway 64 connects to Highway 13 in the heart of Waynesboro. These two thoroughfares are convenient access from all parts of Wayne County and offers access to I-65 and I-40.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

RESPONSE:

A floor plan for the proposed facility – **Please see Attachment "13" Section B. IV**

NOTE: ***DO NOT SUBMIT BLUEPRINTS***. Simple line drawings should be submitted and need not be drawn to scale.

V. For a Home Health Agency or Hospice, identify:

1. Existing service area by County;
2. Proposed service area by County;
3. A parent or primary service provider;
4. Existing branches; and
5. Proposed branches.

RESPONSE: Not applicable.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. *Please type each question and its response on an 8 1/2" x 11" white paper.* All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

NEED

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.

   a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.

Nursing Home Services

1. Guidelines for Growth Criteria - Need 1: *According to TCA 68-11-108, the need for nursing home beds shall be determined by applying the following population-based statistical methodology:*

County bed need = .0005 x pop. 65 and under, plus
.0120 x pop. 65 – 74, plus
.0600 x pop. 75-84, plus
.1500 x pop. 85, plus

RESPONSE: According to the Tennessee Population Projections published by the Division of Health Statistics of the Tennessee Department of Health and the codified bed need formula, Wayne County currently has and will continue to have a significant bed need. In 2017, the bed need will be 138, as illustrated in the following chart.

	2017 Population Projection	Rate	Need Beds by Age
Population 0-65	13,583	.0005	7
Population 65-74	1814	.0120	22
Population 75-84	962	.0600	58
Population over 85	337	.1500	51
		TOTAL:	**138**

This need is projected to grow significantly in Wayne County as that population ages.

The Division of Health Planning has proposed new criteria and standards for nursing home services, and, though they have not yet been approved, the bed need resulting from the proposed calculation does not differ significantly from the current calculation.

**County bed need = .001 x pop. 65 and under, plus*
.015 x pop. 65 – 74, plus
.045 x pop. 75-84, plus
.165 x pop. 85, plus

**Proposed county bed need formula*

Using the Tennessee Population Projections, the proposed bed need formula indicates a bed need of 140 in 2017.

2. Guidelines for Growth Criteria - Need 2: *The need for nursing home beds shall be projected two years into the future from the current year, as calculated by the Department of Health.*

RESPONSE:

According to the Tennessee Population Projections published by the Division of Health Statistics of the Tennessee Department of Health and the codified bed need formula, Wayne County has a bed need projected to be 138 in 2017.

3. Guidelines for Growth Criteria - Need 3: *The source of the current supply and utilization of licensed and CON approved nursing home beds shall be the inventory of nursing home beds maintained by the Department of Health.*

RESPONSE:

According to the Tennessee Department of Health's health facility licensure search, the Applicant's facilities are the only licensed nursing homes in Wayne County, and there currently are no Level 2/Skilled Medicare beds in Wayne County.

4. Guidelines for Growth Criteria - Need 4: *"Service Area" shall mean the county or counties represented on an application as the reasonable area to which a health care institution intends to provide services and/or in which the majority of its service recipients reside. A majority of the population of a service area for any nursing home should reside within 30 minutes travel time from that facility.*

RESPONSE: The facility serves the community in Wayne County, which is within 30 minutes travel time for the majority of the population of its service area and thus will be a source of quality health care to the community's senior population.

5. Guidelines for Growth Criteria - Need 5: *The Health Facilities Commission may consider approving new nursing home beds in excess of the need standard for a service area, but the following criteria must be considered:*

a. All outstanding CON projects in the proposed service area resulting in a net increase in beds are licensed and in operation, and

b. All nursing homes that serve the same service area population as the applicant have an annualized occupancy in excess of 90%.

RESPONSE: Not applicable. This application will not add new nursing home beds.

6. Guidelines for Growth Criteria – Occupancy & Size 1: *A nursing home should maintain an average annual occupancy rate for all licensed beds of at least*

90 percent after two years of operation.

RESPONSE:

Nursing Facility	Licensed Beds	2010 Patient Days	2011 Patient Days	2012 Patient Days	2010 Occupancy	2011 Occupancy	2012 Occupancy
Wayne County*	109	28674	28674	30198	72	72	75.9
Wayne Care*	46	12410	14965	15006	73.4	89.13	89.37

Please note we believe the historic occupancy at both buildings has been below 95% mainly because of the substandard amenities at Wayne Care and lack of private rooms at either facility cause Wayne County Nursing Home to keep semi-private rooms as private rooms when desired by the patient, which can keep them from going out of the county to find a private room. Also services not provided in the county, such as memory care and level II care as discussed in other areas of the application. Again, we estimate that in 2013 approximately 20 Wayne County origin residents were being served in adjoining counties.

7. Guidelines for Growth Criteria – Occupancy & Size 2: There shall be no additional nursing home beds approved for service area unless each existing facility with 50 beds or more has achieved an average annual occupancy rate of 95 percent. The circumstances of any nursing home, which has been identified by the Regional Administrator, as consistently noncomplying with quality assurance regulations shall be considered in determining the service area's average occupancy rate.

RESPONSE:

Not applicable.

8. Guidelines for Growth Criteria – Occupancy & Size 3: *A nursing home seeking approval to expand its bed capacity must have maintained an occupancy rate of 95 percent for the previous year.*

RESPONSE:

Not applicable.

9. Guidelines for Growth Criteria – Occupancy & Size 4: *A free-standing nursing home shall have a capacity of at least 30 beds in order to be approved. The Health Facilities Commission may make an exception to this standard. A facility of less than 30 beds may be located in a sparsely populated rural area where the population is not sufficient to justify a larger facility. Also, a project may be developed in conjunction with a retirement center where only a limited number of beds are needed for the residents of that retirement center.*

RESPONSE: Not applicable.

The proposed project will further the 5 Principles for Achieving Better Health as set forth in the State Health Plan.

1. The purpose of the State Health Plan is to improve the health of Tennesseans.

RESPONSE: While this principle focuses mainly on the goals and strategies that support health policies and programs at the individual, community and state levels that will help improve the health status of Tennesseans, this project is consistent in that patients will be able to receive intensive skilled nursing care and rehabilitative services as well as memory care within the community in which they live. The Applicant's consolidated facilities will provide the most effective care in a person-centered environment.

The project will further the Applicant's ability to provide state of the art long term care services. In addition, the Applicant reports extensive quality measures as part of its involvement in the Medicare program. The Applicant has an ongoing quality improvement program to monitor and improve patient outcomes. These outcomes are regularly reported as part of public reporting requirements for all nursing homes.

2. Every citizen should have reasonable access to health care.

RESPONSE: As it currently stands, the citizens of Wayne County do not have access to skilled nursing and rehabilitation services in their community. They must travel to other counties or even out of state to receive these services. The project will meet a currently unavailable need for health care services and improve access to health care by modernizing and combining the facilities into a single, dually-certified nursing home.

3. The State's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State's health care system.

RESPONSE: The Applicant's project speaks to the very heart of this principle at several levels. By assuring that the appropriate level of care and health care beds are available, when needed, the state's health care system will be able to keep cost to their lowest level possible by making sure patients are able to utilize services at the lowest level of care possible (skilled nursing versus an acute care setting).

4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.

RESPONSE: The Applicant's facility is a long term care provider that is surveyed both at the State and Federal levels. Through various sources, including the Medicare.gov website and the Nursing Home Compare data sets, consumers can now compare and research long term care providers, home care providers and acute care providers. The Applicant is dedicated to providing quality care to residents of its service area.

5. The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.

RESPONSE: As noted previously, the employees of the closed Wayne Care Nursing Home transferred to Waynesboro Health and Rehabilitation Center to an environment more conducive to providing a high quality of care to patients. Employee morale and retention will be improved in a more modernized and advanced patient care setting in the consolidated facility.

b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

RESPONSE: Not applicable.

***Construction, Renovation, Expansion, and Replacement of Health Care* Institutions**

1. Any project that includes the addition of beds, services, or medical equipment will be reviewed under the standards for those specific activities.

RESPONSE:

Please see the responses above regarding the addition of skilled nursing services. There will be no change in the number of beds, and no major medical equipment will be necessary.

2. For relocation or replacement of existing licensed health care institution:

a. The applicant should provide plans which include costs for both renovation and relocation, demonstrating the strengths and weaknesses of each alternative.

RESPONSE:

As noted previously, the Wayne Care Nursing Home is outdated and the existing facility is not conducive to renovation. In addition, the consolidation of the two nursing homes, resulting in the replacement and relocation of the Wayne Care Nursing Home, will allow the Applicant to achieve economies of scale in operating a single, modernized nursing home at Waynesboro Health and Rehabilitation Center.

b. The applicant should demonstrate that there is an acceptable existing or projected future demand for the proposed project.

RESPONSE:

As noted, there is a projected bed need of 138 beds in 2017. The projected bed need will continue to grow as the population of Wayne County ages and needs skilled nursing services in a modern facility.

3. For renovation or expansions of an existing licensed health care institution:

a. The applicant should demonstrate that there is an acceptable existing demand for the proposed project.

RESPONSE:

Currently, there are no other facilities providing skilled nursing and rehabilitation services in Wayne County. The Applicant's project will meet the existing demand of the citizens of Wayne County that are currently traveling outside of the service area

for these services.

b. The applicant should demonstrate that the existing physical plant's condition warrants major renovation or expansion.

RESPONSE:

Photographs of the vacant Wayne Care Nursing Home are included as Attachment "7" Section B. II. D. Need.

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

RESPONSE:

The Applicant's long-term plan is to provide an up-to-date skilled nursing facility, as well as a Secured Memory Unit in an effort to properly serve the Wayne County community. Further, this skilled nursing facility will partner with the local hospital; home health agencies; hospice agencies to offer the full spectrum of acute care, rehabilitation and long-term care needs to the residents of Wayne County within this county service area.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. **Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

RESPONSE: Please see Attachment "14" Section C. 4.

The applicant has confined the service area to Wayne County where the majority of the population in the service area is located as defined by HSDA's guidelines for growth.

4. A. Describe the demographics of the population to be served by this proposal.

RESPONSE: The population in Wayne County and the surrounding counties is growing and is projected to continue to grow over the next five to seven years. Please see the population projection chart below.

Population Projections, Tennessee Counties and the State, 2010-2020 2013 Revision (6/13)
COUNTY – WAYNE
SEX – Total

AGE	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
0-4	845	757	746	747	758	776	791	794	799	807	816
5-9	861	892	880	887	831	823	764	754	755	768	787
10-14	956	980	976	927	944	876	898	888	894	838	831
15-19	1,076	1,001	986	953	943	976	984	981	933	949	882
20-24	1,023	1,044	1,029	1,056	1,039	1,012	989	972	940	926	956
25-29	1,123	1,138	1,117	1,109	1,084	1,069	1,030	1,013	1,038	1,019	994
30-34	1,208	1,198	1,208	1,183	1,158	1,128	1,133	1,109	1,100	1,076	1,060
35-39	1,157	1,152	1,104	1,104	1,134	1,178	1,183	1,196	1,175	1,150	1,122
40-44	1,291	1,248	1,268	1,246	1,213	1,134	1,138	1,090	1,093	1,128	1,172
45-49	1,330	1,314	1,303	1,264	1,263	1,256	1,226	1,245	1,228	1,198	1,121
50-54	1,256	1,243	1,261	1,278	1,264	1,282	1,282	1,270	1,232	1,233	1,227
55-59	1,097	1,125	1,112	1,143	1,148	1,197	1,194	1,212	1,230	1,220	1,238
60-64	1,100	1,119	1,110	1,066	1,070	1,045	1,072	1,059	1,088	1,093	1,143
65-69	840	881	924	969	997	1,032	1,037	1,031	994	995	975
70-74	701	682	696	738	756	749	777	819	865	891	921
75-79	493	516	509	523	565	581	572	583	618	635	629
80-84	354	352	359	356	342	366	390	386	394	425	439
85 plus	310	318	333	338	345	335	337	346	348	340	349
All Ages	17,021	16,960	16,921	16,887	16,854	16,815	16,797	16,748	16,724	16,691	16,662

Source: The University of Tennessee Center for Business and Economic Research Population Projection Data Files, Reassembled by the Tennessee Department of Health,
Division of Policy, Planning and Assessment, Office of Health Statistics.
Note: These data will not match the University of Tennessee Center for Business of Economic Research data exactly due to rounding.

The county has a low minority population, with only approximately 7.7% of the population being of African American, Asian, Native American, or Hispanic/Latino ethnicity. In 2010, The median income for a household in the county was $26,576, and the median income for a family was $30,973. The per capita income for the county was $14,472. About 12.90% of families and 16.30% of the population were below the poverty line, including 19.60% of those age 65 or over.

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

RESPONSE:
The proposed project is accessible to all consumers, including women, racial and ethnic minorities and low-income groups. The services proposed herein, the central location of the facility within Wayne County make Waynesboro Health & Rehabilitation Center readily accessible to this population.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

RESPONSE:
There are no letters of Intent, CON applications nor approved and unimplemented CONs for additional nursing beds in Wayne County. The only licensed nursing home beds in this services are operated by the applicant, Waynesboro Healthcare, LLC. The Applicant obtained approved from the Tennessee Department of Health to place the beds in inactive bed status in order to obtain a CON for a replacement facility as previously noted. There are no dedicated certified skilled nursing beds in this service area.

Evaluation of the most current TN JAR reports for nursing facilities in the surrounding Tennessee counties show the need to offer Medicare, Level 2 services and a Secured Memory Unit. According to the JAR report, on the reporting day in September of the current report, 20 residents of Wayne County origin were in facilities outside of the Wayne County service area. The closest designated Secured Memory Unit is located in Decatur, Alabama, which is over 90 miles away from Waynesboro. A high number of Wayne County residents are recipients of Home Health Services from counties outside of the Wayne County service area. These reports clearly indicate the needs of the residents of Wayne County. Having these services offered by Waynesboro Health & Rehabilitation Center will allow residents to remain in their county of origin, remain close to their family and established medical providers. Please see the chart of utilization of facilities in the areas surrounding Wayne County as Attachment "16" Section C. 6.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology **must include** detailed calculations or documentation from referral sources, and identification of all assumptions.

TABLE – Three Year Historical Occupancy Statistics from Tennessee Joint Annual Reports

Nursing Facility	Licensed Beds	2010 Patient Days	2011 Patient Days	2012 Patient Days	2010 Occupancy	2011 Occupancy	2012 Occupancy
Wayne County*	109	28674	28674	30198	72	72	75.9
Wayne Care*	46	12410	14965	15006	73.4	89.13	89.37

The above tables represent the past 3 years census for each of the separate facilities prior to the applicant assuming operations. This data was prepared and submitted by the prior operator, Wayne County.

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.
   - All projects should have a project cost of at least $3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)

   - The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.

- **Please see Attachment "17" Economic Feasibility-1**

- The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.

- For projects that include new construction, modification, and/or renovation; **documentation must be** provided from a contractor and/or architect that support the estimated construction costs.

  - Please see contractor documentation – **Please see Attachment "18" Economic Feasibility-1**

RESPONSE

Please note that the projected costs do not include any "acquisition of site" amounts, as the operations of Wayne County Nursing Home are already owned by the applicant; however, $55,100 is estimated as the cost to demolish an existing structure on the site of Wayne County Nursing Home (unrelated to the facility operations,) in order to allow the additional wing to be constructed on the existing site.

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PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase:	
1.	Architectural and Engineering Fees	$ 262,000.00
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	$ 50,000.00
3.	Acquisition of Site	
4.	Preparation of Site	$ 550,000.00
5.	Construction Costs	$3,890,240.00
6.	Contingency Fund	$ 294,760.00
7.	Fixed Equipment (Not included in Construction Contract)	
8.	Moveable Equipment (List all equipment over $50,000)	$ 399,600.00
9.	Other (Specify) Demolition of vacant building on site	$ 55,100.00

000000

B.	Acquisition by gift, donation, or lease:	
1.	Facility (inclusive of building and land)	
2.	Building only	
3.	Land only	
4.	Equipment (Specify)_____	
5.	Other (Specify) _____	
C.	Financing Costs and Fees:	
1.	Interim Financing	$ 93,915.00
2.	Underwriting Costs	$ 50,000.00
3.	Reserve for One Year's Debt Service	
4.	Other (Specify) _____	
D.	Estimated Project Cost (A+B+C)	$5,645,615.00
E.	CON Filing Fee	$ 12,702.63
F.	Total Estimated Project Cost (D+E)	
	TOTAL	$5,658,317.63

2. Identify the funding sources for this project.

   Please check the applicable item(s) below and briefly summarize how the project will be financed. ***(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)***

X A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions; - **(Please see Attachment "19" Attachment C, Economic Feasibility-2)**

__ B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;

__ C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.

__ D. Grants--Notification of intent form for grant application or notice of grant award; or

__ E. Cash Reserves--Appropriate documentation from Chief Financial Officer.

__ F. Other—Identify and document funding from all other sources.

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

   RESPONSE
   The proposed project is reasonable in relation to similar facilities in the state. The cost per square foot is $170.00 and the average cost per bed is $104,783, as the new addition will accommodate 54 beds and dining area. These average costs are less than similar types of projects that have been approved in the past. Quality services and the continuum of care will be expanded in the local service area in a cost effective manner.

Nursing Home Construction Cost Per Square Foot
Years: 2011-2013

	Renovated Construction	New Construction	Total Construction
1st Quartile	$25.00/sq ft	$152.80/sq ft	$94.55/sq ft
Median	$55.00/sq ft	$167.31/sq ft	$152.80/sq ft
3rd Quartile	$101.00/sq ft	$176.00/sq ft	$167.61/sq ft

Source: CON approved applications for years 2011 through 2013

4. Complete Historical and Projected Data Charts on the following two pages--***Do not modify the Charts provided or submit Chart substitutions!*** Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the ***Proposal Only*** (*i.e.*, if the application is for additional beds, include

anticipated revenue from the proposed beds only, not from all beds in the facility).

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

RESPONSE:

Year 1:

Average Gross Charge: 199.21

Average Deduction: (1.50)

Average Net Charge: 197.71

Year 2:

Average Gross Charge: 212.71

Average Deduction (Contra Adj positive): +1.50

Average Net Charge: 213.83

HISTORICAL DATA CHART

Give information for the three (3) years for which complete data is available for the facility or agency. The fiscal year begins in _____JULY_____ (Month).

WAYNE COUNTY NURSING HOME		Year 2012	Year 2013	Year 2014
A.	Utilization Data (Specify unit of measure)	Patient Days	Patient Days	Patient Days
B.	Revenue from Services to Patients			
1	Inpatient Services	$ 5,107,099	$ 4,858,229	$ 4,543,385
2	Outpatient Services			
3	Emergency Services			
4	Other Operating Revenue _____			
	Gross Operating Revenue	$ 5,107,099	$ 4,858,229	$ 4,543,385
C. Deductions from Gross Operating Revenue				
1	Contractual Adjustments			
2	Provision for Charity Care			
3	Provisions for Bad Debt	$ (20,349)	$ (62,632)	$ (63,790)
	Total Deductions	$ (20,349)	$ (62,632)	$ (63,790)
NET OPERATING REVENUE		$ 5,086,750	$ 4,795,597	$ 4,479,595
D. Operating Expenses				
1.	Salaries and Wages	$ 2,991,381	$ 3,030,289	$ 2,800,714
2.	Physician's Salaries and Wages			
3.	Supplies	$ 612,284	$ 602,570	$ 609,148
4.	Taxes	$ 1,505	$ 1,906	$ 1,800
5.	Depreciation	$ 108,583	$ 107,199	$ 105,662
6.	Rent			
7.	Interest, other than Capital			
8.	Management Fees:			
	a. Fees to Affiliates			
	b. Fees to Non-Affiliates			
9.	Other Expenses (Specify) Contract Services, Ins exp, travel, utlities, education, minor equipment, bad debt exp, QA Fee, Medical Director Fee	$ 1,510,449	$ 1,439,081	$ 1,338,263
	Total Operating Expenses	$ 5,224,202	$ 5,181,045	$ 4,855,587
E. Other Revenue (Expenses) --Net (Specify)		$ 18,993	$ 34,250	$ 10,936
NET OPERATING REVENUE		$ (118,459)	$ (351,198)	$ (365,056)
F. Capital Expenditures				
1.	Retirement of Principal			
2.	Interest	$ 37,962	$ 37,892	$ 43,446
	Total Capital Expenditures	$ 37,962	$ 37,892	$ 43,446
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ (156,421)	$ (389,090)	$ (408,502)

HISTORICAL DATA CHART

Give information for the three (3) years for which complete data is available for the facility or agency. The fiscal year begins in _____JULY_____ (Month).

WAYNE CARE NURSING HOME		Year 2012	Year 2013	Year 2014
A.	Utilization Data (Specify unit of measure)	Patient Days	Patient Days	Patient Days
B.	Revenue from Services to Patients			
1	Inpatient Services	$ 2,311,554	$ 2,195,879	$ 1,796,923
2	Outpatient Services			
3	Emergency Services			
4	Other Operating Revenue _____			
	Gross Operating Revenue	$ 2,311,554	$ 2,195,879	$ 1,796,923
C. Deductions from Gross Operating Revenue				
1	Contractual Adjustments			
2	Provision for Charity Care			
3	Provisions for Bad Debt	$ (15,780)	$ (9,226)	$ 6,799
	Total Deductions	$ (15,780)	$ (9,226)	$ 6,799
NET OPERATING REVENUE		$ 2,295,774	$ 2,186,653	$ 1,803,722
D. Operating Expenses				
1.	Salaries and Wages	$ 1,340,787	$ 1,291,789	$ 1,302,338
2.	Physician's Salaries and Wages			
3.	Supplies	$ 246,976	$ 208,723	$ 182,713
4.	Taxes	$ 1,274	$ 1,000	$ 1,150
5.	Depreciation	$ 14,213	$ 12,036	$ 16,500
6.	Rent			
7.	Interest, other than Capital			
8.	Management Fees:			
	a. Fees to Affiliates			
	b. Fees to Non-Affiliates			
9.	Other Expenses (Specify) Contract Services, Ins exp, travel, utlities, education, minor equipment, QA Fee, Medical Director Fee	$ 642,567	$ 698,151	$ 582,352
	Total Operating Expenses	$ 2,245,817	$ 2,211,699	$ 2,085,053
E. Other Revenue (Expenses) --Net (Specify)		$ 2,496	$ (1,789)	$ 47,563
NET OPERATING REVENUE		$ 52,453	$ (26,835)	$ (328,894)
F. Capital Expenditures				
1.	Retirement of Principal			
2.	Interest	$ 7,400	$ 8,218	$ (10,043)
	Total Capital Expenditures	$ 7,400	$ 8,218	$ (10,043)
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 45,053	$ (35,053)	$ (318,851)

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in _____JAN_____ (Month).

		Year 2016	Year 2017
A.	Utilization Data (Specify unit of measure)	Patient Days	Patient Days
B.	Revenue from Services to Patients		
1	Inpatient Services	$ 8,570,073	$ 10,871,585
2	Outpatient Services		
3	Emergency Services		
4	Other Operating Revenue (Specify)__Meals & Acuity Payment	$ 223,674	$ 224,471
	Gross Operating Revenue	$ 8,793,747	$ 11,096,056
C. Deductions from Gross Operating Revenue			
1	Contractual Adjustments	$ (64,382)	$ 56,832
2	Provision for Charity Care		
3	Provisions for Bad Debt		
	Total Deductions	$ (64,382)	$ 56,832
NET OPERATING REVENUE		$ 8,729,365	$ 11,152,888
D. Operating Expenses			
1.	Salaries and Wages	$ 4,122,575	$ 4,433,261
2.	Physician's Salaries and Wages		
3.	Supplies	$ 942,028	$ 1,197,238
4.	Taxes	$ 33,600	$ 33,600
5.	Depreciation	$ 24,000	$ 24,000
6.	Rent	$ 720,000	$ 720,000
7.	Interest, other than Capital		
8.	Management Fees:		
	a. Fees to Affiliates	$ 436,470	$ 557,645
	b. Fees to Non-Affiliates		
9.	Other Expenses (Specify) Contract Services, Ins exp, travel, utlities, education, minor equipment, bad debt exp, QA Fee, Medical Director Fee	$ 2,210,718	$ 3,105,305
	Total Operating Expenses	$ 8,489,391	$ 10,071,049
E. Other Revenue (Expenses) --Net (Specify)		$ (36,744)	$ (36,744)
NET OPERATING REVENUE		$ 203,230	$ 1,045,095
F. Capital Expenditures			
1.	Retirement of Principal		
2.	Interest		
	Total Capital Expenditures	$ -	$ -
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 203,230	$ 1,045,095

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

RESPONSE:
Anticipated revenues are reflected on the Projected Data Chart on the previous page.

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE:
The applicant is the only facility in the service area. See below table for adjoining service areas.

County	Facility Name	Wayne Patient Origin	Medicare	Medicaid Level I	Medicaid Level II	Private Rate	Private S/P Rate
Decatur	Decatur Manor	0	$415	$185	0	$195	$185
Decatur	Westwood Health Care	0	$395	$185	0	$195	$185
Hardin	Harbett Hills Academy	3	0	$149	0	$153	0
Hardin	Hardin County N. H.	1	$180	$165	$175	$190	$180
Hardin	Hardin Home Nursing Home	0	0	$156	0	$166	0
Hardin	Park Rest Hardin Nursing Home	1	0	$153	0	$164	0
Hardin	Savannah Health Care & Rehab	6	$414	$185	0	$195	$185
Lawrence	Countryside Health Care & Rehab	2	$333	$157	$178	$207	$200
Lawrence	NHC, Lawrenceburg	0	$412	$165	$178	$215	$205
Lawrence	NHC, Scott	5	$436	0	0	$255	$246
Lewis	Lewis County Nursing & Rehab	2	$408	$183	$183	$193	$193
Perry	Perry County Nursing Home	0	$175	$175	$175	$175	$175

Source: Joint Annual Report, 2012

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

RESPONSE:
The projected utilization rates are reasonable. Based on the proposed utilization, the facility will have an operating gain the first and second years of operations.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

RESPONSE:
Historical financials indicate that operating the two facilities separately was not financially viable. The Projected Data Chart reflects financial advantage of operating the combined facilities, especially with dual certification.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare,

Medicare, or other state and federal sources for the proposal's first year of operation.

RESPONSE:
Waynesboro Health & Rehabilitation Center will participate in both Medicare and Medicaid/TennCare.

The projected mix for Year 1 is below:
Medicaid/TennCare: 76% (both level 1&2 combined)
Medicare: 10%
Private Pay: 10%
VA: 2%
Insurance 2%

The projected mix for Year 2 is below:
Medicaid/TennCare: 71%
Medicare: 15%
Private Pay: 9%
Insurance: 2%
VA: 3%

The proformas and projected census data for the first two years of operation of the project are included as Attachment "20" Economic Feasibility-9.

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

RESPONSE:
Please see Attachment "21" Attachment C, Economic Feasibility-10.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

    a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

    RESPONSE:
    The alternative to this project is "Status Quo." Operating the facilities separately (Status Quo) in an inefficient use of finances and staffing. Further the Wayne Care building is not conducive to expectations of modern nursing care due to many ward rooms and outdated amenities. There are no sinks and toilets in the patient rooms. For basic hygiene needs, residents must go down the hall to a communal restroom. Virtually every major system, as well as the structure, are outdated and in need of replacement. The current site of the 46-bed facility is restrictive and will not allow a renovation. Also, operating two separate facilities is inefficient. Therefore, the replacement of this facility is best to be relocated and combined with the 109-bed facility.

    b. The applicant should document that consideration has been given to alternatives to new

construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

RESPONSE:
The Wayne Care facility does not present viable renovation opportunities, nor is it efficient to operate two separate buildings. The Wayne Care property is land locked and would require a complete demolition of the building, which is impracticable on its existing site. The most practical option is to relocate the 46 beds to the site of the Wayne County facility, which does allow proper space and modernization. Also, the Wayne county facility is in very close proximity to the Wayne County Hospital (across the street) which allows for convenient access to hospital care and doctors offices. (Please see Attachment "11" Section B. III. (A) 2.)

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

RESPONSE:

Hospital:	Wayne Medical Center
Home Health:	(Once Dually Certified we will contract with Deaconess Homecare)
Hospice:	Volunteer Hospice; TN Quality Hospice
Medical Director:	Dr. Harish Veeramancaeni
Dental:	Heart Leas Dental
Pharmacy:	Middle Tennessee Pharmacy
Psychology:	Psych-Services, LLC
Podiatric:	Aaron M. Owens, DPM
Veterans:	VA
HMO:	BCBS/United/Amerigroup

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

RESPONSE:

The Applicant does not foresee any negative impact on the healthcare system. There are no other nursing facility providers in the Wayne County service area. The only foreseen effects on the adjoining counties would be that they would not receive residents of Wayne County origin. This is the only negative impact on the surrounding service areas. This impact is very minor in comparison to the positive impacts, of the Wayne County Service area, of offering the combined 155 beds in a modernized and renovated facility which offers increased skilled nursing services and the designated Secured Memory Unit.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

RESPONSE:

Staff salaries used in the financial projections are reasonable and in comparison with wage patterns of the area. During the transfer of residents from the Wayne Care facility to the Wayne County facility, many of the staff transferred as well. This was very instrumental in the success of the transfer of residents as they were kept in close care to those who cared for them at the Wayne Care facility. The Applicant took great care during this transition in regards to staff. The ability to staff the facility is of no issue as the nursing home is a major employer in the area. Further, wage and salaries used in the proforma projections are consistent with other similar service areas. Please see Attachment "22" Contribution to the Orderly Development of Health Care-3 for a summary of staffing and wage patterns.

Staff	Expected Pay/Hour	Hourly Wage Rage (25th to 75th Percentile)
Director of Nursing	$ 31.87	$16.50-$31.35 (healthcare practitioner and technical occupations)
Assistant Director of Nursing	$ 31.44	$16.50-$31.35 (healthcare practitioner and technical occupations)
MDS Coordinator	$ 23.74	$16.50-$31.35 (healthcare practitioner and technical occupations)
Staff Develop. Coordinator	$ 28.00	$16.50-$31.35 (healthcare practitioner and technical occupations)
Unit Manager	$ 28.43	$16.50-$31.35 (healthcare practitioner and technical occupations)
RN	$ 25.14	$21.30-$28.70 (healthcare practitioner and technical occupations)
LPN	$ 16.56	$14.25-$18.10 (healthcare practitioner and technical occupations)
C.N.A.	$ 9.45	$8.60-$12.05 (health care support occupations)
Central Supply Staff	$ 12.00	$10.45-$17.20 (office and administrative support occupations)
Medical Records	$ 14.92	$10.45-$17.20 (office and administrative support occupations)
Dietary Director	$ 17.50	$8.50-$18.90 (chefs & head cooks)
Dietary Assistant Director	$ 16.16	$9.10-$15.75 (First-Line Supervisors of Food Preparation and Serving Workers)
Dietary Staff	$ 8.69	$8.30-$11.80 (food preparation and serving workers)
Laundry Staff	$ 9.40	$8.00-$11.60 (personal care and service occupations

Housekeeping Director	$ 14.50	$9.25-$16.75 (supervisor of housekeeping & janitor workers)
Housekeeping Staff	$ 9.11	$8.45-$11.90 (janitors & cleaners)
Plant Director	$ 18.64	$13.10-$22.75 (First-Line Supervisors of Landscaping, Lawn Service, and Grounds)
Plant Assistant Director	$ 17.73	$13.10-$22.75 (First-Line Supervisors of Landscaping, Lawn Service, and Grounds)
Activities Director	$ 10.14	$15.50-$23.05 (community and social service specialists, all other)
Activities Staff	$ 9.47	$10.35-$14.80 (social and human service assistants)
Social Services Director	$ 21.02	$17.80-$25.60 (Healthcare Social Workers)
Social Services Staff	$ 14.50	$10.35-$14.80 (social and human service assistants)
Administrator	$ 41.00	$22.00-$43.40 (general and operations manager)
Admissions	$ 18.31	$10.45-$17.20 (office and administrative support occupations)
Administrative Staff	$ 11.75	$10.45-$17.20 (office and administrative support occupations)
Business Office Manager	$ 19.72	$16.30-$26.65 (first line supervisors/managers of office and administrative support workers)
HR Director	$ 19.76	$24.25-$43.25 (HR Managers)

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

RESPONSE:
As noted above, the ability to staff the facility is of no issue as the nursing home is a major employer in the area. Further, wage and salaries used in the proforma projections are consistent with other similar service areas.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review *policies and programs, record keeping, and staff education.*

RESPONSE:
The applicant has reviewed and understands all licensing certification as required by the state of Tennessee for medical/clinical staff. Specifically, the applicant is familiar with the Rules of the Tennessee Department of Health, Board of Licensing Health Care Facilities, Chapter 1200-8-6,

Standards of Nursing Homes.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (*e.g.,* internships, residencies, etc.).

RESPONSE: Not applicable.

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

RESPONSE:
The applicant has reviewed and understands the licensure requirements of the Department of Health, and/or any applicable Medicare and Medicaid requirements.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Licensure:

RESPONSE: Copies of the Applicant's current nursing home licenses issued by the Tennessee Department of Health are included as Attachment "23" Contribution to the Orderly Development of Health Care-5.

Accreditation:

RESPONSE: Not applicable.

Certification:

RESPONSE: Tennessee Medicaid and CMS Medicare Certification requirements will be met upon completion of enrollment.

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

RESPONSE: Copies of the Applicant's current nursing home licenses issued by the Tennessee Department of Health are included as Attachment "23" Contribution to the Orderly Development of Health Care-5.

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

RESPONSE: Please see Attachment "24" Contribution to the Orderly Development of Health Care – 7 (d).

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

RESPONSE: Not applicable.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

   RESPONSE: Not applicable.

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

    RESPONSE: If the proposal is approved, the applicant will provide Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required. The applicant files a Joint Annual Report Annually.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. **Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.**
2. **If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule and document the "good cause" for such an extension.**

Form HF0004
Revised 02/01/06
Previous Forms are obsolete

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): February 25, 2015. Assuming the CON approval becomes the final agency action on that date; indicate the number of days **from the above agency decision date** to each phase of the completion forecast.

Phase	DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1. Architectural and engineering contract signed	30	April 2015
2. Construction documents approved by the Tennessee Department of Health	150	October 2015
3. Construction contract signed	180	November 2014
4. Building permit secured	210	December 2014
5. Site preparation completed	300	February 2015
6. Building construction commenced	300	February 2015
7. Construction 40% complete	420	June 2015
8. Construction 80% complete	540	October 2015
9. Construction 100% complete (approved for occupancy	600	December 2015
10. *Issuance of license	630	January 2016
11. *Initiation of service	630	January 2016
12. Final Architectural Certification of Payment	660	March 2016
13. Final Project Report Form (HF0055)	690	April 2016

*** For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF BRADLEY

Kelli A. Canan, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Kelli A. Canan
SIGNATURE/TITLE

Sworn to and subscribed before me this 7th day of November (Month), 2014 (Year) a Notary

Public in and for the County/State of BRADLEY | TENNESSEE.

WANDA B. DAVIS
NOTARY PUBLIC AT LARGE
BRADLEY CO., TENNESSEE

Wanda B. Davis
NOTARY PUBLIC

My commission expires 8/24 (Month/Day), 2015 (Year).

Waynesboro Healthcare, LLC
Certificate of Need ~ Replacement Facility
Attachments

Attachment "1"
Letter of Intent

Attachment "2"
Proof of Publication

Attachment "3" Section A Item 3
Articles of Organization
Operating Agreement
EIN Verification

Attachment "4" Section A Item 4
Organization Structure Chart

Attachment "5" Section A Item 5
Management Agreement

Attachment "6" Section A Item 6
Operations Transfer Agreement
Purchase and Sale Agreement
Lease Agreement

Attachment "7" Section B. I. Project Description
Executive Summary

Attachment "8" Section B. II. D. Need.
Wayne Care Photos

Attachment "9" Section B. II. D. Need.
Transfer Letters

Attachment "10" Section B. III. (A)
Plot Plan of Site - Boundaries

Attachment "11" Section B. III. (A) 2.
Plot Plan of Site – Property (Wayne County)
Plot Plan of Site – Property (Wayne Care)

Attachment "12" Section B. III. (A) 3.
Plot Plan of Site – Proposed Construction

Attachment "13" Section B. IV
Floor Plan – Proposed Facility

Attachment "14" Section C. 4.
Tennessee County Map – Proposed Service Area

Attachment "15" Section C. 5.
Department of Health "Inactive Bed Status" Determination

Attachment "16" Section C. 5.
Counties Surrounding Wayne County, TN, Statistical Data from JAR

Attachment "17" Economic Feasibility-1.
Lease

Attachment "18" Economic Feasibility-1.
Architect Documentation

Attachment "19" Attachment C, Economic Feasibility-2
Commercial Loan Letter

Attachment "20" Economic Feasibility-9.
Proforma

Attachment "21" Attachment C, Economic Feasibly-10.
Balance Sheet and Income Statement

Attachment "22" Contribution to the Orderly Development of Health Care-3
Staff Wage Rate Table

Attachment "23" Contribution to the Orderly Development of Health Care-5
State of Tennessee Licenses

Attachment "24" Contribution to the Orderly Development of Health Care – 7 (d)
Wayne County Nursing Home Annual Survey
Wayne Care Nursing Home Annual Survey

Attachment "1"

Letter of Intent

Waynesboro Healthcare, LLC

485 Central Avenue, NE, Cleveland, TN 37311 * 423-478-5953

November 4, 2015

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Waynesboro Healthcare, LLC Certificate of Need Project

Dear Mrs. Hill,

Enclosed please find the Letter of Intent (in triplicate) on behalf of Waynesboro Healthcare, LLC regarding the CON application being filed with the Department for the replacement of Wayne Care Nursing Home.

The details of the project are disclosed on the attached Letter of Intent. Simultaneously, the Wayne County News is publishing the notice with the same information included in the Wednesday, November 5th edition.

If you have any questions or need additional information, please contact me at 423-478-5953.
Thank you in advance for your assistance in this matter.

Sincerely,

Kelli A. Canan

Kelli A. Canan
CON Project Manager

Cc: Thomas D. Johnson, Chief Manager
Mark D. Farber, Deputy Director
Ann Reed, Director of Licensure

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the Wayne County News, which is a newspaper of general circulation in Wayne County, Tennessee, on or before November 5, 2014,for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.,* and the Rules of the Health Services and Development Agency, that Waynesboro Health & Rehabilitation Center, an existing licensed nursing home owned by Waynesboro Healthcare, LLC, a limited liability company, and to be managed by Health Services Management Group, LLC, intends to file an application for a Certificate of Need for the relocation and replacement of Wayne Care Nursing Home located at 505 South Main Street, Waynesboro, TN 38485 (License #277), a 46-bed nursing facility and the construction of an addition to Waynesboro Health & Rehabilitation Center (License #278) (f/k/a Wayne County Nursing Home), a 109-bed nursing facility located at 104 J.V. Mangubat Drive, Waynesboro, TN 38485. The project will combine the two licensed facilities into one licensed nursing facility by closing the 46-bed facility at 505 South Main Street and combining the beds by construction of an addition to the existing 109-bed facility located at 104 J.V. Mangubat Drive. Upon completion, Waynesboro Health & Rehabilitation Center will house the combined 155-bed nursing facility, which will become dually certified for participation in Medicare and Medicaid and will include an 18-bed Designated Memory Care Unit. Presently, both existing nursing facilities are certified for Level 1/Medicaid only. There is no major medical equipment required for this project, and no new beds are being added from the Nursing Home Bed Pool. The estimated project cost is $5,658,317.63.

The anticipated filing date of the application is on or before November 10, 2014. The contact person for this project is Kelli Canan, CON Project manager, who may be reached at Health Services Management Group, 485 Central Avenue Northeast, Cleveland, Tennessee 37311. Ms. Canan's telephone number is (423) 478-5953 and her email address is kelli.canan@healthservices.cc.

Kelli Canan	11/4/2014	kelli.canan@healthservices.cc
(Signature)	(Date)	(E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Pursuant to T.C.A. § 68-11-1607(c)(1), (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

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Attachment "2"

Proof of Publication

Part of group at Cascade Mountain waterfall.

. . . Washington

(Continued From Page Four B)

back up the mountain in the dark might have made some a little uneasy but Bill Freeman with his wife, Carole, and Bobbie Stults with wife, Doris, really enjoyed talking about horses & ranch life with the wagon drivers.

The next day was spent driving though the heart of the Cascades with several photo stops and lunch of locally grown organic produce at the Natural Interpretive Center. Three dams on the Skagit River, the Ross, the Diablo, and the Gorge, are referred to as the City Lights Dams as they provide the electricity for the city of Seattle. Leaving the areas of ice on craggy Cascade Mountain heights, the motorcoach was driven onto a ferry to cross over to the San Juan islands. Friday Harbor was the busy village where lodging for the next 2 nights was provided. Janey Edwards, Bussy Edwards, Marty McCarter, and Barbara Coleman were out walking to the enticing restaurants, many featuring seafood, all with views of the water. The next morning on a tour of the island, a local guide introduced the history of the American and English camps and the 1859 Pig War that originated over a dispute of the occupancy of the island. The ladies especially enjoyed a stop at the Pelindaba Farm, where the scent of the fields of lavender greeted Dottie Hutchinson, Joan Newland, and Pam Worsham as they stepped off the bus. There was not enough time to fully explore Roche Harbor on the north end of the island but it was definitely a favorite stop. That afternoon was spent on a whale watching cruise where a large hump-back whale played around the excursion boat for over an hour. There were many eagles and sea lions observed along the shore.

The last day in Washington was centered in Seattle beginning with a visit to Pike Place Market where the huge $10 bouquets of mega tulips and other locally grown blooms made June Vinson & Julie Guy wish they could take bunches home with them. The fish market always attracts visitors as fish are tossed from one worker to another to be packaged and sold. The afternoon was spent enjoying the fantastic view from the Space Needle and then strolling thru the new permanent exhibit, Chihuly Gardens & Glass. The sight of these vivid hand-blown works of art was an awesome finale to the Peoples Bank Grandeur of Washington Tour. The Mid-westerner Airport Control Center Fire managed to make the trip home rather uncertain but blessings prevailed. Everyone arrived home safely: albeit a little later than expected. Once again the Peoples Bank VItoP Club and guests enjoyed a well-planned and expertly led tour of another part of the beautiful country in which we are fortunate to reside.

- - -Submitted

4-H News

University Of Tennessee

SAMANTHA MORROW
TSU 4-H Agent

WAYNE COUNTY 4-H HORSE CLUB

Are you interested in tacking, grooming, or riding a horse? What about learning horse safety or horse conformation? Want to visit a horse farm, a horse trainer, and attend a horse show? If you answered yes to any of these questions, then you need to join us!

Horse ownership is NOT required to participate in the 4-H Horse Club. 4-H members only need a horse if they are showing a horse. Participants can still compete and participate in horse events by giving a speech or demonstration, participating on a horse judging, horse bowl, or the hippology team.

The Wayne County 4-H Horse Club meets on the second Saturday of every month. The next meeting will be THIS Saturday, November 8 from 10 A.M. to Noon.

For more information or to RSVP, please contact Shannon Zinn at 256-648-6389 or the

4-H NEWS

November brings a new month of contests for the classroom clubs in Wayne County – posters and piggy banks.

Fourth and fifth grades will be doing a poster with a 4-H theme. This poster can be about anything 4-H related, and should have a catchy slogan that matches the content of the poster. Sixth grade will be doing a poster with a "Reduce, Reuse, Recycle" theme. Eighth grade will be doing a poster with a "Walk Across Tennessee" theme.

The rules for the poster contest are as follows:

1. Posters must be 14 x 22 inches. (Half a sheet of poster board)
2. Posters must be horizontal.
3. Name, address, school and teacher's name must be on the back of your poster.
4. Posters must be made by the 4-H member.
5. Well-known cartoon figures cannot be used on your poster because they are copyrighted. (Example: Bugs Bunny, Spongebob, etc.)
6. Objects or materials cannot extend off the edge of the poster board and nothing 3-D.
7. Use letters that are LARGE enough to read from a distance.
8. Use letters that contrast well with your background. (Ex: black & white)
9. Do not use glitter!
10. If the 4-H Clover is used (with the H's on it), it must be vertical. It cannot be tilted or have any pictures/items on top of it! (It can, however, be used on top of other items!)

Seventh grade will be creating piggy banks for the Piggy Bank Pageant. The piggy bank must be made from recyclable materials, and the 4-H member must make it. It does not have to be specifically pig-shaped – the students have been shown examples during the previous meeting of piggy banks that competed in the state contest last year. There was everything from a paper-mache deer head to a giant cupcake, and everything in between. The piggy bank must be no larger than 12 inches by 12 inches. There must be a way to get the money in and out.

If you have any questions about these contests, please contact us at the Wayne County Extension Office at 722-3229!

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development. The University of Tennessee Institute of Agriculture, Tennessee State University, U.S. Department of Agriculture and county governments cooperating. UT and TSU Extension provide equal opportunities in programs and employment.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

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Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Pursuant to T.C.A. § 68-11-1607(c)(1), (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

SUBSTITUTE TRUSTEE'S SALE

Sale at public auction will be on December 8, 2014 on or about 1:00 PM local time, at the East door of the courthouse in Waynesboro, Tennessee, conducted by the Substitute Trustee as identified and set forth herein below, pursuant to Deed of Trust executed by JOSH STULTS AND TAMMY STULTS, to TITLE & ESCROW OF LAWRNCE CO., Trustee, on January 26, 2007, at Record Book 92, Page 940 in the real property records of Wayne County Register's Office, Tennessee.

Owner of Debt: DEUTSCHE BANK NATIONAL TRUST COMPANY, AS TRUSTEE FOR SECURITIZED ASSET BACKED RECEIVABLES LLC TRUST 2007-HE3, MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-HE3

The following real estate located in Wayne County, Tennessee, will be sold to the highest call bidder subject to all unpaid taxes, prior liens and encumbrances of record:

A tract or parcel of land, lying and being situated in the 1st Civil District of Wayne County, Tennessee, being a portion of the property conveyed to Jerry H. Daniel, and wife Margaret Nell Daniel, by deed recorded in Deed book 128, page 437, and Deed book 107, page 842, in the register's Office of said county, (R.O.W.C.), and being more particularly described as follows:

BEGINNING on an iron rod set in the south right-of-way of State Route 13, being the northwest corner of a tract conveyed to Timothy Lynn Powell, and wife, Joy Lynn Powell, by deed recorded in Deed book 141, page 789, (R.O.W.C) the northeast corner of the tract of which the herein described tract is a part, and the northeast corner of the herein described tract; runs thence S 42 degrees 19 minutes 47 seconds W, a distance of 417.13 feet, along and with the west boundary of said Powell tract, being the east boundary of the herein described tract to an iron rod set, being a point in the west boundary of said Powell tract an exterior corner of the remainder of the tract of which the herein described tract is a part, and the southeast of the herein described tract; runs thence N 81 degrees 23 minutes 39 seconds W, a distance of 146.86 feet, along and with a severance line, being the south boundary of the herein described tract, to a steel fencepost found, being an interior corner of the remainder of the tract of which the herein described tract is a part, and the southwest corner of the herein described tract; runs thence N 40 degrees 49 minutes 42 seconds E, passing an iron rod set at a distance of 389.06 feet, continuing a distance of 30.00 feet, for a total distance of 419.06 feet, along and with a severance line being the west boundary of the herein described tract, to a point in the centerline of a branch, being a point in the south right-of-way of the aforementioned State Route 13, the northeast corner of the remainder of the tract of which the herein described tract is a part, and the northwest corner of the herein described tract; runs thence S 50 degrees 39 minutes 16 seconds E, a distance of 157.72 feet, along and with the south right-of-way of said State Route 13, being the north boundary of the herein described tract to the POINT OF BEGINNING, containing 1.460 acres of land, more or less.

This being a portion of the same property conveyed to Josh Stults and wife Tammy Stults by Warranty Deed from Jerry H. Daniel and wife, Margaret Nell Daniel dated May 18, 1999 of record in Record Book 155, page 98, Register's Office of Wayne County, Tennessee. Also see Affidavit to correct public notary of record in Record Book 10, Page 919, Register's Office of Wayne County, Tennessee.

Tax ID: 106.50.01

Current Owner(s) of Property: JOSH STULTS AND TAMMY STULTS

The street address of the above described property is believed to be 1680 Collinwood Highway, Collinwood, TN 38450, but such address is not part of the legal description of the property sold herein and in the event of any discrepancy, the legal description referenced herein shall control.

SALE IS SUBJECT TO OCCUPANT(S) RIGHTS IN POSSESSION.

THE RIGHT IS RESERVED TO ADJOURN THE DAY OF THE SALE TO ANOTHER DAY, TIME AND PLACE CERTAIN WITHOUT FURTHER PUBLICATION, UPON ANNOUNCEMENT AT THE TIME AND PLACE FOR THE SALE SET FORTH ABOVE. THE TRUSTEE/SUBSTITUTE TRUSTEE RESERVES THE RIGHT TO RESCIND THE SALE. IF THE SALE IS SET ASIDE FOR ANY REASON, THE PURCHASER AT THE SALE SHALL BE ENTITLED ONLY TO A RETURN OF THE DEPOSIT PAID. THE PURCHASER SHALL HAVE NO FURTHER RECOURSE AGAINST THE GRANTOR, THE GRANTEE, OR THE TRUSTEE.

OTHER INTERESTED PARTIES: None

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

If applicable, the notice requirements of T.C.A. 35-5-117 have been met.

All right of equity of redemption, statutory and otherwise, and homestead are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

If the U.S. Department of Treasury/IRS, the State of Tennessee Department of Revenue, or the State of Tennessee Department of Labor or Workforce Development are listed as interested Parties in the advertisement, then the Notice of this foreclosure is being given to them and the Sale will be subject to the applicable governmental entities' right to redeem the property as required by 26 U.S.C. 7425 and T.C.A. §67-1-1433.

This property is being sold with the express reservation that the sale is subject to confirmation by the lender or trustee. This sale may be rescinded at any time. If the sale is set aside for any reason, the Purchaser at the sale shall be entitled only to a return of the deposit paid. The Purchaser shall have no further recourse against the Mortgagor, the Mortgagee or the Mortgagee's attorney.

MWZM File No. 14-002998-670

JASON S. MANGRUM,
J.P. SELLERS,
LORI LIANE LONG,
Substitute Trustee(s)
PREMIER BUILDING,
SUITE 404
5217 MARYLAND WAY
BRENTWOOD, TN
37027
PHONE:
(615) 238-3630
EMAIL: TESALES@
MWZM.COM

November 5, 12, 19, 2014

Aqua Sun POOLS
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12x15 - $1935; 12x24 - $2600
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www.countylineminibarns.com
Call Chris Miller at 931-593-2080
CALL US ANYTIME INCLUDING NIGHTS AND WEEKENDS

The Wayne County News

WAYNESBORO, TENNESSEE

State of Tennessee, Wayne County:

I, Lisa Calton, Bookkeeper of The Wayne County News, a weekly newspaper printed and published at Waynesboro, Wayne County, Tennessee, solemnly swear that the attached Notice was published in the said newspaper for 1 consecutive issues, beginning with the issue of Nov 5, 20 14 and ending with the issue of Nov 5, 20 14

Lisa Calton

Subscribed and sworn to before me, a Notary Public, in and for said county and state, this 5th day of November, 20 14

Kathy Brison Notary Public

My commission expires July 23, 20 18

KATHY BRISON STATE OF TENNESSEE NOTARY PUBLIC WAYNE COUNTY

15	inches/words	$ 77.25
	inches/words	$
	inches/words	$
	inches/words	$
	inches/words	$
	inches/words	$
	inches/words	$

Total Publication Fees Due $ 77.25

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

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Attachment "3" Section A Item 3

Articles of Organization

Operating Agreement

EIN Verification

Articles of Organization

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WAYNESBORO HEALTHCARE, LLC
485 CENTRAL AVE NE
CLEVELAND, TN 37311-5541

June 18, 2014

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control # :	**761626**	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	06/18/2014
Filing Date:	06/18/2014 12:07 PM	Fiscal Year Close:	12
Status:	Active	Annual Report Due:	04/01/2015
Duration Term:	Perpetual	Image # :	7354-0049
Managed By:	Member Managed		
Business County:	BRADLEY COUNTY		

Document Receipt

Receipt # : 1546445

Filing Fee:	$300.00
Payment-Check/MO - BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, CHATTAI	$300.00

Registered Agent Address:
THOMAS D JOHNSON
485 CENTRAL AVE NE
CLEVELAND, TN 37311-5541

Principal Address:
485 CENTRAL AVE NE
CLEVELAND, TN 37311-5541

Congratulations on the successful filing of your **Articles of Organization** for **WAYNESBORO HEALTHCARE, LLC** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Visit the TN Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett
Secretary of State

Processed By: Jeff Cook

FILED

ARTICLES OF ORGANIZATION
OF
WAYNESBORO HEALTHCARE, LLC

Pursuant to the provisions of § 48-249-202 of the Tennessee Revised Limited Liability Company Act (the "*Act*"), the undersigned hereby adopts the following Articles of Organization for the purpose of organizing a limited liability company under the Act:

1. **Name of Limited Liability Company**. The name of the limited liability company shall be **WAYNESBORO HEALTHCARE, LLC** (the "*LLC*").

2. **Initial Registered Office and Agent**. The street address and zip code of the LLC's initial registered office in Tennessee is 485 Central Avenue NE, Cleveland, Tennessee 37311, which is located in Bradley County. The name of the initial registered agent at such office is Thomas D. Johnson.

3. **Principal Executive Office**. The street address and zip code of the LLC's principal executive office is 485 Central Avenue NE, Cleveland, Tennessee 37311, which is located in Bradley County.

4. **Management**. The LLC shall be member-managed.

5. **Member Count**. The LLC shall have two (2) members.

6. **Fiscal Year**. The fiscal year of the LLC shall end on December 31 of each year unless changed by the members.

7. **Written Operating Agreement**. The Operating Agreement of the LLC and all amendments thereto shall be in writing.

8. **Inconsistent or Contradictory Provisions**. To the extent that any express provisions in these Articles of Organization or in the Operating Agreement of the LLC are inconsistent with or contradict any provisions of the Act that are waivable or subject to alteration or modification under § 48-249-205(a) of the Act, such inconsistent or contradictory provisions of the Act are hereby waived (rendered inapplicable), modified and altered to the extent necessary to give full effect to the express provisions of these Articles of Organization and the Operating Agreement of the LLC.

Dated: June 17, 2014

Amy W. Mahone

Amy W. Mahone, Esq., Organizer

703781

Received by Tennessee Secretary of State Tre Hargett

BAKER DONELSON
BEARMAN, CALDWELL & BERKOWITZ, PC

1800 REPUBLIC CENTRE
633 CHESTNUT STREET
CHATTANOOGA, TENNESSEE 37450
PHONE: 423.756.2010
FAX: 423.756.3447

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CLAIRE TULEY, PARALEGAL
Direct Dial: 423.209.4179
Direct Fax: 423.752.9588
E-Mail Address: ctuley@bakerdonelson.com

June 17, 2014

State of Tennessee
Department of State
Division of Corporations
312 Rosa L. Parks Avenue
6th Floor, Snodgrass Tower
Nashville, TN 37243-1102

VIA FEDERAL EXPRESS

Re: **Waynesboro Healthcare, LLC**

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Waynesboro Healthcare, LLC. Please file these Articles for us as soon as possible. Also enclosed is a check in the amount of $300.00 for the filing fees. Please return the originals by regular mail using the self-addressed envelope that is enclosed.

If you have any questions or if there is a problem, please let me know. I can be reached by telephone at (423) 209-4179. Thank you in advance for your help.

Sincerely,

Claire Tuley

Claire Tuley
Paralegal

cc: Amy W. Mahone, Esq.

7354.0050, 06/18/2014, 12:07:14, Received by Tennessee Secretary of State Tre Hargett

Operating Agreement

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Filing Information

Name: **WAYNESBORO HEALTHCARE, LLC**

General Information

SOS Control # :	**761626**	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	06/18/2014
Filing Date:	06/18/2014 12:07 PM	Fiscal Year Close	12
Status:	Active	Member Count:	2
Duration Term:	Perpetual		
Managed By:	Member Managed		

Registered Agent Address
THOMAS D JOHNSON
485 CENTRAL AVE NE
CLEVELAND, TN 37311-5541

Principal Address
485 CENTRAL AVE NE
CLEVELAND, TN 37311-5541

The following document(s) was/were filed in this office on the date(s) indicated below:

Date Filed	Filing Description	Image #
06/18/2014	Initial Filing	7354-0049

Active Assumed Names (if any)	Date	Expires

OPERATING AGREEMENT
OF
WAYNESBORO HEALTHCARE, LLC

THIS OPERATING AGREEMENT OF WAYNESBORO HEALTHCARE, LLC, a limited liability company organized pursuant to the Tennessee Revised Limited Liability Company Act, shall be effective as of the 18th day of June, 2014, by and among the Persons executing this Operating Agreement as Members. This Operating Agreement shall replace and supersede any prior Operating Agreement of the Company.

ARTICLE I.
DEFINITIONS

The following terms used in this Operating Agreement shall have the following meanings unless otherwise expressly provided herein:

Section 1.1 "*Act*" means the Tennessee Revised Limited Liability Company Act, Tenn. Code Ann. § 48-249-101, *et seq.*, as amended from time to time, and any successor thereto.

Section 1.2 "*Affiliate*" means, with respect to any Person, (a) any Person directly or indirectly controlling, controlled by, or under common control with such Person, (b) any Person owning or controlling ten percent (10%) or more of the outstanding voting interests of such Person, (c) any member, manager, officer, director or general partner of such Person, or (d) any Person who is a member, manager, officer, director, general partner, trustee, or a holder of ten percent (10%) or more of the voting interests of any Person described in clauses (a) through (c) of this sentence. For purposes of this definition, the term "controls," "is controlled by," or "is under common control with" means the possession, direct or indirect, of the power to direct or cause the direction of the management policies of a person or entity, whether through the ownership of voting securities, by contract or otherwise.

Section 1.3 "*Articles*" means the Articles of Organization of the Company, as amended from time to time.

Section 1.4 "*Business Day*" shall mean any day other than Saturday, Sunday or any legal holiday observed in Tennessee.

Section 1.5 "*Capital Account*" means the account maintained with respect to a Member determined in accordance with Article VI.

Section 1.6 "*Capital Contribution*" means any contribution of Property or services or the obligation to contribute Property or services made by or on behalf of a Member.

Section 1.7 "*Code*" means the Internal Revenue Code of 1986, as amended, or any successor thereto.

Section 1.8 "***Company***" means WAYNESBORO HEALTHCARE, LLC, a Tennessee limited liability company.

Section 1.9 "***Company Minimum Gain***" means an amount determined by first computing for each Company Nonrecourse Liability any gain the Company would realize if it Transferred the Company Property subject to that liability for no consideration other than full satisfaction of the liability, and then aggregating the separately computed gains. The amount of Company Minimum Gain includes such minimum gain arising from a conversion, refinancing, or other change to a debt instrument, only to the extent a Member is allocated a share of that minimum gain. For any Taxable Year, the net increase or decrease in Company Minimum Gain is determined by comparing the Company Minimum Gain on the last day of the immediately preceding Taxable Year with the Company Minimum Gain on the last day of the current Taxable Year. Notwithstanding any provision to the contrary contained herein, Company Minimum Gain, and increases and decreases in Company Minimum Gain, are intended to be computed in accordance with Section 704 of the Code and the Regulations issued thereunder, as the same may be issued and interpreted from time to time.

Section 1.10 "***Company Nonrecourse Liability***" means any debt or obligation of the Company to the extent that no Member or Related Person bears the economic risk of loss (as defined in Section 1.752-2 of the Regulations) with respect to the liability.

Section 1.11 "***Company Property***" means any Property owned by the Company.

Section 1.12 "***Distribution***" means a transfer of Property made by the Company to a Member on account of such Member's Financial Rights as described in Article VII.

Section 1.13 "***Electronic Transmission***" has the meaning set forth in § 48-249-405(c)(2) of the Act.

Section 1.14 "***Entity***" has the meaning set forth in § 48-249-102(9) of the Act.

Section 1.15 "***Financial Rights***" has the meaning set forth in § 48-249-102(11) of the Act. The Financial Rights shall be expressed as a percentage, with the initial percentages being set forth on Exhibit A attached hereto.

Section 1.16 "***Governance Rights***" has the meaning set forth in § 48-249-102(13) of the Act. The Governance Rights shall be expressed as a percentage, with the initial percentages being set forth on Exhibit A attached hereto.

Section 1.17 "***Initial Capital Contribution***" means the initial Capital Contribution agreed to be made by the Members as described in Section 6.1 and set forth on Exhibit A.

Section 1.18 "***Member***" means any Person holding Membership Interests.

Section 1.19 "***Member Minimum Gain***" means an amount determined by first computing for each Member Nonrecourse Liability any gain the Company would realize if it disposed of the Company Property subject to that liability for no consideration other than full satisfaction of the liability, and then aggregating the separately computed gains. The amount of

Member Minimum Gain includes such minimum gain arising from a conversion, refinancing, or other change to a debt instrument, only to the extent a Member is allocated a share of that minimum gain. For any Taxable Year, the net increase or decrease in Member Minimum Gain is determined by comparing the Member Minimum Gain on the last day of the immediately preceding Taxable Year with the Member Minimum Gain on the last day of the current Taxable Year. Notwithstanding any provision to the contrary contained herein, Member Minimum Gain and increases and decreases in Member Minimum Gain are intended to be computed in accordance with Section 704 of the Code and the Regulations issued thereunder, as the same may be issued and interpreted from time to time.

Section 1.20 "***Member Nonrecourse Deductions***" means the net increase during the Taxable Year, if any, in Member Minimum Gain, reduced (but not below zero) by any distribution of proceeds that are attributable to a Member Nonrecourse Liability and allocable to an increase in such Member Minimum Gain under Section 1.704-2(i) of the Regulations.

Section 1.21 "***Member Nonrecourse Liability***" means any debt or obligation of the Company to the extent the liability is nonrecourse under state law, and on which a Member or Related Person bears the economic risk of loss under Section 1.752-2 of the Regulations because, for example, the Member or Related Person is the creditor or a guarantor.

Section 1.22 "***Membership Interest***" has the meaning set forth in § 48-249-102(22) of the Act.

Section 1.23 "***Net Cash Receipts***" means the gross cash proceeds from the operation of the Company's business less the portion thereof designated by the Members as reserves for or to pay the Company's expenses, debt payments and capital expenditures. "Net Cash Receipts" shall include any new cash proceeds from the disposition of Company Property and from the refinancing of indebtedness of the Company, shall be increased by any reduction of reserves previously established by the Members and shall not be reduced by depreciation, cost recovery, amortization or similar noncash deductions. Loans from Members shall only be included in Net Cash Receipts by affirmative vote of a majority of the Membership Interests.

Section 1.24 "***Notice***" means a written communication. Notice to the Company shall be considered given when mailed by first class mail postage prepaid addressed to any Officer in care of the Company at the address of the Company's Principal Executive Office. Notice to a Member shall be considered given when mailed by first class mail postage prepaid addressed to the Member at that Member's address as reflected in the records of the Company unless the Member has given the Company a Notice of a different address. Notice shall also be considered given as provided in this Operating Agreement and in the Act.

Section 1.25 "***Officers***" means the officers of the Company.

Section 1.26 "***Operating Agreement***" means this Operating Agreement including all amendments hereto adopted in accordance with the term hereof and the Act.

Section 1.27 "***Person***" shall include an individual or any Entity.

Section 1.28 "***Principal Executive Office***" means the principal executive office of the Company designated in Section 2.3.

Section 1.29 "***Profits***" and "***Losses***" mean, for each fiscal year or other allocation period, an amount equal to the Company's taxable income or loss for such year or period, determined in accordance with Code Section 703(a) (for this purpose, all items of income, gain, loss or deduction required to be stated separately pursuant to Code Section 703(a)(1) shall be included in taxable income or loss), with the following adjustments:

(a) Income of the Company that is exempt from federal income tax and not otherwise taken into account in computing Profits or Losses hereunder shall be added to such taxable income or loss;

(b) Any expenditures of the Company described in Code Section 705(a)(2)(B) or treated as Code Section 705(a)(2)(B) expenditures pursuant to Regulations Section 1.704-1(b)(2)(iv)(i) and not otherwise taken into account in computing Profits or Losses hereunder shall be subtracted from such taxable income or loss;

(c) In the event the value of any Company asset is adjusted pursuant to the Code, the amount of such adjustment shall be taken into account as gain or loss from the disposition of such asset for purposes of computing Profits or Losses;

(d) Gain or loss resulting from any disposition of a Company asset with respect to which gain or loss is recognized for federal income tax purposes shall be computed by reference to the fair market value of the asset disposed of, notwithstanding that the adjusted tax basis of such asset differs from its fair market value;

(e) In lieu of the depreciation, amortization and other cost recovery deductions taken into account in computing such taxable income or loss, there shall be taken into account depreciation for such fiscal year or other period computed in accordance with the definition of depreciation contained herein;

(f) To the extent an adjustment to the adjusted tax basis of any Company asset pursuant to Code Sections 734(b) or 743(b) is required by Regulations Section 1.704-1(b)(2)(iv)(m)(4) to be taken into account in determining Capital Accounts as a result of a distribution other than in liquidation of a Member's interest in the Company, the amount of such adjustment shall be treated as an item of gain (if the adjustment increases the basis of the asset) or loss (if the adjustment decreases the basis of the asset) from the disposition of the asset and shall be taken into account for purposes of computing Profits or Losses; and

(g) Notwithstanding any other provision herein, any items, which are specially allocated pursuant to Sections 7.2, 7.3, 7.4 or 7.5 hereof, shall not be taken into account in computing Profits or Losses. The amount of the items of Company income, gain, loss or deduction available to be specially allocated pursuant to Sections 7.2, 7.3, 7.4 or 7.5 hereof shall be determined by applying rules analogous to those set forth in subparagraphs (a) through (g) of this Section.

Section 1.30 "***Property***" means any property, whether real, personal or mixed, tangible or intangible, including money and any legal or equitable interest in such property, but excluding services and promises to perform services in the future.

Section 1.31 "***Regulations***" means the permanent, temporary, proposed, or proposed and temporary regulations issued by the Department of the Treasury that are promulgated under the Code as amended.

Section 1.32 "***Related Person***" means a Person having a relationship to a Member that is described in Section 1.752-4(b) of the Regulations.

Section 1.33 "***Securities Acts***" means the Securities Act of 1933, the Tennessee securities laws or the securities laws of any other state.

Section 1.34 "***Taxable Year***" means the taxable year of the Company as determined pursuant to Section 706 of the Code.

Section 1.35 "***Tax Distributions***" has the meaning set forth in Section 7.8.

Section 1.36 "***Taxing Jurisdiction***" means the taxing jurisdiction of the Federal government and of any state, local, or foreign government that collects tax, interest or penalties, however designated, on any Member's share of the income or gain attributable to the Company.

Section 1.37 "***Transfer***" means any sale, assignment, transfer, exchange, mortgage, pledge, grant, hypothecation, or other transfer, absolute or as security or encumbrance (including transfers by operation of law) and may be used as a noun or a verb.

ARTICLE II.
FORMATION AND BUSINESS OF COMPANY

Section 2.1 Organization. The Company, pursuant to the provisions of the Act, is a member-managed limited liability company. The Company shall be treated as a partnership for state and federal tax purposes.

Section 2.2 Registered Agent and Office. The registered agent for the service of process and the registered office shall be as reflected in the Articles. The Members may change the registered agent or office by authorizing appropriate filings with the Secretary of State. In the event the registered agent ceases to act as such for any reason or the location of the registered office shall change, the Officers shall promptly designate a replacement registered agent or file a Notice of Change of Address as the case may be.

Section 2.3 Principal Executive Office. The Principal Executive Office of the Company is located at that location reflected in the Articles. The Company may locate its Principal Executive Office at any other place or places as the Members may from time to time deem advisable.

Section 2.4 Permitted Businesses. The business of the Company shall be to accomplish any lawful business whatsoever, to exercise all powers necessary to or reasonably

connected with the Company's business which may be legally exercised by limited liability companies under the Act or under the laws of any jurisdiction in which the Company may conduct its business.

Section 2.5 Information Regarding Members. Exhibit A contains the identity of all of the Members, their initial Capital Contributions and their percentage Financial Rights and Governance Rights.

Section 2.6 Members Not Agents of Company. Notwithstanding § 48-249-402(a) of the Act or any other provision of the Act to the contrary, the Members, solely by virtue of their Membership Interest in this Company, are not agents of the Company and shall not have authority to bind the Company by their acts as Members unless it is specifically granted specific, written authority to act for the Company in particular matter. Only Officers, acting at the direction of the Members, shall be agents of the Company.

ARTICLE III.
MEMBER MEETINGS

Section 3.1 Meetings. Neither regular nor special meetings of the Members shall be required in order to conduct the business and affairs of the Company or take any action with respect thereto; provided, however, that meetings of the Members may be called for any purpose or purposes using the procedures contained in this Article III by any Officer or Member.

Section 3.2 Place of Meetings. Member meetings shall be held at the Principal Executive Office or at any other place, within or without the State of Tennessee, as the Members may from time to time elect.

Section 3.3 Notice Requirements. Notice of meetings shall be in writing, unless oral notice is reasonable under the circumstances, and if in writing may be communicated in person, by facsimile, electronic mail or other form of electronic communication. The notice must state the place, day and hour of the meeting and the purpose or purposes for which the meeting is called. Except as permitted by Section 3.7, notice shall be given to each Member entitled to vote at the meeting. Written notice is effective at the earliest of the following: (a) when received or when delivered to the addressee's last known principal place of business or residence; (b) five (5) days after its deposit in the mail, as evidenced by the postmark, if mailed with first-class postage prepaid and correctly addressed to a Member at the address shown in the Company's current records; or (c) on the date shown on the return receipt, if sent by registered or certified mail, return receipt requested, and the receipt is signed by or on behalf of the addressee. Oral notice is effective when communicated if communicated in a comprehensible manner.

Section 3.4 Meetings by Any Form of Communication. Members may participate in a meeting of the Members by means of conference telephone or other communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this provision shall constitute presence in person at such meeting.

Section 3.5 Quorum. Members holding a majority of the Membership Interests shall constitute a quorum at all meetings of the Members. When a quorum is once present to organize

a meeting, it is not broken by the subsequent withdrawal of any of those present. A meeting may be adjourned despite the absence of a quorum.

Section 3.6 Voting. Whenever any Company action requires authorization by the Members, it shall be taken if authorized by Members holding a majority of the Membership Interests, except as otherwise specified in the Articles or this Operating Agreement.

Section 3.7 Action by Consent. The Members may take any action on which they are entitled to vote by written consent without prior notice and without a vote if a consent or consents in writing setting forth the action to be taken is signed by is signed by Members holding not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all Members entitled to vote were present and voted. A consent transmitted by Electronic Transmission by a Member (or by a person authorized to act for the Member) shall be deemed to be written and signed for purposes of this subsection. Notice of action taken by less than unanimous written consent of the Members without a meeting need not be given to all Members entitled to vote thereon.

Section 3.8 Proxies. Members who are entitled to vote may vote any meeting either in person or by proxy in writing, which shall be filed with the Officers before being voted. Such proxy shall entitle the holders thereof to vote the Membership Interest of the Member granting the proxy at any meeting or any adjournment of such meeting, but shall be valid after the final adjournment thereof. No proxy shall be valid after the expiration of eleven (11) months from the date of its execution unless the Member executing it shall have specified therein the length of time it is to continue in force, which shall be for some limited period.

ARTICLE IV.
OFFICERS

Section 4.1 Number. The Officers of the Company shall be a Chief Manager and such other Officers as the Members may determine, each of whom shall be appointed by the Members. Any two (2) or more Officer positions may be held by the same person. The Officers need not be Members or residents of the State of Tennessee. The initial Chief Manager of the Company shall be Thomas D. Johnson.

Section 4.2 Term of Office. Each Officer shall hold office until his successor has been duly elected and qualified or until his death or until he resigns or has been removed in the manner hereinafter provided.

Section 4.3 Removal and Resignation. An Officer serves at the pleasure of the Members, and the Members may remove an Officer at any time with or without cause, subject, however, to the terms of any employment contract between the Company and such Officer. The Members also may eliminate any Officer position, other than Chief Manager, at any time. The removal of an Officer is without prejudice to the contractual rights of the Officer, if any. Any Officer may resign at any time and for any reason. In the event of a vacancy in any office because of death, resignation or removal, the Members shall elect a successor to such office.

Section 4.4 Duties.

(a) Chief Manager. The Chief Manager shall be the principal executive officer of the Company and shall supervise the business and affairs of the Company. It shall see that all orders and resolutions of the Members are carried into effect. It shall sign and deliver in the name of the Company any deeds, mortgages, bonds, contracts or other instruments pertaining to the business of the Company, except in cases in which the authority to sign and deliver is required by law to be exercised by another person or is expressly delegated by the Articles or the Operating Agreement or the Members. The Chief Manager shall perform any other duties prescribed by the Members. In the event that the Company has a vacancy in the office of Secretary, any notices, documents or other matters that otherwise are required to go to the Secretary may be delivered to the Chief Manager.

(b) Vice Presidents. The Vice Presidents, if any, in order of their seniority or in any other order determined by the Members shall, in the absence or disability of the Chief Manager, perform the duties and exercise the powers of the Chief Manager and shall severally assist the Chief Manager in the management of the business of the Company and the implementation of resolutions of the Members, and in the performance of such other duties as the Chief Manager may from time to time prescribe. The duties of any assistant vice presidents shall be as set by the Chief Manager.

(c) Secretary. The Secretary, if one, shall keep accurate membership records for the Company and maintain records of and, whenever necessary, certify all proceedings of the Members. The Secretary also shall receive notices required to be sent to the Secretary and to keep a record of such notices in the records of the Company and shall perform such other duties as are prescribed by the Members or by the Chief Manager. The Secretary is an agent of the Company and may legally bind the Company. The Secretary, if one, shall record all Company minutes in a book to be kept for that purpose and shall perform such other duties as may be prescribed by the Members or the Chief Manager, under whose supervision he shall act. He shall keep in safe custody the certificate books and Member records and such other books and records as the Members may direct and shall perform all other duties incident to the office of Secretary. If there is no Secretary, the foregoing duties shall be carried out by the Chief Manager.

(d) Assistant Secretaries. The Assistant Secretaries, if any, in order of their seniority or in any other order determined by the Members shall, in the absence or disability of the Secretary, perform the duties and exercise the powers of the Secretary and shall perform such other duties as the Members or the Secretary may from time to time prescribe.

(e) Treasurer. The Treasurer, if one, shall have the care and custody of the Company funds, and other valuable effects, including securities, and shall keep full and accurate accounts of receipts and disbursements in books belonging to the Company and shall deposit all monies and other valuable effects in the name and to the credit of the Company in such depositories as may be designated by the Members. The Treasurer shall disburse the funds of the Company as may be ordered by the Members, taking proper vouchers for such disbursements, and shall render to the Chief Manager and the Members whenever they may require it an account of all his transactions as Treasurer and

of the financial condition of the Company. If required by the Members, the Treasurer shall give the Company a bond for such term, in such sum and with such surety or sureties as shall be satisfactory to the Members for the faithful performance of the duties of his office and for the restoration to the Company, in case of his death, resignation, retirement or removal from office, of all books, papers, vouchers, money and other property of whatever kind in his possession or under his control belonging to the Company.

(f) Assistant Treasurers. The Assistant Treasurers, if any, in the order of their seniority or in any other order determined by the Members, shall in the absence or disability of the Treasurer, perform the duties and exercise the power of the Treasurer and shall perform such other duties as the Members or the Treasurer shall prescribe.

(g) Vacancy of any Office. If at any time there is no person designated for an Officer position, the duties of such Officer position shall be carried out by the Chief Manager.

Section 4.5 Delegation. An Officer may delegate some or all of the duties and powers of his office to other persons. An Officer who delegates the duties or powers of an office remains subject to the standard of conduct for an Officer with respect to the discharge of all duties and powers so delegated.

Section 4.6 Compensation. The Officers may be paid their actual and reasonable expenses for serving as an Officer and shall receive such salary or other compensation for serving as an Officer, if any, as the Members shall determine.

ARTICLE V.
PROPERTY, ACCOUNTS AND RECORDS

Section 5.1 Property. Any and all Company Property shall be held in the name of the Company.

Section 5.2 Records, Audits and Reports to be Maintained. The Company shall maintain the records and accounts of all operations and expenditures of the Company. The Company shall maintain at the Principal Executive Office the records and financial information described in § 48-249-406 of the Act.

Section 5.3 Access to Records. The records and financial information required to be maintained by the Company in Section 5.2, and any other books and records of the Company, wherever situated, are subject to inspection and copying upon five (5) days prior Notice from any Member, and at the expense of, any Member or the Member's agent or attorney during regular business hours of the Company.

Section 5.4 Reports to Members. The Company shall provide reports to the Members at such time and in such manner as the Members may determine reasonable or appropriate. The Company shall provide all Members with those information returns required by the Code and the laws of all applicable local and foreign states.

ARTICLE VI.
CONTRIBUTIONS AND CAPITAL ACCOUNTS

Section 6.1 Initial Capital Contributions. No interest shall accrue on any Initial Capital Contribution, and no Member shall have the right to withdraw or be repaid any Initial Capital Contribution except as provided in this Operating Agreement.

Section 6.2 Additional Capital Contributions. In addition to the Initial Capital Contributions, the Members may determine from time to time that additional contributions are needed to enable the Company to conduct its business. Upon making such a determination and upon the approval of a Supermajority (as defined in Section 9.6) of the Members, the Officers shall give notice to all Members in writing at least ten (10) Business Days prior to the date on which such contribution is due. Such notice shall set forth the amount of additional contribution needed, the purpose for which the contribution is needed, and the date by which the Members should contribute. Each Member shall be entitled to contribute a share of such additional contribution in proportion to such Member's percentage Membership Interest; provided, however, that no Member shall be obligated to make any such additional contributions. In the event one or more Members do not make such additional contributions, the other Members shall be given the opportunity to make the contributions on behalf of the noncontributing Members on a pro rata basis among such Members or on such other basis as the Members shall agree to. The contributing Members' percentage Membership Interests shall be increased, and the noncontributing Members' Membership Interests shall be decreased, based on their relative total capital contributions to the Company. Notwithstanding anything herein to the contrary, this Agreement shall not be construed as creating a deficit restoration obligation or otherwise personally obligating any Member to make a Capital Contribution in excess of the Initial Capital Contribution.

Section 6.3 Priority and Return of Capital. No Member shall have priority over any other Member, either as to the return of Capital Contributions or as to income, Losses or Distributions of the Company's assets. This Section 6.3 shall not apply to loans (as distinguished from Capital Contributions) that a Member has made to the Company.

Section 6.4 Maintenance of Capital Accounts. The Company shall establish and maintain Capital Accounts for each Member. Such Capital Accounts shall be maintained in accordance with Treasury Regulations 1.704-1(b)(iv).

Section 6.5 Distribution of Property. If the Company at any time distributes any of its Property to any Member, the Capital Account of each such Member shall be adjusted to account for the Member's allocable share (as determined under Article VII below) of the Profits or Losses that would have been realized by the Company had it sold the Property that was Distributed at its respective fair market value immediately prior to its Distribution.

Section 6.6 Transfer of Financial Rights. In the event of a Transfer of some or all of a Member's Financial Rights in the Company, the Capital Account of the Transferring Member shall become the Capital Account of the Member acquiring such Financial Rights, to the extent it relates to the portion of the Financial Rights Transferred.

Section 6.7 Compliance with Section 704(b) of the Code. The provisions of this Article VI as they relate to the maintenance of Capital Accounts are intended, and shall be construed, and, if necessary, modified, to cause the allocations of profits, losses, income, gain and credit pursuant to Article VII to have substantial economic effect under the Regulations promulgated under Section 704(b) of the Code, in light of the Distributions made pursuant to Article VII and the Capital Contributions made pursuant to this Article VI. Notwithstanding anything herein to the contrary, this Operating Agreement shall not be construed as creating a deficit restoration obligation or otherwise personally obligate any Member to make a Capital Contribution in excess of the Initial Capital Contribution made by that Member.

ARTICLE VII.
ALLOCATIONS AND DISTRIBUTIONS

Section 7.1 Allocations of Profits and Losses. Except as may be required by Section 704(c) of the Code, and Sections 7.2, 7.3, 7.4, and 7.5 of this Article VII, Profits, Losses, and other items of income, gain, loss, deduction and credit shall be apportioned among the Members in proportion to the Membership Interest of each Member.

Section 7.2 Allocations Between Transferor and Transferee. If a Member transfers any part or all of its Membership Interest or if an additional member is admitted pursuant to Section 9.3, the distributive shares of the various items of Profit and Loss allocable among the Members during such Taxable Year of the Company shall be allocated either (a) as if the Company's taxable year had ended on the date of the transfer or admission, or (b) based on the number of days of such taxable year before and after the transfer or admission without regard to the results of Company activities in the respective portions of such taxable year. The tax matters partner, in its sole discretion, shall determine which method shall be used to allocate the distributive shares of the various items of Profits and Losses between the Members and any assignees.

Section 7.3 Company Minimum Gain Chargeback. If there is a net decrease in Company Minimum Gain for a Taxable Year, each Member must be allocated items of income and gain for that Taxable Year equal to that Member's share of the net decrease in Company Minimum Gain. A Member's share of the net decrease in Company Minimum Gain is the amount of the total net decrease multiplied by the Member's percentage share of the Company Minimum Gain at the end of the immediately preceding Taxable Year. A Member's share of any decrease in Company Minimum Gain resulting from a revaluation of Company Property equals the increase in the Member's Capital Account attributable to the revaluation to the extent the reduction in Company Minimum Gain is caused by the revaluation. A Member is not subject to this Company Minimum Gain chargeback requirement to the extent the Member's share of the net decrease in Company Minimum Gain is caused by a guarantee, refinancing, or other change in the debt instrument causing it to become partially or wholly a recourse liability or a Member Nonrecourse Liability, and the Member bears the economic risk of loss (within the meaning of Section 1.752-2 of the Regulations) for the newly guaranteed, refinanced, or otherwise changed liability.

Section 7.4 Member Nonrecourse Deductions. Any Member Nonrecourse Deductions for any Taxable Year shall be allocated to the Member who bears the economic risk

of loss with respect to the Member Nonrecourse Liability with respect to which such Member Nonrecourse Deductions are attributable in accordance with Section 1.704-2(b)(4) of the Regulations.

Section 7.5 Member Minimum Gain Chargeback. If during a Taxable Year there is a net decrease in Member Minimum Gain, any Member with a share of that Member Minimum Gain (as determined under Section 1.704-2(i)(5) of the Regulations) as of the beginning of that Taxable Year must be allocated items of income and gain for that Taxable Year (and, if necessary, for succeeding Taxable Years) equal to that Member's share of the net decrease in Member Minimum Gain. A Member's share of the net decrease in Member Minimum Gain is determined in a manner consistent with the provisions of Section 1.704-2(g)(2) of the Regulations. A Member is not subject to this Member Minimum Gain chargeback, however, to the extent the net decrease in Member Minimum Gain arises because the liability ceases to be Member Nonrecourse Liability due to a conversion, refinancing, or other change in the debt instrument that causes it to become partially or wholly a Company Nonrecourse Liability. The amount that would otherwise be subject to the Member Minimum Gain chargeback is added to the Member's share of Company Minimum Gain. In addition, rules consistent with those applicable to Company Minimum Gain and Company Minimum Gain chargeback shall be applied to determine the shares of Member Minimum Gain and Member Minimum Gain chargeback to the extent provided under the Regulations issued pursuant to Section 704(b) of the Code.

Section 7.6 Qualified Income Offset. If a Member receives in any taxable year an adjustment, allocation, or distribution described in subparagraphs (4), (5), or (6) of Regulations Section 1.704-1(b)(2)(ii)(d) that causes or increases a negative balance in such Member's Capital Account that exceeds the sum of such Member's shares of Company Minimum Gain and Member Minimum Gain, as determined in accordance with Regulations Sections 1.704-2(g) and 1.704-2(i), such Member shall be allocated specially for such taxable year (and, if necessary, later taxable years) items of income and gain in an amount and manner sufficient to eliminate such negative Capital Account balance as quickly as possible as provided in Regulations Section 1.704-1(b)(2)(ii)(d). After the occurrence of an allocation of income or gain to a Member in accordance with this Section 7.6, to the extent permitted by Regulations Section 1.704-1(b), items of expense or loss shall be allocated to such Member in an amount necessary to offset the income or gain previously allocated to such Member under this Section 7.6.

Section 7.7 Capital Account Deficits. Loss shall not be allocated to a Member to the extent that such allocation would cause a deficit in such Member's Capital Account (after reduction to reflect the items described in Regulations Section 1.704-1(b)(2)(ii)(d)(4), (5) and (6)) to exceed the sum of such Member's shares of Company Minimum Gain and Member Minimum Gain. Any Loss in excess of that limitation shall be allocated to the other Members. After the occurrence of an allocation of Loss to any other Member in accordance with this Section 7.7, to the extent permitted by Regulations Section 1.704-1(b), Profit shall be allocated to such other Member in an amount necessary to offset the Loss previously allocated to such other Member under this Section 7.7.

Section 7.8 Tax Distributions; Interim Distributions.

(a) If Net Cash Receipts are sufficient, the Officers will, prior to the due date of the Members' federal and state income tax payments for each calendar quarter, cause the Company to distribute but only from Net Cash Receipts cash in an amount sufficient for each Member (or each Member's constituents) to pay his or its actual or estimated tax payments resulting from his or its Membership Interest, which distributions will be made at such times and in such amounts so that, to the extent possible, the Members may avoid the imposition of any penalties ("***Tax Distributions***"). Such Tax Distributions pursuant to this Section shall be in amounts sufficient to allow such Members to make all income tax payments required to be made by such Members assuming such Members were subject to the highest federal and state income tax rates then in effect for any Member, it being understood that with respect to the portion of the Company's earnings consisting of long term capital gains, the applicable highest rates shall be the long term capital gain rates.

(b) From time to time, the Members may elect to make interim Distributions to the Members from Net Cash Receipts in proportion to each Member's Financial Rights in the Company as of the date of such interim Distribution. An interim Distribution shall be in cash or Property (which need not be distributed proportionately) or partly in both. Tax Distributions must be made prior to any interim Distributions.

ARTICLE VIII.
TAXES

Section 8.1 Elections. The Members may make any tax elections for the Company allowed under the Code or the tax laws of any Taxing Jurisdiction.

Section 8.2 Tax Matters Partner. The Members shall designate a Member to act as the "tax matters partner" of the Company pursuant to Section 6231(a)(7) of the Code. Any Member so designated shall take such action as may be necessary to cause each Member (other than the Member who acts as the tax matters partner) to become a notice partner within the meaning of Section 6223 of the Code. The Member who is designated tax matters partner shall not take any action contemplated by Sections 6222 through 6232 of the Code without the consent of the other Members.

Section 8.3 Taxes of Taxing Jurisdictions. To the extent that the laws of any Taxing Jurisdiction so require, each Member will submit an agreement indicating that the Member will make timely income tax payments to the Taxing Jurisdiction and that the Member accepts personal jurisdiction of the Taxing Jurisdiction with regard to the collection of income taxes attributable to the Member's income, and interest and penalties assessed on such income. If the Member fails to provide such agreement, the Company may withhold and pay over to such Taxing Jurisdiction the amount of tax, penalties and interest determined under the laws of the Taxing Jurisdiction with respect to such income. Any such payments with respect to the income of a Member shall be treated as a Distribution for purposes of Article X. The Members may, where permitted by the rules of any Taxing Jurisdiction, file a composite, combined or aggregate tax return reflecting the income of the Company and pay the tax, interest and penalties of some or all of the Members on such income to the Taxing Jurisdiction, in which case the Company shall inform the Members of the amount of such tax, penalties and interest so paid.

Section 8.4 Method of Accounting. The records of the Company shall be maintained on such method of accounting as is determined by the Members. It is intended that the Company will elect those accounting methods permitted under applicable law which provide the Company with the greatest tax benefits.

ARTICLE IX.
TRANSFER AND TERMINATION OF MEMBERSHIP INTERESTS; EXPULSION

Section 9.1 Limitations on Transfer of Membership Interests. A Member may not Transfer any or all of his Membership Interest or any portion thereof except as allowed by this Operating Agreement. Any attempt to Transfer a Membership Interest or any portion thereof that does not comply with the terms and conditions of this Operating Agreement shall be void and ineffective.

Section 9.2 Conditions to Transfer of Membership Interests. As a condition to any Transfer of Membership Interests by a Member permitted hereunder:

(a) prior to the Transfer, the Company must have received, unless waived by the other Members, an opinion of counsel satisfactory to the Members that such Transfer is subject to an effective registration under, or exempt from the registration requirements of, the applicable state and federal securities laws and such Transfer, alone or when combined with other transactions, would not result in a termination of the Company within the meaning of Section 708 of the Code;

(b) prior to the Transfer, the Company must have received from the transferee the information and agreements that the other Members may reasonably require, including, but not limited to, any taxpayer identification number and any agreement that may be required by the Taxing Jurisdiction and an agreement whereby the transferee acknowledges that it will be bound by the terms and conditions of this Operating Agreement; and

(c) the requirements of this Operating Agreement must have been complied with by the parties to the Transfer and the Company.

Section 9.3 Admission of Additional Members. Persons may be admitted as additional Members upon the approval of a Supermajority (as that term is defined in Section 9.6) of the Members. Any additional Member shall execute and become bound by all of the provisions of this Operating Agreement, as amended to reflect the additional Member. No such additional Member shall be entitled to any retroactive allocation of income, gain, loss, deduction or credit by the Company. The Members may at the time the additional Member is admitted, close the Company's books (as though the Company's Taxable Year had ended) or make pro rata allocations of income, gain, loss, deduction or credit to the additional Member for that portion of the Company's Taxable Year in which the additional Member was admitted in accordance with the provisions of Section 706(d) of the Code and the Regulations.

Section 9.4 Amendment of Operating Agreement upon a Transfer. Upon any Transfers of all or any portions of Membership Interests or the admission of an additional

Member, the Officers are hereby authorized to substitute a revised Exhibit A to this Operating Agreement to reflect the changes in ownership of Membership Interests.

Section 9.5 Waiver of Termination Rights. The following provisions of the Act are hereby waived and shall not be applicable: §§ 48-249-503(a)(1), (a)(3), (a)(5), (a)(7), (a)(8), (a)(9), (a)(10), (a)(11), (a)(12), (b)(1) and (b)(2). No Member shall have the power or right to terminate such Member's Membership Interest, by withdrawal or otherwise, except as set forth in this Operating Agreement, and any termination of a Membership Interest in violation of this Operating Agreement shall be void and of no effect. Any termination of a Membership Interest permitted by this Operating Agreement shall only have the effect set forth herein and shall not have the effect set forth in § 48-249-505 of the Act, which is hereby waived and shall not be applicable. In addition, § 48-249-504 of the Act is hereby waived and shall not be applicable.

Section 9.6 Expulsion.

(a) Expulsion. Notwithstanding anything to the contrary contained in this Operating Agreement, a Member may be expelled and his Membership Interest terminated, with or without cause, by approval of a Supermajority in Interest of the Members, exclusive of the voting power held by the Member being expelled. For purposes of this Section 9.6(a) and Section 9.3, Supermajority shall mean the percentage interests in Governance Rights of one or more Members entitled to vote on a particular matter which (taken together if more than one) exceed ninety-nine percent (99%) of the aggregate percentage interests in Governance Rights held by all Members entitled to vote on such matter.

(b) Payment to Expelled Member Upon Expulsion. Upon the expulsion of a Member, such Member shall be paid the following consideration for his Membership Interest: (i) one hundred and no/100 dollars ($100.00) plus (ii) any accrued but unpaid Distribution payable to such expelled Member up to the effective date of the expulsion.

ARTICLE X.
DISSOLUTION AND WINDING UP

Section 10.1 Term and Dissolution. The Company shall be dissolved and its affairs wound up as set forth in § 48-249-601, *et seq.* of the Act; provided, however, that (a) dissolution by the Members shall require approval of Members holding at least a majority of the Membership Interests and (b) the Company shall be dissolved and its affairs wound up upon the sale or other disposition (excluding a collateral assignment) of the substantially all of the Company Property unless Members holding at least a majority of the Membership Interests affirmatively vote to amend this Agreement in order to continue the existence of the Company.

Section 10.2 Deficit Capital Accounts. Notwithstanding anything in this Operating Agreement to the contrary and notwithstanding any custom or rule or law to the contrary, the deficit, if any, in the Capital Account of any Member upon the dissolution of the Company shall not be an asset of the Company, and such Member shall not be obligated to contribute such amount to the Company to bring the balance of such Member's Capital Account to zero.

ARTICLE XI.
REPRESENTATIONS OF MEMBERS

Section 11.1 In General. As of the date hereof, each Member hereby makes each of the representations and warranties applicable to such Member as set forth in this Article XI, and such representations and warranties shall survive the execution of this Operating Agreement. Said warranties and representations shall also be made by and shall be binding upon all persons receiving Membership Interests at any time after the date hereof as of the date such persons receive Membership Interests.

Section 11.2 Investment in Company.

(a) Member Acknowledgements. The Members acknowledge that:

(i) the Membership Interests evidenced by this Operating Agreement have not been registered under the Securities Acts because the Company is issuing these Membership Interests in reliance upon the exemptions from the registrations requirements of the Securities Acts providing for issuance of securities not involving a public offering;

(ii) the Company has relied upon the fact that the Membership Interests are to be held by each Member for investment;

(iii) exemption from registrations under the Securities Acts would not be available if the Membership Interests were acquired by a Member with a view to distribution;

(iv) the Company is under no obligation to register such Member's Membership Interest or to assist such Member in complying with any exemption from registration under the Securities Acts if such Member should at a later date wish to Transfer the Membership Interest; and

(v) each Membership Interest is unlikely to qualify for Transfer under Rule 144 of the Securities and Exchange Commission unless such Member is not an "Affiliate" of the Company and the Membership Interest has been beneficially owned and fully paid for by such Member for at least three (3) years.

(b) Member Investment Representations and Agreements.

(i) Each Member represents and warrants to the Company that such Member is acquiring the Membership Interest for such Member's own account for investment and not with a view to the resale or distribution thereof.

(ii) Each Member agrees not to sell or offer for sale any of portion of such Member's Membership Interest unless there is an effective registration or other qualification relating thereto under the Securities Act of 1933 and under any applicable state securities laws or unless the holder of such Membership Interest delivers to the Company an opinion of counsel, satisfactory to the Company, that

such registration or other qualification under such Act and applicable state securities laws is not required in connection with such Transfer, offer or sale.

(iii) Each Member represents and warrants that such Member has made an investigation of the Company and its business and has had made available to each such Member all information with respect thereto which such Member needed to make an informed decision to acquire the Membership Interest.

(iv) Each Member considers himself or itself to be a Person possessing experience and sophistication as an investor which are adequate for the evaluation of the merits and risks of such Member's investment in the Membership Interest.

ARTICLE XII.
CONFIDENTIALITY AND CONFLICTS OF INTEREST

Section 12.1 Disclosure of Confidential Information. Each Member covenants not to divulge or use any confidential information of the Company except for the Company's benefit.

Section 12.2 Other Activities of Members. Each Member may have other business interests and may engage in other activities in addition to those relating to the Company. Neither the Company nor any Member shall have any right, by virtue of this Operating Agreement, to share or participate in such other investments or activities of any other Member or to the income or proceeds derived therefrom and no Member shall incur any liability to the Company or to any of the other Members as a result of engaging in any other business or venture.

Section 12.3 Conflicts of Interest. No Member or Officer violates a duty or obligation to the Company merely because the conduct furthers his or her own interest. Any Member or Officer may lend money to and transact other business with the Company or its Affiliates. The rights and obligations of a Member or Officer who lends money to or transacts business with the Company are the same as those of a Person who is not a Member or Officer, subject to other applicable law. No transaction with the Company shall be voidable solely because a Member or Officer has a direct or indirect interest in the transaction if the disinterested Members knowing the material facts of the transaction and the Members or Officer's interest therein, authorize, approve or ratify the transaction.

Section 12.4 Patient Freedom of Choice; Affiliates' Use of Company. The Members understand and agree that long term care residents have the unencumbered right to select the provider or supplier of their choice for the provision of services. The Members further recognize that the exercise of such a right may result in the Company providing services to patients in long term care facilities which are owned and/or operated by a Member or an Affiliate of such Member. In addition, a Member or an Affiliate of such Member may choose to utilize the Company for the provision of business services to any of its businesses or its patients, only to the extent such a choice does not contravene any law or regulation and is based solely upon the Member's or an Affiliate of such Member's assessment of the business services to be provided by the Company, taking into consideration such indicators as efficiency, economy, quality, reliability and patient freedom of choice, and other commercially reasonable business considerations. Affiliates are not required to do business with the Company or to recommend

use of the Company by their patients or patients of their Affiliates for business services and there is no assurance that they will do so or continue to do so. If a Member or an Affiliate of such Member does business with the Company, it shall not be required to continue to do so and may withdraw from such business activities; provided such withdrawal shall be in accordance with the terms of any written agreement with regard thereto and standard commercial custom. Except as otherwise set forth herein, no Member or an Affiliate of such Member will be responsible to the Company or any Member for any corporate opportunities.

ARTICLE XIII.
MISCELLANEOUS PROVISIONS

Section 13.1 Indemnification. The Company shall indemnify its Members and Officers to the fullest extent permitted by the Act. Claims for indemnification shall be presented and approved in the manner provided by the Act.

Section 13.2 Amendment or Modification of Operating Agreement. This Operating Agreement may be amended or modified from time to time only by a written instrument adopted by the Members holding more than ten percent (10%) of the Governance Rights.

Section 13.3 Entire Agreement. This Operating Agreement constitutes the entire agreement among the parties. No party shall be bound by any terms, conditions, statements or representations, oral or written, not herein contained. Each party hereby acknowledges that in executing this Operating Agreement, such party has not been induced, persuaded or motivated by any promise or representation made by any other party, unless expressly set forth herein. All previous negotiations, statements and preliminary instruments by the parties or their representatives are merged in this Operating Agreement.

Section 13.4 Rights of Creditors and Third Parties. This Operating Agreement is entered into by and among the Members for the exclusive benefit of the Company, its Members, and their successors and assignees. This Operating Agreement is expressly not intended for the benefit of any creditor of the Company or any other Person. Except and only to the extent provided by the Act or other applicable statute, no such creditor or third party shall have any rights under this Operating Agreement or any agreement between the Company and any Member with respect to any Capital Contribution or otherwise.

Section 13.5 Interpretation. For and in consideration of the mutual covenants herein contained and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Members executing this Operating Agreement hereby agree to the terms and conditions contained herein, as it may from time to time be amended according to its terms. It is the express intention of the Members that this Operating Agreement and the Articles shall be the sole source of agreement of the parties, and, except to the extent a provision of the Operating Agreement expressly incorporates Federal income tax rules by reference to sections of the Code or Regulations or is expressly prohibited or ineffective under the Act, the Operating Agreement shall govern, even when inconsistent with, or different than, the provisions of the Act or any other law or rule. To the extent any provision of this Operating Agreement is prohibited or ineffective under the Act, the Operating Agreement shall be considered amended to the smallest degree possible in order to make the agreement effective under the Act. In the event the

Act is subsequently amended or interpreted in such a way to make any provision of this Operating Agreement that was formerly invalid valid, such provision shall be considered to be valid from the effective date of such interpretation or amendment.

Section 13.6 Governing Law. This Operating Agreement, and the application or interpretation hereof, shall be governed exclusively by its terms and by the laws of the State of Tennessee, and specifically the Act, applied without respect to any conflicts-of-law principles.

Section 13.7 Execution of Additional Instruments. Each Member hereby agrees to execute such other and further statements of interest and holdings, designations, powers of attorney and other instruments necessary to comply with any laws, rules or regulations.

Section 13.8 Construction of Terms. Whenever used in this Operating Agreement and when required by the context, the singular number shall include the plural and the plural the singular. Pronouns of one gender shall include all genders.

Section 13.9 Captions. The captions as to contents of particular articles, sections or paragraphs contained in this Operating Agreement and the table of contents hereto are inserted for convenience and are in no way to be construed as part of this Operating Agreement or as a limitation on the scope of the particular articles, sections or paragraphs to which they refer.

Section 13.10 Waivers. The failure of any party to seek redress for violation of or to insist upon the strict performance of any agreement or condition of this Operating Agreement shall not prevent a subsequent act, which would have originally constituted a violation, from having the effect of an original violation.

Section 13.11 Rights and Remedies Cumulative. The rights and remedies provided by this Operating Agreement are cumulative and the use of any one right or remedy by any party shall not preclude or waive the right to use any or all other remedies. Said rights and remedies are given in addition to any other rights the parties may have by law, statute, ordinance or otherwise.

Section 13.12 Heirs, Successors and Assigns. Each and all of the covenants, terms, provisions and agreements herein contained shall be binding upon and inure to the benefit of the parties hereto and, to the extent permitted by this Operating Agreement, their respective heirs, legal representatives, successors and assigns.

Section 13.13 Counterparts. This Operating Agreement may be executed in counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument.

[continued on following page]

IN WITNESS WHEREOF, the parties hereto have executed this Operating Agreement to be effective as of the day and date first set forth above.

MEMBERS:

THOMAS D. JOHNSON REVOCABLE
TRUST U/A DATED OCTOBER 11, 2011

Thomas D. Johnson, Sole Trustee

JUDITH L. JOHNSON REVOCABLE
TRUST
U/A DATED OCTOBER 11, 2011

Judith L. Johnson, Sole Trustee

703781

EXHIBIT A
TO
OPERATING AGREEMENT

Name	Description of Original Capital Contribution	Percentage Financial Rights	Percentage Governance Rights
Thomas D. Johnson Revocable Trust U/A dated October 11, 2011* 485 Central Avenue NE Cleveland, Tennessee 37311	$99.99	99.99%	99.99%
Judith L. Johnson Revocable Trust U/A dated October 11, 2011 485 Central Avenue NE Cleveland, Tennessee 37311	$.01	.01%	.01%
TOTAL	**$100.00**	**100%**	**100%**

*Tax Matters Partner

ORGANIZATION
OF
WAYNESBORO HEALTHCARE, LLC
BY WRITTEN CONSENT

The undersigned, being the organizer and the sole member of **WAYNESBORO HEALTHCARE, LLC**, a Tennessee limited liability company (the "***Company***"), do hereby consent to taking the following actions to organize the Company:

I. ACTS OF ORGANIZER

1. Articles of Organization. A copy of the Articles of Organization each filed with the Secretary of State of Tennessee shall be inserted in the minute book of the Company.

2. Admission of Members. Thomas D. Johnson Revocable Trust U/A dated October 11, 2011 and Judith L. Johnson Revocable Trust U/A dated October 11, 2011 are hereby admitted as members of the Company.

3. Resignation of Organizer. The undersigned organizer hereby resigns her position as organizer of the Company, effective immediately.

II. ACTS OF THE MEMBERS

1. Acts of Organizer. The acts of the undersigned organizer by the written consent contained in this instrument are hereby approved, and all other actions taken by the undersigned organizer on behalf of the Company prior to the date hereof are hereby ratified, affirmed and accepted as the valid and official acts of the Company. The resignation of the organizer is accepted.

2. Articles of Organization. The Articles of Organization of the Company as filed by the undersigned organizer with the Secretary of State of Tennessee are hereby accepted as the Articles of Organization of the Company.

3. Fiscal Year. The Company shall operate on a fiscal year commencing on January 1 and terminating on December 31 of each year.

4. Election of Officers. Thomas D. Johnson is hereby elected Chief Manager of the Company.

5. Bank Account. The Chief Manager shall designate at his discretion a depository institution for the Company to be used for the deposit and withdrawal of funds, and is hereby authorized to open a depository account in the name of the Company at such institution. The Chief Manager of the Company is hereby authorized to execute the standard form resolution of such bank when such account is opened, and such resolution is incorporated herein by reference and shall be placed in the minute book of the Company following this instrument.

6. Employee Benefits. In order to ensure that the Company attracts and retains qualified employees, the Chief Manager is hereby authorized to explore the possibility of adopting various employee benefit plans for the benefit of the Company's employees, including, but not limited to, a group term life insurance plan, a qualified pension or profit sharing plan, a disability insurance plan and/or a medical reimbursement plan.

7. Authorization to do Business in Other States or Countries. For the purpose of authorizing the Company to do business in any state, territory or dependency of the United States or any foreign country in which it is necessary or expedient for the Company to transact business, the Members are hereby authorized to appoint and substitute all necessary agents or attorneys for service of process, to designate and change the location of all necessary statutory offices, and to make and file all necessary certificates, reports, powers of attorney and/or other instruments as may be required by the laws of such state, territory, dependency or country to authorize the Company to transact business therein.

8. Further Authorization for Organization. The Members are hereby authorized to take all necessary or appropriate action, including the expenditure of funds, in order to fully and expeditiously complete the organization of the Company.

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This consent is made effective as of June 18, 2014

ORGANIZER:

_____

Amy W. Mahone, Esq.

MEMBERS:

THOMAS D. JOHNSON REVOCABLE TRUST
U/A DATED OCTOBER 11, 2011

_____

Thomas D. Johnson, Sole Trustee

JUDITH L. JOHNSON REVOCABLE TRUST
U/A DATED OCTOBER 11, 2011

_____

Judith L. Johnson, Sole Trustee

CONTRIBUTION AGREEMENT

The undersigned hereby agrees to acquire a one-tenth of a percent (.01%) membership interest (the "***Interest***") in WAYNESBORO HEALTHCARE, LLC (the "***Company***"), a Tennessee limited liability company presently being organized.

The undersigned represents and warrants that he is acquiring the Interest for investment purposes only, without the present intent of participating directly or indirectly in a distribution of the Interest and without the participation of any other person in any part of the Interest. The undersigned understands that the issuance of the Interest is exempt from, and is not being registered under, the Securities Act of 1933 (the "***Act***") or any state securities laws. The undersigned understands that all representations and warranties herein are to be relied on by the Company as a basis for such exemptions. The undersigned understands that he must hold the Interest until (and that the Company shall have not obligation to recognize any sale, assignment or other transfer thereof to any person unless) it is subsequently registered under the Act and under applicable state securities laws, or unless exemptions from the registration requirements of the Act and applicable state securities laws are available and approved by counsel satisfactory to the Company. The undersigned understands that the Company is not obligated to register the Interest under the Act or any state securities laws or make any resale exemption available.

The undersigned acknowledges that the Company in connection with the issuance of the interest has not prepared any sort of comprehensive written prospectus or disclosure statement covering any information that might be required if the sale of the Interest were required to be registered under the Act. The undersigned further acknowledges that he has had an opportunity to ask questions and receive answers from the Company concerning all information about the Company that might be deemed material to his investment decision and that he has had the opportunity to verify the accuracy of all information made available to the undersigned.

The undersigned acknowledges that his rights, privileges and obligations as a member of the Company are described in and will be governed by the Operating Agreement of the Company of even date herewith executed by the undersigned and others as members of the Company.

This Contribution Agreement is executed to be effective as of June 18, 2014.

JUDITH L. JOHNSON REVOCABLE TRUST
U/A DATED OCTOBER 11, 2011

Judith L. Johnson

Judith L. Johnson, Sole Trustee

ACCEPTED BY:

WAYNESBORO HEALTHCARE, LLC

By: Amy W. Mahone

Amy W. Mahone, Esq., Organizer

703781

CONTRIBUTION AGREEMENT

The undersigned hereby agrees to acquire a ninety-nine and nine-tenths percent (99.9%) membership interest (the "***Interest***") in WAYNESBORO HEALTHCARE, LLC (the "***Company***"), a Tennessee limited liability company presently being organized.

The undersigned represents and warrants that he is acquiring the Interest for investment purposes only, without the present intent of participating directly or indirectly in a distribution of the Interest and without the participation of any other person in any part of the Interest. The undersigned understands that the issuance of the Interest is exempt from, and is not being registered under, the Securities Act of 1933 (the "***Act***") or any state securities laws. The undersigned understands that all representations and warranties herein are to be relied on by the Company as a basis for such exemptions. The undersigned understands that he must hold the Interest until (and that the Company shall have not obligation to recognize any sale, assignment or other transfer thereof to any person unless) it is subsequently registered under the Act and under applicable state securities laws, or unless exemptions from the registration requirements of the Act and applicable state securities laws are available and approved by counsel satisfactory to the Company. The undersigned understands that the Company is not obligated to register the Interest under the Act or any state securities laws or make any resale exemption available.

The undersigned acknowledges that the Company in connection with the issuance of the interest has not prepared any sort of comprehensive written prospectus or disclosure statement covering any information that might be required if the sale of the Interest were required to be registered under the Act. The undersigned further acknowledges that he has had an opportunity to ask questions and receive answers from the Company concerning all information about the Company that might be deemed material to his investment decision and that he has had the opportunity to verify the accuracy of all information made available to the undersigned.

The undersigned acknowledges that his rights, privileges and obligations as a member of the Company are described in and will be governed by the Operating Agreement of the Company of even date herewith executed by the undersigned and others as members of the Company.

This Contribution Agreement is executed to be effective as of June 18, 2014

THOMAS D. JOHNSON REVOCABLE TRUST
U/A DATED OCTOBER 11, 2011

Thomas D. Johnson, Sole Trustee

ACCEPTED BY:

WAYNESBORO HEALTHCARE, LLC

By: Amy W. Mahone

Amy W. Mahone, Esq., Organizer

703781

Employer Identification Number

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-16-2014

Employer Identification Number:
47-1109504

Form: SS-4

Number of this notice: CP 575 A

WAYNESBORO HEALTHCARE LLC
THOMAS D JOHNSON MBR
485 CENTRAL AVE NE
CLEVELAND, TN 37311

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-1109504. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2014
Form 940	01/31/2015
Form 1065	04/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is WAYN. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A 06-16-2014 WAYN B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -

Best Time to Call

DATE OF THIS NOTICE: 06-16-2014
EMPLOYER IDENTIFICATION NUMBER: 47-1109504
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

WAYNESBORO HEALTHCARE LLC
THOMAS D JOHNSON MBR
485 CENTRAL AVE NE
CLEVELAND, TN 37311

Attachment "4" Section A Item 4

Organization Structure Chart

Lessor
Wayne County

Lessee/Licensee
Waynesboro Healthcare, LLC
485 Central Avenue, NE, Cleveland, TN 37311

Thomas D. Johnson
revocable trust U/A dated
October 21, 2011. 99.99%

Management Company

Health Services Management Group, LLC
485 Central Avenue, NE, Cleveland, TN 37311

Thomas D. Johnson
Revocable trust U/A dated
October 21, 2011. 99.99%

Attachment "5" Section A Item 5

Management Agreement

MANAGEMENT AGREEMENT – WAYNE COUNTY NURSING HOME

This MANAGEMENT AGREEMENT ("**Agreement**") is made and entered into effective as of the 30th day of June, 2014, by and between **WAYNESBORO HEALTHCARE, LLC**, a Tennessee limited liability company ("**Operator**") and **HEALTH SERVICES MANAGEMENT GROUP, LLC**, a Tennessee limited liability company ("**Manager**").

W I T N E S S E T H:

WHEREAS, Operator intends to acquire a license and all other permits and approvals (collectively "**Licensure**") necessary to operate that certain long term care facility known as Wayne County Nursing Home located at 104 J.V. Mangubat Drive, Waynesboro, Tennessee (the "**Project**"); and

WHEREAS, Operator has entered into an Interim Management Agreement with the current licensee of the Project, the County of Wayne, Tennessee, to manage the Project until Operator's Licensure;

WHEREAS, upon Operator's Licensure, Operator will lease the Project from Wayne County and continue to operate it;

WHEREAS, Manager is engaged in the business of managing long term care facilities; and

WHEREAS, Operator desires to have Manager serve as the manager for the Project, as an independent contractor, and Manager is willing serve as such pursuant to the terms and conditions hereinafter set forth.

NOW, THEREFORE, for and in consideration of the mutual covenants herein contained and for other good and valuable considerations, the parties hereto agree as follows:

ARTICLE I

DEFINITIONS

When used in this Agreement, the following words or terms shall have the following definitions:

1.1 "Approved Budget" shall have the meaning given in Section 3.1.

1.2 "Basic Services" shall have the meaning given in Section 4.1.

1.3 "Budget" means a forecast of Project Income and Project Expenses, including a budget for capital expenditures to be made relative to the Project pursuant to this Agreement for the Fiscal Year to which such Budget relates.

1.4 "Due Date" shall have the meaning given in Section 4.1 (f).

1.5 "Emergency Services" shall have the meaning given in Section 4.3.

1.6 "Existing Uses" shall mean all present uses of the Project, including use as a seniors housing and care facility comprised of 109 skilled nursing beds, and all ancillary services in connection therewith.

1.7 "Extraordinary Services" shall have the meaning given in Section 4.2.

1.8 "Fiscal Year" means a year, commencing January 1, and ending December 31, except that the first Fiscal Year shall be that period commencing on the commencement date and ending on the next succeeding December 31.

1.9 "Improvements" means the facility described herein and all other structural improvements situated on the Land.

1.10 "Interest Rate" means the rate of interest equal to the lesser of (i) the maximum rate of interest not prohibited by applicable law; or (ii) that per annum rate of interest equal to two and one-half percent (2.5%) per annum more than the then current prime rate as published by The Wall Street Journal in its most recent edition.

1.11 "Land" means the tract of land upon which the Project is located.

1.12 "Management Fees" mean the fees payable by Operator to Manager in consideration of Manager's services hereunder. The calculation for determining Management Fees is set forth on Exhibit A attached hereto and incorporated herein by this reference.

1.13 "Manager" shall have the meaning given in the recitals.

1.14 "Manager Affiliate" means (i) any person, firm, corporation, limited liability company, or other entity which controls, is controlled by, or is under common control with Manager, directly or indirectly; or (ii) any partnership, venture, trust, limited liability company or other entity in which Manager is a general partner, a managing general partner, a managing venturer, trustee, or otherwise holds a management position; or (iii) any successor of Manager by change of name, merger, acquisition, consolidation, dissolution and distribution of assets, bulk transfer of assets, or similar reorganizational action.

1.15 "Operator" shall have the meaning given in the recitals.

1.16 "Operator Affiliate" means (i) any person, firm, corporation, limited liability company or other entity which controls, is controlled by, or is under common control with Operator, directly or indirectly; or (ii) any partnership, venture, trust, limited liability company or other entity in which Operator is a general partner, a managing general partner, a managing venturer, trustee, or otherwise holds a management position; or (iii) any successor of Operator by change of name, merger, acquisition, consolidation, dissolution and distribution of assets, bulk transfer of assets, or similar reorganizational action.

1.17 "Payments to Manager" means the management fee described in Section 7.1 and as described on Exhibit A attached hereto, together with any other sums due to Manager hereunder.

1.18 "Project" shall have the meaning given in the recitals and shall include the Land and the Improvements.

1.19 "Project Expenses" means all expenses, costs, and charges of every kind and nature incurred pursuant to an Approved Budget or any other provision of this Agreement permitting the incurrence of such expense, cost, or charge as a Project Expense, or pursuant to instructions or directives given by Operator to Manager pursuant to the provisions of this Agreement, in connection with the Project, for or in respect of a Fiscal Year (including, without limitation, Project Operating Expenses and those expenses, costs, and charges incurred in the performance of Extraordinary Services and any Emergency Services).

1.20 "Project Income" means, with respect to a specific period of time, the revenues received from all sources in connection with the Project during such period of time; provided that Project Income shall not include or mean (i) interest or investment income of Operator, (ii) capital contributions of Operator, (iii) insurance proceeds (provided however, business interruption insurance proceeds shall be included in "Project Income"), (iv) tax refunds, (v) condemnation proceeds or awards, and (vi) amounts collected from any Residents as trust funds or security deposits, if any, except to the extent those security deposits are actually applied against the payments owed to the Project.

1.21 "Project Operating Expenses" means all expenses, costs, and charges (including capital outlays) incurred in connection with the operation and maintenance of the Project.

1.22 "Residents" means the residents or patients of the Project.

1.23 "Salaries and Benefits" means salary, wages, bonuses, and other direct compensation, group life, accident, disability, medical and health insurance, pension plans, social security payments, payroll and other employee taxes, worker's compensation payments, employer's contribution to F.I.C.A., unemployment compensation, and similar so-called fringe benefits.

1.24 "Service Contracts" shall have the meaning given in Section 4.1 (c).

1.25 "Subcontracts" and "Subcontractors" shall have the meaning given in Section 2.5.

1.26 "Subcontractor Default" shall have the meaning given in Section 2.5.

1.27 When used in this Agreement, the words and terms for which definitions are specified in the introductory paragraph of this Agreement and in the further Articles of this Agreement shall have the definitions respectively therein ascribed to them.

ARTICLE II

RELATIONSHIP OF PARTIES

2.1 Management and Consulting by Manager. Manager agrees with Operator to provide the management, consulting and advisory services described herein in connection with the Operator's operation of the Project, upon the terms and conditions set forth in this Agreement and consistent with state and federal law.

2.2 Relationship. Subject to the terms hereof, all actions by Manager in performing its duties and providing services pursuant to this Agreement shall be on behalf of Operator as Operator's independent contractor. Operator agrees to indemnify, defend and hold Manager harmless from and against any loss, cost, expense, liability, or claim of any kind or nature whatsoever arising from or in connection with Manager's performance of its duties under this Agreement, except in instances in which such loss, cost, expense, liability, or claims arise from or in connection with Manager's own gross negligence or willful misconduct, or from or in connection with a material breach by Manager of its obligations under this Agreement.

2.3 Control Retained by Operator; Operator is "Provider". Although Manager, as part of Manager's services pursuant to this Agreement, shall make recommendations to Operator concerning the operation of the Project, Operator has and shall at all times retain under this Agreement the ultimate authority and responsibility for the operational decisions at the Project in addition to retaining and exercising control over the assets of the Project, and Manager shall perform the functions described in this Agreement to be performed by it in accordance with policies and directives approved by Operator. Operator shall be the holder of all licenses, permits and contracts obtained with respect to the Project, and shall be the "provider" within the meaning of all third-party contracts for the Project. Specifically, and without limitation, Operator also shall hold the Medicare and Medicaid provider numbers and provider agreements. This Agreement shall not constitute an assignment (automatic or otherwise) by Operator to Manager of the licenses, permits, contracts, certifications or provider agreements with respect to the Project.

2.4 Other Activities. Manager and Manager Affiliates may engage in or possess an interest in other business ventures of every nature and description and in any vicinity whatsoever, including, without limitation, the ownership, operation, management, and development of nursing homes, retirement homes, assisted and/or independent living facilities, apartments or duplexes, or other real property, and pharmacy, physical and speech therapy, home health, hospice services, medical equipment, adult day care and any other senior service, and Operator shall have no rights in or to such independent ventures or to any profits therefrom. Any such activities may be undertaken with or without notice to or participation therein by Operator, and Operator hereby waives any rights or claims that it may have against Manager and Manager Affiliates with respect to the income or profit therefrom or the effect of such activity on the Project. Nothing contained herein shall obligate any agent, officer, director, shareholder, member or partner of Manager or Manager Affiliates to devote all or any particular portion of such party's time or efforts to the Project.

2.5 Manager's Liability. Operator acknowledges that Manager will enter into subcontracts (**"Subcontracts"**) with others (**"Subcontractors"**) to obtain certain services and goods

to be provided under this Agreement, and that Manager's remedies against a Subcontractor in the event it fails to perform such services, is negligent, engages in misconduct or otherwise defaults under the Subcontract (in any such case **"Subcontractor Default"**) will be governed by the Subcontract and by applicable law. Operator agrees, for the purposes of this Agreement, that if Manager, as soon as reasonably practicable after the occurrence of a Subcontractor Default, commences and thereafter pursues with reasonable due diligence remedies against such Subcontractor and, pending efforts by Manager to enforce such remedies against such Subcontractor, either performs itself the services covered by the Subcontract or engages another Subcontractor for such purpose, then Manager shall not be in default under the terms of this Agreement by reason of such Subcontractor Default.

Notwithstanding any other provision of this Agreement, and unless such act or omission constitutes gross negligence, willful misconduct, or a material default by Manager, its officers, employees, or agents (and for the purposes of this Section, the term **"employees or agents"** of Manager shall not include Subcontractors), under the terms of this Agreement, neither Manager nor its officers, directors, shareholders, members, managers, employees, agents, subsidiaries or affiliates shall ever be liable for any act or omission, negligent, tortious or otherwise, of a Subcontractor or any agent or employee of a Subcontractor, or its subsidiaries or affiliates, for any amount of damage, or any other monetary obligation whatsoever, which is in excess of the amount of cash proceeds actually recovered under the policies of liability insurance maintained pursuant to the terms of this Agreement, and under no circumstances whatsoever shall Manager, under any theory of action or recovery, ever be liable for or obliged to pay or to satisfy any judgment for, any damages or other monetary obligation whatsoever, that is in excess of the amount of such cash proceeds. Notwithstanding any of the provisions of this Agreement, in no event shall Operator make any claim against Manager, or its officers, directors, shareholders, members, managers, employees, agents, subsidiaries or affiliates, on account of any alleged errors in judgment made in good faith in connection with the Project by Manager or such persons, or the performance of any advisory or technical services provided by or arranged by Manager.

In the event of an act of gross negligence, willful misconduct, or a material default by Manager, its officers, employees, or agents under the terms of this Agreement, then Operator shall have all recourse and remedies as may be available under the terms of this Agreement and at law or in equity.

2.6 Proprietary Interest. The computer and technical systems, methods, policies, handbooks, procedures and controls employed by Manager are to remain the property of Manager and are not, at any time, to be utilized, distributed, copied or otherwise employed or acquired by the Operator except as authorized in writing by Manager, or except as may be required by law.

ARTICLE III

BUDGET

3.1 Approval of Budget. As soon as reasonable and practicable for Manager near the end or shortly after the commencement of each Fiscal Year, Manager shall prepare and deliver to

Operator, in a form reasonably satisfactory to Operator, a proposed Budget for the next Fiscal Year. When approved pursuant to this ARTICLE III, such Budget shall be an **"Approved Budget."**

3.2 Operator shall give its approval or its disapproval of Manager's proposed Budget for each Fiscal Year not later than thirty (30) days after its receipt thereof.

If Operator does not approve or disapprove the proposed Budget within such thirty (30) day period, then Operator shall be deemed to have approved the Budget. If Operator objects to all or any portion of the proposed Budget, Operator shall furnish Manager with the reasons for its objections, and Operator and Manager shall attempt to agree in respect to the items to which Operator objects, and if such agreement is not reached within fourteen (14) days of the expiration of such thirty (30) day period, and without reference to whether more than one Fiscal Year shall lapse, then the Project shall be operated under a Budget (which for purposes of this Agreement shall be considered to be an Approved Budget) that is the same as the last Approved Budget, and Manager shall be authorized to incur expenses necessary for the management and operation of the Project, including but not limited to:

(a) all costs of staffing the Project and providing Resident care in accordance with all state and federal laws and regulations, utilities, cleaning services, costs of routine building and mechanical maintenance and repair (including elevator maintenance), ad valorem taxes and insurance coverages, costs of security services, and costs under Service Contracts, landscaping costs, and personnel costs; together with

(b) the sum of (x) the annualized level of all other expenses during the last three (3) months most recent Fiscal Year for which there was an Approved Budget (the **"Base Level"**), plus (y) ten percent (10%) of such Base Level.

3.3 Approved Budget. An Approved Budget shall constitute an authorization for Manager to spend money for the operation and management of the Project pursuant to such Approved Budget, and Manager may spend such sums without further approval. Operator acknowledges that, notwithstanding Manager's experience in relation to the management of similar developments, the projections contained in the Budget submitted at the commencement of each Fiscal Year are subject to and may be affected by changes in financial, regulatory, economic, and other conditions and circumstances beyond Manager's control, and the Budget shall be adjusted to take into account such changes.

3.4 Expenditures for Capital Items. The Approved Budget shall constitute an authorization for Manager to make the capital expenditures contemplated thereby. If during any Fiscal Year Manager believes the purchase or installation of new or replacement equipment or other capital items not contemplated by the Approved Budget is or before the end of such Fiscal Year will be necessary or desirable, Manager shall advise Operator thereof, but shall cause such items to be purchased and installed only after obtaining the prior authorization of Operator.

3.5 Rates. From time to time, Manager will recommend to Operator, for approval, rate structures which take into account the financial obligations of the Project and the level of rates at other comparable facilities in the market area.

ARTICLE IV

SERVICES

4.1 Basic Services. As basic services hereunder (the **"Basic Services"**), Manager shall:

(a) Resident Relations. Consult with Operator in the operations of the Project in compliance with the terms and conditions of this Agreement and administer a Resident relations program which maintains visibility of management presence.

(b) Personnel. Advise Operator with respect to employment decisions affecting on-site Project employees. Except as provided herein, all on-site Project employees shall at all times be Operator's employees and not employees of Manager. Manager agrees to locate and recommend for employment by Operator an administrator licensed for the Existing Uses in the state in which the Project is located (if such licensure is required) for the day-to-day administration of the Project. Operator shall have the right to approve the Project administrator. The administrator shall be an employee of and compensated by Operator as a Project Expense. In the event Manager shall place one of its employees as department head, administrator or director of nursing (for example, on an interim basis while a replacement director of nursing is hired), Manager shall be reimbursed monthly by Operator for all applicable Salaries and Benefits of such Manager employee. The Salaries and Benefits of all on-site Project employees and the number of such employees shall be part of the Budget (and thus subject to approval by Operator), but each Approved Budget shall include and provide for sufficient funds to enable Manager to pay competitive Salaries and Benefits so as to attract and retain a sufficient number of capable employees to enable the Project to operate to the standard herein provided.

(c) Service Contracts. Enter into or renew, in the name and on behalf of Operator (Manager being solely the management company for the Project), contracts (collectively, and including Subcontracts as defined in Section 2.6 hereof, referred to as **"Service Contracts"**) for electricity, gas, water, telephone, cable television, cleaning, fuel oil, elevator maintenance, vermin extermination, trash removal, linen service, pharmaceuticals and medical supplies, pharmacy consulting, medical director, physical and speech therapy, hospice services, medical equipment, and other services in the ordinary course of the operation of the Project; purchase all supplies and equipment necessary to maintain and so operate the Project; and credit to Operator any discounts, rebates, or commissions obtained for purchases or otherwise.

Manager may recommend the use of consultants or companies, even though same may be Affiliates of Manager and/or employed by Manager or an Affiliate of Manager, and if employed or retained, such consultants or companies shall be compensated at market rates and on terms comparable to the normal and customary rates in the industry, and these payments shall be a Project Expense pursuant to this Agreement.

(d) Maintenance and Repair. Maintain or cause to be maintained the Improvements and grounds of the Project including, without limitation, interior and exterior cleaning, painting and decorating, plumbing, carpentry, and other normal maintenance and repair work.

(e) Collection. Use reasonable efforts to request, demand, collect, receive, and receipt for all charges due from Residents and otherwise due Operator with respect to the Project. No uncollectible accounts (other than contractual allowance in the case of Medicare and Medicaid patients) shall be charged off to a bad debt expense account until reasonable efforts have been exhausted for collections or Manager has received Operator's approval.

(f) Project Expenses; Mortgage Loans. To the extent funds are made available by Operator, pay all Project Expenses (other than any payments required on mortgage loans or leases, except as specifically provided below) on or before that date (the **"Due Date"**) after which interest or penalty will begin to accrue thereon, provided, however, that Manager may contest, if and to the extent appropriate, the payment of any Project Expense (or portion thereof) which Manager has actual and reasonable grounds to believe should be contested. All expenses and costs of such contests, including without limitation, reasonable attorneys' fees, shall be included as Project Expenses. In any instance in which Manager has contested any Project Expense in accordance with the provisions of this Agreement, or has been requested by Operator to contest any Project Expense, then any interest or penalty which accrues and may thereafter become payable with respect to such Project Expense shall itself be a Project Expense.

If Operator shall so request, Manager shall pay the aggregate amounts required to be paid pursuant to any mortgages or financing related to the Project, secured or unsecured, or leases of the Project, including amounts due under any such financing or leases for interest, amortization of principal, and for allocation to reserves or escrow funds, from the Project funds. All notices from any lender or landlord claiming any default in any financing or lease on the Project, and any other notice from any lender or landlord other than routine notice of payment due, shall be forthwith delivered by Operator to Manager.

(g) Reports. As soon as reasonable and practicable each calendar month, render to Operator a statement of income and expenses showing the results of operation of the Project for the preceding month and of the Fiscal Year to date. As soon as reasonable and practicable after the end of each Fiscal Year, Manager shall deliver to Operator profit and loss statements showing Project Income, Project Expenses, Payments to Manager, the results of operations for that Fiscal Year, and (provided Manager has sufficient information) a balance sheet of the Project as of the end of that Fiscal Year, prepared on an accrual basis in accordance with generally accepted accounting principles consistently applied. All such monthly reports shall be in the format normally utilized by Manager. Operator may, regularly and/or from time to time, require that the annual financial statements of the Project be audited, reviewed or compiled by a reputable accounting firm, and the cost of same shall constitute a Project Expense. Manager shall have no obligation to prepare financial statements or accounting of any kind separate from such Project statements, except as agreed by Manager, for which Manager may charge an additional fee. Manager shall, upon reasonable notice from Operator, prepare and submit to Operator such other reports or certificates as Operator may reasonably request concerning such matters relating to the Project as are within the scope of Manager's services provided for in this Agreement. If any such additional reports or alternate report formats requested by Operator shall require Manager to engage consultants or other professionals to assist Manager in designing or preparing such report, or shall require Manager's employees (other than on-site employees engaged in performing Manager's services under this Agreement) to expend additional time designing or preparing such report, then Operator shall

promptly reimburse Manager for the cost to Manager of engaging such consultants or other professionals or of such time expended by Manager's employees.

(h) Records. Maintain, at the Project or at the address for Manager provided for in the first paragraph of this Agreement, or such other place or places as Operator may approve, a system of office records, books, and accounts, and any additional information or records reasonably required by Operator for the preparation of federal, state, and local tax returns, all in a manner reasonably satisfactory to Operator. Operator and others designated by Operator, including Operator's auditors and accountants, shall have, upon reasonable notice to Manager, during normal business hours, access to and the right to audit and make copies of such records, accounts, and books, and all vouchers, files and all other material pertaining to the Project and this Agreement.

(i) Legal Proceedings. Manager shall institute and prosecute in the name and at the expense of Operator such actions and proceedings necessary to effect the purposes, perform the services, and take the actions contemplated by this Agreement, including without limitation, to evict Residents in default; to recover possession of rooms occupied by such Residents; to sue for and recover charges and other damages due from Residents and other persons obligated to Operator or Manager in connection with the Project; to settle, compromise, and release any such actions or suits or reinstate such Residents; and sign and serve in the name of Operator notices and other communications relating to any of the foregoing matters. Manager shall keep Operator advised of all actions filed against Operator and known to Manager and all actions filed by Operator that are beyond the scope of ordinary business operations. Operator shall be responsible for all costs and expenses, including without limitation attorney's fees, incurred in defending Manager for actions brought against Manager based upon Manager's performance of its duties in connection with operation of the Project.

(j) Process Insurance Claims. If requested by Operator, Manager shall process all claims under any insurance coverages pertaining to the Project in a reasonably expeditious manner, so as to minimize delay in receipt by the Project of the proceeds of such insurance.

(k) Maintenance of Licenses. Assist Operator in obtaining and maintaining all licenses and certifications required for operation of the Project, such as contracts with fiscal intermediaries and agencies and eligibility for participation in any applicable third party payor or other medical reimbursement programs. All licenses and permits shall be obtained in the name and at the expense of the Operator unless otherwise stipulated pursuant to applicable regulation or unless otherwise agreed in writing between Operator and Manager. Further, Operator shall remain directly responsible to all federal, state and local enforcing agencies for compliance with such provisions and maintain state and federal licensing and certification requirements from and after the effective date hereof. Manager shall furnish copies of all surveys and notices of noncompliance to Operator promptly upon receipt by Manager.

(l) Rate Schedules. Assist in developing price and rate schedules satisfactory to Operator; obtain approval of appropriate price schedules by government agencies and appropriate rate/reimbursement schedules from third-party paying agencies, if applicable; provide all statistical, financial, and other data necessary to obtain payment from the appropriate agencies, if applicable; and assist in effecting final settlement of claims for payment.

(m) Accounting and Report Supervision. Oversee the maintenance of all Resident records required for the orderly billing for nursing and miscellaneous goods and/or services and Manager shall oversee control of Resident ledgers to ensure proper identification of all accounts. Manager shall oversee the monthly billing for all goods and/or services, which billings shall be rendered in a timely manner.

(n) Cost Reports and Tax Returns. Any reports that may be required to be made under the Medicare or Medicaid Program (or any successor program) of the federal Department of Health and Human Services or by the state in which the Project is located, such as cost reports, federal, state and local tax returns, and any other required governmental reports or filings necessary for the operation of the Project, shall be prepared by Operator or by outside consultants as may be approved by Operator and the cost of such items shall be a Project Expense.

4.2 Extraordinary Services. Whenever Manager determines that a service or services not included in the Basic Services required to be rendered pursuant to the Agreement (and not constituting an emergency) is necessary or desirable for the efficient, economic, and profitable operation of the Project (collectively, the **"Extraordinary Services"**), Manager shall advise Operator of the need and cost therefore and make recommendations related thereto. Manager shall then perform the Extraordinary Services in accordance with the directions of Operator as to the performance thereof and the amount to be expended therefore. The Extraordinary Services shall include, without limitation, the following:

(a) Major Repairs. Performance and supervision of all major repairs, replacements, and alterations to the Project not covered by the Budget.

(b) Compliance with Legal Requirements. Assisting in material compliance with any and all orders or requirements affecting the Project by any federal, state, county, municipal, or other governmental authority having jurisdiction thereover, and order of the Board of Fire Underwriters or any similar bodies. Manager, however, shall not take any such action as long as Operator has notified Manager that it is contesting or has notified Manager of its intention to contest (or has otherwise directed Manager to take no action), and promptly institutes proceedings contesting any such order or requirement, provided that if failure to comply promptly with any such order or requirement would or might expose Manager to civil or criminal liability, Manager shall have the right, but not the obligation, to cause the same to be complied with.

(c) Tax Abatement and Eminent Domain. Rendering of advice and assistance to Operator in the negotiation or prosecution of all claims for the abatement of property and other taxes affecting the Project and for awards for taking by eminent domain affecting the Project.

(d) General. Performance of any other reasonable services, acts, items, or matters relating to or affecting the Project which are or may be desirable or necessary for the efficient, economic, and profitable operation thereof and which are not included within the services required by this Agreement.

4.3 Emergency Services. **"Emergency Services"** are defined as any and all emergency repairs or services immediately necessary for the preservation and/or safety of the Project, to avoid

the suspension of any important service to the Project or the licensure and/or certification of the Project, to avoid danger to life or property, or to preserve the use of the Project for the Existing Uses. Emergency Services may be performed by Manager in its reasonable discretion, without Operator's prior approval of the performance or amount to be expended therefore; provided, however, Manager shall, if reasonably possible, give Operator verbal notice of the performance of such service as soon as practicable.

4.4 Expense of Operator. All services performed by Manager under this Agreement of any kind (including without limitation Basic Services, Extraordinary Services and Emergency Services) shall be at the sole expense of Operator. Notwithstanding any other provision of this Agreement, Manager shall not be obligated to make any advance to or for the account of Operator or the Project or to pay any sums, except out of funds held in any account maintained under ARTICLE IV, nor shall Manager be obligated to incur any liability or obligation for the account of Operator or the Project without assurance in Manager's sole discretion that the necessary funds for the discharge thereof are or shall be available, nor shall Manager be responsible for the failure of the Project to be managed, operated, or maintained to the standard required by this Agreement as a result of Operator's failure to provide funds timely for the Project.

4.5 Operator's Inspection. Operator shall have the right of ingress and egress and may inspect the Project and review management decisions. Operator shall be entitled to maintain oversight, contact and communications with the administrator of the Project during the term of this Agreement.

4.6 Confidentiality. Manager and Operator agree to maintain in confidence all information and materials provided by, or obtained from, each other including, without limitation, all financial information, source codes, medical protocols, operational practices, manuals and other related information, except such use thereof as may be reasonably expected in the reasonable business of Operator. Further, all books, records, forms, notes, data, memoranda, models, supplies, materials, business accounts, lists and equipment, in any form or of any nature whatsoever delivered or furnished to Manager by the Operator during the course of its engagement shall remain the property of the Operator. Upon the termination of this Agreement or upon the request of the Operator, Manager shall promptly return said material and items to Operator.

4.7 Resident Privacy. Manager shall from time to time have access to Resident data, which it shall hold in strict confidence, and shall use only for the purposes of this Agreement. Manager shall instruct its personnel concerning the requirements of this section. Patient data shall mean any data or information concerning Residents of the Project, including without limitation, any of the treatments, procedures, medicines, drugs, diagnoses, therapies, surgeries, outcomes, histories, genetics, disclosures or behaviors of any such Residents. The privacy and other rights of all Residents of the Project shall be respected.

ARTICLE V

INSURANCE

5.1 Operator's Insurance. If requested by Operator, Manager will use commercially reasonable efforts to obtain in Operator's name and at Operator's expense and keep in force (or absent such request, Operator shall obtain and keep in force) during the term of this Agreement:

(a) comprehensive general liability insurance, protecting Operator against claims for injury to or death of persons or damage to or destruction of property occurring upon, in, or about the Project and the adjoining streets (other than streets dedicated to and accepted for maintenance by the public); such insurance to afford limits as requested by Operator from time to time;

(b) worker's compensation insurance with statutory and employee's liability insurance; and

(c) such other coverages as reasonably requested by Operator from time to time. Such insurance shall be written by companies approved by Operator which are legally qualified to issue such insurance in the state in which the Project is located and shall name Operator as insured and Manager as an additional named insured. Such insurance may be procured by Manager with other facilities managed by Manager and/or Manager Affiliates under so-called "blanket" insurance policies.

5.2 Policies. The parties shall attempt to ensure that each policy referred to in Section 5.1 above shall:

(a) provide that it will not be cancelled, amended, or reduced except after not less than three (3) days' written notice to Operator and Manager;

(b) include a waiver of all rights of subrogation against Manager, its officers, directors and shareholders, members, constituent partners, employees, and agents.

5.3 Waiver. Notwithstanding anything herein to the contrary, in any Fiscal Year, Operator may waive or reduce any insurance requirement set forth herein for Operator's benefit in its reasonable discretion depending on such factors as the availability of such insurance and the cost thereof.

5.4 Operator Insurance. Unless Operator requests that Manager obtain insurance as expressly provided in Section 5.1, Operator shall be responsible to procure and maintain all such insurance in the manner described in this Article, and all such insurance shall name Manager as an additional insured.

5.5 Cooperation. Manager and Operator each shall furnish whatever information is reasonably requested by the other for the purpose of establishing insurance coverages.

ARTICLE VI

BANK ACCOUNTS

6.1 Operating Account. Manager is authorized for and on behalf of Operator to establish bank accounts for the Project at a banking institution of its choosing, including an operating account to deposit all Project Income therein and to pay all Project Expenses therefrom. Manager may designate the authorized signatories on such account, with the approval of the Operator.

6.2 Operator's Obligation to Provide Funds. If at any time cash in the operating account shall not be sufficient to pay expenses and all Payments to Manager, Manager shall not be obligated to pay expenses from its own account or to incur any liability whatsoever on behalf of Operator or the Project. Manager shall notify Operator as soon as practicable upon its projection or awareness of a cash shortage or impending cash shortage. Operator shall determine payment priority, except that all Payments to Manager shall be timely made. After Manager has paid, to the extent of cash available in the operating account, all expenses based upon the ordered priorities set by Operator, Manager shall submit to Operator a statement of all remaining unpaid expenses. Within five (5) business days after receiving such statement, Operator shall provide sufficient monies to pay any unpaid expenses and any Payments to Manager. Such funds shall be provided to Manager within 24 hours of Operator's receipt of such statement and by wire transfer of funds if more than $5,000 remains due.

6.3 Right to Collect Payments to Manager. To the extent funds are available in the operating account, Manager shall be entitled to and is hereby authorized to disburse to itself all accrued Payments to Manager. To the extent funds are not available in the operating account to pay same, Operator agrees to pay Manager, within five (5) business days after demand therefor, such sums as are necessary to discharge its liability to Manager therefor. Any accrued Payments to Manager remaining unpaid after such five (5) day period shall bear interest at the Interest Rate from the date due until paid. If Manager collects payments due hereunder by an attorney at law, Operator hereby agrees to pay all costs and expenses of collection, including without limitation a reasonable attorney's fee.

ARTICLE VII

MANAGEMENT FEE AND ADDITIONAL PAYMENTS

7.1 Amount. During the term of this Agreement, Operator shall pay Manager the Management Fees.

7.2 Monthly Payments. Each monthly installment of the Management Fee shall be due in advance on the first day of each calendar month and be paid no later than the fifth (5th) day of each calendar month.

7.3 Annual Adjustment. Within fifteen (15) days after the delivery of the annual financial statements of the Project, Operator shall pay to Manager or Manager shall pay to Operator such

amount as is necessary to make the amount of Management Fees actually paid with respect to such year equal to the amount of Management Fees shown to be due by the annual financial statements.

ARTICLE VIII

TERM

8.1 Term. This Agreement shall commence as of the date hereof and shall thereafter continue for a period of five (5) years. Thereafter, this Agreement shall renew annually for one (1) year terms until one party gives the other written notice of its intent not to renew at least ninety (90) days prior to the end of the existing term.

8.2 Termination Upon Default. The following shall constitute events of default by Manager and/or Operator, as applicable:

(a) The filing of a voluntary petition in bankruptcy or insolvency or a petition for reorganization under any bankruptcy, insolvency or similar law by either Operator or Manager;

(b) The consent to an involuntary petition in bankruptcy or the failure by either Operator or Manager to vacate within one hundred and twenty (120) days from the date of entry thereof any order approving an involuntary petition;

(c) The entering of an order, judgment, or decree by any court of competent jurisdiction, on the application of a creditor, adjudicating either Operator or Manager a bankrupt or insolvent or approving a petition seeking reorganization or appointment of a receiver, trustee, or liquidator of all or a substantial part of such party's assets, which order, judgment, or decree shall continue unstayed and in effect for a period of one hundred twenty (120) consecutive days;

(d) The failure or refusal of Operator to provide funds necessary to pay Project Expenses, as and when provided for in this Agreement, and the Payments to Manager, as and when provided for in this Agreement, provided Manager shall have first delivered the notices relating to Operator's obligation to provide such funds for payment of Project Expenses or Payments to Manager as required by this Agreement, and provided further that, as to Project Expenses, Operator's failure to pay such expenses is of such materiality as to make it reasonably impractical for Manager to fulfill its obligations hereunder (which impracticality shall be presumed if the Project Expenses for which Operator has failed to advance funds exceed, in the aggregate, $3,000.00), and the continuance of any such failure for a period of five (5) days after notice to Operator of the amounts required and the purposes thereof;

(e) The failure or refusal of Manager to deposit, for collection, in the Operating Account all Project Income within thirty (30) days of receipt thereof by Manager;

(f) If the license for the operation of the Project or its certification as a provider under Medicare or Medicaid, if applicable, is suspended and such suspension lasts more than thirty (30) days or is finally revoked or terminated; or

(g) The failure of either Operator or Manager to perform, keep, or fulfill any of the covenants, undertakings, obligations, or conditions set forth in this Agreement and the continuance of any such failure for a period of thirty (30) days after written notice of said failure, provided, however, that if such failure constitutes a default under subsections (a), (b) or (c) above, neither Operator nor Manager shall be entitled to notice.

Notwithstanding any other provisions of this Agreement, but without otherwise affecting Manager's rights or remedies hereunder, Operator agrees that, in the event Operator breaches this Agreement by wrongfully terminating or wrongfully purporting to terminate, in whole or in part, Manager's position as Manager hereunder, Manager shall be entitled to the remedy of specific performance in addition to an action for damages or other remedies.

8.3 Effect of Termination. Upon termination of this Agreement, Manager shall forthwith:

(a) Surrender and deliver up to Operator any and all Project Income and security deposits on hand or in the operating accounts less the Payments to Manager due Manager through the termination date, as provided in this Agreement;

(b) Deliver to Operator as received any monies due Operator under this Agreement but received by Manager after such termination, less any Payments to Manager due Manager through the termination date, as provided in this Agreement;

(c) Deliver to Operator all materials, supplies, keys, contracts and documents, plans, specifications, promotional materials, and such other accountings, papers, and records pertaining to this Agreement;

(d) At Operator's request, assign to Operator (without recourse to or warranty by Manager) executed contracts relating to the operation and maintenance of the Project;

(e) Deliver to Operator a final accounting of the Project prepared in accordance with the provisions of Section 4.1(g) up to and including the date of termination;

(f) Cease the performance of all services required to be performed by Manager under this Agreement; and

(g) Cooperate reasonably with Operator to accomplish an orderly transfer of the operation and management of the Project to the party designated by Operator; including without limitation, executing any documents necessary to assure proper licensure (and certification, if applicable) of the Project.

Upon termination of this Agreement for any reason, any right of Manager to receive Payments to Manager which accrue under the terms of this Agreement, prior to such termination, but are payable after the date of such termination, shall survive such termination and continue in force and effect, and Operator shall be obligated to make such Payments to Manager in the amounts and at the times provided for in this Agreement.

ARTICLE IX

CASUALTY; CONDEMNATION

9.1 Total or Substantial Destruction. If the Project or any material portion thereof shall be damaged or destroyed at any time or times during the term of this Agreement by fire, casualty, or any other cause which renders the Project totally or substantially inoperative for the Existing Uses, and Operator does not notify Manager within three (3) months following the occurrence of such damage or destruction that Operator intends to rebuild or replace the same to substantially its former condition prior to such damage or destruction, this Agreement shall terminate as of the date of the damage or destruction. If Operator notifies Manager within three (3) months following the occurrence of such damage or destruction that Operator intends to rebuild or replace the Project and does rebuild or replace the Project within a reasonable time, this Agreement shall continue in full force and effect except that the term hereof shall be extended for the period of time equal to that period during which the Project is inoperative.

For purposes of this Agreement, total destruction or damage which renders the Project "totally or substantially inoperative for the Existing Uses" shall mean damage or destruction which, according to an engineer selected by Operator and Manager (each party agreeing to cooperate reasonably in such selection), could not reasonably be expected to be repaired or restored within twelve (12) months after the occurrence of such damage or destruction, so that at such time the Project will be restored substantially to the condition in which it existed prior to such damage or destruction, with services and amenities substantially equivalent to those which existed prior to such damage or destruction.

9.2 Partial Damage or Destruction. If the Project is damaged or partially destroyed in such a manner as to not render the Project totally or substantially inoperative for the Existing Uses (as defined in Section 9.1 above), this Agreement shall remain in force and effect as to that portion of the Project not so damaged or destroyed, with an appropriate abatement in the services to be performed by Manager as to such damaged or destroyed portion, except that if Operator does not notify Manager within three (3) months following the occurrence of such damage or destruction that Operator intends to repair or replace the portion of the Project which was damaged or destroyed, Manager shall have the option, upon thirty (30) days' notice to Operator, to terminate this Agreement, such termination to be effective upon the expiration of said thirty (30) day period.

9.3 Condemnation. If the whole or substantially all of the Project shall be condemned or taken in any manner for any public or quasi-public use under any statute or by right of eminent domain, then this Agreement shall terminate as of the date of vesting of title thereto in the condemning authority, with each party's rights accruing through such date. If a part of the Project is so taken or condemned, and if such taking shall substantially affect the Project or if such taking shall be of a substantial part of the Project, Manager shall have the right, by delivery of notice to Operator within sixty (60) days after such taking, to terminate this Agreement as of the date of the vesting of title thereto in the condemning authority, with each party's rights accruing through such date. If Manager shall not so elect, this Agreement shall be and remain unaffected by such taking, except that, effective as of the date of such taking, appropriate abatement shall be made in the services to be performed by Manager as to such taken area of the Project.

For purposes of this Agreement, the condemnation or taking of the "whole or substantially all of the Project" shall mean the condemnation or taking (or conveyance in lieu thereof) of a material portion of the Project, such that the Project ceases to be a first-class facility for all of the Existing Uses, or ceases to have adequate available parking or access, or ceases to have services and amenities substantially similar to those which existed immediately prior to such condemnation or taking (or conveyance in lieu thereof).

ARTICLE X

MISCELLANEOUS

10.1 Delegation; Assignment.

(a) Manager shall have the right to delegate its responsibilities under this Agreement to employees or agents of Manager or to engage Subcontractors for performance of all or any part of the services to be provided hereunder; provided, however, that Manager shall at all times supervise the performance of Manager's duties and obligations hereunder. Additionally, Manager shall have the right, without obtaining Operator's consent, to assign this Agreement to a Manager Affiliate. Otherwise Manager shall not, without Operator's prior approval (which shall not be unreasonably withheld), assign any of its rights, other than its right to receive the Payments to Manager (which Manager may freely transfer or encumber) or its obligations under this Agreement, whether by operation of law or otherwise, and any such attempted assignment shall be void.

(b) If any person or entity other than Operator succeeds or attempts to succeed to title of the Project, Manager shall have the option to terminate this Agreement upon ten (10) days' notice to the then current licensee of the Project.

10.2 Notices. Any and all notices, requests, demands, consents, approvals or other communications required or permitted under this Agreement by either party hereto shall be in writing and shall be made by hand delivery, by sending via Federal Express or another nationally-recognized overnight delivery service, or by sending via certified U. S. Mail with unrestricted delivery, return receipt requested, postage prepaid, and hand delivered or so sent to the party being notified at the address(es) below.

To Operator:
Waynesboro Healthcare, LLC
104 J. V. Mangubat Drive
Waynesboro, TN 38485

To Manager:
Thomas Johnson
Chief Manager
Health Services Management Group, LLC
485 Central Avenue, NE
Cleveland, TN 37311

Notice shall be considered delivered at the earliest of the following to occur: when actually received, three (3) Business Days (as hereinafter defined) after being so sent by U. S. Mail, or one (1) Business Day after being so sent by Federal Express or another nationally-recognized overnight courier service, independent of the date of actual delivery or whether delivery is ever in fact made, as the case may be, provided the giver of notice can establish the fact that notice was sent or tendered as provided herein. If notice is tendered pursuant to the provisions of this Section and is refused by the intended recipient thereof the notice, nevertheless, shall be considered to have been given and shall be effective as of the date herein provided. If a facsimile number for the intended recipient is set forth above, then in connection with the giving of any notice, the party giving such notice shall also send via facsimile (at the facsimile numbers noted above) a copy of such notice on the date on which such notice is deposited pursuant to this Section. If notice is tendered pursuant to the provisions of this Section and is refused by the intended recipient thereof, the notice, nevertheless, shall be considered to have been given and shall be effective as of the date herein provided.

Operator and Manager may, by written notice given by each to the other, designate any address or addresses to which notices, certificates or other communications to them shall be sent when required as contemplated by this Agreement.

10.3 Entire Agreement. This Agreement shall constitute the entire agreement between the parties hereto with respect to the management of the Project and shall supersede all other prior agreements, written or oral, between the parties relating to the management of the Project. No modification hereof shall be effective unless made by supplemental agreement in writing executed by the parties hereto. This Agreement supersedes and replaces any prior management agreements between the parties relating to the Project.

10.4 Nature of Agreement. Neither the relationship between Operator and Manager nor anything contained in this Agreement shall be deemed to constitute a partnership, joint venture, or any other similar relationship, and, except as otherwise specifically stated herein, Manager shall at all times be deemed an independent contractor for purposes of this Agreement.

10.5 Referral of Patients. The parties agree that the payments made to Manager by Operator hereunder are not in any way contingent upon the admission or referral of Residents by Manager. Further, nothing herein shall require or contemplate any referrals of Residents by Operator, Operator Affiliates, or their members, owners or shareholders.

10.6 Force Majeure. Notwithstanding anything herein to the contrary, Manager shall not be deemed in breach or default of this Agreement if it is prevented or hindered from performing its obligations hereunder due to war, civil unrest, strike, labor troubles, promulgation of law or regulation, governmental delays, unusually inclement weather, inability to procure services or materials despite reasonable efforts, acts of God, or any other cause(s) beyond the reasonable control of the Manager.

10.7 Access to Books and Records. As and to the extent required by law, upon the written request of the United States Secretary of Health and Human Services, the Comptroller General or any of their duly authorized representatives, Manager shall make available those contracts, books,

documents and records necessary to verify the nature and extent of the costs of providing services under this Agreement. Such inspection shall be available for up to four (4) years after the rendering of such services. If Manager carries out any of the duties of this Agreement through a subcontract with a value of $10,000.00 or more over a twelve (12) month period with a related individual or organization, Manager agrees to include this requirement in any such subcontract. This section is included pursuant to and is governed by the requirements of 42 U.S.C. Section 1395x(v)(1) and the regulations promulgated thereunder. No attorney-client, accountant-client, or other legal privilege will be deemed to have been waived by either party by virtue of this Agreement.

10.8 Governing Law. This Agreement is made pursuant to, and shall be governed by and construed in accordance with, the laws applicable to contracts made and to be performed in the state where the Project is located.

10.9 No Waiver; Cumulative Remedies. The failure of Operator or Manager to seek redress for violation or to insist upon the strict performance of any covenant, agreement, provision, or condition of this Agreement shall not constitute a waiver of the terms of such covenant, agreement, provision, or condition, and Operator and Manager shall have all remedies provided herein and by applicable law with respect to any subsequent act which would have originally constituted a violation.

10.10 Non-Assumption of Liabilities. Manager shall not by entering into and performing this Agreement become liable for any obligations, liabilities or debts of Operator or the Project or any of their affiliates or others, and Manager shall not by performing services to the Operator assume or become liable for any of the obligations, debts and liabilities of the Operator or the Project, and will in the course and scope of performing services hereunder have only the obligation to observe and perform the terms and conditions of this Agreement.

10.11 Contract Modifications for Prospective Legal Events. In the event any state or federal laws or regulations, now existing or enacted or promulgated after the effective date of this Agreement, are interpreted by judicial decision, a regulatory agency or legal counsel in such a manner as to indicate that the structure or any terms of this Agreement may be in violation of such laws or regulations, this Agreement shall automatically be deemed modified as necessary to comply with such laws or regulations. To the maximum extent possible, any such modification shall preserve the underlying economic and financial arrangements between Manager and Operator. Manager and Operator shall amend this Agreement to reflect such modification promptly.

10.12 Headings. The headings of the Sections, subsections, paragraphs and subparagraphs hereof are provided herein for and only for convenience of reference, and shall not be considered in construing their contents.

10.13 Construction. As used herein, (a) the term "**person**" means a natural person, a trustee, a corporation, a limited liability company, a partnership and any other form of legal entity, and (b) all references made (i) in the neuter, masculine or feminine gender shall be deemed to have been made in all such genders, (ii) in the singular or plural number shall be deemed to have been made, respectively, in the plural or singular number as well, and (iii) to any Section, subsection, paragraph or subparagraph shall, unless therein expressly indicated to the contrary, be deemed to

have been made to such Section, subsection, paragraph or subparagraph of this Agreement. As used in this Agreement, "**Business Day**" means a day other than a Saturday, a Sunday or a day designated as a holiday by the United States Congress at 5 U.S.C.A. § 6103.

[SIGNATURES ON NEXT PAGE]

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective as of the date first above written.

MANAGER:

HEALTH SERVICES MANAGEMENT GROUP, LLC,
a Tennessee limited liability company

By: _____
Thomas D. Johnson, Chief Manager

OPERATOR:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Thomas D. Johnson, Chief Manager

EXHIBIT A

MANAGEMENT FEES

Management Fees shall be equal to SIX PERCENT (6%) of the Project Income (after contractual allowances) from all sources for each Fiscal Year of the term of this Agreement.

Management Fees shall be paid in monthly installments calculated by multiplying the number of days in the then preceding month times a fraction, the numerator of which is the Project Income for the Fiscal Year then to date as shown on the most recent previous monthly statement provided under Section 4.1(g) hereof and the denominator of which is the number of days of the Fiscal Year then to date, and multiplying that product times SIX PERCENT (6%).

MANAGEMENT AGREEMENT – WAYNE CARE NURSING HOME

This MANAGEMENT AGREEMENT ("**Agreement**") is made and entered into effective as of the 30th day of June, 2014, by and between **WAYNESBORO HEALTHCARE, LLC**, a Tennessee limited liability company ("**Operator**") and **HEALTH SERVICES MANAGEMENT GROUP, LLC**, a Tennessee limited liability company ("**Manager**").

W I T N E S S E T H:

WHEREAS, Operator intends to acquire a license and all other permits and approvals (collectively "**Licensure**") necessary to operate that certain long term care facility known as Wayne Care Nursing Home located at 505 South High Street, Waynesboro, Tennessee (the "**Project**"); and

WHEREAS, Operator has entered into an Interim Management Agreement with the current licensee of the Project, the County of Wayne, Tennessee, to manage the Project until Operator's Licensure;

WHEREAS, upon Operator's Licensure, Operator will lease the Project from Wayne County and continue to operate it;

WHEREAS, Manager is engaged in the business of managing long term care facilities; and

WHEREAS, Operator desires to have Manager serve as the manager for the Project, as an independent contractor, and Manager is willing serve as such pursuant to the terms and conditions hereinafter set forth.

NOW, THEREFORE, for and in consideration of the mutual covenants herein contained and for other good and valuable considerations, the parties hereto agree as follows:

ARTICLE I

DEFINITIONS

When used in this Agreement, the following words or terms shall have the following definitions:

1.1 "Approved Budget" shall have the meaning given in Section 3.1.

1.2 "Basic Services" shall have the meaning given in Section 4.1.

1.3 "Budget" means a forecast of Project Income and Project Expenses, including a budget for capital expenditures to be made relative to the Project pursuant to this Agreement for the Fiscal Year to which such Budget relates.

1.4 "Due Date" shall have the meaning given in Section 4.1 (f).

1.5 "Emergency Services" shall have the meaning given in Section 4.3.

1.6 "Existing Uses" shall mean all present uses of the Project, including use as a seniors housing and care facility comprised of 46 skilled nursing beds, and all ancillary services in connection therewith.

1.7 "Extraordinary Services" shall have the meaning given in Section 4.2.

1.8 "Fiscal Year" means a year, commencing January 1, and ending December 31, except that the first Fiscal Year shall be that period commencing on the commencement date and ending on the next succeeding December 31.

1.9 "Improvements" means the facility described herein and all other structural improvements situated on the Land.

1.10 "Interest Rate" means the rate of interest equal to the lesser of (i) the maximum rate of interest not prohibited by applicable law; or (ii) that per annum rate of interest equal to two and one-half percent (2.5%) per annum more than the then current prime rate as published by The Wall Street Journal in its most recent edition.

1.11 "Land" means the tract of land upon which the Project is located.

1.12 "Management Fees" mean the fees payable by Operator to Manager in consideration of Manager's services hereunder. The calculation for determining Management Fees is set forth on Exhibit A attached hereto and incorporated herein by this reference.

1.13 "Manager" shall have the meaning given in the recitals.

1.14 "Manager Affiliate" means (i) any person, firm, corporation, limited liability company, or other entity which controls, is controlled by, or is under common control with Manager, directly or indirectly; or (ii) any partnership, venture, trust, limited liability company or other entity in which Manager is a general partner, a managing general partner, a managing venturer, trustee, or otherwise holds a management position; or (iii) any successor of Manager by change of name, merger, acquisition, consolidation, dissolution and distribution of assets, bulk transfer of assets, or similar reorganizational action.

1.15 "Operator" shall have the meaning given in the recitals.

1.16 "Operator Affiliate" means (i) any person, firm, corporation, limited liability company or other entity which controls, is controlled by, or is under common control with Operator, directly or indirectly; or (ii) any partnership, venture, trust, limited liability company or other entity in which Operator is a general partner, a managing general partner, a managing venturer, trustee, or otherwise holds a management position; or (iii) any successor of Operator by change of name, merger, acquisition, consolidation, dissolution and distribution of assets, bulk transfer of assets, or similar reorganizational action.

1.17 "Payments to Manager" means the management fee described in Section 7.1 and as described on Exhibit A attached hereto, together with any other sums due to Manager hereunder.

1.18 "Project" shall have the meaning given in the recitals and shall include the Land and the Improvements.

1.19 "Project Expenses" means all expenses, costs, and charges of every kind and nature incurred pursuant to an Approved Budget or any other provision of this Agreement permitting the incurrence of such expense, cost, or charge as a Project Expense, or pursuant to instructions or directives given by Operator to Manager pursuant to the provisions of this Agreement, in connection with the Project, for or in respect of a Fiscal Year (including, without limitation, Project Operating Expenses and those expenses, costs, and charges incurred in the performance of Extraordinary Services and any Emergency Services).

1.20 "Project Income" means, with respect to a specific period of time, the revenues received from all sources in connection with the Project during such period of time; provided that Project Income shall not include or mean (i) interest or investment income of Operator, (ii) capital contributions of Operator, (iii) insurance proceeds (provided however, business interruption insurance proceeds shall be included in "Project Income"), (iv) tax refunds, (v) condemnation proceeds or awards, and (vi) amounts collected from any Residents as trust funds or security deposits, if any, except to the extent those security deposits are actually applied against the payments owed to the Project.

1.21 "Project Operating Expenses" means all expenses, costs, and charges (including capital outlays) incurred in connection with the operation and maintenance of the Project.

1.22 "Residents" means the residents or patients of the Project.

1.23 "Salaries and Benefits" means salary, wages, bonuses, and other direct compensation, group life, accident, disability, medical and health insurance, pension plans, social security payments, payroll and other employee taxes, worker's compensation payments, employer's contribution to F.I.C.A., unemployment compensation, and similar so-called fringe benefits.

1.24 "Service Contracts" shall have the meaning given in Section 4.1 (c).

1.25 "Subcontracts" and "Subcontractors" shall have the meaning given in Section 2.5.

1.26 "Subcontractor Default" shall have the meaning given in Section 2.5.

1.27 When used in this Agreement, the words and terms for which definitions are specified in the introductory paragraph of this Agreement and in the further Articles of this Agreement shall have the definitions respectively therein ascribed to them.

ARTICLE II

RELATIONSHIP OF PARTIES

2.1 Management and Consulting by Manager. Manager agrees with Operator to provide the management, consulting and advisory services described herein in connection with the Operator's operation of the Project, upon the terms and conditions set forth in this Agreement and consistent with state and federal law.

2.2 Relationship. Subject to the terms hereof, all actions by Manager in performing its duties and providing services pursuant to this Agreement shall be on behalf of Operator as Operator's independent contractor. Operator agrees to indemnify, defend and hold Manager harmless from and against any loss, cost, expense, liability, or claim of any kind or nature whatsoever arising from or in connection with Manager's performance of its duties under this Agreement, except in instances in which such loss, cost, expense, liability, or claims arise from or in connection with Manager's own gross negligence or willful misconduct, or from or in connection with a material breach by Manager of its obligations under this Agreement.

2.3 Control Retained by Operator; Operator is "Provider". Although Manager, as part of Manager's services pursuant to this Agreement, shall make recommendations to Operator concerning the operation of the Project, Operator has and shall at all times retain under this Agreement the ultimate authority and responsibility for the operational decisions at the Project in addition to retaining and exercising control over the assets of the Project, and Manager shall perform the functions described in this Agreement to be performed by it in accordance with policies and directives approved by Operator. Operator shall be the holder of all licenses, permits and contracts obtained with respect to the Project, and shall be the "provider" within the meaning of all third-party contracts for the Project. Specifically, and without limitation, Operator also shall hold the Medicare and Medicaid provider numbers and provider agreements. This Agreement shall not constitute an assignment (automatic or otherwise) by Operator to Manager of the licenses, permits, contracts, certifications or provider agreements with respect to the Project.

2.4 Other Activities. Manager and Manager Affiliates may engage in or possess an interest in other business ventures of every nature and description and in any vicinity whatsoever, including, without limitation, the ownership, operation, management, and development of nursing homes, retirement homes, assisted and/or independent living facilities, apartments or duplexes, or other real property, and pharmacy, physical and speech therapy, home health, hospice services, medical equipment, adult day care and any other senior service, and Operator shall have no rights in or to such independent ventures or to any profits therefrom. Any such activities may be undertaken with or without notice to or participation therein by Operator, and Operator hereby waives any rights or claims that it may have against Manager and Manager Affiliates with respect to the income or profit therefrom or the effect of such activity on the Project. Nothing contained herein shall obligate any agent, officer, director, shareholder, member or partner of Manager or Manager Affiliates to devote all or any particular portion of such party's time or efforts to the Project.

2.5 Manager's Liability. Operator acknowledges that Manager will enter into subcontracts (**"Subcontracts"**) with others (**"Subcontractors"**) to obtain certain services and goods

to be provided under this Agreement, and that Manager's remedies against a Subcontractor in the event it fails to perform such services, is negligent, engages in misconduct or otherwise defaults under the Subcontract (in any such case **"Subcontractor Default"**) will be governed by the Subcontract and by applicable law. Operator agrees, for the purposes of this Agreement, that if Manager, as soon as reasonably practicable after the occurrence of a Subcontractor Default, commences and thereafter pursues with reasonable due diligence remedies against such Subcontractor and, pending efforts by Manager to enforce such remedies against such Subcontractor, either performs itself the services covered by the Subcontract or engages another Subcontractor for such purpose, then Manager shall not be in default under the terms of this Agreement by reason of such Subcontractor Default.

Notwithstanding any other provision of this Agreement, and unless such act or omission constitutes gross negligence, willful misconduct, or a material default by Manager, its officers, employees, or agents (and for the purposes of this Section, the term **"employees or agents"** of Manager shall not include Subcontractors), under the terms of this Agreement, neither Manager nor its officers, directors, shareholders, members, managers, employees, agents, subsidiaries or affiliates shall ever be liable for any act or omission, negligent, tortious or otherwise, of a Subcontractor or any agent or employee of a Subcontractor, or its subsidiaries or affiliates, for any amount of damage, or any other monetary obligation whatsoever, which is in excess of the amount of cash proceeds actually recovered under the policies of liability insurance maintained pursuant to the terms of this Agreement, and under no circumstances whatsoever shall Manager, under any theory of action or recovery, ever be liable for or obliged to pay or to satisfy any judgment for, any damages or other monetary obligation whatsoever, that is in excess of the amount of such cash proceeds. Notwithstanding any of the provisions of this Agreement, in no event shall Operator make any claim against Manager, or its officers, directors, shareholders, members, managers, employees, agents, subsidiaries or affiliates, on account of any alleged errors in judgment made in good faith in connection with the Project by Manager or such persons, or the performance of any advisory or technical services provided by or arranged by Manager.

In the event of an act of gross negligence, willful misconduct, or a material default by Manager, its officers, employees, or agents under the terms of this Agreement, then Operator shall have all recourse and remedies as may be available under the terms of this Agreement and at law or in equity.

2.6 Proprietary Interest. The computer and technical systems, methods, policies, handbooks, procedures and controls employed by Manager are to remain the property of Manager and are not, at any time, to be utilized, distributed, copied or otherwise employed or acquired by the Operator except as authorized in writing by Manager, or except as may be required by law.

ARTICLE III

BUDGET

3.1 Approval of Budget. As soon as reasonable and practicable for Manager near the end or shortly after the commencement of each Fiscal Year, Manager shall prepare and deliver to

Operator, in a form reasonably satisfactory to Operator, a proposed Budget for the next Fiscal Year. When approved pursuant to this ARTICLE III, such Budget shall be an **"Approved Budget."**

3.2 Operator shall give its approval or its disapproval of Manager's proposed Budget for each Fiscal Year not later than thirty (30) days after its receipt thereof.

If Operator does not approve or disapprove the proposed Budget within such thirty (30) day period, then Operator shall be deemed to have approved the Budget. If Operator objects to all or any portion of the proposed Budget, Operator shall furnish Manager with the reasons for its objections, and Operator and Manager shall attempt to agree in respect to the items to which Operator objects, and if such agreement is not reached within fourteen (14) days of the expiration of such thirty (30) day period, and without reference to whether more than one Fiscal Year shall lapse, then the Project shall be operated under a Budget (which for purposes of this Agreement shall be considered to be an Approved Budget) that is the same as the last Approved Budget, and Manager shall be authorized to incur expenses necessary for the management and operation of the Project, including but not limited to:

(a) all costs of staffing the Project and providing Resident care in accordance with all state and federal laws and regulations, utilities, cleaning services, costs of routine building and mechanical maintenance and repair (including elevator maintenance), ad valorem taxes and insurance coverages, costs of security services, and costs under Service Contracts, landscaping costs, and personnel costs; together with

(b) the sum of (x) the annualized level of all other expenses during the last three (3) months most recent Fiscal Year for which there was an Approved Budget (the **"Base Level"**), plus (y) ten percent (10%) of such Base Level.

3.3 Approved Budget. An Approved Budget shall constitute an authorization for Manager to spend money for the operation and management of the Project pursuant to such Approved Budget, and Manager may spend such sums without further approval. Operator acknowledges that, notwithstanding Manager's experience in relation to the management of similar developments, the projections contained in the Budget submitted at the commencement of each Fiscal Year are subject to and may be affected by changes in financial, regulatory, economic, and other conditions and circumstances beyond Manager's control, and the Budget shall be adjusted to take into account such changes.

3.4 Expenditures for Capital Items. The Approved Budget shall constitute an authorization for Manager to make the capital expenditures contemplated thereby. If during any Fiscal Year Manager believes the purchase or installation of new or replacement equipment or other capital items not contemplated by the Approved Budget is or before the end of such Fiscal Year will be necessary or desirable, Manager shall advise Operator thereof, but shall cause such items to be purchased and installed only after obtaining the prior authorization of Operator.

3.5 Rates. From time to time, Manager will recommend to Operator, for approval, rate structures which take into account the financial obligations of the Project and the level of rates at other comparable facilities in the market area.

ARTICLE IV

SERVICES

4.1 Basic Services. As basic services hereunder (the **"Basic Services"**), Manager shall:

(a) Resident Relations. Consult with Operator in the operations of the Project in compliance with the terms and conditions of this Agreement and administer a Resident relations program which maintains visibility of management presence.

(b) Personnel. Advise Operator with respect to employment decisions affecting on-site Project employees. Except as provided herein, all on-site Project employees shall at all times be Operator's employees and not employees of Manager. Manager agrees to locate and recommend for employment by Operator an administrator licensed for the Existing Uses in the state in which the Project is located (if such licensure is required) for the day-to-day administration of the Project. Operator shall have the right to approve the Project administrator. The administrator shall be an employee of and compensated by Operator as a Project Expense. In the event Manager shall place one of its employees as department head, administrator or director of nursing (for example, on an interim basis while a replacement director of nursing is hired), Manager shall be reimbursed monthly by Operator for all applicable Salaries and Benefits of such Manager employee. The Salaries and Benefits of all on-site Project employees and the number of such employees shall be part of the Budget (and thus subject to approval by Operator), but each Approved Budget shall include and provide for sufficient funds to enable Manager to pay competitive Salaries and Benefits so as to attract and retain a sufficient number of capable employees to enable the Project to operate to the standard herein provided.

(c) Service Contracts. Enter into or renew, in the name and on behalf of Operator (Manager being solely the management company for the Project), contracts (collectively, and including Subcontracts as defined in Section 2.6 hereof, referred to as **"Service Contracts"**) for electricity, gas, water, telephone, cable television, cleaning, fuel oil, elevator maintenance, vermin extermination, trash removal, linen service, pharmaceuticals and medical supplies, pharmacy consulting, medical director, physical and speech therapy, hospice services, medical equipment, and other services in the ordinary course of the operation of the Project; purchase all supplies and equipment necessary to maintain and so operate the Project; and credit to Operator any discounts, rebates, or commissions obtained for purchases or otherwise.

Manager may recommend the use of consultants or companies, even though same may be Affiliates of Manager and/or employed by Manager or an Affiliate of Manager, and if employed or retained, such consultants or companies shall be compensated at market rates and on terms comparable to the normal and customary rates in the industry, and these payments shall be a Project Expense pursuant to this Agreement.

(d) Maintenance and Repair. Maintain or cause to be maintained the Improvements and grounds of the Project including, without limitation, interior and exterior cleaning, painting and decorating, plumbing, carpentry, and other normal maintenance and repair work.

(e) Collection. Use reasonable efforts to request, demand, collect, receive, and receipt for all charges due from Residents and otherwise due Operator with respect to the Project. No uncollectible accounts (other than contractual allowance in the case of Medicare and Medicaid patients) shall be charged off to a bad debt expense account until reasonable efforts have been exhausted for collections or Manager has received Operator's approval.

(f) Project Expenses; Mortgage Loans. To the extent funds are made available by Operator, pay all Project Expenses (other than any payments required on mortgage loans or leases, except as specifically provided below) on or before that date (the **"Due Date"**) after which interest or penalty will begin to accrue thereon, provided, however, that Manager may contest, if and to the extent appropriate, the payment of any Project Expense (or portion thereof) which Manager has actual and reasonable grounds to believe should be contested. All expenses and costs of such contests, including without limitation, reasonable attorneys' fees, shall be included as Project Expenses. In any instance in which Manager has contested any Project Expense in accordance with the provisions of this Agreement, or has been requested by Operator to contest any Project Expense, then any interest or penalty which accrues and may thereafter become payable with respect to such Project Expense shall itself be a Project Expense.

If Operator shall so request, Manager shall pay the aggregate amounts required to be paid pursuant to any mortgages or financing related to the Project, secured or unsecured, or leases of the Project, including amounts due under any such financing or leases for interest, amortization of principal, and for allocation to reserves or escrow funds, from the Project funds. All notices from any lender or landlord claiming any default in any financing or lease on the Project, and any other notice from any lender or landlord other than routine notice of payment due, shall be forthwith delivered by Operator to Manager.

(g) Reports. As soon as reasonable and practicable each calendar month, render to Operator a statement of income and expenses showing the results of operation of the Project for the preceding month and of the Fiscal Year to date. As soon as reasonable and practicable after the end of each Fiscal Year, Manager shall deliver to Operator profit and loss statements showing Project Income, Project Expenses, Payments to Manager, the results of operations for that Fiscal Year, and (provided Manager has sufficient information) a balance sheet of the Project as of the end of that Fiscal Year, prepared on an accrual basis in accordance with generally accepted accounting principles consistently applied. All such monthly reports shall be in the format normally utilized by Manager. Operator may, regularly and/or from time to time, require that the annual financial statements of the Project be audited, reviewed or compiled by a reputable accounting firm, and the cost of same shall constitute a Project Expense. Manager shall have no obligation to prepare financial statements or accounting of any kind separate from such Project statements, except as agreed by Manager, for which Manager may charge an additional fee. Manager shall, upon reasonable notice from Operator, prepare and submit to Operator such other reports or certificates as Operator may reasonably request concerning such matters relating to the Project as are within the scope of Manager's services provided for in this Agreement. If any such additional reports or alternate report formats requested by Operator shall require Manager to engage consultants or other professionals to assist Manager in designing or preparing such report, or shall require Manager's employees (other than on-site employees engaged in performing Manager's services under this Agreement) to expend additional time designing or preparing such report, then Operator shall

promptly reimburse Manager for the cost to Manager of engaging such consultants or other professionals or of such time expended by Manager's employees.

(h) Records. Maintain, at the Project or at the address for Manager provided for in the first paragraph of this Agreement, or such other place or places as Operator may approve, a system of office records, books, and accounts, and any additional information or records reasonably required by Operator for the preparation of federal, state, and local tax returns, all in a manner reasonably satisfactory to Operator. Operator and others designated by Operator, including Operator's auditors and accountants, shall have, upon reasonable notice to Manager, during normal business hours, access to and the right to audit and make copies of such records, accounts, and books, and all vouchers, files and all other material pertaining to the Project and this Agreement.

(i) Legal Proceedings. Manager shall institute and prosecute in the name and at the expense of Operator such actions and proceedings necessary to effect the purposes, perform the services, and take the actions contemplated by this Agreement, including without limitation, to evict Residents in default; to recover possession of rooms occupied by such Residents; to sue for and recover charges and other damages due from Residents and other persons obligated to Operator or Manager in connection with the Project; to settle, compromise, and release any such actions or suits or reinstate such Residents; and sign and serve in the name of Operator notices and other communications relating to any of the foregoing matters. Manager shall keep Operator advised of all actions filed against Operator and known to Manager and all actions filed by Operator that are beyond the scope of ordinary business operations. Operator shall be responsible for all costs and expenses, including without limitation attorney's fees, incurred in defending Manager for actions brought against Manager based upon Manager's performance of its duties in connection with operation of the Project.

(j) Process Insurance Claims. If requested by Operator, Manager shall process all claims under any insurance coverages pertaining to the Project in a reasonably expeditious manner, so as to minimize delay in receipt by the Project of the proceeds of such insurance.

(k) Maintenance of Licenses. Assist Operator in obtaining and maintaining all licenses and certifications required for operation of the Project, such as contracts with fiscal intermediaries and agencies and eligibility for participation in any applicable third party payor or other medical reimbursement programs. All licenses and permits shall be obtained in the name and at the expense of the Operator unless otherwise stipulated pursuant to applicable regulation or unless otherwise agreed in writing between Operator and Manager. Further, Operator shall remain directly responsible to all federal, state and local enforcing agencies for compliance with such provisions and maintain state and federal licensing and certification requirements from and after the effective date hereof. Manager shall furnish copies of all surveys and notices of noncompliance to Operator promptly upon receipt by Manager.

(l) Rate Schedules. Assist in developing price and rate schedules satisfactory to Operator; obtain approval of appropriate price schedules by government agencies and appropriate rate/reimbursement schedules from third-party paying agencies, if applicable; provide all statistical, financial, and other data necessary to obtain payment from the appropriate agencies, if applicable; and assist in effecting final settlement of claims for payment.

(m) Accounting and Report Supervision. Oversee the maintenance of all Resident records required for the orderly billing for nursing and miscellaneous goods and/or services and Manager shall oversee control of Resident ledgers to ensure proper identification of all accounts. Manager shall oversee the monthly billing for all goods and/or services, which billings shall be rendered in a timely manner.

(n) Cost Reports and Tax Returns. Any reports that may be required to be made under the Medicare or Medicaid Program (or any successor program) of the federal Department of Health and Human Services or by the state in which the Project is located, such as cost reports, federal, state and local tax returns, and any other required governmental reports or filings necessary for the operation of the Project, shall be prepared by Operator or by outside consultants as may be approved by Operator and the cost of such items shall be a Project Expense.

4.2 Extraordinary Services. Whenever Manager determines that a service or services not included in the Basic Services required to be rendered pursuant to the Agreement (and not constituting an emergency) is necessary or desirable for the efficient, economic, and profitable operation of the Project (collectively, the **"Extraordinary Services"**), Manager shall advise Operator of the need and cost therefore and make recommendations related thereto. Manager shall then perform the Extraordinary Services in accordance with the directions of Operator as to the performance thereof and the amount to be expended therefore. The Extraordinary Services shall include, without limitation, the following:

(a) Major Repairs. Performance and supervision of all major repairs, replacements, and alterations to the Project not covered by the Budget.

(b) Compliance with Legal Requirements. Assisting in material compliance with any and all orders or requirements affecting the Project by any federal, state, county, municipal, or other governmental authority having jurisdiction thereover, and order of the Board of Fire Underwriters or any similar bodies. Manager, however, shall not take any such action as long as Operator has notified Manager that it is contesting or has notified Manager of its intention to contest (or has otherwise directed Manager to take no action), and promptly institutes proceedings contesting any such order or requirement, provided that if failure to comply promptly with any such order or requirement would or might expose Manager to civil or criminal liability, Manager shall have the right, but not the obligation, to cause the same to be complied with.

(c) Tax Abatement and Eminent Domain. Rendering of advice and assistance to Operator in the negotiation or prosecution of all claims for the abatement of property and other taxes affecting the Project and for awards for taking by eminent domain affecting the Project.

(d) General. Performance of any other reasonable services, acts, items, or matters relating to or affecting the Project which are or may be desirable or necessary for the efficient, economic, and profitable operation thereof and which are not included within the services required by this Agreement.

4.3 Emergency Services. **"Emergency Services"** are defined as any and all emergency repairs or services immediately necessary for the preservation and/or safety of the Project, to avoid

the suspension of any important service to the Project or the licensure and/or certification of the Project, to avoid danger to life or property, or to preserve the use of the Project for the Existing Uses. Emergency Services may be performed by Manager in its reasonable discretion, without Operator's prior approval of the performance or amount to be expended therefore; provided, however, Manager shall, if reasonably possible, give Operator verbal notice of the performance of such service as soon as practicable.

4.4 Expense of Operator. All services performed by Manager under this Agreement of any kind (including without limitation Basic Services, Extraordinary Services and Emergency Services) shall be at the sole expense of Operator. Notwithstanding any other provision of this Agreement, Manager shall not be obligated to make any advance to or for the account of Operator or the Project or to pay any sums, except out of funds held in any account maintained under ARTICLE IV, nor shall Manager be obligated to incur any liability or obligation for the account of Operator or the Project without assurance in Manager's sole discretion that the necessary funds for the discharge thereof are or shall be available, nor shall Manager be responsible for the failure of the Project to be managed, operated, or maintained to the standard required by this Agreement as a result of Operator's failure to provide funds timely for the Project.

4.5 Operator's Inspection. Operator shall have the right of ingress and egress and may inspect the Project and review management decisions. Operator shall be entitled to maintain oversight, contact and communications with the administrator of the Project during the term of this Agreement.

4.6 Confidentiality. Manager and Operator agree to maintain in confidence all information and materials provided by, or obtained from, each other including, without limitation, all financial information, source codes, medical protocols, operational practices, manuals and other related information, except such use thereof as may be reasonably expected in the reasonable business of Operator. Further, all books, records, forms, notes, data, memoranda, models, supplies, materials, business accounts, lists and equipment, in any form or of any nature whatsoever delivered or furnished to Manager by the Operator during the course of its engagement shall remain the property of the Operator. Upon the termination of this Agreement or upon the request of the Operator, Manager shall promptly return said material and items to Operator.

4.7 Resident Privacy. Manager shall from time to time have access to Resident data, which it shall hold in strict confidence, and shall use only for the purposes of this Agreement. Manager shall instruct its personnel concerning the requirements of this section. Patient data shall mean any data or information concerning Residents of the Project, including without limitation, any of the treatments, procedures, medicines, drugs, diagnoses, therapies, surgeries, outcomes, histories, genetics, disclosures or behaviors of any such Residents. The privacy and other rights of all Residents of the Project shall be respected.

ARTICLE V

INSURANCE

5.1 Operator's Insurance. If requested by Operator, Manager will use commercially reasonable efforts to obtain in Operator's name and at Operator's expense and keep in force (or absent such request, Operator shall obtain and keep in force) during the term of this Agreement:

(a) comprehensive general liability insurance, protecting Operator against claims for injury to or death of persons or damage to or destruction of property occurring upon, in, or about the Project and the adjoining streets (other than streets dedicated to and accepted for maintenance by the public); such insurance to afford limits as requested by Operator from time to time;

(b) worker's compensation insurance with statutory and employee's liability insurance; and

(c) such other coverages as reasonably requested by Operator from time to time. Such insurance shall be written by companies approved by Operator which are legally qualified to issue such insurance in the state in which the Project is located and shall name Operator as insured and Manager as an additional named insured. Such insurance may be procured by Manager with other facilities managed by Manager and/or Manager Affiliates under so-called "blanket" insurance policies.

5.2 Policies. The parties shall attempt to ensure that each policy referred to in Section 5.1 above shall:

(a) provide that it will not be cancelled, amended, or reduced except after not less than three (3) days' written notice to Operator and Manager;

(b) include a waiver of all rights of subrogation against Manager, its officers, directors and shareholders, members, constituent partners, employees, and agents.

5.3 Waiver. Notwithstanding anything herein to the contrary, in any Fiscal Year, Operator may waive or reduce any insurance requirement set forth herein for Operator's benefit in its reasonable discretion depending on such factors as the availability of such insurance and the cost thereof.

5.4 Operator Insurance. Unless Operator requests that Manager obtain insurance as expressly provided in Section 5.1, Operator shall be responsible to procure and maintain all such insurance in the manner described in this Article, and all such insurance shall name Manager as an additional insured.

5.5 Cooperation. Manager and Operator each shall furnish whatever information is reasonably requested by the other for the purpose of establishing insurance coverages.

ARTICLE VI

BANK ACCOUNTS

6.1 Operating Account. Manager is authorized for and on behalf of Operator to establish bank accounts for the Project at a banking institution of its choosing, including an operating account to deposit all Project Income therein and to pay all Project Expenses therefrom. Manager may designate the authorized signatories on such account, with the approval of the Operator.

6.2 Operator's Obligation to Provide Funds. If at any time cash in the operating account shall not be sufficient to pay expenses and all Payments to Manager, Manager shall not be obligated to pay expenses from its own account or to incur any liability whatsoever on behalf of Operator or the Project. Manager shall notify Operator as soon as practicable upon its projection or awareness of a cash shortage or impending cash shortage. Operator shall determine payment priority, except that all Payments to Manager shall be timely made. After Manager has paid, to the extent of cash available in the operating account, all expenses based upon the ordered priorities set by Operator, Manager shall submit to Operator a statement of all remaining unpaid expenses. Within five (5) business days after receiving such statement, Operator shall provide sufficient monies to pay any unpaid expenses and any Payments to Manager. Such funds shall be provided to Manager within 24 hours of Operator's receipt of such statement and by wire transfer of funds if more than $5,000 remains due.

6.3 Right to Collect Payments to Manager. To the extent funds are available in the operating account, Manager shall be entitled to and is hereby authorized to disburse to itself all accrued Payments to Manager. To the extent funds are not available in the operating account to pay same, Operator agrees to pay Manager, within five (5) business days after demand therefor, such sums as are necessary to discharge its liability to Manager therefor. Any accrued Payments to Manager remaining unpaid after such five (5) day period shall bear interest at the Interest Rate from the date due until paid. If Manager collects payments due hereunder by an attorney at law, Operator hereby agrees to pay all costs and expenses of collection, including without limitation a reasonable attorney's fee.

ARTICLE VII

MANAGEMENT FEE AND ADDITIONAL PAYMENTS

7.1 Amount. During the term of this Agreement, Operator shall pay Manager the Management Fees.

7.2 Monthly Payments. Each monthly installment of the Management Fee shall be due in advance on the first day of each calendar month and be paid no later than the fifth (5th) day of each calendar month.

7.3 Annual Adjustment. Within fifteen (15) days after the delivery of the annual financial statements of the Project, Operator shall pay to Manager or Manager shall pay to Operator such

amount as is necessary to make the amount of Management Fees actually paid with respect to such year equal to the amount of Management Fees shown to be due by the annual financial statements.

ARTICLE VIII

TERM

8.1 Term. This Agreement shall commence as of the date hereof and shall thereafter continue for a period of five (5) years. Thereafter, this Agreement shall renew annually for one (1) year terms until one party gives the other written notice of its intent not to renew at least ninety (90) days prior to the end of the existing term.

8.2 Termination Upon Default. The following shall constitute events of default by Manager and/or Operator, as applicable:

(a) The filing of a voluntary petition in bankruptcy or insolvency or a petition for reorganization under any bankruptcy, insolvency or similar law by either Operator or Manager;

(b) The consent to an involuntary petition in bankruptcy or the failure by either Operator or Manager to vacate within one hundred and twenty (120) days from the date of entry thereof any order approving an involuntary petition;

(c) The entering of an order, judgment, or decree by any court of competent jurisdiction, on the application of a creditor, adjudicating either Operator or Manager a bankrupt or insolvent or approving a petition seeking reorganization or appointment of a receiver, trustee, or liquidator of all or a substantial part of such party's assets, which order, judgment, or decree shall continue unstayed and in effect for a period of one hundred twenty (120) consecutive days;

(d) The failure or refusal of Operator to provide funds necessary to pay Project Expenses, as and when provided for in this Agreement, and the Payments to Manager, as and when provided for in this Agreement, provided Manager shall have first delivered the notices relating to Operator's obligation to provide such funds for payment of Project Expenses or Payments to Manager as required by this Agreement, and provided further that, as to Project Expenses, Operator's failure to pay such expenses is of such materiality as to make it reasonably impractical for Manager to fulfill its obligations hereunder (which impracticality shall be presumed if the Project Expenses for which Operator has failed to advance funds exceed, in the aggregate, $3,000.00), and the continuance of any such failure for a period of five (5) days after notice to Operator of the amounts required and the purposes thereof;

(e) The failure or refusal of Manager to deposit, for collection, in the Operating Account all Project Income within thirty (30) days of receipt thereof by Manager;

(f) If the license for the operation of the Project or its certification as a provider under Medicare or Medicaid, if applicable, is suspended and such suspension lasts more than thirty (30) days or is finally revoked or terminated; or

(g) The failure of either Operator or Manager to perform, keep, or fulfill any of the covenants, undertakings, obligations, or conditions set forth in this Agreement and the continuance of any such failure for a period of thirty (30) days after written notice of said failure, provided, however, that if such failure constitutes a default under subsections (a), (b) or (c) above, neither Operator nor Manager shall be entitled to notice.

Notwithstanding any other provisions of this Agreement, but without otherwise affecting Manager's rights or remedies hereunder, Operator agrees that, in the event Operator breaches this Agreement by wrongfully terminating or wrongfully purporting to terminate, in whole or in part, Manager's position as Manager hereunder, Manager shall be entitled to the remedy of specific performance in addition to an action for damages or other remedies.

8.3 Effect of Termination. Upon termination of this Agreement, Manager shall forthwith:

(a) Surrender and deliver up to Operator any and all Project Income and security deposits on hand or in the operating accounts less the Payments to Manager due Manager through the termination date, as provided in this Agreement;

(b) Deliver to Operator as received any monies due Operator under this Agreement but received by Manager after such termination, less any Payments to Manager due Manager through the termination date, as provided in this Agreement;

(c) Deliver to Operator all materials, supplies, keys, contracts and documents, plans, specifications, promotional materials, and such other accountings, papers, and records pertaining to this Agreement;

(d) At Operator's request, assign to Operator (without recourse to or warranty by Manager) executed contracts relating to the operation and maintenance of the Project;

(e) Deliver to Operator a final accounting of the Project prepared in accordance with the provisions of Section 4.1(g) up to and including the date of termination;

(f) Cease the performance of all services required to be performed by Manager under this Agreement; and

(g) Cooperate reasonably with Operator to accomplish an orderly transfer of the operation and management of the Project to the party designated by Operator; including without limitation, executing any documents necessary to assure proper licensure (and certification, if applicable) of the Project.

Upon termination of this Agreement for any reason, any right of Manager to receive Payments to Manager which accrue under the terms of this Agreement, prior to such termination, but are payable after the date of such termination, shall survive such termination and continue in force and effect, and Operator shall be obligated to make such Payments to Manager in the amounts and at the times provided for in this Agreement.

ARTICLE IX

CASUALTY; CONDEMNATION

9.1 Total or Substantial Destruction. If the Project or any material portion thereof shall be damaged or destroyed at any time or times during the term of this Agreement by fire, casualty, or any other cause which renders the Project totally or substantially inoperative for the Existing Uses, and Operator does not notify Manager within three (3) months following the occurrence of such damage or destruction that Operator intends to rebuild or replace the same to substantially its former condition prior to such damage or destruction, this Agreement shall terminate as of the date of the damage or destruction. If Operator notifies Manager within three (3) months following the occurrence of such damage or destruction that Operator intends to rebuild or replace the Project and does rebuild or replace the Project within a reasonable time, this Agreement shall continue in full force and effect except that the term hereof shall be extended for the period of time equal to that period during which the Project is inoperative.

For purposes of this Agreement, total destruction or damage which renders the Project "totally or substantially inoperative for the Existing Uses" shall mean damage or destruction which, according to an engineer selected by Operator and Manager (each party agreeing to cooperate reasonably in such selection), could not reasonably be expected to be repaired or restored within twelve (12) months after the occurrence of such damage or destruction, so that at such time the Project will be restored substantially to the condition in which it existed prior to such damage or destruction, with services and amenities substantially equivalent to those which existed prior to such damage or destruction.

9.2 Partial Damage or Destruction. If the Project is damaged or partially destroyed in such a manner as to not render the Project totally or substantially inoperative for the Existing Uses (as defined in Section 9.1 above), this Agreement shall remain in force and effect as to that portion of the Project not so damaged or destroyed, with an appropriate abatement in the services to be performed by Manager as to such damaged or destroyed portion, except that if Operator does not notify Manager within three (3) months following the occurrence of such damage or destruction that Operator intends to repair or replace the portion of the Project which was damaged or destroyed, Manager shall have the option, upon thirty (30) days' notice to Operator, to terminate this Agreement, such termination to be effective upon the expiration of said thirty (30) day period.

9.3 Condemnation. If the whole or substantially all of the Project shall be condemned or taken in any manner for any public or quasi-public use under any statute or by right of eminent domain, then this Agreement shall terminate as of the date of vesting of title thereto in the condemning authority, with each party's rights accruing through such date. If a part of the Project is so taken or condemned, and if such taking shall substantially affect the Project or if such taking shall be of a substantial part of the Project, Manager shall have the right, by delivery of notice to Operator within sixty (60) days after such taking, to terminate this Agreement as of the date of the vesting of title thereto in the condemning authority, with each party's rights accruing through such date. If Manager shall not so elect, this Agreement shall be and remain unaffected by such taking, except that, effective as of the date of such taking, appropriate abatement shall be made in the services to be performed by Manager as to such taken area of the Project.

For purposes of this Agreement, the condemnation or taking of the "whole or substantially all of the Project" shall mean the condemnation or taking (or conveyance in lieu thereof) of a material portion of the Project, such that the Project ceases to be a first-class facility for all of the Existing Uses, or ceases to have adequate available parking or access, or ceases to have services and amenities substantially similar to those which existed immediately prior to such condemnation or taking (or conveyance in lieu thereof).

ARTICLE X

MISCELLANEOUS

10.1 Delegation; Assignment.

(a) Manager shall have the right to delegate its responsibilities under this Agreement to employees or agents of Manager or to engage Subcontractors for performance of all or any part of the services to be provided hereunder; provided, however, that Manager shall at all times supervise the performance of Manager's duties and obligations hereunder. Additionally, Manager shall have the right, without obtaining Operator's consent, to assign this Agreement to a Manager Affiliate. Otherwise Manager shall not, without Operator's prior approval (which shall not be unreasonably withheld), assign any of its rights, other than its right to receive the Payments to Manager (which Manager may freely transfer or encumber) or its obligations under this Agreement, whether by operation of law or otherwise, and any such attempted assignment shall be void.

(b) If any person or entity other than Operator succeeds or attempts to succeed to title of the Project, Manager shall have the option to terminate this Agreement upon ten (10) days' notice to the then current licensee of the Project.

10.2 Notices. Any and all notices, requests, demands, consents, approvals or other communications required or permitted under this Agreement by either party hereto shall be in writing and shall be made by hand delivery, by sending via Federal Express or another nationally-recognized overnight delivery service, or by sending via certified U. S. Mail with unrestricted delivery, return receipt requested, postage prepaid, and hand delivered or so sent to the party being notified at the address(es) below.

To Operator:
Waynesboro Healthcare, LLC
505 South High Street
Waynesboro, TN 38485

To Manager:
Thomas Johnson
Chief Manager
Health Services Management Group, LLC
485 Central Avenue, NE
Cleveland, TN 37311

Notice shall be considered delivered at the earliest of the following to occur: when actually received, three (3) Business Days (as hereinafter defined) after being so sent by U. S. Mail, or one (1) Business Day after being so sent by Federal Express or another nationally-recognized overnight courier service, independent of the date of actual delivery or whether delivery is ever in fact made, as the case may be, provided the giver of notice can establish the fact that notice was sent or tendered as provided herein. If notice is tendered pursuant to the provisions of this Section and is refused by the intended recipient thereof the notice, nevertheless, shall be considered to have been given and shall be effective as of the date herein provided. If a facsimile number for the intended recipient is set forth above, then in connection with the giving of any notice, the party giving such notice shall also send via facsimile (at the facsimile numbers noted above) a copy of such notice on the date on which such notice is deposited pursuant to this Section. If notice is tendered pursuant to the provisions of this Section and is refused by the intended recipient thereof, the notice, nevertheless, shall be considered to have been given and shall be effective as of the date herein provided.

Operator and Manager may, by written notice given by each to the other, designate any address or addresses to which notices, certificates or other communications to them shall be sent when required as contemplated by this Agreement.

10.3 Entire Agreement. This Agreement shall constitute the entire agreement between the parties hereto with respect to the management of the Project and shall supersede all other prior agreements, written or oral, between the parties relating to the management of the Project. No modification hereof shall be effective unless made by supplemental agreement in writing executed by the parties hereto. This Agreement supersedes and replaces any prior management agreements between the parties relating to the Project.

10.4 Nature of Agreement. Neither the relationship between Operator and Manager nor anything contained in this Agreement shall be deemed to constitute a partnership, joint venture, or any other similar relationship, and, except as otherwise specifically stated herein, Manager shall at all times be deemed an independent contractor for purposes of this Agreement.

10.5 Referral of Patients. The parties agree that the payments made to Manager by Operator hereunder are not in any way contingent upon the admission or referral of Residents by Manager. Further, nothing herein shall require or contemplate any referrals of Residents by Operator, Operator Affiliates, or their members, owners or shareholders.

10.6 Force Majeure. Notwithstanding anything herein to the contrary, Manager shall not be deemed in breach or default of this Agreement if it is prevented or hindered from performing its obligations hereunder due to war, civil unrest, strike, labor troubles, promulgation of law or regulation, governmental delays, unusually inclement weather, inability to procure services or materials despite reasonable efforts, acts of God, or any other cause(s) beyond the reasonable control of the Manager.

10.7 Access to Books and Records. As and to the extent required by law, upon the written request of the United States Secretary of Health and Human Services, the Comptroller General or any of their duly authorized representatives, Manager shall make available those contracts, books,

documents and records necessary to verify the nature and extent of the costs of providing services under this Agreement. Such inspection shall be available for up to four (4) years after the rendering of such services. If Manager carries out any of the duties of this Agreement through a subcontract with a value of $10,000.00 or more over a twelve (12) month period with a related individual or organization, Manager agrees to include this requirement in any such subcontract. This section is included pursuant to and is governed by the requirements of 42 U.S.C. Section 1395x(v)(1) and the regulations promulgated thereunder. No attorney-client, accountant-client, or other legal privilege will be deemed to have been waived by either party by virtue of this Agreement.

10.8 Governing Law. This Agreement is made pursuant to, and shall be governed by and construed in accordance with, the laws applicable to contracts made and to be performed in the state where the Project is located.

10.9 No Waiver; Cumulative Remedies. The failure of Operator or Manager to seek redress for violation or to insist upon the strict performance of any covenant, agreement, provision, or condition of this Agreement shall not constitute a waiver of the terms of such covenant, agreement, provision, or condition, and Operator and Manager shall have all remedies provided herein and by applicable law with respect to any subsequent act which would have originally constituted a violation.

10.10 Non-Assumption of Liabilities. Manager shall not by entering into and performing this Agreement become liable for any obligations, liabilities or debts of Operator or the Project or any of their affiliates or others, and Manager shall not by performing services to the Operator assume or become liable for any of the obligations, debts and liabilities of the Operator or the Project, and will in the course and scope of performing services hereunder have only the obligation to observe and perform the terms and conditions of this Agreement.

10.11 Contract Modifications for Prospective Legal Events. In the event any state or federal laws or regulations, now existing or enacted or promulgated after the effective date of this Agreement, are interpreted by judicial decision, a regulatory agency or legal counsel in such a manner as to indicate that the structure or any terms of this Agreement may be in violation of such laws or regulations, this Agreement shall automatically be deemed modified as necessary to comply with such laws or regulations. To the maximum extent possible, any such modification shall preserve the underlying economic and financial arrangements between Manager and Operator. Manager and Operator shall amend this Agreement to reflect such modification promptly.

10.12 Headings. The headings of the Sections, subsections, paragraphs and subparagraphs hereof are provided herein for and only for convenience of reference, and shall not be considered in construing their contents.

10.13 Construction. As used herein, (a) the term "**person**" means a natural person, a trustee, a corporation, a limited liability company, a partnership and any other form of legal entity, and (b) all references made (i) in the neuter, masculine or feminine gender shall be deemed to have been made in all such genders, (ii) in the singular or plural number shall be deemed to have been made, respectively, in the plural or singular number as well, and (iii) to any Section, subsection, paragraph or subparagraph shall, unless therein expressly indicated to the contrary, be deemed to

have been made to such Section, subsection, paragraph or subparagraph of this Agreement. As used in this Agreement, "**Business Day**" means a day other than a Saturday, a Sunday or a day designated as a holiday by the United States Congress at 5 U.S.C.A. § 6103.

[SIGNATURES ON NEXT PAGE]

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective as of the date first above written.

MANAGER:

HEALTH SERVICES MANAGEMENT GROUP, LLC,
a Tennessee limited liability company

By: _____
Thomas D. Johnson, Chief Manager

OPERATOR:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Thomas D. Johnson, Chief Manager

EXHIBIT A

MANAGEMENT FEES

Management Fees shall be equal to SIX PERCENT (6%) of the Project Income (after contractual allowances) from all sources for each Fiscal Year of the term of this Agreement.

Management Fees shall be paid in monthly installments calculated by multiplying the number of days in the then preceding month times a fraction, the numerator of which is the Project Income for the Fiscal Year then to date as shown on the most recent previous monthly statement provided under Section 4.1(g) hereof and the denominator of which is the number of days of the Fiscal Year then to date, and multiplying that product times SIX PERCENT (6%).

Attachment "6" Section A Item 6

Operations Transfer Agreement

Purchase and Sale Agreement

Lease Agreement

Operations Transfer Agreement
Wayne County Nursing Home

OPERATIONS TRANSFER AGREEMENT

THIS OPERATIONS TRANSFER AGREEMENT (this "**Agreement**") is made and entered into as of the 30th day of June, 2014 (the "**Execution Date**"), by and between **Waynesboro Healthcare, LLC**, a Tennessee limited liability company, having an address of 485 Central Avenue NE, Cleveland, Tennessee 37311 ("**New Operator**"), and **County of Wayne, Tennessee**, a governmental entity and political subdivision of the State of Tennessee, having an address of 100 Court Circle, Suite 300, Waynesboro, Tennessee 38485 ("**Current Operator**").

RECITALS

A. Current Operator operates that certain 109-bed skilled nursing facility known as Wayne County Nursing Home located at 104 J.V. Mangubat Drive, Waynesboro, Tennessee 38485 (the real property, all improvements and the personal property located thereon are herein collectively referred to as the "**Facility**").

B. New Operator has agreed to lease the Facility from Current Operator pursuant to that certain lease agreement by and between New Operator and Current Operator dated as of the date hereof pertaining to the Facility (the "**Lease**"). The parties agree that the Lease shall commence as of 12:01 A.M. local time (the "**Effective Time**") on the day of the Lease Closing as defined in Article II below.

C. In order to allow New Operator to immediately provide management assistance for the Facility to Current Operator, Current Operator and New Operator are entering into an Interim Management Agreement concurrently herewith (the "**Management Agreement**"). The Management Agreement shall be effective from July 1, 2014 to the Effective Time.

D. Current Operator and New Operator are entering into a Purchase and Sale Agreement (the "**Purchase Agreement**") concurrently herewith, pursuant to which Current Operator has agreed to sell to New Operator, and New Operator has agreed to purchase from Current Operator, the Facility, the real property on which the Facility is located and all of the assets used in connection with the operation of the Facility (such transaction, the "**Sale**").

D. The Management Agreement, this Agreement, the Lease and the Purchase Agreement are sometimes herein referred to collectively as the "**Transaction Documents**".

E. Current Operator and New Operator desire to provide for the orderly transition of the operations of the Facility from Current Operator to the New Operator, and to clarify each party's responsibilities and obligations with regard to the transition of the operations, personnel and residents of the Facility.

NOW, THEREFORE, for and in consideration of the mutual promises and subject to the conditions stated herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

ARTICLE 1
Transfer of Assets

1.1 Operation of the Facility. As of the Effective Time, New Operator shall take over possession of the Facility, and Current Operator shall surrender possession of the Facility and relinquish any and all right, title or interest thereto.

1.2 Assignment of Operating Contracts. Within five (5) days following the Execution Date, Current Operator shall provide to New Operator copies of all vendor, service, maintenance, operating, collective bargaining, and other agreements to which Current Operator is a party and which relate to the operation of the Facility, including those for goods or services being provided or to be provided in connection with the operation of the Facility (the "**Operating Contracts**"). Current Operator also shall summarize in writing the material terms of any unwritten agreements affecting or relating to the Facility. New Operator shall have the right to review and approve such Operating Contracts. Current Operator agrees to assign to New Operator the Operating Contracts approved by New Operator. Current Operator shall provide reasonable cooperation to New Operator in connection with the assignment and assumption of such Operating Contracts by New Operator; it being understood that it shall be the sole responsibility of Current Operator to obtain any consent required for such assignment. If, as a condition to the assignment of any of the Operating Contracts to be assigned to New Operator, it shall be necessary to cure any defaults thereunder, then, as a condition to such assignment, Current Operator shall perform such acts and pay such sums as shall be required to cure any such default. As to the Operating Contracts approved in writing by New Operator, New Operator shall assume and undertake to perform any and all obligations under the Operating Contracts assigned to it as aforesaid arising from and after the Effective Time. If New Operator so requests, Current Operator shall, at Current Operator's sole cost and expense, exercise any right it may have to purchase any equipment located at the Facility that is subject to an equipment lease, and shall include any such equipment as part of the assets being transferred to New Operator pursuant to this Agreement. All Operating Contracts that are not assumed by New Operator shall be terminated on or prior to the Lease Closing by and at the expense of Current Operator

1.3 Intentionally Deleted.

1.4 Excluded Assets. Current Operator may remove from the Facility prior to the Effective Time only those specific assets or property owned by Current Operator and identified as "**Excluded Assets**" on Schedule 1.4 to this Agreement.

1.5 Acquired Assets. After the Effective Time, other than the Excluded Assets, Current Operator shall have no interest in any properties, rights or property necessary to conduct the business of the Facility as presently conducted. For clarification purposes, at Lease Closing, Current Operator shall release, remise and assign to New Operator the following (all such items being referred to herein as the "**Acquired Assets**"): all tangible and intangible property relating to the Facility (other than the Excluded Assets) and all resident lists and records, licenses and permits (to the extent transferable in accordance with applicable law), furniture, fixtures,

equipment, vehicles, supplies, telephone numbers, websites, cell phone numbers, books and records, and computer software and hardware relating to the Facility.

1.6 Transfer of Resident Trust Funds.

1.6.1 Within three (3) days after the Effective Time, Current Operator shall deliver to New Operator a true, correct and complete description of any trust funds or personal property held by Current Operator as of the Effective Time for any resident of the Facility (collectively, "**Resident Trust Funds**").

1.6.2 At the Effective Time, Current Operator shall transfer to New Operator the Resident Trust Funds. New Operator hereby agrees that it will accept such Resident Trust Funds actually transferred to New Operator in trust for the residents/responsible parties and be accountable to the residents/responsible parties for such Resident Trust Funds in accordance with the terms of this Agreement and any applicable statutory and regulatory requirements. Current Operator and New Operator will immediately reconcile the Resident Trust Funds transferred from Current Operator to New Operator.

1.6.3 New Operator shall have no responsibility to the applicable resident/responsible party and regulatory authorities for (i) any amounts by which the Resident Trust Funds delivered by Current Operator to New Operator pursuant to Section 1.6.2 are less than the full amount of the Resident Trust Funds for such resident as of the Effective Time, (ii) inaccuracies in the accounting and inventory provided by Current Operator, or (iii) claims which arise from actions or omissions of Current Operator with respect to the Resident Trust Funds prior to the Effective Time. Current Operator shall have no responsibility to the applicable resident/responsible party and regulatory authorities for claims which arise from actions or omissions of New Operator with respect to the Resident Trust Funds on or after the Effective Time.

1.6.4 Current Operator will indemnify, defend and hold New Operator harmless from all liabilities, claims and demands, including reasonable attorneys' fees, in the event the amount of the Resident Trust Funds, if any, transferred to New Operator did not represent the full amount of the Resident Trust Funds shown to have been delivered to Current Operator as custodian or with respect to any Resident Trust Funds delivered to Current Operator, but which were not delivered by Current Operator to New Operator, or for claims which arise from actions or omissions of Current Operator with respect to the Resident Trust Funds prior to the Effective Time.

1.6.5 New Operator will indemnify, defend and hold Current Operator harmless from all liabilities, claims and demands, including reasonable attorneys' fees, in the event a claim is made against Current Operator by a resident for his/her Resident Trust Funds where such funds were transferred to New Operator pursuant to the terms hereof.

1.6.6 The parties agree to execute any documents required by state licensing authorities to reflect this transfer.

1.6.7 The indemnification obligation described in this Section 1.6 shall survive the termination of this Agreement.

ARTICLE 2
The Lease Closing

Lease Closing and Effective Time. Except as otherwise provided in Article 9 of this Agreement, the closing pursuant to this Agreement in connection with the Lease (the "**Lease Closing**") shall occur by mail unless the parties hereto, by mutual consent expressed in writing, agree otherwise, and shall occur to be effective as of the Effective Time on **August 1, 2014**; *provided*, that New Operator has been issued any and all licenses and other approvals necessary to operate the Facility as of the Lease Closing. Upon the final refusal by the Tennessee Board for Licensing Health Care Facilities to issue New Operator a license or other approval to operate the Facility (following the filing by New Operator of a change of ownership or other applicable request for such license or permission), either party may terminate this Agreement, the Management Agreement, the Lease and the Purchase Agreement by written notice to the other party. The parties hereto may by mutual consent expressed in writing fix another time to be the Effective Time.

ARTICLE 3
Closing - Actions to Effect Lease

3.1 Deliveries by Current Operator. At the Lease Closing, Current Operator shall execute and deliver or cause to be executed and delivered the following:

3.1.1 Bill of Sale, substantially in the form of Exhibit A hereto.

3.1.2 Counterpart to an Assignment of Contracts, substantially in the form of Exhibit B hereto.

3.1.3 A closing statement ("**Lease Closing Statement**") which shall include the items to be prorated as of the Effective Time.

3.1.4 Certificates of title to all motor vehicles that are among the Acquired Assets.

3.2 Deliveries by New Operator. At the Lease Closing, New Operator shall execute and deliver or cause to be executed and delivered the following:

3.2.1 Counterpart to a Bill of Sale, substantially in the form of Exhibit A hereto.

3.2.2 Counterpart to an Assignment of Contracts, substantially in the form of Exhibit B hereto.

3.2.2 The Lease Closing Statement.

ARTICLE 4
Prorations, Credits and Costs

4.1 Prorations. The following items shall be prorated as of the Effective Time and shall be set forth on the Lease Closing Statement; provided, however, that all such prorations (except Patient Funds) shall be adjustments to the Purchase Price at the Closing under the Purchase Agreement (the "**Purchase Closing**"). In the event that amounts as of the Effective Time cannot be accurately determined, such amounts shall be estimated and adjusted as promptly as practicable thereafter but in no event later than the Purchase Closing.

4.1.1 Property Taxes. All state, county, city, school, ad valorem, and other local real property taxes and assessments relating to or assessed against the Facility shall be prorated as of the Effective Time, and shall be set out in the Lease Closing Statement.If the real or personal property tax rate for the current tax year is not established by the Effective Time, the prorations shall be made on the basis of the rate in effect for the preceding tax year and shall be adjusted when exact amounts are determined. Any such proration shall be based upon the most recent available assessed value of the Facility prior to the Effective Time.

4.1.2 Utilities and Rents. All utilities and rents shall be prorated as of the Effective Time.

4.1.3 Payroll. Accrued time off, vacation and sick pay, PTO or similar concepts and related F.I.C.A., any employee benefits, comp time and employee-related taxes for the period prior to the Effective Time shall be credited to New Operator, with New Operator being credited with all accrued but unpaid benefits, whether earned or unearned.

4.1.4 Prepayments. Current Operator shall credit to New Operator payments received by Current Operator for patient or other services to be provided on or after the Effective Time. Current Operator shall be credited with all prepayments made by Current Operator for services relating to the Facility to be provided after the Effective Time.

4.1.5 Patient Funds. Current Operator will at Lease Closing transfer and assign to New Operator all patient security deposits and other patient funds then held by it. Current Operator shall indemnify and hold harmless New Operator from all claims arising out of or resulting from Current Operator's failure to maintain or otherwise comply with applicable agreements and/or laws relating to patient security deposits and other funds prior to the Effective Time. New Operator shall indemnify and hold Current

Operator harmless for all claims arising out of or resulting from New Operator's failure to maintain or otherwise comply with applicable agreements and/or laws relating to patient security deposits and other funds following the Effective Time.

4.2 Expenses. Each of the parties shall pay its own costs and expenses incurred or to be incurred by it in negotiating and preparing this Agreement and in closing and carrying out the transactions contemplated herein, except as may otherwise be provided herein.

ARTICLE 5
Representations and Warranties

5.1 Representations and Warranties of Current Operator. Current Operator hereby represents and warrants to New Operator as follows:

5.1.1 Organization; Standing. Current Operator is a governmental entity and political subdivision of the State of Tennessee, duly organized, validly existing and in good standing under the laws of the State of Tennessee. Current Operator has full power and authority to own and transfer all rights in the Acquired Assets to New Operator and to conduct the business presently being conducted by Current Operator at the Facility.

5.1.2 Due Formation, Authority and Valid Execution. Current Operator has all necessary power and authority to make, execute, deliver and perform the Transaction Documents, including the schedules, exhibits and the other instruments and documents required or contemplated hereby, and all necessary actions have been taken by Current Operator. Current Operator has all requisite power and authority to operate and lease the Facility, and to carry on its business as presently conducted. The Transaction Documents have been duly and validly executed and delivered by Current Operator, and assuming due execution and delivery by New Operator, constitutes the valid and binding obligations of Current Operator, and are enforceable against Current Operator in accordance with their terms.

5.1.3 Accuracy of Warranties and Representations. Each representation and warranty of Current Operator in the Transaction Documents shall be true, accurate and correct in all material respects as of the Execution Date and as of the Effective Time, with the same force and effect as though made at such time.

5.1.4 Compliance with Laws. Current Operator has complied in all material respects with all laws, ordinances, regulation, licensing requirements, rules, injunctions, writs, decrees, awards or orders applicable to the Facility, including those relating to wages or hours, hiring, promotions, retirement, working conditions, collective bargaining, discrimination in employment or employment practices or occupational safety and health standards, health, safety, pensions, employee benefits, trade regulation, antitrust, warranties and the production, labeling, marketing or sale or distribution of products. Neither the Current Operator nor the Facility has any ownership or

compensation relationship with any physician or with any other person restricted by the so-called Stark II Act (Omnibus Budget Reconciliation Act of 1989), 42 U.S.C. Section 1395nn, or the Stark I Act (The Ethics in Patient Referrals Act of 1989). Without limiting the generality of the first sentence of this paragraph, Current Operator and the Facility are in compliance with the so-called Stark II Act (Omnibus Budget Reconciliation Act of 1989) 42 U.S.C. Section 1395nn, the Stark I Act (The Ethics in Patient Referrals Act of 1989) and the Fraud and Abuse Anti-Kickback Law, 42 U.S.C. Section 1320a-7b(b)(1).

5.1.5 Environmental Matters. To the best of Current Operator's knowledge, there is no material violation of any federal or state environmental statute, law, ordinance or regulation with respect to the Facility.

5.1.6 Personal Property and Inventory. The Personal Property is free and clear of all liens, claims, pledges, security interests, charges, mortgages, hypothecation, encumbrances, restrictions, title retention agreements or any other claim or encumbrance of any nature whatsoever (collectively "**Liens**").

5.1.7 Patient Trust Accounts; Resident Records. Current Operator has dealt with the resident and patient records and trust funds as prescribed by law.

5.1.8 Adverse Claims. There is no (a) litigation, Audit, Appeal or proceeding pending against or related to Current Operator before or by any court, public board or body, governmental or administrative agency or instrumental or administrative agency or instrumentality regarding the Facility or the Acquired Assets, except as described on Schedule 5.1.8, (b) unpaid property tax or assessment against the Facility, or (c) to the best of Current Operator's knowledge, pending condemnation proceeding or assessment against the Facility. All billed utility charges payable with respect to the Facility have been paid, and no utility is making any claim for due or past due statements, and there are no mechanics', materialmen's or similar claims or liens currently claimed against the Facility for work performed prior to the Execution Date. Current Operator hereby indemnifies and agrees to hold harmless New Operator from and against any and all liability, claims and demands relating to the litigation described on Schedule 5.1.8, including reimbursement for any wages or expenses for any employees of the Facility who are called to testify or otherwise participate in such litigation.

5.1.9 No Conflict or Defaults. Neither the execution or delivery of this Agreement nor the consummation of the transactions herein contemplated will conflict with, violate, result in a breach by, constitute a default under or accelerate the performance provided by the terms of any law, rule, regulation or agreement to which Current Operator may be subject, or which could result in the creation of any Lien upon any part of the Facility.

5.1.10 Intentionally Deleted.

5.1.11 No Consent. No consent or approval by any governmental agency or authority or any non-governmental person or entity is required in connection with the execution, performance and delivery by Current Operator of the Transaction Documents or the consummation by Current Operator of the transactions contemplated herein, except for such consents or approvals fully described on Schedule 5.1.11 hereto.

5.1.12 Financial Statements. Within three (3) days after the Effective Time, Current Operator shall furnish New Operator with true, correct and complete copies of the balance sheet and income statements covering the Facility (collectively, the "**Financial Statements**") for the prior three (3) years and the current year-to-date. Thereafter, Current Operator shall provide interim unaudited Financial Statements of the Facility for each month prior to the Effective Time within fifteen (15) days of the end of such month. All Financial Statements fairly and accurately present the financial position of Current Operator, the results of the Facility operations and all costs and expenses for the periods specified as of the dates thereof, and the results of operations for the periods then ended. The Financial Statements are true, complete and correct, and performed in accordance with generally accepted accounting principles and the books and records of the Current Operator consistently applied. Within three (3) business days after the Execution Date, Current Operator shall also make available for New Operator's review all historical financial information relating to the Facility.

5.1.13 Adverse Changes. There have been no material adverse changes in the income and expense of the Facility between the date of this Agreement and the ending date of the period covered by the Financial Statements furnished to New Operator pursuant to this Agreement. Current Operator has no knowledge or information concerning any prospective adverse change in the income or expenses of the Facility, unless indicated on the Financial Statements. Any material adverse change occurring between the date of this Agreement and the Lease Closing shall be promptly disclosed in writing to New Operator and shall be subject to New Operator's approval.

5.1.14 Tangible Property. All of the tangible property among the Acquired Assets is in good operating condition and repair, ordinary wear and tear excepted, and Current Operator is not aware of any latent or patent physical or mechanical defects with any of it.

5.1.15 Operating Contracts. As to each of the Operating Contracts,

(i) none of the Operating Contracts has been modified, amended, assigned or transferred, and each is in full force and effect and is valid, binding and enforceable in accordance with its respective terms;

(ii) no event or condition has happened or presently exists which constitutes a default or breach or, after notice or lapse of time or both, would constitute a default or breach by any party under any of the Operating Contracts,

and Current Operator shall do no act nor omit to do any act which would cause such a default or breach. There are no counterclaims or offsets under any of the Operating Contracts;

(iii) there does not exist, and between the date hereof and the Lease Closing Current Operator will not grant or suffer, any Lien to exist on any interest created under any of the Operating Contracts;

(iv) no purchase commitment by Current Operator is in excess of Current Operator's ordinary and reasonable business requirements;

(v) none of the Operating Contracts shall be amended in any respect between the date hereof and Lease Closing without the prior written consent of New Operator.

(vi) except as fully described on Schedule 5.1.15(vi) hereto, none of the Operating Contracts is: (i) a capitalized lease within the meaning of generally accepted accounting principles; or (ii) a lease with a remaining term of one (1) year or more from the Effective Time and which cannot be cancelled within thirty (30) days at the option of New Operator or Current Operator without penalty; or (iii) a lease containing an option to purchase on the part of any party other than Current Operator;

(vii) no patient or resident using or occupying any part of the Facility has been promised any special concessions or care. No patient or resident using or occupying any part of the Facility has paid any entrance fee, endowment, investment fee, so-called "life care" fee, or other lump sum monetary payment in connection with his or her use or occupancy of the Facility other than refundable security deposits to be transferred to New Operator at Lease Closing; and

(viii) the assignment to New Operator of the Operating Contracts will not default, alter or terminate any of the Operating Contracts, and such assignment will confer all Current Operator's rights thereunder to New Operator.

5.1.16 Proceedings. Except as fully described on Schedule 5.1.16 hereto, there are no outstanding orders, consent decrees, corporate integrity agreements, rulings, decrees, judgments or stipulations by or with any court, arbitrator or administrative agency which affect the Current Operator, the business of the Facility or the Facility. Current Operator shall promptly notify New Operator of any changes to said Schedule and shall deliver an updated disclosure schedule at Lease Closing which shall be complete and accurate in all respects.

5.1.17 Taxes and Assessments. All taxes and assessments against the Facility and/or Current Operator which are due and payable on or before the date hereof have

been paid. There are no agreements, waivers or other arrangements providing for an extension of time with respect to the assessment of any tax or deficiency against the Facility or Current Operator, nor does Current Operator have knowledge of the pendency of any actions, suits, proceedings, investigations or claims for additional taxes and assessments against the Facility or Current Operator asserted by any taxing authority.

5.1.18 Inventory. As of the Effective Time, inventories of food, supplies, medicines, towels and linens shall not be less, in quantity or value, than the normal operating levels of the Facility as presently operated by Current Operator and as reflected on the most recent Financial Statements.

5.1.19 Reports, Returns and Taxes. All required reports under the State of Tennessee licensing statutes for nursing, retirement and/or assisted living facilities have been filed, and Current Operator has provided New Operator with true, accurate and complete copies of all of these reports. All reports have been prepared in all respects in accordance with applicable government rules and regulations. Current Operator will furnish to New Operator true, accurate and complete copies of any other reports filed by it prior to the Lease Closing. All other returns, reports and filings of any kind and nature whatsoever required to be filed by the Facility and/or the Current Operator as they relate to the Current Operator's operation of the business of the Facility and Facility prior to the Effective Time, including, without limitation, all federal, state and local tax returns and cost reports, if applicable, have been properly completed and timely filed in compliance with all applicable requirements and all taxes or other obligations which are due and payable have been timely paid.

5.1.21 Broker. Current Operator has not engaged or consulted with any broker with respect to the transactions contemplated by this Agreement so as to give rise to any claims against any of the parties to this Agreement for a brokerage commission, finder's fee or similar payment.

5.1.22 Employees and Employee Benefit Plans.

(i) Welfare Benefit Plans. There is an "employee welfare benefit plan" (as defined in Section 3(1) of the Employee Retirement Income Security Act of 1974 as amended ("**ERISA**")) maintained by Current Operator or to which Current Operator contributes or is required to contribute (such employee welfare benefit plans being hereinafter collectively referred to as the "**Welfare Benefit Plans**").

(ii) Pension Benefit Plans. There is an "employee pension benefit plan" (as defined in Section 3(2) of ERISA) maintained by Current Operator, to which Current Operator contributes or is required to contribute, or which covered employees of Current Operator during the period of their employment with any predecessor of Current Operator, including any multi-employer pension plan as

defined under Internal Revenue Code of 1986, Section 414(f) (such employee pension benefit plans being hereinafter collectively referred to as the "**Pension Benefit Plans**").

(iii) Liabilities. Upon Lease Closing and thereafter, New Operator shall not be liable and shall not be responsible for any debt, obligation, responsibility or liability of Current Operator under any Welfare Benefit Plans or Pension Benefit Plans, including any multi-employer plan as defined under Internal Revenue Code of 1986, Section 414(f), maintained by Current Operator or to which Current Operator contributes or is required to contribute. Current Operator shall be liable under its Welfare Benefit Plans and Pension Benefit Plans for all claims due and unpaid at Lease Closing and for all claims incurred before Lease Closing, whether or not paid or presented before Lease Closing. There are no unfunded liabilities under any such plans.

(iv) Collective Bargaining Agreements; Strikes. No collective bargaining agreements, union contracts or other labor or employment agreements exist or are being negotiated or threatened, and no strike, labor dispute, slowdown or work stoppage exists or is threatened, with respect to the Facility or the business of the Facility.

(v) Employees. Schedule 5.1.22(v) contains a true and complete list of all management, nursing, food service, housekeeping, maintenance or other employees at the Facility including their current titles, date of hire, aggregate pay rate (bonus and salary), average number of hours worked per pay period, and description of employee benefits, including vacation and sick pay, specifying earned and accrued amounts.

5.1.23 Governmental Approvals. Current Operator has received and currently holds all necessary approvals from state, federal and local governmental officials for the operation of the Facility as presently conducted for the number of beds set forth herein so as to be in compliance with applicable state, federal, state and local governmental requirements, including a certificate of need, if required, and all other applicable requirements entitling the operator of the Facility to reimbursement under the Medicaid program.

5.1.24 Specialized Services. Schedule 5.1.24 hereto fully contains a complete list of all specialized services provided at or by the Facility, including without limitation, Alzheimer's care, day care, home health, subacute, pharmacy, physical therapy, health clinic, adult day care and any other senior service.

5.1.25 Cost Reports and Other Filings. Current Operator has timely filed all cost reports required to be filed under Medicaid or any other third party payor programs with respect to the operation of the Facility ("**Cost Reports**"). To the extent not already

provided, within seven (7) days following the Execution Date, Current Operator shall provide New Operator with copies of the most recent three (3) years of said Cost Reports. All Cost Reports have been prepared in accordance and in compliance with all applicable government rules and regulations. Except as fully described on Schedule 5.1.25 hereto, there are no open or unaudited Cost Reports. Except as fully described on Schedule 5.1.25 hereto, there are no agreements, waivers or other arrangements providing for an extension of time with respect to the filing of any Cost Reports or the payment of any recoupment or assessment relating to any Cost Reports.

5.1.26 Medicaid Program. In connection with the Facility, Current Operator participates in the Medicaid Program (the "**Program**"). A list of and copies of Current Operator's existing Medicaid contracts and reimbursement agreements and all business and provider numbers pertaining to Current Operator or, if such contracts do not exist, other documentation evidencing such participation (collectively, the "**Program Agreements**") are identified on Schedule 5.1.26 attached hereto. Under the Programs, of the total 109 beds at the Facility, 109 beds are certified for participation in Medicaid. Current Operator is in compliance in all material respects with the terms, conditions and provisions of the Program Agreements and the rules and policies respecting each Program Agreement, including all certification, billing, reimbursement and documentation requirements. There is no threatened or pending revocation, suspension, termination, probation, restriction, limitation or non-renewal affecting any of Current Operator's Program Agreements or third-party payor contracts. In connection with the Facility, no notice of suspension, recoupment, sanction or any other material offset against future reimbursements under or pursuant to the Programs has been received by Current Operator, nor is there any basis therefore. With respect to the Programs, there are no pending appeals, adjustments, challenges, audits, litigation, notices of intent to recoup past or present reimbursements for any material amounts. Current Operator has not been subject to or threatened with any loss as a result of any utilization review denials with respect to the Programs or any third-party payors during the past twelve (12) months, nor has Current Operator received notice of any pending, threatened or possible decertification or other loss of participation in, any of the Programs.

5.2 Representations and Warranties of New Operator. New Operator hereby represents and warrants to Current Operator as follows, all of which shall be true and correct on the Execution Date and at the Effective Time:

5.2.1 Organization; Standing. New Operator is a limited liability company, duly organized, validly existing and in good standing under the laws of the State of Tennessee. New Operator has full power and authority to own and hold all rights in the Acquired Assets and to conduct the business to be conducted by New Operator at the Facility.

5.2.2 Due Formation, Authority and Valid Execution. New Operator has all necessary power and authority to make, execute, deliver and perform the Transaction Documents, including the schedules, exhibits and the other instruments and documents

required or contemplated hereby, and all necessary actions have been taken by New Operator. New Operator has all requisite power and authority to operate and lease the Facility, and to carry on its business as presently conducted. The Transaction Documents have been duly and validly executed and delivered by New Operator, and assuming due execution and delivery by Current Operator, constitute the valid and binding obligations of New Operator, and are enforceable against New Operator in accordance with their terms.

5.2.3 Accuracy of Warranties and Representations. Each representation and warranty of New Operator herein shall be true, accurate and correct in all material respects as of the Effective Time, with the same force and effect as though made at such time.

5.2.4 No Conflicts. The Transaction Documents and the consummation of the transactions contemplated hereby do not conflict with, cause a default under or require consent under any agreement, contract, judgment or other obligation bearing on New Operator.

ARTICLE 6
Intentionally Deleted.

ARTICLE 7
Additional Provisions

7.1 Employees.

7.1.1 Employees. Current Operator agrees to comply with the Worker Adjustment and Retaining Notification Act ("**WARN Act**") and all Department of Labor ("**DOL**") regulations related thereto to the extent that the WARN Act and the DOL regulations pertain to Current Operator with respect to the lease of the Facility. New Operator intends to rehire, as of the Effective Time, substantially all employees of the Facility as employees at will, provided that New Operator shall have no obligation to hire any particular employee. New Operator shall designate to Current Operator prior to Lease Closing which employees, if any, that New Operator elects not to hire. Current Operator agrees that it shall terminate all employees of the Facility as of the Effective Time. Current Operator shall be solely liable and responsible for any and all severance payments, accrued wages, salary, overtime, paid vacation and sick leave and their equivalents, pension and other employee benefits or compensation, of any nature, relating to the employees of the Facility not hired by New Operator. Current Operator has not committed and shall not commit to any employee that such employee shall be employed by New Operator after the Effective Time, and New Operator reserves the right not to hire any employee for any lawful reason whatsoever. With respect to employees hired by New Operator, the parties agree that all accrued time off, vacation and sick pay or similar concepts and related F.I.C.A., any employee benefits, PTO, comp time and employee-

related taxes for the period prior to Lease Closing shall be credited to New Operator, with New Operator being credited with all accrued but unpaid benefits, whether earned or unearned, as provided in Section 4.1.3. To the extent of such credit, New Operator agrees to assume such benefits for all employees hired by New Operator.

7.1.2 Nothing in this Agreement shall create any rights in favor of any person not a party hereto, including any employee at the Facility, or constitute an employment agreement or condition of employment for any employee of Current Operator or any affiliate of Current Operator.

7.1.3 Current Operator shall offer and provide, as appropriate, group health plan continuation coverage pursuant to the requirements of Section 601, et seq. of ERISA and Section 4980B of the Code (**"COBRA"**) to all Facility Employees (and their covered dependents) to whom it is required to offer the same under applicable law. Current Operator acknowledges and agrees that New Operator is not assuming any of Current Operator's obligations to its employees under COBRA or otherwise.

7.2 Insurance Claims. Current Operator shall be responsible for all claims and obligations under insurance policies and similar coverage arising out of events occurring prior to the Effective Time.

7.3 Transition Period. New Operator may begin working immediately with Current Operator's administrator and staff in the Facility for the sole purpose of familiarizing New Operator with the operations of the Facility. Current Operator shall have exclusive control over all operations and decision-making at the Facility prior to the Effective Time.

ARTICLE 8
Conditions To Lease Closing

8.1 Conditions Precedent to Current Operator's Performance. The obligations of Current Operator under this Agreement are subject to the satisfaction, at or prior to the Lease Closing, of all the conditions set forth in this Section 8.1. Current Operator may waive any or all of these conditions in whole or in part without prior notice; provided, however, that any such waiver of a condition shall not constitute a waiver by Current Operator of any of its other rights or remedies, at law or in equity, with respect to the subject matter of the waived condition.

8.1.1 Accuracy of Representations and Warranties. All representations and warranties of New Operator in the Transaction Documents shall be true in all material respects at Lease Closing as though made at that time, except as otherwise provided in this Agreement.

8.1.2 Consents. All necessary governmental and third party consents, approvals and filings required to consummate the transactions contemplated herein shall have been obtained.

8.1.3 Transaction Documents. New Operator and Current Operator shall have entered into the Lease and the Purchase Agreement.

8.2 Conditions Precedent to New Operator's Performance. The obligations of New Operator under this Agreement are subject to the satisfaction, at or prior to the Lease Closing, of all of the conditions set forth in this Section 8.2. New Operator may waive any or all of these conditions in whole or in part without prior notice; provided, however, that any such waiver of a condition shall not constitute a waiver by New Operator of any of his other rights or remedies, at law or in equity, with respect to the subject matter of the waived condition.

8.2.1 Accuracy of Representations and Warranties. All representations and warranties of Current Operator in the Transaction Documents shall be true in all material respects at Lease Closing as though made at that time, except as otherwise provided in this Agreement.

8.2.2 Current Operator's Performance. Current Operator shall have timely performed, satisfied and complied in all material respects with all covenants, agreements and conditions required by the Transaction Documents to be performed, satisfied or complied with by Current Operator and shall have furnished New Operator with all documents, certificates and other instruments required to be furnished by it pursuant to the terms hereof.

8.2.3 Consents; Licenses. All necessary governmental and third party consents, approvals and filings required to consummate the transactions contemplated herein shall have been obtained, and all licenses, permits or certificates of need from any governmental entity needed by New Operator in order to operate the Facility shall have been issued.

8.2.4 Transaction Documents. New Operator and Current Operator shall have entered into the Management Agreement. Lease and the Purchase Agreement.

ARTICLE 9
Termination; Extension

9.1 Termination. If any condition precedent to any party's obligations hereunder is not satisfied and such condition is not waived in writing by such party at or prior to the Lease Closing, subject to New Operator's right to extend Lease Closing pursuant to Section 9.2 below, such party may terminate this Agreement at its option by written notice to the other parties. In the event of the termination of the Agreement by any party pursuant to this Section, no party shall have any liability hereunder of any nature whatsoever to the other parties, including any liability for damages, unless another party has acted in bad faith and knowingly and willfully failed to perform its obligations hereunder, in which event the party in default shall be liable to the other parties for such default.

9.2 Extension. In addition to any additional rights which New Operator may have pursuant to Section 9.1 hereof or any other section of this Agreement, in the event that any condition precedent to New Operator's performance set forth herein has not been satisfied prior to Lease Closing, New Operator shall have the option, in New Operator's sole discretion, of postponing the date of Lease Closing until such time as the conditions set forth herein have been satisfied.

ARTICLE 10
Remedies

10.1 Remedies Upon Default. New Operator shall fully perform and comply with all agreements, conditions and covenants required by this Agreement to be performed or complied with hereunder, provided that Current Operator may waive in whole or in part at or prior to the Effective Time the New Operator's performance of and compliance with any such agreement, condition or covenant. If the Lease Closing contemplated herein is not closed and consummated through the default of the New Operator hereunder, the Current Operator shall have the right to pursue such remedies at law or in equity against New Operator as maybe afforded to it under the law of the State of Tennessee, including specific performance.

Current Operator shall fully perform and comply with all agreements, conditions, and covenants required by this Agreement to be performed or complied with by the Current Operator hereunder, provided, that New Operator may expressly waive in whole or in part at or prior to the Effective Time the Current Operator's performance of and compliance with any such agreement, condition or covenant. If the Lease Closing contemplated herein is not closed and consummated through the default of the Current Operator hereunder, the New Operator shall have the right to pursue such remedies at law or in equity against the Current Operator as maybe afforded to it under the law of the State of Tennessee, including specific performance.

10.2 Attorney's Fees. In the event any party hereto finds it necessary to bring an action at law or other proceeding against the other party to enforce any of the terms, covenants or conditions hereof or any instrument executed in pursuance of this Agreement, or by reason of any breach or default hereunder or thereunder, the party prevailing in any such action or proceeding and any appeal thereupon shall be paid all costs and reasonable attorney's fees by the other party, and in the event any judgment is secured by such prevailing party, all such costs and attorney's fees shall be included in any such judgment, attorney's fees to be set by the court and not by the jury.

10.3 Waiver. No delay in exercising any right or remedy shall constitute a waiver thereof, and no waiver by New Operator or Current Operator of the breach of any covenant of this Agreement shall be construed as a waiver of any preceding or succeeding breach of the same or any other covenant or condition of this Agreement.

ARTICLE 11
Survival and Indemnification

11.1 Survival. The representations, warranties and indemnifications contained in the Transaction Documents, and in any agreements, certificates or other instruments delivered pursuant thereto, shall survive the Lease Closing hereunder and the consummation of the transactions contemplated hereby and shall remain in full force and effect, regardless of any investigation made by, or on behalf of, any party hereto.

11.2 Indemnification by Current Operator. In addition to any other indemnification provided for in the Transaction Documents, Current Operator hereby indemnifies and agrees to defend and hold harmless New Operator and its employees, partners, officers, directors, stockholders, members, parent companies, subsidiaries, affiliates, agents and representatives (each, a "**New Operator Indemnified Party**") from and against any and all losses, damages, liabilities, costs and expenses (including interest, penalties and reasonable attorneys' fees and expenses) (collectively, "**Losses**") incurred by a New Operator Indemnified Party by reason of or resulting from (a) the breach or inaccuracy of any representation or warranty of Current Operator contained in or made pursuant to the Transaction Documents or any schedule or exhibit thereto, (b) the breach by Current Operator of any covenant contained in or made pursuant to the Transaction Documents, and (c) Current Operator's operation of the Facility prior to the Effective Time.

11.3 Indemnification by New Operator. In addition to any other indemnification provided for in the Transaction Documents, New Operator hereby indemnifies and agrees to defend and hold harmless Current Operator, and its employees, partners, officers, directors, stockholders, agents and representatives (each, an "**Current Operator Indemnified Party**") from and against any and all losses incurred by a Current Operator Indemnified Party by reason of or resulting from (a) the breach or inaccuracy of any representation or warranty of New Operator contained in or made pursuant to the Transaction Documents or any schedule or exhibit thereto, (b) the breach by New Operator of any covenant contained in or made pursuant to the Transaction Documents or the Lease, and (c) New Operator's operation of the Facility after the Effective Time.

11.4 Control of Defense of Indemnifiable Claims. Each indemnified party (each, an "**Indemnitee**") shall give the indemnifying party ("**Indemnitor**") prompt notice of each claim for which it seeks indemnification. A claim for indemnification for any matter not involving a third-party claim may be asserted by prompt notice to the Indemnitor. A claim for indemnification for any matter involving a third party claim shall be made against the Indemnitor promptly after receipt by the Indemnitee of notice of any third-party claim against the Indemnitee, together with copies of all documents received by the Indemnitee concerning such third-party claim. Notwithstanding anything herein to the contrary, failure to timely notify the Indemnitor will not relieve the Indemnitor of any liability it may have to the Indemnitee, except to the extent the Indemnitor's defense of such action is prejudiced by the Indemnitee's failure to timely deliver such notice. The Indemnitor will be entitled, at its election, to assume the defense of such claims (unless the Indemnitor is also a party to such claim and joint representation would be inappropriate) and, after notice to the Indemnitee of its election to assume the defense of such claim, the Indemnitor will not be liable to the Indemnitee for any fees of other counsel or any other expenses with respect to the defense of such claim. If the Indemnitor assumes the defense of a claim, no compromise or settlement of such claims may be effected by the Indemnitor without the Indemnitee's consent unless (i) there is no finding or admission of any violation of legal requirements or any violation of the rights of any person and no effect on any other claims that may be made against the Indemnitee, and (ii) the sole relief provided is monetary damages

that are paid in full by the Indemnitor. If notice is given to an Indemnitor of the commencement of any claim and the Indemnitor does not, within ten (10) business days after the Indemnitee's notice is given, give notice to the Indemnitee of its election to assume the defense of such claim, the Indemnitor will be bound by any determination made in such claim or any compromise or settlement effected by the Indemnitee.

11.5 Other Indemnification Provisions. The indemnification provisions in this Article 11 are in addition to, and not in derogation of, any statutory, equitable or common law remedy any party may have for any breach or inaccuracy of any representation or warranty hereunder of for breach of any covenant hereunder, or for operation of the Facility prior to or after the Effective Time, as applicable. Should either party be liable for the Losses of another party under any provisions of this Article or the other Transaction Documents, the party incurring such Losses may, in addition to any other right or remedy it may have, offset any payments due to such party hereunder or under any Transaction Document.

ARTICLE 12
Miscellaneous

12.1 Further Assurances. Each party hereto agrees to use all reasonable efforts and to proceed with due diligence to cause the conditions to its obligations herein set forth to be satisfied at or prior to the Lease Closing. Each party hereto agrees to execute and deliver any and all further agreements, documents or instruments reasonably necessary to effectuate the transactions contemplated by this Agreement. All parties will make all reasonable efforts to effect an orderly transfer of control of the Facility and to complete the transactions contemplated by this Agreement as promptly as practicable. Each party will promptly notify all other parties of any information delivered to or obtained by such party which would prevent or delay the consummation of the transactions contemplated by the Agreement, or would indicate a breach of the representations or warranties of any party to this Agreement.

12.2 Notices. Any notice, request, instruction or other document given hereunder by any party to the others shall be in writing and delivered personally, or by certified mail, postage prepaid, return receipt requested (such mailed notice to be effective three (3) days after deposit), or by overnight courier (to be effective the business day following deposit), by facsimile transmission or e-mail (to be deemed received when sent unless sent after 5:00 p.m. on any business day or on the weekend, in which event it will be deemed received on the next business day), as follows:

(a) If to Current Operator:

County of Wayne, Tennessee
100 Court Circle, Suite 300
P.O. Box 848
Waynesboro, Tennessee 38485
Attention: Jason Rich, County Executive

Facsimile Number:_____

With a copy to:

Jane M. Jennings, Esq.
231 Mahr Avenue
Lawrenceburg, Tennessee 38464
Facsimile Number: _____

(c) If to New Operator:

Waynesboro Healthcare, LLC
485 Central Avenue NE
Cleveland, Tennessee 37311
Attention: Thomas D. Johnson, Chief Manager
Facsimile Number: 423- 472-6283

With a copy to:

Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.
1800 Republic Centre
633 Chestnut Street
Chattanooga, Tennessee 37450
Attention: Richard D. Faulkner, Jr., Esq.
Facsimile Number: (423) 752-9529

or if written notification of a change of address has been sent, to such other party or to such other address as may be designated in that written notification. Notices from Current Operator's counsel shall for all purposes hereunder constitute notice from Current Operator, and notices from New Operator's counsel shall for all purposes hereunder constitute notice from New Operator.

12.3 Expenses: New Operator, Current Operator and Owner will each bear its own legal, accounting and other expenses incurred in connection with the preparation of this Agreement and/or the consummation of the transactions contemplated hereby, whether or not the transactions are consummated.

12.4 Entire Agreement; Modification; Waiver. The Transaction Documents and the exhibits and schedules thereto constitute the entire agreement among the parties pertaining to the subject matter hereof and supersedes all prior agreements, representations and understanding of the parties. No supplement, modification or amendment of the Transaction Documents shall be binding unless expressed as such and executed in writing by all parties thereto. Except as set

forth herein, no waiver of any of the provisions of this Agreement shall be deemed to be or shall constitute a waiver of any other provisions hereof, whether or not similar, nor shall any such waiver constitute a continuing waiver. No waiver shall be binding unless expressed as such in a document executed by the party making the waiver.

12.5 Assignment. Neither this Agreement nor the rights, duties or obligations arising hereunder shall be assignable or delegable by any party without the express prior written consent of the other parties hereto.

12.6 Effect of Captions and Table of Contents. The captions used in this Agreement have been inserted solely for convenience of reference, and shall not control or affect the meaning or construction of any of the provisions of this Agreement.

12.7 Applicable Law. This Agreement shall be construed and enforced in accordance with the internal laws of the State of Tennessee with the exception of its conflict of laws provisions, which shall not apply.

12.8 General Construction. Whenever required by the context herein, the singular includes the plural and masculine includes the feminine or the neuter. The word "including" means "including without limitation." Words such as "herein," "hereof," "hereby" and "hereunder" and words of similar import refer to this Agreement as a whole and not to any particular Section or Subsection of this Agreement. The conjunctions "and" and "or" mean and/or. The term "business day" means any day other than a Saturday, Sunday or any day designated as a holiday by the federal government.

12.9 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

12.10 Time of the Essence. Time is of the essence of this Agreement.

12.11 Parties in Interest. Nothing in this Agreement, whether express or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any persons other than Current Operator and New Operator and their respective successors and permitted assigns, nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third persons to any party to this Agreement, nor shall any provisions give any third person any right or subrogation of action over or against any party to this Agreement.

12.12 Severability. If any provision of this Agreement or any of the documents executed and delivered at Lease Closing pursuant hereto, or the application thereof to any particular circumstance, shall to any extent be invalid or unenforceable, the remainder of this Agreement or such closing document, or the application of such provision to persons or circumstances other than those as to which it is invalid or unenforceable, shall not be affected

thereby, and each provision of this Agreement and the documents executed at Lease Closing pursuant hereto shall be valid and enforceable to the fullest extent permitted by law.

12.13 Public Announcements. Any general public announcement or similar media publicity with respect to this Agreement or the transactions contemplated herein shall be at such time and in such manner as Current Operator and New Operator shall mutually determine; provided, that nothing herein shall prevent any party, upon notice to the other parties, from making such written notices as such party's counsel may consider advisable in order to satisfy the party's legal and contractual obligations in such regard.

[*Signatures on following page.*]

This Agreement is hereby executed by the parties hereto effective as of the Execution Date first set forth above.

NEW OPERATOR:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Name: Thomas D. Johnson
Its: Chief Manager

CURRENT OPERATOR:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision
of the State of Tennessee

By: _____
Name: _____
Its: _____

This Agreement is hereby executed by the parties hereto effective as of the Execution Date first set forth above.

NEW OPERATOR:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Name: Thomas D. Johnson
Its: Chief Manager

CURRENT OPERATOR:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision
of the State of Tennessee

By: _____
Name: JASON RICH
Its: COUNTY EXECUTIVE

EXHIBIT A

FORM BILL OF SALE

THIS BILL OF SALE is made and entered into effective as of _____, 2014, by and between _____, a _____, having an address of _____ (the "**Current Operator**") and Waynesboro Healthcare, LLC, a Tennessee limited liability company, having an address of 485 Central Ave. NE, Cleveland, Tennessee 37311 (the "**New Operator**").

W I T N E S S E T H

WHEREAS, pursuant to the terms of that certain Operations Transfer Agreement dated as of _____, 2014 (the "**Transfer Agreement**"), New Operator and Current Operator have agreed to transfer the operations of the facility known as _____ (the "**Facility**"), and the parties hereto wish to enter this instrument in order to effectuate the sale and transfer of the Personal Property, as defined below, located at the Facility;

NOW, THEREFORE, in consideration of _____ and __/100 Dollars ($_____) and the mutual covenants contained herein and in the Transfer Agreement, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. The term "**Personal Property**" as used herein shall mean medicines, inventories, furniture, equipment, supplies and other consumables and any other property located at the Facility, other than the Excluded Assets (as described in the Transfer Agreement).

2. Current Operator has and does hereby sell, transfer, assign, convey and deliver to New Operator the Personal Property. Current Operator warrants that it has good and marketable title to the Personal Property, free and clear of any mortgage, pledge, lien, encumbrance, charge or security interest.

3. Current Operator covenants that after the date hereof, Current Operator will, at the request of New Operator, execute and deliver such instruments of transfer, assignment and conveyance as are necessary to more effectively transfer, convey and assign to New Operator full enjoyment of the Personal Property.

[*Signatures on following page.*]

IN WITNESS WHEREOF, Current Operator and New Operator have caused this Agreement to be executed and delivered effective as of the day and date first above written.

CURRENT OPERATOR:

_____

By:_____
Name:_____
Title:_____

NEW OPERATOR:

_____

By:_____
Name:_____
Title:_____

EXHIBIT B

FORM ASSIGNMENT OF CONTRACTS

Pursuant to the terms of that certain Operations Transfer Agreement dated as of _____, 2014 (the "**Transfer Agreement**"), by and between _____, a _____, having an address of _____ ("**New Operator**") and _____, a _____, having an address of _____ ("**Current Operator**"), for the transfer of operations of the skilled nursing facility known as _____ located at _____ ("**Facility**") and in consideration of the Transfer Agreement and the sum of Ten Dollars ($10.00), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Current Operator has and does hereby grant, bargain, sell, transfer, assign and convey to New Operator and its successors and assigns all of Current Operator's right, title and interest in and to the contracts described on Schedule 1 hereto to the full extent such contracts are assignable ("**Transferred Contracts**").

Current Operator hereby covenants that after the date hereof, Current Operator will, at the request of New Operator, execute and deliver such instruments of transfer, assignment and conveyance as are necessary to more effectively transfer, convey and assign to New Operator full enjoyment of title to the Transferred Contracts.

WITNESS the hand and seal of Current Operator and New Operator, effective as of the day and year first above written.

CURRENT OPERATOR:

_____

By:_____
Name:_____
Title:_____

NEW OPERATOR:

_____

By:_____
Name:_____
Title:_____

SCHEDULE 1 TO EXHIBIT B – ASSIGNMENT OF CONTRACTS

Vendor	Service

SCHEDULE 1.4

EXCLUDED ASSETS

1. Cash
2. Accounts receivable arising prior to the Effective Time
3. Prepaid Expenses

SCHEDULE 5.1.8

ADVERSE CLAIMS

SCHEDULE 5.1.11

CONSENTS

SCHEDULE 5.1.15(vi)

CERTAIN CONTRACTS

SCHEDULE 5.1.16

LITIGATION AND PROCEEDINGS

SCHEDULE 5.1.22(v)

EMPLOYEES OF CURRENT OPERATOR

SCHEDULE 5.1.24

SPECIALIZED SERVICES

SCHEDULE 5.1.25

OPEN OR UNAUDITED COST REPORTS

SCHEDULE 5.1.26

PROGRAM AGREEMENTS

Operations Transfer Agreement
Wayne Care Nursing Home

OPERATIONS TRANSFER AGREEMENT

THIS OPERATIONS TRANSFER AGREEMENT (this "**Agreement**") is made and entered into as of the 30th day of June, 2014 (the "**Execution Date**"), by and between **Waynesboro Healthcare, LLC**, a Tennessee limited liability company, having an address of 485 Central Avenue NE, Cleveland, Tennessee 37311 ("**New Operator**"), and **County of Wayne, Tennessee**, a governmental entity and political subdivision of the State of Tennessee, having an address of 100 Court Circle, Suite 300, Waynesboro, Tennessee 38485 ("**Current Operator**").

RECITALS

A. Current Operator operates that certain 46-bed skilled nursing facility known as Wayne Care Nursing Home located at 505 South High Street, Waynesboro, Tennessee 38485 (the real property, all improvements and the personal property located thereon are herein collectively referred to as the "**Facility**").

B. New Operator has agreed to lease the Facility from Current Operator pursuant to that certain lease agreement by and between New Operator and Current Operator dated as of the date hereof pertaining to the Facility (the "**Lease**"). The parties agree that the Lease shall commence as of 12:01 A.M. local time (the "**Effective Time**") on the day of the Lease Closing as defined in Article II below.

C. In order to allow New Operator to immediately provide management assistance for the Facility to Current Operator, Current Operator and New Operator are entering into an Interim Management Agreement concurrently herewith (the "**Management Agreement**"). The Management Agreement shall be effective from July 1, 2014 to the Effective Time.

D. Current Operator and New Operator are entering into a Purchase and Sale Agreement (the "**Purchase Agreement**") concurrently herewith, pursuant to which Current Operator has agreed to sell to New Operator, and New Operator has agreed to purchase from Current Operator, the Facility, the real property on which the Facility is located and all of the assets used in connection with the operation of the Facility (such transaction, the "**Sale**").

D. The Management Agreement, this Agreement, the Lease and the Purchase Agreement are sometimes herein referred to collectively as the "**Transaction Documents**".

E. Current Operator and New Operator desire to provide for the orderly transition of the operations of the Facility from Current Operator to the New Operator, and to clarify each party's responsibilities and obligations with regard to the transition of the operations, personnel and residents of the Facility.

NOW, THEREFORE, for and in consideration of the mutual promises and subject to the conditions stated herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

ARTICLE 1
Transfer of Assets

1.1 Operation of the Facility. As of the Effective Time, New Operator shall take over possession of the Facility, and Current Operator shall surrender possession of the Facility and relinquish any and all right, title or interest thereto.

1.2 Assignment of Operating Contracts. Within five (5) days following the Execution Date, Current Operator shall provide to New Operator copies of all vendor, service, maintenance, operating, collective bargaining, and other agreements to which Current Operator is a party and which relate to the operation of the Facility, including those for goods or services being provided or to be provided in connection with the operation of the Facility (the "**Operating Contracts**"). Current Operator also shall summarize in writing the material terms of any unwritten agreements affecting or relating to the Facility. New Operator shall have the right to review and approve such Operating Contracts. Current Operator agrees to assign to New Operator the Operating Contracts approved by New Operator. Current Operator shall provide reasonable cooperation to New Operator in connection with the assignment and assumption of such Operating Contracts by New Operator; it being understood that it shall be the sole responsibility of Current Operator to obtain any consent required for such assignment. If, as a condition to the assignment of any of the Operating Contracts to be assigned to New Operator, it shall be necessary to cure any defaults thereunder, then, as a condition to such assignment, Current Operator shall perform such acts and pay such sums as shall be required to cure any such default. As to the Operating Contracts approved in writing by New Operator, New Operator shall assume and undertake to perform any and all obligations under the Operating Contracts assigned to it as aforesaid arising from and after the Effective Time. If New Operator so requests, Current Operator shall, at Current Operator's sole cost and expense, exercise any right it may have to purchase any equipment located at the Facility that is subject to an equipment lease, and shall include any such equipment as part of the assets being transferred to New Operator pursuant to this Agreement. All Operating Contracts that are not assumed by New Operator shall be terminated on or prior to the Lease Closing by and at the expense of Current Operator

1.3 Intentionally Deleted.

1.4 Excluded Assets. Current Operator may remove from the Facility prior to the Effective Time only those specific assets or property owned by Current Operator and identified as "**Excluded Assets**" on Schedule 1.4 to this Agreement.

1.5 Acquired Assets. After the Effective Time, other than the Excluded Assets, Current Operator shall have no interest in any properties, rights or property necessary to conduct the business of the Facility as presently conducted. For clarification purposes, at Lease Closing, Current Operator shall release, remise and assign to New Operator the following (all such items being referred to herein as the "**Acquired Assets**"): all tangible and intangible property relating to the Facility (other than the Excluded Assets) and all resident lists and records, licenses and permits (to the extent transferable in accordance with applicable law), furniture, fixtures,

equipment, vehicles, supplies, telephone numbers, websites, cell phone numbers, books and records, and computer software and hardware relating to the Facility.

1.6 Transfer of Resident Trust Funds.

1.6.1 Within three (3) days after the Effective Time, Current Operator shall deliver to New Operator a true, correct and complete description of any trust funds or personal property held by Current Operator as of the Effective Time for any resident of the Facility (collectively, "**Resident Trust Funds**").

1.6.2 At the Effective Time, Current Operator shall transfer to New Operator the Resident Trust Funds. New Operator hereby agrees that it will accept such Resident Trust Funds actually transferred to New Operator in trust for the residents/responsible parties and be accountable to the residents/responsible parties for such Resident Trust Funds in accordance with the terms of this Agreement and any applicable statutory and regulatory requirements. Current Operator and New Operator will immediately reconcile the Resident Trust Funds transferred from Current Operator to New Operator.

1.6.3 New Operator shall have no responsibility to the applicable resident/responsible party and regulatory authorities for (i) any amounts by which the Resident Trust Funds delivered by Current Operator to New Operator pursuant to Section 1.6.2 are less than the full amount of the Resident Trust Funds for such resident as of the Effective Time, (ii) inaccuracies in the accounting and inventory provided by Current Operator, or (iii) claims which arise from actions or omissions of Current Operator with respect to the Resident Trust Funds prior to the Effective Time. Current Operator shall have no responsibility to the applicable resident/responsible party and regulatory authorities for claims which arise from actions or omissions of New Operator with respect to the Resident Trust Funds on or after the Effective Time.

1.6.4 Current Operator will indemnify, defend and hold New Operator harmless from all liabilities, claims and demands, including reasonable attorneys' fees, in the event the amount of the Resident Trust Funds, if any, transferred to New Operator did not represent the full amount of the Resident Trust Funds shown to have been delivered to Current Operator as custodian or with respect to any Resident Trust Funds delivered to Current Operator, but which were not delivered by Current Operator to New Operator, or for claims which arise from actions or omissions of Current Operator with respect to the Resident Trust Funds prior to the Effective Time.

1.6.5 New Operator will indemnify, defend and hold Current Operator harmless from all liabilities, claims and demands, including reasonable attorneys' fees, in the event a claim is made against Current Operator by a resident for his/her Resident Trust Funds where such funds were transferred to New Operator pursuant to the terms hereof.

1.6.6 The parties agree to execute any documents required by state licensing authorities to reflect this transfer.

1.6.7 The indemnification obligation described in this Section 1.6 shall survive the termination of this Agreement.

ARTICLE 2
The Lease Closing

Lease Closing and Effective Time. Except as otherwise provided in Article 9 of this Agreement, the closing pursuant to this Agreement in connection with the Lease (the "**Lease Closing**") shall occur by mail unless the parties hereto, by mutual consent expressed in writing, agree otherwise, and shall occur to be effective as of the Effective Time on **August 1, 2014**; *provided*, that New Operator has been issued any and all licenses and other approvals necessary to operate the Facility as of the Lease Closing. Upon the final refusal by the Tennessee Board for Licensing Health Care Facilities to issue New Operator a license or other approval to operate the Facility (following the filing by New Operator of a change of ownership or other applicable request for such license or permission), either party may terminate this Agreement, the Management Agreement, the Lease and the Purchase Agreement by written notice to the other party. The parties hereto may by mutual consent expressed in writing fix another time to be the Effective Time.

ARTICLE 3
Closing - Actions to Effect Lease

3.1 Deliveries by Current Operator. At the Lease Closing, Current Operator shall execute and deliver or cause to be executed and delivered the following:

3.1.1 Bill of Sale, substantially in the form of Exhibit A hereto.

3.1.2 Counterpart to an Assignment of Contracts, substantially in the form of Exhibit B hereto.

3.1.3 A closing statement ("**Lease Closing Statement**") which shall include the items to be prorated as of the Effective Time.

3.1.4 Certificates of title to all motor vehicles that are among the Acquired Assets.

3.2 Deliveries by New Operator. At the Lease Closing, New Operator shall execute and deliver or cause to be executed and delivered the following:

3.2.1 Counterpart to a Bill of Sale, substantially in the form of Exhibit A hereto.

3.2.2 Counterpart to an Assignment of Contracts, substantially in the form of Exhibit B hereto.

3.2.2 The Lease Closing Statement.

ARTICLE 4
Prorations, Credits and Costs

4.1 Prorations. The following items shall be prorated as of the Effective Time and shall be set forth on the Lease Closing Statement; provided, however, that all such prorations (except Patient Funds) shall be adjustments to the Purchase Price at the Closing under the Purchase Agreement (the "**Purchase Closing**"). In the event that amounts as of the Effective Time cannot be accurately determined, such amounts shall be estimated and adjusted as promptly as practicable thereafter but in no event later than the Purchase Closing.

4.1.1 Property Taxes. All state, county, city, school, ad valorem, and other local real property taxes and assessments relating to or assessed against the Facility shall be prorated as of the Effective Time, and shall be set out in the Lease Closing Statement. If the real or personal property tax rate for the current tax year is not established by the Effective Time, the prorations shall be made on the basis of the rate in effect for the preceding tax year and shall be adjusted when exact amounts are determined. Any such proration shall be based upon the most recent available assessed value of the Facility prior to the Effective Time.

4.1.2 Utilities and Rents. All utilities and rents shall be prorated as of the Effective Time.

4.1.3 Payroll. Accrued time off, vacation and sick pay, PTO or similar concepts and related F.I.C.A., any employee benefits, comp time and employee-related taxes for the period prior to the Effective Time shall be credited to New Operator, with New Operator being credited with all accrued but unpaid benefits, whether earned or unearned.

4.1.4 Prepayments. Current Operator shall credit to New Operator payments received by Current Operator for patient or other services to be provided on or after the Effective Time. Current Operator shall be credited with all prepayments made by Current Operator for services relating to the Facility to be provided after the Effective Time.

4.1.5 Patient Funds. Current Operator will at Lease Closing transfer and assign to New Operator all patient security deposits and other patient funds then held by it. Current Operator shall indemnify and hold harmless New Operator from all claims arising out of or resulting from Current Operator's failure to maintain or otherwise comply with applicable agreements and/or laws relating to patient security deposits and other funds prior to the Effective Time. New Operator shall indemnify and hold Current

Operator harmless for all claims arising out of or resulting from New Operator's failure to maintain or otherwise comply with applicable agreements and/or laws relating to patient security deposits and other funds following the Effective Time.

4.2 Expenses. Each of the parties shall pay its own costs and expenses incurred or to be incurred by it in negotiating and preparing this Agreement and in closing and carrying out the transactions contemplated herein, except as may otherwise be provided herein.

ARTICLE 5
Representations and Warranties

5.1 Representations and Warranties of Current Operator. Current Operator hereby represents and warrants to New Operator as follows:

5.1.1 Organization; Standing. Current Operator is a governmental entity and political subdivision of the State of Tennessee, duly organized, validly existing and in good standing under the laws of the State of Tennessee. Current Operator has full power and authority to own and transfer all rights in the Acquired Assets to New Operator and to conduct the business presently being conducted by Current Operator at the Facility.

5.1.2 Due Formation, Authority and Valid Execution. Current Operator has all necessary power and authority to make, execute, deliver and perform the Transaction Documents, including the schedules, exhibits and the other instruments and documents required or contemplated hereby, and all necessary actions have been taken by Current Operator. Current Operator has all requisite power and authority to operate and lease the Facility, and to carry on its business as presently conducted. The Transaction Documents have been duly and validly executed and delivered by Current Operator, and assuming due execution and delivery by New Operator, constitutes the valid and binding obligations of Current Operator, and are enforceable against Current Operator in accordance with their terms.

5.1.3 Accuracy of Warranties and Representations. Each representation and warranty of Current Operator in the Transaction Documents shall be true, accurate and correct in all material respects as of the Execution Date and as of the Effective Time, with the same force and effect as though made at such time.

5.1.4 Compliance with Laws. Current Operator has complied in all material respects with all laws, ordinances, regulation, licensing requirements, rules, injunctions, writs, decrees, awards or orders applicable to the Facility, including those relating to wages or hours, hiring, promotions, retirement, working conditions, collective bargaining, discrimination in employment or employment practices or occupational safety and health standards, health, safety, pensions, employee benefits, trade regulation, antitrust, warranties and the production, labeling, marketing or sale or distribution of products. Neither the Current Operator nor the Facility has any ownership or

compensation relationship with any physician or with any other person restricted by the so-called Stark II Act (Omnibus Budget Reconciliation Act of 1989), 42 U.S.C. Section 1395nn, or the Stark I Act (The Ethics in Patient Referrals Act of 1989). Without limiting the generality of the first sentence of this paragraph, Current Operator and the Facility are in compliance with the so-called Stark II Act (Omnibus Budget Reconciliation Act of 1989) 42 U.S.C. Section 1395nn, the Stark I Act (The Ethics in Patient Referrals Act of 1989) and the Fraud and Abuse Anti-Kickback Law, 42 U.S.C. Section 1320a-7b(b)(1).

5.1.5 Environmental Matters. To the best of Current Operator's knowledge, there is no material violation of any federal or state environmental statute, law, ordinance or regulation with respect to the Facility.

5.1.6 Personal Property and Inventory. The Personal Property is free and clear of all liens, claims, pledges, security interests, charges, mortgages, hypothecation, encumbrances, restrictions, title retention agreements or any other claim or encumbrance of any nature whatsoever (collectively "**Liens**").

5.1.7 Patient Trust Accounts; Resident Records. Current Operator has dealt with the resident and patient records and trust funds as prescribed by law.

5.1.8 Adverse Claims. There is no (a) litigation, Audit, Appeal or proceeding pending against or related to Current Operator before or by any court, public board or body, governmental or administrative agency or instrumental or administrative agency or instrumentality regarding the Facility or the Acquired Assets, except as described on Schedule 5.1.8, (b) unpaid property tax or assessment against the Facility, or (c) to the best of Current Operator's knowledge, pending condemnation proceeding or assessment against the Facility. All billed utility charges payable with respect to the Facility have been paid, and no utility is making any claim for due or past due statements, and there are no mechanics', materialmen's or similar claims or liens currently claimed against the Facility for work performed prior to the Execution Date. Current Operator hereby indemnifies and agrees to hold harmless New Operator from and against any and all liability, claims and demands relating to the litigation described on Schedule 5.1.8, including reimbursement for any wages or expenses for any employees of the Facility who are called to testify or otherwise participate in such litigation.

5.1.9 No Conflict or Defaults. Neither the execution or delivery of this Agreement nor the consummation of the transactions herein contemplated will conflict with, violate, result in a breach by, constitute a default under or accelerate the performance provided by the terms of any law, rule, regulation or agreement to which Current Operator may be subject, or which could result in the creation of any Lien upon any part of the Facility.

5.1.10 Intentionally Deleted.

5.1.11 No Consent. No consent or approval by any governmental agency or authority or any non-governmental person or entity is required in connection with the execution, performance and delivery by Current Operator of the Transaction Documents or the consummation by Current Operator of the transactions contemplated herein, except for such consents or approvals fully described on Schedule 5.1.11 hereto.

5.1.12 Financial Statements. Within three (3) days after the Effective Time, Current Operator shall furnish New Operator with true, correct and complete copies of the balance sheet and income statements covering the Facility (collectively, the **"Financial Statements"**) for the prior three (3) years and the current year-to-date. Thereafter, Current Operator shall provide interim unaudited Financial Statements of the Facility for each month prior to the Effective Time within fifteen (15) days of the end of such month. All Financial Statements fairly and accurately present the financial position of Current Operator, the results of the Facility operations and all costs and expenses for the periods specified as of the dates thereof, and the results of operations for the periods then ended. The Financial Statements are true, complete and correct, and performed in accordance with generally accepted accounting principles and the books and records of the Current Operator consistently applied. Within three (3) business days after the Execution Date, Current Operator shall also make available for New Operator's review all historical financial information relating to the Facility.

5.1.13 Adverse Changes. There have been no material adverse changes in the income and expense of the Facility between the date of this Agreement and the ending date of the period covered by the Financial Statements furnished to New Operator pursuant to this Agreement. Current Operator has no knowledge or information concerning any prospective adverse change in the income or expenses of the Facility, unless indicated on the Financial Statements. Any material adverse change occurring between the date of this Agreement and the Lease Closing shall be promptly disclosed in writing to New Operator and shall be subject to New Operator's approval.

5.1.14 Tangible Property. All of the tangible property among the Acquired Assets is in good operating condition and repair, ordinary wear and tear excepted, and Current Operator is not aware of any latent or patent physical or mechanical defects with any of it.

5.1.15 Operating Contracts. As to each of the Operating Contracts,

(i) none of the Operating Contracts has been modified, amended, assigned or transferred, and each is in full force and effect and is valid, binding and enforceable in accordance with its respective terms;

(ii) no event or condition has happened or presently exists which constitutes a default or breach or, after notice or lapse of time or both, would constitute a default or breach by any party under any of the Operating Contracts,

and Current Operator shall do no act nor omit to do any act which would cause such a default or breach. There are no counterclaims or offsets under any of the Operating Contracts;

(iii) there does not exist, and between the date hereof and the Lease Closing Current Operator will not grant or suffer, any Lien to exist on any interest created under any of the Operating Contracts;

(iv) no purchase commitment by Current Operator is in excess of Current Operator's ordinary and reasonable business requirements;

(v) none of the Operating Contracts shall be amended in any respect between the date hereof and Lease Closing without the prior written consent of New Operator.

(vi) except as fully described on Schedule 5.1.15(vi) hereto, none of the Operating Contracts is: (i) a capitalized lease within the meaning of generally accepted accounting principles; or (ii) a lease with a remaining term of one (1) year or more from the Effective Time and which cannot be cancelled within thirty (30) days at the option of New Operator or Current Operator without penalty; or (iii) a lease containing an option to purchase on the part of any party other than Current Operator;

(vii) no patient or resident using or occupying any part of the Facility has been promised any special concessions or care. No patient or resident using or occupying any part of the Facility has paid any entrance fee, endowment, investment fee, so-called "life care" fee, or other lump sum monetary payment in connection with his or her use or occupancy of the Facility other than refundable security deposits to be transferred to New Operator at Lease Closing; and

(viii) the assignment to New Operator of the Operating Contracts will not default, alter or terminate any of the Operating Contracts, and such assignment will confer all Current Operator's rights thereunder to New Operator.

5.1.16 Proceedings. Except as fully described on Schedule 5.1.16 hereto, there are no outstanding orders, consent decrees, corporate integrity agreements, rulings, decrees, judgments or stipulations by or with any court, arbitrator or administrative agency which affect the Current Operator, the business of the Facility or the Facility. Current Operator shall promptly notify New Operator of any changes to said Schedule and shall deliver an updated disclosure schedule at Lease Closing which shall be complete and accurate in all respects.

5.1.17 Taxes and Assessments. All taxes and assessments against the Facility and/or Current Operator which are due and payable on or before the date hereof have

been paid. There are no agreements, waivers or other arrangements providing for an extension of time with respect to the assessment of any tax or deficiency against the Facility or Current Operator, nor does Current Operator have knowledge of the pendency of any actions, suits, proceedings, investigations or claims for additional taxes and assessments against the Facility or Current Operator asserted by any taxing authority.

5.1.18 Inventory. As of the Effective Time, inventories of food, supplies, medicines, towels and linens shall not be less, in quantity or value, than the normal operating levels of the Facility as presently operated by Current Operator and as reflected on the most recent Financial Statements.

5.1.19 Reports, Returns and Taxes. All required reports under the State of Tennessee licensing statutes for nursing, retirement and/or assisted living facilities have been filed, and Current Operator has provided New Operator with true, accurate and complete copies of all of these reports. All reports have been prepared in all respects in accordance with applicable government rules and regulations. Current Operator will furnish to New Operator true, accurate and complete copies of any other reports filed by it prior to the Lease Closing. All other returns, reports and filings of any kind and nature whatsoever required to be filed by the Facility and/or the Current Operator as they relate to the Current Operator's operation of the business of the Facility and Facility prior to the Effective Time, including, without limitation, all federal, state and local tax returns and cost reports, if applicable, have been properly completed and timely filed in compliance with all applicable requirements and all taxes or other obligations which are due and payable have been timely paid.

5.1.21 Broker. Current Operator has not engaged or consulted with any broker with respect to the transactions contemplated by this Agreement so as to give rise to any claims against any of the parties to this Agreement for a brokerage commission, finder's fee or similar payment.

5.1.22 Employees and Employee Benefit Plans.

(i) Welfare Benefit Plans. There is an "employee welfare benefit plan" (as defined in Section 3(1) of the Employee Retirement Income Security Act of 1974 as amended ("**ERISA**")) maintained by Current Operator or to which Current Operator contributes or is required to contribute (such employee welfare benefit plans being hereinafter collectively referred to as the "**Welfare Benefit Plans**").

(ii) Pension Benefit Plans. There is an "employee pension benefit plan" (as defined in Section 3(2) of ERISA) maintained by Current Operator, to which Current Operator contributes or is required to contribute, or which covered employees of Current Operator during the period of their employment with any predecessor of Current Operator, including any multi-employer pension plan as

defined under Internal Revenue Code of 1986, Section 414(f) (such employee pension benefit plans being hereinafter collectively referred to as the "**Pension Benefit Plans**").

(iii) Liabilities. Upon Lease Closing and thereafter, New Operator shall not be liable and shall not be responsible for any debt, obligation, responsibility or liability of Current Operator under any Welfare Benefit Plans or Pension Benefit Plans, including any multi-employer plan as defined under Internal Revenue Code of 1986, Section 414(f), maintained by Current Operator or to which Current Operator contributes or is required to contribute. Current Operator shall be liable under its Welfare Benefit Plans and Pension Benefit Plans for all claims due and unpaid at Lease Closing and for all claims incurred before Lease Closing, whether or not paid or presented before Lease Closing. There are no unfunded liabilities under any such plans.

(iv) Collective Bargaining Agreements; Strikes. No collective bargaining agreements, union contracts or other labor or employment agreements exist or are being negotiated or threatened, and no strike, labor dispute, slowdown or work stoppage exists or is threatened, with respect to the Facility or the business of the Facility.

(v) Employees. Schedule 5.1.22(v) contains a true and complete list of all management, nursing, food service, housekeeping, maintenance or other employees at the Facility including their current titles, date of hire, aggregate pay rate (bonus and salary), average number of hours worked per pay period, and description of employee benefits, including vacation and sick pay, specifying earned and accrued amounts.

5.1.23 Governmental Approvals. Current Operator has received and currently holds all necessary approvals from state, federal and local governmental officials for the operation of the Facility as presently conducted for the number of beds set forth herein so as to be in compliance with applicable state, federal, state and local governmental requirements, including a certificate of need, if required, and all other applicable requirements entitling the operator of the Facility to reimbursement under the Medicaid program.

5.1.24 Specialized Services. Schedule 5.1.24 hereto fully contains a complete list of all specialized services provided at or by the Facility, including without limitation, Alzheimer's care, day care, home health, subacute, pharmacy, physical therapy, health clinic, adult day care and any other senior service.

5.1.25 Cost Reports and Other Filings. Current Operator has timely filed all cost reports required to be filed under Medicaid or any other third party payor programs with respect to the operation of the Facility ("**Cost Reports**"). To the extent not already

provided, within seven (7) days following the Execution Date, Current Operator shall provide New Operator with copies of the most recent three (3) years of said Cost Reports. All Cost Reports have been prepared in accordance and in compliance with all applicable government rules and regulations. Except as fully described on Schedule 5.1.25 hereto, there are no open or unaudited Cost Reports. Except as fully described on Schedule 5.1.25 hereto, there are no agreements, waivers or other arrangements providing for an extension of time with respect to the filing of any Cost Reports or the payment of any recoupment or assessment relating to any Cost Reports.

5.1.26 Medicaid Program. In connection with the Facility, Current Operator participates in the Medicaid Program (the "**Program**"). A list of and copies of Current Operator's existing Medicaid contracts and reimbursement agreements and all business and provider numbers pertaining to Current Operator or, if such contracts do not exist, other documentation evidencing such participation (collectively, the "**Program Agreements**") are identified on Schedule 5.1.26 attached hereto. Under the Programs, of the total 46 beds at the Facility, 46 beds are certified for participation in Medicaid. Current Operator is in compliance in all material respects with the terms, conditions and provisions of the Program Agreements and the rules and policies respecting each Program Agreement, including all certification, billing, reimbursement and documentation requirements. There is no threatened or pending revocation, suspension, termination, probation, restriction, limitation or non-renewal affecting any of Current Operator's Program Agreements or third-party payor contracts. In connection with the Facility, no notice of suspension, recoupment, sanction or any other material offset against future reimbursements under or pursuant to the Programs has been received by Current Operator, nor is there any basis therefore. With respect to the Programs, there are no pending appeals, adjustments, challenges, audits, litigation, notices of intent to recoup past or present reimbursements for any material amounts. Current Operator has not been subject to or threatened with any loss as a result of any utilization review denials with respect to the Programs or any third-party payors during the past twelve (12) months, nor has Current Operator received notice of any pending, threatened or possible decertification or other loss of participation in, any of the Programs.

5.2 Representations and Warranties of New Operator. New Operator hereby represents and warrants to Current Operator as follows, all of which shall be true and correct on the Execution Date and at the Effective Time:

5.2.1 Organization; Standing. New Operator is a limited liability company, duly organized, validly existing and in good standing under the laws of the State of Tennessee. New Operator has full power and authority to own and hold all rights in the Acquired Assets and to conduct the business to be conducted by New Operator at the Facility.

5.2.2 Due Formation, Authority and Valid Execution. New Operator has all necessary power and authority to make, execute, deliver and perform the Transaction Documents, including the schedules, exhibits and the other instruments and documents

required or contemplated hereby, and all necessary actions have been taken by New Operator. New Operator has all requisite power and authority to operate and lease the Facility, and to carry on its business as presently conducted. The Transaction Documents have been duly and validly executed and delivered by New Operator, and assuming due execution and delivery by Current Operator, constitute the valid and binding obligations of New Operator, and are enforceable against New Operator in accordance with their terms.

5.2.3 Accuracy of Warranties and Representations. Each representation and warranty of New Operator herein shall be true, accurate and correct in all material respects as of the Effective Time, with the same force and effect as though made at such time.

5.2.4 No Conflicts. The Transaction Documents and the consummation of the transactions contemplated hereby do not conflict with, cause a default under or require consent under any agreement, contract, judgment or other obligation bearing on New Operator.

ARTICLE 6
Intentionally Deleted.

ARTICLE 7
Additional Provisions

7.1 Employees.

7.1.1 Employees. Current Operator agrees to comply with the Worker Adjustment and Retraining Notification Act ("**WARN Act**") and all Department of Labor ("**DOL**") regulations related thereto to the extent that the WARN Act and the DOL regulations pertain to Current Operator with respect to the lease of the Facility. New Operator intends to rehire, as of the Effective Time, substantially all employees of the Facility as employees at will, provided that New Operator shall have no obligation to hire any particular employee. New Operator shall designate to Current Operator prior to Lease Closing which employees, if any, that New Operator elects not to hire. Current Operator agrees that it shall terminate all employees of the Facility as of the Effective Time. Current Operator shall be solely liable and responsible for any and all severance payments, accrued wages, salary, overtime, paid vacation and sick leave and their equivalents, pension and other employee benefits or compensation, of any nature, relating to the employees of the Facility not hired by New Operator. Current Operator has not committed and shall not commit to any employee that such employee shall be employed by New Operator after the Effective Time, and New Operator reserves the right not to hire any employee for any lawful reason whatsoever. With respect to employees hired by New Operator, the parties agree that all accrued time off, vacation and sick pay or similar concepts and related F.I.C.A., any employee benefits, PTO, comp time and employee-

related taxes for the period prior to Lease Closing shall be credited to New Operator, with New Operator being credited with all accrued but unpaid benefits, whether earned or unearned, as provided in Section 4.1.3. To the extent of such credit, New Operator agrees to assume such benefits for all employees hired by New Operator.

7.1.2 Nothing in this Agreement shall create any rights in favor of any person not a party hereto, including any employee at the Facility, or constitute an employment agreement or condition of employment for any employee of Current Operator or any affiliate of Current Operator.

7.1.3 Current Operator shall offer and provide, as appropriate, group health plan continuation coverage pursuant to the requirements of Section 601, et seq. of ERISA and Section 4980B of the Code ("**COBRA**") to all Facility Employees (and their covered dependents) to whom it is required to offer the same under applicable law. Current Operator acknowledges and agrees that New Operator is not assuming any of Current Operator's obligations to its employees under COBRA or otherwise.

7.2 Insurance Claims. Current Operator shall be responsible for all claims and obligations under insurance policies and similar coverage arising out of events occurring prior to the Effective Time.

7.3 Transition Period. New Operator may begin working immediately with Current Operator's administrator and staff in the Facility for the sole purpose of familiarizing New Operator with the operations of the Facility. Current Operator shall have exclusive control over all operations and decision-making at the Facility prior to the Effective Time.

ARTICLE 8
Conditions To Lease Closing

8.1 Conditions Precedent to Current Operator's Performance. The obligations of Current Operator under this Agreement are subject to the satisfaction, at or prior to the Lease Closing, of all the conditions set forth in this Section 8.1. Current Operator may waive any or all of these conditions in whole or in part without prior notice; provided, however, that any such waiver of a condition shall not constitute a waiver by Current Operator of any of its other rights or remedies, at law or in equity, with respect to the subject matter of the waived condition.

8.1.1 Accuracy of Representations and Warranties. All representations and warranties of New Operator in the Transaction Documents shall be true in all material respects at Lease Closing as though made at that time, except as otherwise provided in this Agreement.

8.1.2 Consents. All necessary governmental and third party consents, approvals and filings required to consummate the transactions contemplated herein shall have been obtained.

8.1.3 Transaction Documents. New Operator and Current Operator shall have entered into the Lease and the Purchase Agreement.

8.2 Conditions Precedent to New Operator's Performance. The obligations of New Operator under this Agreement are subject to the satisfaction, at or prior to the Lease Closing, of all of the conditions set forth in this Section 8.2. New Operator may waive any or all of these conditions in whole or in part without prior notice; provided, however, that any such waiver of a condition shall not constitute a waiver by New Operator of any of his other rights or remedies, at law or in equity, with respect to the subject matter of the waived condition.

8.2.1 Accuracy of Representations and Warranties. All representations and warranties of Current Operator in the Transaction Documents shall be true in all material respects at Lease Closing as though made at that time, except as otherwise provided in this Agreement.

8.2.2 Current Operator's Performance. Current Operator shall have timely performed, satisfied and complied in all material respects with all covenants, agreements and conditions required by the Transaction Documents to be performed, satisfied or complied with by Current Operator and shall have furnished New Operator with all documents, certificates and other instruments required to be furnished by it pursuant to the terms hereof.

8.2.3 Consents; Licenses. All necessary governmental and third party consents, approvals and filings required to consummate the transactions contemplated herein shall have been obtained, and all licenses, permits or certificates of need from any governmental entity needed by New Operator in order to operate the Facility shall have been issued.

8.2.4 Transaction Documents. New Operator and Current Operator shall have entered into the Management Agreement. Lease and the Purchase Agreement.

ARTICLE 9
Termination; Extension

9.1 Termination. If any condition precedent to any party's obligations hereunder is not satisfied and such condition is not waived in writing by such party at or prior to the Lease Closing, subject to New Operator's right to extend Lease Closing pursuant to Section 9.2 below, such party may terminate this Agreement at its option by written notice to the other parties. In the event of the termination of the Agreement by any party pursuant to this Section, no party shall have any liability hereunder of any nature whatsoever to the other parties, including any liability for damages, unless another party has acted in bad faith and knowingly and willfully failed to perform its obligations hereunder, in which event the party in default shall be liable to the other parties for such default.

9.2 Extension. In addition to any additional rights which New Operator may have pursuant to Section 9.1 hereof or any other section of this Agreement, in the event that any condition precedent to New Operator's performance set forth herein has not been satisfied prior to Lease Closing, New Operator shall have the option, in New Operator's sole discretion, of postponing the date of Lease Closing until such time as the conditions set forth herein have been satisfied.

ARTICLE 10
Remedies

10.1 Remedies Upon Default. New Operator shall fully perform and comply with all agreements, conditions and covenants required by this Agreement to be performed or complied with hereunder, provided that Current Operator may waive in whole or in part at or prior to the Effective Time the New Operator's performance of and compliance with any such agreement, condition or covenant. If the Lease Closing contemplated herein is not closed and consummated through the default of the New Operator hereunder, the Current Operator shall have the right to pursue such remedies at law or in equity against New Operator as maybe afforded to it under the law of the State of Tennessee, including specific performance.

Current Operator shall fully perform and comply with all agreements, conditions, and covenants required by this Agreement to be performed or complied with by the Current Operator hereunder, provided, that New Operator may expressly waive in whole or in part at or prior to the Effective Time the Current Operator's performance of and compliance with any such agreement, condition or covenant. If the Lease Closing contemplated herein is not closed and consummated through the default of the Current Operator hereunder, the New Operator shall have the right to pursue such remedies at law or in equity against the Current Operator as maybe afforded to it under the law of the State of Tennessee, including specific performance.

10.2 Attorney's Fees. In the event any party hereto finds it necessary to bring an action at law or other proceeding against the other party to enforce any of the terms, covenants or conditions hereof or any instrument executed in pursuance of this Agreement, or by reason of any breach or default hereunder or thereunder, the party prevailing in any such action or proceeding and any appeal thereupon shall be paid all costs and reasonable attorney's fees by the other party, and in the event any judgment is secured by such prevailing party, all such costs and attorney's fees shall be included in any such judgment, attorney's fees to be set by the court and not by the jury.

10.3 Waiver. No delay in exercising any right or remedy shall constitute a waiver thereof, and no waiver by New Operator or Current Operator of the breach of any covenant of this Agreement shall be construed as a waiver of any preceding or succeeding breach of the same or any other covenant or condition of this Agreement.

ARTICLE 11
Survival and Indemnification

11.1 Survival. The representations, warranties and indemnifications contained in the Transaction Documents, and in any agreements, certificates or other instruments delivered pursuant thereto, shall survive the Lease Closing hereunder and the consummation of the transactions contemplated hereby and shall remain in full force and effect, regardless of any investigation made by, or on behalf of, any party hereto.

11.2 Indemnification by Current Operator. In addition to any other indemnification provided for in the Transaction Documents, Current Operator hereby indemnifies and agrees to defend and hold harmless New Operator and its employees, partners, officers, directors, stockholders, members, parent companies, subsidiaries, affiliates, agents and representatives (each, a "**New Operator Indemnified Party**") from and against any and all losses, damages, liabilities, costs and expenses (including interest, penalties and reasonable attorneys' fees and expenses) (collectively, "**Losses**") incurred by a New Operator Indemnified Party by reason of or resulting from (a) the breach or inaccuracy of any representation or warranty of Current Operator contained in or made pursuant to the Transaction Documents or any schedule or exhibit thereto, (b) the breach by Current Operator of any covenant contained in or made pursuant to the Transaction Documents, and (c) Current Operator's operation of the Facility prior to the Effective Time.

11.3 Indemnification by New Operator. In addition to any other indemnification provided for in the Transaction Documents, New Operator hereby indemnifies and agrees to defend and hold harmless Current Operator, and its employees, partners, officers, directors, stockholders, agents and representatives (each, an "**Current Operator Indemnified Party**") from and against any and all losses incurred by a Current Operator Indemnified Party by reason of or resulting from (a) the breach or inaccuracy of any representation or warranty of New Operator contained in or made pursuant to the Transaction Documents or any schedule or exhibit thereto, (b) the breach by New Operator of any covenant contained in or made pursuant to the Transaction Documents or the Lease, and (c) New Operator's operation of the Facility after the Effective Time.

11.4 Control of Defense of Indemnifiable Claims. Each indemnified party (each, an "**Indemnitee**") shall give the indemnifying party ("**Indemnitor**") prompt notice of each claim for which it seeks indemnification. A claim for indemnification for any matter not involving a third-party claim may be asserted by prompt notice to the Indemnitor. A claim for indemnification for any matter involving a third party claim shall be made against the Indemnitor promptly after receipt by the Indemnitee of notice of any third-party claim against the Indemnitee, together with copies of all documents received by the Indemnitee concerning such third-party claim. Notwithstanding anything herein to the contrary, failure to timely notify the Indemnitor will not relieve the Indemnitor of any liability it may have to the Indemnitee, except to the extent the Indemnitor's defense of such action is prejudiced by the Indemnitee's failure to timely deliver such notice. The Indemnitor will be entitled, at its election, to assume the defense

of such claims (unless the Indemnitor is also a party to such claim and joint representation would be inappropriate) and, after notice to the Indemnitee of its election to assume the defense of such claim, the Indemnitor will not be liable to the Indemnitee for any fees of other counsel or any other expenses with respect to the defense of such claim. If the Indemnitor assumes the defense of a claim, no compromise or settlement of such claims may be effected by the Indemnitor without the Indemnitee's consent unless (i) there is no finding or admission of any violation of legal requirements or any violation of the rights of any person and no effect on any other claims that may be made against the Indemnitee, and (ii) the sole relief provided is monetary damages that are paid in full by the Indemnitor. If notice is given to an Indemnitor of the commencement of any claim and the Indemnitor does not, within ten (10) business days after the Indemnitee's notice is given, give notice to the Indemnitee of its election to assume the defense of such claim, the Indemnitor will be bound by any determination made in such claim or any compromise or settlement effected by the Indemnitee.

11.5 Other Indemnification Provisions. The indemnification provisions in this Article 11 are in addition to, and not in derogation of, any statutory, equitable or common law remedy any party may have for any breach or inaccuracy of any representation or warranty hereunder of for breach of any covenant hereunder, or for operation of the Facility prior to or after the Effective Time, as applicable. Should either party be liable for the Losses of another party under any provisions of this Article or the other Transaction Documents, the party incurring such Losses may, in addition to any other right or remedy it may have, offset any payments due to such party hereunder or under any Transaction Document.

ARTICLE 12
Miscellaneous

12.1 Further Assurances. Each party hereto agrees to use all reasonable efforts and to proceed with due diligence to cause the conditions to its obligations herein set forth to be satisfied at or prior to the Lease Closing. Each party hereto agrees to execute and deliver any and all further agreements, documents or instruments reasonably necessary to effectuate the transactions contemplated by this Agreement. All parties will make all reasonable efforts to effect an orderly transfer of control of the Facility and to complete the transactions contemplated by this Agreement as promptly as practicable. Each party will promptly notify all other parties of any information delivered to or obtained by such party which would prevent or delay the consummation of the transactions contemplated by the Agreement, or would indicate a breach of the representations or warranties of any party to this Agreement.

12.2 Notices. Any notice, request, instruction or other document given hereunder by any party to the others shall be in writing and delivered personally, or by certified mail, postage prepaid, return receipt requested (such mailed notice to be effective three (3) days after deposit), or by overnight courier (to be effective the business day following deposit), by facsimile transmission or e-mail (to be deemed received when sent unless sent after 5:00 p.m. on any business day or on the weekend, in which event it will be deemed received on the next business day), as follows:

(a) If to Current Operator:

County of Wayne, Tennessee
100 Court Circle, Suite 300
P.O. Box 848
Waynesboro, Tennessee 38485
Attention: Jason Rich, County Executive
Facsimile Number:_____

With a copy to:

Jane M. Jennings, Esq.
231 Mahr Avenue
Lawrenceburg, Tennessee 38464
Facsimile Number: _____

(c) If to New Operator:

Waynesboro Healthcare, LLC
485 Central Avenue NE
Cleveland, Tennessee 37311
Attention: Thomas D. Johnson, Chief Manager
Facsimile Number: 423- 472-6283

With a copy to:

Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C.
1800 Republic Centre
633 Chestnut Street
Chattanooga, Tennessee 37450
Attention: Richard D. Faulkner, Jr., Esq.
Facsimile Number: (423) 752-9529

or if written notification of a change of address has been sent, to such other party or to such other address as may be designated in that written notification. Notices from Current Operator's counsel shall for all purposes hereunder constitute notice from Current Operator, and notices from New Operator's counsel shall for all purposes hereunder constitute notice from New Operator.

12.3 Expenses: New Operator, Current Operator and Owner will each bear its own legal, accounting and other expenses incurred in connection with the preparation of this

Agreement and/or the consummation of the transactions contemplated hereby, whether or not the transactions are consummated.

12.4 Entire Agreement; Modification; Waiver. The Transaction Documents and the exhibits and schedules thereto constitute the entire agreement among the parties pertaining to the subject matter hereof and supersedes all prior agreements, representations and understanding of the parties. No supplement, modification or amendment of the Transaction Documents shall be binding unless expressed as such and executed in writing by all parties thereto. Except as set forth herein, no waiver of any of the provisions of this Agreement shall be deemed to be or shall constitute a waiver of any other provisions hereof, whether or not similar, nor shall any such waiver constitute a continuing waiver. No waiver shall be binding unless expressed as such in a document executed by the party making the waiver.

12.5 Assignment. Neither this Agreement nor the rights, duties or obligations arising hereunder shall be assignable or delegable by any party without the express prior written consent of the other parties hereto.

12.6 Effect of Captions and Table of Contents. The captions used in this Agreement have been inserted solely for convenience of reference, and shall not control or affect the meaning or construction of any of the provisions of this Agreement.

12.7 Applicable Law. This Agreement shall be construed and enforced in accordance with the internal laws of the State of Tennessee with the exception of its conflict of laws provisions, which shall not apply.

12.8 General Construction. Whenever required by the context herein, the singular includes the plural and masculine includes the feminine or the neuter. The word "including" means "including without limitation." Words such as "herein," "hereof," "hereby" and "hereunder" and words of similar import refer to this Agreement as a whole and not to any particular Section or Subsection of this Agreement. The conjunctions "and" and "or" mean and/or. The term "business day" means any day other than a Saturday, Sunday or any day designated as a holiday by the federal government.

12.9 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

12.10 Time of the Essence. Time is of the essence of this Agreement.

12.11 Parties in Interest. Nothing in this Agreement, whether express or implied, is intended to confer any rights or remedies under or by reason of this Agreement on any persons other than Current Operator and New Operator and their respective successors and permitted assigns, nor is anything in this Agreement intended to relieve or discharge the obligation or

liability of any third persons to any party to this Agreement, nor shall any provisions give any third person any right or subrogation of action over or against any party to this Agreement.

12.12 Severability. If any provision of this Agreement or any of the documents executed and delivered at Lease Closing pursuant hereto, or the application thereof to any particular circumstance, shall to any extent be invalid or unenforceable, the remainder of this Agreement or such closing document, or the application of such provision to persons or circumstances other than those as to which it is invalid or unenforceable, shall not be affected thereby, and each provision of this Agreement and the documents executed at Lease Closing pursuant hereto shall be valid and enforceable to the fullest extent permitted by law.

12.13 Public Announcements. Any general public announcement or similar media publicity with respect to this Agreement or the transactions contemplated herein shall be at such time and in such manner as Current Operator and New Operator shall mutually determine; provided, that nothing herein shall prevent any party, upon notice to the other parties, from making such written notices as such party's counsel may consider advisable in order to satisfy the party's legal and contractual obligations in such regard.

[*Signatures on following page.*]

This Agreement is hereby executed by the parties hereto effective as of the Execution Date first set forth above.

NEW OPERATOR:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Name: Thomas D. Johnson
Its: Chief Manager

CURRENT OPERATOR:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision
of the State of Tennessee

By: _____
Name: _____
Its: _____

This Agreement is hereby executed by the parties hereto effective as of the Execution Date first set forth above.

NEW OPERATOR:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Name: Thomas D. Johnson
Its: Chief Manager

CURRENT OPERATOR:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision
of the State of Tennessee

By: _____
Name: JASON RICH
Its: COUNTY EXECUTIVE

EXHIBIT A

FORM BILL OF SALE

THIS BILL OF SALE is made and entered into effective as of _____, 2014, by and between _____, a _____, having an address of _____ (the "**Current Operator**") and Waynesboro Healthcare, LLC, a Tennessee limited liability company, having an address of 485 Central Ave. NE, Cleveland, Tennessee 37311 (the "**New Operator**").

WITNESSETH

WHEREAS, pursuant to the terms of that certain Operations Transfer Agreement dated as of _____, 2014 (the "**Transfer Agreement**"), New Operator and Current Operator have agreed to transfer the operations of the facility known as _____ (the "**Facility**"), and the parties hereto wish to enter this instrument in order to effectuate the sale and transfer of the Personal Property, as defined below, located at the Facility;

NOW, THEREFORE, in consideration of _____ and __/100 Dollars ($_____) and the mutual covenants contained herein and in the Transfer Agreement, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. The term "**Personal Property**" as used herein shall mean medicines, inventories, furniture, equipment, supplies and other consumables and any other property located at the Facility, other than the Excluded Assets (as described in the Transfer Agreement).

2. Current Operator has and does hereby sell, transfer, assign, convey and deliver to New Operator the Personal Property. Current Operator warrants that it has good and marketable title to the Personal Property, free and clear of any mortgage, pledge, lien, encumbrance, charge or security interest.

3. Current Operator covenants that after the date hereof, Current Operator will, at the request of New Operator, execute and deliver such instruments of transfer, assignment and conveyance as are necessary to more effectively transfer, convey and assign to New Operator full enjoyment of the Personal Property.

[*Signatures on following page.*]

IN WITNESS WHEREOF, Current Operator and New Operator have caused this Agreement to be executed and delivered effective as of the day and date first above written.

CURRENT OPERATOR:

_____

By:_____
Name:_____
Title:_____

NEW OPERATOR:

_____

By:_____
Name:_____
Title:_____

EXHIBIT B

FORM ASSIGNMENT OF CONTRACTS

Pursuant to the terms of that certain Operations Transfer Agreement dated as of _____, 2014 (the "**Transfer Agreement**"), by and between _____, a _____, having an address of _____ ("**New Operator**") and _____, a _____, having an address of _____ ("**Current Operator**"), for the transfer of operations of the skilled nursing facility known as _____ located at _____ ("**Facility**") and in consideration of the Transfer Agreement and the sum of Ten Dollars ($10.00), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Current Operator has and does hereby grant, bargain, sell, transfer, assign and convey to New Operator and its successors and assigns all of Current Operator's right, title and interest in and to the contracts described on Schedule 1 hereto to the full extent such contracts are assignable ("**Transferred Contracts**").

Current Operator hereby covenants that after the date hereof, Current Operator will, at the request of New Operator, execute and deliver such instruments of transfer, assignment and conveyance as are necessary to more effectively transfer, convey and assign to New Operator full enjoyment of title to the Transferred Contracts.

WITNESS the hand and seal of Current Operator and New Operator, effective as of the day and year first above written.

CURRENT OPERATOR:

_____

By:_____
Name:_____
Title:_____

NEW OPERATOR:

_____

By:_____
Name:_____
Title:_____

SCHEDULE 1 TO EXHIBIT B – ASSIGNMENT OF CONTRACTS

Vendor	Service

SCHEDULE 1.4

EXCLUDED ASSETS

1. Cash
2. Accounts receivable arising prior to the Effective Time
3. Prepaid Expenses

SCHEDULE 5.1.8

ADVERSE CLAIMS

SCHEDULE 5.1.11

CONSENTS

SCHEDULE 5.1.15(vi)

CERTAIN CONTRACTS

SCHEDULE 5.1.16

LITIGATION AND PROCEEDINGS

SCHEDULE 5.1.22(v)

EMPLOYEES OF CURRENT OPERATOR

SCHEDULE 5.1.24

SPECIALIZED SERVICES

SCHEDULE 5.1.25

OPEN OR UNAUDITED COST REPORTS

SCHEDULE 5.1.26

PROGRAM AGREEMENTS

Purchase and Sale Agreement

PURCHASE AND SALE AGREEMENT

THIS PURCHASE AND SALE Agreement (the "**Agreement**") is made this _____ day of June, 2014 (the "**Execution Date**"), by and between **County of Wayne Tennessee, LLC**, a governmental entity and political subdivision of the State of Tennessee, having an address of 100 Court Circle, Suite 300, Waynesboro, Tennessee 38485 ("**Seller**") and **Waynesboro Healthcare, LLC**, Tennessee limited liability company ("**Purchaser**").

RECITALS:

A. Purchaser and Seller are parties to Interim Management Agreements (the "**Management Agreements**"), Operations Transfer Agreements (the "**OTAs**") and Lease Agreements (the "**Leases**") in connection with Wayne County Nursing Home (the "**County Facility**") and Wayne Care Nursing Home (the "**Care Facility**", and together with the County Facility, the "**Facilities**").

B. Pursuant to the Management Agreements, Purchaser has agreed to begin managing the Facilities as of July 1, 2014, and pursuant to the OTAs and the Leases, to lease and operate the Facilities in its own name upon receipt of licenses from the Tennessee Board for Licensing Healthcare Facilities (the "**Licensure Date**").

C. In addition to the transfer of operations, Seller desires to sell, transfer and otherwise convey all of the Assets (as hereinafter defined) of the Facilities to Purchaser, and Purchaser desires to purchase and otherwise acquire the Assets, all as more particularly set forth below.

NOW, THEREFORE, for and in consideration of the mutual promises and subject to the conditions stated herein, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledge, the parties hereto agree as follows:

ARTICLE I.
PURCHASE AND SALE

Section 1.01 **Purchase and Sale:** Seller agrees to sell, transfer, convey, assign and deliver to Purchaser, and Purchaser hereby agrees to purchase from Seller: (i) the parcels of land legally described in Exhibit A attached hereto (which shall be agreed upon by the parties prior to the expiration of the Inspection Period (as hereinafter defined)), together with, if any, all mineral interests and all right, title and interest of Seller in and to any and all roads, easements, streets and rights-of-way of any kind, nature or description located thereon or relating thereto (the "**Land**"); and (ii) the buildings and all other improvements, including site improvements, landscaping, fixtures, mechanical equipment, apparatus and appliances, now owned or leased or hereafter placed on the Land (all the foregoing hereinafter collectively referred to as the "**Improvements**", and together with the Land, the "**Property**"), and (iii) to the extent not previously transferred pursuant to the OTAs, all licenses, permits, certificates of need, furniture, vehicles, supplies, telephone numbers, websites, cell phone numbers, books and records, and computer hardware and software relating to the Facility (collectively, the "**Facility Assets**" and

together with the Property, the "**Assets**") at the Purchase Price (as defined below) and upon the terms and conditions hereinafter set forth. The parties hereby acknowledge and agree that the definitions of Land, Improvements and Property shall include the Health Department building located adjacent to the County Facility.

Section 1.02 **Purchase Price.** The Purchase Price for the Assets is Four Million and NO/100 Dollars ($4,000,000.00) (the "**Purchase Price**"), payable by Purchaser to Seller. The parties hereby acknowledge and agree that within five (5) business days following execution of this Agreement, Purchaser is depositing the sum of One Hundred Thousand and no/100 Dollars ($100,000, the "**Deposit**") in cash or a letter of credit as a security deposit under the Leases. At Closing (as hereinafter defined), Purchaser shall pay the Purchase Price (or any balance thereof if the Deposit hereunder is made in cash) in immediately available funds subject to all prorations, credits and escrows provided herein. The Purchase Price shall be allocated in the manner set forth on Exhibit B, said allocation being determined by Purchaser during the Inspection Period.

Section 1.03 **Post-Closing Escrow**. At Closing, Two Hundred Fifty Thousand and NO/100 Dollars ($250,000.00) of the Purchase Price shall be placed in escrow with the Escrow Agent to be held pursuant to the terms of an escrow agreement in the form of the Post-Closing Escrow Agreement among Seller, Purchaser and Escrow Agent attached hereto as Exhibit C (the "**Post-Closing Escrow Agreement**") in order to protect Purchaser against post-closing liabilities. All earnings on the funds held pursuant to the Post-Closing Escrow Agreement shall accrue to the escrow account and be disbursed with the escrow funds. If no claim has been made pursuant to the Post-Closing Escrow Agreement, then the escrowed funds shall be released to Seller eighteen (18) months following Closing.

ARTICLE II.
CLOSING

Section 2.01 **Closing Date.** Subject to the satisfaction of the terms and conditions of this Agreement, the consummation of the purchase and sale of the Assets contemplated by this Agreement (the "**Closing**") shall occur on the date which is six (6) months following the Licensure Date (the "**Closing Date**"). The Closing shall be held at a location and at a time mutually agreed upon by Seller and Purchaser, but absent such agreement shall be held at 10:00 a.m. E.S.T. at Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C. in Chattanooga, Tennessee. Notwithstanding the foregoing time and place of Closing, Seller and Purchaser may deliver all of their respective closing documents required hereunder with respect to the Closing to Commonwealth Land Title Insurance Company (c/o Philip Saba, Esq., 265 Franklin Street, 8th Floor, Boston, MA 02110) (the "**Escrow Agent**") on or before the Closing Date (to hold in escrow in accordance with customary conveyancing practices subject to the consummation of the Closing) by mail or overnight courier. Purchaser may extend the Closing Date by written notice to Seller for up to ninety (90) days if it is showing substantial progress to purchase and close on the Assets. Any additional extension shall be by agreement of both Purchaser and Seller. Notwithstanding the foregoing, the parties may agree to close on a mutually acceptable date prior to six (6) months following the Licensure Date.

Section 2.02 **Deliveries at Closing**. On the Closing Date, the Closing shall occur as follows, subject to satisfaction of all of the terms and conditions of this Agreement, and with all of Purchaser's deliveries to be made concurrently with Seller's deliveries:

(a) On the Closing Date, Seller shall deliver the following:

(i) General Warranty Deeds (the "**Warranty Deeds**") from the Seller conveying to Purchaser title to the Property in fee simple, free and clear of all liens and Encumbrances whatsoever, except as set forth herein;

(ii) a certificate in form satisfactory to Purchaser, dated as of the Closing Date and duly executed by Seller, representing that there is no material default under the representations and warranties of Seller contained in Article VI of this Agreement and, in addition, that all such representations and warranties are true and correct without material exception as of the Closing Date (subject, however, to the same qualifications and limitations made in Article VI with respect to the original representations and warranties, such as the "knowledge" of Seller) as if made on and as of the Closing Date (or disclosing in reasonable detail such material defaults or exceptions, if any, which then exist or any manner in which any such representations and warranties are not true and correct as of the Closing Date, provided that the inclusion of any such disclosure in such closing certificate shall not prejudice Purchaser's rights and remedies, if any, under this Agreement with respect to the subject matter of such disclosure);

(iii) an agreement to relocate, at Seller's sole cost and expense, all public utility facilities located on the Wayne County Land to the extent required by Purchaser's expansion of the Facility to the Health Department Land;

(iv) an affidavit stating the following (with such exceptions as are necessary to make the facts stated therein true and correct to the best of Seller's knowledge at the time), all to the best of Seller's knowledge:

1) that there are no boundary line disputes with respect to the Property;

2) that there are no parties in, or having any right or claim to, possession of the Property;

3) that no improvements or repairs have been made by, or for the account of, or at the instance of, Seller to or on the Property within three (3) months preceding the Closing Date for which payment in full has not been made;

4) that no legal proceedings are pending against Seller that could affect Seller's title to the Assets or the right or power of Seller to convey the Assets to Purchaser in accordance with this Agreement; and

5) such other matters as Purchaser's title insurer may reasonably require in order to insure Purchaser's good and marketable title to the Property, subject only to the Permitted Exceptions applicable to the Property.

In order for Purchaser to be obligated to close hereunder, any exceptions to the matters described in clauses (1) through (5) above which are contained in such affidavit must be satisfactory to Purchaser and Purchaser's title insurer (but the inclusion of any such exceptions in such affidavit shall not prejudice Purchaser's rights and remedies, if any, under this Agreement with respect to the subject matter of any such exceptions).

(v) All amounts owing to Purchaser, as provided herein and reflected in a Closing Statement to be agreed to by the parties (the "**Purchase Closing Statement**").

(vi) all documents, instruments and agreements expressly provided for in this Agreement, and such additional documents as may be reasonably required to effectuate the purposes of this Agreement and to convey good and marketable title to the Property, subject only to the Permitted Exceptions.

(b) On the Closing Date, Purchaser shall deliver the following:

(i) the Purchase Price in the manner provided in Section 1.02; and

(ii) All amounts owing to Seller, if any, as provided herein and reflected on the Purchase Closing Statement.

(iii) all documents, instruments and agreements expressly provided for in this Agreement, and such additional documents as may be reasonably required to effectuate the purposes of this Agreement.

Section 2.03 **Prorations**. To the extent the same were not prorated as of the Effective Time under the OTAs (the "**Lease Closing**"), the following shall be paid at Closing and shall be set forth on the Purchase Closing Statement. In the event that the amounts as of the Closing Date cannot be accurately determined, such amounts shall be estimated and adjusted as promptly as practicable thereafter but in no event later than thirty (30) days after the Closing Date.

(a) Property Taxes. All Property Taxes, as set forth in the Lease Closing Statements under the OTAs.

(b) Utilities and Rents. All utilities and rents, as set forth in the Lease Closing Statements under the OTAs.

(c) Payroll. All payroll amounts, as set forth in the Lease Closing Statements under the OTAs.

(d) Prepayments. All prepayments, as set forth in the Lease Closing Statements under the OTAs.

(e) Severance. Any employee severance required to be paid out upon the relocation of the residents of the Care Facility to the County Facility shall be credit to New Operator.

Section 2.04 **Closing Costs**. The costs and expenses of the transaction contemplated by this Agreement shall be paid at or before the Closing, as follows:

(a) Seller shall pay the following costs and expenses:

(i) the transfer tax due with respect to the Warranty Deeds;

(ii) the costs of the Surveys;

(iii) the fees and expenses of Seller's attorneys; and

(iv) any other costs and expenses actually incurred by Seller.

(b) Purchaser shall pay the following costs and expenses:

(i) the recording and filing fees (other than transfer tax with respect to the Warranty Deeds) for all recordable instruments executed and delivered by Seller at the Closing pursuant to the terms of this Agreement;

(ii) any title examination fees or charges incurred by Purchaser;

(iii) all premiums for any owner's and lender's title insurance policies;

(iv) the fees and expenses of Purchaser's attorneys; and

(v) any other costs and expenses actually incurred by Purchaser.

ARTICLE III.
TITLE REPORT AND POLICY; SURVEY; ENVIRONMENTAL

Section 3.01 Purchaser may obtain and review each of the following:

(a) a 2006 ALTA title commitments issued by a nationally recognized title company of the condition of title to the Property (the "**Commitments**") for title insurance policies, in the current ALTA policy form (the "**Title Policies**"). The Commitments and Title Policies shall show that the Seller has marketable fee simple title to the Property, free from all liens, restrictions, encumbrances, easements and clouds on title whatsoever, except taxes not yet due and payable and other matters approved by Purchaser in writing in its sole discretion. Each Commitment and Title Policy will also contain extended coverage and such endorsements as are acceptable to Purchaser in its sole discretion. The Title Policies shall be in a form acceptable to Purchaser. At Closing, there shall be issued to Purchaser Title Policies in the aggregate amount of the Purchase Price. Seller shall provide the title company with customary lien waivers, affidavits or undertakings in a form required by the title company in order to delete the standard exceptions to the Title Policies; and

(b) an ALTA/ACSM as-built survey of each Property ordered by Seller (the "**Surveys**") accompanied by a certificate of a registered surveyor licensed in the State of Tennessee, certified as directed by Purchaser, sufficient to cause the title company to delete the standard printed survey exceptions and to issue the Title Policies free from any survey objections or exceptions whatsoever; and

(c) a "Phase I" Environmental Site Assessment Report concerning each Property (the "**Environmental Reports**") from an environment consultant, as chosen by Purchaser. If more than six (6) months lapses between the date of the Environmental Reports and the Closing Date, the Purchaser may obtain updated Environmental Reports. Seller agrees to use its best efforts to provide any additional information and materials which the environmental consultant may need or desire.

Section 3.02 **Defects and Cure**. The Commitments and Title Policies, Surveys and Environmental Reports described herein are collectively referred to as "**Title Evidence**." Purchaser shall provide written notification (a "**Title Objection**") within the later of (i) the end of the Inspection Period, as provided for in Section 4, or (ii) five (5) days after its receipt of all of the Title Evidence of any liens, claims, encroachments, exceptions or defects disclosed in the Title Evidence which in Purchaser's sole discretion adversely impacts the Property or the financeability or any other matter which is unacceptable to Purchaser (collectively, "**Defects**"). Seller shall use its best efforts to timely cure the Defects, and if Seller elects not to cure the Defects, Seller shall give written notice to Purchaser within ten (10) days of its receipt of the Title Objection of such action or inaction by the Seller. Within thirty (30) days of receipt of such written notice from Seller, Purchaser may (i) waive such Defects (whereupon such defects shall be deemed to be "**Permitted Exceptions**"), or (ii) terminate this Agreement. Alternatively, if Seller elects to cure such Defects, then Seller shall be given a reasonable period to do so, but not to exceed twenty (20) days. Should the Seller fail or refuse to cure such Defects within a reasonable period, but not to exceed twenty (20) days, Purchaser may (i) waive such Defects or (ii) terminate this Agreement prior to Closing. Upon termination of this Agreement under the terms of this Section, no party to this Agreement shall have any further claims or obligations under this Agreement except for those that expressly survive termination of this Agreement. Notwithstanding the foregoing, Seller shall be obligated to terminate or cure any of the following objections to title relating to the Property, and Purchaser shall be entitled to bring suit for damages or specific performance in the event the following are not cured prior to or at Closing:

(a) All deeds of trust, mortgages, security deeds, Uniform Commercial Code financing statements or other security instruments affecting the Land or any part thereof;

(b) All liens, fines, past due taxes or assessments of any kind constituting a lien against the Property to the extent such assessments can be cured by the payment of money;

(c) All mechanic's, materialmen's or similar liens; and

(d) All judgments which have attached to and become a lien against the Property, or any part thereof.

ARTICLE IV.
INSPECTION PERIOD

Section 4.01 Purchaser's obligations under this Agreement are subject to and conditioned upon Purchaser's determination, made in Purchaser's sole discretion during the period sixty (60) days following the Execution Date (the "**Inspection Period**"), that the Assets are suitable to Purchaser in its sole discretion.

Section 4.02 The Purchaser shall be entitled, on or before the expiration of the Inspection Period, to advise Seller that the Assets are unacceptable and Purchaser may terminate this Agreement by delivering written notice of such termination to Seller on or before the expiration of the Inspection Period. If Purchaser fails to give timely notice of termination to Seller, then this Article IV shall be of no further force.

ARTICLE V.
EASEMENTS

The parties acknowledge and agree that Seller owns the Wayne County Hospital located adjacent to the Wayne County Land and that it may be necessary for Seller to grant certain easements to Purchaser at Closing, and for Purchaser to grant (or for Seller to reserve) certain easements to Seller at Closing, which such granting by each party shall not be unreasonably withheld. The parties shall mutually agree upon the easements to be granted by and to the other party on or before the expiration of the Inspection Period.

ARTICLE VI.
REPRESENTATIONS, WARRANTIES, COVENANTS AND AGREEMENTS OF SELLER

Section 6.01 Seller makes the following representations and warranties to Purchaser, all of which shall be true and correct on the Execution Date and the Closing Date, and Seller makes the following covenants:

(a) Organization of Seller. Seller is a governmental entity and political subdivision of the State of Tennessee.

(b) Authority. The execution and delivery of this Agreement and the consummation of the transactions herein contemplated have been duly and validly authorized by all necessary action on the part of Seller, and this Agreement constitutes, and the documents contemplated hereby will be, valid and legally binding obligations of Seller, enforceable in accordance with its terms, subject to bankruptcy, insolvency and other statutes affecting creditors' rights generally.

(c) Conflict or Default. Except as fully described on Schedule 6.01(c) hereto, neither the execution nor delivery of this Agreement nor the consummation of the transactions herein contemplated will conflict with, violate, result in a breach by, constitute a default under or accelerate the performance provided by the terms of any law, rule, regulation or material agreement to which either Seller may be subject, or which could result in the creation of any lien, charge or Encumbrance (as defined below) upon any part of the Property.

(d) No Consent. No consent or approval by any governmental agency or authority or any non-governmental person or entity is required in connection with the execution, performance and delivery by Seller of this Agreement or the consummation by Seller of the transactions contemplated herein, except for such consents or approvals fully described on Schedule 6.01(d) hereto.

(e) Compliance with Laws. Except as fully described on Schedule 6.01(e) hereto, there is no violation of any federal, state or local legal or regulatory requirement of any kind or nature whatsoever relating to the Property which would have an adverse effect on Purchaser or the Property (including zoning and land use laws, building, safety or health ordinances and codes, environmental laws and civil rights laws). Seller has not received any unremediated notice of complaint from any governmental agency, insurance company or third party, and Seller has not received notice of and has no knowledge of any material violation or any claim of violation of any law, rule, regulation, ordinance, order, writ, injunction, decree, certificate, license, permit, authorization, relating to the Assets or which could have an adverse effect on the Assets or Purchaser. Seller has not received any notice from any governmental authority of any pending proceeding to take all or any part of the Property by condemnation or right of eminent domain and neither Seller has any knowledge that such proceeding is threatened. Seller is not a party to any agreement or instrument, or subject to any judgment, order, writ, injunction, rule, regulation, code or ordinance not also applicable to other similarly situated businesses which has an adverse effect, or might reasonably be expected to have an adverse effect, on the Property.

(f) Litigation and Proceedings. Schedule 6.01(f) hereto sets forth a complete and accurate description of any litigation, proceeding, claim or investigation pending before any court, arbitrator or administrative agency, or to the best knowledge of Seller threatened, affecting or relating to the Assets or Seller. Except as fully described on Schedule 6.01(f) hereto, there are no outstanding orders, consent decrees, corporate integrity agreements, rulings, decrees, judgments or stipulations by or with any court, arbitrator or administrative agency which affect Seller or the Property. Seller shall promptly notify Purchaser of any changes to said Schedule.

(g) Title. Seller has, and at Closing will have, good, insurable and marketable fee simple title to the Land. There are no encroachments on the Property by adjoining property or improvements, there are no disputes concerning the location of property lines or corners of the Property; and there is vehicular access to and from the Land by a public roadway.

(h) Encumbrances. Except as fully described on Schedule 6.01(h) hereto, neither Seller nor any part of the Property is subject to any (i) use or occupancy restrictions; (ii) special taxes or assessments; (iii) legal or equitable interests in the Property claimed by any person or entity other than Seller; or (iv) other liens, security interests, encumbrances, or other agreement, arrangement, claim, contract, commitment, understanding or obligation (collectively, the "**Encumbrances**"). At Closing, the Property shall not be subject to any Encumbrance except Permitted Exceptions.

(i) Utilities. All water, gas, electricity, telephone, cable, drainage facilities, sewer and other utilities required for the operation of a skilled nursing facility either enter the Property through adjoining public streets or, if they pass through adjoining private land, they do so in accordance with recorded easements which are described on the Surveys and Title Commitments.

(j) Taxes. All taxes against the Property which are due and payable on or before the Execution Date have been paid. There are no agreements, waivers or other arrangements providing for an extension of time with respect to the assessment of any tax or deficiency against the Property, nor does Seller have knowledge of the pendency of any actions, suits, proceedings, investigations or claims for additional taxes and assessments against the Property asserted by any taxing authority.

(k) Environmental Matters.

(i) Except as fully described on Schedule 6.01(l) hereto, the Property is in compliance with all federal, state and local environmental, health and safety laws, statutes ordinances and regulations, including without limitation, all laws relating to hazardous substances and wetlands. Seller represents and warrants that currently and as of the Closing, no oil or hazardous substances have been generated, released, stored or deposited over, beneath or on the Property or on or in any structures located on the Property, from any source whatsoever, by Seller, or, to Seller's best knowledge, its predecessors in interest or any other person. For purposes hereof, "hazardous substances" means any substance or matter defined as such by the Comprehensive Environmental Response, Compensation and Liability Act of 1980 ("CERCLA"), any pollutants or contaminants as defined in CERCLA, or any hazardous waste as defined by the Resource Conservation and Recovery Act, or any other similar applicable federal, state or local laws, statutes, regulations or ordinances which shall include, but not be limited to, asbestos, radon, PCBs and urea formaldehyde.

(ii) Seller covenants that it will indemnify, hold harmless, and defend Purchaser, its officers, members, managers, owners, directors, agents, successors and assigns, from any and all claims, loss, damage, response costs and expenses arising out of or in any way relating to a breach of these environmental representations including, but not limited to: (a) claims of third parties (including governmental agencies), for damages, penalties, response costs, injunctive or other relief; (b) expenses, including fees of attorneys and experts, of reporting and monitoring the existence of hazardous substances or hazardous wastes to any governmental agency; or (c) any and all expenses or obligations, incurred at, before and after any trial or appeal therefrom or administrative proceeding or appeal therefrom whether or not taxable as costs, including, without limitation, attorney's fees, witness fees (expert and otherwise), deposition costs, copying and telephone charges and other expenses, all of which shall be paid by Seller when accrued.

(l) Permits and Licenses. Schedule 6.01(m) contains an accurate and complete schedule of all permits and licenses, license or similar authorization from each governmental authority issued with respect to the operation or ownership or development of the Property together (i) a brief description of each permit or license, (ii) the designation of the respective expiration dates of each.

(m) Attorney General Approval. Seller is not required to seek approval of the Attorney General with respect to the assets being sold herein as the same are not "substantially all" of the Seller's assets.

(n) Bankruptcy. No bankruptcy, insolvency, rearrangement or similar action involving Seller, whether voluntary or involuntary, is pending or threatened, and Seller has not ever:

(i) filed a voluntary petition in bankruptcy;

(ii) been adjudicated a bankrupt or insolvent or filed a petition or action seeking any reorganization, arrangement, recapitalization, readjustment, liquidation, dissolution or similar relief under any Federal bankruptcy act or any other laws;

(iii) sought or acquiesced in the appointment of any trustee, receiver or liquidator of all or any substantial part of its properties, or any portion thereof; or

(iv) made an assignment for the benefit of creditors or admitted in writing its or his inability to pay its or his debts generally as the same become due. Seller is not anticipating or contemplating any of the actions set forth in this subsection.

Section 6.02 **Remedies**. Seller agrees that the warranties and representations contained in Section 6.01 are true, and are in full force and binding on Seller, as of the Execution Date and shall be true and correct up through and to the Closing Date. Such representations and warranties shall survive the Closing.

ARTICLE VII.
REPRESENTATIONS AND WARRANTIES, COVENANTS AND AGREEMENTS OF PURCHASER

Section 7.01 Purchaser makes the following representations and warranties to Seller, all of which shall be true and correct as of the Execution Date and at the Closing Date:

(a) Organization of Purchaser. Purchaser is a limited liability company duly organized and validly existing and in good standing under the laws of the State of Tennessee.

(b) Authority. The execution and delivery of this Agreement and the consummation of the transactions herein contemplated have been duly and validly authorized by all necessary corporate action on the part of Purchaser, and this Agreement constitutes, and the documents contemplated hereby will be, valid and legally binding obligations of Purchaser, enforceable in accordance with their terms, subject to bankruptcy, insolvency and other statutes affecting creditors' rights generally.

(c) Conflict or Default. Neither the execution nor delivery of this Agreement nor the consummation of the transactions herein contemplated will conflict with, violate, result in a breach by, constitute a default under or accelerate the performance provided by the terms of any law, rule, regulation or agreement to which Purchaser may be subject.

ARTICLE VIII.
CONDITIONS TO CLOSING

Section 8.01 **Conditions to Purchaser's Obligations**. In addition to the other conditions in this Agreement, the duties and obligations of Purchaser under the terms and provisions of this Agreement shall be expressly conditioned upon the following:

(a) Full Performance. The full performance by Seller of all of its respective obligations hereunder in a timely manner;

(b) Representations and Warranties. Seller's representations and warranties contained herein shall be true, complete and correct as of the Execution Date and the as of the Closing Date as if made at that time;

(c) Financing. Purchaser shall have obtained financing on terms satisfactory to Purchaser in its sole discretion for the purchase of the Assets and the renovation of the Facility;

(d) Transaction Documents. Seller shall have entered into the Management Agreements, Leases and OTAs; and

(e) Easements. All easements provided for under Article V have been agreed upon between Seller and Purchaser.

Section 8.02 **Conditions to Seller's Obligations**. In addition to the other conditions in this Agreement, the duties and obligations of Seller under the terms and provisions of this Agreement shall be expressly conditioned upon the following:

(a) Full Performance. The full performance by Purchaser of all of its respective obligations hereunder in a timely manner; and

(b) Representations and Warranties. Purchaser's representations and warranties contained herein shall be true, complete and correct as of the Execution Date and the as of the Closing Date as if made at that time;

ARTICLE IX.
BROKERAGE COMMISSION

Purchaser and Seller represent and warrant, each to the other, that they have not discussed this Agreement or its subject matter with, or engaged the services of, any real estate broker, agent or salesman, so as to create any legal right in any such broker, agent or salesman to claim a real estate commission or similar fee with respect to the conveyance of the Assets contemplated by this Agreement. Purchaser and Seller indemnify each other against and agree to hold each other harmless from any and all claims (including, without limitation, court costs and attorneys' fees incurred in connection with any such claims) for any real estate commissions or similar fees arising out of or in any way connected with any claimed agency relationship with the indemnitor and relating to the conveyance of the Property and the other transactions contemplated by this

Agreement. This Article IX shall survive the rescission, cancellation, termination or consummation of this Agreement.

ARTICLE X.
DEFAULT

Section 10.01 Purchaser Default. Purchaser shall fully perform and comply with all agreements, conditions and covenants required by this Agreement to be performed or complied with hereunder, provided the Seller may waive in writing in whole or in part at or prior to the Closing the Purchaser's performance of and compliance with any such agreement, condition or covenant. If the purchase and sale of the Assets pursuant hereto is not closed and consummated through the default of the Purchaser hereunder, Seller shall receive the $100,000 deposited as the Security Deposit under the Leases as liquidated damages, and this shall be Seller's sole remedy at law and equity, Seller hereby waiving and relinquishing any and all other remedies available to it. The parties acknowledge the difficulty of ascertaining Seller's damages in such a circumstance and agree that this amount represents a reasonable and mutual attempt by Purchaser and Seller to anticipate the consequence to Seller of Purchaser's breach.

Section 10.02 Seller Default. Seller shall fully perform and comply with all agreements, conditions, and covenants required by this Agreement to be performed or complied with by the Seller hereunder, provided, the Purchaser may expressly waive in writing in whole or in part at or prior to the Closing Date Seller's performance or any compliance with such agreements, conditions, and covenants. If the purchase and sale of the Assets pursuant hereto is not closed and consummated through the default of the Seller hereunder, or the failure of Seller to satisfy conditions to Closing specified herein which are its responsibility, the Deposit shall be returned to the Purchaser and the Purchaser shall have the right to pursue such remedies at law or in equity against the Seller as maybe afforded to it under law or equity, including, without limitation, specific performance.

ARTICLE XI.
NOTICES

Section 11.01 All notices and other communications provided for herein shall be validly given, made or served if in writing and delivered personally, by facsimile transmission, by United States certified mail, return receipt requested, postage prepaid, or delivered by Federal Express or any other national courier service which requires signed receipt for delivery, as set forth below:

To Seller:	Wayne County 100 Court Circle Suite 300 P.O. Box 848 Waynesboro, Tennessee 38485 Facsimile: _____
With a copy to:	Jane M. Jennings Attorney at Law 231 Mahr Avenue Lawrenceburg, Tennessee 28646 Facsimile: _____
To Purchaser:	Waynesboro Healthcare, LLC 485 Central Avenue Cleveland, TN 37311 Attention: Thomas D. Johnson Facsimile: (423) 472-6283
With a copy to:	Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C. 1800 Republic Center 633 Chestnut Street Chattanooga, TN 37450 Attention: Richard D. Faulkner, Jr. Esq. Facsimile: (423) 752-9529

or such other address as shall be furnished in writing by any party to the other party.

ARTICLE XII.
MISCELLANEOUS PROVISIONS

Section 12.01 Entire Agreement; Modification. This Agreement supersedes all prior discussions and agreements between Seller and Purchaser with respect to the Assets and contains the sole and entire understanding between Seller and Purchaser with respect to the Assets. All promises, inducements, offers, letters of intent, solicitations, agreements, commitments, representations and warranties made between such parties prior to this Agreement are merged into this Agreement. This Agreement shall not be modified or amended in any respect except by a written instrument executed by or on behalf of each of the parties to this Agreement.

Section 12.02 Exhibits and Schedules. Each exhibit or schedule referred to or otherwise mentioned in this Agreement is attached to this Agreement and is and shall be construed to be made a part of this Agreement by such reference or other mention at each point at which such reference or other mention occurs, in the same manner and with the same effect as if each exhibit were set forth in full and at length every time it is referred to or otherwise mentioned.

Section 12.03 Captions. All captions, headings and all Article, Section, subsection and clause numbers and letters and other reference numbers or letters are solely for the purpose of facilitating reference to this Agreement and shall not supplement, limit or otherwise vary in any respect the text of this Agreement.

Section 12.04 References. All references to Articles, Sections, subsections or clauses shall be deemed to refer to the appropriate Article, Section, subsection or clause of this Agreement.

Section 12.05 Counterparts. This Agreement may be executed in several counterparts, each of which shall constitute an original and all of which together shall constitute one and the same instrument.

Section 12.06 Waiver. Any condition or right of termination, cancellation or rescission granted by this Agreement to Purchaser or Seller may be waived by such party.

Section 12.07 Rights Cumulative. Except as expressly limited by the terms of this Agreement, all rights, powers and privileges conferred under this Agreement shall be cumulative and not restrictive of those given by law.

Section 12.08 Successors and Assigns. Subject to the provisions of Section 12.12, this Agreement shall be binding upon and inure of the benefit of the parties to this Agreement and their respective heirs, successors and assigns.

Section 12.09 Date for Performance. If the time period by which any right, option or election provided under this Agreement must be exercised, or by which any act required under this Agreement must be performed, or by which the Closing must be held, expires on a Saturday, Sunday or legal or bank holiday, then such time period shall be automatically extended through the close of business on the second (2nd) following regularly-scheduled business day.

Section 12.10 Indemnification Procedure. Whenever any party is required to indemnify another pursuant to this Agreement, the party to be indemnified shall give the indemnifying party notice of any loss, liability or damage, or claim of loss, liability or damage, within fifteen (15) days after the party to be indemnified has actual knowledge of such loss, liability, damage or claim. The party to be indemnified shall not settle, and shall not confess judgment with respect to, any loss, liability, damage or claim without the prior written approval of the indemnifying party.

Section 12.11 Survival. Each representation and warranty of Seller made in this Agreement, and each unperformed obligation of either Seller or Purchaser under this Agreement, shall survive the Closing and shall not be merged into the deed to the Property or into any other document executed and delivered by Seller or Purchaser, at Closing or otherwise.

Section 12.12 Assignability. Purchaser may assign this Agreement in whole or in part and/or designate a nominee to take title to all or any part of the Property at Closing without the consent of Seller. In the event of an assignment by Purchaser, the assignor shall be released from any and all of its obligations hereunder, provided that each assignee of such rights agrees to be fully bound by the terms and conditions of this Agreement as if said assignee were the original signatory hereto. Any assignment of this Agreement shall be binding upon and inure to the

benefit of the successor or assignee of Purchaser. In the event Purchaser finds it necessary or is required to provide to a third party a collateral assignment of the Purchaser's interest in this Agreement and/or any related documents, Seller shall cooperate with the Purchaser and any third party requesting such assignment including but not limited to Seller signing a consent and acknowledgment of such assignment.

Section 12.13 Agreement Effective. This Agreement shall be effective only upon the execution hereof by both Seller and Purchaser, and the execution by one party shall be deemed an offer by the party first executing this Agreement revocable at any time prior to the execution by the other party, unless expressly set out in writing herein to the contrary.

Section 12.14 Governing Law. This Agreement is being delivered and is intended to be performed in the State of Tennessee, and shall be construed and enforced in accordance with the laws of such state.

[signatures appear on following page]

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date first set forth above.

SELLER:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision of the State of Tennessee

By: _____
Name: _____
Its: _____

PURCHASER:

WAYNESBORO HEALTHCARE, LLC

By: _____
Thomas D. Johnson, Chief Manager

Exhibit A

Legal Description of Property

Legal Description of Wayne County Nursing Home Property

Legal Description of Wayne Care Nursing Home Property

Exhibit B

Allocation of Purchase Price

Wayne County Nursing Home

Property	$	_____
Improvements	$	_____

Wayne Care Nursing Home

Property	$	_____
Improvements	$	_____

TOTAL $4,000,000.00

Exhibit C

Post Closing Escrow Agreement

Lease Agreement

LEASE AGREEMENT

County of Wayne, Tennessee,
a governmental entity and political subdivision of the State of Tennessee
to

Waynesboro Healthcare, LLC,
a Tennessee limited liability company

Wayne County Nursing Home

Waynesboro, Tennessee

June 30, 2014

LEASE AGREEMENT

THIS LEASE AGREEMENT (this "**Lease**") is made and entered into as of the 30th day of June, 2014 (the "**Execution Date**") by and between COUNTY OF WAYNE, TENNESSEE, a governmental entity and political subdivision of the State of Tennessee ("**Landlord**"), and WAYNESBORO HEALTHCARE, LLC, a Tennessee limited liability company ("**Tenant**").

RECITALS:

A. Landlord is the fee simple owner, licensee and operator of that certain tract of land improved with a 109 bed (the "**Beds**") skilled care nursing facility licensed by the Tennessee Board for Licensing Healthcare Facilities ("**BLHCF**") and located at 104 J.V. Mangubat Drive in Waynesboro, Tennessee 38485, and commonly known as known as "Wayne County Nursing Home" (the "**Facility**").

B. The term "**Demised Premises**" shall mean the real estate described in Exhibit A, attached hereto and made a part hereof, and all buildings, structures, erections, fixtures, appurtenances, improvements and easements located thereon together with all replacements, modifications, alterations and additions thereto. The term "**Personal Property**" shall mean all furnishings, furniture, machinery, vehicles, and equipment, if any, used in or about the Demised Premises, together with all replacements, modifications, alterations and additions thereto but excluding any Personal Property owned by the residents of the Facility.

C. Landlord desires to lease the Demised Premises and Personal Property to Tenant, and Tenant desires to lease the Demised Premises and Personal Property from Landlord, all in accordance with the terms and conditions of this Lease.

D. On the Commencement Date (defined below), Tenant shall assume the operations of the Facility from the Landlord pursuant to an Operations Transfer Agreement by and between Landlord and Tenant (the "**OTA**").

E. The parties acknowledge and agree that Tenant plans to acquire the Facility and all assets related thereto (the "**Assets**"), pursuant to the terms of that certain Purchase Agreement dated as of the date hereof (the "**Asset Purchase Agreement**").

F. This Lease, the OTA and the Asset Purchase Agreement are sometimes herein referred to as the Transaction Documents.

G. The parties hereto have agreed to the terms and conditions of this Lease.

AGREEMENTS:

NOW THEREFORE, in consideration of the above Recitals which are incorporated herein by this reference and of the mutual covenants, agreements and undertakings hereinafter set forth, it is agreed that the use and occupancy of the Demised Premises, and the use of the Personal Property shall be subject to and in accordance with the terms, conditions and provisions of this Lease.

ARTICLE I – DEFINITIONS

1.1 The terms defined in this ARTICLE I shall, for all purposes of this Lease and all agreements supplemental hereto, have the meanings herein specified.

(a) "**Affiliate**" means any Person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the Person specified.

(b) "**Environmental Laws**" shall mean each and every applicable federal, state, local and foreign law, statute, ordinance, regulation, rule, judicial or administrative order or decree, permit, license, approval, authorization or similar requirement of each and every federal, state, local and foreign governmental agency or other governmental authority, having or claiming to have authority with respect to human health and safety or the environment affecting the Facility, including, without limitation, the Resource Conservation and Recovery Act (42 U.S.C. Section 6901 *et seq.*) as amended, the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. Section 9601 *et seq.*) as amended, the Clean Water Act (33 U.S.C. Section 1251 *et seq.*) as amended.

(c) "**Hazardous Substance**" shall mean any substance, compound, chemical or element which is defined as (i) a hazardous substance, hazardous material, toxic substance, hazardous waste, pollutant or contaminant under any Environmental Law or (ii) a petroleum hydrocarbon, including crude oil or any derivative thereof, raw materials used or stored in the Facility and building components including, without limitation, friable asbestos-containing materials which contain Hazardous Substances.

(d) "**Rent**" shall mean, collectively, Base Rent and Additional Rent.

All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things as appropriate. "Any" or "any" shall mean "any and all"; "or" shall mean "and/or"; "including" shall mean "including, but not limited to."

All other terms shall be as defined in the Recitals and other sections of this Lease.

ARTICLE II – DEMISED PREMISES AND PERSONAL PROPERTY

2.1 Landlord, for and in consideration of the rents, covenants and agreements hereinafter reserved, mentioned and contained on the part of the Tenant, its permitted successors and assigns, to be paid, kept and performed, does hereby lease unto Tenant the Demised Premises together with the Personal Property, to the extent such Personal Property has not been transferred to Tenant pursuant to the OTA or the Asset Purchase Agreement to be used in and upon the Demised Premises for the term hereinafter specified, for use and operation therein and thereon of a skilled care nursing facility, in substantial compliance with all the rules and

regulations and minimum standards applicable thereto, as prescribed by the State of Tennessee and such other governmental authorities having jurisdiction thereof.

2.2 Tenant shall assume no liabilities or obligations of Landlord for the operations of Facility prior to the Commencement Date that are not expressly assumed by Tenant in this Lease or in the OTA. Without limiting the generality of the foregoing, Tenant shall not assume any liabilities or obligations of Landlord to any governmental authority, including liabilities or obligations related to the Medicaid program, for settlements and/or any other amounts due any governmental authority by Landlord relating to any periods prior to the Tenant commencing the operation of the Facility on the Demised Premises.

ARTICLE III – TERM OF LEASE

3.1 The term ("**Initial Term**") of this Lease shall begin on the date on which Tenant is licensed by the BLHCF (the "**Commencement Date**"), and shall expire on the date that is six (6) months after the Commencement Date, subject to the extension rights set forth in Section 3.2 below. The parties acknowledge and agree that Tenant is pursing licensure effective as of August 1, 2014.

3.2 Tenant shall have the option (the "**Extension Option**") to extend this Lease for an additional term of three (3) months (the "**Extended Term**"), on all the same terms and conditions set forth in this Lease, provided that Tenant (or its affiliate) is making substantial progress with respect to the purchase of the Assets. Tenant shall deliver written notice to Landlord of Tenant's election to exercise the Extension Option (the "**Extension Notice**") not less than thirty (30) days prior to the expiration date of the Initial Term, and if Tenant fails to timely deliver the Extension Notice to Landlord, then Tenant shall automatically be deemed to have irrevocably waived and relinquished the Extension Option. Notwithstanding anything to the contrary contained herein, the parties acknowledge and agree that the expiration of this Lease shall coincide with the Closing Date under the Asset Purchase Agreement.

3.3 References herein to the "**Term**" mean and include both the Initial Term and the Extended Term.

ARTICLE IV – RENT; OTHER PAYMENTS TO LANDLORD

4.1 Tenant shall pay to Landlord, as fixed monthly base rental ("**Base Rent**") for the Demised Premises and the Personal Property, the sum of One and no/100 Dollar ($1.00) per month.

All rental payments shall be paid on or before the tenth (10th) day of each month for that particular month of the Term. Unless otherwise notified in writing, all checks shall be made payable as directed by Landlord and shall be sent to Landlord at 100 Court Circle, Suite 300, P.O. Box 848, Waynesboro, Tennessee 38485.

4.2 Tenant shall be responsible for all costs, expenses and obligations of every kind whatsoever relating to the maintenance of the Personal Property. The Landlord shall be

responsible for all costs, expenses and obligations of every kind whatsoever relating to the Demised Premises and any fixtures located thereon.

4.3 All payments in addition to the Base Rent to be made by the Tenant hereunder shall be deemed "**Additional Rent,**" whether or not so designated, so that in the event of a default of payment when due, Landlord shall be entitled to all of the remedies available at law or equity, or under this Lease, for the nonpayment of Rent.

4.4 On or before the Commencement Date, Tenant shall deposit with Landlord the sum of Fifty Thousand Dollars ($50,000) (the "**Security Deposit Amount**"), representing security for the performance by Tenant of the covenants and obligations hereunder, as well as earnest money under the Asset Purchase Agreement. At Tenant's option, the Security Deposit Amount may be evidenced by an irrevocable, direct pay letter of credit (the "**Letter of Credit**"). At the end of the Term, the Letter of Credit Shall be returned to Tenant. If the Security Deposit Amount is paid in cash, the same shall be held by Landlord, without interest, in favor of Tenant, and shall be applied towards the Purchase Price at Closing (as those terms are defined in the Asset Purchase Agreement) for the Assets.

ARTICLE V – RENOVATIONS

5.1 Tenant shall have the right (but not the obligation), at any time during the Term, at Tenant's cost and expense, to make such renovations or improvements to the Demised Premises as Tenant may desire to make in order to enhance the operation of the Facility as a skilled nursing facility.

5.2 If Tenant makes renovations or improvements pursuant to this ARTICLE V, Landlord and Tenant shall each cooperate with the other in all reasonable respects and execute such reasonable and customary documents to enable Tenant to secure such financing as Tenant shall desire to facilitate such renovations or improvements.

5.3 If Tenant shall undertake such renovations or improvements but shall thereafter decide not to complete them, Tenant shall restore the Demised Premises to a condition substantially similar to or better than the condition of the Demised Premises prior to Tenant's renovations or improvements.

ARTICLE VI – PAYMENT OF TAXES AND ASSESSMENTS

6.1 Landlord will pay before any fine, penalty, interest or cost may be added thereto for the nonpayment thereof, all taxes and assessments on the Demised Premises and the Personal Property, general and special, ordinary and extraordinary of any kind and nature whatsoever. Tenant shall pay before any fine, penalty, interest or cost may be added thereto for the nonpayment thereof all taxes and assessments, license and permit fees and other governmental charges relating to the Tenant's operation of the Facility (but not real estate and personal property taxes and other taxes and assessments on the Demised Premises) including but not limited to any bed tax applicable to the Facility (the "**Tenant Taxes and Assessments**")

6.2 Notwithstanding anything herein to the contrary, Tenant shall not be responsible for payment of any Tenant Taxes and Assessments for the period prior to the Commencement Date.

6.3 Nothing herein contained shall require Tenant to pay income taxes assessed against Landlord, or capital levy, franchise, estate, succession or inheritance taxes of Landlord. Nothing herein contained shall require Landlord to pay income taxes assessed against Tenant, or a capital levy, franchise, estate, succession or inheritance taxes of Tenant.

6.4 Landlord shall have the right to contest the amount or validity, in whole or in part, of any Taxes and Assessments (the "**Contested Taxes and Assessments**") by appropriate proceedings diligently conducted in good faith, but only after payment of such Contested Taxes and Assessments, unless such payment would operate as a bar to such contest or interfere materially with the prosecution thereof or materially adversely affect the operation of the Facility, in which event, Landlord may postpone or defer such payment only if neither the Demised Premises nor any part thereof would by reason of such postponement or deferment be in danger of being forfeited or lost.

6.5 Upon the termination of any such Contested Taxes and Assessments proceedings, Landlord shall pay the amount of such Taxes and Assessments, if any, or part thereof as finally determined in such proceedings, the payment of which may have been deferred during the prosecution of such proceedings, together with any costs, fees, interest, penalties, or other liabilities in connection therewith.

ARTICLE VII – OCCUPANCY

7.1 During the Term, the Demised Premises shall be used and occupied by Tenant for a licensed skilled care nursing facility and related or incidental purposes, and for no other purpose.

7.2 Tenant will not suffer any act to be done or any condition to exist on the Demised Premises which may, in law, constitute a public or private nuisance or which may void or make voidable any insurance then in force on the Demised Premises.

7.3 Upon termination of this Lease for any reason, Tenant will return to Landlord the Demised Premises in substantially the same condition as existed on the Commencement Date, reasonable wear and tear and condemnation excepted.

7.4 During the Term, Tenant shall only use the Demised Premises in accordance with Environmental Laws and shall not use nor permit the Demised Premises to be used for the treatment, storage or disposal of any Hazardous Substances nor for any purpose involving the use of the Hazardous Substances; *provided, however*, that Tenant may use in and store at the Facility such materials and substances as are customarily used in nursing homes but only in such quantities as are reasonably necessary for the routine business operation of the Facility.

ARTICLE VIII – INSURANCE

8.1 Landlord shall, throughout the Term, maintain: (i) a commercial property insurance policy covering the Demised Premises and the Personal Property with a company or companies selected by Landlord; (ii) public liability insurance in the amounts in place as of the Execution Date; and (iii) "tail insurance" that is comparable to the insurance policies most recently in place for the Facility. Such commercial property insurance shall, at all times, be maintained (without any co-insurance clause, if possible) in an amount equal to the full replacement value of the Demised Premises and Personal Property. Such commercial property insurance shall at all times: (a) be payable to the Landlord and Tenant, as their interests may appear, and (b) name Tenant as an additional insured.

8.2 Tenant shall cause to be issued and shall maintain throughout the Term:

(a) A public liability policy naming the Tenant as insured, and Landlord as an additional insured, insuring them against claims for bodily injury, or property damage occurring upon, in or about the Demised Premises, or in or upon the adjoining streets, sidewalks, passageways and areas, such insurance to afford protection to the limits of not less than One Million Dollars ($1,000,000) per each occurrence and One Million Dollars ($1,000,000) in the aggregate.

(b) Professional malpractice insurance in limits of not less than the amount of One Hundred Thousand Dollars ($100,000) per each occurrence and Three Hundred Thousand Dollars ($300,000) in the aggregate, which may be provided through self-insurance or a captive program; *provided, however*, that if Tenant reasonably determines that professional malpractice insurance with limits of One Hundred Thousand Dollars ($100,000) per each occurrence and Three Hundred Thousand Dollars ($300,000) in the aggregate is not available to it at commercially reasonable rates, then Tenant may purchase professional malpractice insurance at such lesser limits as are available to it at commercially reasonable rates.

8.3 All policies of insurance shall provide all of the following:

(a) They are carried in favor of Tenant and Landlord, as their interests may appear, and any loss shall be payable as therein provided, notwithstanding any act or negligence of Landlord or Tenant, which might otherwise result in forfeiture of insurance.

(b) They shall not be canceled, terminated, reduced or materially modified without at least thirty (30) days' prior written notice to Landlord.

8.4 Certificates of insurance policies required by this ARTICLE VIII shall be delivered to Landlord prior to or on the Commencement Date. Upon receipt thereof, Tenant shall deliver copies of the actual policies to Landlord, which certificates and policies shall be updated annually not less than twenty (20) days prior to the expiration date thereof.

8.5 All proceeds of insurance required under Section 8.1 as may be paid to Tenant and Landlord shall be deposited with Tenant to be held and disbursed for the repairing,

rebuilding, restoring or replacing of the Demised Premises or any portion thereof, or any improvements from time to time situated thereon or therein in accordance with Section 16.1 hereof.

8.6 Tenant and Landlord and all parties claiming under them hereby mutually release and discharge each other from all claims and liabilities arising from or caused by any hazard covered by property damage or business interruption insurance carried on the Demised Premises or require to be carried on the Demised Premises under this Lease (including but not limited to any such insurance required to be carried pursuant to the terms of Section 8.1 of this Lease, or any personal property insurance), regardless of the cause of the damage or loss.

ARTICLE IX – LANDLORD'S RIGHT TO PERFORM

9.1 Should Tenant or Landlord fail to perform any of its covenants agreed to be performed in this Lease and this Lease does not otherwise specifically provide for Landlord or Tenant, as applicable, to perform the same, then Landlord or Tenant may, upon thirty (30) days prior notice specifying (i) such failure of Landlord or Tenant, as applicable, in reasonable detail, (ii) the work to be done or covenants to be performed, and (iii) the approximate amount be expended, but shall not be required to, make such payment or perform such covenants, and all sums so expended by Landlord or Tenant, as applicable, thereon shall upon notice of payment by Landlord be immediately payable by Tenant to Landlord or Landlord to Tenant, as applicable, and the reimbursing party shall reimburse that other party for it's reasonable expenses in enforcing or performing such covenants, including reasonable attorneys' fees.

ARTICLE X – REPAIRS AND MAINTENANCE

10.1 Landlord, at its sole cost and expense, will keep and maintain, or cause to be kept and maintained, the interior of the Demised Premises, including the electrical, mechanical, plumbing and HVAC facilities serving the Demised Premises, along with the sidewalks and curbs abutting the Demised Premises. Tenant, at its sole cost and expense, will keep and maintain, or cause to be kept and maintained, the Personal Property in good order and condition without waste and in a suitable state of repair at least comparable to that which existed immediately prior to the Commencement Date (ordinary wear and tear, condemnation excepted), provided, however, that Tenant shall not be required to replace any Personal Property which cannot be repaired at a reasonable expense in order to make it operational in situations where the condition of such Personal Property exists as the result of ordinary wear and tear.

10.2 Landlord represents and warrants that the foundation, exterior and interior load-bearing walls, electrical systems, roof structure, structural roof members and roof covering the Demised Premises shall be in as good a condition and state of repair as of the Commencement Date that the same are in as of the date of this Lease. Landlord, at its sole cost and expense, shall repair, replace and maintain in good condition and restore the foundation, exterior and interior load-bearing walls, roof structure, structural roof members and roof covering the Demised Premises and all other portions of the Demised Premises and fixtures.

10.3 In the event that any of the Personal Property shall be damaged or destroyed by fire, earthquake or other casualty ("**Casualty**"), Tenant shall promptly replace, repair and restore

the same as nearly as possible to the condition it was in immediately prior to such Casualty, but only to the extent funds resulting from insurance proceeds are paid to Tenant. Notwithstanding anything provided herein, Landlord agrees to make available to Tenant any funds relating to Personal Property resulting from insurance proceeds that are available to Landlord in the event of a Casualty.

10.4 Tenant covenants that it will give to Landlord prompt written notice of any Casualty affecting the Demised Premises in excess of One Hundred Thousand Dollars ($100,000).

10.5 Provided there is no then existing Event of Default by Tenant under this Lease, Tenant shall have the right, at any time and from time to time, to remove and dispose of any Personal Property which may have become obsolete or unfit for use, or which is no longer useful in the operation of the Demised Premises.

ARTICLE XI – ALTERATIONS AND DEMOLITION

11.1 Subject to the repair and maintenance provisions of ARTICLE X and to the renovations provisions of ARTICLE V, Tenant will not remove or demolish any of the Demised Premises or any portion thereof without the prior written consent of Landlord, and Tenant will not make, authorize or permit to be made any changes or alterations in or to the Demised Premises, the cost of which in any twelve (12) month period exceeds Five Hundred Thousand Dollars ($500,000), without first obtaining Landlord's written consent thereto, which will not be unreasonably withheld, conditioned or delayed. All alterations, improvements and additions to the Demised Premises shall be in quality and class at least equal to the original work and shall comply with all building and fire codes, and all other applicable codes, rules, regulations, laws and ordinances.

ARTICLE XII – COMPLIANCE WITH LAWS AND ORDINANCES

12.1 Throughout the Term, Tenant, at its sole cost and expense, will obey, observe and promptly comply with all present and future laws, ordinances, orders, rules, regulations and requirements of any federal, state and municipal governmental agency or authority having jurisdiction over the operation of the Demised Premises as a skilled care nursing facility (except where such failure would not have a material adverse effect on the operation of the Facility), provided, however, this paragraph shall not require Tenant to make structural changes or any other renovations or other similar changes or improvements or repairs to the Demised Premises.

12.2 Prior to the Commencement Date, Tenant shall make application at its sole cost and expense, for all necessary approvals, certifications and licenses from all appropriate governmental agencies necessary to permit Tenant (or its permitted assignee or sublessee) to operate the Facility as a skilled care nursing facility and to participate in the Medicaid reimbursement program relating to the Facility, including, application for a nursing home license permitting Tenant (or its permitted assignee or sublessee) to operate the Facility.

ARTICLE XIII – DISCHARGE OF LIENS

13.1 Subject to the right to contest and the right to post bond provided in Section 13.2 hereof, Tenant will not create or permit to be created or to remain, and Tenant will discharge, any lien, encumbrance or charge levied on account of any mechanic's, laborer's or materialman's lien or any conditional sale, security agreement or chattel mortgage, or otherwise, which might be or become a lien, encumbrance or charge upon the Demised Premises or any part thereof or the income therefrom or the Personal Property, for work or materials or personal property furnished or supplied to, or claimed to have been furnished or supplied to, or at the request of, Tenant.

13.2 If any mechanic's, laborer's or materialman's lien caused by Tenant shall at any time be filed against any portion of the Demised Premises or Personal Property, Tenant shall have the right to contest such lien for a period of ninety (90) days following such filing, or Tenant may process the discharge of such lien by deposit, title endorsement or by bonding proceedings to effect a discharge or release of the lien as an encumbrance against the Demised Premises. If Tenant shall fail to cause such lien to be discharged within the period aforesaid, or to otherwise secure Landlord as aforesaid, then in addition to any other right or remedy, Landlord may, upon ten (10) days prior notice, but shall not be obligated to, discharge the same either by paying the amount claimed to be due or by processing the discharge of such lien by deposit, title endorsement or by bonding proceedings. Any amount so paid by Landlord and all costs and expenses incurred by Landlord in connection therewith shall constitute Additional Rent payable by Tenant under this Lease and shall be paid by Tenant to Landlord on demand. Except as herein provided, nothing contained herein shall in any way empower Tenant to do or suffer any act which can, may or shall cloud or encumber Landlord's interest in any portion of the Demised Premises.

ARTICLE XIV – INSPECTION OF PREMISES

14.1 At any time, during reasonable business hours with at least twenty-four (24) hours' notice to Tenant, Landlord or its authorized representatives shall have the right to enter and inspect the Demised Premises and inspect all of the Personal Property.

14.2 Landlord agrees that upon entering and inspecting the Demised Premises and Personal Property, Landlord shall take all reasonable measures to avoid disruption to Tenant's routine business operation during any such entries and the person or persons will cause as little inconvenience to the Tenant, its employees and Facility residents as may reasonably be possible under the circumstances.

ARTICLE XV – CONDEMNATION

15.1 If all or a material portion of the Demised Premises is taken by the exercise of the power of eminent domain, or sold under eminent domain proceedings, Tenant, at Tenant's election made by notice to Landlord delivered within thirty (30) days following such taking or sale and purchase of the Demised Premises, (i) shall terminate as provided herein, and Landlord shall be entitled to the entire award for the real estate and improvements thereof or (ii) this Lease

shall continue upon all of the terms and conditions set forth herein, with an appropriate adjustment to the rent for the loss of any portion of the Demised Premises so taken.

15.2 If less than all or less than a material portion of the Demised Premises are taken by the exercise of the power of eminent domain or sold under eminent domain proceedings and if such exercise affected the improvements located on such Demised Premises, the Landlord, subject to Tenant's consent and approval, shall with reasonable diligence, restore or rebuild to the extent reasonably practicable any improvements upon the Demised Premises affected by the taking with the proceeds from the condemnation award. In the event the amount awarded shall be insufficient to repair and restore the Demised Premises, Landlord may, but is not required to, contribute the amount of any such deficiency.

ARTICLE XVI – RENT ABATEMENT

16.1 If the Demised Premises are damaged by Casualty, the Rent shall be reduced in an amount proportionate to the portion of the Demised Premises which is no longer useable and the parties shall take such action to use their best efforts to allow the continued operation of the skilled nursing facility in the manner previously conducted.

ARTICLE XVII – ASSIGNMENT AND SUBLETTING

17.1 During the Term, and other than to an Affiliate of Tenant, Tenant shall not assign this Lease in any manner whatsoever sublet, assign, encumber or transfer all or any part of the Demised Premises or in any manner whatsoever transfer, assign or encumber any interest in the Demised Premises or any interest in this Lease without Landlord's prior written consent, which consent shall not be unreasonably withheld, delayed, or conditioned, provided, however, that Tenant shall be entitled to pledge its leasehold rights under this Lease in connection with any financing provided relating to the transactions contemplated by the Transaction Documents. In connection with such financing, Landlord agrees to provide customary and reasonable documents requested by the Tenant's lender. As a condition of granting its consent, Landlord may request, and Tenant shall provide to Landlord, payment for reasonable out of pocket third party costs and expenses of Landlord incurred in connection with such sublease or assignment, including, all due diligence costs and attorney's fees. Prior to any transfer of possession of the Demised Premises to such transferee, any proposed transferee shall assume all the Tenant's obligations transferred hereunder. In the event any transferee commits an Event of Default, such act or omission shall be deemed an Event of Default hereunder on Tenant's behalf. Any violation or breach or attempted violation or breach of the provisions of this ARTICLE XVII by Tenant, or any acts inconsistent herewith shall vest no right, title or interest herein or hereunder or in the Demised Premises in any such transferee or assignee; and Landlord may, at its exclusive option, invoke the provisions of this Lease relating to default.

ARTICLE XVIII – EVENTS OF DEFAULT

18.1 The occurrence of any of the following acts or events shall be deemed to be a default (**"Event of Default"**) on the Tenant's part:

(a) The Tenant's failure to pay when due any Rent or any other payment when due hereunder within thirty (30) days after written notice from Landlord of such failure to pay on the due date.

(b) The Tenant's failure to perform, or Tenant's violation of, any of the covenants, terms, conditions or provisions of this Lease, if such failure or violation shall not be cured within thirty (30) days after receipt of written notice thereof by Landlord to Tenant; provided, however, that if such failure or violation cannot reasonably be cured within such thirty (30) day period, Tenant shall not be in default if Tenant commences a cure of such failure or violation promptly within such thirty (30) day period and diligently pursues such cure after commencement.

(c) The Tenant making an assignment for the benefit of creditors.

(d) If proceedings are instituted in a court of competent jurisdiction for Tenant's reorganization, liquidation or involuntary dissolution or for its adjudication as a bankrupt or insolvent, or for the appointment of a receiver of the Tenant's property, and said proceedings are not dismissed and any receiver, trustee or liquidator appointed therein discharged within sixty (60) days after the institution of said proceedings.

(e) The Tenant's abandonment of the Demised Premises.

The occurrence of any of the events listed in this ARTICLE XVIII by any party to whom the Demised Premises has been transferred shall be an Event of Default hereunder.

ARTICLE XIX – RIGHT TO CONTEST/CURE

19.1 Anything to the contrary stated herein notwithstanding, Tenant shall have the right upon written notice thereof to Landlord, to contest by appropriate administrative or legal proceedings, diligently conducted in good faith, the validity or application of any law, ordinance, regulation or rule mentioned herein, and to delay compliance therewith pending the prosecution of such proceedings.

19.2 Except for an Event of Default of Tenant in the payment of Rent or any additional payment required hereunder, in any case where Landlord shall have given to Tenant a written notice specifying a situation which, as hereinbefore provided, must be remedied by Tenant within a certain time period, and, if for causes beyond Tenant's control, it would not reasonably be possible for Tenant to remedy such situation within such period, then, provided Tenant, immediately upon receipt of such notice, shall advise Landlord in writing of Tenant's intention to institute, and shall, as soon as reasonably possible thereafter, duly institute, and thereafter diligently prosecute to completion, all steps necessary to remedy such situation and shall remedy the same, during the period necessary to remedy such situation, notwithstanding anything to the contrary contained herein, although such situation shall be deemed an Event of Default

hereunder, Landlord shall not pursue nor be entitled to pursue any remedies arising solely from the occurrence of such Event of Default hereunder.

ARTICLE XX – LANDLORD'S REMEDIES UPON DEFAULT

20.1 In the event of any Event of Default by Tenant, and subject to the provisions of Section 19.1 and Section 19.2, Landlord may, if it so elects, and with notice of such election to Tenant, and upon demand upon Tenant, forthwith terminate this Lease with respect to the Demised Premises and Tenant's right to possession of the Demised Premises, or, at the option of Landlord, terminate Tenant's right to possession of the Demised Premises without terminating this Lease. Upon any such termination of this Lease, or upon any such termination of Tenant's right to possession without termination of this Lease, Tenant shall vacate the Demised Premises immediately, and shall quietly and peaceably deliver possession of the Demised Premises to Landlord, and Tenant hereby grants to Landlord full and free license to enter into and upon the Demised Premises in such event with process of law and to repossess the Demised Premises and Personal Property as Landlord's former estate. In the event of any such termination of this Lease, Landlord shall again have possession and enjoyment of the Demised Premises and Personal Property to the extent as if this Lease had not been made (except to the extent that Tenant has purchased the personal property pursuant to any other agreement between Landlord and Tenant) and thereupon this Lease and everything herein contained on the part of Tenant to be done and performed shall cease and terminate, all, however, without prejudice to and without relinquishing Landlord's right to Rent (which, upon such termination of this Lease and entry of Landlord upon the Demised Premises, shall, in any event, be the right to receive Rent due up to the time of such entry but not thereafter) or any other right given to Landlord hereunder or by operation of law.

20.2 If Tenant abandons the Demised Premises or otherwise entitles Landlord so to elect, and Landlord elects to terminate Tenant's right to possession only with respect to the Demised Premises, without terminating this Lease, Landlord may, at its option, enter into such Demised Premises, remove Tenant's signs and other evidences of tenancy and take and hold possession thereof as in Section 20.1, without such entry and possession terminating this Lease or releasing Tenant, in whole or in part, from Tenant's obligation to pay the Rent hereunder for the full remaining Term, and in any such case, Tenant shall pay to Landlord a sum equal to the amount of the Rent required to be paid by Tenant up to the time of such termination of the right of possession (less any amounts received from reletting the same) plus any other sums then due hereunder. Upon and after entry into possession without termination of this Lease, Landlord shall attempt to relet the Demised Premises or any part thereof for the account of Tenant for such rent. Landlord shall use commercially reasonable efforts to mitigate its damage and may relet for a shorter or longer period of time than the then current Term. In the event Landlord elects to take possession and operate the Demised Premises following Tenant's abandonment thereof, any profits due to such operation shall reduce the rents payable hereunder. If the consideration collected by Landlord upon any such reletting is not sufficient to pay monthly the full amount of Rent reserved in this Lease, Tenant shall pay to Landlord the amount of each monthly deficiency upon demand.

20.3 Tenant's liability to Landlord for damages upon the occurrence of an Event of Default shall in all events survive the termination by Landlord of the Lease or the termination by

Landlord of Tenant's right to possession only, as hereinabove provided. Upon such termination of the Lease or at any time after such termination of Tenant's right to possession, Landlord may recover from Tenant and Tenant shall pay to Landlord as liquidated and final damages, whether or not Landlord shall have collected any current monthly deficiencies under the foregoing Section, and in lieu of such current deficiencies after the date of demand for such final damages, the amount thereof found to be due by a Court of Competent Jurisdiction, which amount thus found shall be equal to: (a) the remainder, if any, of Rent and charges due from Tenant for the period up to and including the date of the termination of the Lease or Tenant's right to possession; plus (b) the amount of any current monthly deficiencies accruing and unpaid by Tenant up to and including the date of Landlord's demand for final damages hereunder.

20.4 No receipt of funds by Landlord from Tenant after service of any notice of an Event of Default, termination of this Lease or of possession of the Demised Premises or after commencement of any suit or proceeding of Tenant shall in any way reinstate, continue or extend this Lease or in any way affect the notice of the Event of Default or demand or in any way be deemed a waiver by Landlord of any of Landlord's rights unless consented to in writing by Landlord.

ARTICLE XXI – CUMULATIVE REMEDIES

21.1 The specific remedies to which Landlord may resort under the terms of this Lease are cumulative and are not intended to be exclusive of any other remedies or means of redress to which Landlord may be lawfully entitled in case of any breach or threatened breach by Tenant of any provision or provisions of this Lease. The Landlord's failure to insist, in any one or more cases, upon the strict performance of any of the terms, covenants, conditions, provisions or agreements of this Lease, or to exercise any option herein contained, shall not be construed as a waiver or relinquishment for the future of any such term, covenant, condition, provisions, agreement or option.

ARTICLE XXII – INDEMNIFICATION

22.1 Subject to the waiver of subrogation set forth in Section 8.6, Tenant agrees to protect, indemnify and save harmless Landlord from and against any claims, demands and causes of action of any nature whatsoever asserted against or incurred by Landlord on account of: (a) any failure on the Tenant's part during the Term to perform or comply with any of the terms of this Lease; (b) injury to or death of persons or loss of or damage to property proximately caused by Tenant's negligence; and (c) any event, circumstance or condition occurring after the Commencement Date proximately caused by Tenant's or Tenant's agent's negligence or actions in connection with Tenant's use of the Demised Premises or the operation of the Facility. Tenant further agrees to pay any reasonable attorneys' fees and expenses incident to Landlord's defense of any such claims, demands or causes of action.

22.2 Subject to the waiver of subrogation set forth in Section 8.6, Landlord agrees to indemnify, defend and save harmless Tenant from and against any liabilities, claims, demands, and causes of action whatsoever asserted against or incurred by Tenant on account of: (a) any failure on the part of Landlord during the Term to perform or comply with any of the terms of this Lease; (b) injury to or death of persons or loss of or damage to property proximately caused

by Landlord's or Landlord's agent's negligence; and (c) any event, circumstance or condition occurring prior to the Commencement Date proximately caused by Landlord or Landlord's agents negligence or action in connection with Landlord's use of the Demised Premises or the operation of the Facility. Landlord further agrees to pay any reasonable attorneys' fees and expenses incident to the Tenant's defense of any such claims, demands or causes of action.

ARTICLE XXIII – INTENTIONALLY OMITTED

ARTICLE XXIV – INTENTIONALLY OMITTED

ARTICLE XXV – INTENTIONALLY OMITTED

ARTICLE XXVI – REPRESENTATIONS

26.1 Landlord represents and warrants to Tenant as follows:

(a) The entity constituting the Landlord is a governmental entity and political subdivision of the State of Tennessee, duly organized and validly existing under the laws of the state of Tennessee, and has the full right and power to enter into, and perform its obligations under this Lease and all agreements or documents entered into or executed in connection therewith, and has taken all requisite actions to authorize the execution, delivery and performance of this Lease and all agreements and documents entered into or executed in connection therewith.

(b) Except for those encumbrances set forth on Exhibit B (the "**Permitted Encumbrances**"):

(i) The Landlord has or will have on the Commencement Date valid title to the Demised Premises and the Personal Property and the Facility, free and clear of all liens, charges, security interests, leasehold rights or interests, reservation, restrictions, adverse claims, encumbrances and other defects in or limitations on title (collectively, "**Encumbrances**") other than liens for taxes not yet due and payable and the Permitted Encumbrances.

(ii) The Landlord has authority to convey its leasehold interest in and to the Demised Premises and Personal Property to Tenant, free and clear of all Encumbrances.

(iii) Upon the Commencement Date, Landlord will have conveyed a leasehold interest in and to the Demised Premises and the Personal Property to Tenant, free and clear of all Encumbrances.

(c) The exhibits and schedules furnished by Landlord in connection with this Lease do not contain any untrue statement of a material fact nor do they omit to state any material fact necessary to make the statements contained herein and therein not materially misleading.

(d) The execution, delivery, and performance of this Lease will not violate any provision of law, any order of any court or other agency of federal, state or local government or any express provision of any indenture, agreement, or other instrument, including without limitation any mortgage, to which Landlord is a party or by which it or any of its properties or assets are bound; conflict with, result in a breach of, or constitute (with passage of time or delivery of notice, or both), a default under any such indenture, agreement or other instrument; or result in the creation or imposition of any lien or other encumbrance of any nature whatsoever upon any of Landlord's properties or assets.

(e) Landlord is not in default in the performance, observation, or fulfillment of any of the obligations, covenants, or conditions contained in any agreement or instrument to which it is a party.

(f) There is no action, suit, examination, review, or proceeding by or before any governmental instrumentality or agency now pending or, to Landlord's knowledge, threatened against Landlord concerning the Demised Premises, the Premises or the Facility.

(g) To Landlord's knowledge, the Demised Premises are adequate to operate the Facility as it is currently licensed.

(h) The Demised Premises, the Personal Property, the Facility and the operation of the Facility as a skilled care nursing facility are in compliance with all laws, ordinances, orders, rules, regulations and requirements of any federal, state and municipal governmental agency or authority having jurisdiction over the Demised Premises, the Personal Property, the Facility and the operation of the Facility as a skilled care nursing facility that may be applicable thereto.

26.2 Tenant represents and warrants to Landlord as follows:

(a) Tenant is a limited liability company duly organized and validly existing in good standing under the laws of the State of Tennessee, and has full right and power to enter into, or perform its obligations under this Lease and has taken all requisite actions to authorize the execution, delivery and performance of this Lease.

(b) Tenant shall keep and maintain all items of Personal Property in good order and repair (ordinary wear and tear, condemnation and damage by Casualty excepted).

ARTICLE XXVII – LICENSURE

27.1 From and after the Execution Date, Tenant hereby agrees to take all reasonable steps to obtain a license in the name of Tenant (or its permitted assignee or sublessee) and Landlord shall assist, in all reasonable manners, the Tenant in obtaining such license.

27.2 Upon termination of this Lease, the following provisions shall be applicable:

(a) On the termination date, possession of the Demised Premises, the Personal Property and all substitutions and replacements thereof shall be returned by Tenant to Landlord.

(b) Landlord shall keep and shall not be obligated to return to Tenant any Base Rent payments. Tenant shall not be obligated to account or pay to Landlord any earnings or income earned from the Commencement Date to the Termination Date. Tenant shall pay all bills incurred in operation of the Facility from the Commencement Date through the termination date, and shall receive and keep all income and suffer all losses incurred in operation of the Facility from the Commencement Date through the termination date.

(c) Tenant shall cooperate with Landlord to accomplish an orderly transfer of the operation and management of the Facility to the Landlord or its designee.

ARTICLE XXVIII – CONDITIONS PRECEDENT AND CONCURRENT TO CLOSING

28.1 The following shall be conditions precedent to Tenant's obligation to proceed with this Lease:

(a) Landlord and Tenant shall have executed the OTA and the Asset Purchase Agreement;

(b) the License to operate the Facility shall be held in the name of Tenant (or its permitted assignee or sublessee);

(c) Tenant (or its permitted assignee or sublessee) shall have received all necessary federal, state and local government or regulatory approvals and requirements, third party consents to enable Tenant to operate the Facility as a skilled care nursing facility in the name of Tenant (or its permitted assignee or sublessee);

(d) all of Landlord's representations and warranties contained herein shall be true, complete and correct on the Commencement Date as if made at that time;

(e) all schedules and exhibits to this Lease prepared by Landlord shall be true, complete and correct in all material respects;

(f) delivery and possession of the Demised Premises, Personal Property and the Facility shall have occurred on or before the Commencement Date;

(g) no notice shall have been received as to litigation commenced or claim made or threatened against any party, by any person, firm, corporation or other entity or enterprise, or governmental authority with regard to the Facility or this Lease, or the transactions provided for in this Lease which, if successfully prosecuted, would have an adverse effect on Tenant or the business operated at the Facility, or make any representation or warranty of Landlord hereunder untrue or misleading;

(h) all certifications, consents, waivers, approvals, authorizations, government authorizations and determinations from and by third parties necessary legally to consummate the transactions contemplated herein, including the issuance of all licenses necessary to allow Tenant to operate the Facility, shall have been obtained, and the same shall not place restrictions on the operation of the Facility by Tenant which are deemed unacceptable by Tenant, in Tenant's sole discretion;

(i) there shall have been no material damage or other adverse change to the physical condition of the Facility, including the Demised Premises and the Personal Property;

(j) no action, investigation, claim or proceeding shall have been instituted or threatened or other matters occurred which involves any possibility of an adverse effect on the business operated at the Facility or the Facility itself, and no action, investigation or proceeding shall have been instituted or threatened before any court or governmental authority to restrain or prohibit, or to obtain substantial damages in respect of, this Lease;

(k) all utilities necessary for the operation of the Facility on the Demised Premises by Tenant shall be immediately available to serve the Facility, through public rights of way or permanent easements appurtenant to the Demised Premises, and there shall be no moratorium, ban or suspension in effect which would preclude Tenant from connecting to, and receiving service from, such utilities, including sewer, water, electricity, gas, cable, telephone and storm drainage;

(l) Landlord shall have achieved and maintained compliance with any survey deficiencies by any government authority, and any plan of correction shall have been accepted and the Facility re-inspected and deemed in substantial compliance with all applicable laws and regulations; and

(m) there shall have been no change or event or effect between the date hereof and the Commencement Date that is or could reasonably be expected to be materially adverse to the business or financial condition of the Facility.

28.2 The following shall be conditions precedent to Landlord's obligation to proceed with this Lease:

(a) Landlord and Tenant shall have executed the OTA and the Asset Purchase Agreement;

(b) the Tenant (or its permitted assign) shall have received all necessary federal, state and local government or regulatory approvals and requirements, third party consents; and

(c) all of Tenant's representations and warranties contained herein shall be true, complete and correct on the Commencement Date as if made at that time.

28.3 Notwithstanding anything contained in Section 28.1 to the contrary, Tenant may in its sole discretion waive any conditions precedent or conditions concurrent contained in Section 28.1.

28.4 Notwithstanding anything contained in Section 28.2 to the contrary, Landlord may in its sole discretion waive any conditions precedent or conditions concurrent contained in Section 28.2.

28.5 Notwithstanding anything contained herein to the contrary, if Tenant terminates the OTA prior to the expiration of the Inspection Period (as that term is defined in the OTA), then this Lease shall also terminate and no party hereto shall have any further claims or obligations under this Lease.

ARTICLE XXIX – INTENTIONALLY OMITTED

ARTICLE XXX – MISCELLANEOUS

30.1 Tenant, upon paying the Rent and all other charges herein provided, and for observing and keeping the covenants, agreements, terms and conditions of this Lease on its part to be performed, shall lawfully and quietly hold, occupy and enjoy the Demised Premises throughout the Term, and subject to its terms, without hindrance by Landlord or by any other person or persons claiming under Landlord, and Landlord shall indemnify, defend and hold Tenant harmless from and against the claims of all such persons, subject to the Lease.

30.2 It is understood and agreed that the granting of any consent by Landlord to Tenant to perform any act of Tenant requiring Landlord's consent under the terms of this Lease, or the failure on the part of Landlord to object to any such action taken by Tenant without Landlord's consent, shall not be deemed a waiver by Landlord of their rights to require such consent for any further similar act by Tenant, and Tenant hereby expressly covenants and warrants that as to all matters requiring Landlord's consent under the terms of this Lease, Tenant shall secure such consent for each and every happening of the event requiring such consent, and shall not claim any waiver on the part of Landlord of the requirement to secure such consent.

30.3 Tenant represents that it did not deal with any broker in connection with this Lease, and hereby indemnifies Landlord against the claims or demands of any broker claimed through a relationship with Tenant. Landlord represent that it has not dealt with any broker in connection with this Lease, and hereby indemnifies Tenant against the claims or demands of any broker claimed through a relationship with Landlord.

30.4 Should Tenant hold possession hereunder after the expiration of the Term of this Lease with or without Landlord's consent, Tenant shall become a tenant on a month to month basis upon all the terms, covenants and conditions herein specified and Tenant shall pay Landlord a monthly rental at twice the rent in effect during the last month of the preceding Term.

30.5 All notices, demands or requests which may or are required to be given by either party to the other shall be in writing and shall be sent by (a) personal delivery; (b) Federal Express or other national overnight courier service; (c) United States certified mail, return receipt

requested, addressed to the other party hereto at the address set forth below; or (d) by email at the address listed below.

If to Landlord:

Wayne County
100 Court Circle, Suite 300
P.O. Box 848
Waynesboro, Tennessee 38485
e-mail: waynecomayor@netease.net
Attn: Jason Rich

with a copy to:

Jane Jennings
231 Mahr Avenue
Lawrenceburg, Tennessee 38646
e-mail: janemjennings@hotmail.com

If to Tenant:

Waynesboro Healthcare, LLC
485 Central Ave. NE
Cleveland, TN 37311
Attn: Thomas D. Johnson
e-mail: Tom.Johnson@healthservices.cc

with a copy to:

Richard D. Faulkner, Jr.
Baker Donelson Bearman Caldwell & Berkowitz, PC
633 Chestnut Street, Suite 1800
Chattanooga, Tennessee 37450
e-mail: rfaulkner@bakerdonelson.com

or if written notification of a change of address has been sent, to such other party or to such other address as may be designated in that written notification. Notices shall be effective upon receipt or refusal thereof and in the case of facsimile, when such communication is transmitted to the appropriate number specified above. Notices from Landlord's counsel shall for all purposes hereunder constitute notice from Landlord. Notices from Tenant's counsel shall for purposes hereunder constitute notice from Tenant.

30.6 Upon demand by either party, Landlord and Tenant agree to execute and deliver a short form lease and option in recordable form so that the same may be recorded by either party, but this Lease shall not be recorded.

30.7 Each party agrees that any time, and from time to time, upon not less than ten (10) days prior written request from the other party, to execute, acknowledge and deliver to the other party a statement in writing, certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as modified, and stating the modifications), the dates to which the Rent has been paid, the amount of the Additional Rent held by Landlord, and whether to the best knowledge of such party an Event of Default has occurred or whether any events have occurred which, with the giving of notice or the passage of time, or both, could constitute an Event of Default hereunder, it being intended that any such statement delivered pursuant to this section may be relied upon by any prospective assignee, mortgagee or purchaser of the fee interest in the Demised Premises or of this Lease.

30.8 All of the provisions of this Lease shall be deemed and construed to be "conditions" and "covenants" as though the words specifically expressing or importing covenants and conditions were used in each separate provision hereof.

30.9 Any reference herein to the termination of this Lease shall be deemed to include any termination thereof by expiration, or pursuant to Articles referring to earlier termination.

30.10 The headings and titles in this Lease are inserted only as a matter of convenience and for reference and in no way define, limit or describe the scope or intent of this Lease, nor in any way affect this Lease.

30.11 This Lease contains the entire agreement between the parties and any executory agreement hereafter made shall be ineffective to change, modify or discharge it in whole or in part unless such executory agreement is in writing and signed by the party against whom enforcement of the change, modification or discharge is sought. This Lease cannot be changed orally or terminated orally.

30.12 Except as otherwise herein expressly provided, the covenants, conditions and agreements in this Lease shall bind and inure to the benefit of Landlord and Tenant and their respective successors and assigns.

30.13 This Lease may be executed in counterparts, each of which shall for all purposes be deemed an original, and all of such counterparts shall together constitute one and the same agreement.

30.14 If any term or provision of this Lease shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Lease shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

30.15 It is expressly understood and agreed that except as otherwise expressly provided herein, this Lease shall not be construed as creating any personal liability whatsoever against any member, officer, director, shareholder or agent of Landlord and/or of Tenant and in particular without limiting the generality of the foregoing, there shall be no personal liability to pay any obligations set forth herein or to perform any covenant, either expressed or implied, herein contained, and that, except as otherwise provided herein, all personal liability of any member, officer, director, shareholder or agent of Landlord and/or of Tenant of every sort, if any, is hereby expressly waived by the other party hereto.

30.16 This Lease shall be governed by and construed in accordance with the laws of the State of Tennessee.

30.17 It is acknowledged by the parties that this Lease has undergone multiple drafts with the negotiated suggestions of both and, therefore, no presumptions shall arise favoring either party by virtue of the authorship of any of its provisions.

30.18 Notwithstanding any other provision of this Lease, the parties acknowledge that Tenant is executing the Asset Purchase Agreement pursuant to which Tenant will purchase the Assets and Landlord and Tenant intend that Tenant will be the owner of the Assets and,

accordingly, Tenant may, at any time during the term of this Lease, terminate this Lease in connection with the acquisition of the Assets with no advance notice to Landlord.

30.19 Landlord hereby grants to Tenant and Tenant's invitees, residents and guests a non-exclusive easement to use at all times during the term of this Lease or the occupancy of the Demised Premises by Tenant, all parking areas, roadways, streets and other public facilities located on the land described on Exhibit A for the operation of the skilled nursing facility with such easements to be used in a manner consistent with the historical use of such Facility areas in connection with the operation of the Facility.

[Signature page follows]

IN WITNESS WHEREOF, the parties hereto have caused this Lease to be signed by persons authorized so to do on behalf of each of them respectively the day and year first above written.

LANDLORD:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision
of the State of Tennessee

By: _____
Name: JASON RICH
Its: COUNTY EXECUTIVE

TENANT:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Name: Thomas D. Johnson
Its: Chief Manager

IN WITNESS WHEREOF, the parties hereto have caused this Lease to be signed by persons authorized so to do on behalf of each of them respectively the day and year first above written.

LANDLORD:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision
of the State of Tennessee

By: _____
Name: _____
Its: _____

TENANT:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Name: Thomas D. Johnson
Its: Chief Manager

EXHIBIT A

LEGAL DESCRIPTION

EXHIBIT B

PERMITTED ENCUMBRANCES

Attachment "7" Section B. I. Project Description

Executive Summary

Executive Summary
Replacement Facility for Wayne Care Nursing Home.

Ownership Structure:

Lessor	Wayne Couny
Lessee/Licensee	Waynesboro Healthcare, LLC (99.99% Thomas D. Johnson Revocable Trust U/A dated October 11, 2011.)
Management Company	Health Services Management Group, LLC (99.99% Thomas D. Johnson Revocable Trust U/A dated October 11, 2011)

Operations Transfer History:
Waynesboro Healthcare, LLC began operations (by Operations Transfer Agreement) of two (2) nursing homes, Waynesboro Health & Rehabilitation Center (License #278) (f/k/a Wayne County Nursing Home); a 109 bed facility located at 104 J.V. Mangubat Drive, Waynesboro, TN 38485, and Wayne Care Nursing Home located at 505 S. Main Street, Waynesboro, TN 38485 (License #277); a 46 bed facility, on August 1, 2014.

Project Description:
To better serve the Wayne County community, the project will combine the two licensed facilities into one licensed facility (replacement facility). Specifically, closing the 46 bed facility at 505 S. Main Street, combining the beds (by constructing an addition) to the existing 109 bed facility located at 104 J.V. Mangubat Drive.Once the addition is complete, Waynesboro Health & Rehabilitation Center will have the proper space to house the total combined bed number of 155.

Services:
The facilities are both certified for Level 1/Medicaid only. A "bed change request" for Dual Certification has been requested by submitting a CMS-855a for initial Medicare enrollment. Further 18 of the licensed beds will be allocated to a new designated Secured Memory Unit for Alzheimer's and Dementia Residents. Both of these services are in great need in Wayne County. The applicant proposes to provide long-term care services from the replacement facility in the current and new units. The facility will accept most forms of private long-term care insurance. As a part of dual certification, the new constructed wing and existing space will accommodate rehabilitation space. The secured Memory Care Unit will offer activities of Daily Living.

Service Area:
The service area for this project is Wayne County.

Major Medical Equipment:
There is no major medical equipment required for this project.

Project Cost:
The estimated project cost is $5,658,317.63.

Funding: Letter of Interest from:
Georgia Commerce Bank
2970 Peachtree Road, Suite 100
Atlanta, GA 30305

Staffing:
Proposed direct patient care staffing in year 1 and year 2 includes the following:

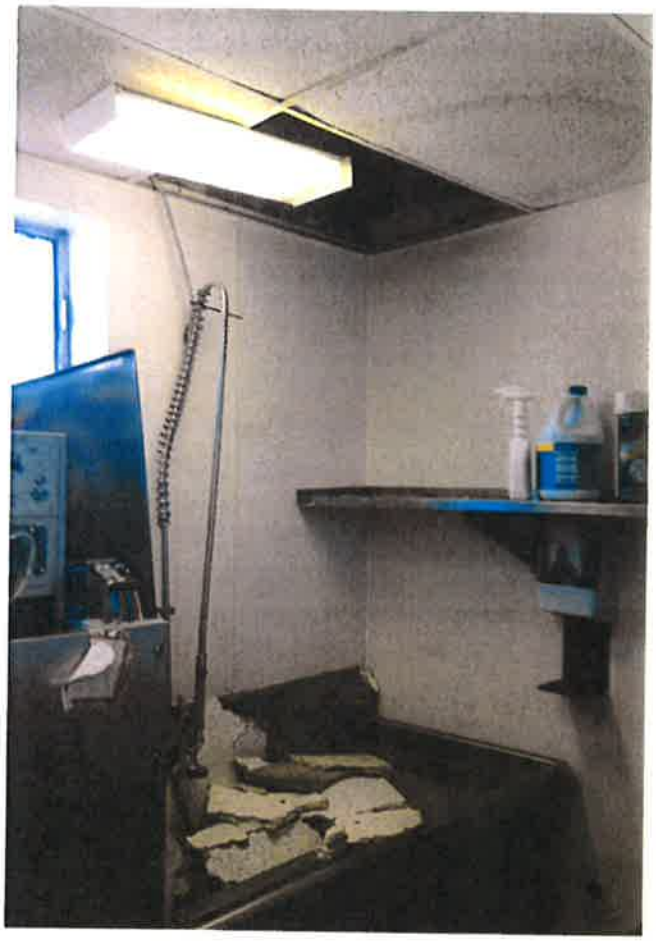
		Staffing Pattern	
		Year 1	Year 2
		FTE's	FTE's
Direct Nursing	Nursing Admin	7	7
Direct Nursing	RN	5	5
	LPN	14	14
	CNA	38	38
	Rehab Aide		2
	Activities	2	3
	Social Svs	1.8	1.5
Total FTE's		67.8	70.5

Financial feasibility:
After analysis of the market rates, cost of construction, and the projected utilization as a result of expanded services, the project is financial viable to carry the debt service at competitive rates.

Attachment "8" Section B. II. D. Need.

Wayne Care Photos

EXIT



Attachment "9" Section B. II. D. Need.

Transfer Letters

HEALTH SERVICES

August 11, 2014

To the Residents and Families of Wayne Care Nursing Home:

After an extended consideration and review, Health Services has reached the difficult decision to close the Wayne Care facility while extending to everyone the opportunity to move to a combined facility located at the Wayne County building. In accordance with regulatory requirements, we have been in contact with state officials notifying them of this decision and this letter will serve as a 30 day advance notice for all residents to be transferred from the facility.

From our first visit to your home at Wayne Care, the quality of life provided to the residents has been remarkable. The "care" in the facility name has been well earned. Unfortunately, the ongoing viability of the operation is simply not able to match the servant hearts of those who live and work in this special place.

However, our commitment to creating special places to live and work remains strong as Health Services is planning to bring Medicare skilled services to Waynesboro by certifying the Wayne County Nursing Home building as the county's first option for post-hospital Medicare stays.

WAYNESBORO

Health & Rehabilitation Center

With a brand new name, Waynesboro Health and Rehabilitation Center will be a unifying symbol of both quality and recovery as combination of both the Wayne County and Wayne Care community families. Fortunately, the existing Wayne County Building already has bed availability to accommodate all of the Wayne Care residents and includes many amenities not available in your current building. Of course, you have the right to choose where you would prefer to transfer, but we pledge to foster the same community spirit in this new merger "on the hill".

We will be meeting with staff individually, as well as hosting family meetings this week to answer any questions about the days ahead and to partner with you as you make decisions. Additionally, we have notified the local area Ombudsman, Mr. Rick Lucas, to be an additional resource to you.

Sincerely,

Ray Tyler, COO

HEALTHSERVICES

Ms Ann Reed, Director of Licensure
Board for Licensing Health Care Facilitites
655 Mainstream Drive
Nashville, TN 37243

Ms Marsha Neuenschwander, Director of Certification
Division of Health Facilities
227 French Landing, Suite 501
Heritage Place Metrocenter
Nashville, TN 37243

Ms Shirley Jones, Regional Administrator
West Tennessee Regional Office
2975C Highway 45 Bypass
Jackson, TN 38305

August 1, 2014

RE: **LETTER OF INTENT TO CLOSE**
Wayne Care Nursing Home
505 South High Street
Waynesboro, TN 38485
Current License number: 0000000277

VIA ELECTRONIC MAIL DELIVERY

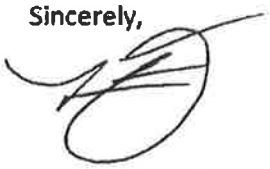
As disclosed to Shirley Jones via telephone on July 31, Health Services Management Group, licensed operator of Wayne Care Nursing Home intends to close the building and to place the 46 licensed beds in "inactive" status. Further, the intent is to relocate the licensed beds to Wayne County Nursing Home (*also operated by Health Services Management Group*) with request filing to the Health Services Development Agency.

On August 11, 2014, we plan to inform the residents of Wayne Care Nursing Home of the closing and to allow them the required 30 days advance notice in accordance with T.C.A. Chapter 1200-08-06-.05(15). During the week of August 11, family meetings will be conducted to further ensure all residents are informed of their right to select any licensed facility for placement and to assist with any questions. The local area Ombudsman will also be notified to assist in the process as needed. Our goal is to make the transition as easy for the residents and families as possible. A copy of the letter to residents and families is attached to this letter of intent.

As you can imagine, this news will be challenging to not only the affected residents but to the community as a whole and we ask that you understand the confidential nature of this disclosure until all can be unveiled and managed according to the timelines we have provided.

Please contact me directly with any questions you may have about these plans.

Sincerely,



Raymond L. Tyler, Jr.
Chief Operating Officer
Health Services Management Group

ATTACHMENT: Wayne County Resident/Family Notification Letter

August 27, 2014

Ms. Shirley Jones, Regional Administrator
West Tennessee Regional Office
Tennessee Department of Health
2975C Highway 45 Bypass
Jackson, TN 38305

Ms. Ann Reed, Director of Licensure
Board for Licensing Health Care Facilities
Tennessee Department of Health
665 Mainstream Drive
Nashville, TN 37243

RE: Waynesboro Health and Rehabilitation Center
104 J.V. Mangubat Drive
Waynesboro, TN 38485
Current License number: 0000000278

Wayne Care Nursing Home
505 South High Street
Waynesboro, TN 38485
Current License number: 0000000277

Dear Ms. Jones and Ms. Reed:

Please allow this letter to serve as a follow up notification and confirmation of the transfer of residents from Wayne Care Nursing Home, a 46 bed facility, to Waynesboro Health and Rehabilitation Center, formally known as, Wayne County Nursing Home, a 109 bed facility.

On August 1, we notified the Department of our intent to transfer residents along with a copy of the letter distributed to the residents and their families. As of August 23, 2014, all residents have safely discharged the Wayne Care building without incident. Aligned with the discharge of the entire resident population, Wayne Care has ceased operations as of August 23, 2014.

The only remaining task is the "official" transfer of resident trust accounts; however, the trust remains in the management of the same operating company as all residents did elect to transfer to Waynesboro Health and Rehabilitation Center.

485 Central Avenue (37311) - P.O. Box 1209 - Cleveland, TN - 37364-1209 (423)478-5953 (423)472-6283-FAX

We believe the new consolidated facility will benefit the citizens of Waynesboro and the surrounding Wayne County area greatly; particularly once Medicare Certification is achieved.

With this letter we believe that we have satisfied regulatory and communication requirments related to these resident transfers according to our understanding of the process as described in our phone conversation with Ms. Reed on May 7, 2014.

Again, we are requesting that the 46 licensed beds associated with Wayne Care Nursing be placed in "inactive status" as these beds will not be in operation until they are merged with the 109 beds at the Wayne County facility under a common license. We plan to attend the licensure board meeting on September 10th to discuss our intent to place these licensed bed in inactive status during the CON process.

Please let me know if you have any questions, concerns or need additional information from us.

Sincerely,

Raymond L. Tyler, Jr.
Chief Operating Officer
Health Services Management Group

Cc: Melanie Hill, Executive Director
Tennessee Health Services and Development Agency

Jan Priddy
West Tennessee Regional Office

Regina Moody
West Tennessee Regional Office

Thomas D. Johnson, Chief Manager
Waynesboro Healthcare, LLC

Attachment "10" Section B. III. (A)

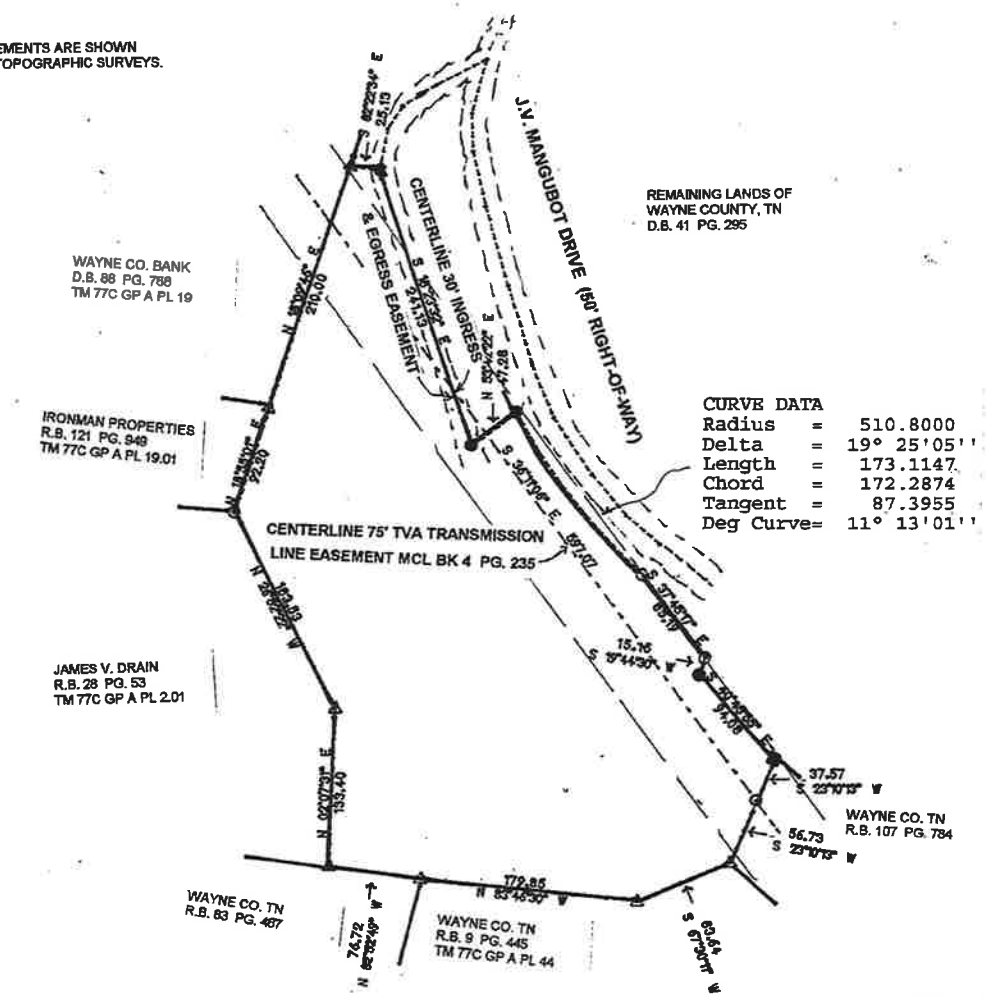
Plot Plan of Site - Boundaries

LEGEND:

- POINT
- IRON PIN SET CAP MARKED DP 1693
- IRON PIN EXISTING
- IRON PIPE EXISTING
- ROCK PILE EXISTING
- MAG SPIKE SET
- MAG NAIL SET
- BLAZED & PAINTED TREE
- RAILROAD SPIKE EXISTING
- RAILROAD SPIKE SET
- WOOD FENCE POST EXISTING
- STEEL FENCE POST EXISTING
- CONCRETE MONUMENT EXISTING

LOCAL MAGNETIC NORTH

NOTE: IMPROVEMENTS ARE SHOWN ON PREVIOUS TOPOGRAPHIC SURVEYS.



CURVE DATA

Radius	=	510.8000
Delta	=	19° 25'05''
Length	=	173.1147
Chord	=	172.2874
Tangent	=	87.3955
Deg Curve	=	11° 13'01''

THIS IS NOT A CERTIFICATION OF OWNERSHIP OF THE PROPERTIES SHOWN HEREON. THE OWNERS OF THE ADJOINING PROPERTIES ARE ACCORDING TO THE CURRENT COUNTY ASSESSORS RECORDS.

THIS SURVEY IS MADE SUBJECT TO ALL PRIOR DEEDS OF TRUST, MORTGAGES, LIENS, JUDGEMENTS, EASEMENTS, RIGHT-OF-WAYS, TAXES OR CLAIMS OF WHATSOEVER EXISTING AND LEGALLY PERFECTED AS OF THIS DATE UPON THE FOREGOING DESCRIBED TRACT OF LAND.

THIS SURVEY IS SUBJECT TO THE FINDINGS OF AN ACCURATE TITLE SEARCH.

ALL DISTANCES ARE BASED ON A FIELD RUN SURVEY USING EDM EQUIPMENT AND HAVE BEEN ADJUSTED FOR TEMPERATURE.

COPYRIGHT DATE AS SHOWN ON PLAT ALL RIGHTS RESERVED BY D.P. SURVEYING. NOT TO BE COPIED OR REPRODUCED WITHOUT WRITTEN PERMISSION.

CERTIFICATION OF ACCURACY:

THIS IS A CATEGORY [illegible] SURVEY WITH THE RATIO OF PRECISION OF [illegible] AS CALCULATED TRAVERSE [illegible] AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DAVID H. [illegible]

7-20-14

STATE OF TENNESSEE
REGISTERED LAND SURVEYOR
AGRICULTURE
COMMERCE
TENNESSEE NO. 1693

D.P. SURVEYING
300 E. BIG SPRINGS RD
LAWRENCEBURG, TN 38464
PHONE: (931) 279-1290

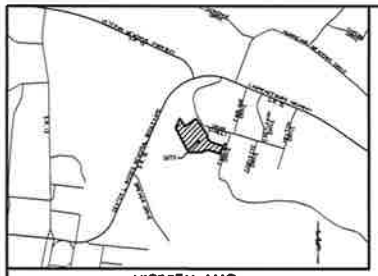
100 0 100 200
SCALE

SURVEY FOR
WAYNE COUNTY, TENNESSEE
RECORD BOOK 166 PAGE 945
DEED BOOK 41 PAGE 295
TAX MAP 77C GROUP A PARCEL 20
CITY OF WAYNESBORO FIRST CIVIL DISTRICT
WAYNE COUNTY, TENNESSEE
AREA: 3.229 ACRES+/-
DATE: OCTOBER 7, 2014
FILE NO. 14-76

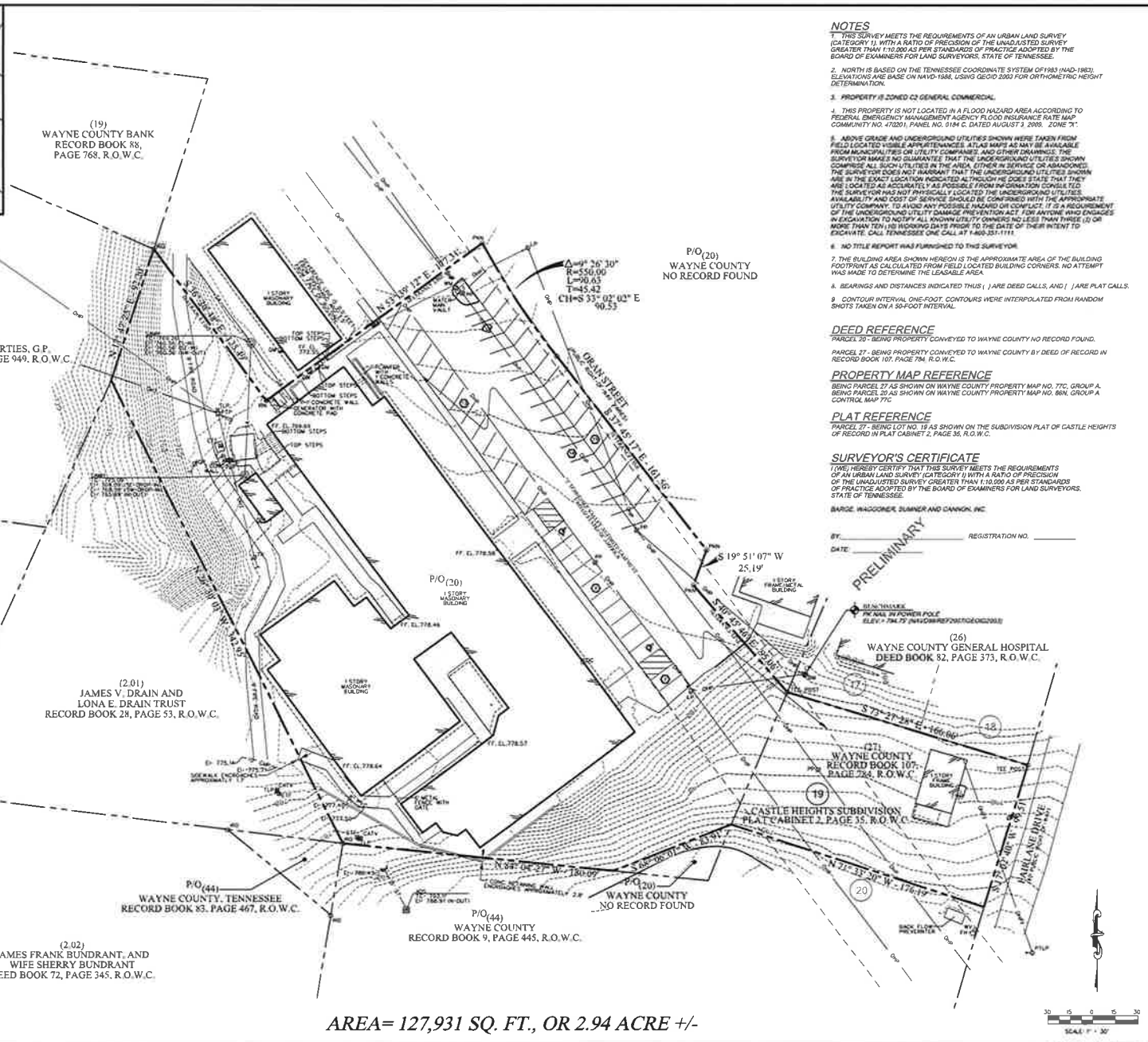
Attachment "11" Section B. III. (A) 2.

Plot Plan of Site – Property (Wayne County)

Plot Plan of Site – Property (Wayne Care)



VICINITY MAP
(N.T.S.)



AREA= 127,931 SQ. FT., OR 2.94 ACRE +/-

LEGEND

MAPPING SYMBOLS AND CODES

- AIR CONDITIONER (AC)
- CATCH BASIN (CB)
- CABLE TELEVISION (CATV)
- DOUBLE CATCH BASIN (DCB)
- TRIPLE CATCH BASIN (TCB)
- ELECTRIC JUNCTION BOX (EJB)
- ELECTRIC METER (EM)
- ELECTRIC TRANSFORMER (ETR)
- FINISHED FLOOR ELEVATION (F.F.E.)
- FIRE HYDRANT (FH)
- POST
- FLAG POLE (FP)
- GAS METER (GM)
- GUY POLE (GP)
- GAS VALVE (GV)
- GUY WIRE (GW)
- IRON ROD NEW (IRON)
- IRON ROD OLD (IRO)
- IRON PIPE OLD (IPO)
- IRON SPIKE OLD (ISO)
- LIGHT STANDARD METAL/WOOD (LS/LP)
- MAIL BOX (MB)
- MANHOLE (MH)
- CONCRETE MONUMENT OLD (MONO)
- CONCRETE MONUMENT NEW (MONN)
- P.K. NAIL OLD (PKO)
- P.K. NAIL NEW (PKN)
- POST INDICATOR VALVE (PIV)
- POWER LIGHT POLE (PLP)
- POWER MANHOLE (PMH)
- POWER POLE (PP)
- POWER TELEPHONE LIGHT POLE (PTLP)
- POWER TELEPHONE POLE (PTP)
- RIGHT-OF-WAY MONUMENT (RWM)
- SPRINKLER HEAD/VALVE (SPH,SPV)
- SANITARY SEWER MANHOLE (SMH)
- SIGN (SN)
- STEAM MANHOLE (STMH)
- STORMWATER MANHOLE (SWMH)
- TELEPHONE JUNCTION BOX (TJB)
- TELEPHONE LIGHT POLE (TLP)
- TELEPHONE POLE (TP)
- TREE / EVERGREEN
- WATER METER (WM)
- WATER VALVE (WV)

LINE STYLES

- CENTERLINE
- CONCRETE AREA
- EDGE OF WOODS LINE
- EASEMENT LINE
- FENCE LINE
- GAS LINE
- OVERHEAD POWER LINE
- OVERHEAD TELEPHONE LINE
- OVERHEAD POWER AND TELEPHONE LINE
- PROPERTY LINE
- SANITARY SEWER LINE
- STORMWATER LINE
- UNDERGROUND POWER LINE
- UNDERGROUND TELEPHONE LINE
- WATER LINE
- GUARDRAIL
- EDGE OF WATER

NOTES

1. THIS SURVEY MEETS THE REQUIREMENTS OF AN URBAN LAND SURVEY (CATEGORY 1). WITH A RATIO OF PRECISION OF THE UNADJUSTED SURVEY GREATER THAN 1:10,000 AS PER STANDARDS OF PRACTICE ADOPTED BY THE BOARD OF EXAMINERS FOR LAND SURVEYORS, STATE OF TENNESSEE.

2. NORTH IS BASED ON THE TENNESSEE COORDINATE SYSTEM OF 1983 (NAD-1983). ELEVATIONS ARE BASE ON NAVD-1988, USING GEOID 2003 FOR ORTHOMETRIC HEIGHT DETERMINATION.

3. PROPERTY IS ZONED C2 GENERAL COMMERCIAL.

4. THIS PROPERTY IS NOT LOCATED IN A FLOOD HAZARD AREA ACCORDING TO FEDERAL EMERGENCY MANAGEMENT AGENCY FLOOD INSURANCE RATE MAP COMMUNITY NO. 470201, PANEL NO. 0184 C, DATED AUGUST 3, 2009, ZONE "X".

5. ABOVE GRADE AND UNDERGROUND UTILITIES SHOWN WERE TAKEN FROM FIELD LOCATED VISIBLE APPURTENANCES, ATLAS MAPS AS MAY BE AVAILABLE FROM MUNICIPALITIES OR UTILITY COMPANIES, AND OTHER DRAWINGS. THE SURVEYOR MAKES NO GUARANTEE THAT THE UNDERGROUND UTILITIES SHOWN COMPRISE ALL SUCH UTILITIES IN THE AREA, EITHER IN SERVICE OR ABANDONED. THE SURVEYOR DOES NOT WARRANT THAT THE UNDERGROUND UTILITIES SHOWN ARE IN THE EXACT LOCATION INDICATED ALTHOUGH HE DOES STATE THAT THEY ARE LOCATED AS ACCURATELY AS POSSIBLE FROM INFORMATION CONSULTED. THE SURVEYOR HAS NOT PHYSICALLY LOCATED THE UNDERGROUND UTILITIES. AVAILABILITY AND COST OF SERVICE SHOULD BE CONFIRMED WITH THE APPROPRIATE UTILITY COMPANY. TO AVOID ANY POSSIBLE HAZARD OR CONFLICT, IT IS A REQUIREMENT OF THE UNDERGROUND UTILITY DAMAGE PREVENTION ACT. FOR ANYONE WHO ENGAGES IN EXCAVATION TO NOTIFY ALL KNOWN UTILITY OWNERS NO LESS THAN THREE (3) OR MORE THAN TEN (10) WORKING DAYS PRIOR TO THE DATE OF THEIR INTENT TO EXCAVATE. CALL TENNESSEE ONE CALL AT 1-800-351-1111.

6. NO TITLE REPORT WAS FURNISHED TO THIS SURVEYOR.

7. THE BUILDING AREA SHOWN HEREON IS THE APPROXIMATE AREA OF THE BUILDING FOOTPRINT AS CALCULATED FROM FIELD LOCATED BUILDING CORNERS. NO ATTEMPT WAS MADE TO DETERMINE THE LEASABLE AREA.

8. BEARINGS AND DISTANCES INDICATED THUS ( ) ARE DEED CALLS, AND [ ] ARE PLAT CALLS.

9. CONTOUR INTERVAL ONE-FOOT. CONTOURS WERE INTERPOLATED FROM RANDOM SHOTS TAKEN ON A 50-FOOT INTERVAL.

DEED REFERENCE

PARCEL 20 - BEING PROPERTY CONVEYED TO WAYNE COUNTY NO RECORD FOUND.

PARCEL 27 - BEING PROPERTY CONVEYED TO WAYNE COUNTY BY DEED OF RECORD IN RECORD BOOK 107, PAGE 784, R.O.W.C.

PROPERTY MAP REFERENCE

BEING PARCEL 27 AS SHOWN ON WAYNE COUNTY PROPERTY MAP NO. 77C, GROUP A. BEING PARCEL 20 AS SHOWN ON WAYNE COUNTY PROPERTY MAP NO. 86N, GROUP A CONTROL MAP 77C

PLAT REFERENCE

PARCEL 27 - BEING LOT NO. 19 AS SHOWN ON THE SUBDIVISION PLAT OF CASTLE HEIGHTS OF RECORD IN PLAT CABINET 2, PAGE 35, R.O.W.C.

SURVEYOR'S CERTIFICATE

I (WE) HEREBY CERTIFY THAT THIS SURVEY MEETS THE REQUIREMENTS OF AN URBAN LAND SURVEY (CATEGORY I) WITH A RATIO OF PRECISION OF THE UNADJUSTED SURVEY GREATER THAN 1:10,000 AS PER STANDARDS OF PRACTICE ADOPTED BY THE BOARD OF EXAMINERS FOR LAND SURVEYORS, STATE OF TENNESSEE.

BARGE, WAGGONER, SUMNER AND CANNON, INC.

BY: _____ REGISTRATION NO. _____

DATE: _____

PRELIMINARY

BWSC
BARGE WAGGONER SUMNER & CANNON, INC.
McCormick St Ste L, Suite 600 Nashville, Tennessee 37203
Phone 615.254.3060 Fax 1.877.782.5211

PRELIMINARY

WAYNE COUNTY NURSING HOME

PROPERTY LINE AND TOPOGPAHIC SURVEY
FAIRLANE DRIVE AND ORAN STREET

FIRST CIVIL DISTRICT
WAYNESBORO, WAYNE COUNTY, TENNESSEE

DR.	CHK.	DATE	DESCRIPTION
BRI	JLF	12-4-2015	PRELIMINARY ISSUE

FILE NO. 3574500

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12/18/2015
11:45:01
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bilthouse
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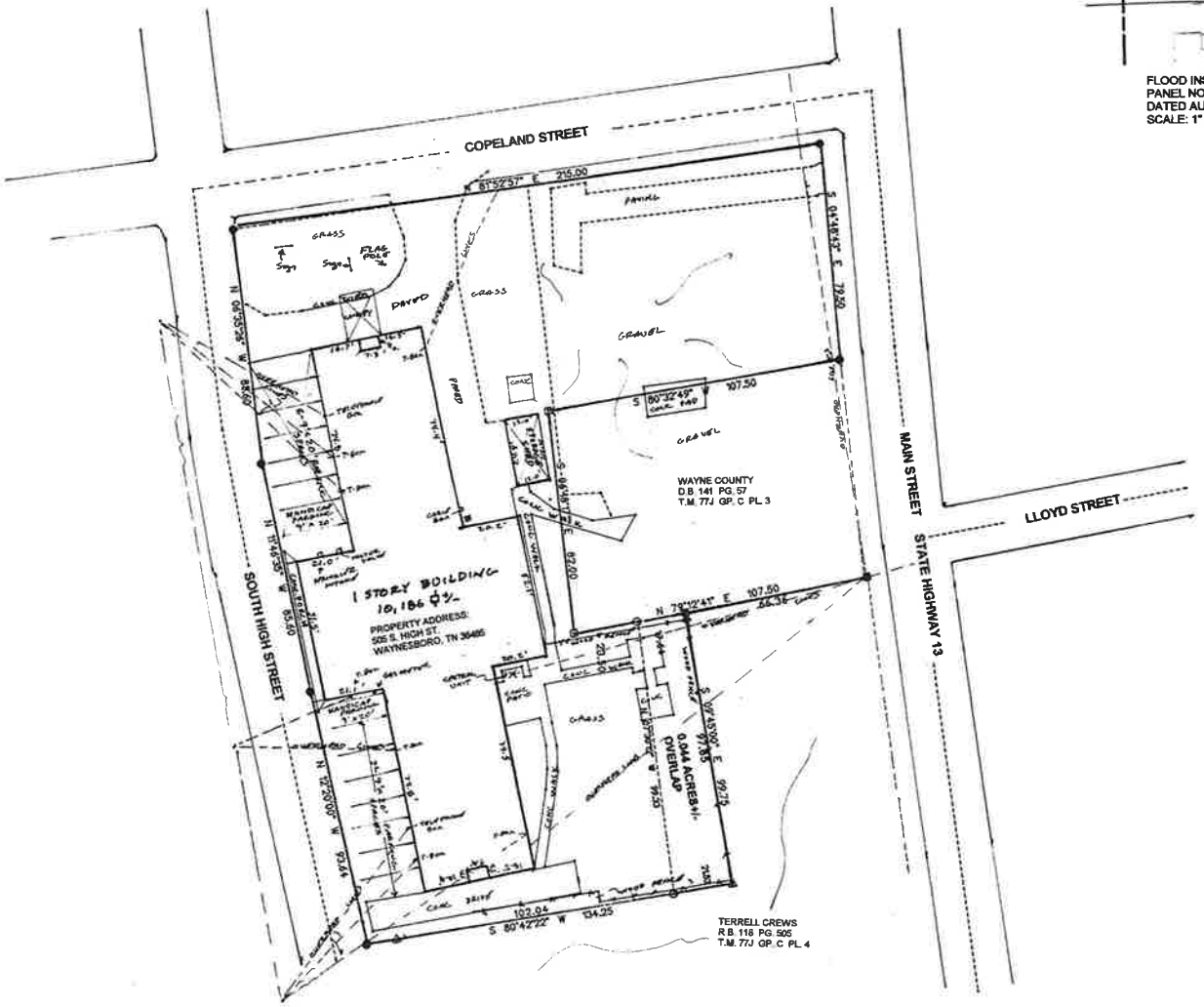


LEGEND:

- POINT
- IRON PIN SET W/ CAP MARKED OF 1993
- IRON PIN EXISTING
- IRON PIPE EXISTING
- ROCK PILE EXISTING
- MAG SPIKE SET
- MAG NAIL SET
- BLAZED & PAINTED TREE
- RAILROAD SPIKE EXISTING
- RAILROAD SPIKE SET
- WOOD FENCE POST EXISTING
- STEEL FENCE POST EXISTING
- CONCRETE MONUMENT EXISTING

THIS IS NOT A CERTIFICATION OF OWNERSHIP OF THE PROPERTIES SHOWN HEREON. THE OWNERSHIP OF THE ADJOINING PROPERTIES IS ACCORDING TO THE CURRENT COUNTY ASSESSOR RECORDS.

THIS SURVEY IS NOT SUBJECT TO ALL FACTS THAT A THOROUGH SEARCH OF THE PROPERTY RECORDS WOULD DISCLOSE, AND IS LIMITED TO THE FACTS DISCLOSED BY THE PROPERTY RECORDS OF THE COUNTY OF LAWRENCE.

THIS SURVEY IS SUBJECT TO THE FINDINGS OF AN ACCURATE TITLE SEARCH.

ALL DISTANCES ARE BASED ON A FIELD RUN SURVEY USING EQUIPMENT AND TAPE RODS ADJUSTED FOR TEMPERATURE.

CONSENT DATE AS SHOWN ON PLAT ALL ESTATE DESCRIBED IN THE DEEDS SUBMITTED NOT TO BE ALTERED OR REPRODUCED WITHOUT WRITTEN PERMISSION.

CERTIFICATION OF AUTHENTICITY

THIS PLAT HEREON IS CERTIFIED TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AS PER ACTUAL SURVEY MADE BY ME OR UNDER MY SUPERVISION.

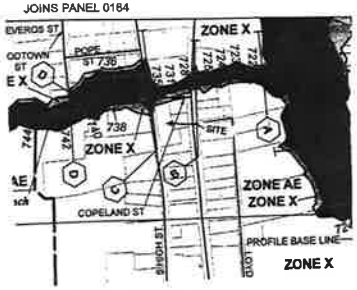
DAVID H. PARKER R.L.S. NO. 885

October 7, 2014

TENNESSEE NO. 885

B.P. SURVEYING
300 E. BIG SPRINGS RD
LAWRENCEBURG, TN 38464
PHONE: (931) 279-1290

JOINS PANEL 0164



FLOOD INSURANCE RATE MAP
PANEL NO. 47181C0192C
DATED AUGUST 3, 2009.
SCALE: 1" = 500'

LOCAL MAGNETIC NORTH

NOTES:

1.) OVERLAP 0.044 ACRES INCLUDED IN THE DEED OF TERRELL CREWS AND WAYNE COUNTY. PROPERTY CURRENTLY UNDER POSSESSION BY WAYNE COUNTY.
2.) NOTE: PROPERTY USED AS WAYNE COUNTY NURSING HOME. LEASED BY MAURY REGIONAL HOSPITAL RECORD BOOK 129 PAGE 640.
3.) SUBJECT TO NONEXCLUSIVE INSTALLATION AND SERVICES AGREEMENT TO CHARTER COMMUNICATIONS RECORD BOOK 148 PAGE 539.
4.) PROPERTY MAY BE SUBJECT TO EASEMENTS FOR OVERHEAD TELEPHONE AND ELECTRIC LINES.
5.) PROPERTY MAY BE SUBJECT TO EASEMENTS FOR UNDERGROUND UTILITY LINES.
6.) PORTION OF THE PROPERTY LIES ZONE X AND ZONE AE AS SHOWN ON FLOOD INSURANCE RATE MAP 47181C0192C DATED AUG. 3, 2009.
7.) NO SIGNS OF NEW CONSTRUCTION CEMETERIES OR HAZARDOUS OR SOLID WASTE DUMP, SUMP OR SANITARY LANDFILL.

THIS SURVEY IS CERTIFIED TO:
1.) BRANCH BANKING AND TRUST COMPANY
2.) COVINGTON INVESTMENTS, LLC.
3.) FIDELITY NATIONAL INSURANCE COMPANY

THIS IS TO CERTIFY THAT THIS PLAT AND THE SURVEY ON WHICH IT IS BASED WERE MADE IN ACCORDANCE WITH THE 2011 MINIMUM STANDARD DETAIL REQUIREMENTS FOR ALTA ACSM LAND TITLE SURVEYS, JOINTLY ESTABLISHED AND ADOPTED BY ALTA AND NSPS, AND INCLUDES ITEMS 1,2,3,4,7A,7B,8, 9,11A,13,15,16 OF TABLE A THEREOF. THE FIELD WORK WAS COMPLETED ON OCTOBER 1, 2014. PLAT DRAWN ON OCTOBER 7, 2014.

DAVID H. PARKER R.L.S. NO. 885

October 7, 2014

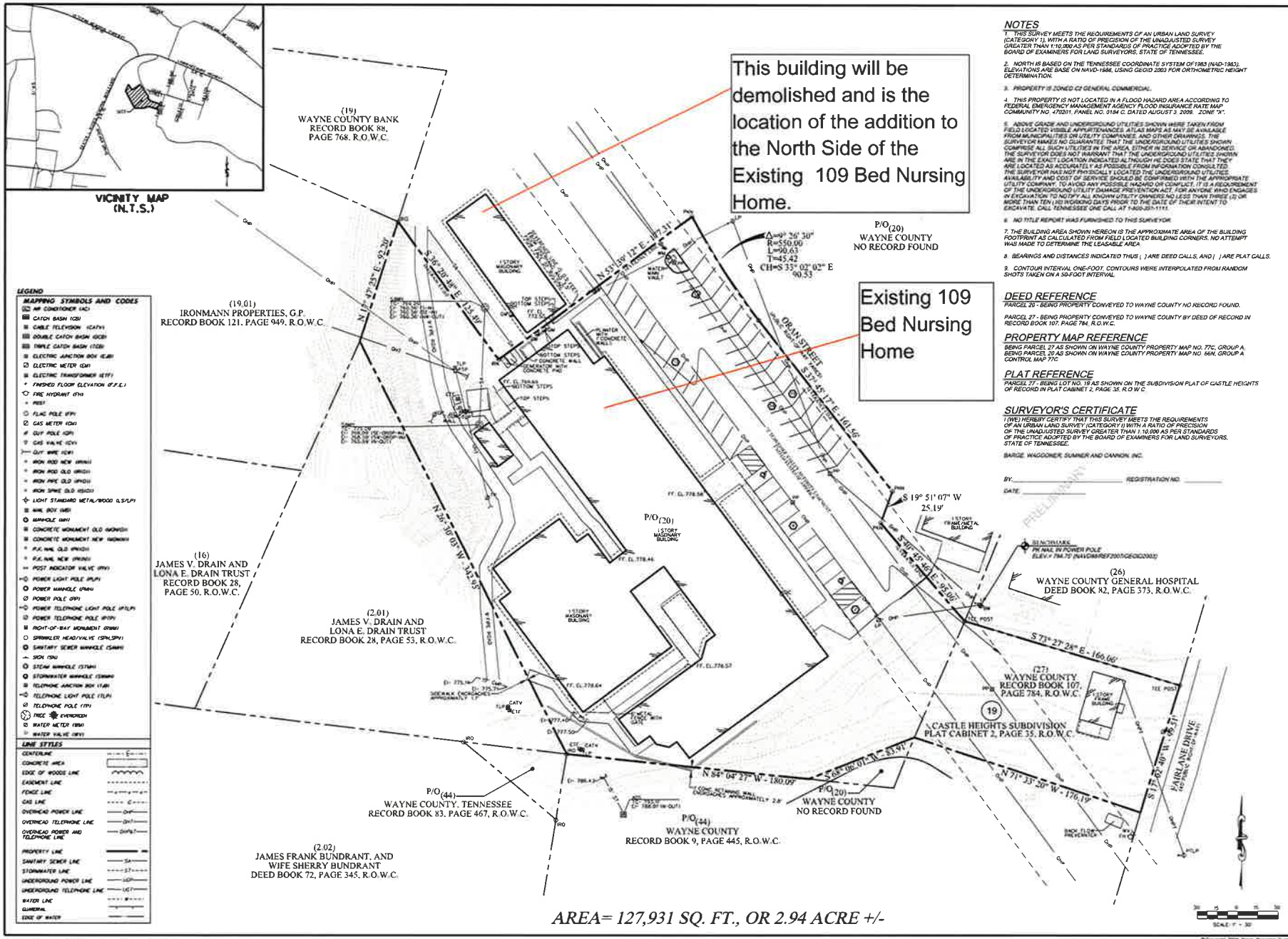
TENNESSEE NO. 885

30 0 30 60
SCALE

ALTA SURVEY OF THE WAYNE COUNTY PROPERTY
DEED BOOK 112 PAGE 209 CITY OF WAYNESBORO
TAX MAP 77J GROUP C PARCELS 1 & 2
FIRST CIVIL DISTRICT WAYNE COUNTY, TENNESSEE
AREA: 0.901 ACRES+/- DATE: OCTOBER 7, 2014
FILE NO. 14-115

Attachment "12" Section B. III. (A) 3.

Plot Plan of Site – Proposed Construction



NOTES

1. THIS SURVEY MEETS THE REQUIREMENTS OF AN URBAN LAND SURVEY (CATEGORY 1), WITH A RATIO OF PRECISION OF THE UNADJUSTED SURVEY GREATER THAN 1:10,000 AS PER STANDARDS OF PRACTICE ADOPTED BY THE BOARD OF EXAMINERS FOR LAND SURVEYORS, STATE OF TENNESSEE.

2. NORTH IS BASED ON THE TENNESSEE COORDINATE SYSTEM OF 1983 (NAD-1983). ELEVATIONS ARE BASE ON NAVD-1988, USING GEOID 2003 FOR ORTHOMETRIC HEIGHT DETERMINATION.

3. PROPERTY IS ZONED C2 GENERAL COMMERCIAL.

4. THIS PROPERTY IS NOT LOCATED IN A FLOOD HAZARD AREA ACCORDING TO FEDERAL EMERGENCY MANAGEMENT AGENCY FLOOD INSURANCE RATE MAP COMMUNITY NO. 470201, PANEL NO. 0104 C, DATED AUGUST 3, 2009, ZONE "X".

5. ABOVE GRADE AND UNDERGROUND UTILITIES SHOWN WERE TAKEN FROM FIELD LOCATED VISIBLE APPURTENANCES AT/AS MAPS AS MAY BE AVAILABLE FROM MUNICIPALITIES OR UTILITY COMPANIES, AND OTHER DRAWINGS. THE SURVEYOR MAKES NO GUARANTEE THAT THE UNDERGROUND UTILITIES SHOWN COMPRISE ALL SUCH UTILITIES IN THE AREA, EITHER IN SERVICE OR ABANDONED. THE SURVEYOR DOES NOT WARRANT THAT THE UNDERGROUND UTILITIES SHOWN ARE IN THE EXACT LOCATION INDICATED ALTHOUGH HE DOES STATE THAT THEY ARE LOCATED AS ACCURATELY AS POSSIBLE FROM INFORMATION CONSULTED. THE SURVEYOR HAS NOT PHYSICALLY LOCATED THE UNDERGROUND UTILITIES. AVAILABILITY AND COST OF SERVICE SHOULD BE CONFIRMED WITH THE APPROPRIATE UTILITY COMPANY. TO AVOID ANY POSSIBLE HAZARD OR CONFLICT, IT IS A REQUIREMENT OF THE UNDERGROUND UTILITY DAMAGE PREVENTION ACT. FOR ANYONE WHO ENGAGES IN EXCAVATION TO NOTIFY ALL KNOWN UTILITY OWNERS NO LESS THAN THREE (3) OR MORE THAN TEN (10) WORKING DAYS PRIOR TO THE DATE OF THEIR INTENT TO EXCAVATE. CALL TENNESSEE ONE CALL AT 1-800-351-1111.

6. NO TITLE REPORT WAS FURNISHED TO THIS SURVEYOR.

7. THE BUILDING AREA SHOWN HEREON IS THE APPROXIMATE AREA OF THE BUILDING FOOTPRINT AS CALCULATED FROM FIELD LOCATED BUILDING CORNERS. NO ATTEMPT WAS MADE TO DETERMINE THE LEASABLE AREA.

8. BEARINGS AND DISTANCES INDICATED THUS ( ) ARE DEED CALLS, AND [ ] ARE PLAT CALLS.

9. CONTOUR INTERVAL ONE-FOOT. CONTOURS WERE INTERPOLATED FROM RANDOM SHOTS TAKEN ON A 50-FOOT INTERVAL.

DEED REFERENCE

PARCEL 20 - BEING PROPERTY CONVEYED TO WAYNE COUNTY NO RECORD FOUND.

PARCEL 27 - BEING PROPERTY CONVEYED TO WAYNE COUNTY BY DEED OF RECORD IN RECORD BOOK 107, PAGE 784, R.O.W.C.

PROPERTY MAP REFERENCE

BEING PARCEL 27 AS SHOWN ON WAYNE COUNTY PROPERTY MAP NO. 77C, GROUP A. BEING PARCEL 20 AS SHOWN ON WAYNE COUNTY PROPERTY MAP NO. 56N, GROUP A CONTROL MAP 77C

PLAT REFERENCE

PARCEL 27 - BEING LOT NO. 19 AS SHOWN ON THE SUBDIVISION PLAT OF CASTLE HEIGHTS OF RECORD IN PLAT CABINET 2, PAGE 35, R.O.W.C.

SURVEYOR'S CERTIFICATE

I (WE) HEREBY CERTIFY THAT THIS SURVEY MEETS THE REQUIREMENTS OF AN URBAN LAND SURVEY (CATEGORY I) WITH A RATIO OF PRECISION OF THE UNADJUSTED SURVEY GREATER THAN 1:10,000 AS PER STANDARDS OF PRACTICE ADOPTED BY THE BOARD OF EXAMINERS FOR LAND SURVEYORS, STATE OF TENNESSEE.

BARGE, WAGGONER, SUMNER AND CANNON, INC.

BY: _____ REGISTRATION NO. _____

DATE: _____

PRELIMINARY

LEGEND

MAPPING SYMBOLS AND CODES

- AIR CONDITIONER (AC)
- CATCH BASIN (CB)
- CABLE TELEVISION (CATV)
- DOUBLE CATCH BASIN (DCB)
- TRIPLE CATCH BASIN (TCB)
- ELECTRIC JUNCTION BOX (EJB)
- ELECTRIC METER (EM)
- ELECTRIC TRANSFORMER (ETF)
- FINISHED FLOOR ELEVATION (F.F.E.)
- FIRE HYDRANT (FH)
- FRED
- FLAG POLE (FP)
- GAS METER (GM)
- GUY POLE (GP)
- GAS VALVE (GV)
- GUY WIRE (GW)
- IRON ROD NEW (IRN)
- IRON ROD OLD (IRO)
- IRON PIPE OLD (IPO)
- IRON SPIKE OLD (ISO)
- LIGHT STANDARD METAL/WOOD (LS/LP)
- NAIL BOX (NB)
- MANHOLE (MH)
- CONCRETE MONUMENT OLD (MONO)
- CONCRETE MONUMENT NEW (MONN)
- P.K. NAIL OLD (PNO)
- P.K. NAIL NEW (PNN)
- POST INDICATOR VALVE (PIV)
- POWER LIGHT POLE (PLP)
- POWER MANHOLE (PMH)
- POWER POLE (PP)
- POWER TELEPHONE LIGHT POLE (PTLP)
- POWER TELEPHONE POLE (PTP)
- RIGHT-OF-WAY MONUMENT (RWM)
- SPRINKLER HEAD/VALVE (SPH,SPV)
- SANITARY SEWER MANHOLE (SMH)
- SIGN (SN)
- STEAM MANHOLE (STMH)
- STORMWATER MANHOLE (SWMH)
- TELEPHONE JUNCTION BOX (TJB)
- TELEPHONE LIGHT POLE (TLP)
- TELEPHONE POLE (TP)
- TREE / EVERGREEN
- WATER METER (WM)
- WATER VALVE (WV)

LINE STYLES

- CENTERLINE
- CONCRETE AREA
- EDGE OF WOODS LINE
- EASEMENT LINE
- FENCE LINE
- GAS LINE
- OVERHEAD POWER LINE
- OVERHEAD TELEPHONE LINE
- OVERHEAD POWER AND TELEPHONE LINE
- PROPERTY LINE
- SANITARY SEWER LINE
- STORMWATER LINE
- UNDERGROUND POWER LINE
- UNDERGROUND TELEPHONE LINE
- WATER LINE
- GUARDRAIL
- EDGE OF WATER

BWSC
BARGE WAGGONER SUMNER & CANNON, INC.
Professional Offices: 5 Franklin Street, Suite 600, Nashville, Tennessee 37201
Phone: 615-254-8801 Fax: 615-254-8806

PRELIMINARY

WAYNE COUNTY NURSING HOME

PROPERTY LINE AND TOPOGRAPHIC SURVEY
FAIRLANE DRIVE AND ORAN STREET

FIRST CIVIL DISTRICT
WAYNESBORO, WAYNE COUNTY, TENNESSEE

DR.	CHK.	DATE	DESCRIPTION
BTT	AJJ	12-18-2013	PRELIMINARY ISSUE

FILE NO. 3574500

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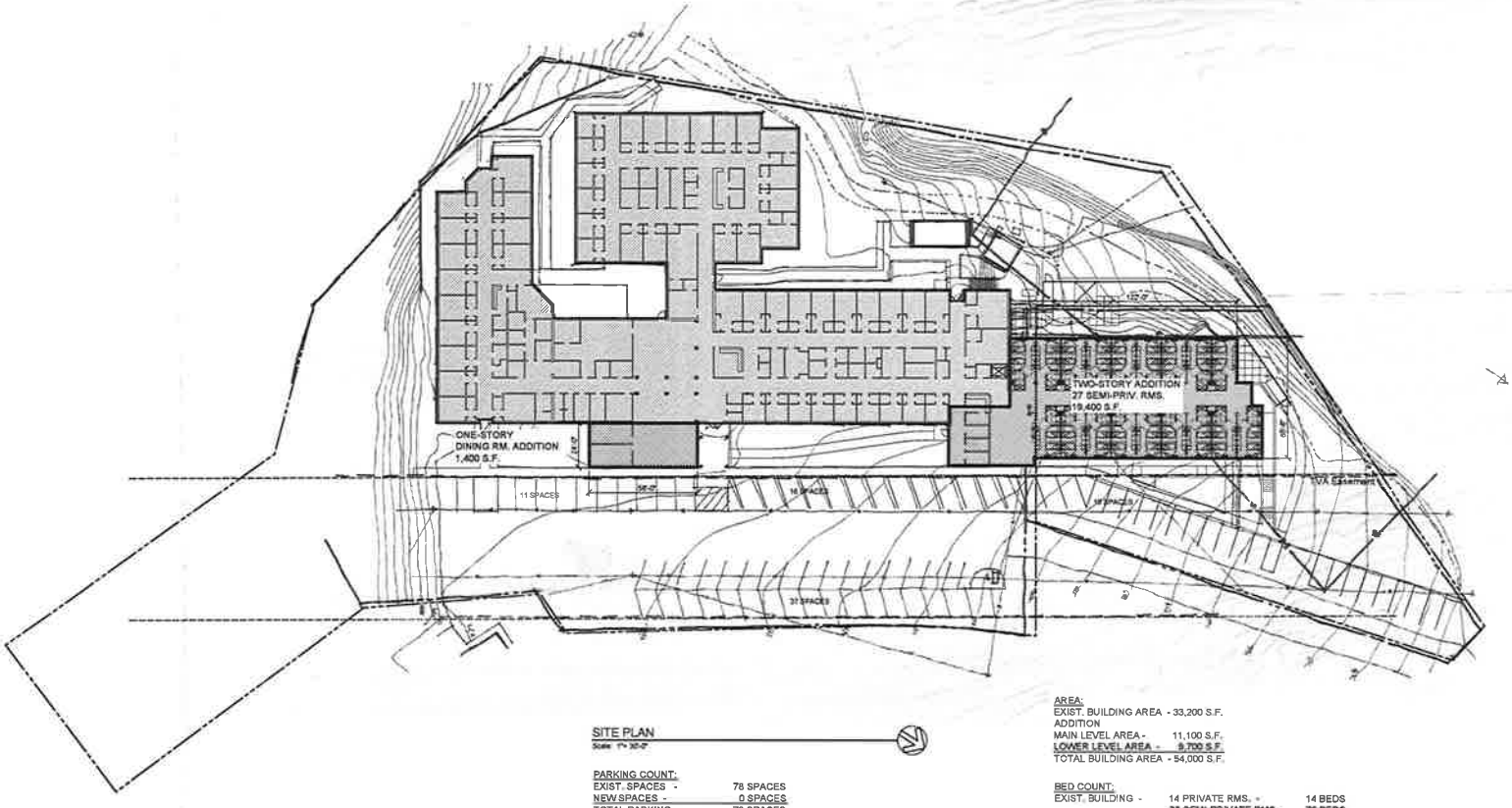


SITE PLAN
Scale: 1" = 30'-0"

PARKING COUNT:

EXIST. SPACES -	78 SPACES
NEW SPACES -	0 SPACES
TOTAL PARKING -	78 SPACES

AREA:

EXIST. BUILDING AREA -	33,200 S.F.
ADDITION	
MAIN LEVEL AREA -	11,100 S.F.
LOWER LEVEL AREA -	9,700 S.F.
TOTAL BUILDING AREA -	54,000 S.F.

BED COUNT:

EXIST. BUILDING -	14 PRIVATE RMS. =	14 BEDS
	38 SEMI-PRIVATE RMS. -	76 BEDS
	1 THREE BED RM. -	3 BEDS
	2 FOUR BED RMS. -	8 BEDS
	47 RESIDENT ROOMS	101 BEDS

ADDITION =

MAIN LEVEL	18 SEMI-PRIVATE RMS. -	36 BEDS
LOWER LEVEL	9 SEMI-PRIVATE RMS. -	18 BEDS
	27 TOTAL ADDITION RMS.	54 BEDS

74 TOTAL RESIDENT RMS. - 155 BEDS

23 october 2014

Schematic Site Plan
1" = 30'-0"

Wayne County
Skilled Nursing Facility Addition
Waynesboro, Tennessee

franklin | architects

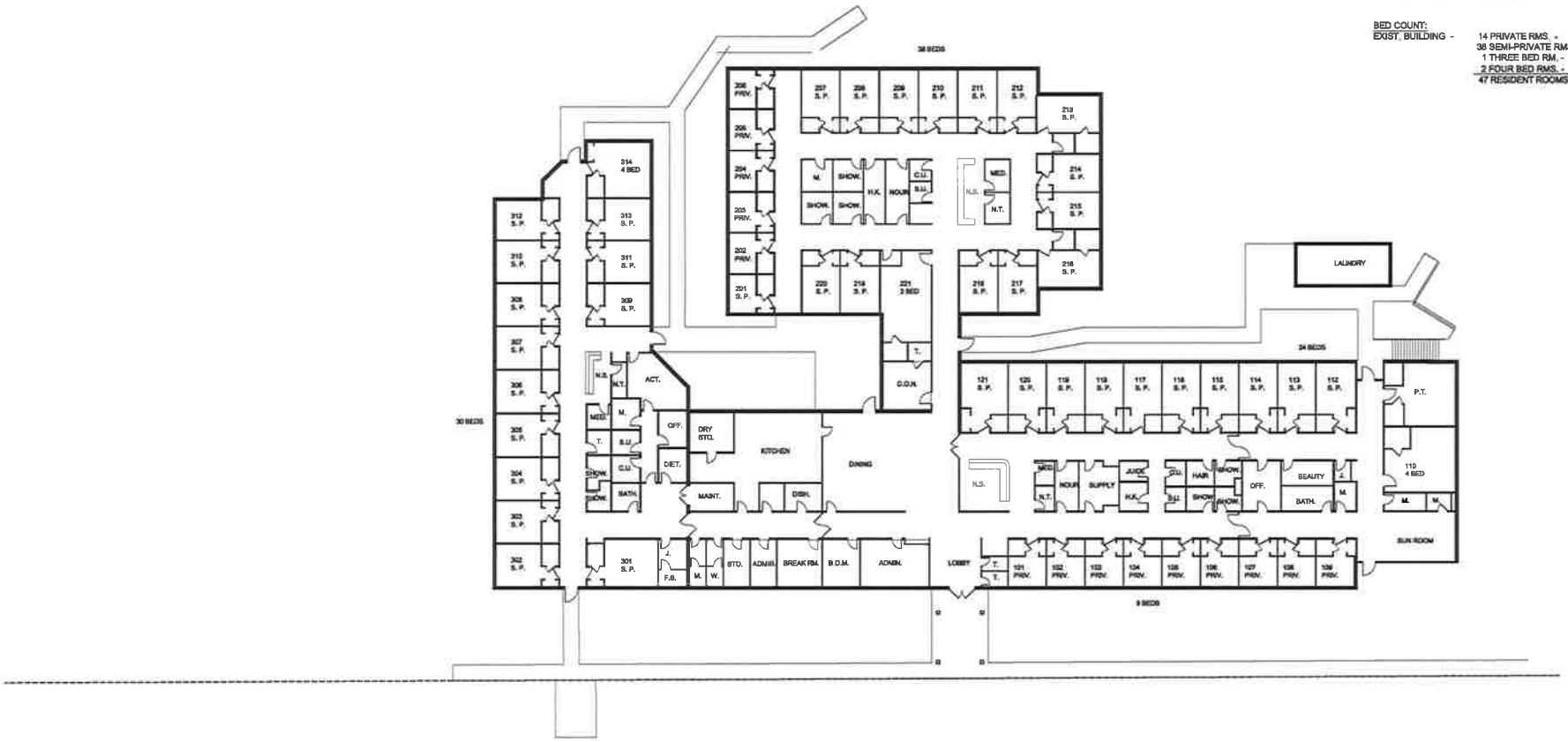
Attachment "13" Section B. IV

Floor Plan – Proposed Facility

AREA:
EXIST. BUILDING AREA - 33,200 S.F.

BED COUNT:

EXIST. BUILDING -	14 PRIVATE RMS. -	14 BEDS
	38 SEMI-PRIVATE RMS. -	76 BEDS
	1 THREE BED RM. -	3 BEDS
	2 FOUR BED RMS. -	8 BEDS
	47 RESIDENT ROOMS	101 BEDS



EXISTING BUILDING PLAN
Scale: 1/16"=1'-0"

23 october 2014

Existing Building Plan
1/16" = 1'-0"

Wayne County
Skilled Nursing Facility Addition
Waynesboro, Tennessee

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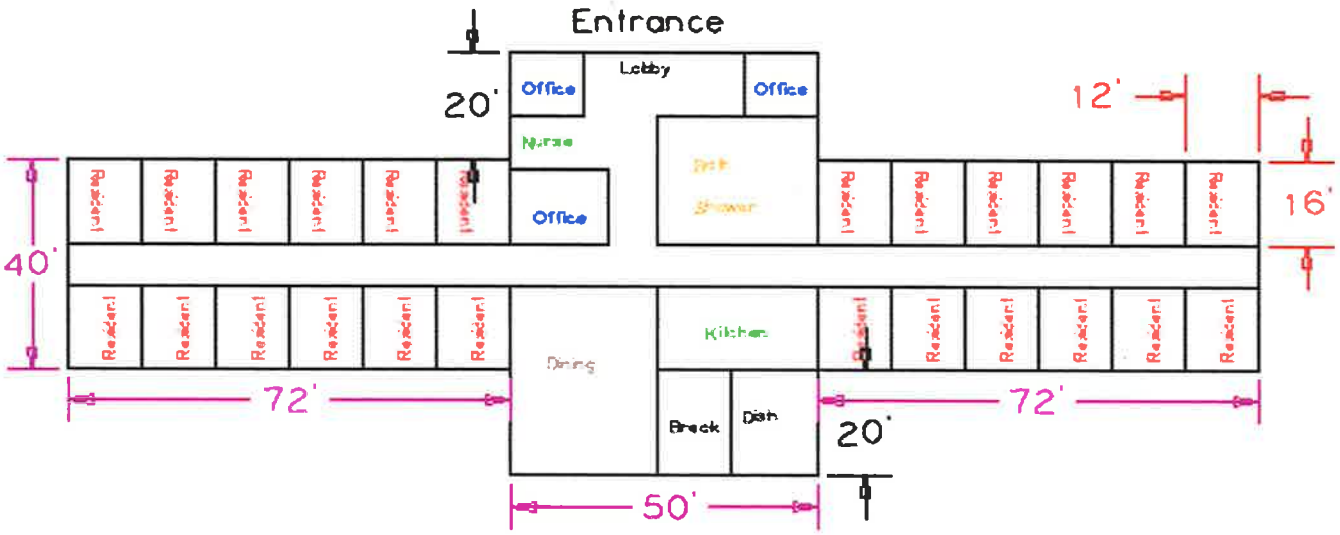
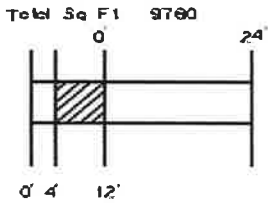
WAYNE CARE FLOOR PLAN





Scale: 1/32 = 1'

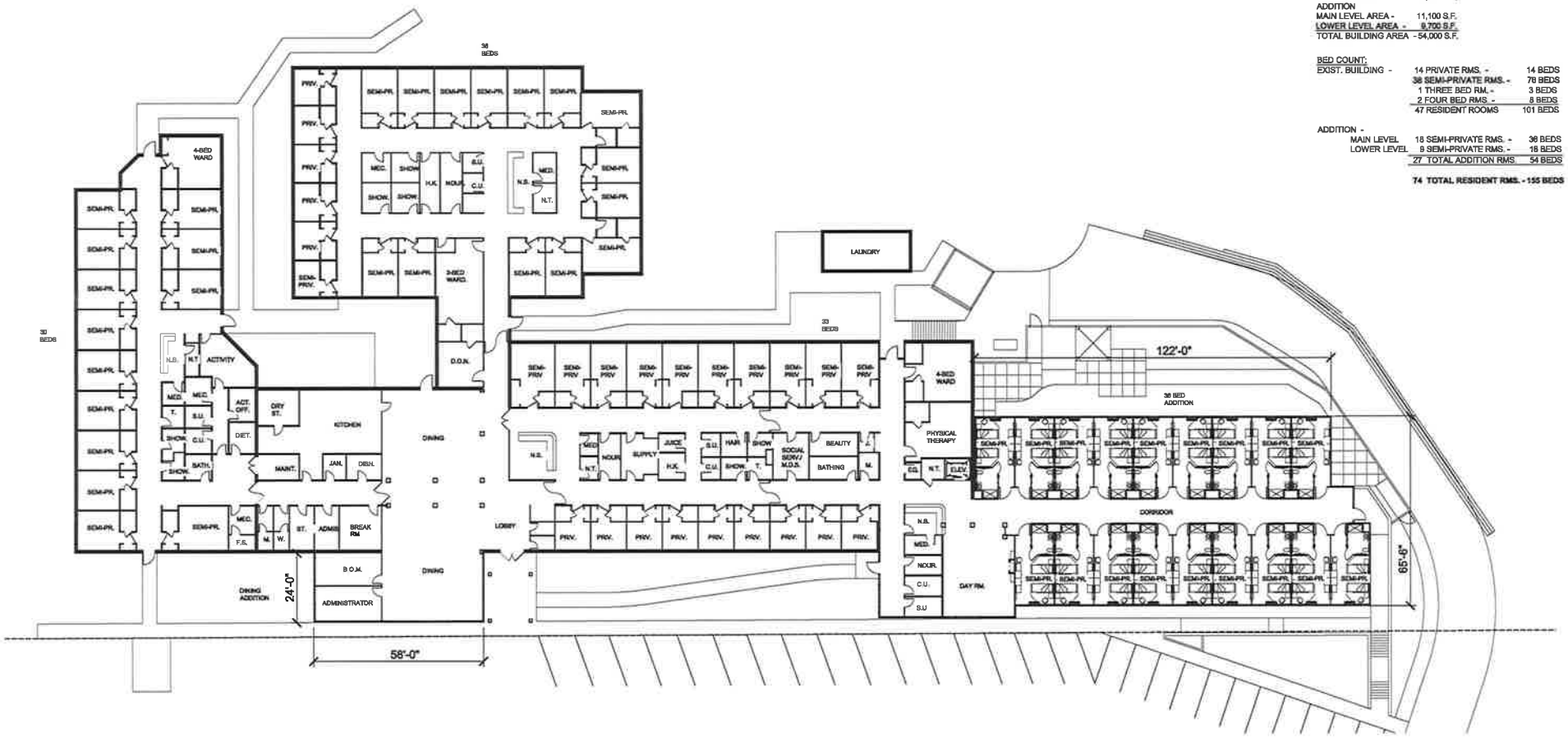
CREATED USING CADSTD LITE FREEWARE FROM WWW.CADSTD.COM, NON-COMMERCIAL USE ONLY.

AREA:
EXIST. BUILDING AREA - 33,200 S.F.
ADDITION
MAIN LEVEL AREA - 11,100 S.F.
LOWER LEVEL AREA - 9,700 S.F.
TOTAL BUILDING AREA - 54,000 S.F.

BED COUNT:

EXIST. BUILDING -	14 PRIVATE RMS. -	14 BEDS
	38 SEMI-PRIVATE RMS. -	76 BEDS
	1 THREE BED RM. -	3 BEDS
	2 FOUR BED RMS. -	8 BEDS
	47 RESIDENT ROOMS	101 BEDS
ADDITION -		
MAIN LEVEL	18 SEMI-PRIVATE RMS. -	36 BEDS
LOWER LEVEL	9 SEMI-PRIVATE RMS. -	18 BEDS
	27 TOTAL ADDITION RMS.	54 BEDS

74 TOTAL RESIDENT RMS. - 155 BEDS



MAIN LEVEL PLAN
Scale: 1/16"=1'-0"

23 october 2014

Schematic Main Level Plan
1/16" = 1'-0"

Wayne County
Skilled Nursing Facility Addition
Waynesboro, Tennessee

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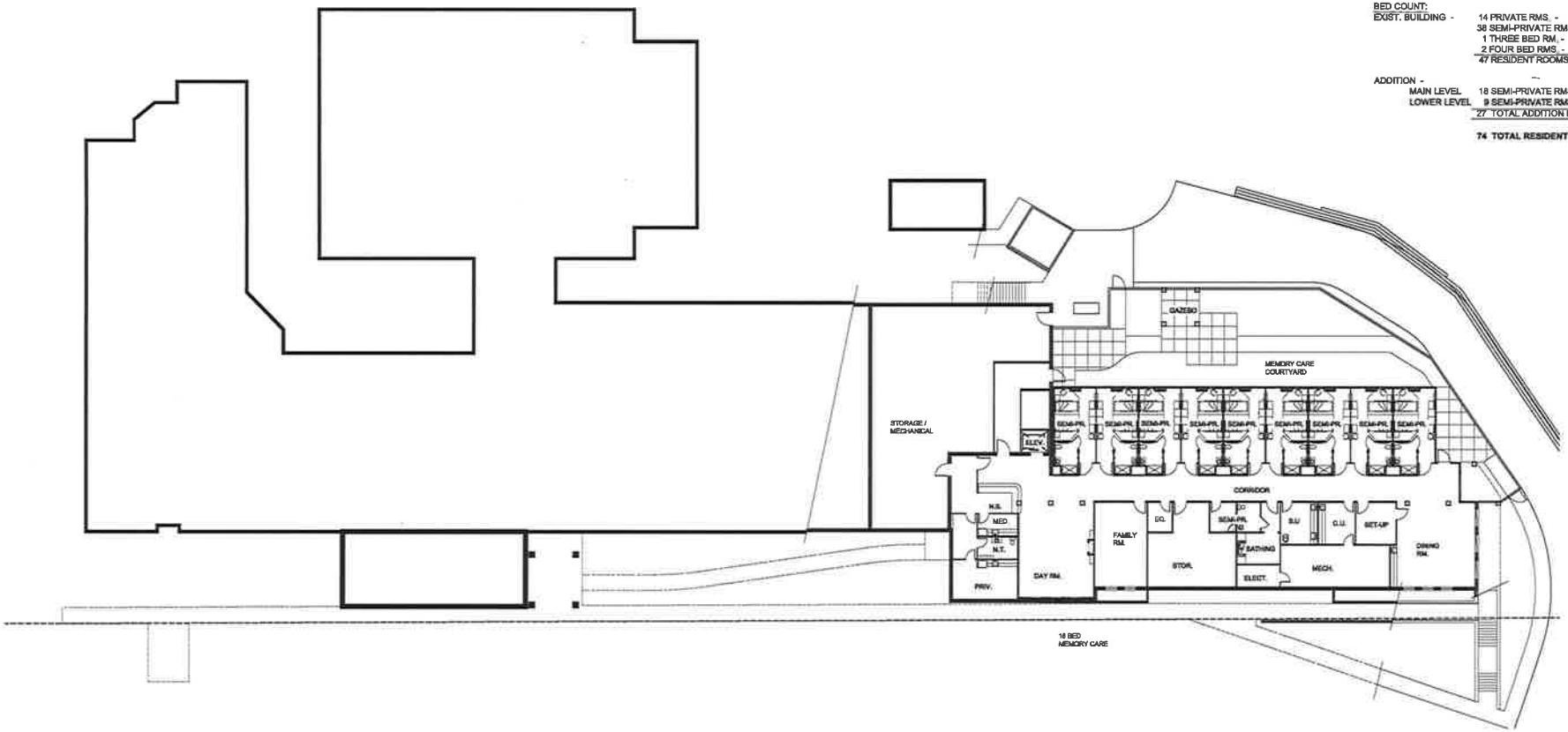
AREA:
EXIST. BUILDING AREA - 33,200 S.F.
ADDITION
MAIN LEVEL AREA - 11,100 S.F.
LOWER LEVEL AREA - 9,700 S.F.
TOTAL BUILDING AREA - 54,000 S.F.

BED COUNT:

EXIST. BUILDING -	14 PRIVATE RMS. -	14 BEDS
	38 SEMI-PRIVATE RMS. -	76 BEDS
	1 THREE BED RM. -	3 BEDS
	2 FOUR BED RMS. -	8 BEDS
	47 RESIDENT ROOMS	101 BEDS
ADDITION -		
MAIN LEVEL	18 SEMI-PRIVATE RMS. -	36 BEDS
LOWER LEVEL	9 SEMI-PRIVATE RMS. -	18 BEDS
	27 TOTAL ADDITION RMS.	54 BEDS
	74 TOTAL RESIDENT RMS. -	155 BEDS



BUILDING PLAN
Scale: 1/16"=1'-0"

23 october 2014

Schematic Lower Level Plan
1/16" = 1'-0"

Wayne County
Skilled Nursing Facility Addition
Waynesboro, Tennessee

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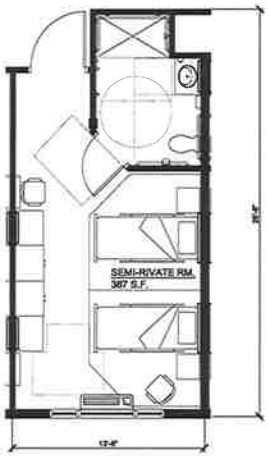

AREA - 387 s.f.

SEMI-PRIVATE RM.
Scale: 1/4"=1'-0"

ADDITION BED COUNT:

27 NEW SEMI-PRIVATE RMS.	54 BEDS
TOTAL	54 BEDS

Resident Room Plan
1/4" = 1'-0"

Wayne County
Skilled Nursing Facility Addition
Waynesboro, Tennessee

23 october 2013

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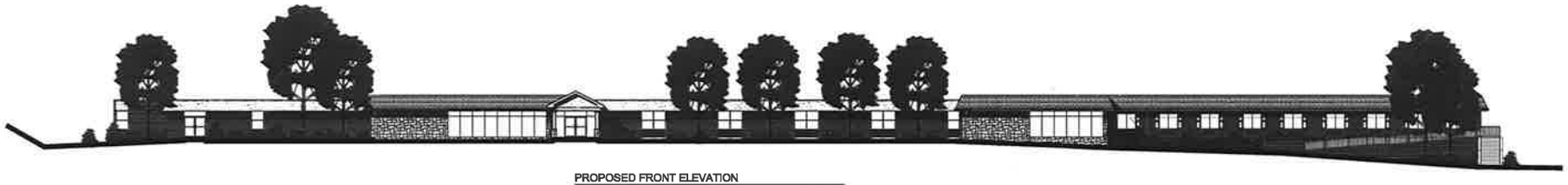
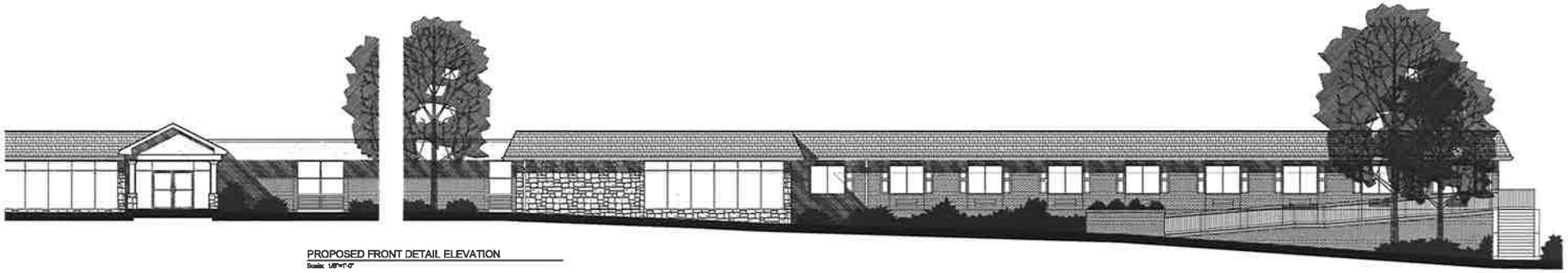
EXISTING FRONT ELEVATION
Scale: 1/16"=1'-0"



PROPOSED FRONT ELEVATION
Scale: 1/16"=1'-0"



PROPOSED FRONT DETAIL ELEVATION
Scale: 1/8"=1'-0"

23 october 2014

Schematic Elevations
1/8" = 1'-0"

Wayne County
Skilled Nursing Facility Addition
Waynesboro, Tennessee

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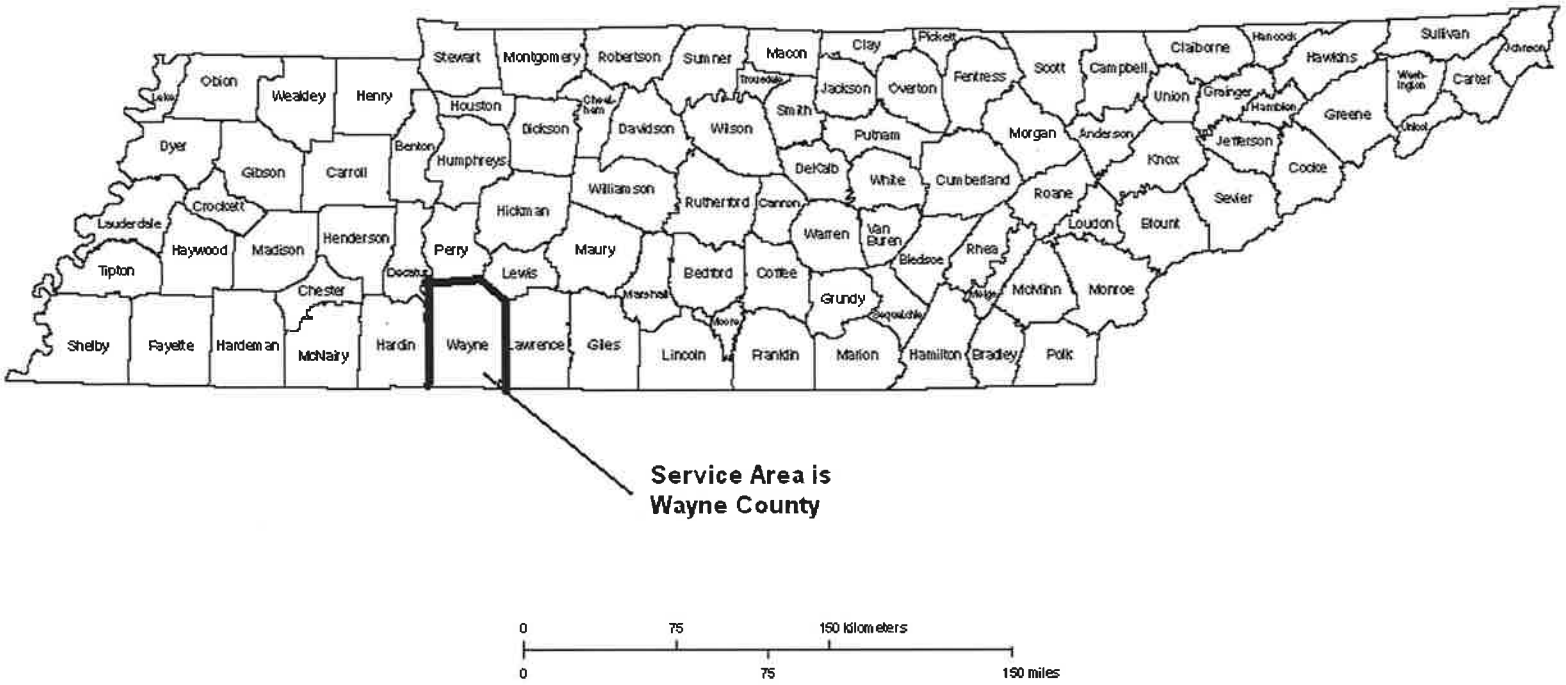
Attachment "14" Section C. 4.

Tennessee County Map – Proposed Service Area

TENNESSEE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Stewart
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Sullivan
Dyer
Gibson
Carroll
Benton
Humphreys
Houston
Dickson
Davidson
Wilson
Smith
Jackson
Overton
Putnam
Morgan
Anderson
Union
Grainger
Hamblen
Jefferson
Knox
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Carter
Cocke
Sevier
Blount
Loudon
Roane
Cumberland
White
DeKalb
Cannon
Rutherford
Williamson
Hickman
Crockett
Lauderdale
Haywood
Madison
Henderson
Perry
Maury
Lewis
Tipton
Chester
Bedford
Coffee
Warren
Van Buren
Bledsoe
Rhea
Grundy
McMinn
Monroe
Shelby
Fayette
Hardeman
McNairy
Hardin
Wayne
Lawrence
Giles
Lincoln
Franklin
Marion
Hamilton
Bradley
Polk
Service Area is
Wayne County
0
75
150 kilometers
0
75
150 miles

Attachment "15" Section C. 6.

Department of Health "Inactive Bed Status" Determination

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE & REGULATION
OFFICE OF HEALTH CARE FACILITIES
665 MAINSTREAM DRIVE, SECOND FLOOR
NASHVILLE, TENNESSEE 37243
TELEPHONE (615) 741-7221
FAX (615) 741-7051

October 24, 2014

Mr. Thomas D. Johnson, Chief Manager
Waynesboro Healthcare, LLC
485 Central Avenue
Cleveland, TN 37311

RE: Waiver request: Inactive Status for Wayne Care Nursing Home, Waynesboro #277

Dear Mr. Johnson:

The Board for Licensing Health Care Facilities met on September 10, 2014. The following request was granted:

> **A WAIVER WAS GRANTED TO ALLOW WAYNE CARE NURSING HOME'S, WAYNESBORO, LICENSE TO BE PLACED ON INACTIVE STATUS THROUGH MAY 10, 2015.**

Board action was taken in accordance with Section 68-11-206, Chapter 11, Tennessee Code Annotated, which gives the Board authority to place a license in an inactive status.

Please notify this office in writing of any changes to prove that you are meeting the requirement that was waived.

If you have any questions you may contact this office at (615) 741-7221.

Sincerely,

Ann R. Reed

Ann Rutherford Reed, RN, BSN, MBA
Director of Licensure
Division of Health Care Facilities

ARR/weh

cc: Chris Puri, Attorney, BABC
WTRO
File
Dolores Willis

Attachment "16" Section C. 6.

Counties Surrounding Wayne County, TN,
Statistical Data from JAR

Counties Surrounding Wayne County, TN

Facility Name	SNF Residents Origin of Wayne	ALZ	Home Health Serving Wayne Residents	Hospice Serving Wayne	Total Licensed Beds	Medicare Certified Beds	Medicaid Certified Beds	% Utilized	Miles from Waynesboro
Hardin County, TN									
Harbert Hills	3	n/a			49	49		98.1	25
Hardin County Nursing Home	1	n/a			73	73	73	90.8	30
Hardin Home Nursing Home	0	n/a			39		39	89.1	30
Park Rest Hardin County	1	n/a			62	0	62	79.2	30
Savannah Health & Rehabilitation Center	6	n/a			120	120	120	86.7	33
Deaconess Home Health			303						
HMC Home Health			15						
Unity Hospice Care of Tennessee				4					
TOTAL	**11**		**318**	**4**					
Decatur County, TN									
Decatur County Manor	0	n/a			125	125	125	84.5	43
Westwood Health Care and Rehabilitation Center	0	n/a			90	90	90	90	38
TN Quality Home Care			101						
Volunteer Home Care			163						
TOTAL	**0**		**264**						
Lawrence County, TN									
Countryside Healthcare	2	n/a			162	162	162	72	26
NHC Healthcare, Lawrenceburg	0	n/a			96	51	45	97.5	27
NHC Healthcare, Scott	5	n/a			60	60	0	88.8	29
TOTAL	**7**		0						
Lewis County, TN									
Lewis County Nursing & Rehabilitation	2	n/a			131	131	131	91.7	29
TOTAL	**2**		0						
Perry County, TN									
Perry County Nursing Home	0	n/a			114	114	114	83.3	29
TOTAL	**0**		0						
Wayne County, TN									
Volunteer Hospice				21					
COMBINED TOTAL	**20**	**0**	**582**	**25**					
** Data from 2013 TN JARs*									

Attachment "17" Economic Feasibility-1.

Lease

LEASE AGREEMENT

County of Wayne, Tennessee,
a governmental entity and political subdivision of the State of Tennessee
to

Waynesboro Healthcare, LLC,
a Tennessee limited liability company

Wayne County Nursing Home

Waynesboro, Tennessee

June 30, 2014

LEASE AGREEMENT

THIS LEASE AGREEMENT (this "**Lease**") is made and entered into as of the 30th day of June, 2014 (the "**Execution Date**") by and between COUNTY OF WAYNE, TENNESSEE, a governmental entity and political subdivision of the State of Tennessee ("**Landlord**"), and WAYNESBORO HEALTHCARE, LLC, a Tennessee limited liability company ("**Tenant**").

RECITALS:

A. Landlord is the fee simple owner, licensee and operator of that certain tract of land improved with a 109 bed (the "**Beds**") skilled care nursing facility licensed by the Tennessee Board for Licensing Healthcare Facilities ("**BLHCF**") and located at 104 J.V. Mangubat Drive in Waynesboro, Tennessee 38485, and commonly known as known as "Wayne County Nursing Home" (the "**Facility**").

B. The term "**Demised Premises**" shall mean the real estate described in Exhibit A, attached hereto and made a part hereof, and all buildings, structures, erections, fixtures, appurtenances, improvements and easements located thereon together with all replacements, modifications, alterations and additions thereto. The term "**Personal Property**" shall mean all furnishings, furniture, machinery, vehicles, and equipment, if any, used in or about the Demised Premises, together with all replacements, modifications, alterations and additions thereto but excluding any Personal Property owned by the residents of the Facility.

C. Landlord desires to lease the Demised Premises and Personal Property to Tenant, and Tenant desires to lease the Demised Premises and Personal Property from Landlord, all in accordance with the terms and conditions of this Lease.

D. On the Commencement Date (defined below), Tenant shall assume the operations of the Facility from the Landlord pursuant to an Operations Transfer Agreement by and between Landlord and Tenant (the "**OTA**").

E. The parties acknowledge and agree that Tenant plans to acquire the Facility and all assets related thereto (the "**Assets**"), pursuant to the terms of that certain Purchase Agreement dated as of the date hereof (the "**Asset Purchase Agreement**").

F. This Lease, the OTA and the Asset Purchase Agreement are sometimes herein referred to as the Transaction Documents.

G. The parties hereto have agreed to the terms and conditions of this Lease.

AGREEMENTS:

NOW THEREFORE, in consideration of the above Recitals which are incorporated herein by this reference and of the mutual covenants, agreements and undertakings hereinafter set forth, it is agreed that the use and occupancy of the Demised Premises, and the use of the Personal Property shall be subject to and in accordance with the terms, conditions and provisions of this Lease.

ARTICLE I – DEFINITIONS

1.1 The terms defined in this ARTICLE I shall, for all purposes of this Lease and all agreements supplemental hereto, have the meanings herein specified.

(a) "**Affiliate**" means any Person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the Person specified.

(b) "**Environmental Laws**" shall mean each and every applicable federal, state, local and foreign law, statute, ordinance, regulation, rule, judicial or administrative order or decree, permit, license, approval, authorization or similar requirement of each and every federal, state, local and foreign governmental agency or other governmental authority, having or claiming to have authority with respect to human health and safety or the environment affecting the Facility, including, without limitation, the Resource Conservation and Recovery Act (42 U.S.C. Section 6901 *et seq.*) as amended, the Comprehensive Environmental Response, Compensation and Liability Act (42 U.S.C. Section 9601 *et seq.*) as amended, the Clean Water Act (33 U.S.C. Section 1251 *et seq.*) as amended.

(c) "**Hazardous Substance**" shall mean any substance, compound, chemical or element which is defined as (i) a hazardous substance, hazardous material, toxic substance, hazardous waste, pollutant or contaminant under any Environmental Law or (ii) a petroleum hydrocarbon, including crude oil or any derivative thereof, raw materials used or stored in the Facility and building components including, without limitation, friable asbestos-containing materials which contain Hazardous Substances.

(d) "**Rent**" shall mean, collectively, Base Rent and Additional Rent.

All nouns and pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons, firm or firms, corporation or corporations, entity or entities or any other thing or things as appropriate. "Any" or "any" shall mean "any and all"; "or" shall mean "and/or"; "including" shall mean "including, but not limited to."

All other terms shall be as defined in the Recitals and other sections of this Lease.

ARTICLE II – DEMISED PREMISES AND PERSONAL PROPERTY

2.1 Landlord, for and in consideration of the rents, covenants and agreements hereinafter reserved, mentioned and contained on the part of the Tenant, its permitted successors and assigns, to be paid, kept and performed, does hereby lease unto Tenant the Demised Premises together with the Personal Property, to the extent such Personal Property has not been transferred to Tenant pursuant to the OTA or the Asset Purchase Agreement to be used in and upon the Demised Premises for the term hereinafter specified, for use and operation therein and thereon of a skilled care nursing facility, in substantial compliance with all the rules and

regulations and minimum standards applicable thereto, as prescribed by the State of Tennessee and such other governmental authorities having jurisdiction thereof.

2.2 Tenant shall assume no liabilities or obligations of Landlord for the operations of Facility prior to the Commencement Date that are not expressly assumed by Tenant in this Lease or in the OTA. Without limiting the generality of the foregoing, Tenant shall not assume any liabilities or obligations of Landlord to any governmental authority, including liabilities or obligations related to the Medicaid program, for settlements and/or any other amounts due any governmental authority by Landlord relating to any periods prior to the Tenant commencing the operation of the Facility on the Demised Premises.

ARTICLE III – TERM OF LEASE

3.1 The term ("**Initial Term**") of this Lease shall begin on the date on which Tenant is licensed by the BLHCF (the "**Commencement Date**"), and shall expire on the date that is six (6) months after the Commencement Date, subject to the extension rights set forth in Section 3.2 below. The parties acknowledge and agree that Tenant is pursing licensure effective as of August 1, 2014.

3.2 Tenant shall have the option (the "**Extension Option**") to extend this Lease for an additional term of three (3) months (the "**Extended Term**"), on all the same terms and conditions set forth in this Lease, provided that Tenant (or its affiliate) is making substantial progress with respect to the purchase of the Assets. Tenant shall deliver written notice to Landlord of Tenant's election to exercise the Extension Option (the "**Extension Notice**") not less than thirty (30) days prior to the expiration date of the Initial Term, and if Tenant fails to timely deliver the Extension Notice to Landlord, then Tenant shall automatically be deemed to have irrevocably waived and relinquished the Extension Option. Notwithstanding anything to the contrary contained herein, the parties acknowledge and agree that the expiration of this Lease shall coincide with the Closing Date under the Asset Purchase Agreement.

3.3 References herein to the "**Term**" mean and include both the Initial Term and the Extended Term.

ARTICLE IV – RENT; OTHER PAYMENTS TO LANDLORD

4.1 Tenant shall pay to Landlord, as fixed monthly base rental ("**Base Rent**") for the Demised Premises and the Personal Property, the sum of One and no/100 Dollar ($1.00) per month.

All rental payments shall be paid on or before the tenth (10th) day of each month for that particular month of the Term. Unless otherwise notified in writing, all checks shall be made payable as directed by Landlord and shall be sent to Landlord at 100 Court Circle, Suite 300, P.O. Box 848, Waynesboro, Tennessee 38485.

4.2 Tenant shall be responsible for all costs, expenses and obligations of every kind whatsoever relating to the maintenance of the Personal Property. The Landlord shall be

responsible for all costs, expenses and obligations of every kind whatsoever relating to the Demised Premises and any fixtures located thereon.

4.3 All payments in addition to the Base Rent to be made by the Tenant hereunder shall be deemed "**Additional Rent,**" whether or not so designated, so that in the event of a default of payment when due, Landlord shall be entitled to all of the remedies available at law or equity, or under this Lease, for the nonpayment of Rent.

4.4 On or before the Commencement Date, Tenant shall deposit with Landlord the sum of Fifty Thousand Dollars ($50,000) (the "**Security Deposit Amount**"), representing security for the performance by Tenant of the covenants and obligations hereunder, as well as earnest money under the Asset Purchase Agreement. At Tenant's option, the Security Deposit Amount may be evidenced by an irrevocable, direct pay letter of credit (the "**Letter of Credit**"). At the end of the Term, the Letter of Credit Shall be returned to Tenant. If the Security Deposit Amount is paid in cash, the same shall be held by Landlord, without interest, in favor of Tenant, and shall be applied towards the Purchase Price at Closing (as those terms are defined in the Asset Purchase Agreement) for the Assets.

ARTICLE V – RENOVATIONS

5.1 Tenant shall have the right (but not the obligation), at any time during the Term, at Tenant's cost and expense, to make such renovations or improvements to the Demised Premises as Tenant may desire to make in order to enhance the operation of the Facility as a skilled nursing facility.

5.2 If Tenant makes renovations or improvements pursuant to this ARTICLE V, Landlord and Tenant shall each cooperate with the other in all reasonable respects and execute such reasonable and customary documents to enable Tenant to secure such financing as Tenant shall desire to facilitate such renovations or improvements.

5.3 If Tenant shall undertake such renovations or improvements but shall thereafter decide not to complete them, Tenant shall restore the Demised Premises to a condition substantially similar to or better than the condition of the Demised Premises prior to Tenant's renovations or improvements.

ARTICLE VI – PAYMENT OF TAXES AND ASSESSMENTS

6.1 Landlord will pay before any fine, penalty, interest or cost may be added thereto for the nonpayment thereof, all taxes and assessments on the Demised Premises and the Personal Property, general and special, ordinary and extraordinary of any kind and nature whatsoever. Tenant shall pay before any fine, penalty, interest or cost may be added thereto for the nonpayment thereof all taxes and assessments, license and permit fees and other governmental charges relating to the Tenant's operation of the Facility (but not real estate and personal property taxes and other taxes and assessments on the Demised Premises) including but not limited to any bed tax applicable to the Facility (the "**Tenant Taxes and Assessments**")

6.2 Notwithstanding anything herein to the contrary, Tenant shall not be responsible for payment of any Tenant Taxes and Assessments for the period prior to the Commencement Date.

6.3 Nothing herein contained shall require Tenant to pay income taxes assessed against Landlord, or capital levy, franchise, estate, succession or inheritance taxes of Landlord. Nothing herein contained shall require Landlord to pay income taxes assessed against Tenant, or a capital levy, franchise, estate, succession or inheritance taxes of Tenant.

6.4 Landlord shall have the right to contest the amount or validity, in whole or in part, of any Taxes and Assessments (the "**Contested Taxes and Assessments**") by appropriate proceedings diligently conducted in good faith, but only after payment of such Contested Taxes and Assessments, unless such payment would operate as a bar to such contest or interfere materially with the prosecution thereof or materially adversely affect the operation of the Facility, in which event, Landlord may postpone or defer such payment only if neither the Demised Premises nor any part thereof would by reason of such postponement or deferment be in danger of being forfeited or lost.

6.5 Upon the termination of any such Contested Taxes and Assessments proceedings, Landlord shall pay the amount of such Taxes and Assessments, if any, or part thereof as finally determined in such proceedings, the payment of which may have been deferred during the prosecution of such proceedings, together with any costs, fees, interest, penalties, or other liabilities in connection therewith.

ARTICLE VII – OCCUPANCY

7.1 During the Term, the Demised Premises shall be used and occupied by Tenant for a licensed skilled care nursing facility and related or incidental purposes, and for no other purpose.

7.2 Tenant will not suffer any act to be done or any condition to exist on the Demised Premises which may, in law, constitute a public or private nuisance or which may void or make voidable any insurance then in force on the Demised Premises.

7.3 Upon termination of this Lease for any reason, Tenant will return to Landlord the Demised Premises in substantially the same condition as existed on the Commencement Date, reasonable wear and tear and condemnation excepted.

7.4 During the Term, Tenant shall only use the Demised Premises in accordance with Environmental Laws and shall not use nor permit the Demised Premises to be used for the treatment, storage or disposal of any Hazardous Substances nor for any purpose involving the use of the Hazardous Substances; *provided, however*, that Tenant may use in and store at the Facility such materials and substances as are customarily used in nursing homes but only in such quantities as are reasonably necessary for the routine business operation of the Facility.

ARTICLE VIII – INSURANCE

8.1 Landlord shall, throughout the Term, maintain: (i) a commercial property insurance policy covering the Demised Premises and the Personal Property with a company or companies selected by Landlord; (ii) public liability insurance in the amounts in place as of the Execution Date; and (iii) "tail insurance" that is comparable to the insurance policies most recently in place for the Facility. Such commercial property insurance shall, at all times, be maintained (without any co-insurance clause, if possible) in an amount equal to the full replacement value of the Demised Premises and Personal Property. Such commercial property insurance shall at all times: (a) be payable to the Landlord and Tenant, as their interests may appear, and (b) name Tenant as an additional insured.

8.2 Tenant shall cause to be issued and shall maintain throughout the Term:

(a) A public liability policy naming the Tenant as insured, and Landlord as an additional insured, insuring them against claims for bodily injury, or property damage occurring upon, in or about the Demised Premises, or in or upon the adjoining streets, sidewalks, passageways and areas, such insurance to afford protection to the limits of not less than One Million Dollars ($1,000,000) per each occurrence and One Million Dollars ($1,000,000) in the aggregate.

(b) Professional malpractice insurance in limits of not less than the amount of One Hundred Thousand Dollars ($100,000) per each occurrence and Three Hundred Thousand Dollars ($300,000) in the aggregate, which may be provided through self-insurance or a captive program; *provided, however*, that if Tenant reasonably determines that professional malpractice insurance with limits of One Hundred Thousand Dollars ($100,000) per each occurrence and Three Hundred Thousand Dollars ($300,000) in the aggregate is not available to it at commercially reasonable rates, then Tenant may purchase professional malpractice insurance at such lesser limits as are available to it at commercially reasonable rates.

8.3 All policies of insurance shall provide all of the following:

(a) They are carried in favor of Tenant and Landlord, as their interests may appear, and any loss shall be payable as therein provided, notwithstanding any act or negligence of Landlord or Tenant, which might otherwise result in forfeiture of insurance.

(b) They shall not be canceled, terminated, reduced or materially modified without at least thirty (30) days' prior written notice to Landlord.

8.4 Certificates of insurance policies required by this ARTICLE VIII shall be delivered to Landlord prior to or on the Commencement Date. Upon receipt thereof, Tenant shall deliver copies of the actual policies to Landlord, which certificates and policies shall be updated annually not less than twenty (20) days prior to the expiration date thereof.

8.5 All proceeds of insurance required under Section 8.1 as may be paid to Tenant and Landlord shall be deposited with Tenant to be held and disbursed for the repairing,

rebuilding, restoring or replacing of the Demised Premises or any portion thereof, or any improvements from time to time situated thereon or therein in accordance with Section 16.1 hereof.

8.6 Tenant and Landlord and all parties claiming under them hereby mutually release and discharge each other from all claims and liabilities arising from or caused by any hazard covered by property damage or business interruption insurance carried on the Demised Premises or require to be carried on the Demised Premises under this Lease (including but not limited to any such insurance required to be carried pursuant to the terms of Section 8.1 of this Lease, or any personal property insurance), regardless of the cause of the damage or loss.

ARTICLE IX – LANDLORD'S RIGHT TO PERFORM

9.1 Should Tenant or Landlord fail to perform any of its covenants agreed to be performed in this Lease and this Lease does not otherwise specifically provide for Landlord or Tenant, as applicable, to perform the same, then Landlord or Tenant may, upon thirty (30) days prior notice specifying (i) such failure of Landlord or Tenant, as applicable, in reasonable detail, (ii) the work to be done or covenants to be performed, and (iii) the approximate amount be expended, but shall not be required to, make such payment or perform such covenants, and all sums so expended by Landlord or Tenant, as applicable, thereon shall upon notice of payment by Landlord be immediately payable by Tenant to Landlord or Landlord to Tenant, as applicable, and the reimbursing party shall reimburse that other party for it's reasonable expenses in enforcing or performing such covenants, including reasonable attorneys' fees.

ARTICLE X – REPAIRS AND MAINTENANCE

10.1 Landlord, at its sole cost and expense, will keep and maintain, or cause to be kept and maintained, the interior of the Demised Premises, including the electrical, mechanical, plumbing and HVAC facilities serving the Demised Premises, along with the sidewalks and curbs abutting the Demised Premises. Tenant, at its sole cost and expense, will keep and maintain, or cause to be kept and maintained, the Personal Property in good order and condition without waste and in a suitable state of repair at least comparable to that which existed immediately prior to the Commencement Date (ordinary wear and tear, condemnation excepted), provided, however, that Tenant shall not be required to replace any Personal Property which cannot be repaired at a reasonable expense in order to make it operational in situations where the condition of such Personal Property exists as the result of ordinary wear and tear.

10.2 Landlord represents and warrants that the foundation, exterior and interior load-bearing walls, electrical systems, roof structure, structural roof members and roof covering the Demised Premises shall be in as good a condition and state of repair as of the Commencement Date that the same are in as of the date of this Lease. Landlord, at its sole cost and expense, shall repair, replace and maintain in good condition and restore the foundation, exterior and interior load-bearing walls, roof structure, structural roof members and roof covering the Demised Premises and all other portions of the Demised Premises and fixtures.

10.3 In the event that any of the Personal Property shall be damaged or destroyed by fire, earthquake or other casualty ("**Casualty**"), Tenant shall promptly replace, repair and restore

the same as nearly as possible to the condition it was in immediately prior to such Casualty, but only to the extent funds resulting from insurance proceeds are paid to Tenant. Notwithstanding anything provided herein, Landlord agrees to make available to Tenant any funds relating to Personal Property resulting from insurance proceeds that are available to Landlord in the event of a Casualty.

10.4 Tenant covenants that it will give to Landlord prompt written notice of any Casualty affecting the Demised Premises in excess of One Hundred Thousand Dollars ($100,000).

10.5 Provided there is no then existing Event of Default by Tenant under this Lease, Tenant shall have the right, at any time and from time to time, to remove and dispose of any Personal Property which may have become obsolete or unfit for use, or which is no longer useful in the operation of the Demised Premises.

ARTICLE XI – ALTERATIONS AND DEMOLITION

11.1 Subject to the repair and maintenance provisions of ARTICLE X and to the renovations provisions of ARTICLE V, Tenant will not remove or demolish any of the Demised Premises or any portion thereof without the prior written consent of Landlord, and Tenant will not make, authorize or permit to be made any changes or alterations in or to the Demised Premises, the cost of which in any twelve (12) month period exceeds Five Hundred Thousand Dollars ($500,000), without first obtaining Landlord's written consent thereto, which will not be unreasonably withheld, conditioned or delayed. All alterations, improvements and additions to the Demised Premises shall be in quality and class at least equal to the original work and shall comply with all building and fire codes, and all other applicable codes, rules, regulations, laws and ordinances.

ARTICLE XII – COMPLIANCE WITH LAWS AND ORDINANCES

12.1 Throughout the Term, Tenant, at its sole cost and expense, will obey, observe and promptly comply with all present and future laws, ordinances, orders, rules, regulations and requirements of any federal, state and municipal governmental agency or authority having jurisdiction over the operation of the Demised Premises as a skilled care nursing facility (except where such failure would not have a material adverse effect on the operation of the Facility), provided, however, this paragraph shall not require Tenant to make structural changes or any other renovations or other similar changes or improvements or repairs to the Demised Premises.

12.2 Prior to the Commencement Date, Tenant shall make application at its sole cost and expense, for all necessary approvals, certifications and licenses from all appropriate governmental agencies necessary to permit Tenant (or its permitted assignee or sublessee) to operate the Facility as a skilled care nursing facility and to participate in the Medicaid reimbursement program relating to the Facility, including, application for a nursing home license permitting Tenant (or its permitted assignee or sublessee) to operate the Facility.

ARTICLE XIII – DISCHARGE OF LIENS

13.1 Subject to the right to contest and the right to post bond provided in Section 13.2 hereof, Tenant will not create or permit to be created or to remain, and Tenant will discharge, any lien, encumbrance or charge levied on account of any mechanic's, laborer's or materialman's lien or any conditional sale, security agreement or chattel mortgage, or otherwise, which might be or become a lien, encumbrance or charge upon the Demised Premises or any part thereof or the income therefrom or the Personal Property, for work or materials or personal property furnished or supplied to, or claimed to have been furnished or supplied to, or at the request of, Tenant.

13.2 If any mechanic's, laborer's or materialman's lien caused by Tenant shall at any time be filed against any portion of the Demised Premises or Personal Property, Tenant shall have the right to contest such lien for a period of ninety (90) days following such filing, or Tenant may process the discharge of such lien by deposit, title endorsement or by bonding proceedings to effect a discharge or release of the lien as an encumbrance against the Demised Premises. If Tenant shall fail to cause such lien to be discharged within the period aforesaid, or to otherwise secure Landlord as aforesaid, then in addition to any other right or remedy, Landlord may, upon ten (10) days prior notice, but shall not be obligated to, discharge the same either by paying the amount claimed to be due or by processing the discharge of such lien by deposit, title endorsement or by bonding proceedings. Any amount so paid by Landlord and all costs and expenses incurred by Landlord in connection therewith shall constitute Additional Rent payable by Tenant under this Lease and shall be paid by Tenant to Landlord on demand. Except as herein provided, nothing contained herein shall in any way empower Tenant to do or suffer any act which can, may or shall cloud or encumber Landlord's interest in any portion of the Demised Premises.

ARTICLE XIV – INSPECTION OF PREMISES

14.1 At any time, during reasonable business hours with at least twenty-four (24) hours' notice to Tenant, Landlord or its authorized representatives shall have the right to enter and inspect the Demised Premises and inspect all of the Personal Property.

14.2 Landlord agrees that upon entering and inspecting the Demised Premises and Personal Property, Landlord shall take all reasonable measures to avoid disruption to Tenant's routine business operation during any such entries and the person or persons will cause as little inconvenience to the Tenant, its employees and Facility residents as may reasonably be possible under the circumstances.

ARTICLE XV – CONDEMNATION

15.1 If all or a material portion of the Demised Premises is taken by the exercise of the power of eminent domain, or sold under eminent domain proceedings, Tenant, at Tenant's election made by notice to Landlord delivered within thirty (30) days following such taking or sale and purchase of the Demised Premises, (i) shall terminate as provided herein, and Landlord shall be entitled to the entire award for the real estate and improvements thereof or (ii) this Lease

shall continue upon all of the terms and conditions set forth herein, with an appropriate adjustment to the rent for the loss of any portion of the Demised Premises so taken.

15.2 If less than all or less than a material portion of the Demised Premises are taken by the exercise of the power of eminent domain or sold under eminent domain proceedings and if such exercise affected the improvements located on such Demised Premises, the Landlord, subject to Tenant's consent and approval, shall with reasonable diligence, restore or rebuild to the extent reasonably practicable any improvements upon the Demised Premises affected by the taking with the proceeds from the condemnation award. In the event the amount awarded shall be insufficient to repair and restore the Demised Premises, Landlord may, but is not required to, contribute the amount of any such deficiency.

ARTICLE XVI – RENT ABATEMENT

16.1 If the Demised Premises are damaged by Casualty, the Rent shall be reduced in an amount proportionate to the portion of the Demised Premises which is no longer useable and the parties shall take such action to use their best efforts to allow the continued operation of the skilled nursing facility in the manner previously conducted.

ARTICLE XVII – ASSIGNMENT AND SUBLETTING

17.1 During the Term, and other than to an Affiliate of Tenant, Tenant shall not assign this Lease in any manner whatsoever sublet, assign, encumber or transfer all or any part of the Demised Premises or in any manner whatsoever transfer, assign or encumber any interest in the Demised Premises or any interest in this Lease without Landlord's prior written consent, which consent shall not be unreasonably withheld, delayed, or conditioned, provided, however, that Tenant shall be entitled to pledge its leasehold rights under this Lease in connection with any financing provided relating to the transactions contemplated by the Transaction Documents. In connection with such financing, Landlord agrees to provide customary and reasonable documents requested by the Tenant's lender. As a condition of granting its consent, Landlord may request, and Tenant shall provide to Landlord, payment for reasonable out of pocket third party costs and expenses of Landlord incurred in connection with such sublease or assignment, including, all due diligence costs and attorney's fees. Prior to any transfer of possession of the Demised Premises to such transferee, any proposed transferee shall assume all the Tenant's obligations transferred hereunder. In the event any transferee commits an Event of Default, such act or omission shall be deemed an Event of Default hereunder on Tenant's behalf. Any violation or breach or attempted violation or breach of the provisions of this ARTICLE XVII by Tenant, or any acts inconsistent herewith shall vest no right, title or interest herein or hereunder or in the Demised Premises in any such transferee or assignee; and Landlord may, at its exclusive option, invoke the provisions of this Lease relating to default.

ARTICLE XVIII – EVENTS OF DEFAULT

18.1 The occurrence of any of the following acts or events shall be deemed to be a default (**"Event of Default"**) on the Tenant's part:

(a) The Tenant's failure to pay when due any Rent or any other payment when due hereunder within thirty (30) days after written notice from Landlord of such failure to pay on the due date.

(b) The Tenant's failure to perform, or Tenant's violation of, any of the covenants, terms, conditions or provisions of this Lease, if such failure or violation shall not be cured within thirty (30) days after receipt of written notice thereof by Landlord to Tenant; provided, however, that if such failure or violation cannot reasonably be cured within such thirty (30) day period, Tenant shall not be in default if Tenant commences a cure of such failure or violation promptly within such thirty (30) day period and diligently pursues such cure after commencement.

(c) The Tenant making an assignment for the benefit of creditors.

(d) If proceedings are instituted in a court of competent jurisdiction for Tenant's reorganization, liquidation or involuntary dissolution or for its adjudication as a bankrupt or insolvent, or for the appointment of a receiver of the Tenant's property, and said proceedings are not dismissed and any receiver, trustee or liquidator appointed therein discharged within sixty (60) days after the institution of said proceedings.

(e) The Tenant's abandonment of the Demised Premises.

The occurrence of any of the events listed in this ARTICLE XVIII by any party to whom the Demised Premises has been transferred shall be an Event of Default hereunder.

ARTICLE XIX – RIGHT TO CONTEST/CURE

19.1 Anything to the contrary stated herein notwithstanding, Tenant shall have the right upon written notice thereof to Landlord, to contest by appropriate administrative or legal proceedings, diligently conducted in good faith, the validity or application of any law, ordinance, regulation or rule mentioned herein, and to delay compliance therewith pending the prosecution of such proceedings.

19.2 Except for an Event of Default of Tenant in the payment of Rent or any additional payment required hereunder, in any case where Landlord shall have given to Tenant a written notice specifying a situation which, as hereinbefore provided, must be remedied by Tenant within a certain time period, and, if for causes beyond Tenant's control, it would not reasonably be possible for Tenant to remedy such situation within such period, then, provided Tenant, immediately upon receipt of such notice, shall advise Landlord in writing of Tenant's intention to institute, and shall, as soon as reasonably possible thereafter, duly institute, and thereafter diligently prosecute to completion, all steps necessary to remedy such situation and shall remedy the same, during the period necessary to remedy such situation, notwithstanding anything to the contrary contained herein, although such situation shall be deemed an Event of Default

hereunder, Landlord shall not pursue nor be entitled to pursue any remedies arising solely from the occurrence of such Event of Default hereunder.

ARTICLE XX – LANDLORD'S REMEDIES UPON DEFAULT

20.1 In the event of any Event of Default by Tenant, and subject to the provisions of Section 19.1 and Section 19.2, Landlord may, if it so elects, and with notice of such election to Tenant, and upon demand upon Tenant, forthwith terminate this Lease with respect to the Demised Premises and Tenant's right to possession of the Demised Premises, or, at the option of Landlord, terminate Tenant's right to possession of the Demised Premises without terminating this Lease. Upon any such termination of this Lease, or upon any such termination of Tenant's right to possession without termination of this Lease, Tenant shall vacate the Demised Premises immediately, and shall quietly and peaceably deliver possession of the Demised Premises to Landlord, and Tenant hereby grants to Landlord full and free license to enter into and upon the Demised Premises in such event with process of law and to repossess the Demised Premises and Personal Property as Landlord's former estate. In the event of any such termination of this Lease, Landlord shall again have possession and enjoyment of the Demised Premises and Personal Property to the extent as if this Lease had not been made (except to the extent that Tenant has purchased the personal property pursuant to any other agreement between Landlord and Tenant) and thereupon this Lease and everything herein contained on the part of Tenant to be done and performed shall cease and terminate, all, however, without prejudice to and without relinquishing Landlord's right to Rent (which, upon such termination of this Lease and entry of Landlord upon the Demised Premises, shall, in any event, be the right to receive Rent due up to the time of such entry but not thereafter) or any other right given to Landlord hereunder or by operation of law.

20.2 If Tenant abandons the Demised Premises or otherwise entitles Landlord so to elect, and Landlord elects to terminate Tenant's right to possession only with respect to the Demised Premises, without terminating this Lease, Landlord may, at its option, enter into such Demised Premises, remove Tenant's signs and other evidences of tenancy and take and hold possession thereof as in Section 20.1, without such entry and possession terminating this Lease or releasing Tenant, in whole or in part, from Tenant's obligation to pay the Rent hereunder for the full remaining Term, and in any such case, Tenant shall pay to Landlord a sum equal to the amount of the Rent required to be paid by Tenant up to the time of such termination of the right of possession (less any amounts received from reletting the same) plus any other sums then due hereunder. Upon and after entry into possession without termination of this Lease, Landlord shall attempt to relet the Demised Premises or any part thereof for the account of Tenant for such rent. Landlord shall use commercially reasonable efforts to mitigate its damage and may relet for a shorter or longer period of time than the then current Term. In the event Landlord elects to take possession and operate the Demised Premises following Tenant's abandonment thereof, any profits due to such operation shall reduce the rents payable hereunder. If the consideration collected by Landlord upon any such reletting is not sufficient to pay monthly the full amount of Rent reserved in this Lease, Tenant shall pay to Landlord the amount of each monthly deficiency upon demand.

20.3 Tenant's liability to Landlord for damages upon the occurrence of an Event of Default shall in all events survive the termination by Landlord of the Lease or the termination by

Landlord of Tenant's right to possession only, as hereinabove provided. Upon such termination of the Lease or at any time after such termination of Tenant's right to possession, Landlord may recover from Tenant and Tenant shall pay to Landlord as liquidated and final damages, whether or not Landlord shall have collected any current monthly deficiencies under the foregoing Section, and in lieu of such current deficiencies after the date of demand for such final damages, the amount thereof found to be due by a Court of Competent Jurisdiction, which amount thus found shall be equal to: (a) the remainder, if any, of Rent and charges due from Tenant for the period up to and including the date of the termination of the Lease or Tenant's right to possession; plus (b) the amount of any current monthly deficiencies accruing and unpaid by Tenant up to and including the date of Landlord's demand for final damages hereunder.

20.4 No receipt of funds by Landlord from Tenant after service of any notice of an Event of Default, termination of this Lease or of possession of the Demised Premises or after commencement of any suit or proceeding of Tenant shall in any way reinstate, continue or extend this Lease or in any way affect the notice of the Event of Default or demand or in any way be deemed a waiver by Landlord of any of Landlord's rights unless consented to in writing by Landlord.

ARTICLE XXI – CUMULATIVE REMEDIES

21.1 The specific remedies to which Landlord may resort under the terms of this Lease are cumulative and are not intended to be exclusive of any other remedies or means of redress to which Landlord may be lawfully entitled in case of any breach or threatened breach by Tenant of any provision or provisions of this Lease. The Landlord's failure to insist, in any one or more cases, upon the strict performance of any of the terms, covenants, conditions, provisions or agreements of this Lease, or to exercise any option herein contained, shall not be construed as a waiver or relinquishment for the future of any such term, covenant, condition, provisions, agreement or option.

ARTICLE XXII – INDEMNIFICATION

22.1 Subject to the waiver of subrogation set forth in Section 8.6, Tenant agrees to protect, indemnify and save harmless Landlord from and against any claims, demands and causes of action of any nature whatsoever asserted against or incurred by Landlord on account of: (a) any failure on the Tenant's part during the Term to perform or comply with any of the terms of this Lease; (b) injury to or death of persons or loss of or damage to property proximately caused by Tenant's negligence; and (c) any event, circumstance or condition occurring after the Commencement Date proximately caused by Tenant's or Tenant's agent's negligence or actions in connection with Tenant's use of the Demised Premises or the operation of the Facility. Tenant further agrees to pay any reasonable attorneys' fees and expenses incident to Landlord's defense of any such claims, demands or causes of action.

22.2 Subject to the waiver of subrogation set forth in Section 8.6, Landlord agrees to indemnify, defend and save harmless Tenant from and against any liabilities, claims, demands, and causes of action whatsoever asserted against or incurred by Tenant on account of: (a) any failure on the part of Landlord during the Term to perform or comply with any of the terms of this Lease; (b) injury to or death of persons or loss of or damage to property proximately caused

by Landlord's or Landlord's agent's negligence; and (c) any event, circumstance or condition occurring prior to the Commencement Date proximately caused by Landlord or Landlord's agents negligence or action in connection with Landlord's use of the Demised Premises or the operation of the Facility. Landlord further agrees to pay any reasonable attorneys' fees and expenses incident to the Tenant's defense of any such claims, demands or causes of action.

ARTICLE XXIII – INTENTIONALLY OMITTED

ARTICLE XXIV – INTENTIONALLY OMITTED

ARTICLE XXV – INTENTIONALLY OMITTED

ARTICLE XXVI – REPRESENTATIONS

26.1 Landlord represents and warrants to Tenant as follows:

(a) The entity constituting the Landlord is a governmental entity and political subdivision of the State of Tennessee, duly organized and validly existing under the laws of the state of Tennessee, and has the full right and power to enter into, and perform its obligations under this Lease and all agreements or documents entered into or executed in connection therewith, and has taken all requisite actions to authorize the execution, delivery and performance of this Lease and all agreements and documents entered into or executed in connection therewith.

(b) Except for those encumbrances set forth on Exhibit B (the "**Permitted Encumbrances**"):

(i) The Landlord has or will have on the Commencement Date valid title to the Demised Premises and the Personal Property and the Facility, free and clear of all liens, charges, security interests, leasehold rights or interests, reservation, restrictions, adverse claims, encumbrances and other defects in or limitations on title (collectively, "**Encumbrances**") other than liens for taxes not yet due and payable and the Permitted Encumbrances.

(ii) The Landlord has authority to convey its leasehold interest in and to the Demised Premises and Personal Property to Tenant, free and clear of all Encumbrances.

(iii) Upon the Commencement Date, Landlord will have conveyed a leasehold interest in and to the Demised Premises and the Personal Property to Tenant, free and clear of all Encumbrances.

(c) The exhibits and schedules furnished by Landlord in connection with this Lease do not contain any untrue statement of a material fact nor do they omit to state any material fact necessary to make the statements contained herein and therein not materially misleading.

(d) The execution, delivery, and performance of this Lease will not violate any provision of law, any order of any court or other agency of federal, state or local government or any express provision of any indenture, agreement, or other instrument, including without limitation any mortgage, to which Landlord is a party or by which it or any of its properties or assets are bound; conflict with, result in a breach of, or constitute (with passage of time or delivery of notice, or both), a default under any such indenture, agreement or other instrument; or result in the creation or imposition of any lien or other encumbrance of any nature whatsoever upon any of Landlord's properties or assets.

(e) Landlord is not in default in the performance, observation, or fulfillment of any of the obligations, covenants, or conditions contained in any agreement or instrument to which it is a party.

(f) There is no action, suit, examination, review, or proceeding by or before any governmental instrumentality or agency now pending or, to Landlord's knowledge, threatened against Landlord concerning the Demised Premises, the Premises or the Facility.

(g) To Landlord's knowledge, the Demised Premises are adequate to operate the Facility as it is currently licensed.

(h) The Demised Premises, the Personal Property, the Facility and the operation of the Facility as a skilled care nursing facility are in compliance with all laws, ordinances, orders, rules, regulations and requirements of any federal, state and municipal governmental agency or authority having jurisdiction over the Demised Premises, the Personal Property, the Facility and the operation of the Facility as a skilled care nursing facility that may be applicable thereto.

26.2 Tenant represents and warrants to Landlord as follows:

(a) Tenant is a limited liability company duly organized and validly existing in good standing under the laws of the State of Tennessee, and has full right and power to enter into, or perform its obligations under this Lease and has taken all requisite actions to authorize the execution, delivery and performance of this Lease.

(b) Tenant shall keep and maintain all items of Personal Property in good order and repair (ordinary wear and tear, condemnation and damage by Casualty excepted).

ARTICLE XXVII – LICENSURE

27.1 From and after the Execution Date, Tenant hereby agrees to take all reasonable steps to obtain a license in the name of Tenant (or its permitted assignee or sublessee) and Landlord shall assist, in all reasonable manners, the Tenant in obtaining such license.

27.2 Upon termination of this Lease, the following provisions shall be applicable:

(a) On the termination date, possession of the Demised Premises, the Personal Property and all substitutions and replacements thereof shall be returned by Tenant to Landlord.

(b) Landlord shall keep and shall not be obligated to return to Tenant any Base Rent payments. Tenant shall not be obligated to account or pay to Landlord any earnings or income earned from the Commencement Date to the Termination Date. Tenant shall pay all bills incurred in operation of the Facility from the Commencement Date through the termination date, and shall receive and keep all income and suffer all losses incurred in operation of the Facility from the Commencement Date through the termination date.

(c) Tenant shall cooperate with Landlord to accomplish an orderly transfer of the operation and management of the Facility to the Landlord or its designee.

ARTICLE XXVIII – CONDITIONS PRECEDENT AND CONCURRENT TO CLOSING

28.1 The following shall be conditions precedent to Tenant's obligation to proceed with this Lease:

(a) Landlord and Tenant shall have executed the OTA and the Asset Purchase Agreement;

(b) the License to operate the Facility shall be held in the name of Tenant (or its permitted assignee or sublessee);

(c) Tenant (or its permitted assignee or sublessee) shall have received all necessary federal, state and local government or regulatory approvals and requirements, third party consents to enable Tenant to operate the Facility as a skilled care nursing facility in the name of Tenant (or its permitted assignee or sublessee);

(d) all of Landlord's representations and warranties contained herein shall be true, complete and correct on the Commencement Date as if made at that time;

(e) all schedules and exhibits to this Lease prepared by Landlord shall be true, complete and correct in all material respects;

(f) delivery and possession of the Demised Premises, Personal Property and the Facility shall have occurred on or before the Commencement Date;

(g) no notice shall have been received as to litigation commenced or claim made or threatened against any party, by any person, firm, corporation or other entity or enterprise, or governmental authority with regard to the Facility or this Lease, or the transactions provided for in this Lease which, if successfully prosecuted, would have an adverse effect on Tenant or the business operated at the Facility, or make any representation or warranty of Landlord hereunder untrue or misleading;

(h) all certifications, consents, waivers, approvals, authorizations, government authorizations and determinations from and by third parties necessary legally to consummate the transactions contemplated herein, including the issuance of all licenses necessary to allow Tenant to operate the Facility, shall have been obtained, and the same shall not place restrictions on the operation of the Facility by Tenant which are deemed unacceptable by Tenant, in Tenant's sole discretion;

(i) there shall have been no material damage or other adverse change to the physical condition of the Facility, including the Demised Premises and the Personal Property;

(j) no action, investigation, claim or proceeding shall have been instituted or threatened or other matters occurred which involves any possibility of an adverse effect on the business operated at the Facility or the Facility itself, and no action, investigation or proceeding shall have been instituted or threatened before any court or governmental authority to restrain or prohibit, or to obtain substantial damages in respect of, this Lease;

(k) all utilities necessary for the operation of the Facility on the Demised Premises by Tenant shall be immediately available to serve the Facility, through public rights of way or permanent easements appurtenant to the Demised Premises, and there shall be no moratorium, ban or suspension in effect which would preclude Tenant from connecting to, and receiving service from, such utilities, including sewer, water, electricity, gas, cable, telephone and storm drainage;

(l) Landlord shall have achieved and maintained compliance with any survey deficiencies by any government authority, and any plan of correction shall have been accepted and the Facility re-inspected and deemed in substantial compliance with all applicable laws and regulations; and

(m) there shall have been no change or event or effect between the date hereof and the Commencement Date that is or could reasonably be expected to be materially adverse to the business or financial condition of the Facility.

28.2 The following shall be conditions precedent to Landlord's obligation to proceed with this Lease:

(a) Landlord and Tenant shall have executed the OTA and the Asset Purchase Agreement;

(b) the Tenant (or its permitted assign) shall have received all necessary federal, state and local government or regulatory approvals and requirements, third party consents; and

(c) all of Tenant's representations and warranties contained herein shall be true, complete and correct on the Commencement Date as if made at that time.

28.3 Notwithstanding anything contained in Section 28.1 to the contrary, Tenant may in its sole discretion waive any conditions precedent or conditions concurrent contained in Section 28.1.

28.4 Notwithstanding anything contained in Section 28.2 to the contrary, Landlord may in its sole discretion waive any conditions precedent or conditions concurrent contained in Section 28.2.

28.5 Notwithstanding anything contained herein to the contrary, if Tenant terminates the OTA prior to the expiration of the Inspection Period (as that term is defined in the OTA), then this Lease shall also terminate and no party hereto shall have any further claims or obligations under this Lease.

ARTICLE XXIX – INTENTIONALLY OMITTED

ARTICLE XXX – MISCELLANEOUS

30.1 Tenant, upon paying the Rent and all other charges herein provided, and for observing and keeping the covenants, agreements, terms and conditions of this Lease on its part to be performed, shall lawfully and quietly hold, occupy and enjoy the Demised Premises throughout the Term, and subject to its terms, without hindrance by Landlord or by any other person or persons claiming under Landlord, and Landlord shall indemnify, defend and hold Tenant harmless from and against the claims of all such persons, subject to the Lease.

30.2 It is understood and agreed that the granting of any consent by Landlord to Tenant to perform any act of Tenant requiring Landlord's consent under the terms of this Lease, or the failure on the part of Landlord to object to any such action taken by Tenant without Landlord's consent, shall not be deemed a waiver by Landlord of their rights to require such consent for any further similar act by Tenant, and Tenant hereby expressly covenants and warrants that as to all matters requiring Landlord's consent under the terms of this Lease, Tenant shall secure such consent for each and every happening of the event requiring such consent, and shall not claim any waiver on the part of Landlord of the requirement to secure such consent.

30.3 Tenant represents that it did not deal with any broker in connection with this Lease, and hereby indemnifies Landlord against the claims or demands of any broker claimed through a relationship with Tenant. Landlord represent that it has not dealt with any broker in connection with this Lease, and hereby indemnifies Tenant against the claims or demands of any broker claimed through a relationship with Landlord.

30.4 Should Tenant hold possession hereunder after the expiration of the Term of this Lease with or without Landlord's consent, Tenant shall become a tenant on a month to month basis upon all the terms, covenants and conditions herein specified and Tenant shall pay Landlord a monthly rental at twice the rent in effect during the last month of the preceding Term.

30.5 All notices, demands or requests which may or are required to be given by either party to the other shall be in writing and shall be sent by (a) personal delivery; (b) Federal Express or other national overnight courier service; (c) United States certified mail, return receipt

requested, addressed to the other party hereto at the address set forth below; or (d) by email at the address listed below.

If to Landlord:

Wayne County
100 Court Circle, Suite 300
P.O. Box 848
Waynesboro, Tennessee 38485
e-mail: waynecomayor@netease.net
Attn: Jason Rich

with a copy to:

Jane Jennings
231 Mahr Avenue
Lawrenceburg, Tennessee 38646
e-mail: janemjennings@hotmail.com

If to Tenant:

Waynesboro Healthcare, LLC
485 Central Ave. NE
Cleveland, TN 37311
Attn: Thomas D. Johnson
e-mail: Tom.Johnson@healthservices.cc

with a copy to:

Richard D. Faulkner, Jr.
Baker Donelson Bearman Caldwell & Berkowitz, PC
633 Chestnut Street, Suite 1800
Chattanooga, Tennessee 37450
e-mail: rfaulkner@bakerdonelson.com

or if written notification of a change of address has been sent, to such other party or to such other address as may be designated in that written notification. Notices shall be effective upon receipt or refusal thereof and in the case of facsimile, when such communication is transmitted to the appropriate number specified above. Notices from Landlord's counsel shall for all purposes hereunder constitute notice from Landlord. Notices from Tenant's counsel shall for purposes hereunder constitute notice from Tenant.

30.6 Upon demand by either party, Landlord and Tenant agree to execute and deliver a short form lease and option in recordable form so that the same may be recorded by either party, but this Lease shall not be recorded.

30.7 Each party agrees that any time, and from time to time, upon not less than ten (10) days prior written request from the other party, to execute, acknowledge and deliver to the other party a statement in writing, certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as modified, and stating the modifications), the dates to which the Rent has been paid, the amount of the Additional Rent held by Landlord, and whether to the best knowledge of such party an Event of Default has occurred or whether any events have occurred which, with the giving of notice or the passage of time, or both, could constitute an Event of Default hereunder, it being intended that any such statement delivered pursuant to this section may be relied upon by any prospective assignee, mortgagee or purchaser of the fee interest in the Demised Premises or of this Lease.

30.8 All of the provisions of this Lease shall be deemed and construed to be "conditions" and "covenants" as though the words specifically expressing or importing covenants and conditions were used in each separate provision hereof.

30.9 Any reference herein to the termination of this Lease shall be deemed to include any termination thereof by expiration, or pursuant to Articles referring to earlier termination.

30.10 The headings and titles in this Lease are inserted only as a matter of convenience and for reference and in no way define, limit or describe the scope or intent of this Lease, nor in any way affect this Lease.

30.11 This Lease contains the entire agreement between the parties and any executory agreement hereafter made shall be ineffective to change, modify or discharge it in whole or in part unless such executory agreement is in writing and signed by the party against whom enforcement of the change, modification or discharge is sought. This Lease cannot be changed orally or terminated orally.

30.12 Except as otherwise herein expressly provided, the covenants, conditions and agreements in this Lease shall bind and inure to the benefit of Landlord and Tenant and their respective successors and assigns.

30.13 This Lease may be executed in counterparts, each of which shall for all purposes be deemed an original, and all of such counterparts shall together constitute one and the same agreement.

30.14 If any term or provision of this Lease shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Lease shall not be affected thereby, but each term and provision shall be valid and be enforced to the fullest extent permitted by law.

30.15 It is expressly understood and agreed that except as otherwise expressly provided herein, this Lease shall not be construed as creating any personal liability whatsoever against any member, officer, director, shareholder or agent of Landlord and/or of Tenant and in particular without limiting the generality of the foregoing, there shall be no personal liability to pay any obligations set forth herein or to perform any covenant, either expressed or implied, herein contained, and that, except as otherwise provided herein, all personal liability of any member, officer, director, shareholder or agent of Landlord and/or of Tenant of every sort, if any, is hereby expressly waived by the other party hereto.

30.16 This Lease shall be governed by and construed in accordance with the laws of the State of Tennessee.

30.17 It is acknowledged by the parties that this Lease has undergone multiple drafts with the negotiated suggestions of both and, therefore, no presumptions shall arise favoring either party by virtue of the authorship of any of its provisions.

30.18 Notwithstanding any other provision of this Lease, the parties acknowledge that Tenant is executing the Asset Purchase Agreement pursuant to which Tenant will purchase the Assets and Landlord and Tenant intend that Tenant will be the owner of the Assets and,

accordingly, Tenant may, at any time during the term of this Lease, terminate this Lease in connection with the acquisition of the Assets with no advance notice to Landlord.

30.19 Landlord hereby grants to Tenant and Tenant's invitees, residents and guests a non-exclusive easement to use at all times during the term of this Lease or the occupancy of the Demised Premises by Tenant, all parking areas, roadways, streets and other public facilities located on the land described on Exhibit A for the operation of the skilled nursing facility with such easements to be used in a manner consistent with the historical use of such Facility areas in connection with the operation of the Facility.

[Signature page follows]

IN WITNESS WHEREOF, the parties hereto have caused this Lease to be signed by persons authorized so to do on behalf of each of them respectively the day and year first above written.

LANDLORD:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision
of the State of Tennessee

By: _____
Name: JASON RICH
Its: COUNTY EXECUTIVE

TENANT:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Name: Thomas D. Johnson
Its: Chief Manager

IN WITNESS WHEREOF, the parties hereto have caused this Lease to be signed by persons authorized so to do on behalf of each of them respectively the day and year first above written.

LANDLORD:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision
of the State of Tennessee

By: _____
Name: _____
Its: _____

TENANT:

WAYNESBORO HEALTHCARE, LLC,
a Tennessee limited liability company

By: _____
Name: Thomas D. Johnson
Its: Chief Manager

EXHIBIT A

LEGAL DESCRIPTION

EXHIBIT B

PERMITTED ENCUMBRANCES

Attachment "18" Economic Feasibility-1.

Architect Documentation

Franklin Associates, Architects, Inc.

142 N Market St . PO Box 4048 . Chattanooga . TN 37405

423.266.1207

November 4, 2014

Mr. Neal Acree
Health Services Management Group, LLC
485 Central Ave. NE
Cleveland, TN 37311

Re: Waynesboro Skilled Nursing Facility
Addition
Waynesboro, Tennessee

Mr. Acree:

We have reviewed the project Square Footage and Cost per Square Footage Chart that has been prepared for the CON to the State of Tennessee for the proposed skilled nursing facility addition located off J V Mangubai Road in Waynesboro, TN. Based on the information shown in this form, and historical budgeting information, we estimate the project cost to be $5,052,100. This figure is based on the following line items:

a.	A/E fees:	$ 262,000
b.	Building Demolition:	$ 55,100
c.	Site Preparation cost:	$ 550,000
d.	Building Construction cost:	$3,890,240
e.	Contingency fund:	$ 294,760

To the best of my knowledge and belief, the facility will meet the 2010 FGI standards as noted in the Guideline for Design & Construction of Health Care Facilities and all applicable local, state and federal standards.

Sincerely,

Wyatt Leonard, AIA
Architect

Franklin Associates, Architects, Inc.

142 N Market St . PO Box 4048 . Chattanooga . TN 37405

423.266.1207

October 23, 2014

Mr. Neal Acree
Health Services Management Group, LLC
485 Central Ave. NE
Cleveland, TN 37311

Re: Waynesboro Skilled Nursing Facility
Addition
Waynesboro, Tennessee

Mr. Acree:

We have reviewed the codes required for the proposed skilled nursing facility addition in Waynesboro, Tennessee. Since there are two sets of codes required at this location, we will use the most stringent where conflicts occur. The following codes will are adopted by the reviewing authorities:

Tennessee Department of Health Code Requirements:

1. 2012 International Building Code
2. 2012 International Plumbing Code
3. 2012 International Mechanical Code
4. 2012 International Fuel Gas Code
5. 2012 NFPA1, excluding NFPA 5000
6. 2012 NFPA 101 Life Safety Code
7. 2005 National Electrical Code
8. 2002 North Carolina Accessibility Code with 2004 Amendments
9. 2010 Americans with Disabilities Act (ADA)
10. 2010 Guidelines for Design and Construction of Health Care Facilities
11. 2007 ASHRAE Handbook of Fundamentals

The City of Waynesboro, TN Code Requirements:

1. 2006 International Building Code
2. 2006 International Plumbing Code
3. 2006 International Mechanical Code
4. 2006 International Fuel Gas Code
5. 2006 NFPA1, excluding NFPA 5000
7. 2005 National Electrical Code
8. 2002 North Carolina Accessibility Code with 2004 Amendments
9. 2010 Americans with Disabilities Act (ADA)

To the best of my knowledge and belief, the proposed project will be designed and built to conform to applicable federal standards, manufacturer's specifications, and licensing agencies requirements.

If you have any further questions, please feel free to contact us at your convenience.

Sincerely,

Wyatt Leonard, AIA
Architect

Franklin Associates, Architects, Inc.

142 N Market St . PO Box 4048 . Chattanooga . TN 37405

423.266.1207

October 23, 2014

Mr. Neal Acree
Health Services Management Group, LLC
485 Central Ave. NE
Cleveland, TN 37311

Re: Waynesboro Skilled Nursing Facility
Addition
Waynesboro, Tennessee

Mr. Acree:

The project description is as follows:

The existing skilled nursing facility is a one-story 33,200 non-combustible structure with a partial basement. The I-2 occupancy, sprinklered building has block walls and bar joist roof structure, and concrete floor structure. We believe it to be a 1-hour protected structure. The project consists of demolishing an adjacent one story structure to build a new two-story 54 bed skilled nursing addition. The site would be graded to construct a two-story 19,400 s.f. addition off the North side of the existing facility and a 1,400 s.f. addition off the East side. The lower floor of the North addition will house 18 beds (in 9 semi-private rooms) in a memory care unit with enclosed outdoor spaces, its own dining and living rooms, and the required service areas. The lower level will also house mechanical and storage areas. The upper floor will have 36 beds in 18 semi-private rooms, dayroom and service areas. All the new resident rooms will be semi-private rooms. A new elevator will connect the upper and lower levels and will be large enough to allow the movement of beds.

The East addition will expand the existing dining room and replace two offices that are being demolished. The dining room, lobby and entry porch will be remodeled and opened up. The remodel will require temporary barriers to separate the construction zone from the operating nursing facility. This addition will provide much needed additional dining space.

The project will also include new sidewalks, landscaping, site amenities, and paving. The completed facility will have 155 beds and be 54,000 s.f. The occupancy will be I-2 and it will be a Type IIA constructed building.

To the best of my knowledge and belief, the proposed project will be designed and built to conform to applicable federal standards, manufacturer's specifications, and licensing agencies requirements.

If you have any further questions, please feel free to contact us at your convenience.

Sincerely,

Wyatt Leonard, AIA
Architect

DEMO PLUS
Demolition+Abatement+Recycling

Quote Submitted To:

Health Services
Attn: Neal Acree
Phone: 864-316-2527
Email: neal.acree@healthservices.cc

Job # 14-0343D

October 20, 2014

We hereby submit our Proposal for: **Waynesboro Health Department**

Scope of Work:
Obtain necessary asbestos and demolition permits
Asbestos abatement of approximately 4,000 square feet of floor tile and mastic under carpet
Provide 3rd party air clearances
Manifest and dispose of asbestos waste
Provide closeout documents detailing EPA and OSHA compliance
Coordinate cut and cap of utilities
Recover and recycle refrigerants from mechanical units
Remove and recycle bulbs and ballasts
Install erosion control for demolition activities
Demolition of existing building including slab and footers
Demolition of sidewalks to main sidewalk at parking lot
Demolition of rock wall and stairs on North side of building
Wood retaining wall on North and West sides to remain
Rough grade effected area
Seed and straw effected area

We will complete all work as specified above (weather permitting) upon receipt of duly signed agreement and/or notice that the owner is ready for work to commence on the job. We are adequately covered with Public Liability, Property Damage and Workman's Compensation Insurance. **LIC#00058732**

We will furnish all labor, materials, machinery, equipment and services, and perform and complete the work as specified above for the consideration of all ***salvable materials*** on the premises, with the exceptions as noted above.
***** Fifty Five Thousand One Hundred Dollars and Zero Cents *** ($55,100.00). Terms are Net 30 days.**

Upon completion of the project as specified above, interest charges will be added at 1.5% per month on past due invoices. In the event collection of any amount due hereunder is placed in the hands of an attorney for collection, or in the event it becomes necessary for Demo Plus, Inc. to bring legal action to enforce any provision of this agreement, the undersigned agrees to pay to Demo Plus, Inc., in addition to all other relief to which Demo Plus, Inc. may be entitled, all costs and expenses of such collection or enforcement including, but not limited to, reasonable attorney's fees, and all such relief shall be cumulative.

BY:
Scott Bennett (615) 456-8719 sbennett@demoplusinc.com
NOTE: This proposal may be withdrawn by us if not accepted within 30 (thirty) days.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outline above.

Signature Date

Attachment “19” Attachment C, Economic Feasibility-2

Commercial Loan Letter

GEORGIA COMMERCE BANK
Your Success is Our Business.

2970 Peachtree Road NW
Suite 100
Atlanta, GA 30305
Phone 404.240.5000
Fax 404.814.9745

November 7, 2014

Mr. Mitch Skipper
Chief Financial Officer
Waynesboro Healthcare, LLC
485 Central Avenue, NE
Cleveland, TN 37311

Re: Confirmation of Financing Availability

Dear Mr. Skipper:

I understand you are submitting a Certificate of Need (C.O.N.) application in conjunction with the acquisition of two skilled nursing properties located in Wayne County, Tennessee. These properties are currently leased from Wayne County (Landlord) to Waynesboro Healthcare, LLC (Tenant). Once the acquisition is complete, ownership will transfer to Wayne Real Estate Investors, LLC, and Waynesboro Healthcare, LLC, will remain the Tenant. The operations of both centers will be combined, and the resulting facility (Waynesboro Health & Rehabilitation Center located at 104 JV Mangubat Drive, Waynesboro, Tennessee) will consist of a total of 155 skilled nursing beds. The C.O.N. reviewable cost of the project will be approximately $5,700,000.

Georgia Commerce Bank (GCB) has a longstanding relationship with John E. McMullan, managing member of the impending ownership entity, Wayne Real Estate Investors, LLC. GCB has entered into a number of financing arrangements with Mr. McMullan and his related entities, and we are prepared to extend project funding for this capital endeavor, subject to credit approval, should the C.O.N. application be approved.

In support of this project and other related Wayne County facility enhancements, we anticipate that we will fund at least $6,000,000 to Wayne Real Estate Investors, LLC, subject to credit approval.

It is our pleasure to assist with your banking needs.

Sincerely,

Seth T. Gray
Senior Vice President

cc: Mr. John E. McMullan

Attachment "20" Economic Feasibility-9.

Proforma

2016 Proforma

Acct	Sub	Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
PATIENT DAYS			BUDGETED FY 2012 PATIENT DAYS												
4000	10300	MEDICARE PART A DAYS	4,182	248	232	279	300	310	330	341	372	390	434	450	496
4000	10000	PRIVATE PAY DAYS	4,392	372	348	372	360	372	360	372	372	360	372	360	372
4000	9999	PRIVATE PAY DAYS-VA	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10100	MEDICAID SKILLED DAYS	1,098	93	87	93	90	93	90	93	93	90	93	90	93
4000	10200	MEDICAID ICF DAYS	31,518	2,263	2,204	2,418	2,400	2,573	2,550	2,728	2,790	2,760	2,914	2,880	3,038
4000	10250	MEDICAID ICF VA DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10299	MEDICAID ICF VA SIDE	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10700	PRIVATE INSURANCE DAYS	732	62	58	62	60	62	60	62	62	60	62	60	62
4000	10600	HOSPICE DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	99999	HOSPICE DAYS-BNV	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10500	VA DAYS	1,098	93	87	93	90	93	90	93	93	90	93	90	93
4000	10150	MEDICAID PENDING DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
		PATIENT REVENUE DAYS	43,020	3,131	3,016	3,317	3,300	3,503	3,480	3,689	3,782	3,750	3,968	3,930	4,154
		Percent Occupancy	76%	65%	67%	69%	71%	73%	75%	77%	79%	81%	83%	85%	86%
AVERAGE DAILY CENSUS															
		MEDICARE PART A DAYS		8	8	9	10	10	11	11	12	13	14	15	16
		PRIVATE PAY DAYS		12	12	12	12	12	12	12	12	12	12	12	12
		PRIVATE PAY DAYS-VA		-	-	-	-	-	-	-	-	-	-	-	-
		MEDICAID SKILLED DAYS		3	3	3	3	3	3	3	3	3	3	3	3
		MEDICAID ICF DAYS		73	76	78	80	83	85	88	90	92	94	96	98
		MEDICAID ICF VA DAYS		-	-	-	-	-	-	-	-	-	-	-	-
		MEDICAID ICF VA SIDE		-	-	-	-	-	-	-	-	-	-	-	-
		PRIVATE INSURANCE DAYS		2	2	2	2	2	2	2	2	2	2	2	2
		HOSPICE DAYS		-	-	-	-	-	-	-	-	-	-	-	-
		HOSPICE DAYS-BNV		-	-	-	-	-	-	-	-	-	-	-	-
		VA DAYS		3	3	3	3	3	3	3	3	3	3	3	3
		MEDICAID PENDING DAYS		-	-	-	-	-	-	-	-	-	-	-	-
				101	104	107	110	113	116	119	122	125	128	131	134

4010	11000	401011000	CERTIFIED - PRIVATE	$722,309	$61,179	$57,232	$61,179	$59,206	$61,179	$59,206	$61,179	$61,179	$59,206	$61,179	$59,206	$61,179
4000	11300	400011300	NF - PRIVATE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	**11000**	410011000	**RADIOLOGY - PRIVATE**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	11000	415011000	LAB - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	11000	428011000	MED TRANS - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	11000	430011000	PT - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	11000	435011000	OT - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	11000	440011000	ST - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11000	450011000	MED SUPPLY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11300	450011300	MED SUPPLY - PRIVATE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	11000	452511000	OTC MEDS-PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	11000	455011000	PHARMACY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	11000	465011000	COMPLEX MED EQUIPMENT - PRIVAT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11000	493011000	NON-CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11300	493011300	NON-CHARGE MEDICAL SUPPLIES - VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	11000	501011000	C/A CERT PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	11000	535011000	C/A OT PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	11000	552511000	C/A MEDS SUPPLY PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	11000	593011000	C/A NON-CHARGE MED SUPPLY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total PRIVATE PAY	$722,309	$61,179	$57,232	$61,179	$59,206	$61,179	$59,206	$61,179	$61,179	$59,206	$61,179	$59,206	$61,179

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
PPD				$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164
4010	12000	401012000	CERTIFIED - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	**12000**	410012000	**RADIOLOGY - NF/SNF MEDICAID**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12000	415012000	LAB - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12000	430012000	PT - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12000	435012000	OT - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12000	440012000	ST - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12000	450012000	MED SUPPLY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12000	455012000	PHARMACY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12000	465012000	COMPLEX MED EQUIP - NF/SNF MED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12000	493012000	NON CHARGE MEDICAL SUPPLY - NF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12000	501012000	C/A CERTIFIED NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	12000	510012000	C/A RADIOLOGY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12000	515012000	C/A LAB NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12000	530012000	C/A PT NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12000	535012000	C/A OT NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12000	540012000	C/A ST NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12000	550012000	C/A MED SUPPLY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12000	555012000	C/A PHARMACY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12000	565012000	C/A COMP MED EQUIP NF/SNF MEDI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	12000	593012000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAID SKILLED**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12100	401012100	CDP - MCAID SKL PENDING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12400	401012400	**CERTIFIED-NF/SNF PENDING**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	**12100**	501012100	**C/A CERT PENDING MCAID SKL**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12400	501012400	**C/A CERT PENDING MCAID-VA**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total MEDICAID PENDING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	12200	401012200	CDP - MCAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	**22000**	402022000	**ICF - MEDICAID**	$5,483,984	$393,751	$383,486	$420,721	$417,589	$447,690	$443,688	$474,659	$485,447	$480,227	$507,022	$501,106	$528,598
4100	22000	410022000	RADIOLOGY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
4150	22000	415022000	LAB - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	22000	420022000	IV-ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	22000	428022000	MED TRANS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	22000	430022000	PT - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	22000	435022000	OT -ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	22000	440022000	ST - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	22000	450022000	MED SUPPLY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	22000	452522000	OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	22000	455022000	PHARMACY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	22000	465022000	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	22000	493022000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12200	501012200	C/A CERT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22000	502022000	C/A ICF - MEDICAID	($19,466)	($1,398)	($1,361)	($1,493)	($1,482)	($1,589)	($1,575)	($1,685)	($1,723)	($1,705)	($1,800)	($1,779)	($1,876)
5100	22000	510022000	C/A RADIOLOGY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	22000	515022000	C/A LAB ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	22000	520022000	C/A IV ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	22000	528022000	C/A MED TRANS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	22000	530022000	C/A PT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	22000	535022000	C/A OT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	22000	540022000	C/A ST ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	22000	550022000	C/A MED SUPPLY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	22000	552522000	C/A OTC MEDS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	22000	555022000	C/A PHARMACY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	22000	565022000	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	22000	593022000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	22001	402022001	ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22001	502022001	C/A ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total MEDICAID ICF	**$5,464,518**	**$392,353**	**$382,125**	**$419,228**	**$416,107**	**$446,101**	**$442,113**	**$472,974**	**$483,724**	**$478,522**	**$505,222**	**$499,327**	**$526,722**
PPD				$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
4000	12300	400012300	NF-MEDICAID VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12300	401012300	CDP - MCAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	12300	402012300	**ICF - MEDICAID**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	12300	410012300	RADIOLOGY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12300	415012300	LAB - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	12300	428012300	MED TRANS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12300	430012300	PT - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12300	435012300	OT -ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12300	440012300	ST - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12300	450012300	MED SUPPLY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	12300	452512300	OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12300	455012300	PHARMACY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12300	465012300	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12300	493012300	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	12300	500012300	C/A NF MEDICAID VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12300	501012300	C/A CERT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	12300	502012300	C/A ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	12300	510012300	C/A RADIOLOGY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12300	515012300	C/A LAB ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	12300	528012300	C/A MED TRANS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12300	530012300	C/A PT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12300	535012300	C/A OT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12300	540012300	C/A ST ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12300	550012300	C/A MED SUPPLY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	12300	552512300	C/A OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12300	555012300	C/A PHARMACY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12300	565012300	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12300	575012300	PRIOR YR ADJ MEDICAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Acct	Sub		Description	Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
5930	12300	593012300	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total MEDICAID ICF VIRGINIA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	13000	401013000	CERTIFIED - MEDICARE A	$727,668	$43,152	$40,368	$48,546	$52,200	$53,940	$57,420	$59,334	$64,728	$67,860	$75,516	$78,300	$86,304
4100	**13000**	410013000	**RADIOLOGY - MEDICARE A**	$15,767	$935	$875	$1,052	$1,131	$1,169	$1,244	$1,286	$1,402	$1,470	$1,636	$1,697	$1,870
4150	13000	415013000	LAB - MEDICARE A	$21,452	$1,272	$1,190	$1,431	$1,539	$1,590	$1,693	$1,749	$1,908	$2,001	$2,226	$2,309	$2,544
4200	13000	420013000	IV - MEDICARE A	$11,961	$709	$664	$798	$858	$887	$944	$975	$1,064	$1,115	$1,241	$1,287	$1,419
4260	13000	426013000	WOUND CARE - MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	13000	428013000	MED TRANS - MEDICARE A	$879	$52	$49	$59	$63	$65	$69	$72	$78	$82	$91	$95	$104
4300	13000	430013000	PT - MEDICARE A	$320,300	$18,994	$17,769	$21,369	$22,977	$23,743	$25,275	$26,117	$28,491	$29,870	$33,240	$34,466	$37,989
4350	13000	435013000	OT - MEDICARE A	$257,988	$15,299	$14,312	$17,212	$18,507	$19,124	$20,358	$21,036	$22,949	$24,059	$26,773	$27,761	$30,598
4400	13000	440013000	ST - MEDICARE A	$199,274	$11,817	$11,055	$13,294	$14,295	$14,772	$15,725	$16,249	$17,726	$18,584	$20,680	$21,443	$23,634
4500	13000	450013000	MED SUPPLY - MEDICARE A	$3,597	$213	$200	$240	$258	$267	$284	$293	$320	$335	$373	$387	$427
4525	13000	452513000	OTC MEDS - MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	13000	455013000	PHARMACY - MEDICARE A	$211,734	$12,556	$11,746	$14,126	$15,189	$15,695	$16,708	$17,265	$18,834	$19,746	$21,973	$22,784	$25,112
4650	13000	465013000	COMPLEX MED EQUIP - MEDICARE	$3,597	$213	$200	$240	$258	$267	$284	$293	$320	$335	$373	$387	$427
4930	13000	493013000	NON CHARGE MEDICAL SUPPLIES -	$4,223	$250	$234	$282	$303	$313	$333	$344	$376	$394	$438	$455	$501
5010	13000	501013000	C/A CERTIFIED MEDICARE	$647,262	$57,288	$53,592	$64,449	$69,300	$71,610	$76,230	$78,771	$85,932	$90,090			
5010	13000	501013000	C/A CERTIFIED MEDICARE	$329,958										$103,769	$107,595	$118,594
5100	13000	510013000	C/A RADIOLOGY - MEDICARE A	($15,767)	($935)	($875)	($1,052)	($1,131)	($1,169)	($1,244)	($1,286)	($1,402)	($1,470)	($1,636)	($1,697)	($1,870)
5150	13000	515013000	C/A LAB MEDICARE A	($21,452)	($1,272)	($1,190)	($1,431)	($1,539)	($1,590)	($1,693)	($1,749)	($1,908)	($2,001)	($2,226)	($2,309)	($2,544)
5200	13000	520013000	C/A IV MEDICARE A	($11,961)	($709)	($664)	($798)	($858)	($887)	($944)	($975)	($1,064)	($1,115)	($1,241)	($1,287)	($1,419)
5260	13000	526013000	C/A WOUND CARE - PART A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	13000	528013000	C/A MED TRANS - PART A	($879)	($52)	($49)	($59)	($63)	($65)	($69)	($72)	($78)	($82)	($91)	($95)	($104)
5300	13000	530013000	C/A PT MEDICARE A	($320,300)	($18,994)	($17,769)	($21,369)	($22,977)	($23,743)	($25,275)	($26,117)	($28,491)	($29,870)	($33,240)	($34,466)	($37,989)
5350	13000	535013000	C/A OT MEDICARE A	($257,988)	($15,299)	($14,312)	($17,212)	($18,507)	($19,124)	($20,358)	($21,036)	($22,949)	($24,059)	($26,773)	($27,761)	($30,598)
5400	13000	540013000	C/A ST MEDICARE A	($199,274)	($11,817)	($11,055)	($13,294)	($14,295)	($14,772)	($15,725)	($16,249)	($17,726)	($18,584)	($20,680)	($21,443)	($23,634)
5500	13000	550013000	C/A MED SUPPLY MEDICARE A	($3,597)	($213)	($200)	($240)	($258)	($267)	($284)	($293)	($320)	($335)	($373)	($387)	($427)
5525	13000	552513000	C/A OTC MEDS MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	13000	555013000	C/A PHARMACY MEDICARE A	($211,734)	($12,556)	($11,746)	($14,126)	($15,189)	($15,695)	($16,708)	($17,265)	($18,834)	($19,746)	($21,973)	($22,784)	($25,112)
5650	13000	565013000	C/A COMP MED EQUIP MEDICARE A	($3,597)	($213)	($200)	($240)	($258)	($267)	($284)	($293)	($320)	($335)	($373)	($387)	($427)
5930	13000	593013000	C/A NON CHARGE MED SUPPLIES -	($4,223)	($250)	($234)	($282)	($303)	($313)	($333)	($344)	($376)	($394)	($438)	($455)	($501)
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total MEDICARE PART A	$1,704,888	$100,440	$93,960	$112,995	$121,500	$125,550	$133,650	$138,105	$150,660	$157,950	$179,285	$185,895	$204,898
PPD				$408	$405	$405	$405	$405	$405	$405	$405	$405	$405	$413	$413	$413
4300	14000	430014000	PT - MEDICARE B	$114,434	$8,328	$8,023	$8,823	$8,778	$9,318	$9,257	$9,813	$10,060	$9,975	$10,555	$10,454	$11,050
4350	14000	435014000	OT - MEDICARE B	$24,092	$1,753	$1,689	$1,858	$1,848	$1,962	$1,949	$2,066	$2,118	$2,100	$2,222	$2,201	$2,326
4400	14000	440014000	ST - MEDICARE B	$28,394	$2,066	$1,991	$2,189	$2,178	$2,312	$2,297	$2,435	$2,496	$2,475	$2,619	$2,594	$2,742
5300	14000	530014000	C/A PT MEDICARE B	($19,360)	($1,409)	($1,357)	($1,493)	($1,485)	($1,576)	($1,566)	($1,660)	($1,702)	($1,688)	($1,786)	($1,769)	($1,869)
5350	14000	535014000	C/A OT MEDICARE B	($3,872)	($282)	($271)	($299)	($297)	($315)	($313)	($332)	($340)	($338)	($357)	($354)	($374)
5400	14000	540014000	C/A ST MEDICARE B	($1,721)	($125)	($121)	($133)	($132)	($140)	($139)	($148)	($151)	($150)	($159)	($157)	($166)
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Acct	Sub		Description	[redacted]	[redacted]	[redacted]	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00	Total MEDICARE B	$141,967	$10,331	$9,954	$10,945	$10,890	$11,561	$11,485	$12,174	$12,481	$12,374	$13,094	$12,969	$13,709
PPD				$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3
4100	15000	410015000	RADIOLOGY NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	15000	401015000	CERTIFIED - VA	$191,052	$16,182	$15,138	$16,182	$15,660	$16,182	$15,660	$16,182	$16,182	$15,660	$16,182	$15,660	$16,182
4150	15000	415015000	LAB - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	15000	450015000	MED SUPPLY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	15000	455015000	PHARMACY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	15000	465015000	COMP MED EQUIP - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	25000	493025000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	15000	501015000	C/A CERT VA	($684)	($58)	($54)	($58)	($56)	($58)	($56)	($58)	($58)	($56)	($58)	($56)	($58)
5100	15000	510015000	C/A RADIOLOGY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	15000	515015000	C/A LAB - SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	15000	550015000	C/A MED SUPPLY NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	15000	555015000	C/A PHARMACY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	15000	565015000	C/A COMP MED EQUIP - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	25000	593025000	C/A NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
			Total VA	$190,368	$16,124	$15,084	$16,124	$15,604	$16,124	$15,604	$16,124	$16,124	$15,604	$16,124	$15,604	$16,124
PPD				$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
4010	18000	401018000	CERTIFIED - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4000	18300	400018300	NF - HOSPIVE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	18300	401018300	CERTIFIED - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	18000	410018000	RADIOLOGY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	18000	415018000	LAB - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18000	450018000	MED SUPPLY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18300	450018300	MED SUPPLY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	18300	452518300	OTC MEDS-HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	18000	455018000	PHARMACY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	18300	455018300	PHARMACY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	18000	493018000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	18300	500018300	C/A - HOSPIVE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	18000	501018000	C/A CERTIFIED HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	18300	501018300	C/A CERTIFIED HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	18000	510018000	C/A RADIOLOGY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	18000	515018000	C/A LAB - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	18000	550018000	C/A MED SUPPLY HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	18300	550018300	C/A MED SUPPLY HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	18300	552518300	C/A OTC MEDS HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	18000	555018000	C/A PHARMACY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	18300	555018300	C/A PHARMACY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	18000	593018000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
4010	41000	401041000	CERTIFIED - INSURANCE	$127,368	$10,788	$10,092	$10,788	$10,440	$10,788	$10,440	$10,788	$10,788	$10,440	$10,788	$10,440	$10,788
4100	**41000**	410041000	**RADIOLOGY - INSURANCE**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	41000	415041000	LAB - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	41000	420041000	IV - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	41000	430041000	PT - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	41000	435041000	OT - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	41000	440041000	ST - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	41000	450041000	MED SUPPLY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	41000	455041000	PHARMACY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	41000	465041000	COMP MED EQUIP - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	41000	493041000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	41000	501041000	C/A CERTIFIED INSURANCE	$154,273	$13,067	$12,224	$13,067	$12,645	$13,067	$12,645	$13,067	$13,067	$12,645	$13,067	$12,645	$13,067
5100	41000	510041000	C/A RADIOLOGY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	41000	515041000	C/A LAB INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	41000	520041000	C/A IV INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	41000	530041000	C/A PT INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	41000	535041000	C/A OT INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	41000	540041000	C/A ST INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	41000	550041000	C/A MED SUPPLY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	41000	555041000	C/A PHARMACY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	41000	565041000	C/A COMP MED EQUIP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	41000	593041000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total INSURANCE**	**$281,641**	**$23,855**	**$22,316**	**$23,855**	**$23,085**	**$23,855**	**$23,085**	**$23,855**	**$23,855**	**$23,085**	**$23,855**	**$23,085**	**$23,855**
PPD				$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385
	00	00	**Total PATIENT REVENUE**	**$8,505,691**	**$604,282**	**$580,671**	**$644,326**	**$646,392**	**$684,370**	**$685,143**	**$724,411**	**$748,023**	**$746,741**	**$798,759**	**$796,086**	**$846,487**
PPD				$198	$193	$193	$194	$196	$195	$197	$196	$198	$199	$201	$203	$204
4900	14000	490014000	NONANCILLARY PERSONAL CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11700	490011700	MANAGEMENT FEE REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	16000	490016000	VACCINATIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	21000	490021000	MEALS - GUEST/EMPLOYEE	$4,226	$308	$296	$326	$324	$344	$342	$362	$372	$368	$390	$386	$408
4900	23500	490023500	GRANT REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11000	490011000	LAUNDRY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22000	490022000	CABLE TV	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22500	490022500	TELEPHONE REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	24000	490024000	DONATIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	25000	490025000	INTEREST	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	28000	490028000	LATE PAYMENT CHARGE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	29000	490029000	MISCELLANEOUS INCOME	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	35000	490035000	MEDICAID ACUITY INCOME	$219,448	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862
4900	90000	490090000	DISCOUNTS TAKEN	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4910	11000	491011000	BARBER & BEAUTY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4920	11000	492011000	R & B ROOM DIFFERENTIAL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4950	11000	495011000	CONCESSIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	11000	575011000	PRIOR YR REV ADJ PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12000	575012000	PRIOR YR REV ADJ MCAID SKL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12001	575012001	PRIOR YR REV ADJ MCAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
5750	13000	575013000	PRIOR YR REV ADJ MCARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	14000	575014000	PRIOR YR REV ADJ MCARE B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	22000	575022000	PRIOR YR ADJ MEDICAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	18000	575018000	PRIOR YEAR HOSPICE ADJ	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	41000	575041000	PRIOR YEAR REV ADJ INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total OTHER INCOME**	**$223,674**	**$308**	**$296**	**$55,188**	**$324**	**$344**	**$55,204**	**$362**	**$372**	**$55,230**	**$390**	**$386**	**$55,270**
	00	00														
	00	00	**Total REVENUE**	**$8,729,365**	**$604,590**	**$580,967**	**$699,514**	**$646,716**	**$684,714**	**$740,347**	**$724,773**	**$748,395**	**$801,971**	**$799,149**	**$796,472**	**$901,757**
PPD				**$203**	**$193**	**$193**	**$211**	**$196**	**$195**	**$213**	**$196**	**$198**	**$214**	**$201**	**$203**	**$217**
6000	11000	600011000	NURSING ADMIN SALARIES	$331,972	$ 28,118	$ 26,304	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118
6000	11100	600011100	NURSE ADMIN COMPENSATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	12000	600012000	NURSING ADMIN VAC/SICK/OTHER	$13,626	$1,154	$1,080	$1,154	$1,117	$1,154	$1,117	$1,154	$1,154	$1,117	$1,154	$1,117	$1,154
6000	12500	600012500	NURSING ADMIN BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	13000	600013000	NURSING ADMIN PAYROLL TAXES	$46,963	$3,978	$3,721	$3,978	$3,849	$3,978	$3,849	$3,978	$3,978	$3,849	$3,978	$3,849	$3,978
6000	20000	600020000	NURSING ADMIN SUPPLIES	$231	$17	$16	$18	$18	$19	$19	$20	$20	$20	$21	$21	$22
6000	30000	600030000	NURSING ADMIN MINOR EQUIPMENT	$8,721	$635	$611	$672	$669	$710	$706	$748	$767	$760	$804	$797	$842
6000	32000	600032000	NURSING ADMIN CONTRACT SERVICE	$32,400	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700
6000	33500	600033500	NURSING ADMIN EDUCATION	$264	$19	$19	$20	$20	$22	$21	$23	$23	$23	$24	$24	$26
6000	35100	600035100	NURSING ADMIN WORKERS COMP	$15,660	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305
6000	35200	600035200	NURSING ADMIN GROUP INSURANCE	$11,090	$807	$777	$855	$851	$903	$897	$951	$975	$967	$1,023	$1,013	$1,071
6000	35800	600035800	NURSING ADMIN TRAVEL	$85,275	$6,206	$5,978	$6,575	$6,541	$6,944	$6,898	$7,313	$7,497	$7,433	$7,866	$7,790	$8,234
6000	36400	600036400	NURSING ADMIN HELP WANTED	$439	$32	$31	$34	$34	$36	$35	$38	$39	$38	$40	$40	$42
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total NURSING - ADMINISTRATION**	**$546,641**	**$44,971**	**$42,542**	**$45,429**	**$44,315**	**$45,889**	**$44,758**	**$46,348**	**$46,576**	**$45,423**	**$47,033**	**$45,867**	**$47,492**
PPD				**$13**	**$14**	**$14**	**$14**	**$13**	**$13**	**$13**	**$13**	**$12**	**$12**	**$12**	**$12**	**$11**
6070	11200	607011200	NF/SNF SALARIES-RN	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11400	607011400	NF/SNF SALARIES-LPN	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11600	607011600	NF/SNF SALARIES-CNA	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11800	607011800	NF/SNF SALARIES-PERSON SUPERE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12000	607012000	NF/SNF VACATION/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12500	607012500	NF/SNF NURSING BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	13000	607013000	NF/SNF NURSING PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	20000	607020000	NF/SNF NURSING SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	30000	607030000	NF/SNF NURSING MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33000	607033000	NF/SNF NURSING SALARIES-TRAINING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33500	607033500	NF/SNF NURSING EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35100	607035100	NF/SNF NURSING WORK COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35200	607035200	NF/SNF NURSING GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35800	607035800	NF/SNF NURSING TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	36400	607036400	NF/SNF NURSING HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total NURSING - NON-CERTIFIED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	11200	610011200	CERT SALARIES-RN	$368,052	$ 31,174	$ 29,162	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174
6100	11400	610011400	CERT SALARIES-LPN	$678,827	$ 57,496	$ 53,787	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496
6100	11600	610011600	CERT SALARIES-CNA	$1,128,215	$ 95,559	$ 89,394	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559
6100	11800	610011800	CERT SALARIES-PERSON SUPERE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	12000	610012000	CERT VACATION/SICK/OTHER	$199,625	$16,908	$15,817	$16,908	$16,363	$16,908	$16,363	$16,908	$16,908	$16,363	$16,908	$16,363	$16,908
6100	12500	610012500	CERT NURSING BENEFITS	$7,021	$511	$492	$541	$539	$572	$568	$602	$617	$612	$648	$641	$678
6100	13000	610013000	CERT NURSING PAYROLL TAXES	$327,343	$27,726	$25,937	$27,726	$26,831	$27,726	$26,831	$27,726	$27,726	$26,831	$27,726	$26,831	$27,726
6100	14200	610014200	CERT POOL SERVICES-RNS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	14600	610014600	CERT POOL SERVICES-AIDES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	20000	610020000	CERT NURSING SUPPLIES	$24,902	$1,812	$1,746	$1,920	$1,910	$2,028	$2,014	$2,135	$2,189	$2,171	$2,297	$2,275	$2,405
6100	30000	610030000	CERT NURSING MINOR EQUIPMENT	$6,230	$453	$437	$480	$478	$507	$504	$534	$548	$543	$575	$569	$602
6100	32000	610032000	CERT NURSING CONTRAT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33000	610033000	CERT NURSING SALARIES-TRAINING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33500	610033500	CERT NURSING EDUCATION	$3,964	$288	$278	$306	$304	$323	$321	$340	$348	$345	$366	$362	$383
6100	35100	610035100	CERT NURSING WORK COMP	$39,576	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298
6100	35200	610035200	CERT NURSING GROUP INSURANCE	$70,411	$5,125	$4,936	$5,429	$5,401	$5,733	$5,696	$6,038	$6,190	$6,138	$6,494	$6,432	$6,799
6100	35800	610035800	CERT NURSING TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	36400	610036400	CERT NURSING HELP WANTED	$625	$45	$44	$48	$48	$51	$51	$54	$55	$54	$58	$57	$60
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total NURSING - CERTIFIED	$2,854,791	$240,395	$225,328	$240,885	$233,459	$241,375	$233,933	$241,864	$242,108	$234,642	$242,599	$235,115	$243,088
PPD				$66	$77	$75	$73	$71	$69	$67	$66	$64	$63	$61	$60	$59
6130	11000	613011000	RESTORATIVE AIDE SALARIES	$59,380	$ 5,029	$ 4,705	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029
6130	12000	613012000	RESTORATIVE AIDE VAC/SICK/OTHE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	12500	613012500	RESTORATIVE AIDE BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	13000	613013000	RESTORATIVE AIDE PAYROLL TAXES	$6,235	$528	$494	$528	$511	$528	$511	$528	$528	$511	$528	$511	$528
6130	33500	613033500	RESTORATIVE AIDE EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	35100	613035100	RESTORATIVE AIDE WORKERS COMP	$0												
6130	35200	613035200	RESTORATIVE AIDE GROUP INSUR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total NURSING - RESTORATIVE AIDE	$65,615	$5,558	$5,199	$5,558	$5,378	$5,558	$5,378	$5,558	$5,558	$5,378	$5,558	$5,378	$5,558
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$1	$1	$1	$1	$1
	00	00														
	00	00	Total NURSING	$3,467,047	$290,923	$273,069	$291,871	$283,152	$292,821	$284,069	$293,769	$294,241	$285,443	$295,189	$286,360	$296,137
	00	00														

Waynesboro

Acct	Sub		Description	Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6310	32000	631032000	RADIOLOGY CONTRACT SERVICE	$73,650	$5,360	$5,163	$5,679	$5,650	$5,997	$5,958	$6,315	$6,475	$6,420	$6,793	$6,728	$7,112
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RADIOLOGY**	**$73,650**	**$5,360**	**$5,163**	**$5,679**	**$5,650**	**$5,997**	**$5,958**	**$6,315**	**$6,475**	**$6,420**	**$6,793**	**$6,728**	**$7,112**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2
6315	32000	631532000	LAB CONTRACT SERVICE	$50,102	$3,646	$3,513	$3,863	$3,843	$4,080	$4,053	$4,296	$4,405	$4,367	$4,621	$4,577	$4,838
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total LABORATORY**	**$50,102**	**$3,646**	**$3,513**	**$3,863**	**$3,843**	**$4,080**	**$4,053**	**$4,296**	**$4,405**	**$4,367**	**$4,621**	**$4,577**	**$4,838**
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6320	20000	632020000	IV SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	20100	632020100	IV prescriptions	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	32000	632032000	IV Contract Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total IV**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	11000	632511000	RESP THERAPY SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6325	12000	632512000	RESP THERAPY VACATION/SICK	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	12500	632512500	RESP THERAPY BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	13000	632513000	RESP THERAPY PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	32000	632532000	RESP THERAPY CONTRACT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	33500	632533500	RESP THERAPY EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35100	632535100	RESP THERAPY WORKS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35200	632535200	RESP THERAPY GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	20000	632520000	RESP THERAPY SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RESPIRATORY THERAPY**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	11000	633011000	PT SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12000	633012000	PT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12500	633012500	PT BENEFITIS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	13000	633013000	PT PAYROLL TAXES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	20000	633020000	PT SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	33500	633033500	PT EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35100	633035100	PT WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35200	633035200	PT GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35800	633035800	PT TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	30000	633030000	PT MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	32000	633032000	PT CONTRACT SERVICE	$143,694	$8,521	$7,972	$9,586	$10,308	$10,652	$11,339	$11,717	$12,782	$13,400	$14,912	$15,462	$17,043
6330	32100	633032100	PT CONTRACT SERVICE PART B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PHYSICAL THERAPY**	**$143,694**	**$8,521**	**$7,972**	**$9,586**	**$10,308**	**$10,652**	**$11,339**	**$11,717**	**$12,782**	**$13,400**	**$14,912**	**$15,462**	**$17,043**
PPD				$3	$3	$3	$3	$3	$3	$3	$3	$3	$4	$4	$4	$4
6335	11000	633511000	OT SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12000	633512000	OT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12500	633512500	OT BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	13000	633513000	OT PAYROLL TAXES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	20000	633520000	OT SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
6335	32000	633532000	OT CONTRACT SERVICE	$133,155	$7,896	$7,387	$8,883	$9,552	$9,870	$10,507	$10,857	$11,844	$12,418	$13,819	$14,328	$15,793
6335	32100	633532100	OT CONTRACT SERVICE PART B	$1,366	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,366
6335	33500	633533500	OT EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35100	633535100	OT WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35200	633535200	OT GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total OCCUPATIONAL THERAPY**	**$134,521**	**$7,896**	**$7,387**	**$8,883**	**$9,552**	**$9,870**	**$10,507**	**$10,857**	**$11,844**	**$12,418**	**$13,819**	**$14,328**	**$17,159**
PPD				$3.13	$2.52	$2.45	$2.68	$2.89	$2.82	$3.02	$2.94	$3.13	$3.31	$3.48	$3.65	$4.13
6340	11000	634011000	SPEECH SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6340	12000	634012000	SPEECH VACATIONS/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	12500	634012500	SPEECH BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	13000	634013000	SPEECH PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	20000	634020000	SPEECH SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	32000	634032000	ST CONTRACT SERVICE	$89,578	$5,312	$4,969	$5,976	$6,426	$6,640	$7,069	$7,304	$7,968	$8,354	$9,296	$9,639	$10,624
6340	32100	634032100	ST CONTRACT SERVICE PART B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	33500	634033500	SPEECH EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	35100	634035100	SPEECH WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total SPEECH THERAPY**	**$89,578**	**$5,312**	**$4,969**	**$5,976**	**$6,426**	**$6,640**	**$7,069**	**$7,304**	**$7,968**	**$8,354**	**$9,296**	**$9,639**	**$10,624**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$3
6350	11000	635011000	CENT SUPPLY SALARIES	$18,790	$ 2,126	$ 1,989	$ 2,126	$ 2,057	$ 2,126	$ 2,057	$ 2,126	$ 2,126	$ 2,057	$ -	$ -	$ -
6350	12000	635012000	CENT SUPPLY VAC, SICK, OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6350	12500	635012500	CENT SUPPLY BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	13000	635013000	CENT SUPPLY P/R TAXES	$2,010	$146	$141	$155	$154	$164	$163	$172	$177	$175	$185	$184	$194
6350	20000	635020000	CENTRAL SUPPLY MED SUPPLY FLOO	$79,220	$5,766	$5,554	$6,108	$6,077	$6,451	$6,408	$6,793	$6,964	$6,906	$7,307	$7,237	$7,649
6350	20100	635020100	CENT SUPPLY MED SUPPLY BILLABL	$31,246	$2,274	$2,191	$2,409	$2,397	$2,544	$2,528	$2,679	$2,747	$2,724	$2,882	$2,854	$3,017
6350	20200	635020200	CENT SUPPLY INCONT MED SUPPLIE	$110,990	$8,078	$7,781	$8,558	$8,514	$9,038	$8,978	$9,518	$9,757	$9,675	$10,237	$10,139	$10,717
6350	21000	635021000	UNIVERSAL PRECAUTIONS	$3,284	$239	$230	$253	$252	$267	$266	$282	$289	$286	$303	$300	$317
6350	30000	635030000	CENTRAL SUPPLY MINOR EQUIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32000	635032000	CENTRAL SUPPLY CONTRACT SERVIC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	33500	635033500	CENTRAL SUPPLY EDUCATION	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4
6350	35100	635035100	CENT SUPPLY WORKERS COMP	$9,864	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822
6350	35200	635035200	CENT SUPPLY GROUP INSURANCE	$2,272	$165	$159	$175	$174	$185	$184	$195	$200	$198	$210	$208	$219
6350	36400	635036400	CENT SUPPLY HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	35800	635035800	CENTRAL SUPPLY TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32100	635032100	CENTRAL SUPPLY-PHYSICIANS VISITS VA	$12,383	$901	$868	$955	$950	$1,008	$1,002	$1,062	$1,089	$1,079	$1,142	$1,131	$1,196
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAL SUPPLIES**	**$270,103**	**$20,520**	**$19,738**	**$21,564**	**$21,400**	**$22,609**	**$22,412**	**$23,653**	**$24,175**	**$23,926**	**$23,092**	**$22,879**	**$24,135**
PPD				$6	$7	$7	$7	$6	$6	$6	$6	$6	$6	$6	$6	$6
6355	20000	635520000	PHARMACY NON-LEGEND DRUGS	$18,275	$1,330	$1,281	$1,409	$1,402	$1,488	$1,478	$1,567	$1,607	$1,593	$1,686	$1,669	$1,765
6355	20100	635520100	PHARMACY PRESCRIPTIONS	$171,990	$10,650	$10,150	$11,935	$12,600	$13,020	$13,650	$14,105	$15,190	$15,750	$17,360	$17,850	$19,530
6355	32000	635532000	PHARMACY CONTRACT SERVICE	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PHARMACY**	**$195,065**	**$12,580**	**$11,831**	**$13,744**	**$14,402**	**$14,908**	**$15,528**	**$16,072**	**$17,197**	**$17,743**	**$19,446**	**$19,919**	**$21,695**
PPD				$5	$4	$4	$4	$4	$4	$4	$4	$5	$5	$5	$5	$5
6380	32000	638032000	MEDICAL TRANSPORTATION-CONTRACT	$9,600	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAL TRANSPORTATION-CHAI**	**$9,600**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6365	20000	636520000	COMPLEX MED EQUIP SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total EQUIPMENT RENTAL**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	11000	640011000	DIETARY SALARIES	$175,521	$ 19,858	$ 18,577	$ 19,858	$ 19,218	$ 19,858	$ 19,218	$ 19,858	$ 19,858	$ 19,218	$ -	$ -	$ -
6400	12000	640012000	DIETARY VACATION/SICK/OTHER	$30,768	$ 3,481	$ 3,256	$ 3,481	$ 3,369	$ 3,481	$ 3,369	$ 3,481	$ 3,481	$ 3,369	$ -	$ -	$ -
6400	12500	640012500	DIETARY BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6400	13000	640013000	DIETARY PAYROLL TAXES	$27,966	$ 3,164	$ 2,960	$ 3,164	$ 3,062	$ 3,164	$ 3,062	$ 3,164	$ 3,164	$ 3,062	$ -	$ -	$ -
6400	20000	640020000	DIETARY SUPPLIES	$49,479	$3,601	$3,469	$3,815	$3,795	$4,029	$4,002	$4,243	$4,350	$4,313	$4,564	$4,520	$4,778
6400	21000	640021000	DIETARY RAW FOOD	$296,066	$21,548	$20,756	$22,828	$22,711	$24,108	$23,949	$25,388	$26,028	$25,808	$27,308	$27,046	$28,588
6400	21100	640021100	DIETARY SUPPLEMENTS	$17,379	$1,265	$1,218	$1,340	$1,333	$1,415	$1,406	$1,490	$1,528	$1,515	$1,603	$1,588	$1,678
6400	21200	640021200	DIETARY NUTRITION (INELIGIBLE)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	30000	640030000	DIETARY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	32000	640032000	DIETARY CONTRACT SERVICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	33500	640033500	DIETARY EDUCATION	$617	$45	$43	$48	$47	$50	$50	$53	$54	$54	$57	$56	$60
6400	35100	640035100	DIETARY WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	35200	640035200	DIETARY GROUP INSUANCE	$11,556	$841	$810	$891	$886	$941	$935	$991	$1,016	$1,007	$1,066	$1,056	$1,116
6400	35800	640035800	DIETARY TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	36400	640036400	DIETARY HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total DIETARY**	**$609,352**	**$53,803**	**$51,089**	**$55,425**	**$54,421**	**$57,046**	**$55,991**	**$58,668**	**$59,479**	**$58,346**	**$34,598**	**$34,266**	**$36,220**
PPD				$14	$17	$17	$17	$16	$16	$16	$16	$16	$16	$9	$9	$9
6450	11000	645011000	HOUSEKEEPING SALARIES	$108,289	$ 12,252	$ 11,461	$ 12,252	$ 11,856	$ 12,252	$ 11,856	$ 12,252	$ 12,252	$ 11,856	$ -	$ -	$ -
6450	12000	645012000	HOUSEKEEPING VAC/SICK/OTHER	$12,002	$ 1,358	$ 1,270	$ 1,358	$ 1,314	$ 1,358	$ 1,314	$ 1,358	$ 1,358	$ 1,314	$ -	$ -	$ -
6450	13000	645013000	HOUSEKEEPING PAYROLL TAXES	$20,869	$ 2,361	$ 2,209	$ 2,361	$ 2,285	$ 2,361	$ 2,285	$ 2,361	$ 2,361	$ 2,285	$ -	$ -	$ -
6450	12500	645012500	HOUSEKEEPING BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6450	20000	645020000	HOUSEKEEPING SUPPLIES	$38,166	$2,778	$2,676	$2,943	$2,928	$3,108	$3,087	$3,273	$3,355	$3,327	$3,520	$3,486	$3,685
6450	32000	645032000	HOUSEKEEPING CONTRACT SERVICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6450	33500	645033500	HOUSEKEEPING EDUCATION	$484	$35	$34	$37	$37	$39	$39	$42	$43	$42	$45	$44	$47
6450	35100	645035100	HOUSEKEEPING WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6450	35200	645035200	HOUSEKEEPING GROUP INSURANCE	$17,453	$1,270	$1,224	$1,346	$1,339	$1,421	$1,412	$1,497	$1,534	$1,521	$1,610	$1,594	$1,685
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total HOUSEKEEPING**	**$197,263**	**$20,054**	**$18,874**	**$20,297**	**$19,759**	**$20,539**	**$19,993**	**$20,783**	**$20,903**	**$20,345**	**$5,175**	**$5,124**	**$5,417**
PPD				$5	$6	$6	$6	$6	$6	$6	$6	$6	$5	$1	$1	$1
6500	11000	650011000	LAUNDRY SALARIES	$38,634	$ 4,371	$ 4,089	$ 4,371	$ 4,230	$ 4,371	$ 4,230	$ 4,371	$ 4,371	$ 4,230	$ -	$ -	$ -
6500	12000	650012000	LAUNDRY VACATION/SICK/OTHER	$3,064	$ 347	$ 324	$ 347	$ 335	$ 347	$ 335	$ 347	$ 347	$ 335	$ -	$ -	$ -
6500	13000	650013000	LAUNDRY PAYROLL TAXES	$5,471	$ 619	$ 579	$ 619	$ 599	$ 619	$ 599	$ 619	$ 619	$ 599	$ -	$ -	$ -
6500	12500	650012500	LAUNDRY BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6500	20000	650020000	LAUNDRY SUPPLIES	$392	$29	$27	$30	$30	$32	$32	$34	$34	$34	$36	$36	$38
6500	22000	650022000	LAUNDRY LINEN REPLACEMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	31000	650031000	LAUNDRY R&M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	32000	650032000	LAUNDRY CONTRACT SERVICES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	33500	650033500	LAUNDRY EDUCATION	$88	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8
6500	35100	650035100	LAUNDRY WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	35200	650035200	LAUNDRY GROUP INSURANCE	$1,457	$106	$102	$112	$112	$119	$118	$125	$128	$127	$134	$133	$141
6500	30000	650030000	LAUNDRY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total LAUNDRY**	**$49,106**	**$5,478**	**$5,127**	**$5,486**	**$5,313**	**$5,495**	**$5,321**	**$5,504**	**$5,507**	**$5,333**	**$178**	**$177**	**$187**
PPD				$1	$2	$2	$2	$2	$2	$2	$1	$1	$1	$0	$0	$0
6550	11000	655011000	PLANT SALARIES	$56,944	$ 6,443	$ 6,027	$ 6,443	$ 6,234	$ 6,443	$ 6,234	$ 6,443	$ 6,443	$ 6,234	$ -	$ -	$ -
6550	12000	655012000	PLANT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6550	12500	655012500	PLANT BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Waynesboro

Acct	Sub		Description	Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6550	13000	655013000	PLANT PAYROLL TAXES	$8,014	$ 907	$ 848	$ 907	$ 877	$ 907	$ 877	$ 907	$ 907	$ 877	$ -	$ -	$ -
6550	20000	655020000	PLANT SUPPLIES	$47,310	$3,443	$3,317	$3,648	$3,629	$3,852	$3,827	$4,057	$4,159	$4,124	$4,364	$4,322	$4,568
6550	30000	655030000	PLANT MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	31000	655031000	PLANT R & M	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6550	31500	655031500	PLANT PEST CONTROL	$6,104	$444	$428	$471	$468	$497	$494	$523	$537	$532	$563	$558	$589
6550	32000	655032000	PLANT CONTRACT SERVICE	$45,840	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820
6550	32500	655032500	PLANT SECURITY CONTRACT SERVIC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	33500	655033500	PLANT EDUCATION	$88	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8
6550	34000	655034000	PLANT UTILITIES - ELECTRIC	$122,400	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200
6550	34500	655034500	PLANT UTILITIES - GAS	$24,480	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040
6550	35000	655035000	PLANT UTILITIES - WATER & SEWE	$6,120	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510
6550	35100	655035100	PLANT WORKERS COMP	$4,236	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353
6550	35200	655035200	PLANT GROUP INSURANCE	$2,793	$203	$196	$215	$214	$227	$226	$240	$246	$243	$258	$255	$270
6550	35800	655035800	PLANT TRAVEL	$4,496	$327	$315	$347	$345	$366	$364	$385	$395	$392	$415	$411	$434
6550	36400	655036400	PLANT HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total PLANT**	**$336,025**	**$29,296**	**$28,660**	**$29,561**	**$29,297**	**$29,822**	**$29,552**	**$30,086**	**$30,218**	**$29,933**	**$23,131**	**$23,077**	**$23,392**
PPD				$8	$9	$10	$9	$9	$9	$8	$8	$8	$8	$6	$6	$6
6600	11000	660011000	ACTIVITIES SALARIES	$43,673	$ 4,941	$ 4,622	$ 4,941	$ 4,782	$ 4,941	$ 4,782	$ 4,941	$ 4,941	$ 4,782	$ -	$ -	$ -
6600	12000	660012000	ACTIVITIES VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6600	12500	660012500	ACTIVITIES BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	13000	660013000	ACTIVITIES PAYROLL TAXES	$4,110	$ 465	$ 435	$ 465	$ 450	$ 465	$ 450	$ 465	$ 465	$ 450	$ -	$ -	$ -
6600	20000	660020000	ACTIVITY SUPPLIES	$7,369	$536	$517	$568	$565	$600	$596	$632	$648	$642	$680	$673	$712
6600	30000	660030000	ACTIVITY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	32000	660032000	ACTIVITY CONTRACT SERVICE	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6600	33500	660033500	ACTIVITIES EDUCATION	$88	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8
6600	35100	660035100	ACTIVITIES WORKERS COMP	$1,656	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138
6600	35200	660035200	ACTIVITIES GROUP INSURANCE	$3,916	$285	$275	$302	$300	$319	$317	$336	$344	$341	$361	$358	$378
6600	36400	660036400	ACTIVITIES HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	35800	660035800	ACTIVITIES TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total ACTIVITIES**	**$68,012**	**$6,971**	**$6,593**	**$7,021**	**$6,842**	**$7,070**	**$6,890**	**$7,120**	**$7,144**	**$6,961**	**$1,787**	**$1,777**	**$1,836**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$0	$0	$0
6650	11000	665011000	SOCIAL SERVICES SALARIES	$46,532	$ 5,265	$ 4,925	$ 5,265	$ 5,094	$ 5,265	$ 5,094	$ 5,265	$ 5,265	$ 5,094	$ -	$ -	$ -
6650	12000	665012000	SOCIAL SERVICE VAC/SICK/OTHER	$7,389	$ 836	$ 782	$ 836	$ 809	$ 836	$ 809	$ 836	$ 836	$ 809	$ -	$ -	$ -
6650	12500	665012500	SOCIAL SERVICE BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	13000	665013000	SOCIAL SERVICE PAYROLL TAXES	$17,756	$ 2,009	$ 1,879	$ 2,009	$ 1,944	$ 2,009	$ 1,944	$ 2,009	$ 2,009	$ 1,944	$ -	$ -	$ -
6650	20000	665020000	SOCIAL SERVICE SUPPLIES	$2,128	$155	$149	$164	$163	$173	$172	$183	$187	$186	$196	$194	$206
6650	33000	665033000	SOCIAL SERVICE SALARIES-TRA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	33500	665033500	SOCIAL SERVICE EDUCATION	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6650	35100	665035100	SOCIAL SERVICE WORKERS COMP	$2,184	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182
6650	35200	665035200	SOCIAL SERVICE GROUP INSURANCE	$607	$44	$43	$47	$47	$49	$49	$52	$53	$53	$56	$55	$59
6650	35800	665035800	SOCIAL SERVICE TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	36400	665036400	SOCIAL SERVICE HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	30000	665030000	SOCIAL SERVICE MINOR EQUIPMENT	$1,091	$79	$76	$84	$84	$89	$88	$94	$96	$95	$101	$100	$105
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total SOCIAL SERVICES**	**$77,731**	**$8,573**	**$8,039**	**$8,590**	**$8,326**	**$8,607**	**$8,342**	**$8,625**	**$8,632**	**$8,367**	**$539**	**$535**	**$556**
PPD				$2	$3	$3	$3	$3	$2	$2	$2	$2	$2	$0	$0	$0
6700	11000	670011000	MEDICAL RECORDS SALARIES	$23,361	$ 2,643	$ 2,472	$ 2,643	$ 2,558	$ 2,643	$ 2,558	$ 2,643	$ 2,643	$ 2,558	$ -	$ -	$ -
6700	12000	670012000	MEDICAL RECORDS VAC/SICK/OTHER	$14,513	$ 1,642	$ 1,536	$ 1,642	$ 1,589	$ 1,642	$ 1,589	$ 1,642	$ 1,642	$ 1,589	$ -	$ -	$ -
6700	12500	670012500	MEDICAL RECORDS BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	13000	670013000	MEDICAL RECORDS PAYROLL TAXES	$6,999	$ 792	$ 741	$ 792	$ 766	$ 792	$ 766	$ 792	$ 792	$ 766	$ -	$ -	$ -
6700	20000	670020000	MEDICAL RECORDS SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	30000	670030000	MEDICAL RECORDS MINOR EQUIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	32000	670032000	MEDICAL RECORDS CONTRACT SERVI	$6,000	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500
6700	33000	670033000	MEDICAL RECORDS SALARIES-TRA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	33500	670033500	MEDICAL RECORDS EDUCATION	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4
6700	35100	670035100	MEDICAL RECORDS WORKERS COMP	$1,392	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116
6700	35200	670035200	MEDICAL RECORDS GROUP INSURANC	$2,581	$188	$181	$199	$198	$210	$209	$221	$227	$225	$238	$236	$249
6700	36400	670036400	MEDICAL RECORDS HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAL RECORDS**	**$54,890**	**$5,884**	**$5,549**	**$5,895**	**$5,730**	**$5,907**	**$5,742**	**$5,918**	**$5,924**	**$5,758**	**$858**	**$856**	**$869**
PPD				$1	$2	$2	$2	$2	$2	$2	$2	$2	$2	$0	$0	$0
6725	35000	672535000	MEDICAL DIRECTOR	$12,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total UTILIZATION REVIEW/MED DIRECT**	**$12,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	11000	675011000	ADMIN SALARIES	$236,619	$ 26,771	$ 25,043	$ 26,771	$ 25,907	$ 26,771	$ 25,907	$ 26,771	$ 26,771	$ 25,907	$ -	$ -	$ -
6750	11100	675011100	ADMIN COMPENSATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	12000	675012000	ADMIN VACATION/SICK/OTHER	$8,732	$ 988	$ 924	$ 988	$ 956	$ 988	$ 956	$ 988	$ 988	$ 956	$ -	$ -	$ -
6750	12500	675012500	ADMIN BENEFITS	$2,372	$173	$166	$183	$182	$193	$192	$203	$208	$207	$219	$217	$229
6750	13000	675013000	ADMIN PAYROLL TAXES	$44,311	$ 5,013	$ 4,690	$ 5,013	$ 4,852	$ 5,013	$ 4,852	$ 5,013	$ 5,013	$ 4,852	$ -	$ -	$ -
6750	13002	675013002	ADMIN PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	20000	675020000	ADMIN SUPPLIES	$46,885	$3,412	$3,287	$3,615	$3,596	$3,818	$3,793	$4,020	$4,122	$4,087	$4,325	$4,283	$4,527
6750	20100	675020100	POSTAGE	$1,255	$91	$88	$97	$96	$102	$102	$108	$110	$109	$116	$115	$121
6750	21500	675021500	ALLOWABLE MARKETING EXPENSES	$3,663	$267	$257	$282	$281	$298	$296	$314	$322	$319	$338	$335	$354
6750	30000	675030000	ADMIN MINOR EQUIPMENT	$11,993	$873	$841	$925	$920	$977	$970	$1,028	$1,054	$1,045	$1,106	$1,096	$1,158
6750	31000	675031000	ADMIN R&M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	32000	675032000	ADMIN CONTRACT SERVICE	$75,168	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264
6750	32100	675032100	ADMIN BOND TRUSTEE FEES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Waynesboro

Acct	Sub		Description	Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6750	33500	675033500	ADMIN EDUCATION	$176	$13	$12	$14	$14	$14	$14	$15	$16	$15	$16	$16	$17
6750	35000	675035000	LIABILITY INSURANCE	$28,860	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405
6750	35100	675035100	ADMIN WORKERS COMP	$10,104	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842
6750	35200	675035200	ADMIN GROUP INSURANCE	$3,099	$226	$217	$239	$238	$252	$251	$266	$272	$270	$286	$283	$299
6750	35300	675035300	LEGAL & ACCOUNTING	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
6750	35400	675035400	DUES & SUBSCRIPTIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35500	675035500	PERMITS & LICENSES	$423,588	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299
6750	35600	675035600	MEETINGS & SEMINARS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35700	675035700	FACILITY AUTO EXPENSE	$1,065	$77	$75	$82	$82	$87	$86	$91	$94	$93	$98	$97	$103
6750	35800	675035800	TRAVEL	$10,907	$794	$765	$841	$837	$888	$882	$935	$959	$951	$1,006	$996	$1,053
6750	35900	675035900	TELEPHONE	$25,248	$1,837	$1,770	$1,947	$1,937	$2,056	$2,042	$2,165	$2,220	$2,201	$2,329	$2,306	$2,438
6750	36000	675036000	MEALS & ENTERTAINMENT	$22,428	$1,632	$1,572	$1,729	$1,721	$1,826	$1,814	$1,923	$1,972	$1,955	$2,069	$2,049	$2,166
6750	36100	675036100	RESIDENT EXPENSE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	36200	675036200	BANK CHARGES	$284	$21	$20	$22	$22	$23	$23	$24	$25	$25	$26	$26	$27
6750	36400	675036400	ADMINISTRATIVE HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37000	675037000	EVACUATION COSTS - RESIDENT RE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37100	675037100	EVACUATION COSTS - TEMP OFFICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37200	675037200	EVACUATION COSTS - RETENTION C	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37300	675037300	EVACUATION COSTS - SUPPLY INVE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37400	675037400	EVACUATION COSTS - CONTRACT SE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37500	675037500	EVACUATION COSTS - SECURITY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37800	675037800	EVACUATION COSTS - TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	39900	675039900	MISCELLANEOUS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	90000	675090000	MANAGEMENT FEES	$436,470	$30,230	$29,048	$34,976	$32,336	$34,236	$37,017	$36,239	$37,420	$40,099	$39,957	$39,824	$45,088
6750	91000	675091000	HOME OFFICE ALLOCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99800	675099800	CHARITY CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	96000	675096000	PRIOR YEAR EXPENSE - OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99600	675099600	BAD DEBT - SEQUESTRATION PART A	$34,098	$2,009	$1,879	$2,260	$2,430	$2,511	$2,673	$2,762	$3,013	$3,159	$3,586	$3,718	$4,098
6750	99700	675099700	BAD DEBT - SEQUESTRATION PART B	$2,839	$207	$199	$219	$218	$231	$230	$243	$250	$247	$262	$259	$274
6750	99900	675099900	BAD DEBT - OPERATING	$2,619	$181	$174	$210	$194	$205	$222	$217	$225	$241	$240	$239	$271
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$436,468	$30,230	$29,048	$34,976	$32,336	$34,236	$37,017	$36,239	$37,420	$40,099	$39,957	$39,824	$45,088
	00	00														
	00	00	**Total ADMINISTRATION**	**$1,874,051**	**$150,254**	**$145,286**	**$160,599**	**$154,365**	**$159,935**	**$164,549**	**$164,774**	**$167,684**	**$172,047**	**$141,146**	**$140,893**	**$152,521**
PPD				$44	$48	$48	$48	$47	$46	$47	$45	$44	$46	$36	$36	$37
6910	11000	691011000	B & B SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6910	12000	691012000	B & B VAC/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	12500	691012500	B & B BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	13000	691013000	B & B PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	20000	691020000	B & B SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	33500	691033500	B & B EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	35100	691035100	B & B WORKERS COMP	$0												
6910	35200	691035200	B & B GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	32000	691032000	B & B CONTRACT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total BEAUTY BARBER**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6925	32000	692532000	MEDICAL TRANSPORTATION CONTRAC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00	**Total MEDICAL TRANSPORTATION**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6950	20000	695020000	CONCESSION SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total CONCESSIONS**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	32000	693032000	RESIDENT TRANSPORTATION - CONT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	20000	693020000	FACILITY AUTO - GAS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RESIDENT TRANSPORTATION**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	25500	700025500	NON OPERATING MISCELLANEOUS IN	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NONOPERATING INCOME**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**TOTAL OPERATING COSTS**	$7,711,791	$636,872	$604,658	$655,841	$640,586	$663,798	$659,115	$677,262	$686,378	$680,961	$596,380	$588,397	$621,541
PPD				$179	$203	$200	$198	$194	$189	$189	$184	$181	$182	$150	$150	$150
	00	00	**INCOME/LOSS (-) FROM OPERATIONS**	$1,017,574	($32,282)	($23,691)	$43,673	$6,130	$20,916	$81,232	$47,511	$62,017	$121,010	$202,769	$208,075	$280,216
PPD				23.65350987	-10.310429	-7.8552615	13.1664901	1.85758251	5.97077012	23.3425208	12.8791211	16.3978101	32.2692779	51.1009621	52.945227	67.4568651
7000	31000	700031000	PROPERTY INSURANCE	$22,344	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862
7000	41000	700041000	DEPRECIATION	$24,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
7000	42000	700042000	AMORTIZATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	50000	700050000	INTEREST EXP-BUILDING	$0												
7000	50100	700050100	INTEREST EXP-FINANCE CHARGES	$0												
7000	50200	700050200	INTEREST NOTES PAYABLE	$0												
7000	50300	700050300	INTEREST EXP-WORKING CAPITAL	$0												
7000	62000	700062000	BUILDING LEASE	$720,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000
7000	62100	700062100	PARTICIPATING RENT-BLDG	$0												
7000	62500	700062500	EQUIPMENT LEASE	$12,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
7000	70000	700070000	PROPERTY TAXES	$33,600	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800
7000	70500	700070500	FRANCHISE EXCISE TAX	$0												
7000	71000	700071000	STAMP TAX	$0												
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PROPERTY & FINANCIAL**	$811,944	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662
PPD				$19	$22	$22	$20	$21	$19	$19	$18	$18	$18	$17	$17	- $16
7020	31000	702031000	PENALTIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	33000	702033000	PROMOTIONAL ADVERTISING	$2,400	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total NONALLOWABLE EXPENSE	**$2,400**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	32000	702032000	CHARITABLE CONTRIBUTIONS	$0												
			Total NONOPERATING EXPENSES	**$811,944**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**
PPD				$19	$22	$22	$20	$21	$19	$19	$18	$18	$18	$17	$17	$16
			Total NET INCOME	**$203,230**	**($100,144)**	**($91,553)**	**($24,189)**	**($61,732)**	**($46,946)**	**$13,370**	**($20,351)**	**($5,845)**	**$53,148**	**$134,907**	**$140,213**	**$212,354**
PPD				$5	($32)	($30)	($7)	($19)	($13)	$4	($6)	($2)	$14	$34	$36	$51
			Total Expenses	$8,526,135	$704,734	$672,520	$723,703	$708,448	$731,660	$726,977	$745,124	$754,240	$748,823	$664,242	$656,259	$689,403
			Sum of lookup figures		$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862
			Check Figure (should = 0)													

2017 Proforma

Acct	Sub	Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
PATIENT DAYS			BUDGETED FY 2012 PATIENT DAYS												
4000	10300	MEDICARE PART A DAYS	7,120	558	504	558	600	620	600	620	620	600	620	600	620
4000	10000	PRIVATE PAY DAYS	4,380	372	336	372	360	372	360	372	372	360	372	360	372
4000	9999	PRIVATE PAY DAYS-VA	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10100	MEDICAID SKILLED DAYS	1,095	93	84	93	90	93	90	93	93	90	93	90	93
4000	10200	MEDICAID ICF DAYS	35,959	2,945	2,688	3,038	2,880	3,007	2,940	3,038	3,100	3,000	3,131	3,030	3,162
4000	10250	MEDICAID ICF VA DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10299	MEDICAID ICF VA SIDE	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10700	PRIVATE INSURANCE DAYS	1,095	93	84	93	90	93	90	93	93	90	93	90	93
4000	10600	HOSPICE DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	99999	HOSPICE DAYS-BNV	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10500	VA DAYS	1,460	124	112	124	120	124	120	124	124	120	124	120	124
4000	10150	MEDICAID PENDING DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
		PATIENT REVENUE DAYS	*51,109*	4,185	3,808	4,278	4,140	4,309	4,200	4,340	4,402	4,260	4,433	4,290	4,464
		Percent Occupancy	90%	87%	88%	89%	89%	90%	90%	90%	92%	92%	92%	92%	93%
AVERAGE DAILY CENSUS															
		MEDICARE PART A DAYS		18	18	18	20	20	20	20	20	20	20	20	20
		PRIVATE PAY DAYS		12	12	12	12	12	12	12	12	12	12	12	12
		PRIVATE PAY DAYS-VA		-	-	-	-	-	-	-	-	-	-	-	-
		MEDICAID SKILLED DAYS		3	3	3	3	3	3	3	3	3	3	3	3
		MEDICAID ICF DAYS		95	96	98	96	97	98	98	100	100	101	101	102
		MEDICAID ICF VA DAYS		-	-	-	-	-	-	-	-	-	-	-	-
		MEDICAID ICF VA SIDE		-	-	-	-	-	-	-	-	-	-	-	-
		PRIVATE INSURANCE DAYS		3	3	3	3	3	3	3	3	3	3	3	3
		HOSPICE DAYS		-	-	-	-	-	-	-	-	-	-	-	-
		HOSPICE DAYS-BNV		-	-	-	-	-	-	-	-	-	-	-	-
		VA DAYS		4	4	4	4	4	4	4	4	4	4	4	4
		MEDICAID PENDING DAYS		-	-	-	-	-	-	-	-	-	-	-	-
				135	136	138	138	139	140	140	142	142	143	143	144

4010	11000	401011000	CERTIFIED - PRIVATE	$771,455	$65,521	$59,180	$65,521	$63,407	$65,521	$63,407	$65,521	$65,521	$63,407	$65,521	$63,407	$65,521
4000	11300	400011300	NF - PRIVATE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	**11000**	410011000	**RADIOLOGY - PRIVATE**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	11000	415011000	LAB - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	11000	428011000	MED TRANS - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	11000	430011000	PT - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	11000	435011000	OT - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	11000	440011000	ST - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11000	450011000	MED SUPPLY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11300	450011300	MED SUPPLY - PRIVATE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	11000	452511000	OTC MEDS-PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	11000	455011000	PHARMACY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	11000	465011000	COMPLEX MED EQUIPMENT - PRIVAT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11000	493011000	NON-CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11300	493011300	NON-CHARGE MEDICAL SUPPLIES - VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	11000	501011000	C/A CERT PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	11000	535011000	C/A OT PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	11000	552511000	C/A MEDS SUPPLY PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	11000	593011000	C/A NON-CHARGE MED SUPPLY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total PRIVATE PAY	$771,455	$65,521	$59,180	$65,521	$63,407	$65,521	$63,407	$65,521	$65,521	$63,407	$65,521	$63,407	$65,521

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
PPD				$176	$176	$176	$176	$176	$176	$176	$176	$176	$176	$176	$176	$176
4010	12000	401012000	CERTIFIED - NF/SNF MEDICAID	$193,411	$16,182	$14,616	$16,182	$15,660	$16,182	$15,660	$16,667	$16,667	$16,130	$16,667	$16,130	$16,667
4100	**12000**	**410012000**	**RADIOLOGY - NF/SNF MEDICAID**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12000	415012000	LAB - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12000	430012000	PT - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12000	435012000	OT - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12000	440012000	ST - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12000	450012000	MED SUPPLY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12000	455012000	PHARMACY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12000	465012000	COMPLEX MED EQUIP - NF/SNF MED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12000	493012000	NON CHARGE MEDICAL SUPPLY - NF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12000	501012000	C/A CERTIFIED NF/SNF MEDICAID	$2,368	$198	$179	$198	$192	$198	$192	$204	$204	$198	$204	$198	$204
5100	12000	510012000	C/A RADIOLOGY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12000	515012000	C/A LAB NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12000	530012000	C/A PT NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12000	535012000	C/A OT NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12000	540012000	C/A ST NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12000	550012000	C/A MED SUPPLY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12000	555012000	C/A PHARMACY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12000	565012000	C/A COMP MED EQUIP NF/SNF MEDI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	12000	593012000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAID SKILLED**	**$195,780**	**$16,380**	**$14,795**	**$16,380**	**$15,852**	**$16,380**	**$15,852**	**$16,871**	**$16,871**	**$16,328**	**$16,871**	**$16,328**	**$16,871**
PPD				$179	$176	$176	$176	$176	$176	$176	$181	$181	$181	$181	$181	$181
4010	12100	401012100	CDP - MCAID SKL PENDING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12400	401012400	**CERTIFIED-NF/SNF PENDING**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	**12100**	501012100	**C/A CERT PENDING MCAID SKL**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12400	501012400	**C/A CERT PENDING MCAID-VA**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total MEDICAID PENDING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	12200	401012200	CDP - MCAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	**22000**	402022000	**ICF - MEDICAID**	$6,256,696	$512,416	$467,699	$528,598	$501,106	$523,204	$511,546	$528,598	$539,385	$521,986	$544,779	$527,206	$550,173
4100	22000	410022000	RADIOLOGY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
4150	22000	415022000	LAB - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	22000	420022000	IV-ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	22000	428022000	MED TRANS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	22000	430022000	PT - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	22000	435022000	OT -ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	22000	440022000	ST - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	22000	450022000	MED SUPPLY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	22000	452522000	OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	22000	455022000	PHARMACY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	22000	465022000	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	22000	493022000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12200	501012200	C/A CERT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22000	502022000	C/A ICF - MEDICAID	($22,208)	($1,819)	($1,660)	($1,876)	($1,779)	($1,857)	($1,816)	($1,876)	($1,914)	($1,853)	($1,934)	($1,871)	($1,953)
5100	22000	510022000	C/A RADIOLOGY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	22000	515022000	C/A LAB ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	22000	520022000	C/A IV ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	22000	528022000	C/A MED TRANS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	22000	530022000	C/A PT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	22000	535022000	C/A OT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	22000	540022000	C/A ST ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	22000	550022000	C/A MED SUPPLY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	22000	552522000	C/A OTC MEDS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	22000	555022000	C/A PHARMACY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	22000	565022000	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	22000	593022000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	22001	402022001	ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22001	502022001	C/A ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total MEDICAID ICF	**$6,234,488**	**$510,597**	**$466,039**	**$526,722**	**$499,327**	**$521,347**	**$509,730**	**$526,722**	**$537,471**	**$520,133**	**$542,845**	**$525,335**	**$548,220**
PPD				$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
4000	12300	400012300	NF-MEDICAID VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12300	401012300	CDP - MCAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	12300	402012300	**ICF - MEDICAID**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	12300	410012300	RADIOLOGY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12300	415012300	LAB - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	12300	428012300	MED TRANS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12300	430012300	PT - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12300	435012300	OT -ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12300	440012300	ST - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12300	450012300	MED SUPPLY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	12300	452512300	OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12300	455012300	PHARMACY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12300	465012300	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12300	493012300	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	12300	500012300	C/A NF MEDICAID VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12300	501012300	C/A CERT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	12300	502012300	C/A ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	12300	510012300	C/A RADIOLOGY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12300	515012300	C/A LAB ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	12300	528012300	C/A MED TRANS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12300	530012300	C/A PT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12300	535012300	C/A OT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12300	540012300	C/A ST ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12300	550012300	C/A MED SUPPLY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	12300	552512300	C/A OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12300	555012300	C/A PHARMACY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12300	565012300	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12300	575012300	PRIOR YR ADJ MEDICAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Waynesboro

Acct	Sub		Description	Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
5930	12300	593012300	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total MEDICAID ICF VIRGINIA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	13000	401013000	CERTIFIED - MEDICARE A	$1,238,880	$97,092	$87,696	$97,092	$104,400	$107,880	$104,400	$107,880	$107,880	$104,400	$107,880	$104,400	$107,880
4100	**13000**	**410013000**	**RADIOLOGY - MEDICARE A**	$26,841	$2,104	$1,900	$2,104	$2,262	$2,337	$2,262	$2,337	$2,337	$2,262	$2,337	$2,262	$2,337
4150	13000	415013000	LAB - MEDICARE A	$36,529	$2,863	$2,586	$2,863	$3,078	$3,181	$3,078	$3,181	$3,181	$3,078	$3,181	$3,078	$3,181
4200	13000	420013000	IV - MEDICARE A	$20,362	$1,596	$1,441	$1,596	$1,716	$1,773	$1,716	$1,773	$1,773	$1,716	$1,773	$1,716	$1,773
4260	13000	426013000	WOUND CARE - MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	13000	428013000	MED TRANS - MEDICARE A	$1,494	$117	$106	$117	$126	$130	$126	$130	$130	$126	$130	$126	$130
4300	13000	430013000	PT - MEDICARE A	$545,321	$42,737	$38,601	$42,737	$45,954	$47,486	$45,954	$47,486	$47,486	$45,954	$47,486	$45,954	$47,486
4350	13000	435013000	OT - MEDICARE A	$439,234	$34,423	$31,092	$34,423	$37,014	$38,248	$37,014	$38,248	$38,248	$37,014	$38,248	$37,014	$38,248
4400	13000	440013000	ST - MEDICARE A	$339,269	$26,589	$24,016	$26,589	$28,590	$29,543	$28,590	$29,543	$29,543	$28,590	$29,543	$28,590	$29,543
4500	13000	450013000	MED SUPPLY - MEDICARE A	$6,122	$480	$433	$480	$516	$533	$516	$533	$533	$516	$533	$516	$533
4525	13000	452513000	OTC MEDS - MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	13000	455013000	PHARMACY - MEDICARE A	$360,489	$28,252	$25,518	$28,252	$30,378	$31,391	$30,378	$31,391	$31,391	$30,378	$31,391	$30,378	$31,391
4650	13000	465013000	COMPLEX MED EQUIP - MEDICARE	$6,122	$480	$433	$480	$516	$533	$516	$533	$533	$516	$533	$516	$533
4930	13000	493013000	NON CHARGE MEDICAL SUPPLIES -	$7,191	$564	$509	$564	$606	$626	$606	$626	$626	$606	$626	$606	$626
5010	13000	501013000	C/A CERTIFIED MEDICARE	$1,219,680	$128,898	$116,424	$128,898	$138,600	$143,220	$138,600	$143,220	$143,220	$138,600			
5010	13000	501013000	C/A CERTIFIED MEDICARE	$425,040										$143,220	$138,600	$143,220
5100	13000	510013000	C/A RADIOLOGY - MEDICARE A	($26,841)	($2,104)	($1,900)	($2,104)	($2,262)	($2,337)	($2,262)	($2,337)	($2,337)	($2,262)	($2,337)	($2,262)	($2,337)
5150	13000	515013000	C/A LAB MEDICARE A	($36,529)	($2,863)	($2,586)	($2,863)	($3,078)	($3,181)	($3,078)	($3,181)	($3,181)	($3,078)	($3,181)	($3,078)	($3,181)
5200	13000	520013000	C/A IV MEDICARE A	($20,362)	($1,596)	($1,441)	($1,596)	($1,716)	($1,773)	($1,716)	($1,773)	($1,773)	($1,716)	($1,773)	($1,716)	($1,773)
5260	13000	526013000	C/A WOUND CARE - PART A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	13000	528013000	C/A MED TRANS - PART A	($1,494)	($117)	($106)	($117)	($126)	($130)	($126)	($130)	($130)	($126)	($130)	($126)	($130)
5300	13000	530013000	C/A PT MEDICARE A	($545,321)	($42,737)	($38,601)	($42,737)	($45,954)	($47,486)	($45,954)	($47,486)	($47,486)	($45,954)	($47,486)	($45,954)	($47,486)
5350	13000	535013000	C/A OT MEDICARE A	($439,234)	($34,423)	($31,092)	($34,423)	($37,014)	($38,248)	($37,014)	($38,248)	($38,248)	($37,014)	($38,248)	($37,014)	($38,248)
5400	13000	540013000	C/A ST MEDICARE A	($339,269)	($26,589)	($24,016)	($26,589)	($28,590)	($29,543)	($28,590)	($29,543)	($29,543)	($28,590)	($29,543)	($28,590)	($29,543)
5500	13000	550013000	C/A MED SUPPLY MEDICARE A	($6,122)	($480)	($433)	($480)	($516)	($533)	($516)	($533)	($533)	($516)	($533)	($516)	($533)
5525	13000	552513000	C/A OTC MEDS MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	13000	555013000	C/A PHARMACY MEDICARE A	($360,489)	($28,252)	($25,518)	($28,252)	($30,378)	($31,391)	($30,378)	($31,391)	($31,391)	($30,378)	($31,391)	($30,378)	($31,391)
5650	13000	565013000	C/A COMP MED EQUIP MEDICARE A	($6,122)	($480)	($433)	($480)	($516)	($533)	($516)	($533)	($533)	($516)	($533)	($516)	($533)
5930	13000	593013000	C/A NON CHARGE MED SUPPLIES -	($7,191)	($564)	($509)	($564)	($606)	($626)	($606)	($626)	($626)	($606)	($626)	($606)	($626)
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total MEDICARE PART A	$2,883,600	$225,990	$204,120	$225,990	$243,000	$251,100	$243,000	$251,100	$251,100	$243,000	$251,100	$243,000	$251,100
PPD				$405	$405	$405	$405	$405	$405	$405	$405	$405	$405	$405	$405	$405
4300	14000	430014000	PT - MEDICARE B	$135,948	$11,132	$10,129	$11,379	$11,012	$11,462	$11,172	$11,544	$11,709	$11,332	$11,792	$11,411	$11,874
4350	14000	435014000	OT - MEDICARE B	$28,620	$2,344	$2,132	$2,396	$2,318	$2,413	$2,352	$2,430	$2,465	$2,386	$2,482	$2,402	$2,500
4400	14000	440014000	ST - MEDICARE B	$33,730	$2,762	$2,513	$2,823	$2,732	$2,844	$2,772	$2,864	$2,905	$2,812	$2,926	$2,831	$2,946
5300	14000	530014000	C/A PT MEDICARE B	($23,000)	($1,883)	($1,714)	($1,925)	($1,863)	($1,939)	($1,890)	($1,953)	($1,981)	($1,917)	($1,995)	($1,931)	($2,009)
5350	14000	535014000	C/A OT MEDICARE B	($4,601)	($377)	($343)	($385)	($373)	($388)	($378)	($391)	($396)	($383)	($399)	($386)	($402)
5400	14000	540014000	C/A ST MEDICARE B	($2,044)	($167)	($152)	($171)	($166)	($172)	($168)	($174)	($176)	($170)	($177)	($172)	($179)
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00	Total MEDICARE B	$168,653	$13,811	$12,565	$14,117	$13,660	$14,220	$13,860	$14,320	$14,526	$14,060	$14,629	$14,155	$14,730
PPD				$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3
4100	15000	410015000	RADIOLOGY NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	15000	401015000	CERTIFIED - VA	$254,040	$21,576	$19,488	$21,576	$20,880	$21,576	$20,880	$21,576	$21,576	$20,880	$21,576	$20,880	$21,576
4150	15000	415015000	LAB - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	15000	450015000	MED SUPPLY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	15000	455015000	PHARMACY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	15000	465015000	COMP MED EQUIP - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	25000	493025000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	15000	501015000	C/A CERT VA	($904)	($77)	($69)	($77)	($74)	($77)	($74)	($77)	($77)	($74)	($77)	($74)	($77)
5100	15000	510015000	C/A RADIOLOGY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	15000	515015000	C/A LAB - SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	15000	550015000	C/A MED SUPPLY NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	15000	555015000	C/A PHARMACY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	15000	565015000	C/A COMP MED EQUIP - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	25000	593025000	C/A NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
			Total VA	$253,136	$21,499	$19,419	$21,499	$20,806	$21,499	$20,806	$21,499	$21,499	$20,806	$21,499	$20,806	$21,499
PPD				$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
4010	18000	401018000	CERTIFIED - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4000	18300	400018300	NF - HOSPIVE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	18300	401018300	CERTIFIED - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	18000	410018000	RADIOLOGY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	18000	415018000	LAB - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18000	450018000	MED SUPPLY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18300	450018300	MED SUPPLY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	18300	452518300	OTC MEDS-HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	18000	455018000	PHARMACY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	18300	455018300	PHARMACY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	18000	493018000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	18300	500018300	C/A - HOSPIVE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	18000	501018000	C/A CERTIFIED HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	18300	501018300	C/A CERTIFIED HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	18000	510018000	C/A RADIOLOGY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	18000	515018000	C/A LAB - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	18000	550018000	C/A MED SUPPLY HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	18300	550018300	C/A MED SUPPLY HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	18300	552518300	C/A OTC MEDS HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	18000	555018000	C/A PHARMACY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	18300	555018300	C/A PHARMACY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	18000	593018000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
4010	41000	401041000	CERTIFIED - INSURANCE	$190,530	$16,182	$14,616	$16,182	$15,660	$16,182	$15,660	$16,182	$16,182	$15,660	$16,182	$15,660	$16,182
4100	**41000**	410041000	**RADIOLOGY - INSURANCE**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	41000	415041000	LAB - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	41000	420041000	IV - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	41000	430041000	PT - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	41000	435041000	OT - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	41000	440041000	ST - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	41000	450041000	MED SUPPLY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	41000	455041000	PHARMACY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	41000	465041000	COMP MED EQUIP - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	41000	493041000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	41000	501041000	C/A CERTIFIED INSURANCE	$230,775	$19,600	$17,703	$19,600	$18,968	$19,600	$18,968	$19,600	$19,600	$18,968	$19,600	$18,968	$19,600
5100	41000	510041000	C/A RADIOLOGY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	41000	515041000	C/A LAB INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	41000	520041000	C/A IV INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	41000	530041000	C/A PT INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	41000	535041000	C/A OT INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	41000	540041000	C/A ST INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	41000	550041000	C/A MED SUPPLY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	41000	555041000	C/A PHARMACY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	41000	565041000	C/A COMP MED EQUIP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	41000	593041000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total INSURANCE**	**$421,305**	**$35,782**	**$32,319**	**$35,782**	**$34,628**	**$35,782**	**$34,628**	**$35,782**	**$35,782**	**$34,628**	**$35,782**	**$34,628**	**$35,782**
PPD				$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385
	00	00	**Total PATIENT REVENUE**	**$10,928,417**	**$889,580**	**$808,437**	**$906,011**	**$890,680**	**$925,849**	**$901,283**	**$931,815**	**$942,770**	**$912,362**	**$948,247**	**$917,659**	**$953,723**
PPD				$214	$213	$212	$212	$215	$215	$215	$215	$214	$214	$214	$214	$214
4900	14000	490014000	NONANCILLARY PERSONAL CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11700	490011700	MANAGEMENT FEE REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	16000	490016000	VACCINATIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	21000	490021000	MEALS - GUEST/EMPLOYEE	$5,023	$411	$374	$420	$407	$423	$413	$426	$433	$419	$436	$422	$439
4900	23500	490023500	GRANT REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11000	490011000	LAUNDRY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22000	490022000	CABLE TV	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22500	490022500	TELEPHONE REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	24000	490024000	DONATIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	25000	490025000	INTEREST	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	28000	490028000	LATE PAYMENT CHARGE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	29000	490029000	MISCELLANEOUS INCOME	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	35000	490035000	MEDICAID ACUITY INCOME	$219,448	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862
4900	90000	490090000	DISCOUNTS TAKEN	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4910	11000	491011000	BARBER & BEAUTY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4920	11000	492011000	R & B ROOM DIFFERENTIAL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4950	11000	495011000	CONCESSIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	11000	575011000	PRIOR YR REV ADJ PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12000	575012000	PRIOR YR REV ADJ MCAID SKL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12001	575012001	PRIOR YR REV ADJ MCAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
5750	13000	575013000	PRIOR YR REV ADJ MCARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	14000	575014000	PRIOR YR REV ADJ MCARE B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	22000	575022000	PRIOR YR ADJ MEDICAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	18000	575018000	PRIOR YEAR HOSPICE ADJ	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	41000	575041000	PRIOR YEAR REV ADJ INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total OTHER INCOME**	**$224,471**	**$411**	**$374**	**$55,282**	**$407**	**$423**	**$55,275**	**$426**	**$433**	**$55,281**	**$436**	**$422**	**$55,301**
	00	00														
	00	00	**Total REVENUE**	**$11,152,888**	**$889,991**	**$808,811**	**$961,293**	**$891,087**	**$926,272**	**$956,558**	**$932,241**	**$943,203**	**$967,643**	**$948,683**	**$918,081**	**$1,009,024**
PPD				**$218**	**$213**	**$212**	**$225**	**$215**	**$215**	**$228**	**$215**	**$214**	**$227**	**$214**	**$214**	**$226**
6000	11000	600011000	NURSING ADMIN SALARIES	$331,065	$ 28,118	$ 25,397	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118
6000	11100	600011100	NURSE ADMIN COMPENSATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	12000	600012000	NURSING ADMIN VAC/SICK/OTHER	$13,588	$1,154	$1,042	$1,154	$1,117	$1,154	$1,117	$1,154	$1,154	$1,117	$1,154	$1,117	$1,154
6000	12500	600012500	NURSING ADMIN BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	13000	600013000	NURSING ADMIN PAYROLL TAXES	$46,835	$3,978	$3,593	$3,978	$3,849	$3,978	$3,849	$3,978	$3,978	$3,849	$3,978	$3,849	$3,978
6000	20000	600020000	NURSING ADMIN SUPPLIES	$276	$23	$21	$23	$22	$23	$23	$23	$24	$23	$24	$23	$24
6000	30000	600030000	NURSING ADMIN MINOR EQUIPMENT	$10,361	$848	$772	$867	$839	$874	$851	$880	$892	$864	$899	$870	$905
6000	32000	600032000	NURSING ADMIN CONTRACT SERVICE	$32,400	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700
6000	33500	600033500	NURSING ADMIN EDUCATION	$312	$26	$23	$26	$25	$26	$26	$27	$27	$26	$27	$26	$27
6000	35100	600035100	NURSING ADMIN WORKERS COMP	$15,660	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305
6000	35200	600035200	NURSING ADMIN GROUP INSURANCE	$13,177	$1,079	$982	$1,103	$1,067	$1,111	$1,083	$1,119	$1,135	$1,098	$1,143	$1,106	$1,151
6000	35800	600035800	NURSING ADMIN TRAVEL	$101,311	$8,296	$7,548	$8,480	$8,207	$8,542	$8,325	$8,603	$8,726	$8,444	$8,787	$8,504	$8,849
6000	36400	600036400	NURSING ADMIN HELP WANTED	$522	$43	$39	$44	$42	$44	$43	$44	$45	$43	$45	$44	$46
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NURSING - ADMINISTRATION**	**$565,507**	**$47,570**	**$43,422**	**$47,798**	**$46,384**	**$47,875**	**$46,533**	**$47,951**	**$48,104**	**$46,680**	**$48,180**	**$46,755**	**$48,257**
PPD				**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**
6070	11200	607011200	NF/SNF SALARIES-RN	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11400	607011400	NF/SNF SALARIES-LPN	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11600	607011600	NF/SNF SALARIES-CNA	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11800	607011800	NF/SNF SALARIES-PERSON SUPERE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12000	607012000	NF/SNF VACATION/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12500	607012500	NF/SNF NURSING BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	13000	607013000	NF/SNF NURSING PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	20000	607020000	NF/SNF NURSING SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	30000	607030000	NF/SNF NURSING MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33000	607033000	NF/SNF NURSING SALARIES-TRAINING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33500	607033500	NF/SNF NURSING EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35100	607035100	NF/SNF NURSING WORK COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35200	607035200	NF/SNF NURSING GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35800	607035800	NF/SNF NURSING TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	36400	607036400	NF/SNF NURSING HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total NURSING - NON-CERTIFIED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	11200	610011200	CERT SALARIES-RN	$367,047	$ 31,174	$ 28,157	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174
6100	11400	610011400	CERT SALARIES-LPN	$676,972	$ 57,496	$ 51,932	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496
6100	11600	610011600	CERT SALARIES-CNA	$1,125,133	$ 95,559	$ 86,312	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559
6100	11800	610011800	CERT SALARIES-PERSON SUPERE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	12000	610012000	CERT VACATION/SICK/OTHER	$199,080	$16,908	$15,272	$16,908	$16,363	$16,908	$16,363	$16,908	$16,908	$16,363	$16,908	$16,363	$16,908
6100	12500	610012500	CERT NURSING BENEFITS	$8,339	$683	$621	$698	$676	$703	$685	$708	$718	$695	$723	$700	$729
6100	13000	610013000	CERT NURSING PAYROLL TAXES	$326,449	$27,726	$25,043	$27,726	$26,831	$27,726	$26,831	$27,726	$27,726	$26,831	$27,726	$26,831	$27,726
6100	14200	610014200	CERT POOL SERVICES-RNS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	14600	610014600	CERT POOL SERVICES-AIDES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	20000	610020000	CERT NURSING SUPPLIES	$29,583	$2,423	$2,204	$2,476	$2,396	$2,494	$2,431	$2,512	$2,548	$2,466	$2,566	$2,483	$2,584
6100	30000	610030000	CERT NURSING MINOR EQUIPMENT	$7,401	$606	$551	$620	$600	$624	$608	$629	$637	$617	$642	$621	$646
6100	32000	610032000	CERT NURSING CONTRAT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33000	610033000	CERT NURSING SALARIES-TRAINING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33500	610033500	CERT NURSING EDUCATION	$4,707	$386	$351	$394	$381	$397	$387	$400	$405	$392	$408	$395	$411
6100	35100	610035100	CERT NURSING WORK COMP	$39,576	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298
6100	35200	610035200	CERT NURSING GROUP INSURANCE	$83,650	$6,850	$6,233	$7,002	$6,776	$7,053	$6,874	$7,103	$7,205	$6,972	$7,255	$7,021	$7,306
6100	35800	610035800	CERT NURSING TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	36400	610036400	CERT NURSING HELP WANTED	$742	$61	$55	$62	$60	$63	$61	$63	$64	$62	$64	$62	$65
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NURSING - CERTIFIED**	$2,868,679	$243,170	$220,029	$243,413	$235,668	$243,495	$235,825	$243,576	$243,738	$235,983	$243,819	$236,061	$243,902
PPD				$56	$58	$58	$57	$57	$57	$56	$56	$55	$55	$55	$55	$55
6130	11000	613011000	RESTORATIVE AIDE SALARIES	$59,218	$ 5,029	$ 4,543	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029
6130	12000	613012000	RESTORATIVE AIDE VAC/SICK/OTHE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	12500	613012500	RESTORATIVE AIDE BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	13000	613013000	RESTORATIVE AIDE PAYROLL TAXES	$6,218	$528	$477	$528	$511	$528	$511	$528	$528	$511	$528	$511	$528
6130	33500	613033500	RESTORATIVE AIDE EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	35100	613035100	RESTORATIVE AIDE WORKERS COMP	$0												
6130	35200	613035200	RESTORATIVE AIDE GROUP INSUR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NURSING - RESTORATIVE AIDE**	$65,435	$5,558	$5,020	$5,558	$5,378	$5,558	$5,378	$5,558	$5,558	$5,378	$5,558	$5,378	$5,558
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
	00	00														
	00	00	**Total NURSING**	$3,499,622	$296,297	$268,470	$296,768	$287,430	$296,927	$287,736	$297,084	$297,399	$288,041	$297,556	$288,194	$297,716
	00	00														

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
6310	32000	631032000	RADIOLOGY CONTRACT SERVICE	$38,433	$3,147	$2,864	$3,217	$3,113	$3,240	$3,158	$3,264	$3,310	$3,203	$3,334	$3,226	$3,357
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total RADIOLOGY**	**$38,433**	**$3,147**	**$2,864**	**$3,217**	**$3,113**	**$3,240**	**$3,158**	**$3,264**	**$3,310**	**$3,203**	**$3,334**	**$3,226**	**$3,357**
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6315	32000	631532000	LAB CONTRACT SERVICE	$39,591	$3,242	$2,950	$3,314	$3,207	$3,338	$3,253	$3,362	$3,410	$3,300	$3,434	$3,323	$3,458
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total LABORATORY**	**$39,591**	**$3,242**	**$2,950**	**$3,314**	**$3,207**	**$3,338**	**$3,253**	**$3,362**	**$3,410**	**$3,300**	**$3,434**	**$3,323**	**$3,458**
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6320	20000	632020000	IV SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	20100	632020100	IV prescriptions	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	32000	632032000	IV Contract Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total IV**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	11000	632511000	RESP THERAPY SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6325	12000	632512000	RESP THERAPY VACATION/SICK	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	12500	632512500	RESP THERAPY BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	13000	632513000	RESP THERAPY PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	32000	632532000	RESP THERAPY CONTRACT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	33500	632533500	RESP THERAPY EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35100	632535100	RESP THERAPY WORKS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35200	632535200	RESP THERAPY GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	20000	632520000	RESP THERAPY SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RESPIRATORY THERAPY**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	11000	633011000	PT SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12000	633012000	PT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12500	633012500	PT BENEFITIS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	13000	633013000	PT PAYROLL TAXES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	20000	633020000	PT SUPPLIES	$2	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	33500	633033500	PT EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35100	633035100	PT WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35200	633035200	PT GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35800	633035800	PT TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	30000	633030000	PT MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	32000	633032000	PT CONTRACT SERVICE	$297,035	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753
6330	32100	633032100	PT CONTRACT SERVICE PART B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PHYSICAL THERAPY**	$297,037	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753
PPD				$6	$6	$7	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6
6335	11000	633511000	OT SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12000	633512000	OT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12500	633512500	OT BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	13000	633513000	OT PAYROLL TAXES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	20000	633520000	OT SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
6335	32000	633532000	OT CONTRACT SERVICE	$280,161	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347
6335	32100	633532100	OT CONTRACT SERVICE PART B	$1,469	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,469
6335	33500	633533500	OT EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35100	633535100	OT WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35200	633535200	OT GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total OCCUPATIONAL THERAPY**	$281,629	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$24,815
PPD				$5.51	$5.58	$6.13	$5.46	$5.64	$5.42	$5.56	$5.38	$5.30	$5.48	$5.27	$5.44	$5.56
6340	11000	634011000	SPEECH SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6340	12000	634012000	SPEECH VACATIONS/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	12500	634012500	SPEECH BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	13000	634013000	SPEECH PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	20000	634020000	SPEECH SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	32000	634032000	ST CONTRACT SERVICE	$210,388	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532
6340	32100	634032100	ST CONTRACT SERVICE PART B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	33500	634033500	SPEECH EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	35100	634035100	SPEECH WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total SPEECH THERAPY**	$210,388	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532
PPD				$4	$4	$5	$4	$4	$4	$4	$4	$4	$4	$4	$4	$4
6350	11000	635011000	CENT SUPPLY SALARIES	$25,030	$ 2,126	$ 1,920	$ 2,126	$ 2,057	$ 2,126	$ 2,057	$ 2,126	$ 2,126	$ 2,057	$ 2,126	$ 2,057	$ 2,126
6350	12000	635012000	CENT SUPPLY VAC, SICK, OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6350	12500	635012500	CENT SUPPLY BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	13000	635013000	CENT SUPPLY P/R TAXES	$2,388	$196	$178	$200	$193	$201	$196	$203	$206	$199	$207	$200	$209
6350	20000	635020000	CENTRAL SUPPLY MED SUPPLY FLOO	$94,116	$7,707	$7,012	$7,878	$7,624	$7,935	$7,734	$7,992	$8,106	$7,845	$8,163	$7,900	$8,220
6350	20100	635020100	CENT SUPPLY MED SUPPLY BILLABL	$37,122	$3,040	$2,766	$3,107	$3,007	$3,130	$3,051	$3,152	$3,197	$3,094	$3,220	$3,116	$3,242
6350	20200	635020200	CENT SUPPLY INCONT MED SUPPLIE	$131,860	$10,797	$9,825	$11,037	$10,681	$11,117	$10,836	$11,197	$11,357	$10,991	$11,437	$11,068	$11,517
6350	21000	635021000	UNIVERSAL PRECAUTIONS	$3,900	$319	$291	$326	$316	$329	$321	$331	$336	$325	$338	$327	$341
6350	30000	635030000	CENTRAL SUPPLY MINOR EQUIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32000	635032000	CENTRAL SUPPLY CONTRACT SERVIC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	33500	635033500	CENTRAL SUPPLY EDUCATION	$51	$4	$4	$4	$4	$4	$4	$4	$5	$4	$5	$4	$5
6350	35100	635035100	CENT SUPPLY WORKERS COMP	$9,864	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822
6350	35200	635035200	CENT SUPPLY GROUP INSURANCE	$2,700	$221	$201	$226	$219	$228	$222	$229	$232	$225	$234	$227	$236
6350	36400	635036400	CENT SUPPLY HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	35800	635035800	CENTRAL SUPPLY TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32100	635032100	CENTRAL SUPPLY-PHYSICIANS VISITS VA	$14,711	$1,205	$1,096	$1,231	$1,192	$1,240	$1,209	$1,249	$1,267	$1,226	$1,276	$1,235	$1,285
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAL SUPPLIES**	**$321,742**	**$26,437**	**$24,115**	**$26,957**	**$26,115**	**$27,132**	**$26,452**	**$27,305**	**$27,654**	**$26,788**	**$27,828**	**$26,956**	**$28,003**
PPD				$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6
6355	20000	635520000	PHARMACY NON-LEGEND DRUGS	$21,711	$1,778	$1,618	$1,817	$1,759	$1,830	$1,784	$1,844	$1,870	$1,810	$1,883	$1,822	$1,896
6355	20100	635520100	PHARMACY PRESCRIPTIONS	$287,525	$22,785	$20,580	$22,785	$24,150	$24,955	$24,150	$24,955	$24,955	$24,150	$24,955	$24,150	$24,955
6355	32000	635532000	PHARMACY CONTRACT SERVICE	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PHARMACY**	**$314,036**	**$24,963**	**$22,598**	**$25,002**	**$26,309**	**$27,185**	**$26,334**	**$27,199**	**$27,225**	**$26,360**	**$27,238**	**$26,372**	**$27,251**
PPD				$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6
6380	32000	638032000	MEDICAL TRANSPORTATION-CONTRACT	$9,600	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAL TRANSPORTATION-CHAI**	**$9,600**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6365	20000	636520000	COMPLEX MED EQUIP SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total EQUIPMENT RENTAL**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	11000	640011000	DIETARY SALARIES	$233,814	$ 19,858	$ 17,936	$ 19,858	$ 19,218	$ 19,858	$ 19,218	$ 19,858	$ 19,858	$ 19,218	$ 19,858	$ 19,218	$ 19,858
6400	12000	640012000	DIETARY VACATION/SICK/OTHER	$40,987	$ 3,481	$ 3,144	$ 3,481	$ 3,369	$ 3,481	$ 3,369	$ 3,481	$ 3,481	$ 3,369	$ 3,481	$ 3,369	$ 3,481
6400	12500	640012500	DIETARY BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6400	13000	640013000	DIETARY PAYROLL TAXES	$37,253	$ 3,164	$ 2,857	$ 3,164	$ 3,062	$ 3,164	$ 3,062	$ 3,164	$ 3,164	$ 3,062	$ 3,164	$ 3,062	$ 3,164
6400	20000	640020000	DIETARY SUPPLIES	$58,779	$4,813	$4,380	$4,920	$4,761	$4,956	$4,830	$4,991	$5,063	$4,899	$5,098	$4,934	$5,134
6400	21000	640021000	DIETARY RAW FOOD	$351,734	$28,801	$26,207	$29,441	$28,492	$29,655	$28,905	$29,868	$30,295	$29,317	$30,508	$29,524	$30,721
6400	21100	640021100	DIETARY SUPPLEMENTS	$20,648	$1,691	$1,538	$1,728	$1,673	$1,741	$1,697	$1,753	$1,778	$1,721	$1,791	$1,733	$1,804
6400	21200	640021200	DIETARY NUTRITION (INELIGIBLE)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	30000	640030000	DIETARY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	32000	640032000	DIETARY CONTRACT SERVICE	$9,024	$752	$752	$752	$752	$752	$752	$752	$752	$752	$752	$752	$752
6400	33500	640033500	DIETARY EDUCATION	$733	$60	$55	$61	$59	$62	$60	$62	$63	$61	$64	$62	$64
6400	35100	640035100	DIETARY WORKERS COMP	$12,360	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030
6400	35200	640035200	DIETARY GROUP INSUANCE	$13,727	$1,124	$1,023	$1,149	$1,112	$1,157	$1,128	$1,166	$1,182	$1,144	$1,191	$1,152	$1,199
6400	35800	640035800	DIETARY TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	36400	640036400	DIETARY HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total DIETARY**	**$779,059**	**$64,774**	**$58,922**	**$65,584**	**$63,528**	**$65,856**	**$64,051**	**$66,125**	**$66,666**	**$64,573**	**$66,937**	**$64,836**	**$67,207**
PPD				$15	$15	$15	$15	$15	$15	$15	$15	$15	$15	$15	$15	$15
6450	11000	645011000	HOUSEKEEPING SALARIES	$144,254	$ 12,252	$ 11,066	$ 12,252	$ 11,856	$ 12,252	$ 11,856	$ 12,252	$ 12,252	$ 11,856	$ 12,252	$ 11,856	$ 12,252
6450	12000	645012000	HOUSEKEEPING VAC/SICK/OTHER	$15,988	$ 1,358	$ 1,226	$ 1,358	$ 1,314	$ 1,358	$ 1,314	$ 1,358	$ 1,358	$ 1,314	$ 1,358	$ 1,314	$ 1,358
6450	13000	645013000	HOUSEKEEPING PAYROLL TAXES	$27,800	$ 2,361	$ 2,133	$ 2,361	$ 2,285	$ 2,361	$ 2,285	$ 2,361	$ 2,361	$ 2,285	$ 2,361	$ 2,285	$ 2,361
6450	12500	645012500	HOUSEKEEPING BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6450	20000	645020000	HOUSEKEEPING SUPPLIES	$45,341	$3,713	$3,378	$3,795	$3,673	$3,823	$3,726	$3,850	$3,905	$3,779	$3,933	$3,806	$3,960
6450	32000	645032000	HOUSEKEEPING CONTRACT SERVICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6450	33500	645033500	HOUSEKEEPING EDUCATION	$576	$47	$43	$48	$47	$49	$47	$49	$50	$48	$50	$48	$50
6450	35100	645035100	HOUSEKEEPING WORKERS COMP	$10,188	$849	$849	$849	$849	$849	$849	$849	$849	$849	$849	$849	$849
6450	35200	645035200	HOUSEKEEPING GROUP INSURANCE	$20,735	$1,698	$1,545	$1,736	$1,680	$1,748	$1,704	$1,761	$1,786	$1,728	$1,798	$1,740	$1,811
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total HOUSEKEEPING**	**$264,882**	**$22,278**	**$20,240**	**$22,399**	**$21,704**	**$22,440**	**$21,781**	**$22,480**	**$22,561**	**$21,859**	**$22,601**	**$21,898**	**$22,641**
PPD				$5	$5	$5	$5	$5	$5	$5	$5	$5	$5	$5	$5	$5
6500	11000	650011000	LAUNDRY SALARIES	$51,465	$ 4,371	$ 3,948	$ 4,371	$ 4,230	$ 4,371	$ 4,230	$ 4,371	$ 4,371	$ 4,230	$ 4,371	$ 4,230	$ 4,371
6500	12000	650012000	LAUNDRY VACATION/SICK/OTHER	$4,082	$ 347	$ 313	$ 347	$ 335	$ 347	$ 335	$ 347	$ 347	$ 335	$ 347	$ 335	$ 347
6500	13000	650013000	LAUNDRY PAYROLL TAXES	$7,288	$ 619	$ 559	$ 619	$ 599	$ 619	$ 599	$ 619	$ 619	$ 599	$ 619	$ 599	$ 619
6500	12500	650012500	LAUNDRY BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6500	20000	650020000	LAUNDRY SUPPLIES	$466	$38	$35	$39	$38	$39	$38	$40	$40	$39	$40	$39	$41
6500	22000	650022000	LAUNDRY LINEN REPLACEMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	31000	650031000	LAUNDRY R&M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	32000	650032000	LAUNDRY CONTRACT SERVICES	$108,732	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061
6500	33500	650033500	LAUNDRY EDUCATION	$106	$9	$8	$9	$8	$9	$9	$9	$9	$9	$9	$9	$9
6500	35100	650035100	LAUNDRY WORKERS COMP	$1,404	$117	$117	$117	$117	$117	$117	$117	$117	$117	$117	$117	$117
6500	35200	650035200	LAUNDRY GROUP INSURANCE	$1,730	$142	$129	$145	$140	$146	$142	$147	$149	$144	$150	$145	$151
6500	30000	650030000	LAUNDRY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total LAUNDRY**	**$175,273**	**$14,704**	**$14,170**	**$14,708**	**$14,528**	**$14,709**	**$14,531**	**$14,711**	**$14,713**	**$14,534**	**$14,714**	**$14,535**	**$14,716**
PPD				$3	$4	$4	$3	$4	$3	$3	$3	$3	$3	$3	$3	$3
6550	11000	655011000	PLANT SALARIES	$75,856	$ 6,443	$ 5,819	$ 6,443	$ 6,234	$ 6,443	$ 6,234	$ 6,443	$ 6,443	$ 6,234	$ 6,443	$ 6,234	$ 6,443
6550	12000	655012000	PLANT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6550	12500	655012500	PLANT BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
6550	13000	655013000	PLANT PAYROLL TAXES	$10,676	$ 907	$ 819	$ 907	$ 877	$ 907	$ 877	$ 907	$ 907	$ 877	$ 907	$ 877	$ 907
6550	20000	655020000	PLANT SUPPLIES	$56,207	$4,602	$4,188	$4,705	$4,553	$4,739	$4,619	$4,773	$4,841	$4,685	$4,875	$4,718	$4,909
6550	30000	655030000	PLANT MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	31000	655031000	PLANT R & M	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6550	31500	655031500	PLANT PEST CONTROL	$7,251	$594	$540	$607	$587	$611	$596	$616	$625	$604	$629	$609	$633
6550	32000	655032000	PLANT CONTRACT SERVICE	$45,840	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820
6550	32500	655032500	PLANT SECURITY CONTRACT SERVIC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	33500	655033500	PLANT EDUCATION	$106	$9	$8	$9	$8	$9	$9	$9	$9	$9	$9	$9	$9
6550	34000	655034000	PLANT UTILITIES - ELECTRIC	$183,600	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300
6550	34500	655034500	PLANT UTILITIES - GAS	$48,960	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080
6550	35000	655035000	PLANT UTILITIES - WATER & SEWE	$12,240	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
6550	35100	655035100	PLANT WORKERS COMP	$4,236	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353
6550	35200	655035200	PLANT GROUP INSURANCE	$3,321	$272	$247	$278	$269	$280	$273	$282	$286	$277	$288	$279	$290
6550	35800	655035800	PLANT TRAVEL	$230	$19	$17	$19	$19	$19	$19	$20	$20	$19	$20	$19	$20
6550	36400	655036400	PLANT HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total PLANT**	**$455,723**	**$38,019**	**$36,811**	**$38,141**	**$37,720**	**$38,181**	**$37,800**	**$38,223**	**$38,304**	**$37,878**	**$38,344**	**$37,918**	**$38,384**
PPD				$9	$9	$10	$9	$9	$9	$9	$9	$9	$9	$9	$9	$9
6600	11000	660011000	ACTIVITIES SALARIES	$58,178	$ 4,941	$ 4,463	$ 4,941	$ 4,782	$ 4,941	$ 4,782	$ 4,941	$ 4,941	$ 4,782	$ 4,941	$ 4,782	$ 4,941
6600	12000	660012000	ACTIVITIES VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6600	12500	660012500	ACTIVITIES BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	13000	660013000	ACTIVITIES PAYROLL TAXES	$5,475	$ 465	$ 420	$ 465	$ 450	$ 465	$ 450	$ 465	$ 465	$ 450	$ 465	$ 450	$ 465
6600	20000	660020000	ACTIVITY SUPPLIES	$3,642	$298	$271	$305	$295	$307	$299	$309	$314	$304	$316	$306	$318
6600	30000	660030000	ACTIVITY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	32000	660032000	ACTIVITY CONTRACT SERVICE	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6600	33500	660033500	ACTIVITIES EDUCATION	$106	$9	$8	$9	$8	$9	$9	$9	$9	$9	$9	$9	$9
6600	35100	660035100	ACTIVITIES WORKERS COMP	$1,656	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138
6600	35200	660035200	ACTIVITIES GROUP INSURANCE	$4,653	$381	$347	$389	$377	$392	$382	$395	$401	$388	$404	$391	$406
6600	36400	660036400	ACTIVITIES HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	35800	660035800	ACTIVITIES TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total ACTIVITIES**	**$80,910**	**$6,832**	**$6,247**	**$6,847**	**$6,650**	**$6,852**	**$6,660**	**$6,857**	**$6,868**	**$6,671**	**$6,873**	**$6,676**	**$6,877**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2
6650	11000	665011000	SOCIAL SERVICES SALARIES	$61,986	$ 5,265	$ 4,755	$ 5,265	$ 5,094	$ 5,265	$ 5,094	$ 5,265	$ 5,265	$ 5,094	$ 5,265	$ 5,094	$ 5,265
6650	12000	665012000	SOCIAL SERVICE VAC/SICK/OTHER	$9,843	$ 836	$ 755	$ 836	$ 809	$ 836	$ 809	$ 836	$ 836	$ 809	$ 836	$ 809	$ 836
6650	12500	665012500	SOCIAL SERVICE BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	13000	665013000	SOCIAL SERVICE PAYROLL TAXES	$23,653	$ 2,009	$ 1,814	$ 2,009	$ 1,944	$ 2,009	$ 1,944	$ 2,009	$ 2,009	$ 1,944	$ 2,009	$ 1,944	$ 2,009
6650	20000	665020000	SOCIAL SERVICE SUPPLIES	$2,529	$207	$188	$212	$205	$213	$208	$215	$218	$211	$219	$212	$221
6650	33000	665033000	SOCIAL SERVICE SALARIES-TRA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	33500	665033500	SOCIAL SERVICE EDUCATION	$51	$4	$4	$4	$4	$4	$4	$4	$5	$4	$5	$4	$5

Waynesboro

Acct	Sub		Description	Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
6650	35100	665035100	SOCIAL SERVICE WORKERS COMP	$2,184	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182
6650	35200	665035200	SOCIAL SERVICE GROUP INSURANCE	$720	$59	$54	$60	$58	$61	$59	$61	$62	$60	$63	$60	$63
6650	35800	665035800	SOCIAL SERVICE TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	36400	665036400	SOCIAL SERVICE HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	30000	665030000	SOCIAL SERVICE MINOR EQUIPMENT	$1,295	$106	$97	$108	$105	$109	$106	$110	$112	$108	$112	$109	$113
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total SOCIAL SERVICES**	**$102,261**	**$8,668**	**$7,849**	**$8,676**	**$8,401**	**$8,679**	**$8,406**	**$8,682**	**$8,689**	**$8,412**	**$8,691**	**$8,414**	**$8,694**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2
6700	11000	670011000	MEDICAL RECORDS SALARIES	$31,120	$ 2,643	$ 2,387	$ 2,643	$ 2,558	$ 2,643	$ 2,558	$ 2,643	$ 2,643	$ 2,558	$ 2,643	$ 2,558	$ 2,643
6700	12000	670012000	MEDICAL RECORDS VAC/SICK/OTHER	$19,333	$ 1,642	$ 1,483	$ 1,642	$ 1,589	$ 1,642	$ 1,589	$ 1,642	$ 1,642	$ 1,589	$ 1,642	$ 1,589	$ 1,642
6700	12500	670012500	MEDICAL RECORDS BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	13000	670013000	MEDICAL RECORDS PAYROLL TAXES	$9,323	$ 792	$ 715	$ 792	$ 766	$ 792	$ 766	$ 792	$ 792	$ 766	$ 792	$ 766	$ 792
6700	20000	670020000	MEDICAL RECORDS SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	30000	670030000	MEDICAL RECORDS MINOR EQUIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	32000	670032000	MEDICAL RECORDS CONTRACT SERVI	$6,000	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500
6700	33000	670033000	MEDICAL RECORDS SALARIES-TRA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	33500	670033500	MEDICAL RECORDS EDUCATION	$51	$4	$4	$4	$4	$4	$4	$4	$5	$4	$5	$4	$5
6700	35100	670035100	MEDICAL RECORDS WORKERS COMP	$1,392	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116
6700	35200	670035200	MEDICAL RECORDS GROUP INSURANC	$2,184	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182
6700	36400	670036400	MEDICAL RECORDS HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total MEDICAL RECORDS**	**$69,403**	**$5,879**	**$5,387**	**$5,879**	**$5,715**	**$5,879**	**$5,715**	**$5,879**	**$5,880**	**$5,715**	**$5,880**	**$5,715**	**$5,880**
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6725	35000	672535000	MEDICAL DIRECTOR	$24,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total UTILIZATION REVIEW/MED DIRECT**	**$24,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**
PPD				$0	$0	$1	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	11000	675011000	ADMIN SALARIES	$315,205	$ 26,771	$ 24,180	$ 26,771	$ 25,907	$ 26,771	$ 25,907	$ 26,771	$ 26,771	$ 25,907	$ 26,771	$ 25,907	$ 26,771
6750	11100	675011100	ADMIN COMPENSATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	12000	675012000	ADMIN VACATION/SICK/OTHER	$11,632	$ 988	$ 892	$ 988	$ 956	$ 988	$ 956	$ 988	$ 988	$ 956	$ 988	$ 956	$ 988
6750	12500	675012500	ADMIN BENEFITS	$2,816	$231	$210	$236	$228	$237	$231	$239	$243	$235	$244	$236	$246
6750	13000	675013000	ADMIN PAYROLL TAXES	$59,027	$ 5,013	$ 4,528	$ 5,013	$ 4,852	$ 5,013	$ 4,852	$ 5,013	$ 5,013	$ 4,852	$ 5,013	$ 4,852	$ 5,013
6750	13002	675013002	ADMIN PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	20000	675020000	ADMIN SUPPLIES	$55,699	$4,561	$4,150	$4,662	$4,512	$4,696	$4,577	$4,730	$4,797	$4,643	$4,831	$4,675	$4,865
6750	20100	675020100	POSTAGE	$1,491	$122	$111	$125	$121	$126	$123	$127	$128	$124	$129	$125	$130
6750	21500	675021500	ALLOWABLE MARKETING EXPENSES	$4,350	$356	$324	$364	$352	$367	$358	$369	$375	$363	$377	$365	$380
6750	30000	675030000	ADMIN MINOR EQUIPMENT	$14,249	$1,167	$1,062	$1,193	$1,154	$1,201	$1,171	$1,210	$1,227	$1,188	$1,236	$1,196	$1,244
6750	31000	675031000	ADMIN R&M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	32000	675032000	ADMIN CONTRACT SERVICE	$75,168	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264
6750	32100	675032100	ADMIN BOND TRUSTEE FEES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
6750	33500	675033500	ADMIN EDUCATION	$210	$17	$16	$18	$17	$18	$17	$18	$18	$17	$18	$18	$18
6750	35000	675035000	LIABILITY INSURANCE	$28,860	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405
6750	35100	675035100	ADMIN WORKERS COMP	$10,104	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842
6750	35200	675035200	ADMIN GROUP INSURANCE	$3,681	$301	$274	$308	$298	$310	$303	$313	$317	$307	$319	$309	$322
6750	35300	675035300	LEGAL & ACCOUNTING	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
6750	35400	675035400	DUES & SUBSCRIPTIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35500	675035500	PERMITS & LICENSES	$491,688	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974
6750	35600	675035600	MEETINGS & SEMINARS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35700	675035700	FACILITY AUTO EXPENSE	$1,264	$104	$94	$106	$102	$107	$104	$107	$109	$105	$110	$106	$110
6750	35800	675035800	TRAVEL	$12,956	$1,061	$965	$1,084	$1,049	$1,092	$1,065	$1,100	$1,116	$1,080	$1,124	$1,088	$1,132
6750	35900	675035900	TELEPHONE	$29,996	$2,456	$2,235	$2,511	$2,430	$2,529	$2,465	$2,547	$2,583	$2,500	$2,602	$2,518	$2,620
6750	36000	675036000	MEALS & ENTERTAINMENT	$26,647	$2,182	$1,985	$2,230	$2,159	$2,247	$2,190	$2,263	$2,295	$2,221	$2,311	$2,237	$2,327
6750	36100	675036100	RESIDENT EXPENSE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	36200	675036200	BANK CHARGES	$336	$28	$25	$28	$27	$28	$28	$29	$29	$28	$29	$28	$29
6750	36400	675036400	ADMINISTRATIVE HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37000	675037000	EVACUATION COSTS - RESIDENT RE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37100	675037100	EVACUATION COSTS - TEMP OFFICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37200	675037200	EVACUATION COSTS - RETENTION C	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37300	675037300	EVACUATION COSTS - SUPPLY INVE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37400	675037400	EVACUATION COSTS - CONTRACT SE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37500	675037500	EVACUATION COSTS - SECURITY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37800	675037800	EVACUATION COSTS - TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	39900	675039900	MISCELLANEOUS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	90000	675090000	MANAGEMENT FEES	$557,645	$44,500	$40,441	$48,065	$44,554	$46,314	$47,828	$46,612	$47,160	$48,382	$47,434	$45,904	$50,451
6750	91000	675091000	HOME OFFICE ALLOCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99800	675099800	CHARITY CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	96000	675096000	PRIOR YEAR EXPENSE - OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99600	675099600	BAD DEBT - SEQUESTRATION PART A	$57,672	$4,520	$4,082	$4,520	$4,860	$5,022	$4,860	$5,022	$5,022	$4,860	$5,022	$4,860	$5,022
6750	99700	675099700	BAD DEBT - SEQUESTRATION PART B	$3,373	$276	$251	$282	$273	$284	$277	$286	$291	$281	$293	$283	$295
6750	99900	675099900	BAD DEBT - OPERATING	$3,346	$267	$243	$288	$267	$278	$287	$280	$283	$290	$285	$275	$303
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$557,644	$44,500	$40,441	$48,065	$44,554	$46,314	$47,828	$46,612	$47,160	$48,382	$47,434	$45,904	$50,451
	00	00														
	00	00	**Total ADMINISTRATION**	**$2,329,859**	**$190,306**	**$177,394**	**$197,742**	**$189,558**	**$194,827**	**$196,312**	**$195,521**	**$196,810**	**$197,606**	**$197,455**	**$192,727**	**$203,602**
PPD				$46	$45	$47	$46	$46	$45	$47	$45	$45	$46	$45	$45	$46
6910	11000	691011000	B & B SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6910	12000	691012000	B & B VAC/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	12500	691012500	B & B BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	13000	691013000	B & B PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	20000	691020000	B & B SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	33500	691033500	B & B EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	35100	691035100	B & B WORKERS COMP	$0												
6910	35200	691035200	B & B GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	32000	691032000	B & B CONTRACT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total BEAUTY BARBER**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6925	32000	692532000	MEDICAL TRANSPORTATION CONTRAC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00	**Total MEDICAL TRANSPORTATION**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6950	20000	695020000	CONCESSION SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total CONCESSIONS**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	32000	693032000	RESIDENT TRANSPORTATION - CONT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	20000	693020000	FACILITY AUTO - GAS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RESIDENT TRANSPORTATION**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	25500	700025500	NON OPERATING MISCELLANEOUS IN	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NONOPERATING INCOME**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**TOTAL OPERATING COSTS**	**$9,293,448**	**$773,978**	**$716,449**	**$783,666**	**$762,410**	**$783,677**	**$770,622**	**$785,125**	**$787,921**	**$773,373**	**$789,317**	**$769,223**	**$797,687**
PPD				$182	$185	$188	$183	$184	$182	$183	$181	$179	$182	$178	$179	$179
	00	00	**INCOME/LOSS (-) FROM OPERATIONS**	**$1,859,439**	**$116,013**	**$92,362**	**$177,627**	**$128,677**	**$142,595**	**$185,936**	**$147,117**	**$155,282**	**$194,270**	**$159,366**	**$148,858**	**$211,338**
PPD				36.38184025	27.721151	24.2545971	41.5209906	31.0813846	33.0922691	44.2705672	33.8978151	35.275397	45.6032193	35.9499747	34.6988145	47.3426451
7000	31000	700031000	PROPERTY INSURANCE	$22,344	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862
7000	41000	700041000	DEPRECIATION	$24,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
7000	42000	700042000	AMORTIZATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	50000	700050000	INTEREST EXP-BUILDING	$0												
7000	50100	700050100	INTEREST EXP-FINANCE CHARGES	$0												
7000	50200	700050200	INTEREST NOTES PAYABLE	$0												
7000	50300	700050300	INTEREST EXP-WORKING CAPITAL	$0												
7000	62000	700062000	BUILDING LEASE	$720,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000
7000	62100	700062100	PARTICIPATING RENT-BLDG	$0												
7000	62500	700062500	EQUIPMENT LEASE	$12,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
7000	70000	700070000	PROPERTY TAXES	$33,600	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800
7000	70500	700070500	FRANCHISE EXCISE TAX	$0												
7000	71000	700071000	STAMP TAX	$0												
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PROPERTY & FINANCIAL**	**$811,944**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**
PPD				$16	$16	$18	$16	$16	$16	$16	$16	$15	$16	$15	$16	$15
7020	31000	702031000	PENALTIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	33000	702033000	PROMOTIONAL ADVERTISING	$2,400	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total NONALLOWABLE EXPENSE	**$2,400**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	32000	702032000	CHARITABLE CONTRIBUTIONS	$0												
			Total NONOPERATING EXPENSES	**$811,944**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**
PPD				$16	$16	$18	$16	$16	$16	$16	$16	$15	$16	$15	$16	$15
			Total NET INCOME	**$1,045,095**	**$48,151**	**$24,500**	**$109,765**	**$60,815**	**$74,733**	**$118,074**	**$79,255**	**$87,420**	**$126,408**	**$91,504**	**$80,996**	**$143,476**
PPD				$20	$12	$6	$26	$15	$17	$28	$18	$20	$30	$21	$19	$32
			Total Expenses	$10,107,792	$841,840	$784,311	$851,528	$830,272	$851,539	$838,484	$852,987	$855,783	$841,235	$857,179	$837,085	$865,549
			Sum of lookup figures		$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862
			Check Figure (should = 0)													

Waynesboro

Acct	Sub		Description	Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
PPD				$176	$176	$176	$176	$176	$176	$176	$176	$176	$176	$176	$176	$176
4010	12000	401012000	CERTIFIED - NF/SNF MEDICAID	$193,411	$16,182	$14,616	$16,182	$15,660	$16,182	$15,660	$16,667	$16,667	$16,130	$16,667	$16,130	$16,667
4100	12000	410012000	RADIOLOGY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12000	415012000	LAB - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12000	430012000	PT - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12000	435012000	OT - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12000	440012000	ST - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12000	450012000	MED SUPPLY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12000	455012000	PHARMACY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12000	465012000	COMPLEX MED EQUIP - NF/SNF MED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12000	493012000	NON CHARGE MEDICAL SUPPLY - NF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12000	501012000	C/A CERTIFIED NF/SNF MEDICAID	$2,368	$198	$179	$198	$192	$198	$192	$204	$204	$198	$204	$198	$204
5100	12000	510012000	C/A RADIOLOGY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12000	515012000	C/A LAB NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12000	530012000	C/A PT NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12000	535012000	C/A OT NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12000	540012000	C/A ST NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12000	550012000	C/A MED SUPPLY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12000	555012000	C/A PHARMACY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12000	565012000	C/A COMP MED EQUIP NF/SNF MEDI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	12000	593012000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total MEDICAID SKILLED**	**$195,780**	**$16,380**	**$14,795**	**$16,380**	**$15,852**	**$16,380**	**$15,852**	**$16,871**	**$16,871**	**$16,328**	**$16,871**	**$16,328**	**$16,871**
PPD				$179	$176	$176	$176	$176	$176	$176	$181	$181	$181	$181	$181	$181
4010	12100	401012100	CDP - MCAID SKL PENDING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12400	401012400	CERTIFIED-NF/SNF PENDING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12100	501012100	C/A CERT PENDING MCAID SKL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12400	501012400	C/A CERT PENDING MCAID-VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total MEDICAID PENDING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	12200	401012200	CDP - MCAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	22000	402022000	ICF - MEDICAID	$6,256,696	$512,416	$467,699	$528,598	$501,106	$523,204	$511,546	$528,598	$539,385	$521,986	$544,779	$527,206	$550,173
4100	22000	410022000	RADIOLOGY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Waynesboro

Acct	Sub		Description	Total Budget BUDGETED FY 2018	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
PATIENT DAYS																
4000		10300	MEDICARE PART A DAYS	7,120	558	504	558	600	620	600	620	620	600	620	600	620
4000	10000		PRIVATE PAY DAYS	4,380	372	336	372	360	372	360	372	372	360	372	360	372
4000	9999		PRIVATE PAY DAYS-VA	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10100		MEDICAID SKILLED DAYS	1,095	93	84	93	90	93	90	93	93	90	93	90	93
4000	10200		MEDICAID ICF DAYS	35,959	2,945	2,688	3,038	2,880	3,007	2,940	3,038	3,100	3,000	3,131	3,030	3,162
4000	10250		MEDICAID ICF VA DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10299		MEDICAID ICF VA SIDE	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10700		PRIVATE INSURANCE DAYS	1,095	93	84	93	90	93	90	93	93	90	93	90	93
4000	10600		HOSPICE DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	99999		HOSPICE DAYS-BNV	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10500		VA DAYS	1,460	124	112	124	120	124	120	124	124	120	124	120	124
4000	10150		MEDICAID PENDING DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
			PATIENT REVENUE DAYS	51,109	4,185	3,808	4,278	4,140	4,309	4,200	4,340	4,402	4,260	4,433	4,290	4,464
			Percent Occupancy	90%	87%	88%	89%	89%	90%	90%	90%	92%	92%	92%	92%	93%
AVERAGE DAILY CENSUS																
			MEDICARE PART A DAYS		18	18	18	20	20	20	20	20	20	20	20	20
			PRIVATE PAY DAYS		12	12	12	12	12	12	12	12	12	12	12	12
			PRIVATE PAY DAYS-VA		-	-	-	-	-	-	-	-	-	-	-	-
			MEDICAID SKILLED DAYS		3	3	3	3	3	3	3	3	3	3	3	3
			MEDICAID ICF DAYS		95	96	98	96	97	98	98	100	100	101	101	102
			MEDICAID ICF VA DAYS		-	-	-	-	-	-	-	-	-	-	-	-
			MEDICAID ICF VA SIDE		-	-	-	-	-	-	-	-	-	-	-	-
			PRIVATE INSURANCE DAYS		3	3	3	3	3	3	3	3	3	3	3	3
			HOSPICE DAYS		-	-	-	-	-	-	-	-	-	-	-	-
			HOSPICE DAYS-BNV		-	-	-	-	-	-	-	-	-	-	-	-
			VA DAYS		4	4	4	4	4	4	4	4	4	4	4	4
			MEDICAID PENDING DAYS		-	-	-	-	-	-	-	-	-	-	-	-
					135	136	138	138	139	140	140	142	142	143	143	144

4010	11000	401011000	CERTIFIED - PRIVATE	$771,455	$65,521	$59,180	$65,521	$63,407	$65,521	$63,407	$65,521	$65,521	$63,407	$65,521	$63,407	$65,521
4000	11300	400011300	NF - PRIVATE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	11000	410011000	RADIOLOGY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	11000	415011000	LAB - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	11000	428011000	MED TRANS - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	11000	430011000	PT - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	11000	435011000	OT - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	11000	440011000	ST - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11000	450011000	MED SUPPLY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11300	450011300	MED SUPPLY - PRIVATE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	11000	452511000	OTC MEDS-PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	11000	455011000	PHARMACY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	11000	465011000	COMPLEX MED EQUIPMENT - PRIVAT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11000	493011000	NON-CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11300	493011300	NON-CHARGE MEDICAL SUPPLIES - VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	11000	501011000	C/A CERT PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	11000	535011000	C/A OT PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	11000	552511000	C/A MEDS SUPPLY PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	11000	593011000	C/A NON-CHARGE MED SUPPLY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total PRIVATE PAY	$771,455	$65,521	$59,180	$65,521	$63,407	$65,521	$63,407	$65,521	$65,521	$63,407	$65,521	$63,407	$65,521

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
4150	22000	415022000	LAB - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	22000	420022000	IV-ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	22000	428022000	MED TRANS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	22000	430022000	PT - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	22000	435022000	OT -ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	22000	440022000	ST - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	22000	450022000	MED SUPPLY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	22000	452522000	OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	22000	455022000	PHARMACY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	22000	465022000	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	22000	493022000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12200	501012200	C/A CERT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22000	502022000	C/A ICF - MEDICAID	($22,208)	($1,819)	($1,660)	($1,876)	($1,779)	($1,857)	($1,816)	($1,876)	($1,914)	($1,853)	($1,934)	($1,871)	($1,953)
5100	22000	510022000	C/A RADIOLOGY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	22000	515022000	C/A LAB ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	22000	520022000	C/A IV ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	22000	528022000	C/A MED TRANS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	22000	530022000	C/A PT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	22000	535022000	C/A OT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	22000	540022000	C/A ST ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	22000	550022000	C/A MED SUPPLY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	22000	552522000	C/A OTC MEDS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	22000	555022000	C/A PHARMACY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	22000	565022000	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	22000	593022000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	22001	402022001	ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22001	502022001	C/A ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total MEDICAID ICF	**$6,234,488**	**$510,597**	**$466,039**	**$526,722**	**$499,327**	**$521,347**	**$509,730**	**$526,722**	**$537,471**	**$520,133**	**$542,845**	**$525,335**	**$548,220**
PPD				$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
4000	12300	400012300	NF-MEDICAID VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12300	401012300	CDP - MCAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	12300	402012300	ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	12300	410012300	RADIOLOGY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12300	415012300	LAB - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	12300	428012300	MED TRANS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12300	430012300	PT - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12300	435012300	OT -ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12300	440012300	ST - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12300	450012300	MED SUPPLY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	12300	452512300	OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12300	455012300	PHARMACY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12300	465012300	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12300	493012300	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	12300	500012300	C/A NF MEDICAID VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12300	501012300	C/A CERT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	12300	502012300	C/A ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	12300	510012300	C/A RADIOLOGY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12300	515012300	C/A LAB ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	12300	528012300	C/A MED TRANS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12300	530012300	C/A PT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12300	535012300	C/A OT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12300	540012300	C/A ST ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12300	550012300	C/A MED SUPPLY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	12300	552512300	C/A OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12300	555012300	C/A PHARMACY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12300	565012300	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12300	575012300	PRIOR YR ADJ MEDICAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
5930	12300	593012300	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total MEDICAID ICF VIRGINIA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	13000	401013000	CERTIFIED - MEDICARE A	$1,238,880	$97,092	$87,696	$97,092	$104,400	$107,880	$104,400	$107,880	$107,880	$104,400	$107,880	$104,400	$107,880
4100	13000	410013000	RADIOLOGY - MEDICARE A	$26,841	$2,104	$1,900	$2,104	$2,262	$2,337	$2,262	$2,337	$2,337	$2,262	$2,337	$2,262	$2,337
4150	13000	415013000	LAB - MEDICARE A	$36,529	$2,863	$2,586	$2,863	$3,078	$3,181	$3,078	$3,181	$3,181	$3,078	$3,181	$3,078	$3,181
4200	13000	420013000	IV - MEDICARE A	$20,362	$1,596	$1,441	$1,596	$1,716	$1,773	$1,716	$1,773	$1,773	$1,716	$1,773	$1,716	$1,773
4260	13000	426013000	WOUND CARE - MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	13000	428013000	MED TRANS - MEDICARE A	$1,494	$117	$106	$117	$126	$130	$126	$130	$130	$126	$130	$126	$130
4300	13000	430013000	PT - MEDICARE A	$545,321	$42,737	$38,601	$42,737	$45,954	$47,486	$45,954	$47,486	$47,486	$45,954	$47,486	$45,954	$47,486
4350	13000	435013000	OT - MEDICARE A	$439,234	$34,423	$31,092	$34,423	$37,014	$38,248	$37,014	$38,248	$38,248	$37,014	$38,248	$37,014	$38,248
4400	13000	440013000	ST - MEDICARE A	$339,269	$26,589	$24,016	$26,589	$28,590	$29,543	$28,590	$29,543	$29,543	$28,590	$29,543	$28,590	$29,543
4500	13000	450013000	MED SUPPLY - MEDICARE A	$6,122	$480	$433	$480	$516	$533	$516	$533	$533	$516	$533	$516	$533
4525	13000	452513000	OTC MEDS - MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	13000	455013000	PHARMACY - MEDICARE A	$360,489	$28,252	$25,518	$28,252	$30,378	$31,391	$30,378	$31,391	$31,391	$30,378	$31,391	$30,378	$31,391
4650	13000	465013000	COMPLEX MED EQUIP - MEDICARE	$6,122	$480	$433	$480	$516	$533	$516	$533	$533	$516	$533	$516	$533
4930	13000	493013000	NON CHARGE MEDICAL SUPPLIES -	$7,191	$564	$509	$564	$606	$626	$606	$626	$626	$606	$626	$606	$626
5010	13000	501013000	C/A CERTIFIED MEDICARE	$1,219,680	$128,898	$116,424	$128,898	$138,600	$143,220	$138,600	$143,220	$143,220	$138,600			
5010	13000	501013000	C/A CERTIFIED MEDICARE	$425,040										$143,220	$138,600	$143,220
5100	13000	510013000	C/A RADIOLOGY - MEDICARE A	($26,841)	($2,104)	($1,900)	($2,104)	($2,262)	($2,337)	($2,262)	($2,337)	($2,337)	($2,262)	($2,337)	($2,262)	($2,337)
5150	13000	515013000	C/A LAB MEDICARE A	($36,529)	($2,863)	($2,586)	($2,863)	($3,078)	($3,181)	($3,078)	($3,181)	($3,181)	($3,078)	($3,181)	($3,078)	($3,181)
5200	13000	520013000	C/A IV MEDICARE A	($20,362)	($1,596)	($1,441)	($1,596)	($1,716)	($1,773)	($1,716)	($1,773)	($1,773)	($1,716)	($1,773)	($1,716)	($1,773)
5260	13000	526013000	C/A WOUND CARE - PART A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	13000	528013000	C/A MED TRANS - PART A	($1,494)	($117)	($106)	($117)	($126)	($130)	($126)	($130)	($130)	($126)	($130)	($126)	($130)
5300	13000	530013000	C/A PT MEDICARE A	($545,321)	($42,737)	($38,601)	($42,737)	($45,954)	($47,486)	($45,954)	($47,486)	($47,486)	($45,954)	($47,486)	($45,954)	($47,486)
5350	13000	535013000	C/A OT MEDICARE A	($439,234)	($34,423)	($31,092)	($34,423)	($37,014)	($38,248)	($37,014)	($38,248)	($38,248)	($37,014)	($38,248)	($37,014)	($38,248)
5400	13000	540013000	C/A ST MEDICARE A	($339,269)	($26,589)	($24,016)	($26,589)	($28,590)	($29,543)	($28,590)	($29,543)	($29,543)	($28,590)	($29,543)	($28,590)	($29,543)
5500	13000	550013000	C/A MED SUPPLY MEDICARE A	($6,122)	($480)	($433)	($480)	($516)	($533)	($516)	($533)	($533)	($516)	($533)	($516)	($533)
5525	13000	552513000	C/A OTC MEDS MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	13000	555013000	C/A PHARMACY MEDICARE A	($360,489)	($28,252)	($25,518)	($28,252)	($30,378)	($31,391)	($30,378)	($31,391)	($31,391)	($30,378)	($31,391)	($30,378)	($31,391)
5650	13000	565013000	C/A COMP MED EQUIP MEDICARE A	($6,122)	($480)	($433)	($480)	($516)	($533)	($516)	($533)	($533)	($516)	($533)	($516)	($533)
5930	13000	593013000	C/A NON CHARGE MED SUPPLIES -	($7,191)	($564)	($509)	($564)	($606)	($626)	($606)	($626)	($626)	($606)	($626)	($606)	($626)
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total MEDICARE PART A	$2,883,600	$225,990	$204,120	$225,990	$243,000	$251,100	$243,000	$251,100	$251,100	$243,000	$251,100	$243,000	$251,100
PPD				$405	$405	$405	$405	$405	$405	$405	$405	$405	$405	$405	$405	$405
4300	14000	430014000	PT - MEDICARE B	$135,948	$11,132	$10,129	$11,379	$11,012	$11,462	$11,172	$11,544	$11,709	$11,332	$11,792	$11,411	$11,874
4350	14000	435014000	OT - MEDICARE B	$28,620	$2,344	$2,132	$2,396	$2,318	$2,413	$2,352	$2,430	$2,465	$2,386	$2,482	$2,402	$2,500
4400	14000	440014000	ST - MEDICARE B	$33,730	$2,762	$2,513	$2,823	$2,732	$2,844	$2,772	$2,864	$2,905	$2,812	$2,926	$2,831	$2,946
5300	14000	530014000	C/A PT MEDICARE B	($23,000)	($1,883)	($1,714)	($1,925)	($1,863)	($1,939)	($1,890)	($1,953)	($1,981)	($1,917)	($1,995)	($1,931)	($2,009)
5350	14000	535014000	C/A OT MEDICARE B	($4,601)	($377)	($343)	($385)	($373)	($388)	($378)	($391)	($396)	($383)	($399)	($386)	($402)
5400	14000	540014000	C/A ST MEDICARE B	($2,044)	($167)	($152)	($171)	($166)	($172)	($168)	($174)	($176)	($170)	($177)	($172)	($179)
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Waynesboro

Acct	Sub		Description	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	00	00	Total MEDICARE B	$168,653	$13,811	$12,565	$14,117	$13,660	$14,220	$13,860	$14,320	$14,526	$14,060	$14,629	$14,155	$14,730
PPD				$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3
4100	15000	410015000	RADIOLOGY NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	15000	401015000	CERTIFIED - VA	$254,040	$21,576	$19,488	$21,576	$20,880	$21,576	$20,880	$21,576	$21,576	$20,880	$21,576	$20,880	$21,576
4150	15000	415015000	LAB - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	15000	450015000	MED SUPPLY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	15000	455015000	PHARMACY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	15000	465015000	COMP MED EQUIP - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	25000	493025000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	15000	501015000	C/A CERT VA	($904)	($77)	($69)	($77)	($74)	($77)	($74)	($77)	($77)	($74)	($77)	($74)	($77)
5100	15000	510015000	C/A RADIOLOGY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	15000	515015000	C/A LAB - SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	15000	550015000	C/A MED SUPPLY NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	15000	555015000	C/A PHARMACY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	15000	565015000	C/A COMP MED EQUIP - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	25000	593025000	C/A NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
			Total VA	$253,136	$21,499	$19,419	$21,499	$20,806	$21,499	$20,806	$21,499	$21,499	$20,806	$21,499	$20,806	$21,499
PPD				$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
4010	18000	401018000	CERTIFIED - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4000	18300	400018300	NF - HOSPIVE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	18300	401018300	CERTIFIED - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	18000	410018000	RADIOLOGY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	18000	415018000	LAB - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18000	450018000	MED SUPPLY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18300	450018300	MED SUPPLY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	18300	452518300	OTC MEDS-HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	18000	455018000	PHARMACY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	18300	455018300	PHARMACY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	18000	493018000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	18300	500018300	C/A - HOSPIVE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	18000	501018000	C/A CERTIFIED HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	18300	501018300	C/A CERTIFIED HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	18000	510018000	C/A RADIOLOGY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	18000	515018000	C/A LAB - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	18000	550018000	C/A MED SUPPLY HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	18300	550018300	C/A MED SUPPLY HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	18300	552518300	C/A OTC MEDS HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	18000	555018000	C/A PHARMACY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	18300	555018300	C/A PHARMACY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	18000	593018000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
4010	41000	401041000	CERTIFIED - INSURANCE	$190,530	$16,182	$14,616	$16,182	$15,660	$16,182	$15,660	$16,182	$16,182	$15,660	$16,182	$15,660	$16,182
4100	41000	410041000	RADIOLOGY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	41000	415041000	LAB - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	41000	420041000	IV - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	41000	430041000	PT - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	41000	435041000	OT - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	41000	440041000	ST - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	41000	450041000	MED SUPPLY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	41000	455041000	PHARMACY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	41000	465041000	COMP MED EQUIP - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	41000	493041000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	41000	501041000	C/A CERTIFIED INSURANCE	$230,775	$19,600	$17,703	$19,600	$18,968	$19,600	$18,968	$19,600	$19,600	$18,968	$19,600	$18,968	$19,600
5100	41000	510041000	C/A RADIOLOGY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	41000	515041000	C/A LAB INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	41000	520041000	C/A IV INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	41000	530041000	C/A PT INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	41000	535041000	C/A OT INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	41000	540041000	C/A ST INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	41000	550041000	C/A MED SUPPLY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	41000	555041000	C/A PHARMACY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	41000	565041000	C/A COMP MED EQUIP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	41000	593041000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total INSURANCE**	**$421,305**	**$35,782**	**$32,319**	**$35,782**	**$34,628**	**$35,782**	**$34,628**	**$35,782**	**$35,782**	**$34,628**	**$35,782**	**$34,628**	**$35,782**
PPD				$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385
	00	00	**Total PATIENT REVENUE**	**$10,928,417**	**$889,580**	**$808,437**	**$906,011**	**$890,680**	**$925,849**	**$901,283**	**$931,815**	**$942,770**	**$912,362**	**$948,247**	**$917,659**	**$953,723**
PPD				$214	$213	$212	$212	$215	$215	$215	$215	$214	$214	$214	$214	$214
4900	14000	490014000	NONANCILLARY PERSONAL CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11700	490011700	MANAGEMENT FEE REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	16000	490016000	VACCINATIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	21000	490021000	MEALS - GUEST/EMPLOYEE	$5,023	$411	$374	$420	$407	$423	$413	$426	$433	$419	$436	$422	$439
4900	23500	490023500	GRANT REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11000	490011000	LAUNDRY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22000	490022000	CABLE TV	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22500	490022500	TELEPHONE REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	24000	490024000	DONATIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	25000	490025000	INTEREST	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	28000	490028000	LATE PAYMENT CHARGE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	29000	490029000	MISCELLANEOUS INCOME	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	35000	490035000	MEDICAID ACUITY INCOME	$219,448	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862
4900	90000	490090000	DISCOUNTS TAKEN	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4910	11000	491011000	BARBER & BEAUTY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4920	11000	492011000	R & B ROOM DIFFERENTIAL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4950	11000	495011000	CONCESSIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	11000	575011000	PRIOR YR REV ADJ PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12000	575012000	PRIOR YR REV ADJ MCAID SKL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12001	575012001	PRIOR YR REV ADJ MCAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
5750	13000	575013000	PRIOR YR REV ADJ MCARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	14000	575014000	PRIOR YR REV ADJ MCARE B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	22000	575022000	PRIOR YR ADJ MEDICAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	18000	575018000	PRIOR YEAR HOSPICE ADJ	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	41000	575041000	PRIOR YEAR REV ADJ INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total OTHER INCOME**	**$224,471**	**$411**	**$374**	**$55,282**	**$407**	**$423**	**$55,275**	**$426**	**$433**	**$55,281**	**$436**	**$422**	**$55,301**
	00	00														
	00	00	**Total REVENUE**	**$11,152,888**	**$889,991**	**$808,811**	**$961,293**	**$891,087**	**$926,272**	**$956,558**	**$932,241**	**$943,203**	**$967,643**	**$948,683**	**$918,081**	**$1,009,024**
PPD				**$218**	**$213**	**$212**	**$225**	**$215**	**$215**	**$228**	**$215**	**$214**	**$227**	**$214**	**$214**	**$226**
6000	11000	600011000	NURSING ADMIN SALARIES	$331,065	$ 28,118	$ 25,397	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118
6000	11100	600011100	NURSE ADMIN COMPENSATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	12000	600012000	NURSING ADMIN VAC/SICK/OTHER	$13,588	$1,154	$1,042	$1,154	$1,117	$1,154	$1,117	$1,154	$1,154	$1,117	$1,154	$1,117	$1,154
6000	12500	600012500	NURSING ADMIN BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	13000	600013000	NURSING ADMIN PAYROLL TAXES	$46,835	$3,978	$3,593	$3,978	$3,849	$3,978	$3,849	$3,978	$3,978	$3,849	$3,978	$3,849	$3,978
6000	20000	600020000	NURSING ADMIN SUPPLIES	$276	$23	$21	$23	$22	$23	$23	$23	$24	$23	$24	$23	$24
6000	30000	600030000	NURSING ADMIN MINOR EQUIPMENT	$10,361	$848	$772	$867	$839	$874	$851	$880	$892	$864	$899	$870	$905
6000	32000	600032000	NURSING ADMIN CONTRACT SERVICE	$9,936	$828	$828	$828	$828	$828	$828	$828	$828	$828	$828	$828	$828
6000	33500	600033500	NURSING ADMIN EDUCATION	$312	$26	$23	$26	$25	$26	$26	$27	$27	$26	$27	$26	$27
6000	35100	600035100	NURSING ADMIN WORKERS COMP	$15,660	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305
6000	35200	600035200	NURSING ADMIN GROUP INSURANCE	$13,177	$1,079	$982	$1,103	$1,067	$1,111	$1,083	$1,119	$1,135	$1,098	$1,143	$1,106	$1,151
6000	35800	600035800	NURSING ADMIN TRAVEL	$101,311	$8,296	$7,548	$8,480	$8,207	$8,542	$8,325	$8,603	$8,726	$8,444	$8,787	$8,504	$8,849
6000	36400	600036400	NURSING ADMIN HELP WANTED	$522	$43	$39	$44	$42	$44	$43	$44	$45	$43	$45	$44	$46
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NURSING - ADMINISTRATION**	**$543,043**	**$45,698**	**$41,550**	**$45,926**	**$44,512**	**$46,003**	**$44,661**	**$46,079**	**$46,232**	**$44,808**	**$46,308**	**$44,883**	**$46,385**
PPD				**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$11**	**$10**	**$10**	**$10**
6070	11200	607011200	NF/SNF SALARIES-RN	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11400	607011400	NF/SNF SALARIES-LPN	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11600	607011600	NF/SNF SALARIES-CNA	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11800	607011800	NF/SNF SALARIES-PERSON SUPERE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12000	607012000	NF/SNF VACATION/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12500	607012500	NF/SNF NURSING BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	13000	607013000	NF/SNF NURSING PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	20000	607020000	NF/SNF NURSING SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	30000	607030000	NF/SNF NURSING MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33000	607033000	NF/SNF NURSING SALARIES-TRAINING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33500	607033500	NF/SNF NURSING EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35100	607035100	NF/SNF NURSING WORK COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35200	607035200	NF/SNF NURSING GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35800	607035800	NF/SNF NURSING TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	36400	607036400	NF/SNF NURSING HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total NURSING - NON-CERTIFIED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	11200	610011200	CERT SALARIES-RN	$367,047	$ 31,174	$ 28,157	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174
6100	11400	610011400	CERT SALARIES-LPN	$676,972	$ 57,496	$ 51,932	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496
6100	11600	610011600	CERT SALARIES-CNA	$1,125,133	$ 95,559	$ 86,312	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559
6100	11800	610011800	CERT SALARIES-PERSON SUPERE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	12000	610012000	CERT VACATION/SICK/OTHER	$199,080	$16,908	$15,272	$16,908	$16,363	$16,908	$16,363	$16,908	$16,908	$16,363	$16,908	$16,363	$16,908
6100	12500	610012500	CERT NURSING BENEFITS	$8,339	$683	$621	$698	$676	$703	$685	$708	$718	$695	$723	$700	$729
6100	13000	610013000	CERT NURSING PAYROLL TAXES	$326,449	$27,726	$25,043	$27,726	$26,831	$27,726	$26,831	$27,726	$27,726	$26,831	$27,726	$26,831	$27,726
6100	14200	610014200	CERT POOL SERVICES-RNS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	14600	610014600	CERT POOL SERVICES-AIDES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	20000	610020000	CERT NURSING SUPPLIES	$29,583	$2,423	$2,204	$2,476	$2,396	$2,494	$2,431	$2,512	$2,548	$2,466	$2,566	$2,483	$2,584
6100	30000	610030000	CERT NURSING MINOR EQUIPMENT	$7,401	$606	$551	$620	$600	$624	$608	$629	$637	$617	$642	$621	$646
6100	32000	610032000	CERT NURSING CONTRAT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33000	610033000	CERT NURSING SALARIES-TRAINING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33500	610033500	CERT NURSING EDUCATION	$4,707	$386	$351	$394	$381	$397	$387	$400	$405	$392	$408	$395	$411
6100	35100	610035100	CERT NURSING WORK COMP	$39,576	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298
6100	35200	610035200	CERT NURSING GROUP INSURANCE	$83,650	$6,850	$6,233	$7,002	$6,776	$7,053	$6,874	$7,103	$7,205	$6,972	$7,255	$7,021	$7,305
6100	35800	610035800	CERT NURSING TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	36400	610036400	CERT NURSING HELP WANTED	$742	$61	$55	$62	$60	$63	$61	$63	$64	$62	$64	$62	$65
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total NURSING - CERTIFIED	$2,868,679	$243,170	$220,029	$243,413	$235,668	$243,495	$235,825	$243,576	$243,738	$235,983	$243,819	$236,061	$243,902
PPD				$56	$58	$58	$57	$57	$57	$56	$56	$55	$55	$55	$55	$55
6130	11000	613011000	RESTORATIVE AIDE SALARIES	$59,218	$ 5,029	$ 4,543	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029
6130	12000	613012000	RESTORATIVE AIDE VAC/SICK/OTHE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	12500	613012500	RESTORATIVE AIDE BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	13000	613013000	RESTORATIVE AIDE PAYROLL TAXES	$6,218	$528	$477	$528	$511	$528	$511	$528	$528	$511	$528	$511	$528
6130	33500	613033500	RESTORATIVE AIDE EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	35100	613035100	RESTORATIVE AIDE WORKERS COMP	$0												
6130	35200	613035200	RESTORATIVE AIDE GROUP INSUR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total NURSING - RESTORATIVE AIDE	$65,435	$5,558	$5,020	$5,558	$5,378	$5,558	$5,378	$5,558	$5,558	$5,378	$5,558	$5,378	$5,558
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
	00	00														
	00	00	Total NURSING	$3,477,158	$294,425	$266,598	$294,896	$285,558	$295,055	$285,864	$295,212	$295,527	$286,169	$295,684	$286,322	$295,844
	00	00														

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
6310	32000	631032000	RADIOLOGY CONTRACT SERVICE	$38,433	$3,147	$2,864	$3,217	$3,113	$3,240	$3,158	$3,264	$3,310	$3,203	$3,334	$3,226	$3,357
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RADIOLOGY**	**$38,433**	**$3,147**	**$2,864**	**$3,217**	**$3,113**	**$3,240**	**$3,158**	**$3,264**	**$3,310**	**$3,203**	**$3,334**	**$3,226**	**$3,357**
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6315	32000	631532000	LAB CONTRACT SERVICE	$39,591	$3,242	$2,950	$3,314	$3,207	$3,338	$3,253	$3,362	$3,410	$3,300	$3,434	$3,323	$3,458
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total LABORATORY**	**$39,591**	**$3,242**	**$2,950**	**$3,314**	**$3,207**	**$3,338**	**$3,253**	**$3,362**	**$3,410**	**$3,300**	**$3,434**	**$3,323**	**$3,458**
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6320	20000	632020000	IV SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	20100	632020100	IV prescriptions	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	32000	632032000	IV Contract Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total IV**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	11000	632511000	RESP THERAPY SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6325	12000	632512000	RESP THERAPY VACATION/SICK	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	12500	632512500	RESP THERAPY BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	13000	632513000	RESP THERAPY PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	32000	632532000	RESP THERAPY CONTRACT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	33500	632533500	RESP THERAPY EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35100	632535100	RESP THERAPY WORKS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35200	632535200	RESP THERAPY GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	20000	632520000	RESP THERAPY SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	***Total RESPIRATORY THERAPY***	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	11000	633011000	PT SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12000	633012000	PT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12500	633012500	PT BENEFITIS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	13000	633013000	PT PAYROLL TAXES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	20000	633020000	PT SUPPLIES	$2	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	33500	633033500	PT EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35100	633035100	PT WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35200	633035200	PT GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35800	633035800	PT TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	30000	633030000	PT MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	32000	633032000	PT CONTRACT SERVICE	$297,035	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753	$24,753
6330	32100	633032100	PT CONTRACT SERVICE PART B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PHYSICAL THERAPY**	**$297,037**	**$24,753**	**$24,753**	**$24,753**	**$24,753**	**$24,753**	**$24,753**	**$24,753**	**$24,753**	**$24,753**	**$24,753**	**$24,753**	**$24,753**
PPD				$6	$6	$7	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6
6335	11000	633511000	OT SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12000	633512000	OT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12500	633512500	OT BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	13000	633513000	OT PAYROLL TAXES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	20000	633520000	OT SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
6335	32000	633532000	OT CONTRACT SERVICE	$280,161	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347	$23,347
6335	32100	633532100	OT CONTRACT SERVICE PART B	$1,469	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,469
6335	33500	633533500	OT EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35100	633535100	OT WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35200	633535200	OT GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total OCCUPATIONAL THERAPY**	**$281,629**	**$23,347**	**$23,347**	**$23,347**	**$23,347**	**$23,347**	**$23,347**	**$23,347**	**$23,347**	**$23,347**	**$23,347**	**$23,347**	**$24,815**
PPD				$5.51	$5.58	$6.13	$5.46	$5.64	$5.42	$5.56	$5.38	$5.30	$5.48	$5.27	$5.44	$5.56
6340	11000	634011000	SPEECH SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6340	12000	634012000	SPEECH VACATIONS/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	12500	634012500	SPEECH BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	13000	634013000	SPEECH PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	20000	634020000	SPEECH SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	32000	634032000	ST CONTRACT SERVICE	$210,388	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532	$17,532
6340	32100	634032100	ST CONTRACT SERVICE PART B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	33500	634033500	SPEECH EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	35100	634035100	SPEECH WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total SPEECH THERAPY**	**$210,388**	**$17,532**	**$17,532**	**$17,532**	**$17,532**	**$17,532**	**$17,532**	**$17,532**	**$17,532**	**$17,532**	**$17,532**	**$17,532**	**$17,532**
PPD				$4	$4	$5	$4	$4	$4	$4	$4	$4	$4	$4	$4	$4
6350	11000	635011000	CENT SUPPLY SALARIES	$25,030	$ 2,126	$ 1,920	$ 2,126	$ 2,057	$ 2,126	$ 2,057	$ 2,126	$ 2,126	$ 2,057	$ 2,126	$ 2,057	$ 2,126
6350	12000	635012000	CENT SUPPLY VAC, SICK, OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6350	12500	635012500	CENT SUPPLY BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	13000	635013000	CENT SUPPLY P/R TAXES	$2,388	$196	$178	$200	$193	$201	$196	$203	$206	$199	$207	$200	$209
6350	20000	635020000	CENTRAL SUPPLY MED SUPPLY FLOO	$94,116	$7,707	$7,012	$7,878	$7,624	$7,935	$7,734	$7,992	$8,106	$7,845	$8,163	$7,900	$8,220
6350	20100	635020100	CENT SUPPLY MED SUPPLY BILLABL	$37,122	$3,040	$2,766	$3,107	$3,007	$3,130	$3,051	$3,152	$3,197	$3,094	$3,220	$3,116	$3,242
6350	20200	635020200	CENT SUPPLY INCONT MED SUPPLIE	$131,860	$10,797	$9,825	$11,037	$10,681	$11,117	$10,836	$11,197	$11,357	$10,991	$11,437	$11,068	$11,517
6350	21000	635021000	UNIVERSAL PRECAUTIONS	$3,900	$319	$291	$326	$316	$329	$321	$331	$336	$325	$338	$327	$341
6350	30000	635030000	CENTRAL SUPPLY MINOR EQUIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32000	635032000	CENTRAL SUPPLY CONTRACT SERVIC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	33500	635033500	CENTRAL SUPPLY EDUCATION	$51	$4	$4	$4	$4	$4	$4	$4	$5	$4	$5	$4	$5
6350	35100	635035100	CENT SUPPLY WORKERS COMP	$9,864	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822
6350	35200	635035200	CENT SUPPLY GROUP INSURANCE	$2,700	$221	$201	$226	$219	$228	$222	$229	$232	$225	$234	$227	$236
6350	36400	635036400	CENT SUPPLY HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	35800	635035800	CENTRAL SUPPLY TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32100	635032100	CENTRAL SUPPLY-PHYSICIANS VISITS VA	$14,711	$1,205	$1,096	$1,231	$1,192	$1,240	$1,209	$1,249	$1,267	$1,226	$1,276	$1,235	$1,285
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAL SUPPLIES**	**$321,742**	**$26,437**	**$24,115**	**$26,957**	**$26,115**	**$27,132**	**$26,452**	**$27,305**	**$27,654**	**$26,788**	**$27,828**	**$26,956**	**$28,003**
PPD				$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6
6355	20000	635520000	PHARMACY NON-LEGEND DRUGS	$21,711	$1,778	$1,618	$1,817	$1,759	$1,830	$1,784	$1,844	$1,870	$1,810	$1,883	$1,822	$1,896
6355	20100	635520100	PHARMACY PRESCRIPTIONS	$274,954	$21,789	$19,680	$21,789	$23,094	$23,864	$23,094	$23,864	$23,864	$23,094	$23,864	$23,094	$23,864
6355	32000	635532000	PHARMACY CONTRACT SERVICE	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total PHARMACY**	**$301,465**	**$23,967**	**$21,698**	**$24,006**	**$25,253**	**$26,094**	**$25,278**	**$26,108**	**$26,134**	**$25,304**	**$26,147**	**$25,316**	**$26,160**
PPD				$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6	$6
6380	32000	638032000	MEDICAL TRANSPORTATION-CONTRACT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total MEDICAL TRANSPORTATION-CHAI**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6365	20000	636520000	COMPLEX MED EQUIP SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total EQUIPMENT RENTAL**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	11000	640011000	DIETARY SALARIES	$233,814	$ 19,858	$ 17,936	$ 19,858	$ 19,218	$ 19,858	$ 19,218	$ 19,858	$ 19,858	$ 19,218	$ 19,858	$ 19,218	$ 19,858
6400	12000	640012000	DIETARY VACATION/SICK/OTHER	$40,987	$ 3,481	$ 3,144	$ 3,481	$ 3,369	$ 3,481	$ 3,369	$ 3,481	$ 3,481	$ 3,369	$ 3,481	$ 3,369	$ 3,481
6400	12500	640012500	DIETARY BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6400	13000	640013000	DIETARY PAYROLL TAXES	$37,253	$ 3,164	$ 2,857	$ 3,164	$ 3,062	$ 3,164	$ 3,062	$ 3,164	$ 3,164	$ 3,062	$ 3,164	$ 3,062	$ 3,164
6400	20000	640020000	DIETARY SUPPLIES	$58,779	$4,813	$4,380	$4,920	$4,761	$4,956	$4,830	$4,991	$5,063	$4,899	$5,098	$4,934	$5,134
6400	21000	640021000	DIETARY RAW FOOD	$351,734	$28,801	$26,207	$29,441	$28,492	$29,655	$28,905	$29,868	$30,295	$29,317	$30,508	$29,524	$30,721
6400	21100	640021100	DIETARY SUPPLEMENTS	$20,648	$1,691	$1,538	$1,728	$1,673	$1,741	$1,697	$1,753	$1,778	$1,721	$1,791	$1,733	$1,804
6400	21200	640021200	DIETARY NUTRITION (INELIGIBLE)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	30000	640030000	DIETARY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	32000	640032000	DIETARY CONTRACT SERVICE	$9,024	$752	$752	$752	$752	$752	$752	$752	$752	$752	$752	$752	$752
6400	33500	640033500	DIETARY EDUCATION	$733	$60	$55	$61	$59	$62	$60	$62	$63	$61	$64	$62	$64
6400	35100	640035100	DIETARY WORKERS COMP	$12,360	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030	$1,030
6400	35200	640035200	DIETARY GROUP INSUANCE	$13,727	$1,124	$1,023	$1,149	$1,112	$1,157	$1,128	$1,166	$1,182	$1,144	$1,191	$1,152	$1,199
6400	35800	640035800	DIETARY TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	36400	640036400	DIETARY HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Waynesboro

Acct	Sub		Description	Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total DIETARY**	**$779,059**	**$64,774**	**$58,922**	**$65,584**	**$63,528**	**$65,856**	**$64,051**	**$66,125**	**$66,666**	**$64,573**	**$66,937**	**$64,836**	**$67,207**
PPD				$15	$15	$15	$15	$15	$15	$15	$15	$15	$15	$15	$15	$15
6450	11000	645011000	HOUSEKEEPING SALARIES	$144,254	$ 12,252	$ 11,066	$ 12,252	$ 11,856	$ 12,252	$ 11,856	$ 12,252	$ 12,252	$ 11,856	$ 12,252	$ 11,856	$ 12,252
6450	12000	645012000	HOUSEKEEPING VAC/SICK/OTHER	$15,988	$ 1,358	$ 1,226	$ 1,358	$ 1,314	$ 1,358	$ 1,314	$ 1,358	$ 1,358	$ 1,314	$ 1,358	$ 1,314	$ 1,358
6450	13000	645013000	HOUSEKEEPING PAYROLL TAXES	$27,800	$ 2,361	$ 2,133	$ 2,361	$ 2,285	$ 2,361	$ 2,285	$ 2,361	$ 2,361	$ 2,285	$ 2,361	$ 2,285	$ 2,361
6450	12500	645012500	HOUSEKEEPING BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6450	20000	645020000	HOUSEKEEPING SUPPLIES	$45,341	$3,713	$3,378	$3,795	$3,673	$3,823	$3,726	$3,850	$3,905	$3,779	$3,933	$3,806	$3,960
6450	32000	645032000	HOUSEKEEPING CONTRACT SERVICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6450	33500	645033500	HOUSEKEEPING EDUCATION	$576	$47	$43	$48	$47	$49	$47	$49	$50	$48	$50	$48	$50
6450	35100	645035100	HOUSEKEEPING WORKERS COMP	$10,188	$849	$849	$849	$849	$849	$849	$849	$849	$849	$849	$849	$849
6450	35200	645035200	HOUSEKEEPING GROUP INSURANCE	$20,735	$1,698	$1,545	$1,736	$1,680	$1,748	$1,704	$1,761	$1,786	$1,728	$1,798	$1,740	$1,811
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total HOUSEKEEPING**	**$264,882**	**$22,278**	**$20,240**	**$22,399**	**$21,704**	**$22,440**	**$21,781**	**$22,480**	**$22,561**	**$21,859**	**$22,601**	**$21,898**	**$22,641**
PPD				$5	$5	$5	$5	$5	$5	$5	$5	$5	$5	$5	$5	$5
6500	11000	650011000	LAUNDRY SALARIES	$51,465	$ 4,371	$ 3,948	$ 4,371	$ 4,230	$ 4,371	$ 4,230	$ 4,371	$ 4,371	$ 4,230	$ 4,371	$ 4,230	$ 4,371
6500	12000	650012000	LAUNDRY VACATION/SICK/OTHER	$4,082	$ 347	$ 313	$ 347	$ 335	$ 347	$ 335	$ 347	$ 347	$ 335	$ 347	$ 335	$ 347
6500	13000	650013000	LAUNDRY PAYROLL TAXES	$7,288	$ 619	$ 559	$ 619	$ 599	$ 619	$ 599	$ 619	$ 619	$ 599	$ 619	$ 599	$ 619
6500	12500	650012500	LAUNDRY BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6500	20000	650020000	LAUNDRY SUPPLIES	$466	$38	$35	$39	$38	$39	$38	$40	$40	$39	$40	$39	$41
6500	22000	650022000	LAUNDRY LINEN REPLACEMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	31000	650031000	LAUNDRY R&M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	32000	650032000	LAUNDRY CONTRACT SERVICES	$108,732	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061	$9,061
6500	33500	650033500	LAUNDRY EDUCATION	$108	$9	$8	$9	$8	$9	$9	$9	$9	$9	$9	$9	$9
6500	35100	650035100	LAUNDRY WORKERS COMP	$1,404	$117	$117	$117	$117	$117	$117	$117	$117	$117	$117	$117	$117
6500	35200	650035200	LAUNDRY GROUP INSURANCE	$1,730	$142	$129	$145	$140	$146	$142	$147	$149	$144	$150	$145	$151
6500	30000	650030000	LAUNDRY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total LAUNDRY**	**$175,273**	**$14,704**	**$14,170**	**$14,708**	**$14,528**	**$14,709**	**$14,531**	**$14,711**	**$14,713**	**$14,534**	**$14,714**	**$14,535**	**$14,716**
PPD				$3	$4	$4	$3	$4	$3	$3	$3	$3	$3	$3	$3	$3
6550	11000	655011000	PLANT SALARIES	$75,856	$ 6,443	$ 5,819	$ 6,443	$ 6,234	$ 6,443	$ 6,234	$ 6,443	$ 6,443	$ 6,234	$ 6,443	$ 6,234	$ 6,443
6550	12000	655012000	PLANT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6550	12500	655012500	PLANT BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
6550	13000	655013000	PLANT PAYROLL TAXES	$10,676	$ 907	$ 819	$ 907	$ 877	$ 907	$ 877	$ 907	$ 907	$ 877	$ 907	$ 877	$ 907
6550	20000	655020000	PLANT SUPPLIES	$56,207	$4,602	$4,188	$4,705	$4,553	$4,739	$4,619	$4,773	$4,841	$4,685	$4,875	$4,718	$4,909
6550	30000	655030000	PLANT MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	31000	655031000	PLANT R & M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	31500	655031500	PLANT PEST CONTROL	$7,251	$594	$540	$607	$587	$611	$596	$616	$625	$604	$629	$609	$633
6550	32000	655032000	PLANT CONTRACT SERVICE	$45,840	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820
6550	32500	655032500	PLANT SECURITY CONTRACT SERVIC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	33500	655033500	PLANT EDUCATION	$106	$9	$8	$9	$8	$9	$9	$9	$9	$9	$9	$9	$9
6550	34000	655034000	PLANT UTILITIES - ELECTRIC	$183,600	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300	$15,300
6550	34500	655034500	PLANT UTILITIES - GAS	$48,960	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080	$4,080
6550	35000	655035000	PLANT UTILITIES - WATER & SEWE	$12,240	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
6550	35100	655035100	PLANT WORKERS COMP	$4,238	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353
6550	35200	655035200	PLANT GROUP INSURANCE	$3,321	$272	$247	$278	$269	$280	$273	$282	$286	$277	$288	$279	$290
6550	35800	655035800	PLANT TRAVEL	$230	$19	$17	$19	$19	$19	$19	$20	$20	$19	$20	$19	$20
6550	36400	655036400	PLANT HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total PLANT**	**$448,523**	**$37,419**	**$36,211**	**$37,541**	**$37,120**	**$37,581**	**$37,200**	**$37,623**	**$37,704**	**$37,278**	**$37,744**	**$37,318**	**$37,784**
PPD				$9	$9	$10	$9	$9	$9	$9	$9	$9	$9	$9	$9	$8
6600	11000	660011000	ACTIVITIES SALARIES	$58,178	$ 4,941	$ 4,463	$ 4,941	$ 4,782	$ 4,941	$ 4,782	$ 4,941	$ 4,941	$ 4,782	$ 4,941	$ 4,782	$ 4,941
6600	12000	660012000	ACTIVITIES VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6600	12500	660012500	ACTIVITIES BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	13000	660013000	ACTIVITIES PAYROLL TAXES	$5,475	$ 465	$ 420	$ 465	$ 450	$ 465	$ 450	$ 465	$ 465	$ 450	$ 465	$ 450	$ 465
6600	20000	660020000	ACTIVITY SUPPLIES	$3,642	$298	$271	$305	$295	$307	$299	$309	$314	$304	$316	$306	$318
6600	30000	660030000	ACTIVITY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	32000	660032000	ACTIVITY CONTRACT SERVICE	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6600	33500	660033500	ACTIVITIES EDUCATION	$106	$9	$8	$9	$8	$9	$9	$9	$9	$9	$9	$9	$9
6600	35100	660035100	ACTIVITIES WORKERS COMP	$1,656	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138
6600	35200	660035200	ACTIVITIES GROUP INSURANCE	$4,653	$381	$347	$389	$377	$392	$382	$395	$401	$388	$404	$391	$406
6600	36400	660036400	ACTIVITIES HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	35800	660035800	ACTIVITIES TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total ACTIVITIES**	**$80,910**	**$6,832**	**$6,247**	**$6,847**	**$6,650**	**$6,852**	**$6,660**	**$6,857**	**$6,868**	**$6,671**	**$6,873**	**$6,676**	**$6,877**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2
6650	11000	665011000	SOCIAL SERVICES SALARIES	$61,986	$ 5,265	$ 4,755	$ 5,265	$ 5,094	$ 5,265	$ 5,094	$ 5,265	$ 5,265	$ 5,094	$ 5,265	$ 5,094	$ 5,265
6650	12000	665012000	SOCIAL SERVICE VAC/SICK/OTHER	$9,843	$ 836	$ 755	$ 836	$ 809	$ 836	$ 809	$ 836	$ 836	$ 809	$ 836	$ 809	$ 836
6650	12500	665012500	SOCIAL SERVICE BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	13000	665013000	SOCIAL SERVICE PAYROLL TAXES	$23,853	$ 2,009	$ 1,814	$ 2,009	$ 1,944	$ 2,009	$ 1,944	$ 2,009	$ 2,009	$ 1,944	$ 2,009	$ 1,944	$ 2,009
6650	20000	665020000	SOCIAL SERVICE SUPPLIES	$2,529	$207	$188	$212	$205	$213	$208	$215	$218	$211	$219	$212	$221
6650	33000	665033000	SOCIAL SERVICE SALARIES-TRA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	33500	665033500	SOCIAL SERVICE EDUCATION	$51	$4	$4	$4	$4	$4	$4	$4	$5	$4	$5	$4	$5

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Acct	Sub		Description	Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
6650	35100	665035100	SOCIAL SERVICE WORKERS COMP	$2,184	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182
6650	35200	665035200	SOCIAL SERVICE GROUP INSURANCE	$720	$59	$54	$60	$58	$61	$59	$61	$62	$60	$63	$60	$63
6650	35800	665035800	SOCIAL SERVICE TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	36400	665036400	SOCIAL SERVICE HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	30000	665030000	SOCIAL SERVICE MINOR EQUIPMENT	$1,295	$106	$97	$108	$105	$109	$106	$110	$112	$108	$112	$109	$113
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total SOCIAL SERVICES**	**$102,261**	**$8,668**	**$7,849**	**$8,676**	**$8,401**	**$8,679**	**$8,406**	**$8,682**	**$8,689**	**$8,412**	**$8,691**	**$8,414**	**$8,694**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2
6700	11000	670011000	MEDICAL RECORDS SALARIES	$31,120	$ 2,643	$ 2,387	$ 2,643	$ 2,558	$ 2,643	$ 2,558	$ 2,643	$ 2,643	$ 2,558	$ 2,643	$ 2,558	$ 2,643
6700	12000	670012000	MEDICAL RECORDS VAC/SICK/OTHER	$19,333	$ 1,642	$ 1,483	$ 1,642	$ 1,589	$ 1,642	$ 1,589	$ 1,642	$ 1,642	$ 1,589	$ 1,642	$ 1,589	$ 1,642
6700	12500	670012500	MEDICAL RECORDS BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	13000	670013000	MEDICAL RECORDS PAYROLL TAXES	$9,323	$ 792	$ 715	$ 792	$ 766	$ 792	$ 766	$ 792	$ 792	$ 766	$ 792	$ 766	$ 792
6700	20000	670020000	MEDICAL RECORDS SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	30000	670030000	MEDICAL RECORDS MINOR EQUIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	32000	670032000	MEDICAL RECORDS CONTRACT SERVI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	33000	670033000	MEDICAL RECORDS SALARIES-TRA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	33500	670033500	MEDICAL RECORDS EDUCATION	$51	$4	$4	$4	$4	$4	$4	$4	$5	$4	$5	$4	$5
6700	35100	670035100	MEDICAL RECORDS WORKERS COMP	$1,392	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116
6700	35200	670035200	MEDICAL RECORDS GROUP INSURANC	$2,184	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182
6700	36400	670036400	MEDICAL RECORDS HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total MEDICAL RECORDS**	**$63,403**	**$5,379**	**$4,887**	**$5,379**	**$5,215**	**$5,379**	**$5,215**	**$5,379**	**$5,380**	**$5,215**	**$5,380**	**$5,215**	**$5,380**
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6725	35000	672535000	MEDICAL DIRECTOR	$24,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total UTILIZATION REVIEW/MED DIRECT**	**$24,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**
PPD				$0	$0	$1	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	11000	675011000	ADMIN SALARIES	$315,205	$ 26,771	$ 24,180	$ 26,771	$ 25,907	$ 26,771	$ 25,907	$ 26,771	$ 26,771	$ 25,907	$ 26,771	$ 25,907	$ 26,771
6750	11100	675011100	ADMIN COMPENSATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	12000	675012000	ADMIN VACATION/SICK/OTHER	$11,632	$ 988	$ 892	$ 988	$ 956	$ 988	$ 956	$ 988	$ 988	$ 956	$ 988	$ 956	$ 988
6750	12500	675012500	ADMIN BENEFITS	$2,816	$231	$210	$236	$228	$237	$231	$239	$243	$235	$244	$236	$246
6750	13000	675013000	ADMIN PAYROLL TAXES	$59,027	$ 5,013	$ 4,528	$ 5,013	$ 4,852	$ 5,013	$ 4,852	$ 5,013	$ 5,013	$ 4,852	$ 5,013	$ 4,852	$ 5,013
6750	13002	675013002	ADMIN PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	20000	675020000	ADMIN SUPPLIES	$55,699	$4,561	$4,150	$4,662	$4,512	$4,696	$4,577	$4,730	$4,797	$4,643	$4,831	$4,675	$4,865
6750	20100	675020100	POSTAGE	$1,491	$122	$111	$125	$121	$126	$123	$127	$128	$124	$129	$125	$130
6750	21500	675021500	ALLOWABLE MARKETING EXPENSES	$4,350	$356	$324	$364	$352	$367	$358	$369	$375	$363	$377	$365	$380
6750	30000	675030000	ADMIN MINOR EQUIPMENT	$14,249	$1,167	$1,062	$1,193	$1,154	$1,201	$1,171	$1,210	$1,227	$1,188	$1,236	$1,196	$1,244
6750	31000	675031000	ADMIN R&M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	32000	675032000	ADMIN CONTRACT SERVICE	$75,168	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264
6750	32100	675032100	ADMIN BOND TRUSTEE FEES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Acct	Sub		Description	Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
6750	33500	675033500	ADMIN EDUCATION	$210	$17	$16	$18	$17	$18	$17	$18	$18	$17	$18	$18	$18
6750	35000	675035000	LIABILITY INSURANCE	$28,860	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405
6750	35100	675035100	ADMIN WORKERS COMP	$10,104	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842
6750	35200	675035200	ADMIN GROUP INSURANCE	$3,681	$301	$274	$308	$298	$310	$303	$313	$317	$307	$319	$309	$322
6750	35300	675035300	LEGAL & ACCOUNTING	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
6750	35400	675035400	DUES & SUBSCRIPTIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35500	675035500	PERMITS & LICENSES	$491,688	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974	$40,974
6750	35600	675035600	MEETINGS & SEMINARS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35700	675035700	FACILITY AUTO EXPENSE	$1,284	$104	$94	$106	$102	$107	$104	$107	$109	$105	$110	$106	$110
6750	35800	675035800	TRAVEL	$12,958	$1,061	$965	$1,084	$1,049	$1,092	$1,065	$1,100	$1,116	$1,080	$1,124	$1,088	$1,132
6750	35900	675035900	TELEPHONE	$29,996	$2,456	$2,235	$2,511	$2,430	$2,529	$2,465	$2,547	$2,583	$2,500	$2,602	$2,518	$2,620
6750	36000	675036000	MEALS & ENTERTAINMENT	$26,647	$2,182	$1,985	$2,230	$2,159	$2,247	$2,190	$2,263	$2,295	$2,221	$2,311	$2,237	$2,327
6750	36100	675036100	RESIDENT EXPENSE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	36200	675036200	BANK CHARGES	$336	$28	$25	$28	$27	$28	$28	$29	$29	$28	$29	$28	$29
6750	36400	675036400	ADMINISTRATIVE HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37000	675037000	EVACUATION COSTS - RESIDENT RE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37100	675037100	EVACUATION COSTS - TEMP OFFICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37200	675037200	EVACUATION COSTS - RETENTION C	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37300	675037300	EVACUATION COSTS - SUPPLY INVE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37400	675037400	EVACUATION COSTS - CONTRACT SE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37500	675037500	EVACUATION COSTS - SECURITY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37800	675037800	EVACUATION COSTS - TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	39900	675039900	MISCELLANEOUS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	90000	675090000	MANAGEMENT FEES	$557,645	$44,500	$40,441	$48,065	$44,554	$46,314	$47,828	$46,612	$47,160	$48,382	$47,434	$45,904	$50,451
6750	91000	675091000	HOME OFFICE ALLOCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99800	675099800	CHARITY CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	96000	675096000	PRIOR YEAR EXPENSE - OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99600	675099600	BAD DEBT - SEQUESTRATION PART A	$57,672	$4,520	$4,082	$4,520	$4,880	$5,022	$4,880	$5,022	$5,022	$4,860	$5,022	$4,880	$5,022
6750	99700	675099700	BAD DEBT - SEQUESTRATION PART B	$3,373	$276	$251	$282	$273	$284	$277	$286	$291	$281	$293	$283	$295
6750	99900	675099900	BAD DEBT - OPERATING	$3,346	$267	$243	$288	$267	$278	$287	$280	$283	$290	$285	$275	$303
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$557,644	$44,500	$40,441	$48,065	$44,554	$46,314	$47,828	$46,612	$47,160	$48,382	$47,434	$45,904	$50,451
	00	00														
	00	00	**Total ADMINISTRATION**	$2,329,859	$190,306	$177,394	$197,742	$189,558	$194,827	$196,312	$195,521	$196,810	$197,606	$197,455	$192,727	$203,602
PPD				$46	$45	$47	$46	$46	$45	$47	$45	$45	$48	$45	$45	$46
6910	11000	691011000	B & B SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6910	12000	691012000	B & B VAC/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	12500	691012500	B & B BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	13000	691013000	B & B PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	20000	691020000	B & B SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	33500	691033500	B & B EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	35100	691035100	B & B WORKERS COMP	$0												
6910	35200	691035200	B & B GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	32000	691032000	B & B CONTRACT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total BEAUTY BARBER**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6925	32000	692532000	MEDICAL TRANSPORTATION CONTRAC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	00	00	Total MEDICAL TRANSPORTATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6950	20000	695020000	CONCESSION SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total CONCESSIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	32000	693032000	RESIDENT TRANSPORTATION - CONT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	20000	693020000	FACILITY AUTO - GAS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total RESIDENT TRANSPORTATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	25500	700025500	NON OPERATING MISCELLANEOUS IN	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total NONOPERATING INCOME	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	TOTAL OPERATING COSTS	$9,235,613	$769,210	$711,777	$778,898	$757,582	$778,814	$765,794	$780,262	$783,058	$768,545	$784,454	$764,395	$792,824
PPD				$181	$184	$187	$182	$183	$181	$182	$180	$178	$180	$177	$178	$178
	00	00	INCOME/LOSS (-) FROM OPERATIONS	$1,917,274	$120,781	$97,034	$182,395	$133,505	$147,458	$190,764	$151,980	$160,145	$199,098	$164,229	$153,686	$216,201
PPD				37.51344133	28.860458	25.4814879	42.6355301	32.2475682	34.2208373	45.420091	35.0183221	38.3801222	46.7365526	37.0469744	35.8242224	48.4320268
7000	31000	700031000	PROPERTY INSURANCE	$22,344	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862
7000	41000	700041000	DEPRECIATION	$24,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
7000	42000	700042000	AMORTIZATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	50000	700050000	INTEREST EXP-BUILDING	$0												
7000	50100	700050100	INTEREST EXP-FINANCE CHARGES	$0												
7000	50200	700050200	INTEREST NOTES PAYABLE	$0												
7000	50300	700050300	INTEREST EXP-WORKING CAPITAL	$0												
7000	62000	700062000	BUILDING LEASE	$720,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000
7000	62100	700062100	PARTICIPATING RENT-BLDG	$0												
7000	62500	700062500	EQUIPMENT LEASE	$12,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
7000	70000	700070000	PROPERTY TAXES	$33,600	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800
7000	70500	700070500	FRANCHISE EXCISE TAX	$0												
7000	71000	700071000	STAMP TAX	$0												
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total PROPERTY & FINANCIAL	$811,944	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662
PPD				$16	$16	$18	$16	$16	$16	$16	$16	$15	$16	$15	$16	$15
7020	31000	702031000	PENALTIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	33000	702033000	PROMOTIONAL ADVERTISING	$2,400	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200

Acct	Sub		Description	Waynesboro Total Budget	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total NONALLOWABLE EXPENSE	**$2,400**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	32000	702032000	CHARITABLE CONTRIBUTIONS	$0												
			Total NONOPERATING EXPENSES	**$811,944**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**
PPD				$16	$16	$18	$16	$16	$16	$16	$16	$15	$16	$15	$16	$15
			Total NET INCOME	**$1,102,930**	**$52,919**	**$29,172**	**$114,533**	**$65,643**	**$79,596**	**$122,902**	**$84,118**	**$92,283**	**$131,236**	**$96,367**	**$85,824**	**$148,339**
PPD				$22	$13	$8	$27	$16	$18	$29	$19	$21	$31	$22	$20	$33
			Total Expenses	$10,049,957	$837,072	$779,639	$846,760	$825,444	$846,676	$833,656	$848,124	$850,920	$836,407	$852,316	$832,257	$860,686
			Sum of lookup figures		$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862
			Check Figure (should = 0)													

Census Data

Total Census 1st Year

	Total	MCR	PVT	MCD SK	MCD ICF	INS	VA
1	101	8	12	3	73	2	3
2	104	8	12	3	76	2	3
3	107	9	12	3	78	2	3
4	110	10	12	3	80	2	3
5	113	10	12	3	83	2	3
6	116	11	12	3	85	2	3
7	119	11	12	3	88	2	3
8	122	12	12	3	90	2	3
9	125	13	12	3	92	2	3
10	128	14	12	3	94	2	3
11	131	15	12	3	96	2	3
12	134	16	12	3	98	2	3
	1410						

Total Census 2nd Year

	Total	MCR	PVT	MCD SK	MCD ICF	INS	VA
1	135	18	12	3	95	3	4
2	136	18	12	3	96	3	4
3	138	18	12	3	98	3	4
4	138	20	12	3	96	3	4
5	139	20	12	3	97	3	4
6	140	20	12	3	98	3	4
7	140	22	12	3	96	3	4
8	142	22	12	3	98	3	4
9	142	22	12	3	98	3	4
10	143	24	12	3	97	3	4
11	143	24	12	3	97	3	4
12	144	24	12	3	98	3	4
	1680						

Attachment “21” Attachment C, Economic Feasibly-10.

Balance Sheet and Income Statement

Balance Sheet

as of 8/31/14

Waynesboro Health and Rehabilitation Ctr (WB)

Account	*Description*	*Amount*	
1900-000-00	**ASSETS**		
1000-090-00	**CURRENT ASSETS**		
1000-100-00	**CASH**		
1000-110-00	CASH-OPERATING	(31,646.89)	
1000-113-00	CASH - PETTY CASH	1,000.00	
1000-114-00	CASH - PAYROLL	(13,465.58)	
		(44,112.47)	
1100-100-00	**ACCOUNTS RECEIVABLE - RESIDENTS**		
1100-110-00	A/R - PRIVATE	8,528.86	
1100-118-00	A/R - PRIVATE CLEARING	(25,546.88)	
1100-122-00	A/R MEDICAID PENDING	26,222.72	
1100-125-00	A/R - MEDICAID ICF	285,526.29	
1100-128-00	A/R - MEDICAID CLEARING	45,307.08	
1100-150-00	A/R - VA	18,420.00	
1100-180-00	A/R - HOSPICE	29,545.10	
1100-188-00	A/R - HOSPICE CLEARING	4,723.92	
		392,727.09	
1200-100-00	**OTHER CURRENT ASSETS**		
1300-400-00	A/R EMPLOYEES	529.30	
1300-515-00	A/R - OTHER	35,255.63	
		35,784.93	
1300-100-00	**INTERCOMPANY ACCOUNTS**		
1300-185-00	INTERCO - WAYNE CO/HSMG	(66,767.29)	
		(66,767.29)	
1500-200-00	**PREPAID EXPENSES**		
1500-210-00	PREPAID INSURANCE	2,383.76	
1500-260-00	PREPAID OTHER	920.00	
		3,303.76	
	Total CURRENT ASSETS		**320,936.02**
1650-100-00	**NON-CURRENT ASSETS**		
1700-000-00	**PROPERTY, PLANT & EQUIPMENT**		
1700-400-00	BUILDING IMPROVEMENTS	2,973.75	
1700-600-00	FURNITURE & FIXTURES	2,495.52	

Balance Sheet

as of 8/31/14

Waynesboro Health and Rehabilitation Ctr (WB)

Account	*Description*	*Amount*	
1700-900-00	COMPUTER EQUIPMENT	11,823.98	
1700-909-00	ACCUM DEPR COMPUTER EQUIPMENT	(42.51)	
		17,250.74	
	Total NON-CURRENT ASSETS		**17,250.74**
	Total ASSETS		**$338,186.76**
2000-000-00	**LIABILITIES & EQUITY**		
2000-100-00	**CURRENT LIABILITIES**		
2000-105-00	**NOTES & ACCOUNTS PAYABLE**		
2000-110-00	A/P-TRADE	112,710.83	
2300-140-00	NOTE PAYABLE - COVINGTON	410,000.00	
		522,710.83	
2100-133-00	**ACCRUED LIABILITIES**		
2100-135-00	A/P - MONTHLY ACCRUALS	87,743.91	
2400-210-00	ACCRUED SALARIES	123,169.10	
2400-320-00	GARNISHMENTS W/H	100.04	
2500-240-00	ACCRUED LEGAL & ACCOUNTING	(3,158.50)	
2500-263-00	ACCRUED INTEREST	3,147.62	
		211,002.17	
	Total CURRENT LIABILITIES		**733,713.00**
3000-000-00	**EQUITY**		
3000-300-00	RETAINED EARNINGS - PRIOR	(328,000.00)	
3000-400-00	YTD NET INCOME (LOSS)	(67,526.24)	
	Total EQUITY		**(395,526.24)**
	Total LIABILITIES & EQUITY		**$338,186.76**

Statement of Operations

Waynesboro Health and Rehabilitation Ctr (WB)

8/1/14 to 8/31/14

Month Actual	Month Budget	Month Diff	PPD Actual	PPD Budget	Account		YTD Actual	YTD Budget	YTD Diff	PPD Actual	PPD Budget
217		217	7		**4000-100-00 PRIVATE PAY**	**Days**	217		217	4	
33,775		33,775	155.64		4010-110-00 CERTIFIED - PRIVATE		33,775		33,775	155.64	
(465)		465 *	(2.14)		5010-110-00 C/A CERT PRIVATE		(465)		465 *	(2.14)	
33,310	0	33,310	153.50	0.00	Total PRIVATE PAY		33,310	0	33,310	153.50	0.00
182		182	6		**4000-101-50 MEDICAID PENDING**	**Days**	182		182	3	
27,937		27,937	153.50		4010-121-00 CDP - MCAID SKL PENDING		27,937		27,937	153.50	
(362)		362 *	(1.99)		5010-121-00 C/A CERT PENDING MCAID SKL		(362)		362 *	(1.99)	
27,575	0	27,575	151.51	0.00	Total MEDICAID PENDING		27,575	0	27,575	151.51	0.00
2,269		2,269	73		**4000-102-00 MEDICAID ICF**	**Days**	2,269		2,269	37	
301,199		301,199	132.75		4020-220-00 ICF - MEDICAID		301,199		301,199	132.75	
32,384		32,384	14.27		5020-220-00 C/A ICF - MEDICAID		32,384		32,384	14.27	
333,583	0	333,583	147.02	0.00	Total MEDICAID ICF		333,583	0	333,583	147.02	0.00
52,958		52,958			4020-220-01 ICF - MEDICAID - WAYNE CARE		52,958		52,958		
4,682		4,682			5020-220-01 C/A ICF - MEDICAID - WAYNE CARI		4,682		4,682		
57,639	0	57,639	0.00	0.00	Total ICF MEDICAID - WAYNE CARE		57,639	0	57,639	0.00	0.00
120		120	4		**4000-105-00 VA**	**Days**	120		120	2	
18,420		18,420	153.50		4010-150-00 CERTIFIED - VA		18,420		18,420	153.50	
18,420	0	18,420	153.50	0.00	Total VA		18,420	0	18,420	153.50	0.00
243		243	8		**4000-106-00 HOSPICE**	**Days**	243		243	4	
37,301		37,301	153.50		4010-180-00 CERTIFIED - HOSPICE		37,301		37,301	153.50	
4,294		4,294	17.67		5010-180-00 C/A CERTIFIED HOSPICE		4,294		4,294	17.67	
41,595	0	41,595	171.17	0.00	Total HOSPICE		41,595	0	41,595	171.17	0.00
512,121	0	512,121	168.96	0.00	Total PATIENT REVENUE		512,121	0	512,121	168.96	0.00
3,031		3,031	98		**4000-109-00 OTHER INCOME**	**Days**	3,031		3,031	49	
298		298	0.10		4900-210-00 MEALS - GUEST/EMPLOYEE		298		298	0.10	
298	0	298	0.10	0.00	Total OTHER INCOME		298	0	298	0.10	0.00
512,419	0	512,419	169.06	0.00	Total REVENUE		512,419	0	512,419	169.06	0.00
					6000-004-00 OPERATING EXPENSES						
					6000-005-00 NURSING						
					6000-010-00 NURSING - ADMINISTRATIC						

* Unfavorable Differences

Statement of Operations

Waynesboro Health and Rehabilitation Ctr (WB)

8/1/14 to 8/31/14

Month Actual	Month Budget	Month Diff	PPD Actual	PPD Budget	Account		YTD Actual	YTD Budget	YTD Diff	PPD Actual	PPD Budget
23,917		23,917 *	7.89		6000-110-00	NURSING ADMIN SALARIES	23,917		23,917 *	7.89	
6,429		6,429 *	2.12		6000-110-01	NURSING ADMIN SALARIES	6,429		6,429 *	2.12	
982		982 *	0.32		6000-120-00	NURSING ADMIN VAC/SICK/OTHEF	982		982 *	0.32	
125		125 *	0.04		6000-120-01	NURSING ADMIN VAC/SICK/OTHEF	125		125 *	0.04	
3,384		3,384 *	1.12		6000-130-00	NURSING ADMIN PAYROLL TAXES	3,384		3,384 *	1.12	
16		16 *	0.01		6000-200-00	NURSING ADMIN SUPPLIES	16		16 *	0.01	
614		614 *	0.20		6000-300-00	NURSING ADMIN MINOR EQUIPME	614		614 *	0.20	
828		828 *	0.27		6000-320-00	NURSING ADMIN CONTRACT SER'	828		828 *	0.27	
19		19 *	0.01		6000-335-00	NURSING ADMIN EDUCATION	19		19 *	0.01	
1,350		1,350 *	0.45		6000-351-00	NURSING ADMIN WORKERS COMF	1,350		1,350 *	0.45	
781		781 *	0.26		6000-352-00	NURSING ADMIN GROUP INSURAI	781		781 *	0.26	
6,008		6,008 *	1.98		6000-358-00	NURSING ADMIN TRAVEL	6,008		6,008 *	1.98	
31		31 *	0.01		6000-364-00	NURSING ADMIN HELP WANTED	31		31 *	0.01	
44,485	0	44,485 *	14.68	0.00	Total NURSING - ADMINISTRATION		44,485	0	44,485 *	14.68	0.00
					6000-025-00	**NURSING - CERTIFIED**					
24,057		24,057 *	7.94		6100-112-00	CERT SALARIES-RN	24,057		24,057 *	7.94	
2,380		2,380 *	0.79		6100-112-01	CERT SALARIES-RN	2,380		2,380 *	0.79	
50,737		50,737 *	16.74		6100-114-00	CERT SALARIES-LPN	50,737		50,737 *	16.74	
11,552		11,552 *	3.81		6100-114-01	CERT SALARIES-LPN	11,552		11,552 *	3.81	
61,388		61,388 *	20.25		6100-116-00	CERT SALARIES-CNA	61,388		61,388 *	20.25	
14,083		14,083 *	4.65		6100-116-01	CERT SALARIES-CNA	14,083		14,083 *	4.65	
12,498		12,498 *	4.12		6100-120-00	CERT VACATION/SICK/OTHER	12,498		12,498 *	4.12	
233		233 *	0.08		6100-120-01	CERT VACATION/SICK/OTHER	233		233 *	0.08	
495		495 *	0.16		6100-125-00	CERT NURSING BENEFITS	495		495 *	0.16	
20,495		20,495 *	6.76		6100-130-00	CERT NURSING PAYROLL TAXES	20,495		20,495 *	6.76	
1,755		1,755 *	0.58		6100-200-00	CERT NURSING SUPPLIES	1,755		1,755 *	0.58	
439		439 *	0.14		6100-300-00	CERT NURSING MINOR EQUIPMEI	439		439 *	0.14	
279		279 *	0.09		6100-335-00	CERT NURSING EDUCATION	279		279 *	0.09	
7,301		7,301 *	2.41		6100-351-00	CERT NURSING WORK COMP	7,301		7,301 *	2.41	
4,961		4,961 *	1.64		6100-352-00	CERT NURSING GROUP INSURAN	4,961		4,961 *	1.64	
44		44 *	0.01		6100-364-00	CERT NURSING HELP WANTED	44		44 *	0.01	
212,695	0	212,695 *	70.17	0.00	Total NURSING - CERTIFIED		212,695	0	212,695 *	70.17	0.00
257,180	0	257,180 *	84.85	0.00	Total NURSING		257,180	0	257,180 *	84.85	0.00
					6000-040-00	**ANCILLARY EXPENSES**					
					6000-045-00	**RADIOLOGY**					
5,189		5,189 *	1.71		6310-320-00	RADIOLOGY CONTRACT SERVICE	5,189		5,189 *	1.71	

* Unfavorable Differences

Statement of Operations

Waynesboro Health and Rehabilitation Ctr (WB)

8/1/14 to 8/31/14

Month Actual	Month Budget	Month Diff	PPD Actual	PPD Budget	Account	YTD Actual	YTD Budget	YTD Diff	PPD Actual	PPD Budget
5,189	0	5,189 *	1.71	0.00	Total RADIOLOGY	5,189	0	5,189 *	1.71	0.00
					6000-050-00 LABORATORY					
3,530		3,530 *	1.16		6315-320-00 LAB CONTRACT SERVICE	3,530		3,530 *	1.16	
3,530	0	3,530 *	1.16	0.00	Total LABORATORY	3,530	0	3,530 *	1.16	0.00
					6000-080-00 MEDICAL SUPPLIES					
1,539		1,539 *	0.51		6350-110-00 CENT SUPPLY SALARIES	1,539		1,539 *	0.51	
142		142 *	0.05		6350-130-00 CENT SUPPLY P/R TAXES	142		142 *	0.05	
5,582		5,582 *	1.84		6350-200-00 CENTRAL SUPPLY NON-CHARGEA	5,582		5,582 *	1.84	
2,202		2,202 *	0.73		6350-201-00 CENT SUPPLY CHARGEABLE	2,202		2,202 *	0.73	
7,820		7,820 *	2.58		6350-202-00 CENT SUPPLY INCONT MED SUPP	7,820		7,820 *	2.58	
231		231 *	0.08		6350-210-00 UNIVERSAL PRECAUTIONS	231		231 *	0.08	
7,692		7,692 *	2.54		6350-321-00 CENTRAL SUPPLY-PHYSICIANS VI	7,692		7,692 *	2.54	
3		3 *	0.00		6350-335-00 CENTRAL SUPPLY EDUCATION	3		3 *	0.00	
68		68 *	0.02		6350-351-00 CENT SUPPLY WORKERS COMP	68		68 *	0.02	
160		160 *	0.05		6350-352-00 CENT SUPPLY GROUP INSURANC	160		160 *	0.05	
25,439	0	25,439 *	8.39	0.00	Total MEDICAL SUPPLIES	25,439	0	25,439 *	8.39	0.00
					6000-085-00 PHARMACY					
1,288		1,288 *	0.42		6355-200-00 PHARMACY NON-LEGEND DRUGS	1,288		1,288 *	0.42	
3,797		3,797 *			6355-201-00 PHARMACY PRESCRIPTIONS	3,797		3,797 *		
769		769 *	0.25		6355-320-00 PHARMACY CONTRACT SERVICE	769		769 *	0.25	
5,853	0	5,853 *	1.93	0.00	Total PHARMACY	5,853	0	5,853 *	1.93	0.00
40,011	0	40,011 *	13.20	0.00	Total ANCILLARY EXPENSES	40,011	0	40,011 *	13.20	0.00
					6400-000-00 SUPPORT SERVICES					
					6400-100-00 DIETARY					
17,966		17,966 *	5.93		6400-110-00 DIETARY SALARIES	17,966		17,966 *	5.93	
5,177		5,177 *	1.71		6400-110-01 DIETARY SALARIES	5,177		5,177 *	1.71	
3,149		3,149 *	1.04		6400-120-00 DIETARY VACATION/SICK/OTHER	3,149		3,149 *	1.04	
128		128 *	0.04		6400-120-01 DIETARY VACATION/SICK/OTHER	128		128 *	0.04	
2,862		2,862 *	0.94		6400-130-00 DIETARY PAYROLL TAXES	2,862		2,862 *	0.94	
3,486		3,486 *	1.15		6400-200-00 DIETARY SUPPLIES	3,486		3,486 *	1.15	
20,859		20,859 *	6.88		6400-210-00 DIETARY RAW FOOD	20,859		20,859 *	6.88	
1,225		1,225 *	0.40		6400-211-00 DIETARY SUPPLEMENTS	1,225		1,225 *	0.40	
752		752 *	0.25		6400-320-00 DIETARY CONTRACT SERVICE	752		752 *	0.25	
43		43 *	0.01		6400-335-00 DIETARY EDUCATION	43		43 *	0.01	
1,030		1,030 *	0.34		6400-351-00 DIETARY WORKERS COMP	1,030		1,030 *	0.34	

* Unfavorable Differences

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814		814 *	0.27		6400-352-00 DIETARY GROUP INSURANCE	814		814 *	0.27	
57,492	0	57,492 *	18.97	0.00	Total DIETARY	57,492	0	57,492 *	18.97	0.00
					6450-100-00 HOUSEKEEPING					
14,152		14,152 *	4.67		6450-110-00 HOUSEKEEPING SALARIES	14,152		14,152 *	4.67	
4,936		4,936 *	1.63		6450-110-01 HOUSEKEEPING SALARIES	4,936		4,936 *	1.63	
1,568		1,568 *	0.52		6450-120-00 HOUSEKEEPING VAC/SICK/OTHEF	1,568		1,568 *	0.52	
1,152		1,152 *	0.38		6450-120-01 HOUSEKEEPING VAC/SICK/OTHEF	1,152		1,152 *	0.38	
2,728		2,728 *	0.90		6450-130-00 HOUSEKEEPING PAYROLL TAXES	2,728		2,728 *	0.90	
2,689		2,689 *	0.89		6450-200-00 HOUSEKEEPING SUPPLIES	2,689		2,689 *	0.89	
34		34 *	0.01		6450-335-00 HOUSEKEEPING EDUCATION	34		34 *	0.01	
849		849 *	0.28		6450-351-00 HOUSEKEEPING WORKERS COMF	849		849 *	0.28	
1,230		1,230 *	0.41		6450-352-00 HOUSEKEEPING GROUP INSURAN	1,230		1,230 *	0.41	
29,338	0	29,338 *	9.68	0.00	Total HOUSEKEEPING	29,338	0	29,338 *	9.68	0.00
					6500-100-00 LAUNDRY					
2,136		2,136 *	0.70		6500-110-00 LAUNDRY SALARIES	2,136		2,136 *	0.70	
490		490 *	0.16		6500-110-01 LAUNDRY SALARIES	490		490 *	0.16	
169		169 *	0.06		6500-120-00 LAUNDRY VACATION/SICK/OTHER	169		169 *	0.06	
5		5 *	0.00		6500-120-01 LAUNDRY VACATION/SICK/OTHER	5		5 *	0.00	
302		302 *	0.10		6500-130-00 LAUNDRY PAYROLL TAXES	302		302 *	0.10	
28		28 *	0.01		6500-200-00 LAUNDRY SUPPLIES	28		28 *	0.01	
9,061		9,061 *	2.99		6500-320-00 LAUNDRY CONTRACT SERVICES	9,061		9,061 *	2.99	
6		6 *	0.00		6500-335-00 LAUNDRY EDUCATION	6		6 *	0.00	
117		117 *	0.04		6500-351-00 LAUNDRY WORKERS COMP	117		117 *	0.04	
103		103 *	0.03		6500-352-00 LAUNDRY GROUP INSURANCE	103		103 *	0.03	
12,417	0	12,417 *	4.10	0.00	Total LAUNDRY	12,417	0	12,417 *	4.10	0.00
					6550-100-00 PLANT					
7,028		7,028 *	2.32		6550-110-00 PLANT SALARIES	7,028		7,028 *	2.32	
902		902 *	0.30		6550-110-01 PLANT SALARIES	902		902 *	0.30	
436		436 *	0.14		6550-120-01 PLANT VACATION/SICK/OTHER	436		436 *	0.14	
989		989 *	0.33		6550-130-00 PLANT PAYROLL TAXES	989		989 *	0.33	
3,333		3,333 *	1.10		6550-200-00 PLANT SUPPLIES	3,333		3,333 *	1.10	
430		430 *	0.14		6550-315-00 PLANT PEST CONTROL	430		430 *	0.14	
3,820		3,820 *	1.26		6550-320-00 PLANT CONTRACT SERVICE	3,820		3,820 *	1.26	
6		6 *	0.00		6550-335-00 PLANT EDUCATION	6		6 *	0.00	
12,502		12,502 *	4.12		6550-340-00 PLANT UTILITIES - ELECTRIC	12,502		12,502 *	4.12	
2,000		2,000 *	0.66		6550-345-00 PLANT UTILITIES - GAS	2,000		2,000 *	0.66	
500		500 *	0.16		6550-350-00 PLANT UTILITIES - WATER & SEWE	500		500 *	0.16	

* Unfavorable Differences

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353		353 *	0.12		6550-351-00 PLANT WORKERS COMP	353		353 *	0.12	
197		197 *	0.06		6550-352-00 PLANT GROUP INSURANCE	197		197 *	0.06	
317		317 *	0.10		6550-358-00 PLANT TRAVEL	317		317 *	0.10	
32,812	0	32,812 *	10.83	0.00	Total PLANT	32,812	0	32,812 *	10.83	0.00
					6600-100-00 ACTIVITIES					
3,094		3,094 *	1.02		6600-110-00 ACTIVITIES SALARIES	3,094		3,094 *	1.02	
291		291 *	0.10		6600-130-00 ACTIVITIES PAYROLL TAXES	291		291 *	0.10	
519		519 *	0.17		6600-200-00 ACTIVITY SUPPLIES	519		519 *	0.17	
1,860		1,860 *	0.61		6600-320-00 ACTIVITY CONTRACT SERVICE	1,860		1,860 *	0.61	
6		6 *	0.00		6600-335-00 ACTIVITIES EDUCATION	6		6 *	0.00	
138		138 *	0.05		6600-351-00 ACTIVITIES WORKERS COMP	138		138 *	0.05	
276		276 *	0.09		6600-352-00 ACTIVITIES GROUP INSURANCE	276		276 *	0.09	
6,184	0	6,184 *	2.04	0.00	Total ACTIVITIES	6,184	0	6,184 *	2.04	0.00
					6650-100-00 SOCIAL SERVICES					
1,208		1,208 *	0.40		6650-110-00 SOCIAL SERVICES SALARIES	1,208		1,208 *	0.40	
2,880		2,880 *	0.95		6650-110-01 SOCIAL SERVICE SALARIES	2,880		2,880 *	0.95	
192		192 *	0.06		6650-120-00 SOCIAL SERVICE VAC/SICK/OTHEI	192		192 *	0.06	
461		461 *	0.15		6650-130-00 SOCIAL SERVICE PAYROLL TAXES	461		461 *	0.15	
150		150 *	0.05		6650-200-00 SOCIAL SERVICE SUPPLIES	150		150 *	0.05	
77		77 *	0.03		6650-300-00 SOCIAL SERVICE MINOR EQUIPME	77		77 *	0.03	
3		3 *	0.00		6650-335-00 SOCIAL SERVICE EDUCATION	3		3 *	0.00	
182		182 *	0.06		6650-351-00 SOCIAL SERVICE WORKERS COM	182		182 *	0.06	
43		43 *	0.01		6650-352-00 SOCIAL SERVICE GROUP INSURAI	43		43 *	0.01	
5,195	0	5,195 *	1.71	0.00	Total SOCIAL SERVICES	5,195	0	5,195 *	1.71	0.00
					6700-100-00 MEDICAL RECORDS					
1,341		1,341 *	0.44		6700-110-00 MEDICAL RECORDS SALARIES	1,341		1,341 *	0.44	
1,267		1,267 *	0.42		6700-110-01 MEDICAL RECORDS SALARIES	1,267		1,267 *	0.42	
833		833 *	0.27		6700-120-00 MEDICAL RECORDS VAC/SICK/OTI	833		833 *	0.27	
402		402 *	0.13		6700-130-00 MEDICAL RECORDS PAYROLL TAX	402		402 *	0.13	
3		3 *	0.00		6700-335-00 MEDICAL RECORDS EDUCATION	3		3 *	0.00	
116		116 *	0.04		6700-351-00 MEDICAL RECORDS WORKERS C(	116		116 *	0.04	
182		182 *	0.06		6700-352-00 MEDICAL RECORDS GROUP INSUI	182		182 *	0.06	
4,144	0	4,144 *	1.37	0.00	Total MEDICAL RECORDS	4,144	0	4,144 *	1.37	0.00
					6725-100-00 UTILIZATION REVIEW/MED					
480		480 *	0.16		6725-350-00 MEDICAL DIRECTOR	480		480 *	0.16	

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480	0	480 *	0.16	0.00	Total UTILIZATION REVIEW/MED DIRECTOR	480	0	480 *	0.16	0.00
148,062	0	148,062 *	48.85	0.00	Total SUPPORT SERVICES	148,062	0	148,062 *	48.85	0.00
					6750-100-00 GENERAL & ADMINISTRA					
					6750-105-00 ADMINISTRATION					
12,355		12,355 *	4.08		6750-110-00 ADMIN SALARIES	12,355		12,355 *	4.08	
6,567		6,567 *	2.17		6750-110-01 ADMIN SALARIES	6,567		6,567 *	2.17	
456		456 *	0.15		6750-120-00 ADMIN VACATION/SICK/OTHER	456		456 *	0.15	
167		167 *	0.06		6750-125-00 ADMIN BENEFITS	167		167 *	0.06	
2,314		2,314 *	0.76		6750-130-00 ADMIN PAYROLL TAXES	2,314		2,314 *	0.76	
3,303		3,303 *	1.09		6750-200-00 ADMIN SUPPLIES	3,303		3,303 *	1.09	
88		88 *	0.03		6750-201-00 POSTAGE	88		88 *	0.03	
258		258 *	0.09		6750-215-00 ALLOWABLE MARKETING EXPENS	258		258 *	0.09	
845		845 *	0.28		6750-300-00 ADMIN MINOR EQUIPMENT	845		845 *	0.28	
6,264		6,264 *	2.07		6750-320-00 ADMIN CONTRACT SERVICE	6,264		6,264 *	2.07	
12		12 *	0.00		6750-335-00 ADMIN EDUCATION	12		12 *	0.00	
2,405		2,405 *	0.79		6750-350-00 LIABILITY INSURANCE	2,405		2,405 *	0.79	
842		842 *	0.28		6750-351-00 ADMIN WORKERS COMP	842		842 *	0.28	
218		218 *	0.07		6750-352-00 ADMIN GROUP INSURANCE	218		218 *	0.07	
2,000		2,000 *	0.66		6750-353-00 LEGAL & ACCOUNTING	2,000		2,000 *	0.66	
38,049		38,049 *	12.55		6750-355-00 PERMITS & LICENSES	38,049		38,049 *	12.55	
14,127		14,127 *	4.66		6750-355-01 PERMITS & LICENSES	14,127		14,127 *	4.66	
75		75 *	0.02		6750-357-00 FACILITY AUTO EXPENSE	75		75 *	0.02	
8,952		8,952 *	2.95		6750-358-00 TRAVEL	8,952		8,952 *	2.95	
1,779		1,779 *	0.59		6750-359-00 TELEPHONE	1,779		1,779 *	0.59	
925		925 *	0.31		6750-359-01 TELEPHONE	925		925 *	0.31	
1,580		1,580 *	0.52		6750-360-00 MEALS & ENTERTAINMENT	1,580		1,580 *	0.52	
20		20 *	0.01		6750-362-00 BANK CHARGES	20		20 *	0.01	
18,000		18,000 *	5.94		6750-900-00 MANAGEMENT FEES	18,000		18,000 *	5.94	
6,000		6,000 *	1.98		6750-900-01 MANAGEMENT FEES	6,000		6,000 *	1.98	
127,602	0	127,602 *	42.10	0.00	Total ADMINISTRATION	127,602	0	127,602 *	42.10	0.00
					6910-100-00 BEAUTY BARBER					
10		10 *	0.00		6910-200-00 B & B SUPPLIES	10		10 *	0.00	
1,210		1,210 *	0.40		6910-320-00 BEAUTY BARBER CONTRACT SER	1,210		1,210 *	0.40	
1,220	0	1,220 *	0.40	0.00	Total BEAUTY BARBER	1,220	0	1,220 *	0.40	0.00
128,822	0	128,822 *	42.50	0.00	Total GENERAL & ADMINISTRATIVE	128,822	0	128,822 *	42.50	0.00

* Unfavorable Differences

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574,076	0	574,076 *	189.40	0.00	Total OPERATING EXPENSES	574,076	0	574,076 *	189.40	0.00
(61,657)	0	61,657 *	(20.34)	0.00	Total NET OPERATING INCOME	(61,657)	0	61,657 *	(20.34)	0.00
					7000-300-00 NONOPERATING EXPENS					
					7000-305-00 PROPERTY & FINANCIAL					
1,108		1,108 *	0.37		7000-310-00 PROPERTY INSURANCE	1,108		1,108 *	0.37	
43		43 *	0.01		7000-410-00 DEPRECIATION	43		43 *	0.01	
63		63 *	0.02		7000-501-00 INTEREST EXP-FINANCE CHARGE	63		63 *	0.02	
3,148		3,148 *	1.04		7000-502-00 INTEREST NOTES PAYABLE	3,148		3,148 *	1.04	
1,508		1,508 *	0.50		7000-625-00 EQUIPMENT LEASE	1,508		1,508 *	0.50	
5,869	0	5,869 *	1.94	0.00	Total PROPERTY & FINANCIAL	5,869	0	5,869 *	1.94	0.00
5,869	0	5,869 *	1.94	0.00	Total NONOPERATING EXPENSES	5,869	0	5,869 *	1.94	0.00
(67,526)	0	67,526 *	(22.28)	0.00	Total NET INCOME	(67,526)	0	67,526 *	(22.28)	0.00

* Unfavorable Differences

Attachment "22" Contribution to the Orderly Development of Health Care-3

Staff Wage Rate Table

Staff	Expected Pay/Hour	Hourly Wage Rage (25th to 75th Percentile)
Director of Nursing	$ 31.87	$16.50-$31.35 (healthcare practitioner and technical occupations)
Assistand Director of Nursing	$ 31.44	$16.50-$31.35 (healthcare practitioner and technical occupations)
MDS Coordinator	$ 23.74	$16.50-$31.35 (healthcare practitioner and technical occupations)
Staff Develop. Coordinator	$ 28.00	$16.50-$31.35 (healthcare practitioner and technical occupations)
Unit Manager	$ 28.43	$16.50-$31.35 (healthcare practitioner and technical occupations)
RN	$ 25.14	$21.30-$28.70 (healthcare practitioner and technical occupations)
LPN	$ 16.56	$14.25-$18.10 (healthcare practitioner and technical occupations)
C.N.A.	$ 9.45	$8.60-$12.05 (health care support occupations)
Central Supply Staff	$ 12.00	$10.45-$17.20 (office and administrative support occupations)
Medical Records	$ 14.92	$10.45-$17.20 (office and administrative support occupations)
Dietary Director	$ 17.50	$8.50-$18.90 (chefs & head cooks)
Dietary Assistant Director	$ 16.16	$9.10-$15.75 (First-Line Supervisors of Food Preparation and Serving Workers)
Dietary Staff	$ 8.69	$8.30-$11.80 (food preparation and serving workers)
Laundry Staff	$ 9.40	$8.00-$11.60 (personal care and service occupations
Housekeeping Director	$ 14.50	$9.25-$16.75 (supervisor of housekeeping & janitor workers)
Housekeeping Staff	$ 9.11	$8.45-$11.90 (janitors & cleaners)
Plant Director	$ 18.64	$13.10-$22.75 (First-Line Supervisors of Landscaping, Lawn Service, and Groundsk)
Plant Assistant Director	$ 17.73	$13.10-$22.75 (First-Line Supervisors of Landscaping, Lawn Service, and Groundsk)
Activities Director	$ 10.14	$15.50-$23.05 (community and social service specialists, all other)
Activities Staff	$ 9.47	$10.35-$14.80 (social and human service assistants)
Social Services Director	$ 21.02	$17.80-$25.60 (Healthcare Social Workers)
Social Services Staff	$ 14.50	$10.35-$14.80 (social and human service assistants)

Administrator	$ 41.00	$22.00-$43.40 (general and operations manager)
Admissions	$ 18.31	$10.45-$17.20 (office and administrative support occupations)
Administrative Staff	$ 11.75	$10.45-$17.20 (office and administrative support occupations)
Business Office Managaer	$ 19.72	$16.30-$26.65 (first line supervisors/managers of office and administrative support workers)
HR Director	$ 19.76	$24.25-$43.25 (HR Managers)

Total all industries

BOS area 470002

Healthcare Practitioners and Technical Occupations

Occupation	Est. empl.	Mean wage	Entry wage	Exp. wage	25th pct	Median wage	75th pct
HEALTHCARE PRACTITIONERS AND TECHNICAL OCCUPATIONS	8,440	59,140	29,060	74,180	33,550	45,260	63,740
		28.45	13.95	35.65	16.15	21.75	30.65
Dentists, General	N/A	182,470	85,790	230,820	91,600	**	**
		87.75	41.25	110.95	44.05	*	*
Dietitians and Nutritionists	40	45,920	32,340	52,700	35,580	42,920	57,520
		22.10	15.55	25.35	17.10	20.65	27.65
Optometrists	30	118,640	85,750	135,090	87,010	119,250	155,360
		57.05	41.25	64.95	41.85	57.35	74.70
Pharmacists	430	107,690	82,730	120,170	98,630	112,060	128,560
		51.75	39.75	57.75	47.40	53.85	61.80
Family and General Practitioners	40	199,010	138,710	229,160	161,380	183,960	**
		95.70	66.70	110.20	77.60	88.45	*
Internists, General	30	219,190	131,180	**	147,860	**	**
		105.40	63.05	*	71.10	*	*
Surgeons	N/A	N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Physicians and Surgeons, All Other	300	227,640	163,330	**	176,610	**	**
		109.45	78.55	*	84.90	*	*
Physician Assistants	50	72,950	50,760	84,050	64,120	75,790	87,660
		35.05	24.40	40.40	30.80	36.45	42.15
Occupational Therapists	80	77,740	64,360	84,440	67,660	78,080	88,910

		37.40	30.95	40.60	32.55	37.55	42.75
Physical Therapists	240	88,040	64,470	99,820	72,070	85,010	100,430
		42.35	31.00	48.00	34.65	40.85	48.30
Recreational Therapists	10	24,870	18,880	27,870	20,760	25,710	28,950
		11.95	9.10	13.40	10.00	12.35	13.90
Respiratory Therapists	160	46,350	39,420	49,820	40,770	45,390	52,270
		22.30	18.95	23.95	19.60	21.80	25.15
Speech-Language Pathologists	130	61,950	42,290	71,790	46,040	57,070	78,960
		29.80	20.35	34.50	22.15	27.45	37.95
Veterinarians	80	89,870	49,940	109,840	56,200	76,190	97,840
		43.20	24.00	52.80	27.00	36.65	47.05
Registered Nurses	2,430	52,460	40,970	58,200	43,820	51,610	59,830
		25.20	19.70	28.00	21.05	24.80	28.75
Nurse Practitioners	110	86,760	73,490	93,390	77,760	86,570	95,650
		41.70	35.35	44.90	37.40	41.60	46.00
Audiologists	N/A	65,480	51,410	72,510	53,570	59,110	72,770
		31.50	24.70	34.85	25.75	28.40	35.00
Medical and Clinical Laboratory Technologists	120	53,930	40,030	60,880	45,510	54,380	62,870
		25.95	19.25	29.25	21.90	26.15	30.20
Medical and Clinical Laboratory Technicians	270	36,400	26,070	41,560	29,050	36,660	43,920
		17.50	12.55	20.00	13.95	17.60	21.10
Dental Hygienists	200	58,750	36,200	70,030	38,130	56,200	75,410
		28.25	17.40	33.65	18.35	27.00	36.25
Cardiovascular Technologists and Technicians	20	48,530	34,680	55,460	41,690	51,680	57,760
		23.35	16.65	26.65	20.05	24.85	27.75
Diagnostic Medical Sonographers	70	59,230	43,870	66,910	48,370	56,290	68,920
		28.50	21.10	32.15	23.25	27.05	33.15
Nuclear Medicine Technologists	40	60,200	45,690	67,450	49,470	58,820	71,860

		28.95	21.95	32.45	23.80	28.30	34.55
Radiologic Technologists and Technicians	350	44,950	33,480	50,680	36,130	43,710	52,930
		21.60	16.10	24.35	17.35	21.00	25.45
Magnetic Resonance Imaging Technologists	30	58,110	46,870	63,730	49,410	57,000	67,700
		27.95	22.55	30.65	23.75	27.40	32.55
Emergency Medical Technicians and Paramedics	420	31,320	20,970	36,500	23,280	28,840	38,490
		15.05	10.10	17.55	11.20	13.85	18.50
Dietetic Technicians	110	21,440	17,160	23,590	17,520	19,350	26,090
		10.30	8.25	11.35	8.40	9.30	12.55
Pharmacy Technicians	520	26,650	21,670	29,140	22,500	26,020	29,710
		12.80	10.40	14.00	10.80	12.50	14.30

Attachment "23" Contribution to the Orderly Development of Health Care-5

State of Tennessee Licenses

Board for Licensing Health Care Facilities

State of Tennessee

License No. 0000000278

No. Beds 0109

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

WAYNESBORO HEALTHCARE, LLC *to conduct*

and maintain a Nursing Home WAYNEBORO HEALTH AND REHABILITATION CENTER

Located at 104 J. V. MANGUBAT DRIVE, WAYNESBORO

County of WAYNE *, Tennessee.*

This license shall expire APRIL 27 *,* 2015 *and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 1ST *day of* AUGUST *,* 2014 *.*

By Vincent J. Davis, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By John J. Dreyzehner

COMMISSIONER

DCF010

State of Tennessee
Department of Health
DIVISION OF HEALTH CARE FACILITIES
WEST TENNESSEE REGIONAL OFFICE
2975 Highway 45 Bypass, Suite C
Jackson, Tennessee 38305
Phone: (731) 984-9684
Fax: (731) 512-0063

October 21, 2014

Ms. Pamela Reed, Administrator
Waynesboro Health and Rehabilitation Center
104 J. V. Mangubat Drive
Waynesboro, TN 38485

RE: CCN 44-E464/License # 278
Change of Ownership

Dear Ms. Reed:

This office has received notification for the following change of information regarding your facility:

Change of Ownership effective 8/1/2014, with legal business name of Waynesboro Healthcare, LLC; dba Waynesboro Health and Rehabilitation Center; managed by Health Services Management Group LLC, 485 Central Avenue NE, Cleveland, TN 37311.

Our records now reflect these changes. If the West Tennessee Regional Office of Health Care Facilities can ever be of assistance, please do not hesitate to contact us.

Sincerely,

Jan Priddy

Jan Priddy, RN
Public Health Nurse Consultant 2

JP/rm

cc: Medicaid Provider Enrollment (Klasha Curry-Ray)
Information Technology Services Division (Dolores Willis)
Health Services Management Group LLC (Kelli Canan)

Note to the fiscal intermediary:
This letter replaces the HCFA-2007 provider tie-in notice

Board for Licensing Health Care Facilities

State of Tennessee

License No. 0000000277

No. Beds 0046

DEPARTMENT OF HEALTH

This is to certify, that a license is hereby granted by the State Department of Health to

WAYNESBORO HEALTHCARE, LLC *to conduct*

and maintain a Nursing Home WAYNE CARE NURSING HOME

Located at 505 SOUTH HIGH STREET, WAYNESBORO

County of WAYNE *, Tennessee.*

This license shall expire APRIL 19 *,* 2015 *and is subject to the provisions of Chapter 11, Tennessee Code Annotated. This license shall not be assignable or transferable, and shall be subject to revocation at any time by the State Department of Health, for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

In Witness Whereof, we have hereunto set our hand and seal of the State this 1ST *day of* AUGUST *,* 2014 *.*

By Vincent J. Dario, MPH

DIRECTOR, DIVISION OF HEALTH CARE FACILITIES

By [illegible]

COMMISSIONER

DCF010

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH CARE FACILITIES
665 MAINSTREAM DRIVE
SECOND FLOOR
NASHVILLE, TN 37243

October 6, 2014

TAMMY STULTS
WAYNE CARE NURSING HOME
505 SOUTH HIGH STREET
WAYNESBORO, TN 38485

Facility Type: Nursing Home
License Number: 277

Dear Administrator:

License number 277 has been issued due to the change of ownership for WAYNE CARE NURSING HOME effective August 1, 2014. This facility is licensed for 46 beds. The previous owner of this facility was Wayne County. The name of the facility has not changed.

A license will be forwarded to your facility within the next seven to ten days.

The administrator of the facility is Tammy Stults.

For certification purposes please be advised it is your responsibility to contact your Health Care Facilities regional office to make changes to your Medicare/Medicaid participation including a name change of the facility. The West phone number is 731-984-9684.

Please contact me if I can be of further assistance.

Sincerely,

Linda McLear, ASAII
Health Care Facilities
Licensure Unit
LA1

cc: West TN Regional Administrator
Medicaid Provider Enrollment
Health Services and Developmental Agency
Nerissa Harvey, Policy Planning and Assessment
Jay Taylor, Deputy of Long Term Care Operations,TennCare
Lonnie Matthews, Division of Health Statistics
Madeline Coleman, Quality Improvement Section
Jerry Blasigame, State Long Term Care Ombudsman
Medical Cost Audit
Habib Hanna, Fiscal Services
Linda Bedrin, HCQIP, Director, Q Source
Ron Taylor, Tennessee Health Care Association
Tennessee Hospital Association
Dee Ganaway, Office for Information Technology Services
Shay Inman, Fiscal Services for Nursing Home Information

Attachment "24" Contribution to the Orderly Development of Health Care – 7 (d)

Wayne County Nursing Home Annual Survey

Wayne Care Nursing Home Annual Survey

Wayne County Nursing Home Survey

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	44E464		11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE COUNTY NURSING HOME	104 J V MANGUBAT DRIVE, PO BOX 510 WAYNESBORO, TN 38485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on policy review, review of an accident report, medical record review, observation and interview, it was determined the facility failed to revise the care plan for a fall or a change in siderail usage for 2 of 11 (Residents #51 and 99) sampled residents reviewed of the 23 residents included in the stage 2 review. The findings included: 1. Review of the facility's "FALL PREVENTION" policy documented, "...Update care plan quarterly or more frequently if needed." accepted POC 12/2/13 SP PHNCL	F 280	Wayne County Nursing Home files this Plan of Correction solely to satisfy State and Federal mandates. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through the Informal Dispute Resolution, Formal Appeal, and any other applicable legal or administrative proceeding. This Plan of Correction should not be taken as establishing a standard of care and the facility submits that the actions taken by it in response to the survey findings establish an acceptable standard of care. This document is not intended to waive any defense, legal or equitable, in any proceeding, administrative, civil, or criminal. **F280** **483.20(d)(d), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP** The facility will assure the resident has the right to participate in planning care and treatment or changes in care and treatment. 1. Resident #51's Care Plan was updated on 11/12/13 by Resident RECEIVED DEC 02 2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Pamela S Reed
TITLE: Administrator
(X6) DATE: 11/27/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This POC was faxed 11/27/13 SP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	44E464		11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE COUNTY NURSING HOME	104 J V MANGUBAT DRIVE, PO BOX 510 WAYNESBORO, TN 38485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 280	Continued From page 1 Medical record review for Resident #51 documented an admission date of 2/11/2006 with diagnoses of Hypertension, Depression, Attention to Colostomy, Seizure Disorder, Osteoarthritis, Anxiety, Mental Retardation, Chronic Obstructive Pulmonary Disease. The care plan dated 9/23/13 was not updated to include an intervention for a fall on 11/9/13. Review of an incident / accident report dated 11/9/13 documented Resident #51 had a fall with no injuries noted. 2. Medical record review for Resident #99 documented an admission date of 1/25/13 with diagnoses of Osteoporosis, Coronary Artery Disease, Hypertension, Enlarged Thyroid, Anemia, Renal Insufficiency, Congestive Heart Failure, Status Post Multiple Back Fracture, Pacemaker, Muscle Weakness, Hepatic Encephalopathy and Cirrhosis. Review of the July recertification physician's orders dated 8/9/13 documented, "...SIDE RAILS YES... X [times] 1..." Review of the August recertification physician's orders dated 8/9/13 documented, "...SIDE RAILS YES... X 2..." Review of the September recertification physician's orders dated 9/28/13 documented, "...SIDE RAILS YES... X 2..." Review of the care plan dated 2/5/13 and updated 8/23/13 documented, "...Assist resident in repositioning while in bed PRN [as needed]; to have SR [siderails] up x [times] 1 (at wall) to assist with positioning & [and] mobility..." Observations in Resident #99's room on 11/12/13 at 12:25 PM and 11/13/13 at 7:55 AM, revealed Resident #99 lying in the bed on her back with 3/4 siderails were up x 2.	F 280	Care Coordinator. Resident #99's Care Plan was updated on 11/13/13 by Resident Care Coordinator. 2. As all resident's have potential to be affected if CP isn't updated timely, the following steps have been taken: The DON conducted a written inservice on 11/25/13 for LPNs and RNs regarding timely update of CP after falls, changes in siderail usage, etc. The ADON will review with LPNs and RNs to assure understanding and compliance during the Nurse Meetings on November 26, 27, 29. ADON and RCC completing audit by 12/4/13 to assure all CPs are current with falls, interventions, changes in siderails, etc. The Administrator created a mandatory Silverchair Learning Sys. session for all staff covering timely CP updates on falls, siderails, etc. in addition to all other tags. Deadline for completion by all staff is 12/6/13. 3. The LPNs and RNs will update Care Plans as needed following incidents or changes. The RCC will follow-up, using I&As and/or doctor's orders, to assure that CPs have been updated timely.	

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	44E464		11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE COUNTY NURSING HOME	104 J V MANGUBAT DRIVE, PO BOX 510 WAYNESBORO, TN 38485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 280	Continued From page 2 During an interview in conference room on 11/13/13 at 2:00 PM, the Director of Nursing (DON) was asked about the siderails up x 2 on Resident #99's care plan. The DON confirmed the care plan was not updated and stated, "...she [Resident #99] requested 2 siderails after her cataract surgeries, do not see where has been updated [care plan]... she uses 2 siderails..."	F 280	4. A QA Action Plan has been done on 11/25/13 by the Administrator and presented to the QA Committee on 11/26/13. The DON and ADON will conduct routine checks/audits to assure compliance. Findings will be reportedback to QA Committee weekly for next 3 months.	12/6/13
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review, observation and interview, it was determined 1 of 4 (Nurse #2) medication nurses failed to administer medications with a medication error rate of less than 5 percent (%). A total of 2 errors were observed out of 26 opportunities for error, resulting in a medication error rate of 7.692307%. The findings included: 1. Review of the facility's "Eye Drop Administration Procedure" policy documented, "...Gently pull the lower eyelid down from the eye to form a pouch... Instill the drop inside the lower eyelid... after instilling the drop, slowly release the eyelid and instruct the patient to slowly close eyes to allow for even distribution of the drop over the eye..."	F 332	**F332** **483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE.** The facility will ensure that it is free of medication error rates of 5% or greater. 1. Nurse #2, responsible for direct care of affected residents, has been inserviced on 11/20/13 by the DON on facility's policy for administering eye drops. 2. As all residents have the potential to be affected in the future if drops are not administered according to facility policy, the following action has been taken: All LPNs and RNs have been inserviced on 11/20/13 by the ADON on facility's policy for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	44E464		11/14/2013

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WAYNE COUNTY NURSING HOME	104 J V MANGUBAT DRIVE, PO BOX 510 WAYNESBORO, TN 38485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 332	Continued From page 3 2. Medical record review for Resident #99 documented an admission date of 1/25/13 with diagnoses of Multiple Back Fractures, Left Supraclavicular Mass, Thrombocytopenia, Pacemaker, Coronary Artery Disease, Enlarged Thyroid, Hypertension, Anemia, Osteoporosis, Left Carotid Stenosis, Renal Insufficiency, Constipation, Congestive Heart Failure, Hepatic Encephalopathy, Cirrhosis, Chronic Kidney Disease Stage 3, Cholelithiasis and Chest Mass. Review of the physician's orders dated 9/28/13 documented, "...SYSTANE BALANCE 0.6% EYE PLACE 1 DROP INTO BOTH EYES 4 TIMES DAILY..." Observations in Resident #99's room on 11/13/13 at 12:30 PM, while administering Systane eye drops, Nurse #2 lifted the left upper eyelid and administered two drops that missed the eye and the third drop went into the eye, but she failed to make a pouch with the lower lid as the policy states. The failure to administer eye drops by making a pouch with the lower lid resulted in medication error #1. 3. Medical record review for Resident #95 documented an admission date of 4/5/13 with diagnoses of Peptic Ulcer Disease, Esophageal Reflux, Osteoporosis, Dementia, Anxiety, Depression, Constipation, Insomnia, Memory Loss, Joint Pain, Hypertension and Hypercholesterolemia. Review of the physician's orders dated 11/6/13 documented, "...Tobradex...i [1] gtt [drop] QID [four times a day]..." Observations in Resident #95's room on 11/13/13 at 12:42 PM, while administering Tobradex eye drops, Nurse #2 lifted the left upper eyelid and placed a drop into the eye and failed to make a	F 332	administering eye drops. Eye Drop administration was added to Administrator's Silverchair Session created. It is mandatory for all employees to complete training session by 12/6/13. The DON and ADON will observe all eye drop administration and complete a check-off form for nurses to assure proper application. This was started on 11/25/13 and will be completed by 12/6/13. 3. The Pharmacy Consultant will observe med pass during next 3 scheduled visits, and will observe LPN #2 each visit, to ensure continued understanding and compliance. 4. A QA Action Plan has been done and presented to QA Committee for approval by the Administrator. The DON and ADON will conduct random weekly med pass reviews and will report back to QA Committee the outcomes. The QA Committee will continue to monitor results for 3 months.	12/6/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 332	Continued From page 4 pouch with lower lid as the policy states. The failure to administer eye drops by making a pouch with the lower lid resulted in medication error #2. 4. During an interview in the Director of Nursing's (DON) office on 11/14/3 at 12:02 PM, the DON was asked what was the procedure for administering eye drops. The DON stated, "...hold lower lid with gloved finger and put drop in the pouch..."	F 332	F371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY Facility will store, prepare, distribute and serve food under sanitary conditions. 1. CNAs #1,2,3, and 4, FA #1, Nurse #3 and 4 were inserviced by DON and ADON on properly assisting with resident's straw, utensils, and food without using bare hands and on properly sanitizing of hands.	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on policy review, observation and interview, it was determined the facility failed to ensure food was prepared and served under sanitary conditions when 8 of 16 staff members (Certified Nursing Assistant (CNA) #1, 2, 3 and 4, Feeding Assistant (FA) #1, Nurses #3 and 4 and Maintenance Worker #1) failed to practice proper hand hygiene by handling food items with bare hands or entered the kitchen where food was being served on the tray line without wearing a hair covering.	F 371	Maint. #1 was inserviced by supervisor on 11/14/13 on wearing proper hair covering when entering the kitchen. 2. As all residents have the potential to be affected, the following action has been taken: All staff serving trays and/or assisting with meals have been inserviced by ADON on 11/18/13 on proper hand-hygiene, not touching food or straw or utensils with bare hands. All facility staff was inserviced by Administrator on 11/14/13 regarding no one entering kitchen without proper hair covering. Hand-Hygiene and hair coverings in kitchen were added to the Silverchair Learning session created by Administrator 11/25/13. It is a mandatory session that must be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 371	Continued From page 5 The findings included: 1. Review of the facility's "HAND HYGIENE" policy documented, "...Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situations that require hand hygiene... before and after direct resident contact.." Review of the facility's "Use of Gloves..." policy documented, "...PURPOSE: To prevent the spread of bacteria that may cause food borne illnesses... when preparing or handling food..." a. Observations in room 201A on 11/12/13 at 11:53 AM, CNA #1 handled the resident's straw with her bare hand and handled the sandwich with her bare hand, while she cut the sandwich with a knife in the other hand. Observations in 217A on 11/12/13 at 12:06 AM, CNA #1 handled the resident's straw with her bare hands. b. Observations in room 204 on 11/12/13 at 11:53 AM, CNA #2 took a glass of chocolate milk to a resident, she used bare hands to scoop out the powder in a med cup and put it in the glass of milk twice. CNA #2 grabbed the straw by the mouthpiece with her bare hand and stirred the powder. c. Observations in room 215B on 11/12/13 at 12:04 PM, CNA #3 handled the resident's straw with her bare hands. Observations in room 217B on 11/12/13 at 12:06 PM, CNA #3 handled the resident's straw and the utensils with her bare hands. d. Observations in the main dining room on 11/12/13 at beginning at 12:20 PM, CNA #4	F 371	completed by all employees by 12/6/13. 3. Tray service for employee meals was revamped on 11/15/13. The trays are now prepared and put on a cart at doorway to dining room. No employee needs to enter the kitchen now to get a meal tray. The DON, ADON, RCC, and the Administrator will make random observations of meal times (in dining room and resident rooms) to ensure compliance of hand-hygiene practices. 4. A QA Action Plan was completed and presented to QA Committee on 11/25/13 by the Administrator. Administrator will routinely monitor dining room, resident rooms, and the kitchen area during meals to ensure continued compliance. Outcomes will be reported back to the QA Committee for the next 3 months.	12/6/13

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
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F 371	Continued From page 6 peeled a banana and handed it to a resident with her bare hands touching the banana. e. Observations in the main dining room on 11/12/13 at beginning at 12:20 PM, Nurse #3 picked up a resident's eyeglasses off the table and put them on the resident's face, then picked up 1/4 of a sandwich with her bare hand and handed it to the resident. f. Observations in the main dining room on 11/12/13 at beginning at 12:20 PM, Nurse #4 touched a resident's clothing protector to straighten it, then picked up a cheese puff and handed it to the resident. d. FA #1 cut a ham and cheese sandwich in half and handed it to a resident with her bare hand. During an interview in the Director of Nursing's (DON) office on 11/4/13 at 10:05 AM, the DON was asked what is expected from all staff when serving meal trays. The DON stated, "...would expect staff to wash hands prior to serving and setting up trays..." The DON confirmed that staff should not touch food and items with bare hands, and hand hygiene should be performed after touching residents or handling items. 2. Review of the facility's "Use of... Hairnets" policy documented, "...PURPOSE: To prevent the spread of bacteria that may cause food borne illnesses... "PROCESS... i...Wear hair restraints (bonnets, caps, nets, to cover hair) when preparing or handling food..." Observations in the kitchen on 11/14/13 at 11:42 AM, Maintenance Worker #1 walked into the kitchen without a hairnet and proceeded to obtain his tray from the trayline.	F 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	44E464		11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE COUNTY NURSING HOME	104 J V MANGUBAT DRIVE, PO BOX 510 WAYNESBORO, TN 38485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 371	Continued From page 7 During an interview in the kitchen on 11/14/13 at 11:45 AM, the Certified Dietary Manager (CDM) was asked if the employees came into the kitchen without a hairnet to obtain their food. The CDM stated, "...They have been doing it for years..."	F 371		

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DEC 02 2013

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[illegible] 2013

Wayne Care Nursing Home Survey

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED MAY 23 2014

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	44E308		05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE CARE NURSING HOME	505 SOUTH HIGH STREET WAYNESBORO, TN 38485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on policy review, medical record review and interview, it was determined the facility failed to have a care plan for range of motion (ROM) for 1 of 23 (Resident #6) sampled residents reviewed of the 23 residents included in the stage 2 review. The findings included: Review of the facility's care plan policy documented, "Upon admission, each resident will be assessed by the care plan team and an interim plan of care will be developed. Care plans will be revised as needed according to changes in	F 279	The facility will develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental a psychosocial needs that are identified in the comprehensive assessment. A comprehensive care plan was developed for range of motion on Resident #6 by the ADON. The care plan will be monitored quarterly by the ADON. They will be revised as needed according to changes in the resident's physical and mental condition (see attached) by the ADON. The DON will monitor quarterly for care plan related to range of motion on these residents who have documented limitations on the MDS. The DON will report to QA committee quarterly x 1 year related to care plans in place for those residents with documented limitations in ROM. If no further issues noted after 1 year, quarterly reports may be discontinued.	5/8/14

accepted POC 5/20/14 [illegible]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tammy Stutts	Administrator	5/20/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This same POC was faxed 5/20/14 [illegible]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	44E308		05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE CARE NURSING HOME	505 SOUTH HIGH STREET WAYNESBORO, TN 38485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279	Continued From page 1 the resident's physical and mental condition." Medical record review for Resident #6 documented an admission date of 1/22/04 with diagnoses of Hypercholesterolemia, Depression, Hypertension, Peptic Ulcer, Osteoporosis, Hiatal Hernia, Coronary Artery Disease, Artheriosclerotic Heart Disease, Rheumatoid Arthritis, Insomnia with sleep apnea, Osteoarthritis, Dysphagia, Diabetes Mellitus, Dementia with Behavior Disturbance, Right Lacunar Infarct, Vascular Dementia, Atrophic, Chronic Urinary Tract Infections, Urinary Retention, Degenerative Disc Disease and Parkinson Disease. Review of the quarterly Minimum Data Set (MDS) dated 4/18/14 and 10/22/14 documented functional limitation in range of motion was impaired on both side of upper extremity. Resident #6's care plan dated 4/18/14 had no documentation for Range of Motion. During an interview in the north Hall on 5/6/14 at 4:10 PM, Nurse #1 was asked who does Range of Motion (ROM) on Resident #6. Nurse #1 stated, "The restorative techs used to until about a month ago. Now the Certified Nursing Assistants (CNAs) do it during the bath, open the hands and washes between fingers and stretches the arms out. Nurses do them also, like I know when I work, I do them when I go in to do PEG [Percutaneous Endoscopy Gastrostomy] tube site cleaning. Open her hands and extend her arms, they are not fully contracted you can open hands and extend arms." During an interview in room 120 on 5/7/14 at 9:00 AM, the Director of Nursing (DON) stated, "About the ROM on [named Resident #6] I have found	F 279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	44E308		05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 279	Continued From page 2 out that the nurse over the restorative program destroyed the paperwork. She pulled the forms at the end of the month and shredded them. I just don't know why, but she can explain it to me when I do her plan of correction. We had one CNA that did all the restorative every day but had to stop that due to cost containment. Now CNAs and some LPNs [Licensed Practical Nurses] on each shift are assigned some residents to do ROMs..."	F 279		
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, it was determined the facility failed to ensure treatment and services were provided to prevent further decline in range of motion (ROM) for 1 of 3 (Resident #6) sampled residents reviewed with contractures of the 23 residents included in the stage 2 review. The findings included: Medical record review for Resident #6 documented an admission date of 1/22/04 with diagnoses of Hypercholesterolemia, Depression, Hypertension, Peptic Ulcer, Osteoporosis, Hiatal	F 318	Based on the comprehensive assessment of a resident, the facility will ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Range of motion exercises will be provided to Resident #6 and any other resident 3 or more times a week indicated to prevent a decline in range of motion. These exercises will be done by nursing and documented on the CNA documentation record or LPN treatment record. It will be monitored monthly by the RN staff. The RN staff will report to QA committee quarterly x 1 year r/t the monitoring of completion of range of motion exercises (con't)	5/8/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	44E308		05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAYNE CARE NURSING HOME	505 SOUTH HIGH STREET WAYNESBORO, TN 38485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 318	Continued From page 3 Hernia, Coronary Artery Disease, Artheriosclerotic Heart Disease, Rheumatoid Arthritis, Insomnia with sleep apnea, Osteoarthritis, Dysphagia, Diabetes Mellitus, Dementia with Behavior Disturbance, Right Lacunar Infarct, Vascular Dementia, Atrophic, Chronic Urinary Tract Infections, Urinary Retention, Degenerative Disc Disease and Parkinson Disease. Review of the quarterly Minimum Data Set (MDS) dated 4/18/14 and 10/22/14 documented functional limitation in range of motion was impaired on both side of upper extremity. Resident #6's care plan dated 4/18/14 had no documentation for Range of Motion. During an interview in the north Hall on 5/6/14 at 4:10 PM, Nurse #1 was asked who does Range of Motion (ROM) on Resident #6. Nurse #1 stated, "The restorative techs used to until about a month ago. Now the Certified Nursing Assistants (CNAs) do it during the bath, open the hands and washes between fingers and stretches the arms out. Nurses do them also, like I know when I work, I do them when I go in to do PEG [Percutaneous Endoscopy Gastrostomy] tube site cleaning. Open her hands and extend her arms, they are not fully contracted you can open hands and extend arms." During an interview in room 120 on 5/7/14 at 9:00 AM, the Director of Nursing (DON) stated, "About the ROM on [named Resident #6] I have found out that the nurse over the restorative program destroyed the paperwork. She pulled the forms at the end of the month and shredded them. I just don't know why, but she can explain it to me when I do her plan of correction. We had one CNA that did all the restorative every day but had	F 318	on residents with limited range of motion. If no further issues after 1 year reporting to QA committee may be discontinued.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	44E308		05/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 318	Continued From page 4 to stop that due to cost containment. Now CNAs and some LPNs [Licensed Practical Nurses] on each shift are assigned some residents to do ROMs..."	F 318		

RECEIVED
MAY 23 2014

RESIDENT CARE PLAN

Wayne Care Nursing Home

Name : MABLE CARSON
Prefers to be called: AUNT MABLE
MRN: 581

U/R/B: N / 107 / A
Religion : Methodist
Date Of Birth : 11/21/1924 (89)

Current Admit Date: 10/15/2013
Primary Language : English
Laundry By :

Problem		Goal		Approach Frequency		Discipline
13	Resident is limited in range of motion to upper extremities R/T contratures of arms, wrist and fingers. **Start Date:** 05/08/2014	1	Resident will maintain current range of motion with no further decline in joint contracture over the next 90 days or by 0806/2014. **Goal Date:** 08/06/2014	1	Nursing staff to provide ROM on arms, wrist and fingers to extent possible on evening shift. **Approach Start Date:** 05/08/2014	N CNA
				2	Provide full assistance during range of motion. **Approach Start Date:** 05/08/2014	N CNA
				3	Monitor for presence of pain, intolerance, or muscle spasm during range of motion. **Approach Start Date:** 05/08/2014	N CNA
				4	Maintain body in functional alignment when at rest. **Approach Start Date:** 05/08/2014	N CNA
				5	Inspect skin daily during bathing. Observe and report any red or broken areas to Nurse. **Approach Start Date:** 05/08/2014	CNA
				6	Monitor and record any increased stiffness in joints. **Approach Start Date:** 05/08/2014	N CNA

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MAY 19 2014

ADDITIONAL INFORMATION

Original

Waynesboro Health and Rehabilitation Center

CN1411-045

NOV 25 '14 AM 10:02

WAYNESBORO

Health & Rehabilitation Center

November 25, 2014

Mr. Phillip Earhart
Health Services Development Examiner
Health Services & Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1411-045
Waynesboro Health and Rehabilitation Center

Mr. Earhart,

Pursuant to your phone call of today's date, please find final revisions to the following sections of our CON application attached:

Attachment "5" Section C, Economic Feasibility, Item 4 (Historical Data Chart)

Attachment "7" Section C, Economic Feasibility, Item 5

Thank you again for your guidance in this process, we greatly appreciate you! Should you have any questions or need additional information, please contact me at 865-556-2477.

Respectfully Submitted,

Kelli Canan
Project Manager

Cc: Thomas D. Johnson, Chief Manager
Ann Reed, Director of Licensure

Attachment "5"

Section C, Economic Feasibility, Item 4 (Historical Data Chart)

QUESTION:

Please include the actual patient days for 2012, 2013, and 2014 in both Historical Data Charts under "A. Utilization data" and resubmit.

RESPONSE:
Please see revised Historical Data Charts for Wayne County Nursing Homes and Wayne Care Nursing Home Below

QUESTION:
The itemization of "other expenses" for the Wayne County Nursing Home Historical Data Chart is noted. However, the totals for 2012, 2013, and 2014 do not match the itemized amount. Please revise and resubmit.

RESPONSE:
Please see revised Historical Data Charts for Wayne County Nursing Homes

QUESTION:
If possible, please complete the Historical Data Chart "Other expenses" section that is located at the end of this supplemental request for Wayne Care Nursing Home.

RESPONSE:
Please see revised Historical Data Charts for Wayne Care Nursing Home below:

Wayne County Nursing Home Historical Data Chart

HISTORICAL DATA CHART

Give information for the three (3) years for which complete data is available for the facility or agency. The fiscal year begins in _____JULY_____ (Month).

				Year 2012	Year 2013	Year 2014
	WAYNE COUNTY NURSING HOME					
A.	Utilization Data (Specify unit of measure)			Patient Days 35995	Patient Days 33452	Patient Days 29982
B.	Revenue from Services to Patients					
	1	Inpatient Services		$ 5,107,099	$ 4,858,229	$ 4,543,385
	2	Outpatient Services				
	3	Emergency Services				
	4	Other Operating Revenue _____				
			Gross Operating Revenue	$ 5,107,099	$ 4,858,229	$ 4,543,385
C. Deductions from Gross Operating Revenue						
	1	Contractual Adjustments				
	2	Provision for Charity Care				
	3	Provisions for Bad Debt		$ (20,349)		$ (53,033)
			Total Deductions	$ (20,349)	$ -	$ (53,033)
NET OPERATING REVENUE				$ 5,086,750	$ 4,858,229	$ 4,490,352
D. Operating Expenses						
	1.	Salaries and Wages		$ 2,975,084	$ 3,030,289	$ 2,800,714
	2.	Physician's Salaries and Wages				
	3.	Supplies		$ 612,284	$ 602,570	$ 609,148
	4.	Taxes		$ 1,505	$ 1,906	$ 1,800
	5.	Depreciation		$ 109,470	$ 107,199	$ 106,105
	6.	Rent				
	7.	Interest, other than Capital				
	8.	Management Fees:				
		a. Fees to Affiliates				
		b. Fees to Non-Affiliates				
	9.	Other Expenses (Specify)		$ 1,525,859	$ 1,467,389	$ 1,337,820
			Total Operating Expenses	$ 5,224,202	$ 5,209,353	$ 4,855,587
E. Other Revenue (Expenses) --Net (Specify)				$ 18,993	$ 31,245	$ (2,309)
NET OPERATING REVENUE				$ (118,459)	$ (319,879)	$ (367,544)
F. Capital Expenditures						
	1.	Retirement of Principal				
	2.	Interest		$ 37,962	$ 37,054	$ 40,958
			Total Capital Expenditures	$ 37,962	$ 37,054	$ 40,958
NET OPERATING INCOME (LOSS)						
LESS CAPITAL EXPENDITURES				$ (156,421)	$ (356,933)	$ (408,502)

Wayne County Historical Data Chart – Other Expenses

	WAYNE COUNTY HISTORICAL DATA CHART-OTHER EXPENSES			
	OTHER EXPENSES CATEGORIES	**Year 2012**	**Year 2013**	**Year 2014**
1	QA Fees	$ 242,625	$ 248,838	$ 251,872
2	Employee Benefits	470,379	440,211	342,413
3	Preemployment expense	5,021	6,513	13,264
4	Insurance (Health, Workers Comp, and, Liability)	183,859	175,184	158,996
5	Contract Services	163,774	160,312	150,534
6	Utilities and Telephone	141,525	136,688	149,393
7	Retirement Expense	183,571	165,720	146,515
8	Dues & Subscriptions	2,429	10,963	8,656
9	Travel & Meals	22,690	12,147	11,562
10	Advertising	2,054	1,795	1,919
11	Repairs & Maintenance	62,068	64,209	50,830
12	Office Expense	45,864	44,809	51,866
	Total Other Expenses	**$ 1,525,859**	**$ 1,467,389**	**$ 1,337,820**

Wayne Care Nursing Home Historical Data Chart

HISTORICAL DATA CHART

Give information for the three (3) years for which complete data is available for the facility or agency. The fiscal year begins in _____JULY_____ (Month).

				Year 2012	Year 2013	Year 2014
	WAYNE CARE NURSING HOME					
A.	Utilization Data (Specify unit of measure)			Patient Days 14377	Patient Days 13,388	Patient Days 11,432
B.	Revenue from Services to Patients					
	1	Inpatient Services		$ 2,311,554	$ 2,195,879	$ 1,796,923
	2	Outpatient Services				
	3	Emergency Services				
	4	Other Operating Revenue _____				
			Gross Operating Revenue	$ 2,311,554	$ 2,195,879	$ 1,796,923
C. Deductions from Gross Operating Revenue						
	1	Contractual Adjustments				
	2	Provision for Charity Care				
	3	Provisions for Bad Debt		$ (15,780)	$ (9,226)	$ 6,799
			Total Deductions	$ (15,780)	$ (9,226)	$ 6,799
NET OPERATING REVENUE				$ 2,295,774	$ 2,186,653	$ 1,803,722
D. Operating Expenses						
	1.	Salaries and Wages		$ 1,340,787	$ 1,333,740	$ 1,302,338
	2.	Physician's Salaries and Wages				
	3.	Supplies		$ 246,976	$ 208,723	$ 182,713
	4.	Taxes		$ 1,274	$ 1,000	$ 1,150
	5.	Depreciation		$ 14,213	$ 12,036	$ 10,686
	6.	Rent				
	7.	Interest, other than Capital				
	8.	Management Fees:				
		a. Fees to Affiliates				
		b. Fees to Non-Affiliates				
	9.	Other Expenses (Specify) Contract Services, Ins exp, travel, utlities, education, minor equipment, QA Fee, Medical Director Fee		$ 642,567	$ 656,200	$ 663,206
			Total Operating Expenses	$ 2,245,817	$ 2,211,699	$ 2,160,093
E. Other Revenue (Expenses) --Net (Specify)				$ 2,496	$ (1,789)	$ 47,563
NET OPERATING REVENUE				$ 52,453	$ (26,835)	$ (308,808)
F. Capital Expenditures						
	1.	Retirement of Principal				
	2.	Interest		$ 7,400	$ 8,218	$ (10,043)
			Total Capital Expenditures	$ 7,400	$ 8,218	$ (10,043)
NET OPERATING INCOME (LOSS)						
LESS CAPITAL EXPENDITURES				$ 45,053	$ (35,053)	$ (318,851)

Wayne Care Historical Data Chart – Other Expenses

	WAYNE CARE HISTORICAL DATA CHART-OTHER EXPENSES			
	OTHER EXPENSES CATEGORIES	**Year 2012**	**Year 2013**	**Year 2014**
1	QA Fees	$ 102,400	$ 102,350	$ 102,350
2	Employee Benefits	$ 175,226	188,429	201,322
3	Preemployment expense	1,763	896	705
4	Insurance (Health, Workers Comp, and, Liability)	76,057	93,961	114,024
5	Contract Services	89,573	95,987	79,861
6	Utilities and Telephone	61,241	67,640	67,225
7	Retirement Expense	52,674	49,848	46,049
8	Dues & Subscriptions	9,761	17,242	16,080
9	Travel & Meals	4,036	2,818	2,229
10	Advertising	744	263	235
11	Repairs & Maintenance	38,288	23,970	17,772
12	Office Expense	30,804	12,796	15,354
	Total Other Expenses	**$ 642,567**	**$ 656,200**	**$ 663,206**

Attachment "7"

Section C, Economic Feasibility, Item 5

QUESTION:

Please recalculate the project's average gross charge, average deduction from operating revenue and average net charge and resubmit.

RESPONSE:

Year 1
Average Gross Charge:
$8,793,747/43020 total days = $204.41
Average deduction from operating revenue
$-$103,938/43020 = -$2.41
Average net charges
= ($8,793,747-103,938)/43020 total days =$201.99

Year 2
Average Gross Charge:
$11,096,056/51109 total days = $217.11
Average deduction from operating revenue
$-7,559/51109 = -$0.15
Average net charges
= ($11,096,056-7,559)/51109 total days =$216.96

NOV 26 '14 PM 10:03

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF BRADLEY

NAME OF FACILITY: Waynesboro Health & Rehabilitation

I, Kelli A. Canan, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Kelli A. Canan, Project Manager
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 25th day of November, 2014, witness my hand at office in the County of BRADLEY, State of Tennessee.

WANDA B. DAVIS
NOTARY PUBLIC AT LARGE
BRADLEY CO., TENNESSEE

Wanda B. Davis
NOTARY PUBLIC

My commission expires Aug. 24, 2015.

HF-0043

Revised 7/02

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

December 1, 2014

Kelli Canan, CON Project Manager
Health Services Management Group
485 Central Avenue Northeast
Cleveland, TN 37311

RE: Certificate of Need Application -- Waynesboro Health & Rehabilitation Center - CN1411-045

Dear Ms. Canan:

This is to acknowledge the receipt of supplemental information to your application for a Certificate of Need for the relocation and replacement of Wayne Care Nursing Home located at 505 South Main Street, Waynesboro (Wayne County), TN, a 46-bed nursing facility, and the construction of an addition to Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home), a 109-bed nursing facility located at 104 J.V. Mangubat Drive, Waynesboro (Wayne County), TN 38485. The project will combine the two licensed facilities into one licensed nursing facility by closing the 46-bed facility at 505 Main Street and combining the beds by construction of an addition to the existing 109-bed facility at 104 J.V. Mangubat Drive. Upon completion, Waynesboro Health and Rehabilitation Center will house the combined 155-bed nursing facility, which will become dually certified for participation in Medicare and Medicaid and will include an 18-bed designated Memory Care Unit. The service area is Wayne County. Project cost is $5,658,318.00.

Please be advised that your application is now considered to be complete by this office. Your application is being forwarded to the Tennessee Department of Health and/or its representative for review.

In accordance with Tennessee Code Annotated, §68-11-1601, et seq., as amended by Public Chapter 780, the 60-day review cycle for this project will begin on December 1, 2014. The first sixty (60) days of the cycle are assigned to the Department of Health, during which time a public hearing may be held on your application. You will be contacted by a representative from this Agency to establish the date, time and place of the hearing should one be requested. At the end of the sixty (60) day period, a written report from the Department of Health or its representative will be forwarded to this office for Agency review within the thirty (30)-day period immediately following. You will receive a copy of their findings. The Health Services and Development Agency will review your application on February 25, 2015.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. § 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person or legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have questions or require additional information, please contact me.

Sincerely,

Melanie M. Hill
Executive Director

MMH:mab

cc: Trent Sansing, CON Director, Division of Health Statistics

State of Tennessee
Health Services and Development Agency
Andrew Jackson, 9th Floor, 502 Deaderick Street, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

MEMORANDUM

TO: Trent Sansing, CON Director
Office of Policy, Planning and Assessment
Division of Health Statistics
Andrew Johnson Tower, 2nd Floor
710 James Robertson Parkway
Nashville, Tennessee 37243

FROM: Melanie M. Hill
Executive Director

DATE: December 1, 2014

RE: Certificate of Need Application
Waynesboro Health & Rehabilitation Center - CN1411-045

Please find enclosed an application for a Certificate of Need for the above-referenced project.

This application has undergone initial review by this office and has been deemed complete. It is being forwarded to your agency for a sixty (60) day review period to begin on December 1, 2014 and end on February 1, 2015.

Should there be any questions regarding this application or the review cycle, please contact this office.

MMH:mab

Enclosure

cc: Kelli Canan, CON Project Manager

State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the Wayne County News, which is a newspaper of general circulation in Wayne County, Tennessee, on or before November 5, 2014,for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that Waynesboro Health & Rehabilitation Center, an existing licensed nursing home owned by Waynesboro Healthcare, LLC, a limited liability company, and to be managed by Health Services Management Group, LLC, intends to file an application for a Certificate of Need for the relocation and replacement of Wayne Care Nursing Home located at 505 South Main Street, Waynesboro, TN 38485 (License #277), a 46-bed nursing facility and the construction of an addition to Waynesboro Health & Rehabilitation Center (License #278) (f/k/a Wayne County Nursing Home), a 109-bed nursing facility located at 104 J.V. Mangubat Drive, Waynesboro, TN 38485. The project will combine the two licensed facilities into one licensed nursing facility by closing the 46-bed facility at 505 South Main Street and combining the beds by construction of an addition to the existing 109-bed facility located at 104 J.V. Mangubat Drive. Upon completion, Waynesboro Health & Rehabilitation Center will house the combined 155-bed nursing facility, which will become dually certified for participation in Medicare and Medicaid and will include an 18-bed Designated Memory Care Unit. Presently, both existing nursing facilities are certified for Level 1/Medicaid only. There is no major medical equipment required for this project, and no new beds are being added from the Nursing Home Bed Pool. The estimated project cost is $5,658,317.63.

The anticipated filing date of the application is on or before November 10, 2014. The contact person for this project is Kelli Canan, CON Project manager, who may be reached at Health Services Management Group, 485 Central Avenue Northeast, Cleveland, Tennessee 37311. Ms. Canan's telephone number is (423) 478-5953 and her email address is kelli.canan@healthservices.cc.

Kelli A. Canan (Signature) 11/4/2014 (Date) kelli.canan@healthservices.cc (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

Pursuant to T.C.A. § 68-11-1607(c)(1), (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

SUPPLEMENTAL - #1
-ORIGINAL-

Waynesboro Health and Rehabilitation Center

CN1411-045

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

November 20, 2014

Mr. Phillip Earhart
Health Services Development Examiner
Health Services & Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1411-045
Waynesboro Health and Rehabilitation Center

Mr. Earnart,

We received your request for supplement information for the above-referenced project. Please find our responses in the same order as in your letter dated November 16, 2014 below:

1. Section A, Applicant Profile, Item 5
Please see Attachment "1,"

2. Section A, Applicant Profile, Item 6
Please see Attachment "2,"

3. Section A, Applicant Profile, Item 13
Please see Attachment "3,"

4. Section B, Project Description, Item I
Please see Attachment "4"

5. Section B, Project Description, Item II.A. and B.
Please see Attachment "5"

6. Section C. Need 1.a. (Service Specific Criteria-Construction, Renovation, Expansion, and Replacement of Health Care Institutions) (1) (a.)
Please see Attachment "6"

7. Section C. Need 1.a. (Service Specific Criteria-Construction, Renovation, Expansion, and Replacement of Health Care Institutions) (2) (a.)
Please see Attachment "7"

8. Section C. Need 1.a. (Service Specific Criteria-construction, Renovation, Expansion, and Replacement of Health Care Institutions) (3) (b.)
Please see Attachment "8"

9. Section C, Need, Item 3 (Service Area)
Please see Attachment "9"

10. Section C. Need, Item 5
Please see Attachment "10"

11. Section C. Need, Item 6
Please see Attachment "11"

12. Section C, Economic Feasibility, Item 2
Please see Attachment "12"

13. Section C, Economic Feasibility, Item 3
Please see Attachment "13"

14. Section C, Economic Feasibility, Item 4 (Historical Data Chart)
Please see Attachment "14"

15. Section C, Economic Feasibility, Item 4 (Projected Data Chart)
Please see Attachment "15"

16. Section C, Economic Feasibility, Item 5
Please see Attachment "16"

17. Section C, Economic Feasibility, Item 6.A. and 6.B.
Please see Attachment "17"

18. Section C, Economic Feasibility, Item 7
Please see Attachment "18"

19. Section C, Economic Feasibility, Item 10
Please see Attachment "19"

20. Section C. Contribution to the Orderly of Health Care, Item. 7 (c.)
Please see Attachment "20"

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21. Section C. Contribution to the Orderly of Health Care, Item. 8 and 9
Please see Attachment "21"

22. Section C. Contribution to the Orderly of Health Care, Item. 10
Please see Attachment "22"

23. Project Completion Forecast Chart
Please see Attachment "23"

Should you have any questions or need additional information, please contact me at 423-470-9232.

Respectfully Submitted,

Kelli Canan

Kelli Canan
Project Manager

Cc: Thomas D. Johnson, Chief Manager
Ann Reed, Director of Licensure

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Attachment "1"

Section A, Applicant Profile, Item 5

QUESTION:
Please describe the management entity's experience in providing management services to nursing homes.

RESPONSE:
Please see HSMG, LLC Company Overview embedded below.

HEALTH SERVICES MANAGEMENT GROUP, LLC

COMPANY OVERVIEW

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HEALTH SERVICES MANAGEMENT GROUP

Health Services Management Group, LLC ("HSMG") is a privately owned company located in Cleveland, Tennessee that provides management services for nine nursing facilities and three home health agencies.

HSMG is a full-service management company staffed with experienced, caring professionals in the long-term care industry. Our facilities provide high quality skilled nursing care, short-term rehabilitation, and long-term health care services to meet the needs of residents and their families.

Unlike many small to mid-size long-term healthcare companies, Health Services has chosen to provide staffing for all disciplines necessary to deliver exceptional care both at our present size and for the anticipated growth during the coming months. HSMG focused on the needs of our facilities and understands that quality care of our residents is the heartbeat of our company. Our small size enables us to respond readily to the needs of our facilities in providing the best quality care.

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COMPANY HISTORY

Health Services, Inc., ("HSI"), predecessor to Health Services Management Group, LLC, was formed in 1991 to perform merger and acquisition services to third-party owner/operators, to acquire facilities for the HSI portfolio for leasing back to the third-party operators, and to serve as a Receiver for troubled properties.

From 1991 until 2005, HSI was appointed seventeen times by courts in Michigan, Ohio, Tennessee, California, Indiana and Georgia to serve as receiver to "fix" properties through management of operations, or to close and dispose of these troubled properties. These seventeen receiverships were granted by the courts and endorsed by bond trustees including Norwest Bank, Union Planters, Fifth Third Bank, Bank of New York, Wells Fargo Bank, and others. Under the 2002 approval of a Memphis Bankruptcy Court and corresponding Creditor Committee, HSI formed a single-asset entity to operate and bring to a controlled closing an inner-city, 238-bed property in Detroit, Michigan.

As our experience with the workouts of troubled properties grew, we were engaged by three troubled, not-for-profit corporations to replace their Board members and to help maximize their assets through closures, bankruptcy, receiverships, or improved operations. Following is a list of the facilities for which we were given charge through receiverships, bankruptcy court appointments or non-profit corporations.

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Receivership Facilities

Westside Healthcare	Indiana
Villa North Healthcare & Rehab	Ohio
Eastside Caring Center	Tennessee
Parkway Healthcare	Tennessee
Premier Care & Rehabilitation	Georgia
Sunnyview Nursing Home	Wisconsin
Gillett Nursing Home	Wisconsin
Rivers Bend Nursing Home	Wisconsin
Riley Care Center	Indiana
Delaware Nursing Home	Indiana
Rural Nursing Center	Indiana
Crestview Nursing Center	Indiana
Garden Terrace Nursing & Rehabilitation	California
Bay Shores Nursing Center	Michigan
Marion Manor Nursing Home	Michigan
Cambridge Nursing & Rehab Center	Michigan

Bankruptcy Court Facility

Arnold Home Nursing Center	Michigan

Troubled Not-for-Profit Facilities

Pioneer Care Center	Colorado
South Shore Nursing Center	Indiana
Concordia Care Center	Minnesota
West Toledo Care Center	Ohio
Black Earth Nursing Home	Wisconsin
Deport Nursing Center	Texas
Oakmont Assisted Living	Florida

In 2000, HSI began acquiring facilities for its own portfolio. We initially provided accounting and human resources services for these buildings, but did not become a full-service management company until 2005, when Health Services Management Group, LLC began operation. Since its founding in 2005, Health Services Management Group has experienced consistent growth. HSMG and affiliates currently own and manage nine skilled nursing facilities and three home health agencies. The company's total annual revenues exceed $72,000,000, while employing approximately 1,000 people with total payroll and benefits of over $35,000,000.

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CURRENT FACILITIES

Health Services Management Group operates 1,000+ beds in nine nursing facilities in four states, as well as three home health agencies located in Alabama and Colorado.

The first facility in our portfolio was Mountain Home Health & Rehabilitation in Hendersonville, TN, followed by Beacon Shores Health & Rehabilitation in Virginia Beach, VA, and then Heartland Country Village in Black Earth, WI. The company continued to expand by identifying viable properties, many of which were underperforming.

MidSouth Health & Rehab Center in Memphis was acquired in April 2006. The following year another facility in Memphis, Ashton Place Health & Rehab Center, was acquired. Horizon Health & Rehabilitation Center in Manchester, TN was added in 2011.

The table below lists the current nursing facilities:

State	Facility	Location	Beds
Tennessee	Horizon Health and Rehab Center	Manchester	72
Tennessee	MidSouth Health and Rehabilitation Center	Memphis	155
Tennessee	Ashton Place Health & Rehabilitation Center	Memphis	211
Tennessee	Ardmore Health & Rehabilitation Center	Ardmore	79
Tennessee	Fayetteville Health & Rehabilitation Center	Fayetteville	79
Tennessee	Willows of Winchester Health & Rehabilitation Center	Winchester	80
Virginia	Beacon Shores Nursing & Rehabilitation Center	Virginia Beach	180
Wisconsin	Heartland Country Village	Black Earth	50
North Carolina	Mountain Home Health & Rehab	Hendersonville	134
Tennessee	Waynesboro Health & Rehab	Waynesboro	109

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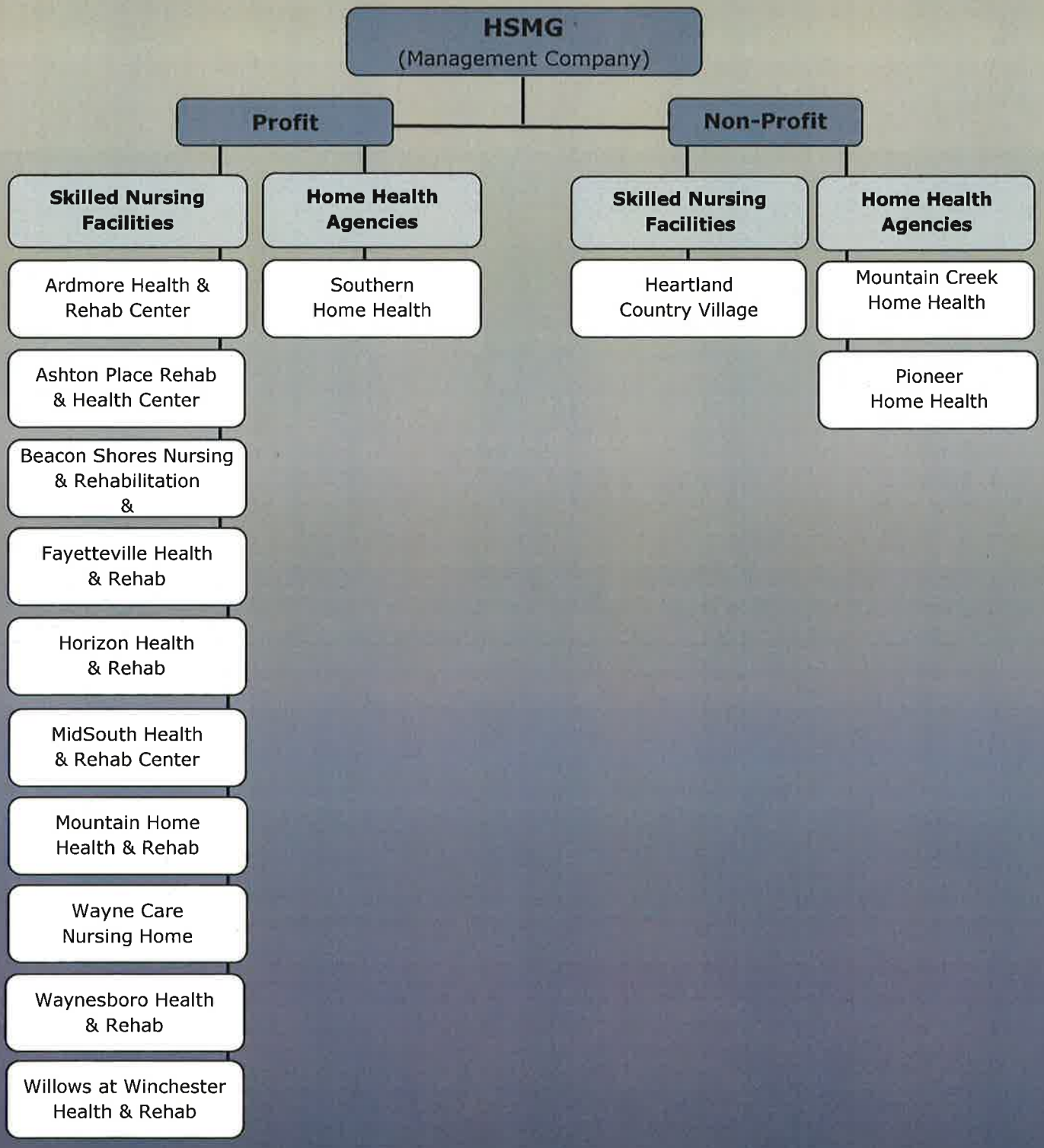
HSMG MANAGED FACILITIES/AGENCIES



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Mountain Home Health & Rehab, the first nursing home in our portfolio, was acquired in March 2000. It is a 134-bed facility located in Hendersonville, Tennessee. Originally owned by Sun Health, it was bought out of bankruptcy by a group from Autumn Corporation. This facility had a very troubled history until Health Services Management Group took over as manager in 2006, at which time the facility made steady improvement, both financially and clinically. The facility participates in both the Medicare and Medicaid programs.

http://www.mountainhomecares.com/

Beacon Shores Nursing & Rehabilitation Center was the second facility Health Services Management Group added to its portfolio. It is a 180-bed property in Virginia Beach, Virginia. In 2001, Sun Health abandoned this facility during bankruptcy. The facility was purchased by investors and leased to a management company who closed the facility due to its troubled history. Autumn Corporation purchased the property and another management company operated the facility. For various reasons every operator battled clinical and survey issues, many of which came from a difficult physical plant.

Health Services Management Group assumed management of this property in late 2006, with a promise that the lessor would provide approximately $800,000 in renovations. The renovations have been completed and operations have improved to enable the lessor to seek CON approval to construct a new facility.

http://www.beaconshorescares.com/

Heartland Country Village in Black Earth, Wisconsin is a 50-bed facility which was acquired in August, 2003.

Prior to the acquisition, the facility was one of several troubled operations in which the court removed the current operator and appointed Tom Johnson as receiver. Today the facility enjoys a quality reputation as facility of choice for families seeking care.

http://www.heartlandcountryvillage.com/

MidSouth Health & Rehabilitation Center, a 155-bed facility in Memphis, Tennessee, was acquired on April 1, 2006. It was a troubled facility operated by a not-for-profit organization. After acquiring management of this facility, HSMG improved the clinical care and the financial performance of the facility.

http://www.midsouthrehabcares.com/

Ashton Place Health & Rehab Center a 211-bed facility located in Memphis, Tennessee, was acquired in late 2007. This property had been very troubled under the prior ownership. In the partial year of operation in 2007 under the prior ownership, the facility had $876,000 of legal expenses related to disputes with CMS. Since assuming operations, HSMG has made significant improvements in both the clinical care and the financial performance of the facility.

http://www.ashtonplacecares.com/index.html

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Horizon Health & Rehab Center, a 72-bed facility located in Manchester, Tennessee, was acquired on March 1, 2011. The physical plant was showing its 40+ years of aging causing years. census to decline during the previous Health Services acquired the operation, made improvements to the physical plant structure, and introduced its corporate vendors to the local facility. As services to the community were expanded, census increased and costs decreased. A replacement Certificate of Need has been approved and plans are underway to construct a new replacement facility within the next year.

http://www.horizonrehabcares.com/

Ardmore Health and Rehabilitation Center is a 79-bed facility located at 25385 Main Street, is a Ardmore, Tennessee. The building 22,913 square foot brick veneer structure constructed in 1968. Health Services Management Group assumed operations of the facility October 1, 2013 under a lease/purchase transaction.

www.ardmorecares.com

Fayetteville Health & Rehabilitation Center is a 79-bed Skilled Nursing Facility located at 4081 Thornton Taylor Parkway in Fayetteville, Tennessee. The 24,299 square foot brick veneer building was constructed in 1981. Health Services Management Group assumed operations of the facility October 1, 2013

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under a lease/purchase transaction.

Willows of Winchester Health and Rehabilitation Center is an 80-bed skilled nursing facility located at 32 Memorial Drive in Winchester, Tennessee. Health Services Management Group assumed operations of the facility October 1, 2013 under a lease/purchase transaction. The 24,229 square foot brick veneer building was constructed in 1984.

www.willowsofwinchester.com

Waynesboro Health and Rehabilitation Center is a 109-bed skilled nursing facility located at 104 JV Mangubat Drive, Waynesboro Tennessee. Health Services Management Group assumed management of the facility from Wayne County July 1, 2014 and assumed operations of the facility August 1, 2014. The brick veneer building is 42,000 square feet.

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CLINICAL SERVICES

The goal of the Clinical Services Department is to ensure that each resident receives the care and services necessary for them to attain the highest practicable physical, mental, and psychosocial well-being possible.

This is accomplished by:

- **Creating systems, processes and programs to achieve goals and strategic plans:**
  - Conduct root cause analysis of clinical performance for each facility
  - Review the changes or enhancements per facility to meet quality objectives
  - Monitor the effectiveness of each program's enhancement through the QA process
  - Ensure the clinical performance delivered meets Health Services standards and expectations
  - Evaluate and monitor the risk management program of each facility
  - Continually train and educate all clinical personnel and administrators

- **Assuring that effective employee orientation and educational programs are provided for all levels of nursing and other staff:**
  - Provide instruction and mentoring to Director of Nurses as necessary
  - Encourage ongoing learning through the use of state-of the-art online systems, through reading professional journals, participating in professional organizations and completing formal academic programs

- **Engaging the following core competencies to improve operations:**
  - Problem solving
  - Root cause analysis and the use of continuous quality improvement programs to effect improvement
  - Collect, analyze and manage nursing department data
  - Utilize established benchmark nursing standards as goals for organizational improvements
  - Exercise effective oral and written communication practices throughout the organization

- **Remaining continuously informed of all applicable regulations governing long term care:**
  - Frequent monitoring of CMS web site for policy changes
  - Membership in professional organizations
  - Participates in State professional organizational meetings/trainings

The Clinical Services Department is administered by the Corporate Director of Clinical Services (DCS) and reports directly to the Chief Operating Officer (COO). The Resident Assessment Coordinator assists Corporate Clinical Services in ensuring the accuracy of assessments, trends and analysis of data, and verifying that all documentation requirements for the RAI process are

being fulfilled. The Resident Assessment Coordinator reports directly to Corporate Clinical Services.

The responsibilities of the Director of Clinical Services include oversight of the delivery of care to ensure performance is at the highest level. With more short-stay patients requiring intense rehabilitation services or medically complex care following a hospital stay, frequent adjustments are required to meet these challenges.

Ongoing communications with all Health Services Directors of Nursing take place to alert the DCS of any facility level challenges the Director of Nursing may be experiencing in the delivery of care and services.

Conference calls are held monthly to support the Directors of Nursing with additional program enhancements, any training or resources that may be required to improve the care and services, and discuss hot-button industry survey, compliance or care practice trends.

Monthly Quality Indicator Reports provide a snapshot of any changes occurring during the previous month that may indicate a system that requires additional oversight. The key indicators are Pressure Ulcer, Mobility, Incident/Accidents, Nutrition, Continence, Medication Utilization, Restorative Nursing and Infection Control. The Quality Indicator Report reflects residents that were in the facility during the preceding month. Each key indicator is associated with a benchmark percentage threshold. If any of the indicators fall outside of Health Services' Standard of Practice, a variance report with corrective action must be submitted along with the report.

Facility visits are conducted monthly by the DSC to validate that systems and processes are being implemented as reported by the Director of Nurses, and to identify any other possible care issues. The DSC then submits a report of their findings and concerns to the Regional Vice President of Operations.

A "Mock Survey" is conducted annually in advance of each facility's survey window to ensure facilities are prepared for their annual Recertification for Participation in Federal Medicare and Medicaid Programs. An action plan is developed to address any areas identified as deficient during the mock survey. The Director of Clinical Services ensures the successful completion of action plans.

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Specialized Clinical or Clinical Support Programs Implemented in Recent Years

- Standardization of Policy and Procedure manuals
- Usage of Team TSI on-line program to ensure MDS integrity, produce benchmarked QM comparative data and reveal at risk conditions related to patient care or survey outcomes
- The companywide implementation of the on-line COMs Daylight IQ Clinical Care Management system to produce the highest standard of care for the high-acuity residents and reduce returns to the hospital to levels far below industry averages
- Development of the Wound Care Best Practice Guidelines Program which includes the standardization of wound care products with one vendor
- Creation and implementation of an effective Fall Prevention Program
- Adoption of a Weight Loss Prevention Program
- Bowel and Bladder Program Development
- Standardization of a companywide Enteral Feeding pump program
- Development and implementation of a Medication Aide Program
- Implementation of a consistent assignment program for C.N.A's
- Monitoring and implementation of programs to retain staff and reduce turnover
- Development and Implementation of an Accident Resource Manual and the adoption of the Accident and Incident Module in the American Health Tech clinical program to assist in the reporting and tracking of accidents and incidents
- Standardized orientation program for Director of Nurses, Licensed Nurses and C.N.A's.
- Notification Communication Tool creation for consistency of reporting of critical events.

Acute Care Support Systems

Recent changes in reimbursement have made it vitally important to the financial health of the enterprise that the highest appropriate level of services is provided to our skilled Part A Medicare residents, Managed Care residents, and residents receiving therapy services funded by Part B Medicare. Demonstrable expertise in this area is also required to effectively market the quality of services to hospitals that will assure the fewest number of readmissions. The following systems and programs support the care for these residents:

- Facility level programs including the daily Standup Meeting and weekly Medicare Services Meetings to determine appropriate levels and time frames of resident services according to physician's direction and Medicare guidelines, and the usage of the Triple Check Program to ensure the facility satisfies compliance and required documentation guidelines for billing of services to Medicare and other government and third-party payers.
- Usage of the COMs Daylight IQ Clinical Care Management system aids in the production of the highest standard of care for our most acutely ill residents by requiring assessments three times daily. These assessments are continuously evaluated for any change condition and are flagged for intervention in real time. Consequently, nursing care is much improved and levels of hospital readmissions are reduced to levels far below industry averages.

- The Therastat MDS Max system, involving the use of kiosks in patient corridors, enables each CNA to immediately document the care provided, ensuring that credit is received for the care delivered in the form of the most appropriate Resource Utilization Group (RUG) level.
- A monthly conference call between the facility and regional management teams is held to review Medicare/Managed Care-specific reports used to monitor clinical performance. Topics discussed are the following:

    - Average daily census levels of Medicare/Managed care residents
    - Average Length of Stay
    - RUG levels produced based on minutes of therapy delivered and ADL documentation statistics.
    - Compliance with usage of systems; Team TSI MDS submission levels, COMs assessment compliance and MDS Max utilization
    - Part B levels of therapy
    - Managed Care specific issues such as credentialing in progress, billing and authorization requirements.
    - Regulatory changes forthcoming that effect process and performance in these areas.

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KEY PERSONNEL

Executive Management
Thomas D. Johnson – Managing Member
Raymond L. Tyler – Chief Operating Officer
Kenneth C. Hart, Jr. - Chief Executive Officer-Legacy Health Care
Mitch Skipper – Chief Financial Officer

Corporate Personnel
Stephanie M. Parker - Controller
Dianne B. King – Sr. Health Care Accountant
Eric Boston- Regional Operations Manager
Donna C. Porter – Director of Human Resources
Kim Cox – Sr. Director of Clinical Services
Terena Raidt-Vice President Sales & Marketing

Thomas D. Johnson has more than 25 years experience in the health care industry. Since 1991, he has served as President of Health Services, Inc. Health Services was formed in 1991 to serve as a merger and acquisition company, but has since grown into a full-service long-term care company offering a full range of management services to our facilities and related companies. In 2005, Mr. Johnson formed Health Services Management Group, LLC and currently serves as President.

During 1989 and 1990, Mr. Johnson served as Executive Vice President of Acquisitions for Krupp Company and Harborside Healthcare, Ltd. From 1986 to 1989 he served as Vice President of Acquisitions for Life Care Affiliates.

Prior to entering the health care industry, Mr. Johnson served as Vice President of Lending for The Cleveland Bank & Trust Company (1977 to 1986) in Cleveland, Tennessee; worked as a sales representative for Lindsay, Bradley & Johnson Advertising, Inc. (1974 to 1977); and played for the National Football League and the World Football League from 1973 to 1975.

Mr. Johnson has served with the American Healthcare Association, the American Banker's Association, the Board of Stewards for Broad Street Methodist Church, and the United Professional Speakers' Association. He is also a member of the United Way and the YMCA Board of Directors.

In 1974, Mr. Johnson received a Bachelor's Degree in Communications from the University of Tennessee; he is a 1983 graduate of the Vanderbilt University School of Banking, and a 1985 graduate of The School of Banking of the South at Louisiana State University.

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Raymond L. Tyler joined Health Services Management Group in February 2011, as Chief Operating Officer.

Mr. Tyler is a seasoned veteran in the health care industry as well as a licensed nursing home administrator. Beginning in 1982, he served as Vice President of Operations for Beverly Enterprises' Florida operations. After a long tenure with the Beverly organization, he served as operations executive for Life Care Centers of America, National Heritage, Wesley Health Services, Vencor, and Advocat/Diversicare.

While serving as Chief Operating Officer for Advocat/Diversicare, Mr. Tyler was instrumental in the financial turnaround of the company from a loss in 2001 to a progressively positive cash flow position approaching $17,000,000 in 2008. In 2008, Ray guided the assimilation of seven skilled Texas facilities, with 1,386 beds, into Diversicare's operations portfolio.

Mr. Tyler previously served as the Multi-facility Vice President for the very successful Florida Health Care Association, the legislative/reimbursement committee of the Colorado Health Care Association, and has maintained status as a Board Member at Large on the Massachusetts Federation of Nursing Homes.

Mr. Tyler holds a Bachelor of Arts degree in Psychology from Wittenberg University in Springfield, Ohio, as well as a Master of Arts degree in Social Gerontology from the University of South Florida in Tampa.

S. Mitchell Skipper joined Health Services Management Group in August 2014 as Chief Financial Officer.

Mr. Skipper comes to us with a broad range of experience in the financial arena. He spent six years in public accounting as Senior Auditor with Arthur Andersen and Company. Mr. Skipper served as Chief Financial Officer for Thunder Enterprises, a real estate development company, as well as for Jones Management, where he was responsible for the overall financial planning, controls and reporting for multiple limited liability companies and corporations.

Prior to joining Health Services, Mr. Skipper served ten years as CFO for Brenda Lawson and Associates, with business in real estate development, railcar technology, import and sales of building materials to mass merchandisers, finance companies and auto dealerships.

Mr. Skipper, a 21-year CPA, is a graduate of the University of Tennessee at Chattanooga.

Stephanie M. Parker joined Health Services in August 2014 as Financial Controller.

Ms. Parker has over 20 years of experience in the financial field, with the majority being in long-term healthcare. She worked for Life Care Centers of America, Inc., a long-term healthcare company with approximately 260 skilled nursing facilities, where she advanced from Senior Staff Accountant to Operations Finance Director. Stephanie came to Health Services from New Beginnings, where, as Vice President of Finance, she was instrumental in setting up this new

long-term care company. Stephanie was responsible for the financial oversight of 15 SNF facilities, corporate and additional entities formed by ownership.

Kenneth C. Hart, Jr. joined Health Services in May of 1999 as Chief Financial Officer. Mr. Hart currently serves as Chief Executive Officer of Legacy Health Care, LLC, a health care consulting firm.

Prior to joining our organization, Mr. Hart was Controller and Secretary for American Uniform Company from 1970 – 1999. Mr. Hart has served in various capacities for the Board of Directors of the United Way of Bradley County, where he received the 1994 Volunteer of the Year Award. He has served as Secretary/Treasurer and past President of the Cleveland Family YMCA, and was the recipient of the C.L. Hardwick Award as Volunteer of the Year. Mr. Hart is past Chairman of the Administrative Board, Chairman of the Board of Trustees and is currently Treasurer of Broad Street United Methodist Church.

Mr. Hart is a graduate of the University of Alabama with a B.S. degree in Accounting.

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BUSINESS REFERENCES

Mr. John W. (Jack) Dwyer
Capital Funding Group, Inc.
1511 S. Highland Avenue
Suite 204
Baltimore, MD 21224
Phone: (410) 342-3155
jdwyer@capfundinc.com

Capital Funding Group, Inc. provides a working line of credit in excess of $8,000,000.

Mr. Arnold M. Whitman
CEO& Co-Chairman
Formation Capital
1035 Powers Place
Alpharetta, GA 30004
Phone: (800) 845-1695
awhitman@formationcapital.com

Formation Capital was the lender for a purchase, lease-back financing arrangement.

Mr. Steve Ledbetter
Executive Vice President
Southern Heritage Bank
3020 Keith Street
Cleveland, TN 37312
Phone: 423-473-7980
sledbetter@southernheritagebank.com

Southern Heritage Bank is the institution with whom Health Services Management Group banks.

Mr. Jay Leggett
Athens Federal Community Bank
3855 N. Ocoee Street\
Suite 100
Cleveland, TN 37312
423-476-0667
jayl@athensfederal.com

Athens Federal Community Bank has provided financing for one of our properties and expressed interested in providing additional funding for our operations.

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Attachment "2"

Section A, Applicant Profile, Item 6

QUESTION:

The various leases and purchase agreements are confusing. Please identify which documents are pertinent to this CON application.

The Agency will need a deed, a purchase agreement, lease agreement, option to lease or other legal document which demonstrates the applicant has a legitimate legal interest in the property on which to locate the project. A fully executed (signed by both parties) Option to Purchase must at least include the expected purchase price, a description of the property with address and the anticipated date of closing. A fully executed Option to Lease must at least include the expected term of the lease and the anticipated lease payments.

RESPONSE:
Please see DRAFT "Letter of Agreement" embedded below.
Note: This was submitted to HSDA to confirm that it satisfies the request above.

The Parties are ready to sign the Letter of Agreement as-is pursuant to the confirmation by HSDA. Once confirmed and signed, we will submit the signed document in a supplemental response.

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DRAFT "Letter of Agreement"

Wayne Real Estate Investors, LLC
1175 Peachtree Street, NE, Suite 350
Atlanta, GA 30361
November __, 2014
LETTER OF AGREEMENT

Waynesboro Healthcare, LLC
c/o Health Services Management Group, LLC
485 Central Avenue, NE
Cleveland, TN 37311

Attention: Thomas D. Johnson, President

RE: Term Sheet for Investment by Wayne Real Estate Investors, LLC, a Delaware limited liability company ("Landlord") in Projects to be operated by Waynesboro Healthcare, LLC, a Tennessee limited liability company ("Licensee")

Dear Mr. Johnson:

Landlord confirms that it is prepared to enter into the following specific transactions with Licensee concerning (i) the acquisition of that certain 109 bed skilled nursing facility located at 104 J.V. Mangubat Drive, Waynesboro, TN known as "Wayne County Nursing Home"; (ii) the acquisition of that certain 46-bed skilled nursing facility located at 505 South High Street, Waynesboro, TN known as "Wayne Care Nursing Home"; (iii) the renovation and expansion of Wayne County Nursing Home and the transfer of licensed beds to Wayne County Nursing Home from Wayne Care Nursing Home; and (iv) closure and disposition of Wayne Care Nursing Home (collectively, the "Project"):

1. Landlord's Landlord Investment:
   a. Landlord will purchase the Project by assignment of the existing Purchase and Sale Agreement by and between County of Wayne, Tennessee. (seller) and Waynesboro Healthcare, LLC (buyer) ("Purchase Agreement").

   b. "Landlord Investment" means the cumulative total of all costs incurred by Landlord, including total purchase price of the project, construction and renovation costs, closing and diligence costs, legal expenses, filing fees, the Financing Fees and all other fees and fees incurred by Landlord in connection with the Project. It is understood that Landlord Investment includes, without limitation, the following: (a) acquisition costs of $4,000,000 pursuant to the Purchase Agreement, and (b) total hard and soft costs of construction and renovation of $5,658,317.63.

2. Lease of Properties:
   a. Landlord will enter into a Triple Net Lease of the Project to Licensee.

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3. Major Provisions of Lease:

a. There will be a Security Deposit under the Lease which shall be deposited by Licensee.

b. The Lease will provide that management fees shall be subject to a ceiling and shall be subordinated in the event of a default by Licensee.

c. The Lease will contain provisions concerning the sale of the project and application of sales proceeds.

d. The Lease will contain other provisions typical for triple net leases, including specific remedies for events of default.

e. Other terms of the Lease have been agreed upon by Landlord and Licensee, including certain economic terms which we consider proprietary and shall remain confidential, and these terms will be incorporated in the Lease.

4. AR Financing: Licensee will be allowed to pursue AR financing, subject to lender approval, the AR loans not being cross-collateralized with any other financing and intercreditor agreements, if required. Landlord and Licensee may consider whether Landlord will provide accounts receivable financing to Licensee but the same shall not be required.

If you are in agreement with the terms of this letter, please return an executed copy of this letter to my attention.

WAYNE REAL ESTATE INVESTORS, LLC
By:_____

Accepted this ___ day of _____, 2014
WAYNESBORO HEALTHCARE, LLC
By:_____

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Attachment "3"

Section A, Applicant Profile, Item 13

QUESTION:

Please identify all TennCare MCOs with which the applicant has contracted and the ones the applicant is still in negotiations.

RESPONSE:

Middle Tennessee Health Plans-Wayne County, Tennessee Waynesboro Health & Rehabilitation Center *Current* MCO Contracts – Level I Medicaid
UnitedHealthcare Community Plan
Amerigroup
TennCare Select

Middle Tennessee Health Plans – Wayne County, Tennessee Waynesboro Health & Rehabilitation Center *Projected* MCO Contracts – Level II Medicaid
UnitedHealthcare Community Plan – Expansion to all product lines
Amerigroup – Expansion to all product lines
TennCare Select – Expansion to all product lines
TRICARE
Humana

*Level II Medicare Enrollment has been initiated via Letter of Intent to Regina Moody in the West Regional Office of Licensure and Certification on September 17, 2014. The first step of the CMS 855A initial enrollment has been completed and we expect to that the CMS855A completed by the end of 2014. We anticipate participation approval approximately six months from submission of the CMS 855A. The table below shows MCOs we will anticipate contracting with for Level II Medicare.

Middle Tennessee Health Plans – Wayne County, Tennessee Waynesboro Health & Rehabilitation Center *Projected* MCO Contracts – Level II Medicare
United Healthcare Community Plan – Expansion to all product lines
Amerigroup – Expansion to all product lines
TennCare Select – Expansion to all product lines
Windsor
Health Spring
TRICARE

*Commercial Plans: Aetna and Cigna Letters of Agreement at patient request.

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Attachment "4"

Section B, Project Description, Item 1

QUESTION:
The applicant states the residents of the 46 bed Wayne County Nursing Home have been transitioned to other providers. How many were transitioned and what nursing homes were they transitioned to?

RESPONSE:
On August 1, 2014, the day Waynesboro Healthcare, LLC began operations of the two Wayne County facilities, there were twenty-five (25) total residents of Wayne Care Nursing Home. One (1) resident expired on August 13, 2014. Twenty-four (24) residents were admitted to Waynesboro Health & Rehabilitation Center between August 18, 2014 and August 24, 2014. (**Note:** the last Wayne Care resident was in the Wayne County Hospital and upon discharge moved to Waynesboro Health & Rehabilitation Center on August 24, 2014.)

QUESTION:
What is the census of the 109 Waynesboro Health & Rehabilitation Center (f/k/a Wayne County Nursing Home)?

RESPONSE:
The current census of WHRC is:
Census as of midnight 11-19-14
Total: 93(70Medicaid / 11 PP / 3 VA / 8 Hospice / 1 Pending)

QUESTION:
Who is the current owner of the 109 bed Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home)?

RESPONSE:
The current owner of Waynesboro Health and Rehabilitation Center's Real Property is Wayne County.

The current Operator of Waynesboro Health and Rehabilitation Center's 109 beds is Waynesboro Healthcare, LLC.

The current Manager of Waynesboro Health & Rehabilitation Center is Health Services Management Group.

Note: Waynesboro Healthcare, LLC's acquisition rights will be assigned to Wayne Real Estate Investors, LLC as Lessor. Waynesboro Healthcare, LLC will remain the lessee/licensee.

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	Chronological Events – Historical
June 30, 2014	*Waynesboro Healthcare, LLC* signed a purchase agreement (for purchase of Wayne County Nursing Home and Wayne Care Nursing Home) with Wayne County and anticipated closing date of six (6) month following licensure date.
June 30, 2014	A six (6) month lease agreement and operations transfer agreement (OTA) effective August 1, 2014 are signed between Waynesboro Healthcare, LLC and Wayne County for the 109 bed Wayne County Nursing Home and for the *46 bed Wayne Care Nursing Home.*
June 30, 2014	Management Agreement signed between Waynesboro Health, LLC and Wayne County.
July 1-July 30	Waynesboro Healthcare, LLC managed Wayne County Nursing Home and Wayne Care Nursing Home.
August 1, 2014	Waynesboro Healthcare, LLC (the Applicant) began operating Wayne County Nursing Home and Wayne Care Nursing Home
August 1, 2014	Waynesboro Healthcare, LLC and Health Services Management Group enter a Management Agreement effective August 1, 2014.
August 11, 2014	Letter are sent to patients of the 46 bed Wayne Care Nursing Home informing of the nursing home closure.
August 18-August 24, 2014	The twenty-four (24) residents of Wayne Care Nursing Home are transitioned to 109 bed Waynesboro Health & Rehabilitation Center (Note: twenty-three (23) residents were moved from Wayne Care; 1 resident was in the hospital at the time and transitioned to Waynesboro on August 24 upon discharge)
August 24, 2014	The 46 bed Wayne Care Nursing Home closes on August 24 in proper procedure for inactive-bed determination request with the Tennessee Dept. of Health.
September 10, 2014	46 beds of Wayne Care Nursing Home are placed in "inactive status" effective September 10, 2014. Letter from Tennessee Dept. of Health dated October 24, 2014
October 21, 2014	A letter is sent from the Tennessee Dept. of Health confirming the change of ownership, with a legal business name of Waynesboro Healthcare, LLC d/b/a Waynesboro Health and Rehabilitation Center managed by Health Services Management Group, LLC effective 8/1/2014.
	Chronological Events - Projected
Nov. 5, 2014	CON-CN1411-045: LOI and Publication of Intent filed and published respectively
Nov. 10, 2014	CON-CN1411-045 submitted to HSDA office
	The new construction addition and renovation to the 109 bed Waynesboro Health & Rehabilitation Center (f/k/a Wayne County Nursing Home), will combine the two licensed homes into a 155 bed licensed nursing home. **Note:** the new additional will encompass 54 beds (not 46), as 8 of the existing patient rooms of the Waynesboro facility will be utilized for therapy space. Please see floor plan at Attachment "13" of the original CON application.
	Waynesboro Healthcare, LLC's acquisition rights will be assigned to Wayne Real Estate Investors, LLC as Lessor. Waynesboro Healthcare, LLC will remain the lessee/licensee.
	The project will be funded by a loan from Georgia Commerce Bank to Wayne Real Estate Investors, LLC for $6,000,000.00 to fund the proposed project.

	Please see Attachment "2" of this supplemental submission. Letter of Agreement with detailed transaction explanation.

QUESTION:
Please provide a description of the amenities provided by the proposed replacement facility that promotes resident independence, organized activities, and the resident privacy. Also, please provide a brief description of the physical plant and the type of rehabilitation services available.

RESPONSE:
Amenities that promote: Resident Independence , Organized Activities and Resident Privacy –

The replacement and renovation project will enhance patient life as well as enhance the staff who interact with the patients. The largest amenity will be the increased overall space available to the residents of Wayne County under one roof. This allows residents to move freely in a larger indoor space and also to a new outdoor space. Also, the aging population of Wayne County will be unified as opposed to divided, which brings the sense of community back to their lives.

The Wayne Care facility did not have toilets and sinks in the patient rooms. The renovated space will have private bathrooms with a shower in each resident room. This allows for much greater privacy and comfort for the residents. The total ward rooms of both facilities combined is currently 19. The renovation will allow a reduction of ward rooms to 12. We will also gain flexibility within the new space to adapt room mix to "private from semi-private" and "ward to semi-private" in response to patient demand.

The replacement facility will include a raised vegetable and flower garden which is designed to enhance resident independent above and beyond of our already implemented activities of daily living. Furthermore, the renovation will allow space for a designated Activities Area where we will offer arts and crafts and other community activities.

The 18-bed memory unit is another significant amenity which will allow a safe environment that is not currently available to Alzheimer's and Dementia residents of Wayne County. This secured unit will bring a new sense of independence to the community.

QUESTION:
There appears to be one room designated for physical therapy. Please describe the room and dimension.

RESPONSE:
The Rehab space will be 950 square feet. The rehab space will accommodate Occupation Therapy, Physical Therapy and Speech Therapy services and the equipment associated with same.

QUESTION:
Please describe the proposed memory unit and how it will be tailored to meet the needs of Alzheimer's patients.

RESPONSE:

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The memory unit will be on the lower floor of the addition. There will be 9 semi-private rooms with 18 patient beds. The unit will have a nurse's station; dining room; and activities area. There is an elevator which will allow easy access to the main level. There will be a secured court yard visible and accessible from the patient rooms.

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Attachment "5"

Section B, Project Description, Item II.A. and B.

QUESTION:

The applicant is proposing building a two story addition to Wayne Health and Rehabilitation Center (WHRC). Please clarify why a two story addition is being pursued rather than a one story.

RESPONSE:
The reason for the two story building is due to the topography. The main floor of the addition is at the same elevation as the main floor of the existing building so patient rooms on the addition tie into the patient hallway of the existing building. The result is a lower level for 18 memory care beds with direct access to an outside restricted landscaped courtyard. To further describe the lower level please note that due to this topography the patient rooms will face west and are at ground level. All 18 patient rooms have a window and are a mirror image of the upper level patient rooms.

The proposed floor plan is an economical cost savings approach because the building foundation has to be tall enough to tie into the main floor of the existing building. With the topography sloping toward the rear of the building, the lower level back side of the addition is suitable for patient rooms with direct ground level access to a secured landscaped courtyard.

Furthermore, the boundaries of the property do not allow for northerly expansion beyond the projected architect drawing. There is an access road to the rear of the building and a TVA easement that limits development beyond the proposed plan. We have considered all options, and the contractor has concluded that the two-story proposed plan is the only feasible option to accommodate the additional beds and related dining, rehabilitation and common spaces associated with same.

QUESTION:
In addition, please clarify how nursing home residents would be evacuated from the second story in the event of an emergency.

RESPONSE:
Evacuation from the main floor of the addition will be at ground level at either end of the patient rooms. Where the main floor of the addition connects to the main floor of the existing building there is an existing exit in the area identified as "sun room". At the north end of the addition, the door will exit out to a ground level sidewalk which leads to the parking lot area.
Because the topography slopes to the rear of the building, the lower level patient rooms will have two ground level exits at each end of the hall.

QUESTION:
Please clarify how many residents the 1,400 square foot dining room will seat at one time.

RESPONSE:
The area will comfortably seat 70 residents. Memory care patients will eat in their own secured dining area. Experience has shown a number of residents prefer to have meals in their room; in accordance with their preference they are served in their room, this is particularly characteristic of short-term rehab patients.

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QUESTION:
Please describe the proposed renovations to the 109 bed Wayne County Nursing Home.

RESPONSE:

The first improvement to the exiting building will be combining Room 110 (a 4-bed ward) with Room "P-T" which is adjacent. This will allow for a larger and renovated therapy area *of 950 square feet.* The second improvement to the existing building will be creating a larger dining room and activity area. This will be accomplished by constructing an extension to the front of the building as shown in the proposed floor plan. Furthermore, the exiting office space, dining and activity area will be reconfigured and remodeled.
Third the improvement will be to eliminate two (2) 4-bed wards.

QUESTION:
The applicant states the original Wayne Care Nursing Home was built in 1976 and is not capable of meeting modern expectations. The 2013 Joint Annual Report for Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) notes it was built in 1969 and has never experienced a renovation. Please discuss why it is better to move from a nursing home built in 1976 with no modern expectations to a nursing home that is 7 years older with no renovations?

RESPONSE:
The Wayne Care Nursing Home was built in 1976 and is newer as described above. However, the building was constructed very economically, both in materials and layout. The Wayne Care patient rooms do not have private sinks, toilets or showers. The building is in great need of overall replacement due to a leaking roof and other poor quality amenities.

WHRC was built in 1969, and is older as described above. However, the facility was built with higher quality materials and a more traditional layout than Wayne Care. In 1972 there was a renovation which added 42 beds to the original 37 beds. In 1984 there was a second renovation which added another 30 beds increasing the facility licensed beds to 109. The property of WHRC has enough physical space to accommodate the replacement of Wayne Care into one facility which also allows for more feasible staffing and operations as well as a greater sense of community. Prior to submitting the CON, the applicant engaged the services of TERRACON, a recognized authority to access the property condition. WHRC was determined to be in good condition; its physical foundation and roof systems, as well as its HVAC, electrical and plumbing.

QUESTION:
Did the applicant consider building a new 155 bed nursing home?

RESPONSE:
The applicant did consider the option of building a new 155 bed nursing home. However, that option was a more costly alternative and difficult to pay for given the current reimbursement methodology with the TennCare patient population. With the good condition of the existing space, a complete renovation isn't deemed necessary.

QUESTION:
Please clarify if the current 109 bed WHRC has a restroom in every patient room.

RESPONSE:
Each patient room of the current 109 bed WHRC has a restroom with a toilet and *a* sink.

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QUESTION:
What is the square footage per bed in Wayne Care Nursing Home and what will be the square footage per bed in the proposed 46 bed new wing of Wayne Health and Rehabilitation Center as compared with state standards?

RESPONSE:
The Wayne Care facility total square footage is 9760 or 212 sq. ft. per bed; patient bed space per room is only 92.75 square feet.

The new wing addition at WHRC is 20,800 sq. ft. or 385 sq. ft. per bed; patient bed space per room is 193.5 sq. ft.

QUESTION:
What is current and what will be the private, semi-private, and ward accommodations mix? Please complete the chart on the following page.

	Current Rooms	Current Beds		Proposed Rooms	Proposed Beds
Wayne Care Nursing Home					
Semi-private Rooms	23	46		0	0
Private Rooms	0	0		0	0
Ward Beds	0	0		0	0
Wayne Health and Rehabilitation Center					
Semi-private Rooms	38	76		56	112
Private Rooms	14	14		14	14
4-Bed Ward	4	16		2	8
3-Bed Ward	1	3		1	3
Memory Care	0	0		9	18
Total Beds		109			155

QUESTION:
Research has indicated resident and family preferences for private rooms and private full bathrooms (Kane, Baker, Salmon, & Veazie, 1998). In the last few in years in Tennessee the trend has been toward the development of more private nursing home rooms and the concept of the Eden Alternative. With this in mind, please discuss the reason the applicant is constructing only 14 private rooms with the remaining 32 being semi-private.

RESPONSE:
The 14 private rooms are existing rooms at WHRC. All rooms in the new addition will be semi-private and patients will enjoy a larger more spacious room to include a bathroom complete with shower, sink, and toilet. This semi private room design with private full bath area is a cost effective alternative to either remodeling the old Wayne Care building or building a new155 bed facility. The land for the addition to WHRC is included in the acquisition of the 109 bed facility. The TVA easements, topography, and boundary lines place restrictions on construction private rooms in an "Eden Alternative" environment. We are very mindful of the concepts and trends for

the "Eden Alternative" and have incorporated elements that we can. Such as the outdoor gardening area, the family style manner in which we serve meals and we increasing dining/common area which allows for vending space.

QUESTION:
On the top of page 11 the applicant states there will be 18 beds on the lower floor and 36 beds on the upper floor which adds up to 54 beds. In addition, the letter dated October 23, 2014 from the architects; Franklin Associates also mentions a new 54 bed skilled nursing addition. Please clarify why these totals are different from the 46 proposed.

RESPONSE:
Two (2) 4-bed wards will be eliminated in the existing 109 bed WHRC building. These eight (8) beds will be included in the 46 bed being relocated to the WHRC campus for a total of 54 beds in the addition.

QUESTION:
Please describe the proposed skilled nursing component of the proposed project. Please clarify if existing rooms and bathrooms will accommodate wheelchairs and meet ADA requirements if Medicare certification is obtained.

RESPONSE:

The existing rooms and bathroom in the WHRC facility are compliant with ADA requirements. The new addition will also be compliant with current regulations as stated in the architect's letter for Code Compliance.
The applicant will be converting two 4-bed wards to a 950 square foot therapy area which will provide physical therapy, occupational therapy, speech therapy coupled with its Restorative Program. The new therapy area will be in an area adjacent to both the existing private rooms and the new addition.

QUESTION:
Please expand the discussion on why the physical plant's condition of WHRC warrants major renovation.

RESPONSE:
The WHRC physical plant condition is in very good condition and the major renovation being requested in the CON is the addition of a 54 bed wing. The reasons for the renovation included:

- Consolidate the two separately operated facilities which historically do not economically operate as each facility operates at a loss and requires subsidies from the county government.
- Eliminate duplicated services performed at each facility which can be efficiently and economically performed at one facility such as:
    - Administrator
    - Director of Nursing
    - Nurses and CNA
    - Dietary
    - Housekeeping
    - Maintenance

- Neither WHRC or Wayne Care are Medicare Certified and the renovation/addition provides for the addition of an efficient Medicare program.
- The renovation/addition provides for the continuum of care of Memory Care patients in a new safe supervised environment which is currently not available to the residents of Wayne County.

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Attachment "6"

Section C. Need 1.a. (Service Specific Criteria-Construction, Renovation, Expansion, and Replacement of Health Care Institutions) (1) (a.)

QUESTION:
Please discuss how the Long-term Care Community Choices Act of 2008 has impacted nursing home utilization rates in Wayne County for the years 2011, 2012, and 2013. The Long-term Care Community Choices Act of 2008 allows TennCare to pay for more community and home-based services for seniors such as household assistance, home delivered meals, personal hygiene assistance, adult day care centers and respite.

RESPONSE:

Although the implementation of the Long-term Care Community Choices Act of 2008 ("CHOICES") has generally resulted in decreases in nursing home utilization rates throughout Tennessee, the impact in Wayne County has not been significant. From 2011 through 2013, the utilization rates of both the Waynesboro Nursing Home and Wayne Care Nursing Home have increased or remained consistent. The utilization of the Wayne Care Nursing Home decreased in 2013 as the facility began ramping down services, but the decrease was not attributable to the implementation of CHOICES.

Average Daily Census	2011	2012	2013
Wayne Care Nursing Home	41	41	28
Wayne County Nursing Home	79	82	82

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Attachment "7"

Section C. Need 1.a. (Service Specific Criteria-Construction, Renovation, Expansion, and Replacement of Health Care Institutions) (2) (a.)

QUESTION:
Please discuss if the applicant considered replacing both nursing homes with a new 155 bed modern facility as an alternative to constructing a 46 bed new wing to Wayne Health and Rehabilitation Center which was built in 1969. If so, why wasn't that plan pursued?

The applicant did look at the alternative of building one new 155 bed facility and the issues considered which lead to adding to the 109 bed WHRC included:

- The WHRC physical plant condition is in good condition
  - In 2006 the Original 1969 structure was upgraded with new roof system, patient room PTAC units were upgraded, the interior ceiling was replaced and upgraded, and a new HVAC rooftop fresh air system was installed.
- WHRC is located adjacent to the Wayne County Hospital and other medical physician offices.
- The county is mostly rural and sewer is not available to all parts of the county; the county industrial park which was shown to the applicant would require bringing sewer several miles to the site.

QUESTION:
Please indicate when the current 45 year old 109 bed Wayne Health and Rehabilitation Center will need renovation. If renovated, what would be the estimated cost?

RESPONSE:
There are no plans to renovate the current facility other than previously stated. The county has maintained the property with periodic upgrades throughout the life of the building. In 2006 a new roof was put on the entire building. In the original 1969 structure the interior ceiling was replaced, and the PTAC units were replaced. Wayne County has performed regular maintenance and replacement of components as required and paints the interior regularly.

QUESTION:
What are the plans for the former Wayne Care Nursing Home and site?

RESPONSE:
At this time the final determination is uncertain as to the appropriate end use of the property. The owner will seek to identify a use which will be beneficial to the needs of the citizens of the community.

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Attachment "8"

Section C. Need 1.a. (Service Specific Criteria-Construction, Renovation, Expansion, and Replacement of Health Care Institutions) (3) (b.)

QUESTION:
Please expand the discussion on why the physical plant's condition of WHRC warrants major renovation.

RESPONSE:
The renovation is the addition of the beds being combined from Wayne Care Nursing Home and to expand services needed in the community to provide skilled Medicare services. The main renovations to WHRC will be to convert two 4- bed wards into a 950 square foot therapy area and to increase dining and common areas to accommodate the needs of the 155 residents.

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Attachment "9"

Section C, Need, Item 3 (Service Area)

QUESTION:
Your response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table and include data for each county in your proposed service area.

RESPONSE:

Variable	*Wayne County*	*Tennessee*
Current Year (2014), Age 65+	3005	981,984
Projected Year (2018), Age 65+	3219	1,102,413
Age 65+, % Change	7.1%	12.3%
Age 65+, % Total (PY)	214	120,429
2014, Total Population	16,854	6,588,698
2018, Total Population	16,724	6,833,509
Total Pop. % Change	(130)	3.7%
TennCare Enrollees	245	65,672
TennCare Enrollees as a % of Total Population	1.45%	.09%
Median Age	37	38
Median Household Income	$35,377	$44,140
Population % Below Poverty Level	20.7%	17.3%

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Attachment "10"

Section C. Need, Item 5

QUESTION:
Please indicate the number of patient referrals the applicant expects from Wayne County Hospital and from other sources in Year One and Two of the proposed project for skilled nursing services.

RESPONSE:

The referrals from Year One will continue to come from Wayne County Physicians and Wayne County Hospital*. The facility is projecting a census of 118 patients this first year. The facility is projecting a census of 140 patients for Year two.

According the 2012 JAR for Wayne County Nursing Home 86% of our residents originate from Wayne County referrals. The other 14% originate from Lawrence County and adjacent states such as Alabama and Arkansas.

* According to the Discharge Planner at Wayne County Hospital, they project 4 Medicaid/month discharging to WHRC. Furthermore, they project 6-8 SNF patients/month discharging to WHRC. Currently the hospital discharges SNF patients to NHC Columbia (Maury County), NCH Lawrenceburg (Lawrence County) or Savannah Healthcare (Hardin County) as there are not SNF beds in Wayne County.

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Attachment "11"

Section C. Need, Item 6

QUESTION:
The table of the three year historical occupancy statistics from the Tennessee Joint Annual reports is noted. Please update the table with data from the 2013 Joint Annual Report and resubmit. In addition, please clarify the following discrepancies:

The applicant lists identical patient days of 28,674 for Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) in the 2010 and 2012 Joint Annual Reports. In addition, TennCare patient days are listed as 26,365 and VA patients are listed as 585 in both years. Please clarify if there was a reporting error in patient days for those years. If so, what are the correct patient days for both years?

The Tennessee Department of Health 2010 and 2011 Joint Annual Reports lists patient days of 13,969 and 7,495 for Wayne Care Nursing Home, while the applicant lists 12,410 and 14,965 for those same years in the table on page 23. Please clarify.

RESPONSE:
The previously-filed Joint Annual Reports for both Wayne County Nursing Home and Wayne Care Nursing Home were completed by personnel that are no longer employed by the facilities. The JARs were completed by the prior operator. The Applicant has hired personnel with experience in preparing Joint Annual Reports and will provide support as needed to ensure the proper completion of all future Joint Annual Reports. Should any inaccuracies be identified, the Applicant will work with the Office of Health Statistics immediately to correct any issues prior to the finalization of the report. We are working the best we can with the data provided to us. Please complete the following tables:

Proposed 46 beds -Projected Utilization

Year	Licensed Beds	*Medicare-certified beds	SNF Medicare ADC	Level 2 Medicaid ADC	SNF All other Payors ADC	Non-Skilled ADC	Total ADC	Licensed Occupancy %
1	46	46	6	30	5	(inc. in level 2)	41	89%
2	46	46	8	32	5	(inc. in level 2)	45	98%

* Includes dually-certified beds

155 Bed Facility-Projected Utilization

Year	Licensed Beds	*Medicare-certified beds	SNF Medicare ADC	Level 2 Medicaid ADC	SNF All other Payors ADC	Non-Skilled ADC	Total ADC	Licensed Occupancy %
1	155	155	12	89	17	(inc in level 2)	118	76%
2	155	155	12	102	19	(inc. in level 2)	133	86%

* Includes dually-certified beds

Please provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

RESPONSE: "We anticipate filling the new space first; therefore, the new addition will initially have a higher occupancy projection than the existing/renovated part of the building. Although these projections are for only 2 years, we anticipate that growth will continue to an occupancy rate of 90-95% in year 3.

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Attachment "12"

Section C, Economic Feasibility, Item 2

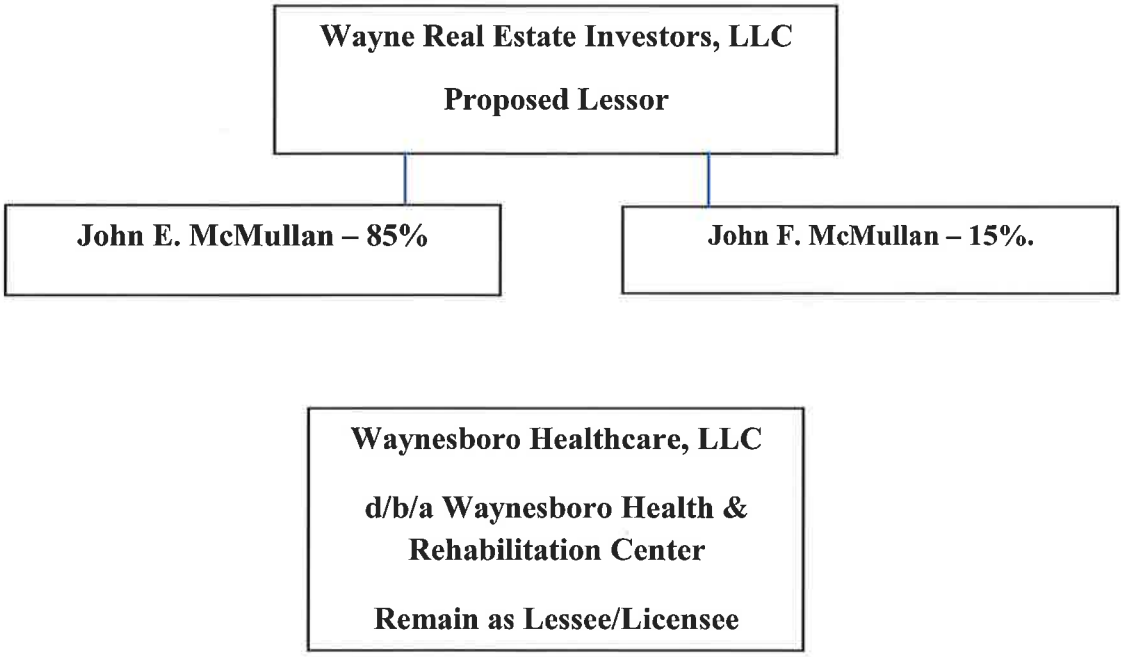
QUESTION:
Please provide the ownership structure of Wayne Real Estate Investors Incorporated and its relationship to the applicant.

RESPONSE:

QUESTION:
Please submit a revised letter from Georgia Commerce Bank indicating the expected interest rate, anticipated term of the loan, and any restrictions or conditions. **(ATTACHED)**

RESPONSE:

Please note the Real Property owner entity name is Wayne Real Estate Investors, LLC. The structure is as follows:



The properties are currently leased from Wayne County (Lessor) to Waynesboro Healthcare, LLC (Lessee).

Once the acquisition is complete, ownership will transfer to Wayne Real Estate Investors LLC (Lessor) and Waynesboro Healthcare, LLC (Lessee) will remain the Tenant.

The operations of both centers will be combined, and the resulting facility (Waynesboro Health & Rehabilitation Center located at 104 JV Mangubat Drive, Waynesboro, Tennessee) will consist of a total of 155 skilled nursing beds.

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Attachment "13"

Section C, Economic Feasibility, Item 3

QUESTION:
Please compare the renovated and new construction cost per square foot of the proposed project to nursing homes construction cost per square foot of nursing homes approved by the Agency from 2011 to 2013.

RESPONSE:

Nursing Home Construction Cost Per Square Foot
Years: 2011-2013

	Renovated Construction	New Construction	Total Construction
1st Quartile	$25.00/sq ft	$152.80/sq ft	$94.55/sq ft
Median	$55.00/sq ft	$167.31/sq ft	$152.80/sq ft
3rd Quartile	$101.00/sq ft	$176.00/sq ft	$167.61/sq ft

Renovated and New Construction Costs Per Square Foot

Category	Square Footage	$ per square foot	Total Construction
Renovation	2952	$120.00	$3,536,000
New Construction	20,800	$170.00	$354,240
Total Project Cost	**23,752**	**$163.78**	**$3,890,240**

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

Attachment "14"

Section C, Economic Feasibility, Item 4 (Historical Data Chart)

QUESTION:

The year of 2014 included in the historical data chart for Wayne County Nursing Home and Wayne Care Nursing Home is noted. However, please clarify what time period is included for the year 2014.

RESPONSE:
7/1/2013-6/30/2014

QUESTION:
Please include the actual patient days for 2012, 2013, and 2014 in both Historical Data Charts and resubmit.

RESPONSE:

Wayne County		Wayne Care
2012 -	35,995	2012 – 14,377
2013 -	33,452	2013 – 13,388
2014 -	29,982	2014 – 11,432

See Updated Historical Data Chart below:

SUPPLEMENTAL #1
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HISTORICAL DATA CHART

Give information for the three (3) years for which complete data is available for the facility or agency. The fiscal year begins in _____JULY_____ (Month).

WAYNE COUNTY NURSING HOME		Year 2012	Year 2013	Year 2014
A.	Utilization Data (Specify unit of measure)	Patient Days	Patient Days	Patient Days
B.	Revenue from Services to Patients			
1	Inpatient Services	$ 5,107,099	$ 4,858,229	$ 4,543,385
2	Outpatient Services			
3	Emergency Services			
4	Other Operating Revenue _____			
	Gross Operating Revenue	$ 5,107,099	$ 4,858,229	$ 4,543,385
C. Deductions from Gross Operating Revenue				
1	Contractual Adjustments			
2	Provision for Charity Care			
3	Provisions for Bad Debt	$ (20,349)	$ (62,632)	$ (63,790)
	Total Deductions	$ (20,349)	$ (62,632)	$ (63,790)
NET OPERATING REVENUE		$ 5,086,750	$ 4,795,597	$ 4,479,595
D. Operating Expenses				
1.	Salaries and Wages	$ 2,991,381	$ 3,030,289	$ 2,800,714
2.	Physician's Salaries and Wages			
3.	Supplies	$ 612,284	$ 602,570	$ 609,148
4.	Taxes	$ 1,505	$ 1,906	$ 1,800
5.	Depreciation	$ 108,583	$ 107,199	$ 105,662
6.	Rent			
7.	Interest, other than Capital			
8.	Management Fees:			
	a. Fees to Affiliates			
	b. Fees to Non-Affiliates			
9.	Other Expenses (Specify) Contract Services, Ins exp, travel, utlities, education, minor equipment, bad debt exp, QA Fee, Medical Director Fee	$ 1,510,449	$ 1,439,081	$ 1,338,263
	Total Operating Expenses	$ 5,224,202	$ 5,181,045	$ 4,855,587
E. Other Revenue (Expenses) --Net (Specify)		$ 18,993	$ 34,250	$ 10,936
NET OPERATING REVENUE		$ (118,459)	$ (351,198)	$ (365,056)
F. Capital Expenditures				
1.	Retirement of Principal			
2.	Interest	$ 37,962	$ 37,892	$ 43,446
	Total Capital Expenditures	$ 37,962	$ 37,892	$ 43,446
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ (156,421)	$ (389,090)	$ (408,502)

SUPPLEMENTAL #1

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QUESTION:
Please clarify why there is no provision for charity care and no contractual adjustments in both the Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) or Wayne Care Nursing Home for 2011, 2012, and 2013.

RESPONSE:
These NH's are Level I facilities only and bill on a per diem basis so there are no contractual adjustments or charity care. Any difference between the amount billed and collected is merely "bad debts".

QUESTION:

Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) has interest listed as a capital expenditure for the years 2012, 2013, and 2014. Please clarify what this interest expenditure is allocated to.

RESPONSE:
Bank notes and bonds issued through County of Wayne, Tennessee

QUESTION:

The Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) historical chart has a positive deduction for the provision of bad debt and interest in capital expenditures for the year 2014. Please clarify.

RESPONSE:
The above was prepared by the prior operator and is the best data we have to go by. Per the F/S, bad debt expense was $63,790 and recovery of bad debts was income of $10,757, a net expense of $53,033.
Per the F/S, interest expense was $43,446.

QUESTION:
Please complete the "Other expenses" section of the Historical Data Chart that is located at the end of this supplemental request.

RESPONSE:
See Charts Below

SUPPLEMENTAL #1

November 20, 2014
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WAYNE COUNTY
HISTORICAL DATA CHART-OTHER EXPENSES

	OTHER EXPENSES CATEGORIES	Year 2012	Year 2013	Year 2014
1	QA Fees	$ 242,625	$ 248,838	$ 251,872
2	Employee Benefits	470,379	440,211	342,413
3	Preemployment expense	5,021	6,513	13,264
4	Insurance (Health, Workers Comp, and, Liability)	183,859	175,184	158,996
5	Contract Services	163,774	160,312	150,534
6	Utilities and Telephone	141,525	136,688	149,393
7	Retirement Expense	183,571	165,720	146,515
8	Dues & Subscriptions	2,429	10,963	8,656
9	Travel & Meals	22,690	12,147	11,562
10	Advertising	2,054	1,795	1,919
11	Repairs & Maintenance	62,068	64,209	50,830
12	Office Expense	45,864	44,809	51,866
	Total Other Expenses	**$ 1,525,859**	**$ 1,467,389**	**$ 1,337,820**

PROJECTED DATA CHART-OTHER EXPENSES

	OTHER EXPENSES CATEGORIES	Year 2016	Year 2017
1	QA Fees	$ 423,588	$ 491,688
2	Medical Director Fee	12,000	24,000
3	Therapy Contract Services	367,793	789,053
4	Insurance (Health, Workers Comp, and, Liability)	240,767	287,762
5	Contract Services	312,650	406,552
6	Utilities and Telephone	178,248	274,796
7	Minor Equipment	29,492	33,306
8	Employee Education	15,295	7,009
9	Help Wanted	1,064	1,264
10	Travel & Meals	138,513	141,144
11	Legal & Accounting	4,800	4,800
12	Repairs & Maintenance	7,200	7,200
	Total Other Expenses	**$ 1,731,410**	**$ 2,468,574**

	OTHER REVENUE (EXPENSES)		
1	Property Insurance	$ (22,344)	$ (22,344)
2	Equipment Lease	(12,000)	(12,000)
3	Promotional Advertising	(2,400)	(2,400)
	Total Other Revenue (Expenses)	$ (36,744)	$ (36,744)

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

Attachment "15"

Section C, Economic Feasibility, Item 4 (Projected Data Chart)

QUESTION:
Does the Projected Data Chart represent the total nursing home or just the 46 bed wing?

RESPONSE:
Total nursing home

QUESTION:
Please include the actual patient days for 2012, 2013, and 2014 for the Projected Data Chart utilization data.

RESPONSE:
Included

QUESTION:
The management fees do not appear to equal 6% of net revenue as described in the Management Agreement. Please clarify.

RESPONSE:
The 5% was an error, this has been corrected to 6%

QUESTION:
Why are there no provisions for charity care or bad debt?

RESPONSE:
The bad debt was included in other expenses as noted on the other expenses line and the bad debt would include charity care as this would be someone admitted with no payor source and would be written off as private bad debt. The bad debt for 2016 is $39,556 and 2017 is $64,391 which will be moved to the bad debt line.

QUESTION:
Why is there a positive amount for contractual adjustments for the year 2017?

RESPONSE:
This is due to the increase in Medicare census which pays at a higher rate than the private census and the Medicaid census. The pick-up in census and rate for Medicare has offset the negative contractual for the other payor sources.

QUESTION:
Please make the necessary corrections and submit a revised Projected Data Chart and Other Expense Chart. The "Other expenses" Section for the Projected Data Chart is located at the end of this supplemental request.

RESPONSE:
Please see revised Projected Data Chart below:

SUPPLEMENTAL #1

November 20, 2014

3:38 pm

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in July 1 - June 30.

		Year 2016	Year 2017
A.	Utilization Data (Specify unit of measure)	Patient Days	Patient Days
B.	Revenue from Services to Patients		
1	Inpatient Services	$ 8,570,073	$ 10,871,585
2	Outpatient Services		
3	Emergency Services		
4	Other Operating Revenue (Specify)__Meals & Acuity Payment	$ 223,674	$ 224,471
	Gross Operating Revenue	$ 8,793,747	$ 11,096,056
C.	Deductions from Gross Operating Revenue		
1	Contractual Adjustments	$ (64,382)	$ 56,832
2	Provision for Charity Care		
3	Provisions for Bad Debt	$ (39,556)	$ (64,391)
	Total Deductions	$ (103,938)	$ (7,559)
NET OPERATING REVENUE		$ 8,689,809	$ 11,088,497
D.	Operating Expenses		
1.	Salaries and Wages	$ 4,122,575	$ 4,433,261
2.	Physician's Salaries and Wages		
3.	Supplies	$ 942,028	$ 1,197,238
4.	Taxes	$ 33,600	$ 33,600
5.	Depreciation	$ 24,000	$ 24,000
6.	Rent	$ 720,000	$ 720,000
7.	Interest, other than Capital		
8.	Management Fees:		
	a. Fees to Affiliates	$ 523,762	$ 669,173
	b. Fees to Non-Affiliates		
9.	Other Expenses (Specify) Contract Services, Ins exp, travel, utlities, education, minor equipment, bad debt exp, QA Fee, Medical Director Fee	$ 2,171,162	$ 3,040,914
	Total Operating Expenses	$ 8,537,127	$ 10,118,186
E.	Other Revenue (Expenses) --Net (Specify)	$ (36,744)	$ (36,744)
NET OPERATING REVENUE		$ 115,938	$ 933,567
F.	Capital Expenditures		
1.	Retirement of Principal		
2.	Interest		
	Total Capital Expenditures	$ -	$ -
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 115,938	$ 933,567

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

Attachment "16"

Section C, Economic Feasibility, Item 5

QUESTION:

Please provide the calculations the applicant used in determining the project's average gross charge, average deduction from operating revenue and average net charge.

RESPONSE:

Year 1
Average Gross Charge:
$8,570,073/43020 total days = $199.21
Average deduction from operating revenue
$-$64,382/43020 = -$1.50
Average net charges
=($8570073-64382)/43020 total days =$197.71

Year 2
Average Gross Charge:
$10,871,585/51109 total days = $212.71
Average deduction(Contra is positive) from operating revenue
$+56,832/51109 = +$1.11
Average net charges
=($10871,585+56832)/51109 total days =$213.83

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Attachment "17"

Section C, Economic Feasibility, Item 6.A. and 6.B.

Please address question 6.A. in its entirety. Referring to the applicant's Projected Data Chart is not an adequate response.

The table of charges of facilities in adjoining areas in 2012 is noted. However, please include Wayne County Nursing Home or Wayne Care Nursing Home in the table since they were also in operation during this time. In addition, please add a row to compare the proposed charges of the applicant in Year One of the proposed project.

From original application:

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

   B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

RESPONSE:

	Current Charges	**Proposed Charges**
Medicaid	$173.38	$173.38
Medicare	n/a	$408.00
Private	$184.38	$184.38
Semi-Private	$184.38	$184.38

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Attachment "18"

Section C, Economic Feasibility, Item 7

QUESTION:

The combined Wayne County Nursing Home or Wayne Care Nursing Home Net Loss was $727,353 in 2014. Where will this net loss be absorbed?

RESPONSE:
This loss was absorbed by the prior owner/operator of the facility which was county owned.

QUESTION:
How will the applicant be financially viable in Year One?

RESPONSE:
Combining the two (2) Facilities into one (1) home reduced labor costs and new operator is able to run the facility more efficiently due to a better support system. Avoiding duplication of the staff including the Administrator, Director of Nursing, Registered Nurses and CNAs, Dietary, and maintenance is a significant savings.

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

Attachment "19"

Section C, Economic Feasibility, Item 10
Please provide the most recent audited financial statements with accompanying notes, if available for the Health Services Management Group and Waynesboro Healthcare, LLC.

RESPONSE:
Waynesboro Healthcare, LLC has only been in existence a few months and has not completed audited financial statements.

The balance sheet of Waynesboro Health and Rehabilitation Center ending 8/31/14 is noted with current assets of $320,936 and current liabilities of $338,187. Please clarify if the applicant has current assets on hand to meet payroll and other obligations.

RESPONSE:
Waynesboro Healthcare, LLC obtained a $400,000.00 line of credit to cover payroll and other obligations. The line of credit is extended by Covington Investments, LLC, a parent company to Wayne Real Estate Investors, LLC. Waynesboro Healthcare, LLC has applied for an AR Line of Credit from Capital Finance.

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Attachment "20"

Section C. Contribution to the Orderly of Health Care, Item. 7 (c.)

QUESTION:

A copy of the most recent licensure survey for Wayne Care Nursing Center is noted. Please clarify if physical plant or environmental deficiencies are listed in the survey report. If so, please list.

RESPONSE:

The failure of the roof system occurred after the last survey. The rain damage to the interior fostered an environment for mold growth creating damage to interior ceilings and walls as shown in the photos originally submitted.

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

Attachment "21"

Section C. Contribution to the Orderly of Health Care, Item. 8 and 9

QUESTION:

The applicant has responded "Not applicable" to questions 8 and 9. Please provide a response.

RESPONSE:
NONE – Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than 5% ownership interest in the applicant. Such information is to be provided for licenses regardless or whether such license is currently held.

NONE – Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project.

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Attachment "22"

Section C. Contribution to the Orderly of Health Care, Item. 10

QUESTION:
There appears to be the possibility of reporting errors in past Joint Annual Reports for both Wayne County Nursing Home and Wayne Care Nursing Home. What type of changes has the applicant incorporated to ensure accurate reporting for future Joint Annual Reports?

RESPONSE:
The previously-filed Joint Annual Reports for both Wayne County Nursing Home and Wayne Care Nursing Home were completed by personnel that are no longer employed by the facilities. The Applicant has hired personnel with experience in preparing Joint Annual Reports and will provide support as needed to ensure the proper completion of all future Joint Annual Reports. Should any inaccuracies be identified, the Applicant will work with the Office of Health Statistics immediately to correct any issues prior to the finalization of the report.

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

Attachment "23"

Project Completion Forecast Chart

QUESTION:
The earliest this application could be heard by the Agency is February 2015. The applicant has building construction beginning in February 2015 in the Project Completion Chart. Is this correct? If not, please revise and resubmit.

RESPONSE:
Please see revised Project Completion Forecast Chart Below:

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): February 25, 2015. Assuming the CON approval becomes the final agency action on that date; indicate the number of days **from the above agency decision date** to each phase of the completion forecast.

Phase	DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1. Architectural and engineering contract signed	30	April 2015
2. Construction documents approved by the Tennessee Department of Health	150	Sept. 2015
3. Construction contract signed	180	October 2015
4. Building permit secured	210	Nov. 2015
5. Site preparation completed	300	February 2016
6. Building construction commenced	300	February 2016
7. Construction 40% complete	420	June 2016
8. Construction 80% complete	540	October 2016
9. Construction 100% complete (approved for occupancy	600	December 2016
10. *Issuance of license	630	January 2017
11. *Initiation of service	630	January 2017
12. Final Architectural Certification of Payment	660	March 2017
13. Final Project Report Form (HF0055)	690	April 2017

*** For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

SUPPLEMENTAL #1

November 20, 2014

3:38 pm

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

GEORGIA COMMERCE BANK
Your Success is Our Business.

2970 Peachtree Road NW
Suite 100
Atlanta, GA 30305
Phone 404.240.5000
Fax 404.814.9745

November 20, 2014

Mr. Mitch Skipper
Chief Financial Officer
Waynesboro Healthcare, LLC
485 Central Avenue, NE
Cleveland, TN 37311

Dear Mr. Skipper:

Related to our letter to you dated November 7, 2014, regarding your proposed project in Wayne County, Tennessee, I understand that you need further clarification on the expected interest rate and anticipated term of our loan to Wayne Real Estate Investors, LLC, (Landlord). Subject to credit approval and our underwriting criteria, we anticipate offering the following:

Interest Rate: *Wall Street Journal* prime rate plus 1%, floating.
Minimum, total interest rate floor of 5.25%.

Maturity Date: 36 months from closing date.

We are pleased to offer this proposed financing to Wayne Real Estate Investors, LLC, and to confirm our proposed terms with you in furtherance of your Certificate of Need application. Should you need anything else, please be in touch.

Sincerely,

Seth T. Gray
Senior Vice President

cc: Mr. John E. McMullan

SUPPLEMENTAL #1

November 20, 2014
2:38 pm

WAYNESBORO HEALTH & REHABILITATION CENTER CENSUS TRACKING NOVEMBER 2014

WAYNESBORO			Nov-14																															
PAYSOURCE	Budget	AVERAGE DAILY CENSUS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Private	6	**11.7**	12	12	12	11	11	12	12	12	12	12	12	12	12	12	12	12	11	11	11													223
M'care	0	**0.0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0													0
M'caid-SNF	0	**0.0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0													0
M'caid-ICF	82	**69.5**	70	70	71	71	70	70	69	69	69	69	70	70	68	68	69	69	69	69	70													1320
Insur-LVLS	2	**0.0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0													0
VA	5	**3.0**	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3													57
Hospice	5	**8.3**	8	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	8	8													157
HMO-RUGs	0	**0.0**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0													0
Pending	4	**1.0**	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1													19
Pd. Bed Hold	0	**1.9**	2	2	1	1	2	2	3	2	2	2	2	2	3	3	2	2	2	2	0													37
Total	104	**95.4**	96	96	96	95	95	96	96	95	95	95	96	96	96	96	96	96	95	94	93	0	0	0	0	0	0	0	0	0	0	0	0	1813

SUPPLEMENTAL #1

November 20, 2014

3:10 PM

Acct	Sub	Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
PATIENT DAYS			BUDGETED FY 2012 PATIENT DAYS												
4000	10300	MEDICARE PART A DAYS	4,182	248	232	279	300	310	330	341	372	390	434	450	496
4000	10000	PRIVATE PAY DAYS	4,392	372	348	372	360	372	360	372	372	360	372	360	372
4000	9999	PRIVATE PAY DAYS-VA	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10100	MEDICAID SKILLED DAYS	1,098	93	87	93	90	93	90	93	93	90	93	90	93
4000	10200	MEDICAID ICF DAYS	31,518	2,263	2,204	2,418	2,400	2,573	2,550	2,728	2,790	2,760	2,914	2,880	3,038
4000	10250	MEDICAID ICF VA DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10299	MEDICAID ICF VA SIDE	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10700	PRIVATE INSURANCE DAYS	732	62	58	62	60	62	60	62	62	60	62	60	62
4000	10800	HOSPICE DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10999	HOSPICE DAYS-BNV	-	-	-	-	-	-	-	-	-	-	-	-	-
4000	11000	VA DAYS	1,098	93	87	93	90	93	90	93	93	90	93	90	93
4000	11150	MEDICAID PENDING DAYS	-	-	-	-	-	-	-	-	-	-	-	-	-
		PATIENT REVENUE DAYS	43,020	3,131	3,016	3,317	3,300	3,503	3,480	3,689	3,782	3,750	3,968	3,930	4,154
		Percent Occupancy	76%	65%	67%	69%	71%	73%	75%	77%	79%	81%	83%	85%	86%
AVERAGE DAILY CENSUS															
		MEDICARE PART A DAYS		8	8	9	10	10	11	11	12	13	14	15	16
		PRIVATE PAY DAYS		12	12	12	12	12	12	12	12	12	12	12	12
		PRIVATE PAY DAYS-VA		-	-	-	-	-	-	-	-	-	-	-	-
		MEDICAID SKILLED DAYS		3	3	3	3	3	3	3	3	3	3	3	3
		MEDICAID ICF DAYS		73	76	78	80	83	85	88	90	92	94	96	98
		MEDICAID ICF VA DAYS		-	-	-	-	-	-	-	-	-	-	-	-
		MEDICAID ICF VA SIDE		-	-	-	-	-	-	-	-	-	-	-	-
		PRIVATE INSURANCE DAYS		2	2	2	2	2	2	2	2	2	2	2	2
		HOSPICE DAYS		-	-	-	-	-	-	-	-	-	-	-	-
		HOSPICE DAYS-BNV		-	-	-	-	-	-	-	-	-	-	-	-
		VA DAYS		3	3	3	3	3	3	3	3	3	3	3	3
		MEDICAID PENDING DAYS		-	-	-	-	-	-	-	-	-	-	-	-
				101	104	107	110	113	116	119	122	125	128	131	134

4010	11000	401011000	CERTIFIED - PRIVATE	$722,309	$61,179	$57,232	$61,179	$59,206	$61,179	$59,206	$61,179	$61,179	$59,206	$61,179	$59,206	$61,179
4000	11300	400011300	NF - PRIVATE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	**11000**	410011000	**RADIOLOGY - PRIVATE**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	11000	415011000	LAB - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	11000	428011000	MED TRANS - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	11000	430011000	PT - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	11000	435011000	OT - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	11000	440011000	ST - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11000	450011000	MED SUPPLY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11300	450011300	MED SUPPLY - PRIVATE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	11000	452511000	OTC MEDS-PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	11000	455011000	PHARMACY - PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	11000	465011000	COMPLEX MED EQUIPMENT - PRIVAT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11000	493011000	NON-CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11300	493011300	NON-CHARGE MEDICAL SUPPLIES - VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	11000	501011000	C/A CERT PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	11000	535011000	C/A OT PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	11000	552511000	C/A MEDS SUPPLY PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	11000	593011000	C/A NON-CHARGE MED SUPPLY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total PRIVATE PAY	**$722,309**	**$61,179**	**$57,232**	**$61,179**	**$59,206**	**$61,179**	**$59,206**	**$61,179**	**$61,179**	**$59,206**	**$61,179**	**$59,206**	**$61,179**

SUPPLEMENTAL #1

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Acc	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
4010	41000	401041000	CERTIFIED - INSURANCE	$127,368	$10,788	$10,092	$10,788	$10,440	$10,788	$10,440	$10,788	$10,788	$10,440	$10,788	$10,440	$10,788
4100	**41000**	410041000	**RADIOLOGY - INSURANCE**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	41000	415041000	LAB - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	41000	420041000	IV - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	41000	430041000	PT - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	41000	435041000	OT - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	41000	440041000	ST - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	41000	450041000	MED SUPPLY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	41000	455041000	PHARMACY - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	41000	465041000	COMP MED EQUIP - INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	41000	493041000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	41000	501041000	C/A CERTIFIED INSURANCE	$154,273	$13,067	$12,224	$13,067	$12,645	$13,067	$12,645	$13,067	$13,067	$12,645	$13,067	$12,645	$13,067
5100	41000	510041000	C/A RADIOLOGY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	41000	515041000	C/A LAB INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	41000	520041000	C/A IV INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	41000	530041000	C/A PT INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	41000	535041000	C/A OT INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	41000	540041000	C/A ST INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	41000	550041000	C/A MED SUPPLY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	41000	555041000	C/A PHARMACY INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	41000	565041000	C/A COMP MED EQUIP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	41000	593041000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total INSURANCE**	**$281,641**	**$23,855**	**$22,316**	**$23,855**	**$23,085**	**$23,855**	**$23,085**	**$23,855**	**$23,855**	**$23,085**	**$23,855**	**$23,085**	**$23,855**
PPD				$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385
	00	00	**Total PATIENT REVENUE**	**$8,505,691**	**$604,282**	**$580,671**	**$644,326**	**$646,392**	**$684,370**	**$685,143**	**$724,411**	**$748,023**	**$746,741**	**$798,759**	**$796,086**	**$846,487**
PPD				$198	$193	$193	$194	$196	$195	$197	$196	$198	$199	$201	$203	$204
4900	14000	490014000	NONANCILLARY PERSONAL CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11700	490011700	MANAGEMENT FEE REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	16000	490016000	VACCINATIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	21000	490021000	MEALS - GUEST/EMPLOYEE	$4,226	$308	$296	$326	$324	$344	$342	$362	$372	$368	$390	$386	$408
4900	23500	490023500	GRANT REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11000	490011000	LAUNDRY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22000	490022000	CABLE TV	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22500	490022500	TELEPHONE REVENUE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	24000	490024000	DONATIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	25000	490025000	INTEREST	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	28000	490028000	LATE PAYMENT CHARGE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	29000	490029000	MISCELLANEOUS INCOME	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	35000	490035000	MEDICAID ACUITY INCOME	$219,448	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862
4900	90000	490090000	DISCOUNTS TAKEN	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4910	11000	491011000	BARBER & BEAUTY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4920	11000	492011000	R & B ROOM DIFFERENTIAL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4950	11000	495011000	CONCESSIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	11000	575011000	PRIOR YR REV ADJ PRIVATE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12000	575012000	PRIOR YR REV ADJ MCAID SKL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12001	575012001	PRIOR YR REV ADJ MCAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Acc	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00	Total MEDICARE B	$141,967	$10,331	$9,954	$10,945	$10,890	$11,561	$11,485	$12,174	$12,481	$12,374	$13,094	$12,969	$13,709
PPD				$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3
4100	15000	410015000	RADIOLOGY NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	15000	401015000	CERTIFIED - VA	$191,052	$16,182	$15,138	$16,182	$15,660	$16,182	$15,660	$16,182	$16,182	$15,660	$16,182	$15,660	$16,182
4150	15000	415015000	LAB - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	15000	450015000	MED SUPPLY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	15000	455015000	PHARMACY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	15000	465015000	COMP MED EQUIP - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	25000	493025000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	15000	501015000	C/A CERT VA	($684)	($58)	($54)	($58)	($56)	($58)	($56)	($58)	($58)	($56)	($58)	($56)	($58)
5100	15000	510015000	C/A RADIOLOGY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	15000	515015000	C/A LAB - SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	15000	550015000	C/A MED SUPPLY NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	15000	555015000	C/A PHARMACY - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	15000	565015000	C/A COMP MED EQUIP - NF/SNF VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	25000	593025000	C/A NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
			Total VA	$190,368	$16,124	$15,084	$16,124	$15,604	$16,124	$15,604	$16,124	$16,124	$15,604	$16,124	$15,604	$16,124
PPD				$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
4010	18000	401018000	CERTIFIED - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4000	18300	400018300	NF - HOSPIVE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	18300	401018300	CERTIFIED - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	**18000**	410018000	**RADIOLOGY - HOSPICE**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	18000	415018000	LAB - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18000	450018000	MED SUPPLY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18300	450018300	MED SUPPLY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	18300	452518300	OTC MEDS-HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	18000	455018000	PHARMACY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	18300	455018300	PHARMACY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	18000	493018000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	18300	500018300	C/A - HOSPIVE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	18000	501018000	C/A CERTIFIED HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	18300	501018300	C/A CERTIFIED HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	18000	510018000	C/A RADIOLOGY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	18000	515018000	C/A LAB - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	18000	550018000	C/A MED SUPPLY HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	18300	550018300	C/A MED SUPPLY HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	18300	552518300	C/A OTC MEDS HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	18000	555018000	C/A PHARMACY - HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	18300	555018300	C/A PHARMACY - HOSPICE VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	18000	593018000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total HOSPICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

SUPPLEMENTAL #1

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
593	12300	593012300	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total MEDICAID ICF VIRGINIA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
401	13000	401013000	CERTIFIED - MEDICARE A	$727,668	$43,152	$40,368	$48,546	$52,200	$53,940	$57,420	$59,334	$64,728	$67,860	$75,516	$78,300	$86,304
410	13000	410013000	**RADIOLOGY - MEDICARE A**	$15,767	$935	$875	$1,052	$1,131	$1,169	$1,244	$1,286	$1,402	$1,470	$1,636	$1,697	$1,870
415	13000	415013000	LAB - MEDICARE A	$21,452	$1,272	$1,190	$1,431	$1,539	$1,590	$1,693	$1,749	$1,908	$2,001	$2,226	$2,309	$2,544
420	13000	420013000	IV - MEDICARE A	$11,961	$709	$664	$798	$858	$887	$944	$975	$1,064	$1,115	$1,241	$1,287	$1,419
426	13000	426013000	WOUND CARE - MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
428	13000	428013000	MED TRANS - MEDICARE A	$879	$52	$49	$59	$63	$65	$69	$72	$78	$82	$91	$95	$104
430	13000	430013000	PT - MEDICARE A	$320,300	$18,994	$17,769	$21,369	$22,977	$23,743	$25,275	$26,117	$28,491	$29,870	$33,240	$34,466	$37,989
435	13000	435013000	OT - MEDICARE A	$257,988	$15,299	$14,312	$17,212	$18,507	$19,124	$20,358	$21,036	$22,949	$24,059	$26,773	$27,761	$30,598
4400	13000	440013000	ST - MEDICARE A	$199,274	$11,817	$11,055	$13,294	$14,295	$14,772	$15,725	$16,249	$17,726	$18,584	$20,680	$21,443	$23,634
4500	13000	450013000	MED SUPPLY - MEDICARE A	$3,597	$213	$200	$240	$258	$267	$284	$293	$320	$335	$373	$387	$427
4525	13000	452513000	OTC MEDS - MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	13000	455013000	PHARMACY - MEDICARE A	$211,734	$12,556	$11,746	$14,126	$15,189	$15,695	$16,708	$17,265	$18,834	$19,746	$21,973	$22,784	$25,112
4650	13000	465013000	COMPLEX MED EQUIP - MEDICARE	$3,597	$213	$200	$240	$258	$267	$284	$293	$320	$335	$373	$387	$427
4930	13000	493013000	NON CHARGE MEDICAL SUPPLIES -	$4,223	$250	$234	$282	$303	$313	$333	$344	$376	$394	$438	$455	$501
5010	13000	501013000	C/A CERTIFIED MEDICARE	$647,262	$57,288	$53,592	$64,449	$69,300	$71,610	$76,230	$78,771	$85,932	$90,090	$103,769	$107,595	$118,594
5010	13000	501013000	C/A CERTIFIED MEDICARE	$329,958												
5100	13000	510013000	C/A RADIOLOGY - MEDICARE A	($15,767)	($935)	($875)	($1,052)	($1,131)	($1,169)	($1,244)	($1,286)	($1,402)	($1,470)	($1,636)	($1,697)	($1,870)
5150	13000	515013000	C/A LAB MEDICARE A	($21,452)	($1,272)	($1,190)	($1,431)	($1,539)	($1,590)	($1,693)	($1,749)	($1,908)	($2,001)	($2,226)	($2,309)	($2,544)
5200	13000	520013000	C/A IV MEDICARE A	($11,961)	($709)	($664)	($798)	($858)	($887)	($944)	($975)	($1,064)	($1,115)	($1,241)	($1,287)	($1,419)
5260	13000	526013000	C/A WOUND CARE - PART A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	13000	528013000	C/A MED TRANS - PART A	($879)	($52)	($49)	($59)	($63)	($65)	($69)	($72)	($78)	($82)	($91)	($95)	($104)
5300	13000	530013000	C/A PT MEDICARE A	($320,300)	($18,994)	($17,769)	($21,369)	($22,977)	($23,743)	($25,275)	($26,117)	($28,491)	($29,870)	($33,240)	($34,466)	($37,989)
5350	13000	535013000	C/A OT MEDICARE A	($257,988)	($15,299)	($14,312)	($17,212)	($18,507)	($19,124)	($20,358)	($21,036)	($22,949)	($24,059)	($26,773)	($27,761)	($30,598)
5400	13000	540013000	C/A ST MEDICARE A	($199,274)	($11,817)	($11,055)	($13,294)	($14,295)	($14,772)	($15,725)	($16,249)	($17,726)	($18,584)	($20,680)	($21,443)	($23,634)
5500	13000	550013000	C/A MED SUPPLY MEDICARE A	($3,597)	($213)	($200)	($240)	($258)	($267)	($284)	($293)	($320)	($335)	($373)	($387)	($427)
5525	13000	552513000	C/A OTC MEDS MEDICARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	13000	555013000	C/A PHARMACY MEDICARE A	($211,734)	($12,556)	($11,746)	($14,126)	($15,189)	($15,695)	($16,708)	($17,265)	($18,834)	($19,746)	($21,973)	($22,784)	($25,112)
5650	13000	565013000	C/A COMP MED EQUIP MEDICARE A	($3,597)	($213)	($200)	($240)	($258)	($267)	($284)	($293)	($320)	($335)	($373)	($387)	($427)
5930	13000	593013000	C/A NON CHARGE MED SUPPLIES -	($4,223)	($250)	($234)	($282)	($303)	($313)	($333)	($344)	($376)	($394)	($438)	($455)	($501)
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total MEDICARE PART A	$1,704,888	$100,440	$93,960	$112,995	$121,500	$125,550	$133,650	$138,105	$150,660	$157,950	$179,285	$185,895	$204,898
PPD				$408	$405	$405	$405	$405	$405	$405	$405	$405	$405	$413	$413	$413
4300	14000	430014000	PT - MEDICARE B	$114,434	$8,328	$8,023	$8,823	$8,778	$9,318	$9,257	$9,813	$10,060	$9,975	$10,555	$10,454	$11,050
4350	14000	435014000	OT - MEDICARE B	$24,092	$1,753	$1,689	$1,858	$1,848	$1,962	$1,949	$2,066	$2,118	$2,100	$2,222	$2,201	$2,326
4400	14000	440014000	ST - MEDICARE B	$28,394	$2,066	$1,991	$2,189	$2,178	$2,312	$2,297	$2,435	$2,496	$2,475	$2,619	$2,594	$2,742
5300	14000	530014000	C/A PT MEDICARE B	($19,360)	($1,409)	($1,357)	($1,493)	($1,485)	($1,576)	($1,566)	($1,660)	($1,702)	($1,688)	($1,786)	($1,769)	($1,869)
5350	14000	535014000	C/A OT MEDICARE B	($3,872)	($282)	($271)	($299)	($297)	($315)	($313)	($332)	($340)	($338)	($357)	($354)	($374)
5400	14000	540014000	C/A ST MEDICARE B	($1,721)	($125)	($121)	($133)	($132)	($140)	($139)	($148)	($151)	($150)	($159)	($157)	($166)
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

November 20, 2014

Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
4150	22000	415022000	LAB - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	22000	420022000	IV-ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	22000	428022000	MED TRANS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	22000	430022000	PT - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	22000	435022000	OT -ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	22000	440022000	ST - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	22000	450022000	MED SUPPLY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	22000	452522000	OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	22000	455022000	PHARMACY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	22000	465022000	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	22000	493022000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	22000	501012200	C/A CERT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22000	502022000	C/A ICF - MEDICAID	($19,466)	($1,398)	($1,361)	($1,493)	($1,482)	($1,589)	($1,575)	($1,685)	($1,723)	($1,705)	($1,800)	($1,779)	($1,876)
5100	22000	510022000	C/A RADIOLOGY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	22000	515022000	C/A LAB ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	22000	520022000	C/A IV ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	22000	528022000	C/A MED TRANS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	22000	530022000	C/A PT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	22000	535022000	C/A OT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	22000	540022000	C/A ST ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	22000	550022000	C/A MED SUPPLY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	22000	552522000	C/A OTC MEDS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	22000	555022000	C/A PHARMACY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	22000	565022000	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	22000	593022000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	22001	402022001	ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22001	502022001	C/A ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total MEDICAID ICF	**$5,464,518**	**$392,353**	**$382,125**	**$419,228**	**$416,107**	**$446,101**	**$442,113**	**$472,974**	**$483,724**	**$478,522**	**$505,222**	**$499,327**	**$526,722**
PPD				$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
4000	12300	400012300	NF-MEDICAID VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12300	401012300	CDP - MCAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	12300	402012300	**ICF - MEDICAID**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	12300	410012300	RADIOLOGY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12300	415012300	LAB - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	12300	428012300	MED TRANS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12300	430012300	PT - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12300	435012300	OT -ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12300	440012300	ST - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12300	450012300	MED SUPPLY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	12300	452512300	OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12300	455012300	PHARMACY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12300	465012300	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12300	493012300	NON CHARGE MEDICAL SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	12300	500012300	C/A NF MEDICAID VA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12300	501012300	C/A CERT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	12300	502012300	C/A ICF - MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	12300	510012300	C/A RADIOLOGY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12300	515012300	C/A LAB ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	12300	528012300	C/A MED TRANS ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12300	530012300	C/A PT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12300	535012300	C/A OT ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12300	540012300	C/A ST ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12300	550012300	C/A MED SUPPLY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	12300	552512300	C/A OTC MEDS - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12300	555012300	C/A PHARMACY ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12300	565012300	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12300	575012300	PRIOR YR ADJ MEDICAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Waynesboro

Acc	Sub		Description	Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
PPD				$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164
4010	12000	401012000	CERTIFIED - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	**12000**	410012000	**RADIOLOGY - NF/SNF MEDICAID**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12000	415012000	LAB - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12000	430012000	PT - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12000	435012000	OT - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12000	440012000	ST - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12000	450012000	MED SUPPLY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12000	455012000	PHARMACY - NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12000	465012000	COMPLEX MED EQUIP - NF/SNF MED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12000	493012000	NON CHARGE MEDICAL SUPPLY - NF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12000	501012000	C/A CERTIFIED NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	12000	510012000	C/A RADIOLOGY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12000	515012000	C/A LAB NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12000	530012000	C/A PT NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12000	535012000	C/A OT NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12000	540012000	C/A ST NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12000	550012000	C/A MED SUPPLY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12000	555012000	C/A PHARMACY NF/SNF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12000	565012000	C/A COMP MED EQUIP NF/SNF MEDI	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	12000	593012000	C/A NON CHARGE MED SUPPLIES -	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAID SKILLED**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12100	401012100	CDP - MCAID SKL PENDING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12400	401012400	**CERTIFIED-NF/SNF PENDING**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	**12100**	501012100	**C/A CERT PENDING MCAID SKL**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12400	501012400	**C/A CERT PENDING MCAID-VA**	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	Total MEDICAID PENDING	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	12200	401012200	CDP - MCAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	**22000**	402022000	**ICF - MEDICAID**	$5,483,984	$393,751	$383,486	$420,721	$417,589	$447,690	$443,688	$474,659	$485,447	$480,227	$507,022	$501,106	$528,598
4100	22000	410022000	RADIOLOGY - ICF MEDICAID	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Acc	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
5750	13000	575013000	PRIOR YR REV ADJ MCARE A	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	14000	575014000	PRIOR YR REV ADJ MCARE B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	22000	575022000	PRIOR YR ADJ MEDICAID ICF	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	18000	575018000	PRIOR YEAR HOSPICE ADJ	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	41000	575041000	PRIOR YEAR REV ADJ INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total OTHER INCOME**	**$223,674**	**$308**	**$296**	**$55,188**	**$324**	**$344**	**$55,204**	**$362**	**$372**	**$55,230**	**$390**	**$386**	**$55,270**
	00	00														
	00	00	**Total REVENUE**	**$8,729,365**	**$604,590**	**$580,967**	**$699,514**	**$646,716**	**$684,714**	**$740,347**	**$724,773**	**$748,395**	**$801,971**	**$799,149**	**$796,472**	**$901,757**
PPD				**$203**	**$193**	**$193**	**$211**	**$196**	**$195**	**$213**	**$196**	**$198**	**$214**	**$201**	**$203**	**$217**
6000	11000	600011000	NURSING ADMIN SALARIES	$331,972	$ 28,118	$ 26,304	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118
6000	11100	600011100	NURSE ADMIN COMPENSATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	12000	600012000	NURSING ADMIN VAC/SICK/OTHER	$13,626	$1,154	$1,080	$1,154	$1,117	$1,154	$1,117	$1,154	$1,154	$1,117	$1,154	$1,117	$1,154
6000	12500	600012500	NURSING ADMIN BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	13000	600013000	NURSING ADMIN PAYROLL TAXES	$46,963	$3,978	$3,721	$3,978	$3,849	$3,978	$3,849	$3,978	$3,978	$3,849	$3,978	$3,849	$3,978
6000	20000	600020000	NURSING ADMIN SUPPLIES	$231	$17	$16	$18	$18	$19	$19	$20	$20	$20	$21	$21	$22
6000	30000	600030000	NURSING ADMIN MINOR EQUIPMENT	$8,721	$635	$611	$672	$669	$710	$706	$748	$767	$760	$804	$797	$842
6000	32000	600032000	NURSING ADMIN CONTRACT SERVICE	$32,400	**$2,700**	**$2,700**	**$2,700**	**$2,700**	**$2,700**	**$2,700**	**$2,700**	**$2,700**	**$2,700**	**$2,700**	**$2,700**	**$2,700**
6000	33500	600033500	NURSING ADMIN EDUCATION	$264	$19	$19	$20	$20	$22	$21	$23	$23	$23	$24	$24	$26
6000	35100	600035100	NURSING ADMIN WORKERS COMP	$15,660	**$1,305**	**$1,305**	**$1,305**	**$1,305**	**$1,305**	**$1,305**	**$1,305**	**$1,305**	**$1,305**	**$1,305**	**$1,305**	**$1,305**
6000	35200	600035200	NURSING ADMIN GROUP INSURANCE	$11,090	$807	$777	$855	$851	$903	$897	$951	$975	$967	$1,023	$1,013	$1,071
6000	35800	600035800	NURSING ADMIN TRAVEL	$85,275	$6,206	$5,978	$6,575	$6,541	$6,944	$6,898	$7,313	$7,497	$7,433	$7,866	$7,790	$8,234
6000	36400	600036400	NURSING ADMIN HELP WANTED	$439	$32	$31	$34	$34	$36	$35	$38	$39	$38	$40	$40	$42
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NURSING - ADMINISTRATION**	**$546,641**	**$44,971**	**$42,542**	**$45,429**	**$44,315**	**$45,889**	**$44,758**	**$46,348**	**$46,576**	**$45,423**	**$47,033**	**$45,867**	**$47,492**
PPD				**$13**	**$14**	**$14**	**$14**	**$13**	**$13**	**$13**	**$13**	**$12**	**$12**	**$12**	**$12**	**$11**
6070	11200	607011200	NF/SNF SALARIES-RN	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11400	607011400	NF/SNF SALARIES-LPN	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11600	607011600	NF/SNF SALARIES-CNA	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11800	607011800	NF/SNF SALARIES-PERSON SUPERE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12000	607012000	NF/SNF VACATION/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12500	607012500	NF/SNF NURSING BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	13000	607013000	NF/SNF NURSING PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	20000	607020000	NF/SNF NURSING SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	30000	607030000	NF/SNF NURSING MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33000	607033000	NF/SNF NURSING SALARIES-TRAINING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33500	607033500	NF/SNF NURSING EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35100	607035100	NF/SNF NURSING WORK COMP	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6070	35200	607035200	NF/SNF NURSING GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35800	607035800	NF/SNF NURSING TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	36400	607036400	NF/SNF NURSING HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	Total NURSING - NON-CERTIFIED	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	11200	610011200	CERT SALARIES-RN	$368,052	$ 31,174	$ 29,162	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174
6100	11400	610011400	CERT SALARIES-LPN	$678,827	$ 57,496	$ 53,787	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496
6100	11600	610011600	CERT SALARIES-CNA	$1,128,215	$ 95,559	$ 89,394	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559
6100	11800	610011800	CERT SALARIES-PERSON SUPERE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	12000	610012000	CERT VACATION/SICK/OTHER	$199,625	$16,908	$15,817	$16,908	$16,363	$16,908	$16,363	$16,908	$16,908	$16,363	$16,908	$16,363	$16,908
6100	12500	610012500	CERT NURSING BENEFITS	$7,021	$511	$492	$541	$539	$572	$568	$602	$617	$612	$648	$641	$678
6100	13000	610013000	CERT NURSING PAYROLL TAXES	$327,343	$27,726	$25,937	$27,726	$26,831	$27,726	$26,831	$27,726	$27,726	$26,831	$27,726	$26,831	$27,726
6100	14200	610014200	CERT POOL SERVICES-RNS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	14600	610014600	CERT POOL SERVICES-AIDES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	20000	610020000	CERT NURSING SUPPLIES	$24,902	$1,812	$1,746	$1,920	$1,910	$2,028	$2,014	$2,135	$2,189	$2,171	$2,297	$2,275	$2,405
6100	30000	610030000	CERT NURSING MINOR EQUIPMENT	$6,230	$453	$437	$480	$478	$507	$504	$534	$548	$543	$575	$569	$602
6100	32000	610032000	CERT NURSING CONTRAT SVCS	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6100	33000	610033000	CERT NURSING SALARIES-TRAINING	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33500	610033500	CERT NURSING EDUCATION	$3,964	$288	$278	$306	$304	$323	$321	$340	$348	$345	$366	$362	$383
6100	35100	610035100	CERT NURSING WORK COMP	$39,576	**$3,298**	**$3,298**	**$3,298**	**$3,298**	**$3,298**	**$3,298**	**$3,298**	**$3,298**	**$3,298**	**$3,298**	**$3,298**	**$3,298**
6100	35200	610035200	CERT NURSING GROUP INSURANCE	$70,411	$5,125	$4,936	$5,429	$5,401	$5,733	$5,696	$6,038	$6,190	$6,138	$6,494	$6,432	$6,799
6100	35800	610035800	CERT NURSING TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	36400	610036400	CERT NURSING HELP WANTED	$625	$45	$44	$48	$48	$51	$51	$54	$55	$54	$58	$57	$60
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NURSING - CERTIFIED**	**$2,854,791**	**$240,395**	**$225,328**	**$240,885**	**$233,459**	**$241,375**	**$233,933**	**$241,864**	**$242,108**	**$234,642**	**$242,599**	**$235,115**	**$243,088**
PPD				$66	$77	$75	$73	$71	$69	$67	$66	$64	$63	$61	$60	$59
6130	11000	613011000	RESTORATIVE AIDE SALARIES	$59,380	$ 5,029	$ 4,705	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029
6130	12000	613012000	RESTORATIVE AIDE VAC/SICK/OTHE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	12500	613012500	RESTORATIVE AIDE BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	13000	613013000	RESTORATIVE AIDE PAYROLL TAXES	$6,235	**$528**	**$494**	**$528**	**$511**	**$528**	**$511**	**$528**	**$528**	**$511**	**$528**	**$511**	**$528**
6130	33500	613033500	RESTORATIVE AIDE EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6130	35100	613035100	RESTORATIVE AIDE WORKERS COMP	$0												
6130	35200	613035200	RESTORATIVE AIDE GROUP INSUR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NURSING - RESTORATIVE AIDE**	**$65,615**	**$5,558**	**$5,199**	**$5,558**	**$5,378**	**$5,558**	**$5,378**	**$5,558**	**$5,558**	**$5,378**	**$5,558**	**$5,378**	**$5,558**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$1	$1	$1	$1	$1
	00	00														
	00	00	**Total NURSING**	**$3,467,047**	**$290,923**	**$273,069**	**$291,871**	**$283,152**	**$292,821**	**$284,069**	**$293,769**	**$294,241**	**$285,443**	**$295,189**	**$286,360**	**$296,137**
	00	00														

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Ac	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
63	32000	631032000	RADIOLOGY CONTRACT SERVICE	$73,650	$5,360	$5,163	$5,679	$5,650	$5,997	$5,958	$6,315	$6,475	$6,420	$6,793	$6,728	$7,112
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RADIOLOGY**	**$73,650**	**$5,360**	**$5,163**	**$5,679**	**$5,650**	**$5,997**	**$5,958**	**$6,315**	**$6,475**	**$6,420**	**$6,793**	**$6,728**	**$7,112**
PP				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2
631	000	631532000	LAB CONTRACT SERVICE	$50,102	$3,646	$3,513	$3,863	$3,843	$4,080	$4,053	$4,296	$4,405	$4,367	$4,621	$4,577	$4,838
		00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total LABORATORY**	**$50,102**	**$3,646**	**$3,513**	**$3,863**	**$3,843**	**$4,080**	**$4,053**	**$4,296**	**$4,405**	**$4,367**	**$4,621**	**$4,577**	**$4,838**
PPD				$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6320	20000	632020000	IV SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	20100	632020100	IV prescriptions	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	32000	632032000	IV Contract Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total IV**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	11000	632511000	RESP THERAPY SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6325	12000	632512000	RESP THERAPY VACATION/SICK	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	12500	632512500	RESP THERAPY BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	13000	632513000	RESP THERAPY PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	32000	632532000	RESP THERAPY CONTRACT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	33500	632533500	RESP THERAPY EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35100	632535100	RESP THERAPY WORKS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35200	632535200	RESP THERAPY GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	20000	632520000	RESP THERAPY SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RESPIRATORY THERAPY**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	11000	633011000	PT SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12000	633012000	PT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12500	633012500	PT BENEFITIS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	13000	633013000	PT PAYROLL TAXES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	20000	633020000	PT SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	33500	633033500	PT EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35100	633035100	PT WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35200	633035200	PT GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35800	633035800	PT TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	30000	633030000	PT MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	32000	633032000	PT CONTRACT SERVICE	$143,694	$8,521	$7,972	$9,586	$10,308	$10,652	$11,339	$11,717	$12,782	$13,400	$14,912	$15,462	$17,043
6330	32100	633032100	PT CONTRACT SERVICE PART B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PHYSICAL THERAPY**	**$143,694**	**$8,521**	**$7,972**	**$9,586**	**$10,308**	**$10,652**	**$11,339**	**$11,717**	**$12,782**	**$13,400**	**$14,912**	**$15,462**	**$17,043**
PPD				$3	$3	$3	$3	$3	$3	$3	$3	$3	$4	$4	$4	$4
6335	11000	633511000	OT SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12000	633512000	OT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12500	633512500	OT BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	13000	633513000	OT PAYROLL TAXES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	20000	633520000	OT SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
6335	32000	633532000	OT CONTRACT SERVICE	$133,155	$7,896	$7,387	$8,883	$9,552	$9,870	$10,507	$10,857	$11,844	$12,418	$13,819	$14,328	$15,793
6335	32100	633532100	OT CONTRACT SERVICE PART B	$1,366	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,366
6335	33500	633533500	OT EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35100	633535100	OT WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35200	633535200	OT GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total OCCUPATIONAL THERAPY**	**$134,521**	**$7,896**	**$7,387**	**$8,883**	**$9,552**	**$9,870**	**$10,507**	**$10,857**	**$11,844**	**$12,418**	**$13,819**	**$14,328**	**$17,159**
PPD				$3.13	$2.52	$2.45	$2.68	$2.89	$2.82	$3.02	$2.94	$3.13	$3.31	$3.48	$3.65	$4.13
6340	11000	634011000	SPEECH SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6340	12000	634012000	SPEECH VACATIONS/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	12500	634012500	SPEECH BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	13000	634013000	SPEECH PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	20000	634020000	SPEECH SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	32000	634032000	ST CONTRACT SERVICE	$89,578	$5,312	$4,969	$5,976	$6,426	$6,640	$7,069	$7,304	$7,968	$8,354	$9,296	$9,639	$10,624
6340	32100	634032100	ST CONTRACT SERVICE PART B	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	33500	634033500	SPEECH EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	35100	634035100	SPEECH WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total SPEECH THERAPY**	**$89,578**	**$5,312**	**$4,969**	**$5,976**	**$6,426**	**$6,640**	**$7,069**	**$7,304**	**$7,968**	**$8,354**	**$9,296**	**$9,639**	**$10,624**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$3
6350	11000	635011000	CENT SUPPLY SALARIES	$18,790	$ 2,126	$ 1,989	$ 2,126	$ 2,057	$ 2,126	$ 2,057	$ 2,126	$ 2,126	$ 2,057	$ -	$ -	$ -
6350	12000	635012000	CENT SUPPLY VAC, SICK, OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6350	12500	635012500	CENT SUPPLY BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	13000	635013000	CENT SUPPLY P/R TAXES	$2,010	$146	$141	$155	$154	$164	$163	$172	$177	$175	$185	$184	$194
6350	20000	635020000	CENTRAL SUPPLY MED SUPPLY FLOO	$79,220	$5,766	$5,554	$6,108	$6,077	$6,451	$6,408	$6,793	$6,964	$6,906	$7,307	$7,237	$7,649
6350	20100	635020100	CENT SUPPLY MED SUPPLY BILLABL	$31,246	$2,274	$2,191	$2,409	$2,397	$2,544	$2,528	$2,679	$2,747	$2,724	$2,882	$2,854	$3,017
6350	20200	635020200	CENT SUPPLY INCONT MED SUPPLIE	$110,990	$8,078	$7,781	$8,558	$8,514	$9,038	$8,978	$9,518	$9,757	$9,675	$10,237	$10,139	$10,717
6350	21000	635021000	UNIVERSAL PRECAUTIONS	$3,284	$239	$230	$253	$252	$267	$266	$282	$289	$286	$303	$300	$317
6350	30000	635030000	CENTRAL SUPPLY MINOR EQUIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32000	635032000	CENTRAL SUPPLY CONTRACT SERVIC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	33500	635033500	CENTRAL SUPPLY EDUCATION	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4
6350	35100	635035100	CENT SUPPLY WORKERS COMP	$9,864	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822
6350	35200	635035200	CENT SUPPLY GROUP INSURANCE	$2,272	$165	$159	$175	$174	$185	$184	$195	$200	$198	$210	$208	$219
6350	36400	635036400	CENT SUPPLY HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	35800	635035800	CENTRAL SUPPLY TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32100	635032100	CENTRAL SUPPLY-PHYSICIANS VISITS VA	$12,383	$901	$868	$955	$950	$1,008	$1,002	$1,062	$1,089	$1,079	$1,142	$1,131	$1,196
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total DIETARY**	**$609,352**	**$53,803**	**$51,089**	**$55,425**	**$54,421**	**$57,046**	**$55,991**	**$58,668**	**$59,479**	**$58,346**	**$34,598**	**$34,266**	**$36,220**
PPD				$14	$17	$17	$17	$16	$16	$16	$16	$16	$16	$9	$9	$9
6450	11000	645011000	HOUSEKEEPING SALARIES	$108,289	$ 12,252	$ 11,461	$ 12,252	$ 11,856	$ 12,252	$ 11,856	$ 12,252	$ 12,252	$ 11,856	$ -	$ -	$ -
6450	12000	645012000	HOUSEKEEPING VAC/SICK/OTHER	$12,002	$ 1,358	$ 1,270	$ 1,358	$ 1,314	$ 1,358	$ 1,314	$ 1,358	$ 1,358	$ 1,314	$ -	$ -	$ -
6450	13000	645013000	HOUSEKEEPING PAYROLL TAXES	$20,869	$ 2,361	$ 2,209	$ 2,361	$ 2,285	$ 2,361	$ 2,285	$ 2,361	$ 2,361	$ 2,285	$ -	$ -	$ -
6450	12500	645012500	HOUSEKEEPING BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6450	20000	645020000	HOUSEKEEPING SUPPLIES	$38,166	$2,778	$2,676	$2,943	$2,928	$3,108	$3,087	$3,273	$3,355	$3,327	$3,520	$3,486	$3,685
6450	32000	645032000	HOUSEKEEPING CONTRACT SERVICE	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6450	33500	645033500	HOUSEKEEPING EDUCATION	$484	$35	$34	$37	$37	$39	$39	$42	$43	$42	$45	$44	$47
6450	35100	645035100	HOUSEKEEPING WORKERS COMP	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6450	35200	645035200	HOUSEKEEPING GROUP INSURANCE	$17,453	$1,270	$1,224	$1,346	$1,339	$1,421	$1,412	$1,497	$1,534	$1,521	$1,610	$1,594	$1,685
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total HOUSEKEEPING**	**$197,263**	**$20,054**	**$18,874**	**$20,297**	**$19,759**	**$20,539**	**$19,993**	**$20,783**	**$20,903**	**$20,345**	**$5,175**	**$5,124**	**$5,417**
PPD				$5	$6	$6	$6	$6	$6	$6	$6	$6	$5	$1	$1	$1
6500	11000	650011000	LAUNDRY SALARIES	$38,634	$ 4,371	$ 4,089	$ 4,371	$ 4,230	$ 4,371	$ 4,230	$ 4,371	$ 4,371	$ 4,230	$ -	$ -	$ -
6500	12000	650012000	LAUNDRY VACATION/SICK/OTHER	$3,064	$ 347	$ 324	$ 347	$ 335	$ 347	$ 335	$ 347	$ 347	$ 335	$ -	$ -	$ -
6500	13000	650013000	LAUNDRY PAYROLL TAXES	$5,471	$ 619	$ 579	$ 619	$ 599	$ 619	$ 599	$ 619	$ 619	$ 599	$ -	$ -	$ -
6500	12500	650012500	LAUNDRY BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6500	20000	650020000	LAUNDRY SUPPLIES	$392	$29	$27	$30	$30	$32	$32	$34	$34	$34	$36	$36	$38
6500	22000	650022000	LAUNDRY LINEN REPLACEMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	31000	650031000	LAUNDRY R&M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	32000	650032000	LAUNDRY CONTRACT SERVICES	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6500	33500	650033500	LAUNDRY EDUCATION	$88	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8
6500	35100	650035100	LAUNDRY WORKERS COMP	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
6500	35200	650035200	LAUNDRY GROUP INSURANCE	$1,457	$106	$102	$112	$112	$119	$118	$125	$128	$127	$134	$133	$141
6500	30000	650030000	LAUNDRY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total LAUNDRY**	**$49,106**	**$5,478**	**$5,127**	**$5,486**	**$5,313**	**$5,495**	**$5,321**	**$5,504**	**$5,507**	**$5,333**	**$178**	**$177**	**$187**
PPD				$1	$2	$2	$2	$2	$2	$2	$1	$1	$1	$0	$0	$0
6550	11000	655011000	PLANT SALARIES	$56,944	$ 6,443	$ 6,027	$ 6,443	$ 6,234	$ 6,443	$ 6,234	$ 6,443	$ 6,443	$ 6,234	$ -	$ -	$ -
6550	12000	655012000	PLANT VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6550	12500	655012500	PLANT BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAL SUPPLIES**	**$270,103**	**$20,520**	**$19,738**	**$21,564**	**$21,400**	**$22,609**	**$22,412**	**$23,653**	**$24,175**	**$23,926**	**$23,092**	**$22,879**	**$24,135**
PPD				$6	$7	$7	$7	$6	$6	$6	$6	$6	$6	$6	$6	$6
6355	20000	635520000	PHARMACY NON-LEGEND DRUGS	$18,275	$1,330	$1,281	$1,409	$1,402	$1,488	$1,478	$1,567	$1,607	$1,593	$1,686	$1,669	$1,765
6355	20400	635520100	PHARMACY PRESCRIPTIONS	$171,990	$10,850	$10,150	$11,935	$12,600	$13,020	$13,650	$14,105	$15,190	$15,750	$17,360	$17,850	$19,530
6355	32000	635532000	PHARMACY CONTRACT SERVICE	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PHARMACY**	**$195,065**	**$12,580**	**$11,831**	**$13,744**	**$14,402**	**$14,908**	**$15,528**	**$16,072**	**$17,197**	**$17,743**	**$19,446**	**$19,919**	**$21,695**
PPD				$5	$4	$4	$4	$4	$4	$4	$4	$5	$5	$5	$5	$5
6380	32000	638032000	MEDICAL TRANSPORTATION-CONTRACT	$9,600	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total MEDICAL TRANSPORTATION-CHAF**	**$9,600**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**	**$800**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6365	20000	636520000	COMPLEX MED EQUIP SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total EQUIPMENT RENTAL**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	11000	640011000	DIETARY SALARIES	$175,521	$ 19,858	$ 18,577	$ 19,858	$ 19,218	$ 19,858	$ 19,218	$ 19,858	$ 19,858	$ 19,218	$ -	$ -	$ -
6400	12000	640012000	DIETARY VACATION/SICK/OTHER	$30,768	$ 3,481	$ 3,256	$ 3,481	$ 3,369	$ 3,481	$ 3,369	$ 3,481	$ 3,481	$ 3,369	$ -	$ -	$ -
6400	12500	640012500	DIETARY BENEFITS	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6400	13000	640013000	DIETARY PAYROLL TAXES	$27,966	$ 3,164	$ 2,960	$ 3,164	$ 3,062	$ 3,164	$ 3,062	$ 3,164	$ 3,164	$ 3,062	$ -	$ -	$ -
6400	20000	640020000	DIETARY SUPPLIES	$49,479	$3,601	$3,469	$3,815	$3,795	$4,029	$4,002	$4,243	$4,350	$4,313	$4,564	$4,520	$4,778
6400	21000	640021000	DIETARY RAW FOOD	$296,066	$21,548	$20,756	$22,828	$22,711	$24,108	$23,949	$25,388	$26,028	$25,808	$27,308	$27,046	$28,588
6400	21100	640021100	DIETARY SUPPLEMENTS	$17,379	$1,265	$1,218	$1,340	$1,333	$1,415	$1,406	$1,490	$1,528	$1,515	$1,603	$1,588	$1,678
6400	21200	640021200	DIETARY NUTRITION (INELIGIBLE)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	30000	640030000	DIETARY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	32000	640032000	DIETARY CONTRACT SERVICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	33500	640033500	DIETARY EDUCATION	$617	$45	$43	$48	$47	$50	$50	$53	$54	$54	$57	$56	$60
6400	35100	640035100	DIETARY WORKERS COMP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	35200	640035200	DIETARY GROUP INSUANCE	$11,556	$841	$810	$891	$886	$941	$935	$991	$1,016	$1,007	$1,066	$1,056	$1,116
6400	35800	640035800	DIETARY TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	36400	640036400	DIETARY HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

November 20, 2014

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6550	13000	655013000	PLANT PAYROLL TAXES	$8,014	$ 907	$ 848	$ 907	$ 877	$ 907	$ 877	$ 907	$ 907	$ 877	$ -	$ -	$ -
6550	20000	655020000	PLANT SUPPLIES	$47,310	$3,443	$3,317	$3,648	$3,629	$3,852	$3,827	$4,057	$4,159	$4,124	$4,364	$4,322	$4,568
6550	30000	655030000	PLANT MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	31000	655031000	PLANT R & M	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6550	31500	655031500	PLANT PEST CONTROL	$6,104	$444	$428	$471	$468	$497	$494	$523	$537	$532	$563	$558	$589
6550	32000	655032000	PLANT CONTRACT SERVICE	$45,840	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820
6550	32500	655032500	PLANT SECURITY CONTRACT SERVIC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	33500	655033500	PLANT EDUCATION	$88	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8
6550	34000	655034000	PLANT UTILITIES - ELECTRIC	$122,400	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200
6550	34500	655034500	PLANT UTILITIES - GAS	$24,480	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040
6550	35000	655035000	PLANT UTILITIES - WATER & SEWE	$6,120	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510
6550	35100	655035100	PLANT WORKERS COMP	$4,236	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353
6550	35200	655035200	PLANT GROUP INSURANCE	$2,793	$203	$196	$215	$214	$227	$226	$240	$246	$243	$258	$255	$270
6550	35800	655035800	PLANT TRAVEL	$4,496	$327	$315	$347	$345	$366	$364	$385	$395	$392	$415	$411	$434
6550	36400	655036400	PLANT HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total PLANT**	**$336,025**	**$29,296**	**$28,660**	**$29,561**	**$29,297**	**$29,822**	**$29,552**	**$30,086**	**$30,218**	**$29,933**	**$23,131**	**$23,077**	**$23,392**
PPD				$8	$9	$10	$9	$9	$9	$8	$8	$8	$8	$6	$6	$6
6600	11000	660011000	ACTIVITIES SALARIES	$43,673	$ 4,941	$ 4,622	$ 4,941	$ 4,782	$ 4,941	$ 4,782	$ 4,941	$ 4,941	$ 4,782	$ -	$ -	$ -
6600	12000	660012000	ACTIVITIES VACATION/SICK/OTHER	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6600	12500	660012500	ACTIVITIES BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	13000	660013000	ACTIVITIES PAYROLL TAXES	$4,110	$ 465	$ 435	$ 465	$ 450	$ 465	$ 450	$ 465	$ 465	$ 450	$ -	$ -	$ -
6600	20000	660020000	ACTIVITY SUPPLIES	$7,369	$536	$517	$568	$565	$600	$596	$632	$648	$642	$680	$673	$712
6600	30000	660030000	ACTIVITY MINOR EQUIPMENT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	32000	660032000	ACTIVITY CONTRACT SERVICE	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6600	33500	660033500	ACTIVITIES EDUCATION	$88	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8
6600	35100	660035100	ACTIVITIES WORKERS COMP	$1,656	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138
6600	35200	660035200	ACTIVITIES GROUP INSURANCE	$3,916	$285	$275	$302	$300	$319	$317	$336	$344	$341	$361	$358	$378
6600	36400	660036400	ACTIVITIES HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	35800	660035800	ACTIVITIES TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total ACTIVITIES**	**$68,012**	**$6,971**	**$6,593**	**$7,021**	**$6,842**	**$7,070**	**$6,890**	**$7,120**	**$7,144**	**$6,961**	**$1,787**	**$1,777**	**$1,836**
PPD				$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$0	$0	$0
6650	11000	665011000	SOCIAL SERVICES SALARIES	$46,532	$ 5,265	$ 4,925	$ 5,265	$ 5,094	$ 5,265	$ 5,094	$ 5,265	$ 5,265	$ 5,094	$ -	$ -	$ -
6650	12000	665012000	SOCIAL SERVICE VAC/SICK/OTHER	$7,389	$ 836	$ 782	$ 836	$ 809	$ 836	$ 809	$ 836	$ 836	$ 809	$ -	$ -	$ -
6650	12500	665012500	SOCIAL SERVICE BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	13000	665013000	SOCIAL SERVICE PAYROLL TAXES	$17,756	$ 2,009	$ 1,879	$ 2,009	$ 1,944	$ 2,009	$ 1,944	$ 2,009	$ 2,009	$ 1,944	$ -	$ -	$ -
6650	20000	665020000	SOCIAL SERVICE SUPPLIES	$2,128	$155	$149	$164	$163	$173	$172	$183	$187	$186	$196	$194	$206
6650	33000	665033000	SOCIAL SERVICE SALARIES-TRA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	33500	665033500	SOCIAL SERVICE EDUCATION	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6650	35100	665035100	SOCIAL SERVICE WORKERS COMP	$2,184	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182
6650	35200	665035200	SOCIAL SERVICE GROUP INSURANCE	$607	$44	$43	$47	$47	$49	$49	$52	$53	$53	$56	$55	$59
6650	35800	665035800	SOCIAL SERVICE TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	36400	665036400	SOCIAL SERVICE HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	30000	665030000	SOCIAL SERVICE MINOR EQUIPMENT	$1,091	$79	$76	$84	$84	$89	$88	$94	$96	$95	$101	$100	$105
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total SOCIAL SERVICES**	**$77,731**	**$8,573**	**$8,039**	**$8,590**	**$8,326**	**$8,607**	**$8,342**	**$8,625**	**$8,632**	**$8,367**	**$539**	**$535**	**$556**
PPD				$2	$3	$3	$3	$3	$2	$2	$2	$2	$2	$0	$0	$0
6700	11000	670011000	MEDICAL RECORDS SALARIES	$23,361	$ 2,643	$ 2,472	$ 2,643	$ 2,558	$ 2,643	$ 2,558	$ 2,643	$ 2,643	$ 2,558	$ -	$ -	$ -
6700	12000	670012000	MEDICAL RECORDS VAC/SICK/OTHER	$14,513	$ 1,642	$ 1,536	$ 1,642	$ 1,589	$ 1,642	$ 1,589	$ 1,642	$ 1,642	$ 1,589	$ -	$ -	$ -
6700	12500	670012500	MEDICAL RECORDS BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	13000	670013000	MEDICAL RECORDS PAYROLL TAXES	$6,999	$ 792	$ 741	$ 792	$ 766	$ 792	$ 766	$ 792	$ 792	$ 766	$ -	$ -	$ -
6700	20000	670020000	MEDICAL RECORDS SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	30000	670030000	MEDICAL RECORDS MINOR EQUIP	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	32000	670032000	MEDICAL RECORDS CONTRACT SERVI	$6,000	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500
6700	33000	670033000	MEDICAL RECORDS SALARIES-TRA	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	33500	670033500	MEDICAL RECORDS EDUCATION	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4
6700	35100	670035100	MEDICAL RECORDS WORKERS COMP	$1,392	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116
6700	35200	670035200	MEDICAL RECORDS GROUP INSURANC	$2,581	$188	$181	$199	$198	$210	$209	$221	$227	$225	$238	$236	$249
6700	36400	670036400	MEDICAL RECORDS HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total MEDICAL RECORDS**	**$54,890**	**$5,884**	**$5,549**	**$5,895**	**$5,730**	**$5,907**	**$5,742**	**$5,918**	**$5,924**	**$5,758**	**$858**	**$856**	**$869**
PPD				$1	$2	$2	$2	$2	$2	$2	$2	$2	$2	$0	$0	$0
6725	35000	672535000	MEDICAL DIRECTOR	$12,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00	**Total UTILIZATION REVIEW/MED DIRECT**	**$12,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	11000	675011000	ADMIN SALARIES	$236,619	$ 26,771	$ 25,043	$ 26,771	$ 25,907	$ 26,771	$ 25,907	$ 26,771	$ 26,771	$ 25,907	$ -	$ -	$ -
6750	11100	675011100	ADMIN COMPENSATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	12000	675012000	ADMIN VACATION/SICK/OTHER	$8,732	$ 988	$ 924	$ 988	$ 956	$ 988	$ 956	$ 988	$ 988	$ 956	$ -	$ -	$ -
6750	12500	675012500	ADMIN BENEFITS	$2,372	$173	$166	$183	$182	$193	$192	$203	$208	$207	$219	$217	$229
6750	13000	675013000	ADMIN PAYROLL TAXES	$44,311	$ 5,013	$ 4,690	$ 5,013	$ 4,852	$ 5,013	$ 4,852	$ 5,013	$ 5,013	$ 4,852	$ -	$ -	$ -
6750	13002	675013002	ADMIN PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	20000	675020000	ADMIN SUPPLIES	$46,885	$3,412	$3,287	$3,615	$3,596	$3,818	$3,793	$4,020	$4,122	$4,087	$4,325	$4,283	$4,527
6750	20100	675020100	POSTAGE	$1,255	$91	$88	$97	$96	$102	$102	$108	$110	$109	$116	$115	$121
6750	21500	675021500	ALLOWABLE MARKETING EXPENSES	$3,663	$267	$257	$282	$281	$298	$296	$314	$322	$319	$338	$335	$354
6750	30000	675030000	ADMIN MINOR EQUIPMENT	$11,993	$873	$841	$925	$920	$977	$970	$1,028	$1,054	$1,045	$1,106	$1,096	$1,158
6750	31000	675031000	ADMIN R&M	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	32000	675032000	ADMIN CONTRACT SERVICE	$75,168	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264
6750	32100	675032100	ADMIN BOND TRUSTEE FEES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6750	33500	675033500	ADMIN EDUCATION	$176	$13	$12	$14	$14	$14	$14	$15	$16	$15	$16	$16	$17
6750	35000	675035000	LIABILITY INSURANCE	$28,860	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405
6750	35100	675035100	ADMIN WORKERS COMP	$10,104	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842
6750	35200	675035200	ADMIN GROUP INSURANCE	$3,099	$226	$217	$239	$238	$252	$251	$266	$272	$270	$286	$283	$299
6750	35300	675035300	LEGAL & ACCOUNTING	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
6750	35400	675035400	DUES & SUBSCRIPTIONS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35500	675035500	PERMITS & LICENSES	$423,588	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299
6750	35600	675035600	MEETINGS & SEMINARS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35700	675035700	FACILITY AUTO EXPENSE	$1,065	$77	$75	$82	$82	$87	$86	$91	$94	$93	$98	$97	$103
6750	35800	675035800	TRAVEL	$10,907	$794	$765	$841	$837	$888	$882	$935	$959	$951	$1,006	$996	$1,053
6750	35900	675035900	TELEPHONE	$25,248	$1,837	$1,770	$1,947	$1,937	$2,056	$2,042	$2,165	$2,220	$2,201	$2,329	$2,306	$2,438
6750	36000	675036000	MEALS & ENTERTAINMENT	$22,428	$1,632	$1,572	$1,729	$1,721	$1,826	$1,814	$1,923	$1,972	$1,955	$2,069	$2,049	$2,166
6750	36100	675036100	RESIDENT EXPENSE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	36200	675036200	BANK CHARGES	$284	$21	$20	$22	$22	$23	$23	$24	$25	$25	$26	$26	$27
6750	36400	675036400	ADMINISTRATIVE HELP WANTED	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37000	675037000	EVACUATION COSTS - RESIDENT RE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37100	675037100	EVACUATION COSTS - TEMP OFFICE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37200	675037200	EVACUATION COSTS - RETENTION C	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37300	675037300	EVACUATION COSTS - SUPPLY INVE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37400	675037400	EVACUATION COSTS - CONTRACT SE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37500	675037500	EVACUATION COSTS - SECURITY	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37800	675037800	EVACUATION COSTS - TRAVEL	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	39900	675039900	MISCELLANEOUS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	90000	675090000	MANAGEMENT FEES	$523,761	$36,275	$34,858	$41,971	$38,803	$41,083	$44,421	$43,486	$44,904	$48,118	$47,949	$47,788	$54,105
6750	91000	675091000	HOME OFFICE ALLOCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99800	675099800	CHARITY CARE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	96000	675096000	PRIOR YEAR EXPENSE - OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99600	675099600	BAD DEBT - SEQUESTRATION PART A	$34,098	$2,009	$1,879	$2,260	$2,430	$2,511	$2,673	$2,762	$3,013	$3,159	$3,586	$3,718	$4,098
6750	99700	675099700	BAD DEBT - SEQUESTRATION PART B	$2,839	$207	$199	$219	$218	$231	$230	$243	$250	$247	$262	$259	$274
6750	99900	675099900	BAD DEBT - OPERATING	$2,619	$181	$174	$210	$194	$205	$222	$217	$225	$241	$240	$239	$271
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$523,762	$36,275	$34,858	$41,971	$38,803	$41,083	$44,421	$43,486	$44,904	$48,118	$47,949	$47,788	$54,105
	00	00														
	00	00	**Total ADMINISTRATION**	**$2,048,636**	**$162,345**	**$156,905**	**$174,589**	**$167,299**	**$173,629**	**$179,357**	**$179,269**	**$182,652**	**$188,086**	**$157,130**	**$156,822**	**$170,556**
PPD				$48	$52	$52	$53	$51	$50	$52	$49	$48	$50	$40	$40	$41
6910	11000	691011000	B & B SALARIES	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6910	12000	691012000	B & B VAC/SICK/OTHER	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	12500	691012500	B & B BENEFITS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	13000	691013000	B & B PAYROLL TAXES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	20000	691020000	B & B SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	33500	691033500	B & B EDUCATION	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	35100	691035100	B & B WORKERS COMP	$0												
6910	35200	691035200	B & B GROUP INSURANCE	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	32000	691032000	B & B CONTRACT SVCS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total BEAUTY BARBER**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6925	32000	692532000	MEDICAL TRANSPORTATION CONTRAC	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00	**Total MEDICAL TRANSPORTATION**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6950	20000	695020000	CONCESSION SUPPLIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total CONCESSIONS**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	32000	693032000	RESIDENT TRANSPORTATION - CONT	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	20000	693020000	FACILITY AUTO - GAS	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total RESIDENT TRANSPORTATION**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	25500	700025500	NON OPERATING MISCELLANEOUS IN	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total NONOPERATING INCOME**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**TOTAL OPERATING COSTS**	**$7,886,376**	**$648,963**	**$616,278**	**$669,831**	**$653,520**	**$677,493**	**$673,922**	**$691,757**	**$701,346**	**$697,000**	**$612,364**	**$604,326**	**$639,576**
PPD				$183	$207	$204	$202	$198	$193	$194	$188	$185	$186	$154	$154	$154
	00	00	**INCOME/LOSS (-) FROM OPERATIONS**	**$842,989**	**($44,373)**	**($35,311)**	**$29,683**	**($6,804)**	**$7,221**	**$66,425**	**$33,016**	**$47,049**	**$104,971**	**$186,785**	**$192,146**	**$262,181**
PPD				19.59528928	-14.172102	-11.707937	8.94878135	-2.0618599	2.06150949	19.0875007	8.94994517	12.440129	27.9922886	47.0728649	48.8921176	63.1153702
7000	31000	700031000	PROPERTY INSURANCE	$22,344	**$1,862**	**$1,862**	**$1,862**	**$1,862**	**$1,862**	**$1,862**	**$1,862**	**$1,862**	**$1,862**	**$1,862**	**$1,862**	**$1,862**
7000	41000	700041000	DEPRECIATION	$24,000	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**	**$2,000**
7000	42000	700042000	AMORTIZATION	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
7000	50000	700050000	INTEREST EXP-BUILDING	$0												
7000	50100	700050100	INTEREST EXP-FINANCE CHARGES	$0												
7000	50200	700050200	INTEREST NOTES PAYABLE	$0												
7000	50300	700050300	INTEREST EXP-WORKING CAPITAL	$0												
7000	62000	700062000	BUILDING LEASE	$720,000	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**	**$60,000**
7000	62100	700062100	PARTICIPATING RENT-BLDG	$0												
7000	62500	700062500	EQUIPMENT LEASE	$12,000	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**	**$1,000**
7000	70000	700070000	PROPERTY TAXES	$33,600	**$2,800**	**$2,800**	**$2,800**	**$2,800**	**$2,800**	**$2,800**	**$2,800**	**$2,800**	**$2,800**	**$2,800**	**$2,800**	**$2,800**
7000	70500	700070500	FRANCHISE EXCISE TAX	$0												
7000	71000	700071000	STAMP TAX	$0												
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00														
	00	00	**Total PROPERTY & FINANCIAL**	**$811,944**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**
PPD				$19	$22	$22	$20	$21	$19	$19	$18	$18	$18	$17	$17	$16
7020	31000	702031000	PENALTIES	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	33000	702033000	PROMOTIONAL ADVERTISING	$2,400	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200

SUPPLEMENTAL #1

November 20, 2014

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Acct	Sub		Description	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total NONALLOWABLE EXPENSE	**$2,400**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**	**$200**
PPD				$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	32000	702032000	CHARITABLE CONTRIBUTIONS	$0												
			Total NONOPERATING EXPENSES	**$811,944**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**	**$67,662**
PPD				$19	$22	$22	$20	$21	$19	$19	$18	$18	$18	$17	$17	$16
			Total NET INCOME	**$28,645**	**($112,235)**	**($103,173)**	**($38,179)**	**($74,666)**	**($60,641)**	**($1,437)**	**($34,846)**	**($20,813)**	**$37,109**	**$118,923**	**$124,284**	**$194,319**
PPD				$1	($36)	($34)	($12)	($23)	($17)	($0)	($9)	($6)	$10	$30	$32	$47
			Total Expenses	$8,700,720	$716,825	$684,140	$737,693	$721,382	$745,355	$741,784	$759,619	$769,208	$764,862	$680,226	$672,188	$707,438
			Sum of lookup figures		$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862
			Check Figure (should = 0)													

SUPPLEMENTAL #1

November 20, 2014
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Acct	Sub	Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
PATIENT DAYS												BUDGETED FY 2012 PATIENT DAYS												
4000	10300	MEDICARE PART A DAYS	-	-								4,162	246	232	279	300	310	330	341	372	360	434	450	496
4000	10000	PRIVATE PAY DAYS	-	-								4,392	372	348	372	360	372	360	372	372	360	372	360	372
4000	10099	PRIVATE PAY DAYS-VA	-	-								-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10100	MEDICAID SKILLED DAYS	-	-								1,098	93	87	93	90	93	90	93	93	90	93	90	93
4000	10200	MEDICAID ICF DAYS	2,269	-								31,518	2,263	2,204	2,418	2,400	2,573	2,550	2,728	2,790	2,760	2,914	2,880	3,038
4000	10250	MEDICAID ICF VA DAYS	-	-								-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10299	MEDICAID ICF VA SIDE	-	-								-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10700	PRIVATE INSURANCE DAYS	-	-								732	62	56	62	60	62	60	62	62	60	62	60	62
4000	10600	HOSPICE DAYS	243	-								-	-	-	-	-	-	-	-	-	-	-	-	-
4000	19999	HOSPICE DAYS-BNV	-	-								-	-	-	-	-	-	-	-	-	-	-	-	-
4000	10500	VA DAYS	120	-								1,098	93	87	93	90	93	90	93	93	90	93	90	93
4000	10150	MEDICAID PENDING DAYS	182	-								-	-	-	-	-	-	-	-	-	-	-	-	-
		PATIENT REVENUE DAYS	2,814	-								43,020	3,131	3,016	3,317	3,300	3,503	3,480	3,689	3,782	3,750	3,968	3,930	4,154
		Percent Occupancy	59%	0%								76%	65%	67%	69%	71%	73%	75%	77%	79%	81%	83%	85%	86%
AVERAGE DAILY CENSUS																								
		MEDICARE PART A DAYS											8	8	9	10	10	11	11	12	13	14	15	16
		PRIVATE PAY DAYS											12	12	12	12	12	12	12	12	12	12	12	12
		PRIVATE PAY DAYS-VA											-	-	-	-	-	-	-	-	-	-	-	-
		MEDICAID SKILLED DAYS											3	3	3	3	3	3	3	3	3	3	3	3
		MEDICAID ICF DAYS											73	76	78	80	83	85	88	90	92	94	96	98
		MEDICAID ICF VA DAYS											-	-	-	-	-	-	-	-	-	-	-	-
		MEDICAID ICF VA SIDE											-	-	-	-	-	-	-	-	-	-	-	-
		PRIVATE INSURANCE DAYS											2	2	2	2	2	2	2	2	2	2	2	2
		HOSPICE DAYS											-	-	-	-	-	-	-	-	-	-	-	-
		HOSPICE DAYS-BNV											-	-	-	-	-	-	-	-	-	-	-	-
		VA DAYS											3	3	3	3	3	3	3	3	3	3	3	3
		MEDICAID PENDING DAYS											-	-	-	-	-	-	-	-	-	-	-	-
													101	104	107	110	113	116	119	122	125	128	131	134

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
4010	11000	401011000	CERTIFIED - PRIVATE	$33,775	$0	405,294	$155.64	$0.00	A	$155.64		$164.46	$722,309	$61,179	$57,232	$61,179	$59,206	$61,179	$59,206	$61,179	$61,179	$59,206	$61,179	$59,206	$61,179
4000	11300	400011300	NF - PRIVATE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$164.46	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	11000	410011000	RADIOLOGY - PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	11000	415011000	LAB - PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	11000	428011000	MED TRANS - PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	11000	430011000	PT - PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	11000	435011000	OT - PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	11000	440011000	ST - PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11000	450011000	MED SUPPLY - PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	11300	450011300	MED SUPPLY - PRIVATE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	11000	452511000	OTC MEDS-PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	11000	455011000	PHARMACY - PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	11000	465011000	COMPLEX MED EQUIPMENT - PRIVAT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11000	493011000	NON-CHARGE MEDICAL SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	11300	493011300	NON-CHARGE MEDICAL SUPPLIES - VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	11000	501011000	C/A CERT PRIVATE	($465)	$0	(5,580)	($2.14)	$0.00	A	($2.14)	$2.14	($0.00)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	11000	535011000	C/A OT PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	11000	552511000	C/A MEDS SUPPLY PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	11000	593011000	C/A NON-CHARGE MED SUPPLY	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						#VALUE!			A	-															
			Total PRIVATE PAY	$33,310	$0	399,714	$153.50	$0.00	A	$153.50		$164.46	$722,309	$61,179	$57,232	$61,179	$59,206	$61,179	$59,206	$61,179	$61,179	$59,206	$61,179	$59,206	$61,179
						-	e 10/01/06	1/1/07	A	M'care Rate Adj. Effecti		#VALUE!													
						-	100.00%	100.00%	A	$1.00		$1.00													
PPD													$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164	$164
						-																			
						-																			
4010	12000	401012000	CERTIFIED - NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	12000	410012000	RADIOLOGY - NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12000	415012000	LAB - NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12000	430012000	PT - NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12000	435012000	OT - NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12000	440012000	ST - NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12000	450012000	MED SUPPLY - NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12000	455012000	PHARMACY - NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12000	465012000	COMPLEX MED EQUIP - NF/SNF MED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12000	493012000	NON CHARGE MEDICAL SUPPLY - NF	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12000	501012000	C/A CERTIFIED NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	12000	510012000	C/A RADIOLOGY NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12000	515012000	C/A LAB NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12000	530012000	C/A PT NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12000	535012000	C/A OT NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12000	540012000	C/A ST NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12000	550012000	C/A MED SUPPLY NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12000	555012000	C/A PHARMACY NF/SNF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12000	565012000	C/A COMP MED EQUIP NF/SNF MEDI	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	12000	593012000	C/A NON CHARGE MED SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															

SUPPLEMENTAL #1

November 20, 2014

3:38 pm

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00	Total MEDICAID SKILLED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						-																			
4010	12100	401012100	CDP - MCAID SKL PENDING	$27,937	$0	335,244	$153.50	$0.00	A	$153.50		$153.50	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12400	401012400	CERTIFIED-NF/SNF PENDING	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12100	501012100	C/A CERT PENDING MCAID SKL	($362)	$0	(4,346)	($1.99)	$0.00	A	($1.99)		($1.99)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12400	501012400	C/A CERT PENDING MCAID-VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total MEDICAID PENDING	$27,575	$0	330,898	$151.51	$0.00	A	$151.51		$151.51	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
						-																			
						-																			
4010	12200	401012200	CDP - MCAID ICF	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	**22000**	402022000	**ICF - MEDICAID**	$301,199	$0	3,614,388	$132.75	$0.00	A	$132.75	$41.25	$174.00	$5,483,984	$393,751	$383,486	$420,721	$417,589	$447,690	$443,688	$474,659	$485,447	$480,227	$507,022	$501,106	$528,598
4100	22000	410022000	RADIOLOGY - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	22000	415022000	LAB - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	22000	420022000	IV-ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	22000	428022000	MED TRANS - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	22000	430022000	PT - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	22000	435022000	OT -ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	22000	440022000	ST - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	22000	450022000	MED SUPPLY - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	22000	452522000	OTC MEDS - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	22000	455022000	PHARMACY - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	22000	465022000	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	22000	493022000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12200	501012200	C/A CERT ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22000	502022000	C/A ICF - MEDICAID	$32,384	$0	388,609	$14.27	$0.00	A	$14.27	($14.89)	($0.62)	($19,466)	($1,398)	($1,361)	($1,493)	($1,482)	($1,589)	($1,575)	($1,685)	($1,723)	($1,705)	($1,800)	($1,779)	($1,876)
5100	22000	510022000	C/A RADIOLOGY ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	22000	515022000	C/A LAB ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	22000	520022000	C/A IV ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	22000	528022000	C/A MED TRANS ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	22000	530022000	C/A PT ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	22000	535022000	C/A OT ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	22000	540022000	C/A ST ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	22000	550022000	C/A MED SUPPLY ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	22000	552522000	C/A OTC MEDS ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	22000	555022000	C/A PHARMACY ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	22000	565022000	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	22000	593022000	C/A NON CHARGE MED SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	22001	402022001	ICF - MEDICAID	$52,958	$0	635,490	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	22001	502022001	C/A ICF - MEDICAID	$4,682	$0	56,180	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						#VALUE!			A	-															
			Total MEDICAID ICF	$391,222	$0	4,694,665	$147.02	$0.00	A	$147.02		$173.38	$5,464,518	$392,353	$382,125	$419,228	$416,107	$446,101	$442,113	$472,974	$483,724	$478,522	$505,222	$499,327	$526,722
PPD													$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
						-																			
						-																			
4000	12300	400012300	NF-MEDICAID VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	12300	401012300	CDP - MCAID ICF	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4020	12300	402012300	**ICF - MEDICAID**	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	12300	410012300	RADIOLOGY - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	12300	415012300	LAB - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	12300	428012300	MED TRANS - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	12300	430012300	PT - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	12300	435012300	OT -ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	12300	440012300	ST - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	12300	450012300	MED SUPPLY - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4525	12300	452512300	OTC MEDS - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	12300	455012300	PHARMACY - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	12300	465012300	COMPLEX MED EQUIP ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	12300	493012300	NON CHARGE MEDICAL SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	12300	500012300	C/A NF MEDICAID VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	12300	501012300	C/A CERT ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5020	12300	502012300	C/A ICF - MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	12300	510012300	C/A RADIOLOGY ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	12300	515012300	C/A LAB ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	12300	528012300	C/A MED TRANS ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	12300	530012300	C/A PT ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	12300	535012300	C/A OT ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	12300	540012300	C/A ST ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	12300	550012300	C/A MED SUPPLY ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	12300	552512300	C/A OTC MEDS - ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	12300	555012300	C/A PHARMACY ICF MEDICAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	12300	565012300	C/A COMP MED EQUIP ICF MEDICAI	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12300	575012300	PRIOR YR ADJ MEDICAID ICF	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	12300	593012300	C/A NON CHARGE MED SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						#VALUE!			A	-															

SUPPLEMENTAL #1

November 20, 2014 3:38 pm

Waynesboro

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Total Budget	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
			Total MEDICAID ICF VIRGINIA		$0	$0	-	$0.00	$0.00	A	$0.00		#DIV/0!	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD														#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	13000	401013000	CERTIFIED - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$174.00	$174.00	$727,668	$43,152	$40,368	$48,546	$52,200	$53,940	$57,420	$59,334	$64,728	$67,860	$75,516	$78,300	$86,304
4100	13000	410013000	**RADIOLOGY - MEDICARE A**		$0	$0	-	$0.00	$0.00	A	$0.00	$3.77	$3.77	$15,767	$935	$875	$1,052	$1,131	$1,169	$1,244	$1,286	$1,402	$1,470	$1,636	$1,697	$1,870
4150	13000	415013000	LAB - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$5.13	$5.13	$21,452	$1,272	$1,190	$1,431	$1,539	$1,590	$1,693	$1,749	$1,908	$2,001	$2,226	$2,309	$2,544
4200	13000	420013000	IV - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$2.86	$2.86	$11,961	$709	$664	$798	$858	$887	$944	$975	$1,064	$1,115	$1,241	$1,287	$1,419
4250	13000	426013000	WOUND CARE - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$0.0000	$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4280	13000	428013000	MED TRANS - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$0.21	$0.21	$879	$52	$49	$59	$63	$65	$69	$72	$78	$82	$91	$95	$104
4300	13000	430013000	PT - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$76.59	$76.59	$320,300	$18,994	$17,769	$21,369	$22,977	$23,743	$25,275	$26,117	$28,491	$29,870	$33,240	$34,466	$37,989
4350	13000	435013000	OT - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$61.69	$61.69	$257,988	$15,299	$14,312	$17,212	$18,507	$19,124	$20,358	$21,036	$22,949	$24,059	$26,773	$27,761	$30,598
4400	13000	440013000	ST - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$47.65	$47.65	$199,274	$11,817	$11,055	$13,294	$14,295	$14,772	$15,725	$16,249	$17,726	$18,584	$20,680	$21,443	$23,634
4500	13000	450013000	MED SUPPLY - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$0.86	$0.86	$3,597	$213	$200	$240	$258	$267	$284	$293	$320	$335	$373	$387	$427
4525	13000	452513000	OTC MEDS - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$0.00	$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	13000	455013000	PHARMACY - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$50.63	$50.63	$211,734	$12,556	$11,746	$14,126	$15,189	$15,695	$16,708	$17,265	$18,834	$19,746	$21,973	$22,784	$25,112
4650	13000	465013000	COMPLEX MED EQUIP - MEDICARE		$0	$0	-	$0.00	$0.00	A	$0.00	$0.86	$0.86	$3,597	$213	$200	$240	$258	$267	$284	$293	$320	$335	$373	$387	$427
4930	13000	493013000	NON CHARGE MEDICAL SUPPLIES -		$0	$0	-	$0.00	$0.00	A	$0.00	$1.01	$1.01	$4,223	$250	$234	$282	$303	$313	$333	$344	$376	$394	$438	$455	$501
5010	13000	501013000	C/A CERTIFIED MEDICARE		$0	$0	-	$0.00	$0.00	A	$0.00	$231.00	$231.00	$647,262	$57,288	$53,592	$64,449	$69,300	$71,610	$76,230	$78,771	$85,932	$90,090		
5010	13000	501013000	C/A CERTIFIED MEDICARE					$0.00	$0.00	A	$0.00	$239.10	$239.10	$329,956										$103,769	$107,595	$118,594
5100	13000	510013000	C/A RADIOLOGY - MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($3.77)	($3.77)	($15,767)	($935)	($875)	($1,052)	($1,131)	($1,169)	($1,244)	($1,286)	($1,402)	($1,470)	($1,636)	($1,697)	($1,870)
5150	13000	515013000	C/A LAB MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($5.13)	($5.13)	($21,452)	($1,272)	($1,190)	($1,431)	($1,539)	($1,590)	($1,693)	($1,749)	($1,908)	($2,001)	($2,226)	($2,309)	($2,544)
5200	13000	520013000	C/A IV MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($2.86)	($2.86)	($11,961)	($709)	($664)	($798)	($858)	($887)	($944)	($975)	($1,064)	($1,115)	($1,241)	($1,287)	($1,419)
5260	13000	526013000	C/A WOUND CARE - PART A		$0	$0	-	$0.00	$0.00	A	$0.00	$0.00	$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5280	13000	528013000	C/A MED TRANS - PART A		$0	$0	-	$0.00	$0.00	A	$0.00	($0.21)	($0.21)	($879)	($52)	($49)	($59)	($63)	($65)	($69)	($72)	($78)	($82)	($91)	($95)	($104)
5300	13000	530013000	C/A PT MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($76.59)	($76.59)	($320,300)	($18,994)	($17,769)	($21,369)	($22,977)	($23,743)	($25,275)	($26,117)	($28,491)	($29,870)	($33,240)	($34,466)	($37,989)
5350	13000	535013000	C/A OT MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($61.69)	($61.69)	($257,988)	($15,299)	($14,312)	($17,212)	($18,507)	($19,124)	($20,358)	($21,036)	($22,949)	($24,059)	($26,773)	($27,761)	($30,598)
5400	13000	540013000	C/A ST MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($47.65)	($47.65)	($199,274)	($11,817)	($11,055)	($13,294)	($14,295)	($14,772)	($15,725)	($16,249)	($17,726)	($18,584)	($20,680)	($21,443)	($23,634)
5500	13000	550013000	C/A MED SUPPLY MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($0.86)	($0.86)	($3,597)	($213)	($200)	($240)	($258)	($267)	($284)	($293)	($320)	($335)	($373)	($387)	($427)
5525	13000	552513000	C/A OTC MEDS MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	$0.00	$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	13000	555013000	C/A PHARMACY MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($50.63)	($50.63)	($211,734)	($12,556)	($11,746)	($14,126)	($15,189)	($15,695)	($16,708)	($17,265)	($18,834)	($19,746)	($21,973)	($22,784)	($25,112)
5650	13000	565013000	C/A COMP MED EQUIP MEDICARE A		$0	$0	-	$0.00	$0.00	A	$0.00	($0.86)	($0.86)	($3,597)	($213)	($200)	($240)	($258)	($267)	($284)	($293)	($320)	($335)	($373)	($387)	($427)
5930	13000	593013000	C/A NON CHARGE MED SUPPLIES -		$0	$0	-	$0.00	$0.00	A	$0.00	($1.01)	($1.01)	($4,223)	($250)	($234)	($282)	($303)	($313)	($333)	($344)	($376)	($394)	($438)	($455)	($501)
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00					#VALUE!			A	-														
	00	00	Total MEDICARE PART A		$0	$0	-	$0.00	$0.00	A	$0.00		$407.67	**$1,704,888**	**$100,440**	**$93,960**	**$112,995**	**$121,500**	**$125,550**	**$133,650**	**$138,105**	**$150,660**	**$157,950**	**$179,285**	**$185,895**	**$204,898**
PPD														$408	$405	$405	$405	$405	$405	$405	$405	$405	$405	$413	$413	$413
4300	14000	430014000	PT - MEDICARE B		$0	$0	-	$0.00	$0.00	A	$0.00	$2.66	$2.66	$114,434	$8,326	$8,023	$8,823	$8,778	$9,318	$9,257	$9,813	$10,060	$9,975	$10,555	$10,454	$11,050
4350	14000	435014000	OT - MEDICARE B		$0	$0	-	$0.00	$0.00	A	$0.00	$0.56	$0.56	$24,092	$1,753	$1,688	$1,858	$1,848	$1,962	$1,949	$2,066	$2,118	$2,100	$2,222	$2,201	$2,326
4400	14000	440014000	ST - MEDICARE B		$0	$0	-	$0.00	$0.00	A	$0.00	$0.66	$0.66	$28,394	$2,066	$1,991	$2,189	$2,178	$2,312	$2,297	$2,435	$2,496	$2,475	$2,619	$2,594	$2,742
5300	14000	530014000	C/A PT MEDICARE B		$0	$0	-	$0.00	$0.00	A	$0.00	($0.45)	($0.45)	($19,360)	($1,409)	($1,357)	($1,493)	($1,485)	($1,576)	($1,566)	($1,660)	($1,702)	($1,688)	($1,786)	($1,769)	($1,869)
5350	14000	535014000	C/A OT MEDICARE B		$0	$0	-	$0.00	$0.00	A	$0.00	($0.09)	($0.09)	($3,872)	($282)	($271)	($299)	($297)	($315)	($313)	($332)	($340)	($338)	($357)	($354)	($374)
5400	14000	540014000	C/A ST MEDICARE B		$0	$0	-	$0.00	$0.00	A	$0.00	($0.04)	($0.04)	($1,721)	($125)	($121)	($133)	($132)	($140)	($139)	($148)	($151)	($150)	($159)	($157)	($166)
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00					#VALUE!			A	-														
	00	00	Total MEDICARE B		$0	$0	-	$0.00	$0.00	A	$0.00		$3.30	**$141,967**	**$10,331**	**$9,954**	**$10,945**	**$10,890**	**$11,561**	**$11,485**	**$12,174**	**$12,481**	**$12,374**	**$13,094**	**$12,969**	**$13,709**
PPD														$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3	$3
4100	15000	410015000	RADIOLOGY NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	15000	401015000	CERTIFIED - VA		$18,420	$0	221,040	$153.50	$0.00	A	$153.50	$20.50	$174.00	$191,052	$16,182	$15,138	$16,182	$15,660	$16,182	$15,660	$16,182	$16,182	$15,660	$16,182	$15,660	$16,182
4150	15000	415015000	LAB - NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	15000	450015000	MED SUPPLY - NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	15000	455015000	PHARMACY - NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	15000	465015000	COMP MED EQUIP - NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	25000	493025000	NON CHARGE MEDICAL SUPPLIES -		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	15000	501015000	C/A CERT VA		$0	$0	-	$0.00	$0.00	A	$0.00	($0.62)	($0.62)	($684)	($58)	($54)	($58)	($56)	($58)	($56)	($58)	($58)	($56)	($58)	($56)	($58)
5100	15000	510015000	C/A RADIOLOGY - NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	15000	515015000	C/A LAB - SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	15000	550015000	C/A MED SUPPLY NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	15000	555015000	C/A PHARMACY - NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	15000	565015000	C/A COMP MED EQUIP - NF/SNF VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	25000	593025000	C/A NON CHARGE MEDICAL SUPPLIES -		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00					#VALUE!			A	-														
			Total VA		$18,420	$0	221,040	$153.50	$0.00	A	$153.50		$173.38	**$190,368**	**$16,124**	**$15,084**	**$16,124**	**$15,604**	**$16,124**	**$15,604**	**$16,124**	**$16,124**	**$15,604**	**$16,124**	**$15,604**	**$16,124**
PPD														$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173	$173
							-			A															
							-			A															
4010	18000	401018000	CERTIFIED - HOSPICE		$37,301	$0	447,606	$153.50	$0.00	A	$153.50	$20.50	$174.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4000	18300	400018300	NF - HOSPIVE VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4010	18300	401018300	CERTIFIED - HOSPICE VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4100	**18000**	410018000	**RADIOLOGY - HOSPICE**		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	18000	415018000	LAB - HOSPICE		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18000	450018000	MED SUPPLY - HOSPICE		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	18300	450018300	MED SUPPLY - HOSPICE VA		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
4525	16300	452516300	OTC MEDS-HOSPICE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	16000	455016000	PHARMACY - HOSPICE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	16300	455016300	PHARMACY - HOSPICE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	16000	493016000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5000	16300	500016300	C/A - HOSPIVE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	16000	501016000	C/A CERTIFIED HOSPICE	$4,294	$0	51,529	$17.67	$0.00	A	$17.67	($18.29)	($0.62)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	16300	501016300	C/A CERTIFIED HOSPICE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5100	16000	510016000	C/A RADIOLOGY - HOSPICE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	16000	515016000	C/A LAB - HOSPICE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	16000	550016000	C/A MED SUPPLY HOSPICE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	16300	550016300	C/A MED SUPPLY HOSPICE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5525	16300	552516300	C/A OTC MEDS HOSPICE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	16000	555016000	C/A PHARMACY - HOSPICE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	16300	555016300	C/A PHARMACY - HOSPICE VA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	16000	593016000	C/A NON CHARGE MED SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total HOSPICE	$41,595	$0	499,135	$171.17	$0.00	A	$171.17		#DIV/0!	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4010	41000	401041000	CERTIFIED - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00	$174.00	$174.00	$127,368	$10,788	$10,092	$10,788	$10,440	$10,788	$10,440	$10,788	$10,788	$10,440	$10,788	$10,440	$10,788
4100	41000	410041000	RADIOLOGY - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4150	41000	415041000	LAB - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4200	41000	420041000	IV - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4300	41000	430041000	PT - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4350	41000	435041000	OT - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4400	41000	440041000	ST - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4500	41000	450041000	MED SUPPLY - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4550	41000	455041000	PHARMACY - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4650	41000	465041000	COMP MED EQUIP - INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4930	41000	493041000	NON CHARGE MEDICAL SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5010	41000	501041000	C/A CERTIFIED INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00	$210.75	$210.75	$154,273	$13,067	$12,224	$13,067	$12,645	$13,067	$12,645	$13,067	$13,067	$12,645	$13,067	$12,645	$13,067
5100	41000	510041000	C/A RADIOLOGY INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5150	41000	515041000	C/A LAB INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5200	41000	520041000	C/A IV INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5300	41000	530041000	C/A PT INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5350	41000	535041000	C/A OT INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5400	41000	540041000	C/A ST INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5500	41000	550041000	C/A MED SUPPLY INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5550	41000	555041000	C/A PHARMACY INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5650	41000	565041000	C/A COMP MED EQUIP INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5930	41000	593041000	C/A NON CHARGE MED SUPPLIES -	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$384.76	$281,641	$23,855	$22,316	$23,855	$23,085	$23,855	$23,085	$23,855	$23,855	$23,085	$23,855	$23,085	$23,855
PPD													$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385	$385
	00	00	Total PATIENT REVENUE	$512,121	$0	6,145,454	$168.96	$0.00	A	$168.96		$197.71	$8,505,691	$604,282	$580,671	$644,326	$646,392	$684,370	$685,143	$724,411	$748,023	$746,741	$798,759	$796,086	$846,487
PPD													$198	$193	$193	$194	$196	$195	$197	$196	$198	$199	$201	$203	$204
						-			A																
4900	14000	490014000	NONANCILLARY PERSONAL CARE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11700	490011700	MANAGEMENT FEE REVENUE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	16000	490016000	VACCINATIONS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	21000	490021000	MEALS - GUEST/EMPLOYEE	$298	$0	3,574	$0.10	$0.00	A	$0.10		$0.10	$4,226	$308	$296	$326	$324	$344	$342	$362	$372	$368	$390	$386	$408
4900	23500	490023500	GRANT REVENUE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	11000	490011000	LAUNDRY	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22000	490022000	CABLE TV	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	22500	490022500	TELEPHONE REVENUE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	24000	490024000	DONATIONS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	25000	490025000	INTEREST	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	28000	490028000	LATE PAYMENT CHARGE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	29000	490029000	MISCELLANEOUS INCOME	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4900	35000	490035000	MEDICAID ACUITY INCOME	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$219,448	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862	$0	$0	$54,862
4900	90000	490090000	DISCOUNTS TAKEN	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4910	11000	491011000	BARBER & BEAUTY	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4920	11000	492011000	R & B ROOM DIFFERENTIAL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4950	11000	495011000	CONCESSIONS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	11000	575011000	PRIOR YR REV ADJ PRIVATE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12000	575012000	PRIOR YR REV ADJ MCAID SKL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	12001	575012001	PRIOR YR REV ADJ MCAID	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	13000	575013000	PRIOR YR REV ADJ MCARE A	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	14000	575014000	PRIOR YR REV ADJ MCARE B	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	22000	575022000	PRIOR YR ADJ MEDICAID ICF	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
5750	18000	575018000	PRIOR YEAR HOSPICE ADJ	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

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Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
5750	00	575041000	PRIOR YEAR REV ADJ INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00					#VALUE!			A	-															
	00		Total OTHER INCOME	$298	$0	3,574	$0.00	$0.00	A	$0.00		$5.20	$223,674	$308	$296	$55,188	$324	$344	$55,204	$362	$372	$55,230	$390	$386	$55,270
	00					-			A																
	00		Total REVENUE	$512,419	$0	6,149,028	$169.06	$0.00	A	$169.06		$202.91	$8,729,365	$604,590	$580,967	$699,514	$646,716	$684,714	$740,347	$724,773	$748,395	$801,971	$799,149	$796,472	$901,757
PPD													$203	$193	$193	$211	$196	$195	$213	$196	$198	$214	$201	$203	$217
6000	11000	600011000	NURSING ADMIN SALARIES	$23,917	$0	287,007	$7.89	$0.00	D	$7.89		$7.72	$331,972	$ 28,118	$ 26,304	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118	$ 28,118	$ 27,211	$ 28,118	$ 27,211	$ 28,118
6000	11100	600011100	NURSE ADMIN COMPENSATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	12000	600012000	NURSING ADMIN VAC/SICK/OTHER	$982	$0	11,779	$0.32	$0.00	H	$0.32		$0.32	$13,626	$1,154	$1,080	$1,154	$1,117	$1,154	$1,117	$1,154	$1,154	$1,117	$1,154	$1,117	$1,154
6000	12500	600012500	NURSING ADMIN BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6000	13000	600013000	NURSING ADMIN PAYROLL TAXES	$3,384	$0	40,602	$1.12	$0.00	H	$1.12		$1.09	$46,953	$3,978	$3,721	$3,978	$3,849	$3,978	$3,849	$3,978	$3,978	$3,849	$3,978	$3,849	$3,978
6000	20000	600020000	NURSING ADMIN SUPPLIES	$16	$0	197	$0.01	$0.00	A	$0.01		$0.01	$231	$17	$16	$18	$16	$19	$19	$20	$20	$20	$21	$21	$22
6000	30000	600030000	NURSING ADMIN MINOR EQUIPMENT	$614	$0	7,374	$0.20	$0.00	A	$0.20		$0.20	$8,721	$635	$611	$672	$669	$710	$706	$748	$767	$760	$804	$797	$842
6000	32000	600032000	NURSING ADMIN CONTRACT SERVICE	$828	$0	9,939	$0.27	$0.00	A	$0.27	$2,700.00	$2,700.27	$32,400	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700	$2,700
6000	33500	600033500	NURSING ADMIN EDUCATION	$19	$0	224	$0.01	$0.00	A	$0.01		$0.01	$264	$19	$19	$20	$20	$22	$21	$23	$23	$23	$24	$24	$26
6000	35100	600035100	NURSING ADMIN WORKERS COMP	$1,350	$0	16,203	$0.45	$0.00	F	$0.45	$1,305.00	$0.36	$15,660	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305	$1,305
6000	35200	600035200	NURSING ADMIN GROUP INSURANCE	$781	$0	9,375	$0.26	$0.00	A	$0.26		$0.26	$11,090	$807	$777	$855	$851	$903	$897	$951	$975	$967	$1,023	$1,013	$1,071
6000	35800	600035800	NURSING ADMIN TRAVEL	$6,008	$0	72,098	$1.98	$0.00	A	$1.98		$1.98	$85,275	$6,206	$5,978	$6,575	$6,541	$6,944	$6,898	$7,313	$7,497	$7,433	$7,866	$7,790	$8,234
6000	36400	600036400	NURSING ADMIN HELP WANTED	$31	$0	371	$0.01	$0.00	A	$0.01		$0.01	$439	$32	$31	$34	$34	$36	$35	$38	$39	$38	$40	$40	$42
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total NURSING - ADMINISTRATION	$44,495	$0	533,820	$14.68	$0.00	A	$14.68		$12.71	$546,641	$44,971	$42,542	$45,429	$44,315	$45,889	$44,758	$46,348	$46,576	$45,423	$47,033	$45,867	$47,492
PPD													$13	$14	$14	$14	$13	$13	$13	$13	$12	$12	$12	$12	$11
6070	11200	607011200	NF/SNF SALARIES-RN	$0	$0	-	$0.00	$0.00	D	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11400	607011400	NF/SNF SALARIES-LPN	$0	$0	-	$0.00	$0.00	D	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11600	607011600	NF/SNF SALARIES-CNA	$0	$0	-	$0.00	$0.00	D	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6070	11800	607011800	NF/SNF SALARIES-PERSON SUPERE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12000	607012000	NF/SNF VACATION/SICK/OTHER	$0	$0	-	$0.00	$0.00	H	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	12500	607012500	NF/SNF NURSING BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	13000	607013000	NF/SNF NURSING PAYROLL TAXES	$0	$0	-	$0.00	$0.00	H	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	20000	607020000	NF/SNF NURSING SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	30000	607030000	NF/SNF NURSING MINOR EQUIPMENT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33000	607033000	NF/SNF NURSING SALARIES-TRAINING	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	33500	607033500	NF/SNF NURSING EDUCATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35100	607035100	NF/SNF NURSING WORK COMP	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35200	607035200	NF/SNF NURSING GROUP INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	35800	607035800	NF/SNF NURSING TRAVEL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6070	36400	607036400	NF/SNF NURSING HELP WANTED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total NURSING - NON-CERTIFIED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						-																			
						-																			
6100	11200	610011200	CERT SALARIES-RN	$24,057	$0	288,684	$7.94	$0.00	D	$7.94		$8.56	$368,052	$ 31,174	$ 29,162	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174	$ 31,174	$ 30,168	$ 31,174	$ 30,168	$ 31,174
6100	11400	610011400	CERT SALARIES-LPN	$50,737	$0	608,839	$16.74	$0.00	D	$16.74		$15.78	$678,827	$ 57,496	$ 53,767	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496	$ 57,496	$ 55,642	$ 57,496	$ 55,642	$ 57,496
6100	11600	610011600	CERT SALARIES-CNA	$61,388	$0	736,661	$20.25	$0.00	D	$20.25		$26.23	$1,128,215	$ 95,559	$ 89,394	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559	$ 95,559	$ 92,477	$ 95,559	$ 92,477	$ 95,559
6100	11800	610011800	CERT SALARIES-PERSON SUPERE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	12000	610012000	CERT VACATION/SICK/OTHER	$12,498	$0	149,982	$4.12	$0.00	H	$4.12		$4.64	$199,625	$16,908	$15,817	$16,908	$16,363	$16,908	$16,363	$16,908	$16,908	$16,363	$16,908	$16,363	$16,908
6100	12500	610012500	CERT NURSING BENEFITS	$495	$0	5,936	$0.16	$0.00	A	$0.16		$0.16	$7,021	$511	$492	$541	$539	$572	$568	$602	$617	$612	$648	$641	$678
6100	13000	610013000	CERT NURSING PAYROLL TAXES	$20,495	$0	245,938	$6.76	$0.00	H	$6.76		$7.61	$327,343	$27,726	$25,937	$27,726	$26,831	$27,726	$26,831	$27,726	$27,726	$26,831	$27,726	$26,831	$27,726
6100	14200	610014200	CERT POOL SERVICES-RNS	$0	$0	-	$0.00	$0.00	H	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	14600	610014600	CERT POOL SERVICES-AIDES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	20000	610020000	CERT NURSING SUPPLIES	$1,755	$0	21,054	$0.58	$0.00	A	$0.58		$0.58	$24,902	$1,812	$1,746	$1,920	$1,910	$2,028	$2,014	$2,135	$2,189	$2,171	$2,297	$2,275	$2,405
6100	30000	610030000	CERT NURSING MINOR EQUIPMENT	$439	$0	5,267	$0.14	$0.00	A	$0.14		$0.14	$6,230	$453	$437	$480	$478	$507	$504	$534	$548	$543	$575	$569	$602
6100	32000	610032000	CERT NURSING CONTRAT SVCS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33000	610033000	CERT NURSING SALARIES-TRAINING	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	33500	610033500	CERT NURSING EDUCATION	$279	$0	3,350	$0.09	$0.00	A	$0.09		$0.09	$3,964	$288	$276	$306	$304	$323	$321	$340	$348	$345	$366	$362	$383
6100	35100	610035100	CERT NURSING WORK COMP	$7,301	$0	87,612	$2.41	$0.00	F	$2.41	$3,298.00	$0.92	$39,576	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298	$3,298
6100	35200	610035200	CERT NURSING GROUP INSURANCE	$4,961	$0	59,530	$1.64	$0.00	A	$1.64		$1.64	$70,411	$5,125	$4,936	$5,429	$5,401	$5,733	$5,696	$6,036	$6,190	$6,138	$6,494	$6,432	$6,799
6100	35800	610035800	CERT NURSING TRAVEL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6100	36400	610036400	CERT NURSING HELP WANTED	$44	$0	526	$0.01	$0.00	A	$0.01		$0.01	$625	$45	$44	$48	$48	$51	$51	$54	$55	$54	$58	$57	$60
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

November 20, 2014
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Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00				#VALUE!			A	-															
	00	00	Total NURSING - CERTIFIED	$212,695	$0	2,552,344	$70.17	$0.00	A	$70.17		$66.36	$2,654,791	$240,395	$225,328	$240,885	$233,459	$241,375	$233,933	$241,864	$242,108	$234,642	$242,599	$235,115	$243,088
PPD													$66	$77	$75	$73	$71	$69	$67	$66	$64	$63	$61	$60	$59
6330	11000	613011000	RESTORATIVE AIDE SALARIES	$0	$0	-	$0.00	$0.00	D	$0.00		$1.38	$59,380	$ 5,029	$ 4,705	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029	$ 5,029	$ 4,867	$ 5,029	$ 4,867	$ 5,029
6330	12000	613012000	RESTORATIVE AIDE VAC/SICK/OTHE	$0	$0	-	$0.00	$0.00	H	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	12500	613012500	RESTORATIVE AIDE BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	13000	613013000	RESTORATIVE AIDE PAYROLL TAXES	$0	$0	-	$0.00	$0.00	H	$0.00		$0.00	$6,235	$528	$494	$528	$511	$528	$511	$528	$528	$511	$528	$511	$528
6330	33500	613033500	RESTORATIVE AIDE EDUCATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35100	613035100	RESTORATIVE AIDE WORKERS COMP	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0												
6330	35200	613035200	RESTORATIVE AIDE GROUP INSUR	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						#VALUE!			A	-															
			Total NURSING - RESTORATIVE AIDE	$0	$0	-	$0.00	$0.00	A	$0.00		$1.53	$65,615	$5,558	$5,199	$5,558	$5,378	$5,558	$5,378	$5,558	$5,558	$5,378	$5,558	$5,378	$5,558
PPD													$2	$2	$2	$2	$2	$2	$2	$2	$1	$1	$1	$1	$1
	00	00				#VALUE!			A	-															
	00	00	Total NURSING	$257,180	$0	3,086,164	$84.85	$0.00	A	$84.85		$80.59	$3,467,047	$290,923	$273,069	$291,871	$283,152	$292,821	$284,069	$293,769	$294,241	$285,443	$295,189	$286,360	$296,137
	00	00				-			A	$0.00		$0.00													
6310	32000	631032000	RADIOLOGY CONTRACT SERVICE	$5,189	$0	62,268	$1.71	$0.00	F	$1.71		$1.71	$73,650	$5,360	$5,163	$5,679	$5,650	$5,997	$5,958	$6,315	$6,475	$6,420	$6,793	$6,728	$7,112
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total RADIOLOGY	$5,189	$0	62,268	$1.71	$0.00	A	$1.71		$1.71	$73,650	$5,360	$5,163	$5,679	$5,650	$5,997	$5,958	$6,315	$6,475	$6,420	$6,793	$6,728	$7,112
PPD													$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2
6315	32000	631532000	LAB CONTRACT SERVICE	$3,530	$0	42,360	$1.16	$0.00	F	$1.16		$1.16	$50,102	$3,646	$3,513	$3,863	$3,843	$4,080	$4,053	$4,296	$4,405	$4,367	$4,621	$4,577	$4,838
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total LABORATORY	$3,530	$0	42,360	$1.16	$0.00	A	$1.16		$1.16	$50,102	$3,646	$3,513	$3,863	$3,843	$4,080	$4,053	$4,296	$4,405	$4,367	$4,621	$4,577	$4,838
PPD													$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1	$1
6320	20000	632020000	IV SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	20100	632020100	IV prescriptions	$0	$0	-	$0.00	$0.00	B	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6320	32000	632032000	IV Contract Services	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total IV	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	11000	632511000	RESP THERAPY SALARIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6325	12000	632512000	RESP THERAPY VACATION/SICK	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	12500	632512500	RESP THERAPY BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	13000	632513000	RESP THERAPY PAYROLL TAXES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	32000	632532000	RESP THERAPY CONTRACT SVCS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	33500	632533500	RESP THERAPY EDUCATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35100	632535100	RESP THERAPY WORKS COMP	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	35200	632535200	RESP THERAPY GROUP INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6325	20000	632520000	RESP THERAPY SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total RESPIRATORY THERAPY	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	11000	633011000	PT SALARIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12000	633012000	PT VACATION/SICK/OTHER	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	12500	633012500	PT BENEFITIS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	13000	633013000	PT PAYROLL TAXES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6330	20000	633020000	PT SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	33500	633033500	PT EDUCATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35100	633035100	PT WORKERS COMP	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35200	633035200	PT GROUP INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	35800	633035800	PT TRAVEL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	30000	633030000	PT MINOR EQUIPMENT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6330	32000	633032000	PT CONTRACT SERVICE	$0	$0	-	$0.00	$0.00	B	$0.00	$34.36	534.36	$143,694	$8,521	$7,972	$9,586	$10,308	$10,652	$11,339	$11,717	$12,782	$13,400	$14,912	$15,462	$17,043
6330	32100	633032100	PT CONTRACT SERVICE PART B	$0	$0	-	$0.00	$0.00	B	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total PHYSICAL THERAPY	$0	$0	-	$0.00	$0.00	A	$0.00		$3.34	$143,694	$8,521	$7,972	$9,586	$10,308	$10,652	$11,339	$11,717	$12,782	$13,400	$14,912	$15,462	$17,043
PPD													$3	$3	$3	$3	$3	$3	$3	$3	$3	$4	$4	$4	$4

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6335	11000	633511000	OT SALARIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12000	633512000	OT VACATION/SICK/OTHER	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	12500	633512500	OT BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	13000	633513000	OT PAYROLL TAXES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6335	20000	633520000	OT SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
6335	32000	633532000	OT CONTRACT SERVICE	$0	$0	-	$0.00	$0.00	B	$0.00	$31.84	$31.84	$133,155	$7,896	$7,367	$8,883	$9,552	$9,870	$10,507	$10,857	$11,844	$12,418	$13,819	$14,328	$15,793
6335	32100	633532100	OT CONTRACT SERVICE PART B	$0	$0	-	$0.00	$0.00	B	$0.00		$0.00	$1,366	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,366
6335	33500	633533500	OT EDUCATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35100	633535100	OT WORKERS COMP	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6335	35200	633535200	OT GROUP INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						#VALUE!			A -																
			Total OCCUPATIONAL THERAPY	$0	$0	-	$0.00	$0.00	A	$0.00		$3.13	$134,521	$7,896	$7,367	$8,883	$9,552	$9,870	$10,507	$10,857	$11,844	$12,418	$13,819	$14,328	$17,159
PPD													$3.13	$2.52	$2.45	$2.68	$2.89	$2.82	$3.02	$2.94	$3.13	$3.31	$3.48	$3.65	$4.13
6340	11000	634011000	SPEECH SALARIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6340	12000	634012000	SPEECH VACATIONS/SICK/OTHER	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	12500	634012500	SPEECH BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	13000	634013000	SPEECH PAYROLL TAXES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	20000	634020000	SPEECH SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	32000	634032000	ST CONTRACT SERVICE	$0	$0	-	$0.00	$0.00	B	$0.00	$21.42	$21.42	$89,578	$5,312	$4,969	$5,976	$6,426	$6,640	$7,069	$7,304	$7,968	$8,354	$9,296	$9,639	$10,624
6340	32100	634032100	ST CONTRACT SERVICE PART B	$0	$0	-	$0.00	$0.00	B	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	33500	634033500	SPEECH EDUCATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6340	35100	634035100	SPEECH WORKERS COMP	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A -																
	00	00	Total SPEECH THERAPY	$0	$0	-	$0.00	$0.00	A	$0.00		$2.08	$89,578	$5,312	$4,969	$5,976	$6,426	$6,640	$7,069	$7,304	$7,968	$8,354	$9,296	$9,639	$10,624
PPD													$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$3
6350	11000	635011000	CENT SUPPLY SALARIES	$1,539	$0	18,474	$0.51	$0.00	D	$0.51		$0.44	$18,790	$ 2,126	$ 1,989	$ 2,126	$ 2,057	$ 2,126	$ 2,057	$ 2,126	$ 2,126	$ 2,057	$ -	$ -	$ -
6350	12000	635012000	CENT SUPPLY VAC, SICK, OTHER	$0	$0	-	$0.00	$0.00	H	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6350	12500	635012500	CENT SUPPLY BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	13000	635013000	CENT SUPPLY P/R TAXES	$142	$0	1,699	$0.05	$0.00	H	$0.05		$0.05	$2,010	$146	$141	$155	$154	$164	$163	$172	$177	$175	$185	$184	$194
6350	20000	635020000	CENTRAL SUPPLY MED SUPPLY FLOO	$5,582	$0	66,978	$1.84	$0.00	A	$1.84		$1.84	$79,220	$5,766	$5,554	$6,108	$6,077	$6,451	$6,408	$6,793	$6,964	$6,908	$7,307	$7,237	$7,649
6350	20100	635020100	CENT SUPPLY MED SUPPLY BILLABL	$2,202	$0	26,418	$0.73	$0.00	F	$0.73		$0.73	$31,246	$2,274	$2,191	$2,409	$2,397	$2,544	$2,528	$2,679	$2,747	$2,724	$2,882	$2,854	$3,017
6350	20200	635020200	CENT SUPPLY INCONT MED SUPPLIE	$7,620	$0	93,839	$2.58	$0.00	A	$2.58		$2.58	$110,990	$8,078	$7,781	$8,558	$8,514	$9,038	$8,976	$9,518	$9,757	$9,675	$10,237	$10,139	$10,717
6350	21000	635021000	UNIVERSAL PRECAUTIONS	$231	$0	2,776	$0.08	$0.00	A	$0.08		$0.08	$3,284	$239	$230	$253	$252	$267	$266	$282	$289	$286	$303	$300	$317
6350	30000	635030000	CENTRAL SUPPLY MINOR EQUIP	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32000	635032000	CENTRAL SUPPLY CONTRACT SERVIC	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	33500	635033500	CENTRAL SUPPLY EDUCATION	$3	$0	37	$0.00	$0.00	A	$0.00		$0.00	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4
6350	35100	635035100	CENT SUPPLY WORKERS COMP	$68	$0	822	$0.02	$0.00	F	$0.02	$822.00	$0.23	$9,864	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822	$822
6350	35200	635035200	CENT SUPPLY GROUP INSURANCE	$160	$0	1,921	$0.05	$0.00	A	$0.05		$0.05	$2,272	$165	$159	$175	$174	$185	$184	$195	$200	$198	$210	$208	$219
6350	36400	635036400	CENT SUPPLY HELP WANTED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	35800	635035800	CENTRAL SUPPLY TRAVEL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6350	32100	635032100	CENTRAL SUPPLY-PHYSICIANS VISITS V/	$7,692	$0	92,307	$2.54	$0.00	A	$2.54	($2.25)	$0.29	$12,383	$901	$868	$955	$950	$1,008	$1,002	$1,062	$1,089	$1,079	$1,142	$1,131	$1,196
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A -																
	00	00	Total MEDICAL SUPPLIES	$25,439	$0	305,271	$8.39	$0.00	A	$8.39		$6.28	$270,103	$20,520	$19,738	$21,564	$21,400	$22,609	$22,412	$23,653	$24,175	$23,926	$23,092	$22,879	$24,135
PPD													$6	$7	$7	$7	$6	$6	$6	$6	$6	$6	$6	$6	$6
6355	20000	635520000	PHARMACY NON-LEGEND DRUGS	$1,288	$0	15,451	$0.42	$0.00	A	$0.42		$0.42	$18,275	$1,330	$1,281	$1,409	$1,402	$1,488	$1,478	$1,567	$1,607	$1,593	$1,686	$1,669	$1,765
6355	20100	635520100	PHARMACY PRESCRIPTIONS	$3,797	$0	45,562	$0.00	$0.00	B	$0.00	$35.00	$35.00	$171,890	$10,850	$10,150	$11,935	$12,600	$13,020	$13,650	$14,105	$15,190	$15,750	$17,360	$17,850	$19,530
6355	32000	635532000	PHARMACY CONTRACT SERVICE	$769	$0	9,225	$0.25	$0.00	A	$0.25	$400.00	$400.25	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A -																
	00	00	Total PHARMACY	$5,853	$0	70,238	$1.93	$0.00	A	$1.93		$4.53	$195,065	$12,580	$11,831	$13,744	$14,402	$14,908	$15,528	$16,072	$17,197	$17,743	$19,446	$19,919	$21,695
PPD													$5	$4	$4	$4	$4	$4	$4	$4	$5	$5	$5	$5	$5
6380	32000	638032000	MEDICAL TRANSPORTATION-CONTRACT	$0	$0	-	$0.00	$0.00	F	$0.00	$800.00	$800.00	$9,600	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A -																
	00	00	Total MEDICAL TRANSPORTATION-CHA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.22	$9,600	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800	$800
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6365	20000	636520000	COMPLEX MED EQUIP SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total EQUIPMENT RENTAL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	11000	640011000	DIETARY SALARIES	$17,966	$0	215,597	$5.93	$0.00	D	$5.93		$4.08	$175,521	$ 19,858	$ 18,577	$ 19,858	$ 19,218	$ 19,858	$ 19,218	$ 19,858	$ 19,858	$ 19,218	$ -	$ -	$ -
6400	12000	640012000	DIETARY VACATION/SICK/OTHER	$3,149	$0	37,791	$1.04	$0.00	H	$1.04		$0.72	$30,768	$ 3,481	$ 3,256	$ 3,481	$ 3,369	$ 3,481	$ 3,369	$ 3,481	$ 3,481	$ 3,369	$ -	$ -	$ -
6400	12500	640012500	DIETARY BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6400	13000	640013000	DIETARY PAYROLL TAXES	$2,862	$0	34,348	$0.94	$0.00	H	$0.94		$0.65	$27,966	$ 3,164	$ 2,960	$ 3,164	$ 3,062	$ 3,164	$ 3,062	$ 3,164	$ 3,164	$ 3,062	$ -	$ -	$ -
6400	20000	640020000	DIETARY SUPPLIES	$3,486	$0	41,832	$1.15	$0.00	A	$1.15		$1.15	$49,479	$3,601	$3,469	$3,815	$3,795	$4,029	$4,002	$4,243	$4,350	$4,313	$4,564	$4,520	$4,778
6400	21000	640021000	DIETARY RAW FOOD	$20,859	$0	250,314	$6.88	$0.00	A	$6.88		$6.88	$296,066	$21,546	$20,756	$22,828	$22,711	$24,108	$23,949	$25,388	$26,028	$25,808	$27,308	$27,046	$28,588
6400	21100	640021100	DIETARY SUPPLEMENTS	$1,225	$0	14,695	$0.40	$0.00	A	$0.40		$0.40	$17,379	$1,265	$1,218	$1,340	$1,333	$1,415	$1,406	$1,490	$1,528	$1,515	$1,603	$1,588	$1,678
6400	21200	640021200	DIETARY NUTRITION (INELIGIBLE)	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	30000	640030000	DIETARY MINOR EQUIPMENT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	32000	640032000	DIETARY CONTRACT SERVICE	$752	$0	9,024	$0.25	$0.00	E	$0.25		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	33500	640033500	DIETARY EDUCATION	$43	$0	522	$0.01	$0.00	A	$0.01		$0.01	$617	$45	$43	$48	$47	$50	$50	$53	$54	$54	$57	$56	$60
6400	35100	640035100	DIETARY WORKERS COMP	$1,030	$0	12,357	$0.34	$0.00	F	$0.34		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	35200	640035200	DIETARY GROUP INSUANCE	$814	$0	9,770	$0.27	$0.00	A	$0.27		$0.27	$11,556	$841	$810	$891	$886	$941	$935	$991	$1,016	$1,007	$1,066	$1,056	$1,116
6400	35800	640035800	DIETARY TRAVEL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6400	36400	640036400	DIETARY HELP WANTED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total DIETARY	$57,492	$0	689,904	$18.97	$0.00	A	$18.97		$14.16	$609,352	$53,803	$51,089	$55,425	$54,421	$57,046	$55,991	$58,668	$59,479	$58,346	$34,598	$34,266	$36,220
PPD													$14	$17	$17	$17	$16	$16	$16	$16	$16	$16	$9	$9	$9
									A	$0.00		$0.00													
6450	11000	645011000	HOUSEKEEPING SALARIES	$14,152	$0	169,819	$4.67	$0.00	A	$4.67		$4.67	$108,289	$ 12,252	$ 11,461	$ 12,252	$ 11,856	$ 12,252	$ 11,856	$ 12,252	$ 12,252	$ 11,856	$ -	$ -	$ -
6450	12000	645012000	HOUSEKEEPING VAC/SICK/OTHER	$1,568	$0	18,816	$0.52	$0.00	A	$0.52		$0.52	$12,002	$ 1,358	$ 1,270	$ 1,358	$ 1,314	$ 1,358	$ 1,314	$ 1,358	$ 1,358	$ 1,314	$ -	$ -	$ -
6450	13000	645013000	HOUSEKEEPING PAYROLL TAXES	$2,728	$0	32,731	$0.90	$0.00	A	$0.90		$0.90	$20,869	$ 2,361	$ 2,209	$ 2,361	$ 2,285	$ 2,361	$ 2,285	$ 2,361	$ 2,361	$ 2,285	$ -	$ -	$ -
6450	12500	645012500	HOUSEKEEPING BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6450	20000	645020000	HOUSEKEEPING SUPPLIES	$2,689	$0	32,267	$0.89	$0.00	A	$0.89		$0.89	$38,166	$2,778	$2,676	$2,943	$2,928	$3,108	$3,087	$3,273	$3,355	$3,327	$3,520	$3,486	$3,685
6450	32000	645032000	HOUSEKEEPING CONTRACT SERVICE	$0	$0	-	$0.00	$0.00	E	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6450	33500	645033500	HOUSEKEEPING EDUCATION	$34	$0	410	$0.01	$0.00	A	$0.01		$0.01	$484	$35	$34	$37	$37	$39	$39	$42	$43	$42	$45	$44	$47
6450	35100	645035100	HOUSEKEEPING WORKERS COMP	$849	$0	10,192	$0.28	$0.00	F	$0.28		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6450	35200	645035200	HOUSEKEEPING GROUP INSURANCE	$1,230	$0	14,756	$0.41	$0.00	A	$0.41		$0.41	$17,453	$1,270	$1,224	$1,346	$1,339	$1,421	$1,412	$1,497	$1,534	$1,521	$1,610	$1,594	$1,685
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-		#VALUE!													
	00	00	Total HOUSEKEEPING	$29,338	$0	352,053	$9.68	$0.00	A	$9.68		$4.59	$197,263	$20,054	$18,874	$20,297	$19,759	$20,539	$19,993	$20,783	$20,903	$20,345	$5,175	$5,124	$5,417
PPD													$5	$6	$6	$6	$6	$6	$6	$6	$6	$5	$1	$1	$1
6500	11000	650011000	LAUNDRY SALARIES	$2,136	$0	25,637	$0.70	$0.00	A	$0.70		$0.70	$38,634	$ 4,371	$ 4,089	$ 4,371	$ 4,230	$ 4,371	$ 4,230	$ 4,371	$ 4,371	$ 4,230	$ -	$ -	$ -
6500	12000	650012000	LAUNDRY VACATION/SICK/OTHER	$169	$0	2,033	$0.06	$0.00	A	$0.06		$0.06	$3,064	$ 347	$ 324	$ 347	$ 335	$ 347	$ 335	$ 347	$ 347	$ 335	$ -	$ -	$ -
6500	13000	650013000	LAUNDRY PAYROLL TAXES	$302	$0	3,629	$0.10	$0.00	A	$0.10		$0.10	$5,471	$ 619	$ 579	$ 619	$ 599	$ 619	$ 599	$ 619	$ 619	$ 599	$ -	$ -	$ -
6500	12500	650012500	LAUNDRY BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6500	20000	650020000	LAUNDRY SUPPLIES	$28	$0	331	$0.01	$0.00	A	$0.01		$0.01	$392	$29	$27	$30	$30	$32	$32	$34	$34	$34	$36	$36	$38
6500	22000	650022000	LAUNDRY LINEN REPLACEMENT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	31000	650031000	LAUNDRY R&M	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	32000	650032000	LAUNDRY CONTRACT SERVICES	$9,061	$0	108,736	$2.99	$0.00	E	$2.99		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	33500	650033500	LAUNDRY EDUCATION	$6	$0	74	$0.00	$0.00	A	$0.00		$0.00	$88	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8
6500	35100	650035100	LAUNDRY WORKERS COMP	$117	$0	1,402	$0.04	$0.00	F	$0.04		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6500	35200	650035200	LAUNDRY GROUP INSURANCE	$103	$0	1,231	$0.03	$0.00	A	$0.03		$0.03	$1,457	$106	$102	$112	$112	$119	$118	$125	$128	$127	$134	$133	$141
6500	30000	650030000	LAUNDRY MINOR EQUIPMENT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-															
	00	00	Total LAUNDRY	$12,417	$0	149,009	$4.10	$0.00	A	$4.10		$1.14	$49,106	$5,478	$5,127	$5,486	$5,313	$5,495	$5,321	$5,504	$5,507	$5,333	$178	$177	$187
PPD													$1	$2	$2	$2	$2	$2	$2	$1	$1	$1	$0	$0	$0
6550	11000	655011000	PLANT SALARIES	$7,028	$0	84,332	$2.32	$0.00	D	$2.32		$1.32	$56,944	$ 6,443	$ 6,027	$ 6,443	$ 6,234	$ 6,443	$ 6,234	$ 6,443	$ 6,443	$ 6,234	$ -	$ -	$ -
6550	12000	655012000	PLANT VACATION/SICK/OTHER	$0	$0	-	$0.00	$0.00	H	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6550	12500	655012500	PLANT BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	13000	655013000	PLANT PAYROLL TAXES	$989	$0	11,870	$0.33	$0.00	H	$0.33		$0.19	$8,014	$ 907	$ 846	$ 907	$ 877	$ 907	$ 877	$ 907	$ 907	$ 877	$ -	$ -	$ -
6550	20000	655020000	PLANT SUPPLIES	$3,333	$0	39,999	$1.10	$0.00	A	$1.10		$1.10	$47,310	$3,443	$3,317	$3,648	$3,629	$3,852	$3,827	$4,057	$4,159	$4,124	$4,364	$4,322	$4,568
6550	30000	655030000	PLANT MINOR EQUIPMENT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	31000	655031000	PLANT R & M	$0	$0	-	$0.00	$0.00	A	$0.00	$600.00	$600.00	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6550	31500	655031500	PLANT PEST CONTROL	$430	$0	5,160	$0.14	$0.00	A	$0.14		$0.14	$6,104	$444	$428	$471	$468	$497	$494	$523	$537	$532	$563	$558	$589
6550	32000	655032000	PLANT CONTRACT SERVICE	$3,820	$0	45,837	$1.26	$0.00	A	$1.26	$3,820.00	$3,821.26	$45,840	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820	$3,820
6550	32500	655032500	PLANT SECURITY CONTRACT SERVIC	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6550	33500	655033500	PLANT EDUCATION	$6	$0	74	$0.00	$0.00	A	$0.00		$0.00	$88	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6550	34000	655034000	PLANT UTILITIES - ELECTRIC	$12,502	$0	150,023	$4.12	$0.00	E	$4.12		$4.12	$122,400	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200	$10,200
6550	34500	655034500	PLANT UTILITIES - GAS	$2,000	$0	24,000	$0.66	$0.00	E	$0.66		$0.66	$24,480	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040	$2,040
6550	35000	655035000	PLANT UTILITIES - WATER & SEWE	$500	$0	6,000	$0.16	$0.00	E	$0.16		$0.16	$6,120	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510	$510
6550	35100	655035100	PLANT WORKERS COMP	$353	$0	4,234	$0.12	$0.00	F	$0.12	$353.00	$0.10	$4,236	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353	$353
6550	35200	655035200	PLANT GROUP INSURANCE	$197	$0	2,362	$0.06	$0.00	A	$0.06		$0.05	$2,793	$203	$196	$215	$214	$227	$226	$240	$246	$243	$258	$255	$270
6550	35800	655035800	PLANT TRAVEL	$317	$0	3,801	$0.10	$0.00	A	$0.10		$0.10	$4,496	$327	$315	$347	$345	$366	$364	$365	$395	$392	$415	$411	$434
6550	36400	655036400	PLANT HELP WANTED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!						#VALUE!													
	00	00	Total PLANT	$32,812	$0	393,739	$10.83	$0.00	A	$10.83		$7.81	$336,025	$29,296	$28,660	$29,561	$29,297	$29,822	$29,552	$30,086	$30,218	$29,933	$23,131	$23,077	$23,392
PPD													$8	$9	$10	$9	$9	$9	$8	$8	$8	$8	$6	$6	$6
6600	11000	660011000	ACTIVITIES SALARIES	$3,094	$0	37,130	$1.02	$0.00	D	$1.02		$1.02	$43,673	$ 4,941	$ 4,622	$ 4,941	$ 4,782	$ 4,941	$ 4,782	$ 4,941	$ 4,941	$ 4,782	$ -	$ -	$ -
6600	12000	660012000	ACTIVITIES VACATION/SICK/OTHER	$0	$0	-	$0.00	$0.00	H	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6600	12500	660012500	ACTIVITIES BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	13000	660013000	ACTIVITIES PAYROLL TAXES	$291	$0	3,496	$0.10	$0.00	H	$0.10		$0.10	$4,110	$ 465	$ 435	$ 465	$ 450	$ 465	$ 450	$ 465	$ 465	$ 450	$ -	$ -	$ -
6600	20000	660020000	ACTIVITY SUPPLIES	$519	$0	6,230	$0.17	$0.00	A	$0.17		$0.17	$7,369	$536	$517	$568	$565	$600	$596	$632	$648	$642	$680	$673	$712
6600	30000	660030000	ACTIVITY MINOR EQUIPMENT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	32000	660032000	ACTIVITY CONTRACT SERVICE	$1,860	$0	22,318	$0.61	$0.00	A	$0.61	$600.00	$600.61	$7,200	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600	$600
6600	33500	660033500	ACTIVITIES EDUCATION	$6	$0	74	$0.00	$0.00	A	$0.00		$0.00	$86	$6	$6	$7	$7	$7	$7	$8	$8	$8	$8	$8	$8
6600	35100	660035100	ACTIVITIES WORKERS COMP	$138	$0	1,652	$0.05	$0.00	F	$0.05	$138.00	$0.04	$1,656	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138	$138
6600	35200	660035200	ACTIVITIES GROUP INSURANCE	$276	$0	3,311	$0.09	$0.00	A	$0.09		$0.09	$3,916	$285	$275	$302	$300	$319	$317	$336	$344	$341	$361	$358	$378
6600	36400	660036400	ACTIVITIES HELP WANTED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6600	35800	660035800	ACTIVITIES TRAVEL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-		#VALUE!													
	00	00	Total ACTIVITIES	$6,184	$0	74,211	$2.04	$0.00	A	$2.04		$1.58	$68,012	$6,971	$6,593	$7,021	$6,842	$7,070	$6,890	$7,120	$7,144	$6,961	$1,787	$1,777	$1,836
PPD													$2	$2	$2	$2	$2	$2	$2	$2	$2	$2	$0	$0	$0
6650	11000	665011000	SOCIAL SERVICES SALARIES	$1,208	$0	14,500	$0.40	$0.00	D	$0.40		$1.08	$46,532	$ 5,265	$ 4,925	$ 5,265	$ 5,094	$ 5,265	$ 5,094	$ 5,265	$ 5,265	$ 5,094	$ -	$ -	$ -
6650	12000	665012000	SOCIAL SERVICE VAC/SICK/OTHER	$192	$0	2,302	$0.06	$0.00	H	$0.06		$0.17	$7,389	$ 836	$ 782	$ 836	$ 809	$ 836	$ 809	$ 836	$ 836	$ 809	$ -	$ -	$ -
6650	12500	665012500	SOCIAL SERVICE BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	13000	665013000	SOCIAL SERVICE PAYROLL TAXES	$461	$0	5,533	$0.15	$0.00	H	$0.15		$0.41	$17,756	$ 2,009	$ 1,879	$ 2,009	$ 1,944	$ 2,009	$ 1,944	$ 2,009	$ 2,009	$ 1,944	$ -	$ -	$ -
6650	20000	665020000	SOCIAL SERVICE SUPPLIES	$150	$0	1,800	$0.05	$0.00	A	$0.05		$0.05	$2,128	$155	$149	$164	$163	$173	$172	$183	$187	$186	$196	$194	$206
6650	33000	665033000	SOCIAL SERVICE SALARIES-TRA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	33500	665033500	SOCIAL SERVICE EDUCATION	$3	$0	37	$0.00	$0.00	A	$0.00		$0.00	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4
6650	35100	665035100	SOCIAL SERVICE WORKERS COMP	$182	$0	2,183	$0.06	$0.00	F	$0.06	$182.00	$0.05	$2,184	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182	$182
6650	35200	665035200	SOCIAL SERVICE GROUP INSURANCE	$43	$0	513	$0.01	$0.00	A	$0.01		$0.01	$607	$44	$43	$47	$47	$49	$49	$52	$53	$53	$56	$55	$59
6650	35800	665035800	SOCIAL SERVICE TRAVEL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	36400	665036400	SOCIAL SERVICE HELP WANTED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6650	30000	665030000	SOCIAL SERVICE MINOR EQUIPMENT	$77	$0	922	$0.03	$0.00	A	$0.03		$0.03	$1,091	$79	$76	$84	$84	$89	$88	$94	$96	$95	$101	$100	$105
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-		#VALUE!													
	00	00	Total SOCIAL SERVICES	$5,195	$0	62,345	$1.71	$0.00	A	$1.71		$1.81	$77,731	$8,573	$8,039	$8,590	$8,326	$8,607	$8,342	$8,625	$8,632	$8,367	$539	$535	$556
PPD													$2	$3	$3	$3	$3	$2	$2	$2	$2	$2	$0	$0	$0
6700	11000	670011000	MEDICAL RECORDS SALARIES	$1,341	$0	16,092	$0.44	$0.00	D	$0.44		$0.54	$23,361	$ 2,643	$ 2,472	$ 2,643	$ 2,558	$ 2,643	$ 2,558	$ 2,643	$ 2,643	$ 2,558	$ -	$ -	$ -
6700	12000	670012000	MEDICAL RECORDS VAC/SICK/OTHER	$833	$0	9,997	$0.27	$0.00	H	$0.27		$0.34	$14,513	$ 1,642	$ 1,536	$ 1,642	$ 1,589	$ 1,642	$ 1,589	$ 1,642	$ 1,642	$ 1,589	$ -	$ -	$ -
6700	12500	670012500	MEDICAL RECORDS BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	13000	670013000	MEDICAL RECORDS PAYROLL TAXES	$402	$0	4,821	$0.13	$0.00	H	$0.13		$0.16	$6,999	$ 792	$ 741	$ 792	$ 766	$ 792	$ 766	$ 792	$ 792	$ 766	$ -	$ -	$ -
6700	20000	670020000	MEDICAL RECORDS SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	30000	670030000	MEDICAL RECORDS MINOR EQUIP	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	32000	670032000	MEDICAL RECORDS CONTRACT SERVI	$0	$0	-	$0.00	$0.00	A	$0.00	$500.00	$500.00	$6,000	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500
6700	33000	670033000	MEDICAL RECORDS SALARIES-TRA	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6700	33500	670033500	MEDICAL RECORDS EDUCATION	$3	$0	37	$0.00	$0.00	A	$0.00		$0.00	$44	$3	$3	$3	$3	$4	$4	$4	$4	$4	$4	$4	$4
6700	35100	670035100	MEDICAL RECORDS WORKERS COMP	$116	$0	1,392	$0.04	$0.00	F	$0.04	$116.00	$0.03	$1,392	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116	$116
6700	35200	670035200	MEDICAL RECORDS GROUP INSURANC	$182	$0	2,181	$0.06	$0.00	A	$0.06		$0.06	$2,581	$188	$181	$199	$198	$210	$209	$221	$227	$225	$238	$236	$249
6700	36400	670036400	MEDICAL RECORDS HELP WANTED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00				#VALUE!			A	-		#VALUE!													
	00	00	Total MEDICAL RECORDS	$4,144	$0	49,725	$1.37	$0.00	A	$1.37		$1.28	$54,890	$5,684	$5,549	$5,895	$5,730	$5,907	$5,742	$5,918	$5,924	$5,758	$858	$856	$869
PPD													$1	$2	$2	$2	$2	$2	$2	$2	$2	$2	$0	$0	$0
6725	35000	672535000	MEDICAL DIRECTOR	$480	$0	5,760	$0.16	$0.00	E	$0.16	$1,000.00	$0.28	$12,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

November 20, 2014 3:38 pm

Waynesboro

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00					#VALUE!			A	-															
00	00		Total UTILIZATION REVIEW/MED DIRECT	$480	$0	5,760	$0.16	$0.00	A	$0.16		$0.28	$12,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	11000	675011000	ADMIN SALARIES	$12,355	$0	148,255	$4.08	$0.00	D	$4.08		$5.50	$236,619	$ 26,771	$ 25,043	$ 26,771	$ 25,907	$ 26,771	$ 25,907	$ 26,771	$ 26,771	$ 25,907	$ -	$ -	$ -
6750	11100	675011100	ADMIN COMPENSATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	12000	675012000	ADMIN VACATION/SICK/OTHER	$456	$0	5,472	$0.15	$0.00	H	$0.15		$0.20	$8,732	$ 988	$ 924	$ 988	$ 956	$ 988	$ 956	$ 988	$ 988	$ 956	$ -	$ -	$ -
6750	12500	675012500	ADMIN BENEFITS	$167	$0	2,004	$0.06	$0.00	A	$0.06		$0.06	$2,372	$173	$166	$183	$162	$193	$192	$203	$208	$207	$219	$217	$229
6750	13000	675013000	ADMIN PAYROLL TAXES	$2,314	$0	27,763	$0.76	$0.00	H	$0.76		$1.03	$44,311	$ 5,013	$ 4,690	$ 5,013	$ 4,852	$ 5,013	$ 4,852	$ 5,013	$ 5,013	$ 4,852	$ -	$ -	$ -
6750	13002	675013002	ADMIN PAYROLL TAXES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	20000	675020000	ADMIN SUPPLIES	$3,303	$0	39,640	$1.09	$0.00	A	$1.09		$1.09	$46,865	$3,412	$3,287	$3,615	$3,596	$3,818	$3,793	$4,020	$4,122	$4,087	$4,325	$4,283	$4,527
6750	20100	675020100	POSTAGE	$86	$0	1,062	$0.03	$0.00	A	$0.03		$0.03	$1,255	$91	$88	$97	$96	$102	$102	$108	$110	$109	$116	$115	$121
6750	21500	675021500	ALLOWABLE MARKETING EXPENSES	$258	$0	3,096	$0.09	$0.00	A	$0.09		$0.09	$3,663	$267	$257	$262	$261	$298	$296	$314	$322	$319	$338	$335	$354
6750	30000	675030000	ADMIN MINOR EQUIPMENT	$845	$0	10,140	$0.28	$0.00	A	$0.28		$0.28	$11,993	$873	$841	$925	$920	$977	$970	$1,028	$1,054	$1,045	$1,106	$1,096	$1,158
6750	31000	675031000	ADMIN R&M	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	32000	675032000	ADMIN CONTRACT SERVICE	$6,264	$0	75,174	$2.07	$0.00	A	$2.07	$6,264.00	$6,266.07	$75,168	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264	$6,264
6750	32100	675032100	ADMIN BOND TRUSTEE FEES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	33500	675033500	ADMIN EDUCATION	$12	$0	149	$0.00	$0.00	A	$0.00		$0.00	$176	$13	$12	$14	$14	$14	$14	$15	$16	$15	$16	$16	$17
6750	35000	675035000	LIABILITY INSURANCE	$2,405	$0	28,860	$0.79	$0.00	F	$0.79	$2,405.00	$0.87	$28,860	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405	$2,405
6750	35100	675035100	ADMIN WORKERS COMP	$842	$0	10,103	$0.28	$0.00	F	$0.28	$842.00	$0.23	$10,104	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842	$842
6750	35200	675035200	ADMIN GROUP INSURANCE	$218	$0	2,620	$0.07	$0.00	A	$0.07		$0.07	$3,099	$226	$217	$239	$236	$252	$251	$266	$272	$270	$286	$283	$299
6750	35300	675035300	LEGAL & ACCOUNTING	$2,000	$0	24,000	$0.66	$0.00	F	$0.66	$400.00	$0.11	$4,800	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400	$400
6750	35400	675035400	DUES & SUBSCRIPTIONS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35500	675035500	PERMITS & LICENSES	$38,049	$0	456,584	$12.55	$0.00	F	$12.55	$35,299.00	$9.85	$423,588	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299	$35,299
6750	35600	675035600	MEETINGS & SEMINARS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	35700	675035700	FACILITY AUTO EXPENSE	$75	$0	900	$0.02	$0.00	A	$0.02		$0.02	$1,065	$77	$75	$82	$82	$87	$86	$91	$94	$93	$98	$97	$103
6750	35800	675035800	TRAVEL	$8,952	$0	107,425	$2.95	$0.00	A	$2.95	($2.70)	$0.25	$10,907	$794	$765	$841	$837	$888	$882	$935	$959	$951	$1,006	$996	$1,053
6750	35900	675035900	TELEPHONE	$1,779	$0	21,346	$0.59	$0.00	A	$0.59		$0.59	$25,248	$1,837	$1,770	$1,947	$1,937	$2,056	$2,042	$2,165	$2,220	$2,201	$2,329	$2,306	$2,438
6750	36000	675036000	MEALS & ENTERTAINMENT	$1,580	$0	18,964	$0.52	$0.00	A	$0.52		$0.52	$22,428	$1,632	$1,572	$1,729	$1,721	$1,826	$1,814	$1,923	$1,972	$1,955	$2,069	$2,049	$2,166
6750	36100	675036100	RESIDENT EXPENSE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	36200	675036200	BANK CHARGES	$20	$0	240	$0.01	$0.00	A	$0.01		$0.01	$284	$21	$20	$22	$22	$23	$23	$24	$25	$25	$26	$26	$27
6750	36400	675036400	ADMINISTRATIVE HELP WANTED	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37000	675037000	EVACUATION COSTS - RESIDENT RE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37100	675037100	EVACUATION COSTS - TEMP OFFICE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37200	675037200	EVACUATION COSTS - RETENTION C	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37300	675037300	EVACUATION COSTS - SUPPLY INVE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37400	675037400	EVACUATION COSTS - CONTRACT SE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37500	675037500	EVACUATION COSTS - SECURITY	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	37800	675037800	EVACUATION COSTS - TRAVEL	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	39900	675039900	MISCELLANEOUS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	90000	675090000	MANAGEMENT FEES	$18,000	$0	216,000	$5.94	$0.00	F	$5.94		$12.17	$523,761	$36,275	$34,858	$41,971	$38,803	$41,083	$44,421	$43,486	$44,904	$48,118	$47,949	$47,788	$54,105
6750	91000	675091000	HOME OFFICE ALLOCATION	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99800	675099800	CHARITY CARE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	96000	675096000	PRIOR YEAR EXPENSE - OTHER	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6750	99600	675099600	BAD DEBT - SEQUESTRATION PART A	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$34,098	$2,009	$1,879	$2,260	$2,430	$2,511	$2,673	$2,762	$3,013	$3,159	$3,586	$3,718	$4,098
6750	99700	675099700	BAD DEBT - SEQUESTRATION PART B	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$2,839	$207	$199	$219	$218	$231	$230	$243	$250	$247	$262	$259	$274
6750	99900	675099900	BAD DEBT - OPERATING	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$2,619	$181	$174	$210	$194	$205	$222	$217	$225	$241	$240	$239	$271
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$523,762	$36,275	$34,858	$41,971	$38,803	$41,083	$44,421	$43,486	$44,904	$48,118	$47,949	$47,788	$54,105
00	00					#VALUE!			A	-															
00	00		Total ADMINISTRATION	$127,602	$0	1,531,219	$42.10	$0.00	A	$42.10		$47.62	$2,048,636	$162,345	$156,905	$174,589	$167,299	$173,629	$179,357	$179,269	$182,652	$188,086	$157,130	$156,822	$170,556
PPD													$48	$52	$52	$53	$51	$50	$52	$49	$46	$50	$40	$40	$41
6910	11000	691011000	B & B SALARIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6910	12000	691012000	B & B VAC/SICK/OTHER	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	12500	691012500	B & B BENEFITS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	13000	691013000	B & B PAYROLL TAXES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	20000	691020000	B & B SUPPLIES	$10	$0	126	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	33500	691033500	B & B EDUCATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	35100	691035100	B & B WORKERS COMP	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0												
6910	35200	691035200	B & B GROUP INSURANCE	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6910	32000	691032000	B & B CONTRACT SVCS	$1,210	$0	14,520	$0.40	$0.00	A	$0.40	($0.40)	$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00					#VALUE!																			
00	00		Total BEAUTY BARBER	$1,220	$0	14,646	$0.40	$0.00	A	$0.40		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6925	32000	692532000	MEDICAL TRANSPORTATION CONTRAC	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00					#VALUE!																			
00	00		Total MEDICAL TRANSPORTATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6950	20000	695020000	CONCESSION SUPPLIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00			$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
00	00					#VALUE!																			
00	00		Total CONCESSIONS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

SUPPLEMENTAL #1

November 20, 2014
3:38 pm

Acct	Sub		Description	YTD Actual	YTD Budget	YTD Annualized	PPD Act	PPD Bud	Bud Method	Initial PPD	Adjs	Adj PPD	Waynesboro Total Budget	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	20000	693032000	RESIDENT TRANSPORTATION - CONT	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
6930	20000	693020000	FACILITY AUTO - GAS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
		00				#VALUE!																			
		00	Total RESIDENT TRANSPORTATION	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	65500	700025500	NON OPERATING MISCELLANEOUS IN	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						#VALUE!																			
			Total NONOPERATING INCOME	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PPD						-							$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						-																			
						#VALUE!																			
	00	00	TOTAL OPERATING COSTS	$574,076	$0	6,888,911	$0.00	$0.00	A	$0.00		$183.32	$7,886,376	$648,963	$616,278	$669,831	$653,520	$677,493	$673,922	$691,757	$701,346	$697,000	$612,364	$604,326	$639,576
PPD						-							$183	$207	$204	$202	$198	$193	$194	$188	$185	$186	$154	$154	$154
						#VALUE!																			
	00	00	INCOME/LOSS (-) FROM OPERATIONS	($61,657)	$0	(739,883)	$0.00	$0.00	A	$0.00		$19.60	$842,989	($44,373)	($35,311)	$29,683	($6,804)	$7,221	$66,425	$33,016	$47,049	$104,971	$186,785	$192,146	$262,181
PPD									A	$0.00		$0.00	19.59528928	-14.172102	-11.707937	8.9487813	-2.0618599	2.0615095	19.087501	8.9499452	12.440129	27.992289	47.072865	48.8921176	63.11537
										$0.00		$0.00													
7000	31000	700031000	PROPERTY INSURANCE	$1,108	$0	13,296	$0.37	$0.00	F	$0.37		$0.52	$22,344	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862	$1,862
7000	41000	700041000	DEPRECIATION	$43	$0	510	$0.01	$0.00	F	$0.01		$0.56	$24,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000	$2,000
7000	42000	700042000	AMORTIZATION	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7000	50000	700050000	INTEREST EXP-BUILDING	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0												
7000	50100	700050100	INTEREST EXP-FINANCE CHARGES	$63	$0	757	$0.02	$0.00	F	$0.02		$0.00	$0												
7000	50200	700050200	INTEREST NOTES PAYABLE	$3,148	$0	37,771	$1.04	$0.00	F	$1.04		$0.00	$0												
7000	50300	700050300	INTEREST EXP-WORKING CAPITAL	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0												
7000	62000	700062000	BUILDING LEASE	$0	$0	-	$0.00	$0.00	F	$0.00	$60,000.00	$16.74	$720,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000	$60,000
7000	62100	700062100	PARTICIPATING RENT-BLDG	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0												
7000	62500	700062500	EQUIPMENT LEASE	$1,508	$0	18,097	$0.50	$0.00	F	$0.50		$0.28	$12,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
7000	70000	700070000	PROPERTY TAXES	$0	$0	-	$0.00	$0.00	F	$0.00		$0.78	$33,600	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800	$2,800
7000	70500	700070500	FRANCHISE EXCISE TAX	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0												
7000	71000	700071000	STAMP TAX	$0	$0	-	$0.00	$0.00	F	$0.00		$0.00	$0												
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00		$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	00	00							A	-															
	00	00	Total PROPERTY & FINANCIAL	$5,869	$0	70,432	$1.94	$0.00	A	$1.94		$18.87	$811,944	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662
PPD													$19	$22	$22	$20	$21	$19	$19	$18	$18	$18	$17	$17	$16
7020	31000	702031000	PENALTIES	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
7020	33000	702033000	PROMOTIONAL ADVERTISING	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$2,400	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
				$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Total NONALLOWABLE EXPENSE	$0	$0	-	$0.00	$0.00		$0.00		$0.06	$2,400	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200	$200
PPD													$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
						-																			
7020	32000	702032000	CHARITABLE CONTRIBUTIONS	$0	$0	-	$0.00	$0.00	A	$0.00		$0.00	$0												
			Total NONOPERATING EXPENSES	$5,869	$0	70,432	$1.94	$0.00		$1.94		$1.94	$811,944	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662	$67,662
PPD													$19	$22	$22	$20	$21	$19	$19	$18	$18	$18	$17	$17	$16
			Total NET INCOME	($67,526)	$0	(810,315)	($22.28)	$0.00		($22.28)		($22.28)	$28,645	($112,235)	($103,173)	($38,179)	($74,666)	($60,641)	($1,437)	($34,846)	($20,813)	$37,109	$118,923	$124,284	$194,319
PPD													$1	($36)	($34)	($12)	($23)	($17)	($0)	($9)	($6)	$10	$30	$32	$47
			Total Expenses	$12,265	$0								$8,700,720	$716,825	$684,140	$737,693	$721,382	$745,355	$741,784	$759,619	$769,208	$764,862	$680,226	$672,188	$707,438
			Sum of lookup figures	$12,265	$0									$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862	$67,862
			Check Figure (should = 0)	$79,791	$0																				

SUPPLEMENTAL #1
November 20, 2014
3:38 pm

NOV 20 14 PM 3:38

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF BRADLEY

NAME OF FACILITY: Waynesboro Health & Rehabilitation Center

I, Kelli A. Canan, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Kelli A. Canan, Project Manager
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 19th day of November, 20 14, witness my hand at office in the County of BRADLEY, State of Tennessee.

NOTARY PUBLIC AT LARGE BRADLEY CO., TENNESSEE

Wanda B. Davis
NOTARY PUBLIC

My commission expires Aug 24, 2015.

HF-0043

Revised 7/02

SUPPLEMENTAL-#2
-Original-

Waynesboro Health and Rehabilitation Center

CN1411-045

SUPPLEMENTAL #2
November 25, 2014
12:30 am

November 24, 2014

Mr. Phillip Earhart
Health Services Development Examiner
Health Services & Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Certificate of Need Application CN1411-045
Waynesboro Health and Rehabilitation Center

Mr. Earnart,

We received your request for supplement information for the above-referenced project. Please find our responses in the same order as in your letter dated November 21, 2014 below:

1. Section A, Applicant Profile, Item 6
Please see Attachment "1,"

2. Section C, Need, Item 3 (Service Area)
Please see Attachment "2"

3. Section C, Economic Feasibility, Item 2
Please see Attachment "3"

4. Section C, Economic Feasibility, Item 3
Please see Attachment "4"

5. Section C, Economic Feasibility, Item 4 (Historical Data Chart)
Please see Attachment "5"

6. Section C, Economic Feasibility, Item 4 (Projected Data Chart)
Please see Attachment "6"

7. Section C, Economic Feasibility, Item 5
Please see Attachment "7"

Should you have any questions or need additional information, please contact me at 423-470-9232.

Respectfully Submitted,

Kelli Canan

Kelli Canan
Project Manager

Cc: Thomas D. Johnson, Chief Manager
Ann Reed, Director of Licensure

Attachment "1"

Section A, Applicant Profile, Item 6

QUESTION:

The draft letter of agreement between Wayne Estate Investors, LLC and Waynesboro Healthcare, LLC is noted. Please clarify what a triple lease agreement and AR financing is relative to this document. In addition, please clarify why management fees are mentioned in the agreement while the application's management company, Health Services Management Group, LLC is not a party to the agreement.

There is no fully executed sales agreement or option to purchase agreement between any of the parties, the owner/landlord of the properties remains Wayne County. Please provide a fully executed Option to Purchase Agreement signed by Wayne County, Waynesboro Healthcare, LLC and Wayne Real Estate, LLC which outlines the expected future agreed transactions, events, and dates which will ultimately result in Wayne Real Estate Investors, LLC as being the lessor.

An Option to Purchase Agreement must at least include the expected purchase price, a description of the property with address, and the anticipated date of closing.

Please provide a copy of the agreement that transfers ownership of the 109 bed Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) to Wayne Real Estate Investors, LLC.

Please clarify if Waynesboro Healthcare is going to purchase the 109 bed Wayne County Nursing Home and then sell to Wayne Real Estate Investors.

RESPONSE:

Please see the attached revised and fully executed Letter of Agreement between Wayne Estate Investors, LLC and Waynesboro Healthcare, LLC (the "LA"), attached as Attachment "1" Exhibit A, to replace the unsigned draft which was previously provided, and the attached fully executed Purchase and Sale Agreement between County of Wayne, Tennessee and Waynesboro Healthcare, LLC, with amendments (the "PSA"), attached as Attachment "1" Exhibit B (an unsigned copy of the PSA was inadvertently attached to the original CON Application).

As to the LA, a "triple-net lease" is a common term in commercial leases, meaning that the tenant, rather than the landlord, is responsible to pay the three primary operating costs associated with the commercial property, those three being property taxes, insurance on the property and maintenance costs for the property. AR financing is relative to a lease structure such as proposed here to clarify any options or limitations of the tenant to utilize its accounts receivable as security for any "working capital financing" for a facility (often referred to as a "revolver" or "revolving credit agreement," as the borrowings "revolve," or change up and down to "even out" its cash flow—for example, the provider may borrow funds on the 10th day of the month to pay employees, vendors, etc, and then repay those borrowings on the 20th day of the month when a Medicaid reimbursement is received). Many health care facility leases contain provisions as the the "flow of funds," and the order in which parties are paid. As Health Services Management Group, LLC is an affiliate of the tenant, although not a party to the LA or the PSA, a landlord will typically require the tenant and its manager to agree that managements fees are near the "end of the flow," being subordinated to the earlier payment of items such as operating expenses (including payroll, "triple net" items and rent).

Currently the owner/landlord of the properties remains Wayne County, and the attached executed PSA and LA together describe the expected future agreed transactions, events, and dates which will ultimately result in Wayne Real Estate Investors, LLC as being the lessor. Pursuant to the PSA Wayne County has the obligation to sell the facility to Waynesboro Healthcare, LLC, and Waynesboro Healthcare, LLC has the obligation to purchase, or assign the PSA to another party to purchase. Pursuant to the LA, Wayne Real Estate Investors, LLC will become the assignee of the PSA, purchase the facility, and then immediately lease the facility back to Waynesboro Healthcare, LLC, and will also construct the planned addition and renovations.

Waynesboro Healthcare, LLC does not intend to purchase the 109 bed Wayne County Nursing Home and then sell it to Wayne Real Estate Investors, LLC, but instead will assign its ability to purchase the facility to Wayne Real Estate Investors, LLC, pursuant to Section 12.12 of the PSA. Such an assignment, instead of two back to back sales, is a more efficient transaction, resulting in less transactional and closing expenses.

Attachment "1" Exhibit A

See Fully Executed Term Sheet between Waynesboro Healthcare, LLC and Wayne Real Estate, LLC attached.

WAYNE REAL ESTATE INVESTORS, LLC
1175 PEACHTREE STREET, NE, SUITE 350
ATLANTA, GEORGIA 30361

24 November 2014

Mr. Thomas D. Johnson
Waynesboro Healthcare, LLC
c/o Health Services Management Group, LLC
485 Central Avenue, NE
Cleveland, Tennessee 37311

Re: Term Sheet for Investment by Wayne Real Estate Investors, LLC, a Delaware limited liability company ("Landlord") in Projects to be operated by Waynesboro Healthcare, LLC, a Tennessee limited liability company ("Licensee")

Dear Tom:

Landlord confirms that it is prepared to enter into the following specific transaction with Licensee concerning (i) the acquisition of a 109-bed skilled nursing facility located at 104 J.V. Mangubat Drive, Waynesboro, Tennessee, known as Wayne County Nursing Home; (ii) the acquisition of a 46-bed skilled nursing facility located at 505 South High Street, Waynesboro, Tennessee, known as Wayne Care Nursing Home; (iii) the renovation and expansion of Wayne County Nursing Home and the transfer of licensed beds to Wayne County Nursing Home from Wayne Care Nursing Home; and (iv) closure and disposition of Wayne Care Nursing Home (collectively, the "Project"):

1. Landlord's Investment

   a. Landlord will purchase the Project by assignment of the existing Purchase and Sale Agreement by and between County of Wayne, Tennessee, (seller) and Waynesboro Healthcare, LLC (buyer) ("Purchase Agreement").

   b. Landlord's "Investment" means the cumulative total of all costs incurred by Landlord, including total purchase price of the project, construction and renovation costs, closing and diligence costs, legal expenses, filing fees, the Financing Fees, and all other fees and fees incurred by Landlord in connection with the Project. It is understood that Landlord's Investment includes, without limitation, the following: (a) acquisition costs of $4,000,000 pursuant to the Purchase Agreement, and (b) total hard and soft costs of construction and renovation of $5,658,317.63.

2. Lease of Properties

   a. Landlord will enter into a triple-net lease of the Project to Licensee.

3. Major Provisions of Lease

   a. There will be a Security Deposit under the lease which shall be deposited by Licensee.

   b. The lease will provide that management fees shall be subject to a ceiling and shall be subordinated in the event of a default by Licensee.

   c. The lease will contain provisions concerning the sale of the project and application of sales proceeds.

   d. The lease will contain other provisions typical for triple-net leases, including specific remedies for events of default.

4. Accounts Receivable ("A/R") Financing: Licensee will be allowed to pursue A/R financing, subject to lender approval, and the A/R loans shall not be cross-collateralized with any other financing or intercreditor agreements. Landlord and Licensee may consider whether Landlord will provide A/R financing to Licensee, but the same shall not be required.

If you agree with the terms of this letter, please sign below and return an executed copy to me.

Best regards,

John E. McMullan
Manager

dbb

Accepted this 25th day of Nov., 2014

WAYNESBORO HEALTHCARE, LLC

By: _____
Thomas D. Johnson

Attachment "1" Exhibit B

Please see Fully Executed Purchase and Sale Agreement between Wayne County (current lessor) and Waynesboro Healthcare, LLC with First Amendment; Second Amendment and Third Amendment following.

PURCHASE AND SALE AGREEMENT

THIS PURCHASE AND SALE Agreement (the "**Agreement**") is made this 30th day of June, 2014 (the "**Execution Date**"), by and between **County of Wayne Tennessee, LLC**, a governmental entity and political subdivision of the State of Tennessee, having an address of 100 Court Circle, Suite 300, Waynesboro, Tennessee 38485 ("**Seller**") and **Waynesboro Healthcare, LLC**, Tennessee limited liability company ("**Purchaser**").

RECITALS:

A. Purchaser and Seller are parties to Interim Management Agreements (the "**Management Agreements**"), Operations Transfer Agreements (the "**OTAs**") and Lease Agreements (the "**Leases**") in connection with Wayne County Nursing Home (the "**County Facility**") and Wayne Care Nursing Home (the "**Care Facility**", and together with the County Facility, the "**Facilities**").

B. Pursuant to the Management Agreements, Purchaser has agreed to begin managing the Facilities as of July 1, 2014, and pursuant to the OTAs and the Leases, to lease and operate the Facilities in its own name upon receipt of licenses from the Tennessee Board for Licensing Healthcare Facilities (the "**Licensure Date**").

C. In addition to the transfer of operations, Seller desires to sell, transfer and otherwise convey all of the Assets (as hereinafter defined) of the Facilities to Purchaser, and Purchaser desires to purchase and otherwise acquire the Assets, all as more particularly set forth below.

NOW, THEREFORE, for and in consideration of the mutual promises and subject to the conditions stated herein, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledge, the parties hereto agree as follows:

ARTICLE I.
PURCHASE AND SALE

Section 1.01 **Purchase and Sale:** Seller agrees to sell, transfer, convey, assign and deliver to Purchaser, and Purchaser hereby agrees to purchase from Seller: (i) the parcels of land legally described in Exhibit A attached hereto (which shall be agreed upon by the parties prior to the expiration of the Inspection Period (as hereinafter defined)), together with, if any, all mineral interests and all right, title and interest of Seller in and to any and all roads, easements, streets and rights-of-way of any kind, nature or description located thereon or relating thereto (the "**Land**"); and (ii) the buildings and all other improvements, including site improvements, landscaping, fixtures, mechanical equipment, apparatus and appliances, now owned or leased or hereafter placed on the Land (all the foregoing hereinafter collectively referred to as the "**Improvements**", and together with the Land, the "**Property**"), and (iii) to the extent not previously transferred pursuant to the OTAs, all licenses, permits, certificates of need, furniture, vehicles, supplies, telephone numbers, websites, cell phone numbers, books and records, and computer hardware and software relating to the Facility (collectively, the "**Facility Assets**" and

together with the Property, the "**Assets**") at the Purchase Price (as defined below) and upon the terms and conditions hereinafter set forth. The parties hereby acknowledge and agree that the definitions of Land, Improvements and Property shall include the Health Department building located adjacent to the County Facility.

Section 1.02 **Purchase Price.** The Purchase Price for the Assets is Four Million and NO/100 Dollars ($4,000,000.00) (the "**Purchase Price**"), payable by Purchaser to Seller. The parties hereby acknowledge and agree that within five (5) business days following execution of this Agreement, Purchaser is depositing the sum of One Hundred Thousand and no/100 Dollars ($100,000, the "**Deposit**") in cash or a letter of credit as a security deposit under the Leases. At Closing (as hereinafter defined), Purchaser shall pay the Purchase Price (or any balance thereof if the Deposit hereunder is made in cash) in immediately available funds subject to all prorations, credits and escrows provided herein. The Purchase Price shall be allocated in the manner set forth on Exhibit B, said allocation being determined by Purchaser during the Inspection Period.

Section 1.03 **Post-Closing Escrow**. At Closing, Two Hundred Fifty Thousand and NO/100 Dollars ($250,000.00) of the Purchase Price shall be placed in escrow with the Escrow Agent to be held pursuant to the terms of an escrow agreement in the form of the Post-Closing Escrow Agreement among Seller, Purchaser and Escrow Agent attached hereto as Exhibit C (the "**Post-Closing Escrow Agreement**") in order to protect Purchaser against post-closing liabilities. All earnings on the funds held pursuant to the Post-Closing Escrow Agreement shall accrue to the escrow account and be disbursed with the escrow funds. If no claim has been made pursuant to the Post-Closing Escrow Agreement, then the escrowed funds shall be released to Seller eighteen (18) months following Closing.

ARTICLE II.
CLOSING

Section 2.01 **Closing Date.** Subject to the satisfaction of the terms and conditions of this Agreement, the consummation of the purchase and sale of the Assets contemplated by this Agreement (the "**Closing**") shall occur on the date which is six (6) months following the Licensure Date (the "**Closing Date**"). The Closing shall be held at a location and at a time mutually agreed upon by Seller and Purchaser, but absent such agreement shall be held at 10:00 a.m. E.S.T. at Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C. in Chattanooga, Tennessee. Notwithstanding the foregoing time and place of Closing, Seller and Purchaser may deliver all of their respective closing documents required hereunder with respect to the Closing to Commonwealth Land Title Insurance Company (c/o Philip Saba, Esq., 265 Franklin Street, 8th Floor, Boston, MA 02110) (the "**Escrow Agent**") on or before the Closing Date (to hold in escrow in accordance with customary conveyancing practices subject to the consummation of the Closing) by mail or overnight courier. Purchaser may extend the Closing Date by written notice to Seller for up to ninety (90) days if it is showing substantial progress to purchase and close on the Assets. Any additional extension shall be by agreement of both Purchaser and Seller. Notwithstanding the foregoing, the parties may agree to close on a mutually acceptable date prior to six (6) months following the Licensure Date.

Section 2.02 **Deliveries at Closing**. On the Closing Date, the Closing shall occur as follows, subject to satisfaction of all of the terms and conditions of this Agreement, and with all of Purchaser's deliveries to be made concurrently with Seller's deliveries:

(a) On the Closing Date, Seller shall deliver the following:

(i) General Warranty Deeds (the "**Warranty Deeds**") from the Seller conveying to Purchaser title to the Property in fee simple, free and clear of all liens and Encumbrances whatsoever, except as set forth herein;

(ii) a certificate in form satisfactory to Purchaser, dated as of the Closing Date and duly executed by Seller, representing that there is no material default under the representations and warranties of Seller contained in Article VI of this Agreement and, in addition, that all such representations and warranties are true and correct without material exception as of the Closing Date (subject, however, to the same qualifications and limitations made in Article VI with respect to the original representations and warranties, such as the "knowledge" of Seller) as if made on and as of the Closing Date (or disclosing in reasonable detail such material defaults or exceptions, if any, which then exist or any manner in which any such representations and warranties are not true and correct as of the Closing Date, provided that the inclusion of any such disclosure in such closing certificate shall not prejudice Purchaser's rights and remedies, if any, under this Agreement with respect to the subject matter of such disclosure);

(iii) an agreement to relocate, at Seller's sole cost and expense, all public utility facilities located on the Wayne County Land to the extent required by Purchaser's expansion of the Facility to the Health Department Land;

(iv) an affidavit stating the following (with such exceptions as are necessary to make the facts stated therein true and correct to the best of Seller's knowledge at the time), all to the best of Seller's knowledge:

1) that there are no boundary line disputes with respect to the Property;

2) that there are no parties in, or having any right or claim to, possession of the Property;

3) that no improvements or repairs have been made by, or for the account of, or at the instance of, Seller to or on the Property within three (3) months preceding the Closing Date for which payment in full has not been made;

4) that no legal proceedings are pending against Seller that could affect Seller's title to the Assets or the right or power of Seller to convey the Assets to Purchaser in accordance with this Agreement; and

5) such other matters as Purchaser's title insurer may reasonably require in order to insure Purchaser's good and marketable title to the Property, subject only to the Permitted Exceptions applicable to the Property.

In order for Purchaser to be obligated to close hereunder, any exceptions to the matters described in clauses (1) through (5) above which are contained in such affidavit must be satisfactory to Purchaser and Purchaser's title insurer (but the inclusion of any such exceptions in such affidavit shall not prejudice Purchaser's rights and remedies, if any, under this Agreement with respect to the subject matter of any such exceptions).

(v) All amounts owing to Purchaser, as provided herein and reflected in a Closing Statement to be agreed to by the parties (the "**Purchase Closing Statement**").

(vi) all documents, instruments and agreements expressly provided for in this Agreement, and such additional documents as may be reasonably required to effectuate the purposes of this Agreement and to convey good and marketable title to the Property, subject only to the Permitted Exceptions.

(b) On the Closing Date, Purchaser shall deliver the following:

(i) the Purchase Price in the manner provided in Section 1.02; and

(ii) All amounts owing to Seller, if any, as provided herein and reflected on the Purchase Closing Statement.

(iii) all documents, instruments and agreements expressly provided for in this Agreement, and such additional documents as may be reasonably required to effectuate the purposes of this Agreement.

Section 2.03 **Prorations**. To the extent the same were not prorated as of the Effective Time under the OTAs (the "**Lease Closing**"), the following shall be paid at Closing and shall be set forth on the Purchase Closing Statement. In the event that the amounts as of the Closing Date cannot be accurately determined, such amounts shall be estimated and adjusted as promptly as practicable thereafter but in no event later than thirty (30) days after the Closing Date.

(a) Property Taxes. All Property Taxes, as set forth in the Lease Closing Statements under the OTAs.

(b) Utilities and Rents. All utilities and rents, as set forth in the Lease Closing Statements under the OTAs.

(c) Payroll. All payroll amounts, as set forth in the Lease Closing Statements under the OTAs.

(d) Prepayments. All prepayments, as set forth in the Lease Closing Statements under the OTAs.

(e) Severance. Any employee severance required to be paid out upon the relocation of the residents of the Care Facility to the County Facility shall be credit to New Operator.

Section 2.04 **Closing Costs**. The costs and expenses of the transaction contemplated by this Agreement shall be paid at or before the Closing, as follows:

(a) Seller shall pay the following costs and expenses:

(i) the transfer tax due with respect to the Warranty Deeds;

(ii) the costs of the Surveys;

(iii) the fees and expenses of Seller's attorneys; and

(iv) any other costs and expenses actually incurred by Seller.

(b) Purchaser shall pay the following costs and expenses:

(i) the recording and filing fees (other than transfer tax with respect to the Warranty Deeds) for all recordable instruments executed and delivered by Seller at the Closing pursuant to the terms of this Agreement;

(ii) any title examination fees or charges incurred by Purchaser;

(iii) all premiums for any owner's and lender's title insurance policies;

(iv) the fees and expenses of Purchaser's attorneys; and

(v) any other costs and expenses actually incurred by Purchaser.

ARTICLE III.
TITLE REPORT AND POLICY; SURVEY; ENVIRONMENTAL

Section 3.01 Purchaser may obtain and review each of the following:

(a) a 2006 ALTA title commitments issued by a nationally recognized title company of the condition of title to the Property (the "**Commitments**") for title insurance policies, in the current ALTA policy form (the "**Title Policies**"). The Commitments and Title Policies shall show that the Seller has marketable fee simple title to the Property, free from all liens, restrictions, encumbrances, easements and clouds on title whatsoever, except taxes not yet due and payable and other matters approved by Purchaser in writing in its sole discretion. Each Commitment and Title Policy will also contain extended coverage and such endorsements as are acceptable to Purchaser in its sole discretion. The Title Policies shall be in a form acceptable to Purchaser. At Closing, there shall be issued to Purchaser Title Policies in the aggregate amount of the Purchase Price. Seller shall provide the title company with customary lien waivers, affidavits or undertakings in a form required by the title company in order to delete the standard exceptions to the Title Policies; and

(b) an ALTA/ACSM as-built survey of each Property ordered by Seller (the "**Surveys**") accompanied by a certificate of a registered surveyor licensed in the State of Tennessee, certified as directed by Purchaser, sufficient to cause the title company to delete the standard printed survey exceptions and to issue the Title Policies free from any survey objections or exceptions whatsoever; and

(c) a "Phase I" Environmental Site Assessment Report concerning each Property (the "**Environmental Reports**") from an environment consultant, as chosen by Purchaser. If more than six (6) months lapses between the date of the Environmental Reports and the Closing Date, the Purchaser may obtain updated Environmental Reports. Seller agrees to use its best efforts to provide any additional information and materials which the environmental consultant may need or desire.

Section 3.02 **Defects and Cure**. The Commitments and Title Policies, Surveys and Environmental Reports described herein are collectively referred to as "**Title Evidence**." Purchaser shall provide written notification (a "**Title Objection**") within the later of (i) the end of the Inspection Period, as provided for in Section 4, or (ii) five (5) days after its receipt of all of the Title Evidence of any liens, claims, encroachments, exceptions or defects disclosed in the Title Evidence which in Purchaser's sole discretion adversely impacts the Property or the financeability or any other matter which is unacceptable to Purchaser (collectively, "**Defects**"). Seller shall use its best efforts to timely cure the Defects, and if Seller elects not to cure the Defects, Seller shall give written notice to Purchaser within ten (10) days of its receipt of the Title Objection of such action or inaction by the Seller. Within thirty (30) days of receipt of such written notice from Seller, Purchaser may (i) waive such Defects (whereupon such defects shall be deemed to be "**Permitted Exceptions**"), or (ii) terminate this Agreement. Alternatively, if Seller elects to cure such Defects, then Seller shall be given a reasonable period to do so, but not to exceed twenty (20) days. Should the Seller fail or refuse to cure such Defects within a reasonable period, but not to exceed twenty (20) days, Purchaser may (i) waive such Defects or (ii) terminate this Agreement prior to Closing. Upon termination of this Agreement under the terms of this Section, no party to this Agreement shall have any further claims or obligations under this Agreement except for those that expressly survive termination of this Agreement. Notwithstanding the foregoing, Seller shall be obligated to terminate or cure any of the following objections to title relating to the Property, and Purchaser shall be entitled to bring suit for damages or specific performance in the event the following are not cured prior to or at Closing:

(a) All deeds of trust, mortgages, security deeds, Uniform Commercial Code financing statements or other security instruments affecting the Land or any part thereof;

(b) All liens, fines, past due taxes or assessments of any kind constituting a lien against the Property to the extent such assessments can be cured by the payment of money;

(c) All mechanic's, materialmen's or similar liens; and

(d) All judgments which have attached to and become a lien against the Property, or any part thereof.

ARTICLE IV.
INSPECTION PERIOD

Section 4.01 Purchaser's obligations under this Agreement are subject to and conditioned upon Purchaser's determination, made in Purchaser's sole discretion during the period sixty (60) days following the Execution Date (the "**Inspection Period**"), that the Assets are suitable to Purchaser in its sole discretion.

Section 4.02 The Purchaser shall be entitled, on or before the expiration of the Inspection Period, to advise Seller that the Assets are unacceptable and Purchaser may terminate this Agreement by delivering written notice of such termination to Seller on or before the expiration of the Inspection Period. If Purchaser fails to give timely notice of termination to Seller, then this Article IV shall be of no further force.

ARTICLE V.
EASEMENTS

The parties acknowledge and agree that Seller owns the Wayne County Hospital located adjacent to the Wayne County Land and that it may be necessary for Seller to grant certain easements to Purchaser at Closing, and for Purchaser to grant (or for Seller to reserve) certain easements to Seller at Closing, which such granting by each party shall not be unreasonably withheld. The parties shall mutually agree upon the easements to be granted by and to the other party on or before the expiration of the Inspection Period.

ARTICLE VI.
REPRESENTATIONS, WARRANTIES, COVENANTS AND AGREEMENTS OF SELLER

Section 6.01 Seller makes the following representations and warranties to Purchaser, all of which shall be true and correct on the Execution Date and the Closing Date, and Seller makes the following covenants:

(a) Organization of Seller. Seller is a governmental entity and political subdivision of the State of Tennessee.

(b) Authority. The execution and delivery of this Agreement and the consummation of the transactions herein contemplated have been duly and validly authorized by all necessary action on the part of Seller, and this Agreement constitutes, and the documents contemplated hereby will be, valid and legally binding obligations of Seller, enforceable in accordance with its terms, subject to bankruptcy, insolvency and other statutes affecting creditors' rights generally.

(c) Conflict or Default. Except as fully described on Schedule 6.01(c) hereto, neither the execution nor delivery of this Agreement nor the consummation of the transactions herein contemplated will conflict with, violate, result in a breach by, constitute a default under or accelerate the performance provided by the terms of any law, rule, regulation or material agreement to which either Seller may be subject, or which could result in the creation of any lien, charge or Encumbrance (as defined below) upon any part of the Property.

(d) No Consent. No consent or approval by any governmental agency or authority or any non-governmental person or entity is required in connection with the execution, performance and delivery by Seller of this Agreement or the consummation by Seller of the transactions contemplated herein, except for such consents or approvals fully described on Schedule 6.01(d) hereto.

(e) Compliance with Laws. Except as fully described on Schedule 6.01(e) hereto, there is no violation of any federal, state or local legal or regulatory requirement of any kind or nature whatsoever relating to the Property which would have an adverse effect on Purchaser or the Property (including zoning and land use laws, building, safety or health ordinances and codes, environmental laws and civil rights laws). Seller has not received any unremediated notice of complaint from any governmental agency, insurance company or third party, and Seller has not received notice of and has no knowledge of any material violation or any claim of violation of any law, rule, regulation, ordinance, order, writ, injunction, decree, certificate, license, permit, authorization, relating to the Assets or which could have an adverse effect on the Assets or Purchaser. Seller has not received any notice from any governmental authority of any pending proceeding to take all or any part of the Property by condemnation or right of eminent domain and neither Seller has any knowledge that such proceeding is threatened. Seller is not a party to any agreement or instrument, or subject to any judgment, order, writ, injunction, rule, regulation, code or ordinance not also applicable to other similarly situated businesses which has an adverse effect, or might reasonably be expected to have an adverse effect, on the Property.

(f) Litigation and Proceedings. Schedule 6.01(f) hereto sets forth a complete and accurate description of any litigation, proceeding, claim or investigation pending before any court, arbitrator or administrative agency, or to the best knowledge of Seller threatened, affecting or relating to the Assets or Seller. Except as fully described on Schedule 6.01(f) hereto, there are no outstanding orders, consent decrees, corporate integrity agreements, rulings, decrees, judgments or stipulations by or with any court, arbitrator or administrative agency which affect Seller or the Property. Seller shall promptly notify Purchaser of any changes to said Schedule.

(g) Title. Seller has, and at Closing will have, good, insurable and marketable fee simple title to the Land. There are no encroachments on the Property by adjoining property or improvements, there are no disputes concerning the location of property lines or corners of the Property; and there is vehicular access to and from the Land by a public roadway.

(h) Encumbrances. Except as fully described on Schedule 6.01(h) hereto, neither Seller nor any part of the Property is subject to any (i) use or occupancy restrictions; (ii) special taxes or assessments; (iii) legal or equitable interests in the Property claimed by any person or entity other than Seller; or (iv) other liens, security interests, encumbrances, or other agreement, arrangement, claim, contract, commitment, understanding or obligation (collectively, the "**Encumbrances**"). At Closing, the Property shall not be subject to any Encumbrance except Permitted Exceptions.

(i) Utilities. All water, gas, electricity, telephone, cable, drainage facilities, sewer and other utilities required for the operation of a skilled nursing facility either enter the Property through adjoining public streets or, if they pass through adjoining private land, they do so in accordance with recorded easements which are described on the Surveys and Title Commitments.

(j) Taxes. All taxes against the Property which are due and payable on or before the Execution Date have been paid. There are no agreements, waivers or other arrangements providing for an extension of time with respect to the assessment of any tax or deficiency against the Property, nor does Seller have knowledge of the pendency of any actions, suits, proceedings, investigations or claims for additional taxes and assessments against the Property asserted by any taxing authority.

(k) Environmental Matters.

(i) Except as fully described on Schedule 6.01(l) hereto, the Property is in compliance with all federal, state and local environmental, health and safety laws, statutes ordinances and regulations, including without limitation, all laws relating to hazardous substances and wetlands. Seller represents and warrants that currently and as of the Closing, no oil or hazardous substances have been generated, released, stored or deposited over, beneath or on the Property or on or in any structures located on the Property, from any source whatsoever, by Seller, or, to Seller's best knowledge, its predecessors in interest or any other person. For purposes hereof, "hazardous substances" means any substance or matter defined as such by the Comprehensive Environmental Response, Compensation and Liability Act of 1980 ("CERCLA"), any pollutants or contaminants as defined in CERCLA, or any hazardous waste as defined by the Resource Conservation and Recovery Act, or any other similar applicable federal, state or local laws, statutes, regulations or ordinances which shall include, but not be limited to, asbestos, radon, PCBs and urea formaldehyde.

(ii) Seller covenants that it will indemnify, hold harmless, and defend Purchaser, its officers, members, managers, owners, directors, agents, successors and assigns, from any and all claims, loss, damage, response costs and expenses arising out of or in any way relating to a breach of these environmental representations including, but not limited to: (a) claims of third parties (including governmental agencies), for damages, penalties, response costs, injunctive or other relief; (b) expenses, including fees of attorneys and experts, of reporting and monitoring the existence of hazardous substances or hazardous wastes to any governmental agency; or (c) any and all expenses or obligations, incurred at, before and after any trial or appeal therefrom or administrative proceeding or appeal therefrom whether or not taxable as costs, including, without limitation, attorney's fees, witness fees (expert and otherwise), deposition costs, copying and telephone charges and other expenses, all of which shall be paid by Seller when accrued.

(l) Permits and Licenses. Schedule 6.01(m) contains an accurate and complete schedule of all permits and licenses, license or similar authorization from each governmental authority issued with respect to the operation or ownership or development of the Property together (i) a brief description of each permit or license, (ii) the designation of the respective expiration dates of each.

(m) Attorney General Approval. Seller is not required to seek approval of the Attorney General with respect to the assets being sold herein as the same are not "substantially all" of the Seller's assets.

(n) Bankruptcy. No bankruptcy, insolvency, rearrangement or similar action involving Seller, whether voluntary or involuntary, is pending or threatened, and Seller has not ever:

(i) filed a voluntary petition in bankruptcy;

(ii) been adjudicated a bankrupt or insolvent or filed a petition or action seeking any reorganization, arrangement, recapitalization, readjustment, liquidation, dissolution or similar relief under any Federal bankruptcy act or any other laws;

(iii) sought or acquiesced in the appointment of any trustee, receiver or liquidator of all or any substantial part of its properties, or any portion thereof; or

(iv) made an assignment for the benefit of creditors or admitted in writing its or his inability to pay its or his debts generally as the same become due. Seller is not anticipating or contemplating any of the actions set forth in this subsection.

Section 6.02 **Remedies**. Seller agrees that the warranties and representations contained in Section 6.01 are true, and are in full force and binding on Seller, as of the Execution Date and shall be true and correct up through and to the Closing Date. Such representations and warranties shall survive the Closing.

ARTICLE VII.
REPRESENTATIONS AND WARRANTIES, COVENANTS AND AGREEMENTS OF PURCHASER

Section 7.01 Purchaser makes the following representations and warranties to Seller, all of which shall be true and correct as of the Execution Date and at the Closing Date:

(a) Organization of Purchaser. Purchaser is a limited liability company duly organized and validly existing and in good standing under the laws of the State of Tennessee.

(b) Authority. The execution and delivery of this Agreement and the consummation of the transactions herein contemplated have been duly and validly authorized by all necessary corporate action on the part of Purchaser, and this Agreement constitutes, and the documents contemplated hereby will be, valid and legally binding obligations of Purchaser, enforceable in accordance with their terms, subject to bankruptcy, insolvency and other statutes affecting creditors' rights generally.

(c) Conflict or Default. Neither the execution nor delivery of this Agreement nor the consummation of the transactions herein contemplated will conflict with, violate, result in a breach by, constitute a default under or accelerate the performance provided by the terms of any law, rule, regulation or agreement to which Purchaser may be subject.

ARTICLE VIII.
CONDITIONS TO CLOSING

Section 8.01 **Conditions to Purchaser's Obligations**. In addition to the other conditions in this Agreement, the duties and obligations of Purchaser under the terms and provisions of this Agreement shall be expressly conditioned upon the following:

(a) Full Performance. The full performance by Seller of all of its respective obligations hereunder in a timely manner;

(b) Representations and Warranties. Seller's representations and warranties contained herein shall be true, complete and correct as of the Execution Date and the as of the Closing Date as if made at that time;

(c) Financing. Purchaser shall have obtained financing on terms satisfactory to Purchaser in its sole discretion for the purchase of the Assets and the renovation of the Facility;

(d) Transaction Documents. Seller shall have entered into the Management Agreements, Leases and OTAs; and

(e) Easements. All easements provided for under Article V have been agreed upon between Seller and Purchaser.

Section 8.02 **Conditions to Seller's Obligations**. In addition to the other conditions in this Agreement, the duties and obligations of Seller under the terms and provisions of this Agreement shall be expressly conditioned upon the following:

(a) Full Performance. The full performance by Purchaser of all of its respective obligations hereunder in a timely manner; and

(b) Representations and Warranties. Purchaser's representations and warranties contained herein shall be true, complete and correct as of the Execution Date and the as of the Closing Date as if made at that time;

ARTICLE IX.
BROKERAGE COMMISSION

Purchaser and Seller represent and warrant, each to the other, that they have not discussed this Agreement or its subject matter with, or engaged the services of, any real estate broker, agent or salesman, so as to create any legal right in any such broker, agent or salesman to claim a real estate commission or similar fee with respect to the conveyance of the Assets contemplated by this Agreement. Purchaser and Seller indemnify each other against and agree to hold each other harmless from any and all claims (including, without limitation, court costs and attorneys' fees incurred in connection with any such claims) for any real estate commissions or similar fees arising out of or in any way connected with any claimed agency relationship with the indemnitor and relating to the conveyance of the Property and the other transactions contemplated by this

Agreement. This Article IX shall survive the rescission, cancellation, termination or consummation of this Agreement.

ARTICLE X.
DEFAULT

Section 10.01 Purchaser Default. Purchaser shall fully perform and comply with all agreements, conditions and covenants required by this Agreement to be performed or complied with hereunder, provided the Seller may waive in writing in whole or in part at or prior to the Closing the Purchaser's performance of and compliance with any such agreement, condition or covenant. If the purchase and sale of the Assets pursuant hereto is not closed and consummated through the default of the Purchaser hereunder, Seller shall receive the $100,000 deposited as the Security Deposit under the Leases as liquidated damages, and this shall be Seller's sole remedy at law and equity, Seller hereby waiving and relinquishing any and all other remedies available to it. The parties acknowledge the difficulty of ascertaining Seller's damages in such a circumstance and agree that this amount represents a reasonable and mutual attempt by Purchaser and Seller to anticipate the consequence to Seller of Purchaser's breach.

Section 10.02 Seller Default. Seller shall fully perform and comply with all agreements, conditions, and covenants required by this Agreement to be performed or complied with by the Seller hereunder, provided, the Purchaser may expressly waive in writing in whole or in part at or prior to the Closing Date Seller's performance or any compliance with such agreements, conditions, and covenants. If the purchase and sale of the Assets pursuant hereto is not closed and consummated through the default of the Seller hereunder, or the failure of Seller to satisfy conditions to Closing specified herein which are its responsibility, the Deposit shall be returned to the Purchaser and the Purchaser shall have the right to pursue such remedies at law or in equity against the Seller as maybe afforded to it under law or equity, including, without limitation, specific performance.

ARTICLE XI.
NOTICES

Section 11.01 All notices and other communications provided for herein shall be validly given, made or served if in writing and delivered personally, by facsimile transmission, by United States certified mail, return receipt requested, postage prepaid, or delivered by Federal Express or any other national courier service which requires signed receipt for delivery, as set forth below:

To Seller:	Wayne County 100 Court Circle Suite 300 P.O. Box 848 Waynesboro, Tennessee 38485 Facsimile: _____
With a copy to:	Jane M. Jennings Attorney at Law 231 Mahr Avenue Lawrenceburg, Tennessee 28646 Facsimile: _____
To Purchaser:	Waynesboro Healthcare, LLC 485 Central Avenue Cleveland, TN 37311 Attention: Thomas D. Johnson Facsimile: (423) 472-6283
With a copy to:	Baker, Donelson, Bearman, Caldwell & Berkowitz, P.C. 1800 Republic Center 633 Chestnut Street Chattanooga, TN 37450 Attention: Richard D. Faulkner, Jr. Esq. Facsimile: (423) 752-9529

or such other address as shall be furnished in writing by any party to the other party.

ARTICLE XII.
MISCELLANEOUS PROVISIONS

Section 12.01 Entire Agreement; Modification. This Agreement supersedes all prior discussions and agreements between Seller and Purchaser with respect to the Assets and contains the sole and entire understanding between Seller and Purchaser with respect to the Assets. All promises, inducements, offers, letters of intent, solicitations, agreements, commitments, representations and warranties made between such parties prior to this Agreement are merged into this Agreement. This Agreement shall not be modified or amended in any respect except by a written instrument executed by or on behalf of each of the parties to this Agreement.

Section 12.02 Exhibits and Schedules. Each exhibit or schedule referred to or otherwise mentioned in this Agreement is attached to this Agreement and is and shall be construed to be made a part of this Agreement by such reference or other mention at each point at which such reference or other mention occurs, in the same manner and with the same effect as if each exhibit were set forth in full and at length every time it is referred to or otherwise mentioned.

Section 12.03 Captions. All captions, headings and all Article, Section, subsection and clause numbers and letters and other reference numbers or letters are solely for the purpose of facilitating reference to this Agreement and shall not supplement, limit or otherwise vary in any respect the text of this Agreement.

Section 12.04 References. All references to Articles, Sections, subsections or clauses shall be deemed to refer to the appropriate Article, Section, subsection or clause of this Agreement.

Section 12.05 Counterparts. This Agreement may be executed in several counterparts, each of which shall constitute an original and all of which together shall constitute one and the same instrument.

Section 12.06 Waiver. Any condition or right of termination, cancellation or rescission granted by this Agreement to Purchaser or Seller may be waived by such party.

Section 12.07 Rights Cumulative. Except as expressly limited by the terms of this Agreement, all rights, powers and privileges conferred under this Agreement shall be cumulative and not restrictive of those given by law.

Section 12.08 Successors and Assigns. Subject to the provisions of Section 12.12, this Agreement shall be binding upon and inure of the benefit of the parties to this Agreement and their respective heirs, successors and assigns.

Section 12.09 Date for Performance. If the time period by which any right, option or election provided under this Agreement must be exercised, or by which any act required under this Agreement must be performed, or by which the Closing must be held, expires on a Saturday, Sunday or legal or bank holiday, then such time period shall be automatically extended through the close of business on the second (2nd) following regularly-scheduled business day.

Section 12.10 Indemnification Procedure. Whenever any party is required to indemnify another pursuant to this Agreement, the party to be indemnified shall give the indemnifying party notice of any loss, liability or damage, or claim of loss, liability or damage, within fifteen (15) days after the party to be indemnified has actual knowledge of such loss, liability, damage or claim. The party to be indemnified shall not settle, and shall not confess judgment with respect to, any loss, liability, damage or claim without the prior written approval of the indemnifying party.

Section 12.11 Survival. Each representation and warranty of Seller made in this Agreement, and each unperformed obligation of either Seller or Purchaser under this Agreement, shall survive the Closing and shall not be merged into the deed to the Property or into any other document executed and delivered by Seller or Purchaser, at Closing or otherwise.

Section 12.12 Assignability. Purchaser may assign this Agreement in whole or in part and/or designate a nominee to take title to all or any part of the Property at Closing without the consent of Seller. In the event of an assignment by Purchaser, the assignor shall be released from any and all of its obligations hereunder, provided that each assignee of such rights agrees to be fully bound by the terms and conditions of this Agreement as if said assignee were the original signatory hereto. Any assignment of this Agreement shall be binding upon and inure to the

benefit of the successor or assignee of Purchaser. In the event Purchaser finds it necessary or is required to provide to a third party a collateral assignment of the Purchaser's interest in this Agreement and/or any related documents, Seller shall cooperate with the Purchaser and any third party requesting such assignment including but not limited to Seller signing a consent and acknowledgment of such assignment.

Section 12.13 **Agreement Effective**. This Agreement shall be effective only upon the execution hereof by both Seller and Purchaser, and the execution by one party shall be deemed an offer by the party first executing this Agreement revocable at any time prior to the execution by the other party, unless expressly set out in writing herein to the contrary.

Section 12.14 **Governing Law**. This Agreement is being delivered and is intended to be performed in the State of Tennessee, and shall be construed and enforced in accordance with the laws of such state.

[signatures appear on following page]

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date first set forth above.

SELLER:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision of the State of Tennessee

By: _____
Name: JASON RICH
Its: COUNTY EXECUTIVE

PURCHASER:

WAYNESBORO HEALTHCARE, LLC

By: _____
Thomas D. Johnson, Chief Manager

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date first set forth above.

SELLER:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision of the State of Tennessee

By: _____
Name: _____
Its: _____

PURCHASER:

WAYNESBORO HEALTHCARE, LLC

By: _____
Thomas D. Johnson, Chief Manager

Exhibit A

Legal Description of Property

Legal Description of Wayne County Nursing Home Property

Legal Description of Wayne Care Nursing Home Property

Exhibit B

Allocation of Purchase Price

Wayne County Nursing Home

Property	$	_____
Improvements	$	_____

Wayne Care Nursing Home

Property	$	_____
Improvements	$	_____

TOTAL $4,000,000.00

Exhibit C

Post Closing Escrow Agreement

PURCHASE AND SALE AGREEMENT

THIS PURCHASE AND SALE Agreement (the "**Agreement**") is made this 26th day of June, 2014 (the "**Execution Date**"), by and between **County of Wayne Tennessee, LLC**, a governmental entity and political subdivision of the State of Tennessee, having an address of 100 Court Circle, Suite 300, Waynesboro, Tennessee 38485 ("**Seller**") and **Waynesboro Healthcare, LLC**, Tennessee limited liability company ("**Purchaser**").

RECITALS:

A. Purchaser and Seller are parties to Interim Management Agreements (the "**Management Agreements**"), Operations Transfer Agreements (the "**OTAs**") and Lease Agreements (the "**Leases**") in connection with Wayne County Nursing Home (the "**County Facility**") and Wayne Care Nursing Home (the "**Care Facility**", and together with the County Facility, the "**Facilities**").

B. Pursuant to the Management Agreements, Purchaser has agreed to begin managing the Facilities as of July 1, 2014, and pursuant to the OTAs and the Leases, to lease and operate the Facilities in its own name upon receipt of licenses from the Tennessee Board for Licensing Healthcare Facilities (the "**Licensure Date**").

C. In addition to the transfer of operations, Seller desires to sell, transfer and otherwise convey all of the Assets (as hereinafter defined) of the Facilities to Purchaser, and Purchaser desires to purchase and otherwise acquire the Assets, all as more particularly set forth below.

NOW, THEREFORE, for and in consideration of the mutual promises and subject to the conditions stated herein, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledge, the parties hereto agree as follows:

ARTICLE I.
PURCHASE AND SALE

Section 1.01 **Purchase and Sale:** Seller agrees to sell, transfer, convey, assign and deliver to Purchaser, and Purchaser hereby agrees to purchase from Seller: (i) the parcels of land legally described in Exhibit A attached hereto (which shall be agreed upon by the parties prior to the expiration of the Inspection Period (as hereinafter defined)), together with, if any, all mineral interests and all right, title and interest of Seller in and to any and all roads, easements, streets and rights-of-way of any kind, nature or description located thereon or relating thereto (the "**Land**"); and (ii) the buildings and all other improvements, including site improvements, landscaping, fixtures, mechanical equipment, apparatus and appliances, now owned or leased or hereafter placed on the Land (all the foregoing hereinafter collectively referred to as the "**Improvements**", and together with the Land, the "**Property**"), and (iii) to the extent not previously transferred pursuant to the OTAs, all licenses, permits, certificates of need, furniture, vehicles, supplies, telephone numbers, websites, cell phone numbers, books and records, and computer hardware and software relating to the Facility (collectively, the "**Facility Assets**" and

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date first set forth above.

SELLER:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision of the State of Tennessee

By: _____
Name: _____
Its: _____

PURCHASER:

WAYNESBORO HEALTHCARE, LLC

By: _____
Thomas D. Johnson, Chief Manager

SUPPLEMENTAL #2
November 25, 2014
12:30 am

FIRST AMENDMENT TO PURCHASE AND SALE AGREEMENT

THIS FIRST AMENDMENT TO PURCHASE AND SALE AGREEMENT (this "***Amendment***") is entered into effective as of July 25, 2014 by and between **County of Wayne, Tennessee** ("***Seller***") and **Waynesboro Healthcare, LLC** ("***Purchaser***").

WITNESSETH:

WHEREAS, Seller and Purchaser entered into that certain Purchase and Sale Agreement dated as of June 30, 2014 (the "***Agreement***"); and

WHEREAS, Seller and Purchaser have agreed to amend the Agreement as set forth hereinbelow; and

WHEREAS, capitalized terms that are not otherwise defined in this Amendment shall have the same meanings ascribed to them in the Agreement.

NOW, THEREFORE, for and in consideration of Ten and 00/100 Dollars ($10.00), in hand paid, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, do hereby agree as follows:

1. Exhibit A attached to the Agreement shall be deleted in its entirety and Exhibit A-1 and Exhibit A-2 attached hereto inserted in lieu thereof. Exhibit A-1 shall be further revised at such time as the legal description of the Wayne County Nursing Home Property is available.

2. Ratification. The Agreement, as amended by this Amendment, is hereby ratified and confirmed by the parties hereto on and subject to each of the terms, provisions and conditions thereof and is hereby declared by the Seller and Purchaser to be in full force and effect.

3. Successors and Assigns. This Amendment is binding upon, and shall inure to the benefit of, Seller and Purchaser and their respective successors and assigns.

4. Counterparts. This Amendment may be executed in multiple counterparts, including by facsimile or e-mail, each of which shall be deemed an original, and all of which shall be one and the same instrument.

[SIGNATURES ON FOLLOWING PAGE]

SUPPLEMENTAL #2
November 25, 2014
12:30 am

IN WITNESS WHEREOF, the parties have executed this Amendment on the date and year indicated above.

SELLER:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision of the State of Tennessee

By: _____
Jason Rich, County Executive

PURCHASER:

WAYNESBORO HEALTHCARE, LLC
a Tennessee limited liability company

By: _____
Thomas D. Johnson, Chief Manager

SUPPLEMENTAL #2

November 25, 2014
12:30 am

IN WITNESS WHEREOF, the parties have executed this Second Amendment on the date and year indicated above.

SELLER:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision of the State of Tennessee

By: _____
Jason Rich, County Executive

PURCHASER:

WAYNESBORO HEALTHCARE, LLC
a Tennessee limited liability company

By: _____
Thomas D. Johnson, Chief Manager

SUPPLEMENTAL #2

November 25, 2014
12:30 am

SECOND AMENDMENT TO PURCHASE AND SALE AGREEMENT

THIS SECOND AMENDMENT TO PURCHASE AND SALE AGREEMENT (this "*Second Amendment*") is entered into effective as of August 13th, 2014 by and between **County of Wayne, Tennessee** ("*Seller*") and **Waynesboro Healthcare, LLC** ("*Purchaser*").

WITNESSETH:

WHEREAS, Seller and Purchaser entered into that certain Purchase and Sale Agreement dated as of June 30, 2014, as amended by that First Amendment to Purchase and Sale Agreement dated as of July 25, 2014 (as amended, the "*Agreement*"); and

WHEREAS, Seller and Purchaser have agreed to further amend the Agreement as set forth hereinbelow; and

WHEREAS, capitalized terms that are not otherwise defined in this Second Amendment shall have the same meanings ascribed to them in the Agreement.

NOW, THEREFORE, for and in consideration of Ten and 00/100 Dollars ($10.00), in hand paid, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, do hereby agree as follows:

1. Amendment. Section 4.01 of the Agreement shall be deleted in its entirety and the following inserted in lieu thereof:

   "Purchaser's obligations under this Agreement are subject to and conditioned upon Purchaser's determination, made in Purchaser's sole discretion during the period ninety (90) days following the Execution Date (the "*Inspection Period*"), that the Assets are suitable to Purchaser in its sole discretion."

2. Ratification. The Agreement, as amended by this Second Amendment, is hereby ratified and confirmed by the parties hereto on and subject to each of the terms, provisions and conditions thereof and is hereby declared by the Seller and Purchaser to be in full force and effect.

3. Successors and Assigns. This Second Amendment is binding upon, and shall inure to the benefit of, Seller and Purchaser and their respective successors and assigns.

4. Counterparts. This Second Amendment may be executed in multiple counterparts, including by facsimile or e-mail, each of which shall be deemed an original, and all of which shall be one and the same instrument.

EXHIBIT "A-2"

Legal Description of Wayne Care Nursing Home

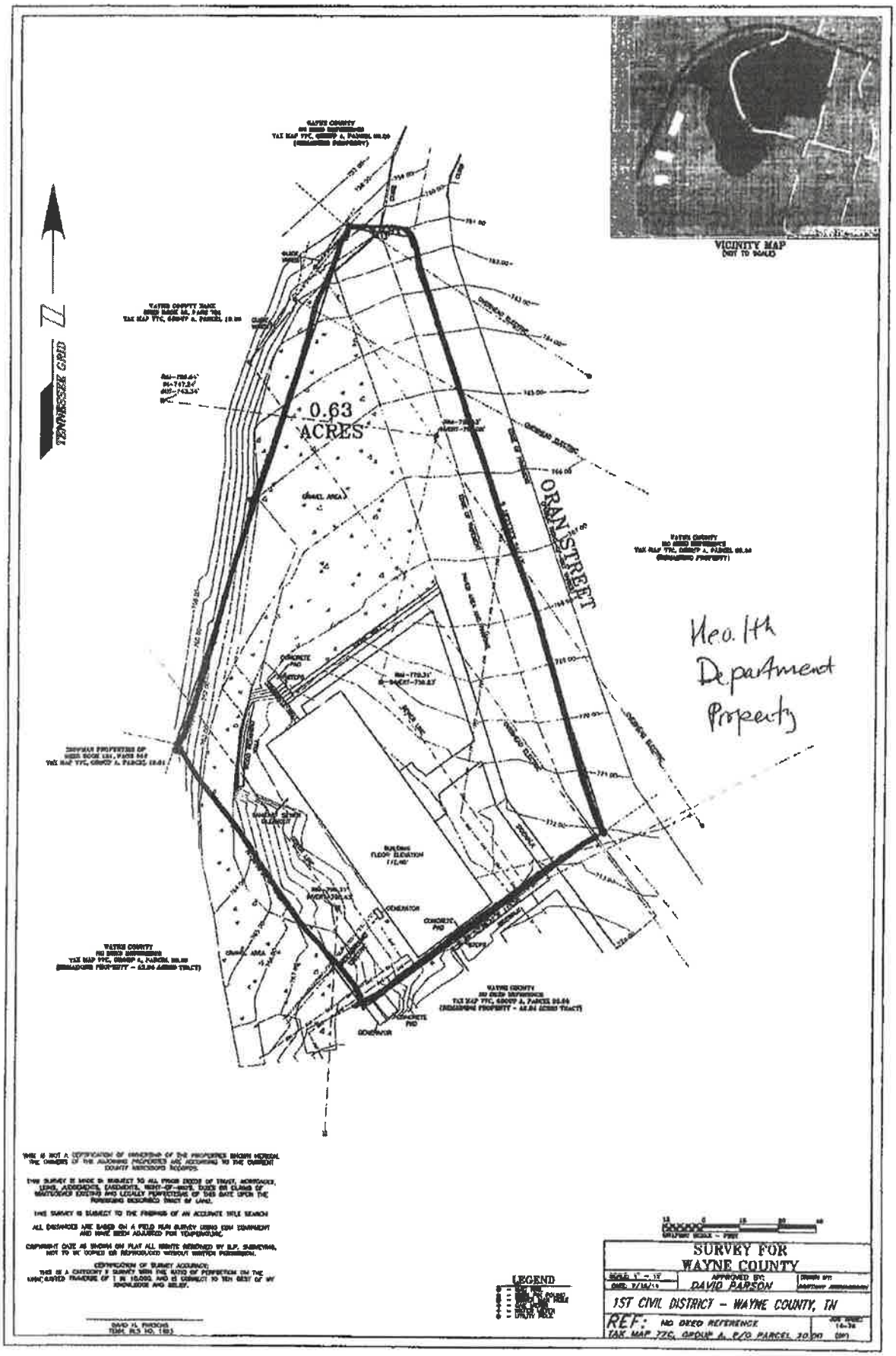
BEGINNING at a stake in the West margin of State Highway No. 13 and the South margin of Copeland Street (Where Copeland Street intersects with State Highway No. 13); thence South 4 deg. 30' East 79.5 feet with the west margin of Highway No. 13 to a stake, the southeast corner of this lot and the North east corner of lot retained by George Nelson; thence South 81 deg. 11'55.4" West 107.5 feet with Nelson's North boundary line to a stake; thence North 4 deg. 36'39.6" West 82 feet to a stake in the South margin of Copeland Street; thence with South margin of Copeland Street North 81 deg. 11'54.4" East 107.5 feet to the beginning and being Lot No. 2 in the Skelton Subdivision. Plat recorded in Deed book 28, page 566, dated July 6, 1946.

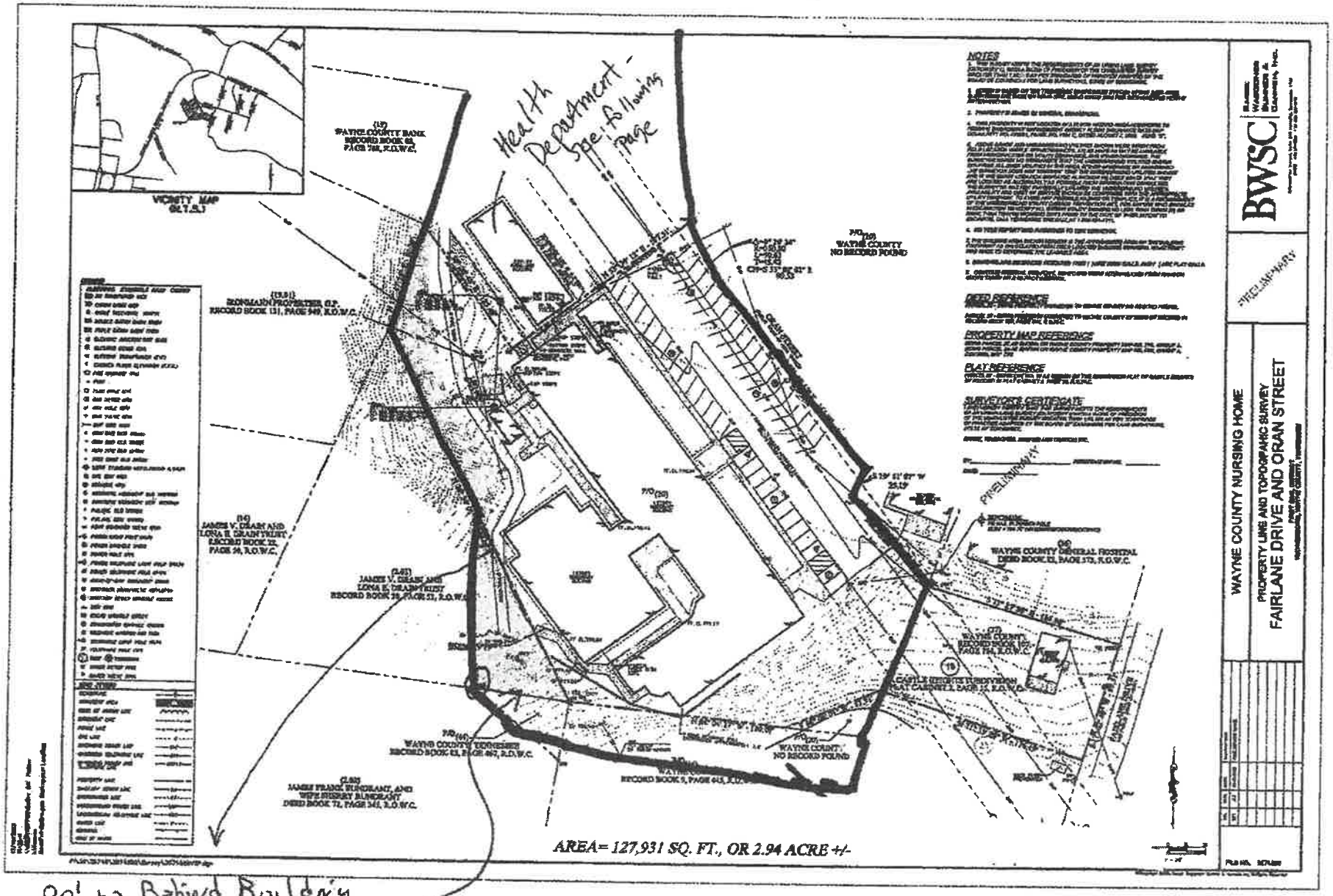
Being the property conveyed to Wayne County, a governmental entity of the State of Tennessee by Deed with Special Warranty from National Healthcare of Wayne County, Inc. dated July 1, 1988, recorded in Deed Book 112, Page 209, Register's Office of Wayne County, Tennessee.

SUPPLEMENTAL #2

November 25, 2014

12:30 am





90' to Behind Building w/ROAD

40' to EXISTING Bundraft Quit Claim

SUPPLEMENTAL #2

November 25, 2014

12:30 am

SUPPLEMENTAL #2
November 25, 2014
12:30 am

THIRD AMENDMENT TO PURCHASE AND SALE AGREEMENT

THIS THIRD AMENDMENT TO PURCHASE AND SALE AGREEMENT (this "***Third Amendment***") is entered into effective as of September _27th_, 2014 by and between **County of Wayne, Tennessee** ("***Seller***") and **Waynesboro Healthcare, LLC** ("***Purchaser***").

WITNESSETH:

WHEREAS, Seller and Purchaser entered into that certain Purchase and Sale Agreement dated as of June 30, 2014, as amended by that First Amendment to Purchase and Sale Agreement dated as of July 25, 2014 and that Second Amendment to Purchase and Sale Agreement dated as of August 13, 2014 (as amended, the "***Agreement***"); and

WHEREAS, Seller and Purchaser have agreed to further amend the Agreement as set forth hereinbelow; and

WHEREAS, capitalized terms that are not otherwise defined in this Third Amendment shall have the same meanings ascribed to them in the Agreement.

NOW, THEREFORE, for and in consideration of Ten and 00/100 Dollars ($10.00), in hand paid, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, do hereby agree as follows:

1. Amendment. Section 4.01 of the Agreement shall be deleted in its entirety and the following inserted in lieu thereof:

   "Purchaser's obligations under this Agreement are subject to and conditioned upon Purchaser's determination, made in Purchaser's sole discretion during the period one-hundred (180) days following the Execution Date (the "***Inspection Period***"), that the Assets are suitable to Purchaser in its sole discretion. The parties hereby acknowledge and agree that the expiration of the Inspection Period shall be December 29, 2014."

2. Ratification. The Agreement, as amended by this Third Amendment, is hereby ratified and confirmed by the parties hereto on and subject to each of the terms, provisions and conditions thereof and is hereby declared by the Seller and Purchaser to be in full force and effect.

3. Successors and Assigns. This Third Amendment is binding upon, and shall inure to the benefit of, Seller and Purchaser and their respective successors and assigns.

4. Counterparts. This Third Amendment may be executed in multiple counterparts, including by facsimile or e-mail, each of which shall be deemed an original, and all of which shall be one and the same instrument.

SUPPLEMENTAL #2
November 25, 2014
12:30 am

EXHIBIT "A-1"

Legal Description of Wayne County Nursing Home and Health Department

[see attached]

SUPPLEMENTAL #2
November 25, 2014
12:30 am

THIRD AMENDMENT TO PURCHASE AND SALE AGREEMENT

THIS THIRD AMENDMENT TO PURCHASE AND SALE AGREEMENT (this "***Third Amendment***") is entered into effective as of September _27th_, 2014 by and between **County of Wayne, Tennessee** ("***Seller***") and **Waynesboro Healthcare, LLC** ("***Purchaser***").

WITNESSETH:

WHEREAS, Seller and Purchaser entered into that certain Purchase and Sale Agreement dated as of June 30, 2014, as amended by that First Amendment to Purchase and Sale Agreement dated as of July 25, 2014 and that Second Amendment to Purchase and Sale Agreement dated as of August 13, 2014 (as amended, the "***Agreement***"); and

WHEREAS, Seller and Purchaser have agreed to further amend the Agreement as set forth hereinbelow; and

WHEREAS, capitalized terms that are not otherwise defined in this Third Amendment shall have the same meanings ascribed to them in the Agreement.

NOW, THEREFORE, for and in consideration of Ten and 00/100 Dollars ($10.00), in hand paid, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending to be legally bound, do hereby agree as follows:

1. Amendment. Section 4.01 of the Agreement shall be deleted in its entirety and the following inserted in lieu thereof:

   "Purchaser's obligations under this Agreement are subject to and conditioned upon Purchaser's determination, made in Purchaser's sole discretion during the period one-hundred (180) days following the Execution Date (the "***Inspection Period***"), that the Assets are suitable to Purchaser in its sole discretion. The parties hereby acknowledge and agree that the expiration of the Inspection Period shall be December 29, 2014."

2. Ratification. The Agreement, as amended by this Third Amendment, is hereby ratified and confirmed by the parties hereto on and subject to each of the terms, provisions and conditions thereof and is hereby declared by the Seller and Purchaser to be in full force and effect.

3. Successors and Assigns. This Third Amendment is binding upon, and shall inure to the benefit of, Seller and Purchaser and their respective successors and assigns.

4. Counterparts. This Third Amendment may be executed in multiple counterparts, including by facsimile or e-mail, each of which shall be deemed an original, and all of which shall be one and the same instrument.

SUPPLEMENTAL #2

November 25, 2014
12:30 am

IN WITNESS WHEREOF, the parties have executed this Third Amendment on the date and year indicated above.

SELLER:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision of the State of Tennessee

By: _____
Jason Rich, County Executive

PURCHASER:

WAYNESBORO HEALTHCARE, LLC
a Tennessee limited liability company

By: _____
Thomas D. Johnson, Chief Manager

SUPPLEMENTAL #2

November 25, 2014
12:30 am

IN WITNESS WHEREOF, the parties have executed this Third Amendment on the date and year indicated above.

SELLER:

COUNTY OF WAYNE, TENNESSEE,
a governmental entity and political subdivision of the State of Tennessee

By: _____
Jason Rich, County Executive

PURCHASER:

WAYNESBORO HEALTHCARE, LLC
a Tennessee limited liability company

By: _____
Thomas D. Johnson, Chief Manager

SUPPLEMENTAL #2
November 25, 2014
12:30 am

Attachment "2"

Section C, Need, Item 3 (Service Area)

QUESTION:
Your response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please verify the following table.

RESPONSE:
Please see updated Population Chart below:

Variable	*Wayne County*	*Tennessee*
Current Year (2014), Age 65+	3005	981,984
Projected Year (2018), Age 65+	3219	1,102,413
Age 65+, % Change	7.1%	12.3%
Age 65+, % Total (PY)	3.6%	6.1%
2014, Total Population	16,854	6,588,698
2018, Total Population	16,724	6,833,509
Total Pop. % Change	-0.8%	3.7%
TennCare Enrollees	2972	1,241,028
TennCare Enrollees as a % of Total Population	17.6%	18.8%
Median Age	40.9	38
Median Household Income	$35,377	$44,140
Population % Below Poverty Level	20.7%	17.3%

SUPPLEMENTAL #2
November 25, 2014
12:30 am

Attachment "3"

Section C, Economic Feasibility, Item 2

QUESTION:

The letter from Georgia Commerce Bank to Waynesboro Healthcare, LLC dated November 20, 2014 is noted. However, please clarify why the letter is not addressed to Wayne Real Estate Investors, LLC who will be receiving the loan to finance the proposed project.

Please clarify if Waynesboro Healthcare, LLC has the financial resources to finance the proposed project if Wayne Real Estate Investors, LLC does not meet the credit approval and underwriting criteria of Georgia Commerce Bank.

RESPONSE:

An updated letter from Georgia Commerce Bank, addressed to Wayne Real Estate Investors, LLC is attached as Attachment "3" Exhibit A. Tom Johnson, who is the principle "at the top" of the organizational charts previously provided for Waynesboro Healthcare, LLC, Health Services Management Group, LLC, and other affiliated entities, has been involved in many transactions with John E. ("Ted") McMullen, a principle of Wayne Real Estate Investors, LLC and its affiliates. The applicant is confident that Wayne Real Estate Investors, LLC will meet the credit approval and underwriting criteria of Georgia Commerce Bank, as those entities have in previous transactions. However, if for some reason Wayne Real Estate Investors, LLC did not meet such credit approval and underwriting criteria, Mr. Johnson and his affiliated entities have the financial resources to otherwise finance the proposed project-please see the personal financial statement of Mr. Johnson attached as Attachment "3" Exhibit B

SUPPLEMENTAL #2

November 25, 2014
12:30 am

Attachment "3" Exhibit A

Please see Revised bank letter from Georgia Commerce Bank below

SUPPLEMENTAL #2

November 25, 2014
12:30 am

2970 Peachtree Road NW
Suite 100
Atlanta, GA 30305
Phone 404.240.5000
Fax 404.814.9745

November 25, 2014

Mr. John E. McMullan
Manager
Wayne Real Estate Investors, LLC
1175 Peachtree Street, Suite 350
Atlanta, Georgia 30361

Dear Mr. McMullan:

Pursuant to a request from the State of Tennessee Health Services and Development Agency, I am writing to confirm that Georgia Commerce Bank anticipates that we will fund at least $6,000,000 to Wayne Real Estate Investors, LLC, subject to the necessary Certificate of Need (C.O.N.) authorization and our final approval. As stated in my November 7 letter, Georgia Commerce Bank has entered into a number of financing arrangements with you and your related entities, and we are prepared to extend project funding in support of this project and other related Wayne County facility enhancements, subject to final approval, should the C.O.N. application be approved.

Our previous correspondence was addressed to Waynesboro Healthcare, LLC, as the C.O.N. applicant because it will be the licensee, but as you know, our funds to finance this combination acquisition/development project would be extended to the landlord, Wayne Real Estate Investors, LLC.

We are pleased to offer this proposed financing to Wayne Real Estate Investors, LLC, and to confirm our proposed terms with you as outlined in our previous letter. Please let me know if you need anything else.

Sincerely,

Seth T. Gray
Senior Vice President

dbb

SUPPLEMENTAL #2
November 25, 2014
12:30 am

Attachment "3" Exhibit B

Please see Thomas D. Johnson financial statement below.

SUPPLEMENTAL #2
November 25, 2014
12:30 am

Thomas D. Johnson
Personal Financial Statement
As of December 31, 2013

SUPPLEMENTAL #2

November 25, 2014
12:30 am

SUPPLEMENTAL #2
November 25, 2014
12:30 am

Thomas D. Johnson
Personal Financial Statement
As of December 31, 2013

Assets

CASH/STOCK	$1,042,998	
REAL ESTATE OWNED	$1,415,000	
PERSONAL PROPERTY	$ 170,000	
INVESTMENTS	$16,147,706	
TOTAL ASSETS		$18,775,704

Liabilities & Net Worth

REAL ESTATE MORTGAGES PAYABLE	$ 605,122	
TOTAL LIABILITIES	$ 605,122	
NET WORTH	$18,170,582	
TOTAL LIABILITIES & NET WORTH		$18,775,704

Thomas D. Johnson

Date: 11-24-14

Attachment "4"

Section C, Economic Feasibility, Item 3

QUESTION:

The comparison of the renovated and new construction cost per square foot of the proposed project to nursing homes construction cost per square foot of nursing homes approved by the Agency from 2011 to 2013 is noted. However, the applicant reversed the totals for renovated and new construction. Please correct and resubmit.

RESPONSE:
Please see revised charts below:

Nursing Home Construction Cost Per Square Foot
Years: 2011-2013

	Renovated Construction	New Construction	Total Construction
1st Quartile	$25.00/sq ft	$152.80/sq ft	$94.55/sq ft
Median	$55.00/sq ft	$167.31/sq ft	$152.80/sq ft
3rd Quartile	$101.00/sq ft	$176.00/sq ft	$167.61/sq ft

Renovated and New Construction Costs Per Square Foot

Category	Square Footage	$ per square foot	Total Construction
Renovation	2952	$120.00	$354,240
New Construction	20,800	$170.00	$3,536,000
Total Project Cost	**23,752**	**$163.78**	**$3,890,240**

SUPPLEMENTAL #2

November 25, 2014
12:30 am

Attachment "5"

Section C, Economic Feasibility, Item 4 (Historical Data Chart)

QUESTION:

Please include the actual patient days for 2012, 2013, and 2014 in both Historical Data Charts under "A. Utilization data" and resubmit.

The itemization of "other expenses" for the Wayne County Nursing Home Historical Data Chart is noted. However, the totals for 2012, 2013, and 2014 do not match the itemized amount. Please revise and resubmit.

If possible, please complete the Historical Data Chart "Other expenses" section that is located at the end of this supplemental request for Wayne Care Nursing Home.

RESPONSE:
Please see revised Historical Data Charts for Wayne County Nursing Home and Wayne Care Nursing Home below:

SUPPLEMENTAL #2

November 25, 2014
12:30 am

HISTORICAL DATA CHART

Give information for the three (3) years for which complete data is available for the facility or agency. The fiscal year begins in _____JULY_____ (Month).

WAYNE COUNTY NURSING HOME	Year 2012	Year 2013	Year 2014
A. Utilization Data (Specify unit of measure)	Patient Days 35995	Patient Days 33452	Patient Days 29982
B. Revenue from Services to Patients			
1 Inpatient Services	$ 5,107,099	$ 4,858,229	$ 4,543,385
2 Outpatient Services			
3 Emergency Services			
4 Other Operating Revenue _____			
Gross Operating Revenue	$ 5,107,099	$ 4,858,229	$ 4,543,385
C. Deductions from Gross Operating Revenue			
1 Contractual Adjustments			
2 Provision for Charity Care			
3 Provisions for Bad Debt	$ (20,349)		$ (53,033)
Total Deductions	$ (20,349)	$ -	$ (53,033)
NET OPERATING REVENUE	$ 5,086,750	$ 4,858,229	$ 4,490,352
D. Operating Expenses			
1. Salaries and Wages	$ 2,975,084	$ 3,030,289	$ 2,800,714
2. Physician's Salaries and Wages			
3. Supplies	$ 612,284	$ 602,570	$ 609,148
4. Taxes	$ 1,505	$ 1,906	$ 1,800
5. Depreciation	$ 109,470	$ 107,199	$ 106,105
6. Rent			
7. Interest, other than Capital			
8. Management Fees:			
a. Fees to Affiliates			
b. Fees to Non-Affiliates			
9. Other Expenses (Specify)	$ 1,525,859	$ 1,467,389	$ 1,337,820
Total Operating Expenses	$ 5,224,202	$ 5,209,353	$ 4,855,587
E. Other Revenue (Expenses) --Net (Specify)	$ 18,993	$ 31,245	$ (2,309)
NET OPERATING REVENUE	$ (118,459)	$ (319,879)	$ (367,544)
F. Capital Expenditures			
1. Retirement of Principal			
2. Interest	$ 37,962	$ 37,054	$ 40,958
Total Capital Expenditures	$ 37,962	$ 37,054	$ 40,958
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	$ (156,421)	$ (356,933)	$ (408,502)

SUPPLEMENTAL #2

November 25, 2014
12:30 am

HISTORICAL DATA CHART

Give information for the three (3) years for which complete data is available for the facility or agency. The fiscal year begins in _____JULY_____ (Month).

WAYNE CARE NURSING HOME	Year 2012	Year 2013	Year 2014
A. Utilization Data (Specify unit of measure)	Patient Days 14377	Patient Days 13,388	Patient Days 11,432
B. Revenue from Services to Patients			
1 Inpatient Services	$ 2,311,554	$ 2,195,879	$ 1,796,923
2 Outpatient Services			
3 Emergency Services			
4 Other Operating Revenue _____			
Gross Operating Revenue	$ 2,311,554	$ 2,195,879	$ 1,796,923
C. Deductions from Gross Operating Revenue			
1 Contractual Adjustments			
2 Provision for Charity Care			
3 Provisions for Bad Debt	$ (15,780)	$ (9,226)	$ 6,799
Total Deductions	$ (15,780)	$ (9,226)	$ 6,799
NET OPERATING REVENUE	$ 2,295,774	$ 2,186,653	$ 1,803,722
D. Operating Expenses			
1. Salaries and Wages	$ 1,340,787	$ 1,333,740	$ 1,302,338
2. Physician's Salaries and Wages			
3. Supplies	$ 246,976	$ 208,723	$ 182,713
4. Taxes	$ 1,274	$ 1,000	$ 1,150
5. Depreciation	$ 14,213	$ 12,036	$ 10,686
6. Rent			
7. Interest, other than Capital			
8. Management Fees:			
a. Fees to Affiliates			
b. Fees to Non-Affiliates			
9. Other Expenses (Specify) Contract Services, Ins exp, travel, utilities, education, minor equipment, QA Fee, Medical Director Fee	$ 642,567	$ 656,200	$ 663,206
Total Operating Expenses	$ 2,245,817	$ 2,211,699	$ 2,160,093
E. Other Revenue (Expenses) --Net (Specify)	$ 2,496	$ (1,789)	$ 47,563
NET OPERATING REVENUE	$ 52,453	$ (26,835)	$ (308,808)
F. Capital Expenditures			
1. Retirement of Principal			
2. Interest	$ 7,400	$ 8,218	$ (10,043)
Total Capital Expenditures	$ 7,400	$ 8,218	$ (10,043)
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	$ 45,053	$ (35,053)	$ (318,851)

SUPPLEMENTAL #2

November 25, 2014
12:30 am

Attachment "6"

Section C, Economic Feasibility, Item 4 (Projected Data Chart)

QUESTION:

The itemization of "other expenses" for the Wayne County Nursing Home Projected Data Chart is noted. However, the totals for 2016 and 2017 do not match the itemized amount. Please revise and resubmit.

Please include the actual patient days for 2016 and 2017 on the Projected Data Chart under "A. Utilization data" and resubmit.

RESPONSE:
Please see revised Projected Data Chart below:

SUPPLEMENTAL #2

November 25, 2014
12:30 am

PROJECTED DATA CHART

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in _____JAN_____ (Month).

		Year 2016	Year 2017
A.	Utilization Data (Total Patient Days)	43020	51109
B.	Revenue from Services to Patients		
1	Inpatient Services	$ 8,570,073	$ 10,871,585
2	Outpatient Services		
3	Emergency Services		
4	Other Operating Revenue (Specify)__Meals & Acuity Payment	$ 223,674	$ 224,471
	Gross Operating Revenue	$ 8,793,747	$ 11,096,056
C. Deductions from Gross Operating Revenue			
1	Contractual Adjustments	$ (64,382)	$ 56,832
2	Provision for Charity Care		
3	Provisions for Bad Debt	$ (39,556)	$ (64,391)
	Total Deductions	$ (103,938)	$ (7,559)
NET OPERATING REVENUE		$ 8,689,809	$ 11,088,497
D. Operating Expenses			
1.	Salaries and Wages	$ 4,122,575	$ 4,444,056
2.	Physician's Salaries and Wages		
3.	Supplies	$ 945,312	$ 1,201,138
4.	Taxes	$ 33,600	$ 33,600
5.	Depreciation	$ 24,000	$ 24,000
6.	Rent	$ 720,000	$ 720,000
7.	Interest, other than Capital		
8.	Management Fees:		
	a. Fees to Affiliates	$ 523,761	$ 669,172
	b. Fees to Non-Affiliates		
9.	Other Expenses (Specify) Contract Services, Ins exp, travel, utilities, education, minor equipment, bad debt exp, QA Fee, Medical Director Fee	$ 1,731,410	$ 2,468,574
	Total Operating Expenses	$ 8,100,658	$ 9,560,540
E. Other Revenue (Expenses) --Net (Specify)		$ (36,744)	$ (36,744)
NET OPERATING REVENUE		$ 552,407	$ 1,491,213
F. Capital Expenditures			
1.	Retirement of Principal		
2.	Interest		
	Total Capital Expenditures	$ -	$ -
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		$ 552,407	$ 1,491,213

SUPPLEMENTAL #2
November 25, 2014
12:30 am

Attachment "7"

Section C, Economic Feasibility, Item 5

QUESTION:

Please recalculate the project's average gross charge, average deduction from operating revenue and average net charge and resubmit.

RESPONSE:

Year 1
Average Gross Charge:
$8,570,073/43020 total days = $199.21
Average deduction from operating revenue
$-$64,382/43020 = -$1.50
Average net charges
=($8570073-64382)/43020 total days =$197.71

Year 2
Average Gross Charge:
$10,871,585/51109 total days = $212.71
Average deduction(Contra is positive) from operating revenue
$+56,832/51109 = +$1.11
Average net charges
=($10871,585+56832)/51109 total days =$213.83

SUPPLEMENTAL #2
November 25, 2014
12:30 am

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF BRADLEY

NAME OF FACILITY: Waynesboro Health & Rehabilitation Center

I, Kelli A. Canan, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Kelli A. Canan, Project Manager
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the _____ day of November, 20 14, witness my hand at office in the County of BRADLEY, State of Tennessee.

WANDA B. DAVIS
NOTARY PUBLIC AT LARGE
BRADLEY CO., TENNESSEE

Wanda Davis
NOTARY PUBLIC

My commission expires Aug. 24, 2015.

HF-0043

Revised 7/02

State of Tennessee
Health Services and Development Agency
Frost Building, 3rd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

November 14, 2014

Kelli Canan
Health Services Management Group
485 Central Avenue, NE
Cleveland, Tennessee 37311

RE: Certificate of Need Application CN1411-045
Waynesboro Health and Rehabilitation Center

Dear Ms. Canan:

This will acknowledge our November 10, 2014 receipt of your application for a Certificate of Need for the relocation and replacement of Wayne Care Nursing Home located at 505 South Main Street, Waynesboro (Wayne County), TN, a 46-bed nursing facility, and the construction of an addition to Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home), a 109-bed nursing facility located at 104 J.V. Mangubat Drive, Waynesboro (Wayne County), TN 38485. The project will combine the two licensed facilities into one licensed nursing facility by closing the 46-bed facility at 505 Main Street and combining the beds by construction of an addition to the existing 109-bed facility at 104 J.V. Mangubat Drive. Upon completion, Waynesboro Health and Rehabilitation Center will house the combined 155-bed nursing facility, which will become dually certified for participation in Medicare and Medicaid and will include an 18-bed designated Memory Care Unit.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 4:00 p.m., Thursday, November 20, 2014. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

---

1. **Section A, Applicant Profile, Item 5**

   Please describe the management entity's experience in providing management services to nursing homes.

2. **Section A, Applicant Profile, Item 6**

   The various leases and purchase agreements are confusing. Please identify which documents are pertinent to this CON application.

The Agency will need a deed, a purchase agreement, lease agreement, option to lease or other legal document which demonstrates the applicant has a legitimate legal interest in the property on which to locate the project. A fully executed (signed by both parties) Option to Purchase must at least include the expected purchase price, a description of the property with address and the anticipated date of closing. A fully executed Option to Lease must at least include the expected term of the lease and the anticipated lease payments.

3. **Section A, Applicant Profile, Item 13**

   Please identify all TennCare MCOs with which the applicant has contracted and the ones the applicant is still in negotiations.

4. **Section B, Project Description, Item I**

   The applicant states the residents of the 46 bed Wayne County nursing home have been transitioned to other providers. How many were transitioned and what nursing homes were they transitioned to?

   What is the current census of the 109 bed Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home)?

   Who is the current owner of the 109 bed Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home)?

   Please verify the following chronological events as it relates to this project:

   - Wayne County Nursing Home and Wayne Care Nursing Home sign a purchase agreement with Wayne County in June 2014 with a closure date of 6 months following the licensure date.
   - On June 30, 2014 a 6 month lease agreement and operations transfer agreement effective August 1, 2014 are signed between Waynesboro Healthcare, LLC and Wayne County for the 109 bed Wayne County Nursing Home.
   - On August 1, 2014 Waynesboro Healthcare (the applicant) began operating Wayne County Nursing Home and Wayne Care Nursing Home.
   - On August 11, 2014 letters are sent to patients of the 46 bed Wayne Care Facility informing of the nursing home closure.
   - The 46 bed Wayne County Nursing Home closes and patients are transitioned to other nursing homes.
   - October 21, 2014 a letter is sent from the Department of Health confirming the change of ownership, with a legal business name of Waynesboro, LLC dba Waynesboro Health and Rehabilitation Center managed by Health Services Group, LLC effective 8/1/2014.
   - The 46 bed Wayne County Nursing license is placed in inactive status.

- A 46 bed wing will be constructed as an addition to the 109 bed Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home), thus combining the two licensed homes into a 155 bed licensed nursing home.

- Once the acquisition is complete, ownership will transfer to Wayne Real Estate Investors, LLC and Waynesboro Healthcare, LLC will remain the tenant.

- The project will be funded by a loan from Georgia Commerce Bank to Wayne Real Estate Investors, LLC for $6,000,000 to fund the proposed project.

Please provide a copy of the agreement that transfers ownership of the 109 bed Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) to Wayne Real Estate Investors, LLC.

Please clarify if Waynesboro healthcare is going to purchase the 109 bed Wayne County Nursing Home and then sell to Wayne Real Estate Investors.

Please provide a description of the amenities provided by the proposed replacement facility that promotes resident independence, organized activities, and resident privacy. Also, please provide a brief description of the physical plant and the type of rehabilitation services available.

There appears to be one room designated for physical therapy. Please describe the room and dimensions.

Please describe the proposed memory unit and how it will be tailored to meet the needs of Alzheimer's patients.

5. Section B, Project Description, Item II.A. and B.

The applicant is proposing building a two story addition to Wayne Health and Rehabilitation Center (WHRC). Please clarify why a two story addition is being pursued rather than a one story. In addition, please clarify how nursing home residents would be evacuated from the second story in the event of an emergency.

Please clarify how many residents the 1,400 square foot dining room will seat at one time.

Please describe the proposed renovations to the 109 bed Wayne County Nursing Home.

The applicant states the original Wayne Care Nursing Home was built in 1976 and is not capable of meeting modern expectations. The 2013 Joint Annual Report for Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) notes it was built in 1969 and has never experienced a renovation. Please discuss why it is better to move from a nursing home built in 1976 with no modern expectations to a nursing home that is 7 years older with no renovations?

Did the applicant consider building a new 155 bed nursing home?

Please clarify if the current 109 bed WHRC has a restroom in every patient room.

What is the square footage per bed in Wayne Care Nursing Home and what will be the square footage per bed in the proposed 46 bed new wing of Wayne Health and Rehabilitation Center as compared with state standards?

What is current and what will be the private, semi-private, and ward accommodations mix? Please complete the chart on the following page.

	Current Rooms	Current Beds		Proposed Rooms	Proposed Beds
Wayne Care Nursing Home					
Semi-private Rooms				0	0
Private Rooms				0	0
Ward Beds				0	0
Wayne Health and Rehabilitation Center					
Semi-private Rooms					
Private Rooms					
Ward Beds					
Total Beds					

Research has indicated resident and family preferences for private rooms and private full bathrooms (Kane, Baker, Salmon, & Veazie, 1998). In the last few in years in Tennessee the trend has been toward the development of more private nursing home rooms and the concept of the Eden Alternative. With this in mind, please discuss the reason the applicant is constructing only 14 private rooms with the remaining 32 being semi-private.

On the top of page 11 the applicant states there will be 18 beds on the lower floor and 36 beds on the upper floor which adds up to 54 beds. In addition, the letter dated October 23, 2014 from the architects; Franklin Associates also mentions a new 54 bed skilled nursing addition. Please clarify why these totals are different from the 46 proposed.

Please describe the proposed skilled nursing component of the proposed project. Please clarify if existing rooms and bathrooms will accommodate wheelchairs and meet ADA requirements if Medicare certification is obtained.

6. **Section C. Need 1.a. (Service Specific Criteria-Construction, Renovation, Expansion, and Replacement of Health Care Institutions) (1) (a.)**

Please discuss how the Long-term Care Community Choices Act of 2008 has impacted nursing home utilization rates in Wayne County for the years 2011, 2012, and 2013. The Long-term Care Community Choices Act of 2008 allows TennCare to pay for more community and home-based services for seniors such as household assistance, home delivered meals, personal hygiene assistance, adult day care centers and respite.

7. **Section C. Need 1.a. (Service Specific Criteria-Construction, Renovation, Expansion, and Replacement of Health Care Institutions) (2) (a.)**

   Please discuss if the applicant considered replacing both nursing homes with a new 155 bed modern facility as an alternative to constructing a 46 bed new wing to Wayne Health and Rehabilitation Center which was built in 1969. If so, why wasn't that plan pursued?

   Please indicate when the current 45 year old 109 bed Wayne Health and Rehabilitation Center will need renovation. If renovated, what would be the estimated cost?

   What are the plans for the former Wayne Care Nursing Home and site?

8. **Section C. Need 1.a. (Service Specific Criteria-Construction, Renovation, Expansion, and Replacement of Health Care Institutions) (3) (b.)**

   Please expand the discussion on why the physical plant's condition of WHRC warrants major renovation.

9. **Section C, Need, Item 3 (Service Area)**

   Your response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table and include data for each county in your proposed service area.

Variable	*Wayne County*	*Tennessee*
Current Year (2014), Age 65+		
Projected Year (2018), Age 65+		
Age 65+, % Change		
Age 65+, % Total (PY)		
2014, Total Population		
2018, Total Population		
Total Pop. % Change		
TennCare Enrollees		
TennCare Enrollees as a % of Total Population		
Median Age		
Median Household Income		
Population % Below Poverty Level		

10. **Section C. Need, Item 5**

    Please indicate the number of patient referrals the applicant expects from Wayne County Hospital and from other sources in Year One and Two of the proposed project for skilled nursing services.

11. Section C. Need, Item 6

The table of the three year historical occupancy statistics from the Tennessee Joint Annual reports is noted. Please update the table with data from the 2013 Joint Annual Report and resubmit. In addition, please clarify the following discrepancies:

- The applicant lists identical patient days of 28,674 for Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) in the 2010 and 2012 Joint Annual Reports. In addition, TennCare patient days are listed as 26,365 and VA patients are listed as 585 in both years. Please clarify if there was a reporting error in patient days for those years. If so, what are the correct patient days for both years?

- The Tennessee Department of Health 2010 and 2011 Joint Annual Reports lists patient days of 13,969 and 7,495 for Wayne Care Nursing Home, while the applicant lists 12,410 and 14,965 for those same years in the table on page 23. Please clarify.

Please complete the following tables:

Proposed 46 beds -Projected Utilization

Year	Licensed Beds	*Medicare-certified beds	SNF Medicare ADC	Level 2 Medicaid ADC	SNF All other Payors ADC	Non-Skilled ADC	Total ADC	Licensed Occupancy %
1								
2								

* Includes dually-certified beds

155 Bed Facility-Projected Utilization

Year	Licensed Beds	*Medicare-certified beds	SNF Medicare ADC	Level 2 Medicaid ADC	SNF All other Payors ADC	Non-Skilled ADC	Total ADC	Licensed Occupancy %
1								
2								

* Includes dually-certified beds

Please provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

12. Section C, Economic Feasibility, Item 2

Please provide the ownership structure of Wayne Real Estate Investors Incorporated and its relationship to the applicant.

Please submit a revised letter from Georgia Commerce Bank indicating the expected interest rate, anticipated term of the loan, and any restrictions or conditions.

13. Section C, Economic Feasibility, Item 3

Please compare the renovated and new construction cost per square foot of the proposed project to nursing homes construction cost per square foot of nursing homes approved by the Agency from 2011 to 2013.

14. Section C, Economic Feasibility, Item 4 (Historical Data Chart)

The year of 2014 included in the historical data chart for Wayne County Nursing Home and Wayne Care Nursing Home is noted. However, please clarify what time period is included for the year 2014.

Please include the actual patient days for 2012, 2013, and 2014 in both Historical Data Charts and resubmit.

Please clarify why there is no provision for charity care and no contractual adjustments in both the Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) or Wayne Care Nursing Home for 2011, 2012, and 2013.

Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) has interest listed as a capital expenditure for the years 2012, 2013, and 2014. Please clarify what this interest expenditure is allocated to.

The Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) historical chart has a positive deduction for the provision of bad debt and interest in capital expenditures for the year 2014. Please clarify.

Please complete the "Other expenses" section of the Historical Data Chart that is located at the end of this supplemental request.

15. Section C, Economic Feasibility, Item 4 (Projected Data Chart)

Does the Projected Data Chart represent the total nursing home or just the 46 bed wing?

Please include the actual patient days for 2012, 2013, and 2014 for the Projected Data Chart utilization data.

The management fees do not appear to equal 6% of net revenue as described in the Management Agreement. Please clarify.

Why are there no provisions for charity care or bad debt?

Whys is there a positive amount for contractual adjustments for the year 2017?

Please make the necessary corrections and submit a revised Projected Data Chart and Other Expense Chart. The "Other expenses" Section for the Projected Data Chart is located at the end of this supplemental request.

16. Section C, Economic Feasibility, Item 5

Please provide the calculations the applicant used in determining the project's average gross charge, average deduction from operating revenue and average net charge.

17. Section C, Economic Feasibility, Item 6.A. and 6.B.

Please address question 6.A. in its entirety. Referring to the applicant's Projected Data Chart is not an adequate response.

The table of charges of facilities in adjoining areas in 2012 is noted. However, please include Wayne County Nursing Home or Wayne Care Nursing Home in the table since they were also in operation during this time. In addition, please add a row to compare the proposed charges of the applicant in Year One of the proposed project.

18. Section C, Economic Feasibility, Item 7

The combined Wayne County Nursing Home or Wayne Care Nursing Home Net Loss was $727,353 in 2014. Where will this net loss be absorbed? How will the applicant be financially viable in Year One?

19. Section C, Economic Feasibility, Item 10

Please provide the most recent audited financial statements with accompanying notes, if available for the Health Services Management Group and Waynesboro Healthcare, LLC.

The balance sheet of Waynesboro Health and Rehabilitation Center ending 8/31/14 is noted with current assets of $320,936 and current liabilities of $338,187. Please clarify if the applicant has current assets on hand to meet payroll and other obligations.

20. Section C. Contribution to the Orderly of Health Care, Item. 7 (c.)

A copy of the most recent licensure survey for Wayne Care Nursing Center is noted. Please clarify if physical plant or environmental deficiencies are listed in the survey report. If so, please list.

21. Section C. Contribution to the Orderly of Health Care, Item. 8 an 9

The applicant has responded "Not applicable" to questions 8 and 9. Please provide a response.

22. Section C. Contribution to the Orderly of Health Care, Item. 10

There appears to be the possibility of reporting errors in past Joint Annual Reports for both Wayne County Nursing Home and Wayne Care Nursing Home. What type of changes has the applicant incorporated to ensure accurate reporting for future Joint Annual Reports?

23. Project Completion Forecast Chart

The earliest this application could be heard by the Agency is February 2015. The applicant has building construction beginning in February 2015 in the Project Completion Chart. Is this correct? If not, please revise and resubmit.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is January 13, 2015. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. э 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person and legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please do not hesitate to contact this office.

Sincerely,

Phillip Earhart
HSD Examiner

Enclosures

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year____	Year___	*Year*_____
1.	$_____	$_____	$_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
Total Other Expenses	$_____	$_____	$_____

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	Year____	Year___
1.	$_____	$_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
Total Other Expenses	$_____	$_____

State of Tennessee
Health Services and Development Agency
Frost Building, 3rd Floor, 161 Rosa L. Parks Boulevard, Nashville, TN 37243
www.tn.gov/hsda Phone: 615-741-2364/Fax: 615-741-9884

November 21, 2014

Kelli Canan
Health Services Management Group
485 Central Avenue, NE
Cleveland, Tennessee 37311

RE: Certificate of Need Application CN1411-045
Waynesboro Health and Rehabilitation Center

Dear Ms. Canan:

This will acknowledge our November 20, 2014 receipt of your supplemental response for a Certificate of Need for the relocation and replacement of Wayne Care Nursing Home located at 505 South Main Street, Waynesboro (Wayne County), TN, a 46-bed nursing facility, and the construction of an addition to Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home), a 109-bed nursing facility located at 104 J.V. Mangubat Drive, Waynesboro (Wayne County), TN 38485. The project will combine the two licensed facilities into one licensed nursing facility by closing the 46-bed facility at 505 Main Street and combining the beds by construction of an addition to the existing 109-bed facility at 104 J.V. Mangubat Drive. Upon completion, Waynesboro Health and Rehabilitation Center will house the combined 155-bed nursing facility, which will become dually certified for participation in Medicare and Medicaid and will include an 18-bed designated Memory Care Unit.

Several items were found which need clarification or additional discussion. Please review the list of questions below and address them as indicated. The questions have been keyed to the application form for your convenience. I should emphasize that an application cannot be deemed complete and the review cycle begun until all questions have been answered and furnished to this office.

Please submit responses in triplicate by 4:00 p.m., Tuesday, November 25, 2014. If the supplemental information requested in this letter is not submitted by or before this time, then consideration of this application may be delayed into a later review cycle.

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1. **Section A, Applicant Profile, Item 6**

   The draft letter of agreement between Wayne Estate Investors, LLC and Waynesboro Healthcare, LLC is noted. Please clarify what a triple lease agreement and AR financing is relative to this document. In addition, please clarify why management fees are mentioned in the agreement while the application's management company, Health Services Management Group, LLC is not a party to the agreement.

   There is no fully executed sales agreement or option to purchase agreement between any of the parties, the owner/landlord of the properties remains Wayne County. Please provide a fully executed Option to Purchase Agreement signed by Wayne County,

Waynesboro Healthcare, LLC and Wayne Real Estate, LLC which outlines the expected future agreed transactions, events, and dates which will ultimately result in Wayne Real Estate Investors, LLC as being the lessor.

An option to Purchase Agreement must at least include the expected purchase price, a description of the property with address and the anticipated date of closing.

Please provide a copy of the agreement that transfers ownership of the 109 bed Waynesboro Health and Rehabilitation Center (f/k/a Wayne County Nursing Home) to Wayne Real Estate Investors, LLC.

Please clarify if Waynesboro Healthcare is going to purchase the 109 bed Wayne County Nursing Home and then sell to Wayne Real Estate Investors.

2. **Section C, Need, Item 3 (Service Area)**

Your response to this item is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please verify the following table.

Variable	*Wayne County*	*Tennessee*
Current Year (2014), Age 65+	**3,005**	***981,984***
Projected Year (2018), Age 65+	***3,219***	***1,102,413***
Age 65+, % Change	***7.1%***	***12.3%***
Age 65+, % Total (PY)	***17.8%***	***14.9%***
2014, Total Population	***16,854***	***6,588,698***
2018, Total Population	***16,724***	***6,833,509***
Total Pop. % Change	***-0.8%***	***3.7%***
TennCare Enrollees	***2,972***	***1,241,028***
TennCare Enrollees as a % of Total Population	***17.6%***	***18.8%***
Median Age	***37***	***38***
Median Household Income	***$35,377***	***$44,140***
Population % Below Poverty Level	***20.7%***	***17.3%***

3. **Section C, Economic Feasibility, Item 2**

The letter from Georgia Commerce Bank to Waynesboro Healthcare, LLC dated November 20, 2014 is noted. However, please clarify why the letter is not addressed to Wayne Real Estate Investors, LLC who will be receiving the loan to finance the proposed project.

Please clarify if Waynesboro Healthcare, LLC has the financial resources to finance the proposed project if Wayne Real Estate Investors, LLC does not meet the credit approval and underwriting criteria of Georgia Commerce Bank.

4. **Section C, Economic Feasibility, Item 3**

   The comparison of the renovated and new construction cost per square foot of the proposed project to nursing homes construction cost per square foot of nursing homes approved by the Agency from 2011 to 2013 is noted. However, the applicant reversed the totals for renovated and new construction. Please correct and resubmit.

5. **Section C, Economic Feasibility, Item 4 (Historical Data Chart)**

   Please include the actual patient days for 2012, 2013, and 2014 in both Historical Data Charts under "A. Utilization data" and resubmit.

   The itemization of "other expenses" for the Wayne County Nursing Home Historical Data Chart is noted. However, the totals for 2012, 2013, and 2014 do not match the itemized amount. Please revise and resubmit.

   If possible, please complete the Historical Data Chart "Other expenses" section that is located at the end of this supplemental request for Wayne Care Nursing Home.

6. **Section C, Economic Feasibility, Item 4 (Projected Data Chart)**

   The itemization of "other expenses" for the Wayne County Nursing Home Projected Data Chart is noted. However, the totals for 2016 and 2017 do not match the itemized amount. Please revise and resubmit.

   Please include the actual patient days for 2016 and 2017 on the Projected Data Chart under "A. Utilization data" and resubmit..

7. **Section C, Economic Feasibility, Item 5**

   Please recalculate the project's average gross charge, average deduction from operating revenue and average net charge and resubmit.

In accordance with Tennessee Code Annotated, §68-11-1607(c) (5), "...If an application is not deemed complete within sixty (60) days after written notification is given to the applicant by the agency staff that the application is deemed incomplete, the application shall be deemed void." **For this application the sixtieth (60th) day after written notification is January 13, 2015. If this application is not deemed complete by this date, the application will be deemed void.** Agency Rule 0720-10-.03(4) (d) (2) indicates that "Failure of the applicant to meet this deadline will result in the application being considered withdrawn and returned to the contact person. Re-submittal of the application must be accomplished in accordance with Rule 0720-10-.03 and requires an additional filing fee." Please note that supplemental information must be submitted timely for the application to be deemed complete prior to the beginning date of the review cycle which the applicant intends to enter, even if that time is less than the sixty (60) days allowed by the statute. The supplemental information must be submitted with the enclosed affidavit, which shall be executed and notarized; please attach the notarized affidavit to the supplemental information.

If all supplemental information is not received and the application officially deemed complete prior to the beginning of the next review cycle, then consideration of the application could be delayed into a later review cycle. The review cycle for each application shall begin on the first

day of the month after the application has been deemed complete by the staff of the Health Services and Development Agency.

Any communication regarding projects under consideration by the Health Services and Development Agency shall be in accordance with T.C.A. э 68-11-1607(d):

(1) No communications are permitted with the members of the agency once the Letter of Intent initiating the application process is filed with the agency. Communications between agency members and agency staff shall not be prohibited. Any communication received by an agency member from a person unrelated to the applicant or party opposing the application shall be reported to the Executive Director and a written summary of such communication shall be made part of the certificate of need file.

(2) All communications between the contact person and legal counsel for the applicant and the Executive Director or agency staff after an application is deemed complete and placed in the review cycle are prohibited unless submitted in writing or confirmed in writing and made part of the certificate of need application file. Communications for the purposes of clarification of facts and issues that may arise after an application has been deemed complete and initiated by the Executive Director or agency staff are not prohibited.

Should you have any questions or require additional information, please do not hesitate to contact this office.

Sincerely,

Phillip Earhart
HSD Examiner

Enclosures

HISTORICAL DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES	**Year____**	**Year___**	***Year_____***
1.	$_____	$_____	$_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
Total Other Expenses	$_____	$_____	$_____