

Solicitation (IFB, RFP, RFQ) No. _____

Bidder/Offeror: _____

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ATTENTION

Federal Employer Identification Number or alternate identification number
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Enter ID number here: _____

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This page will be removed and shredded, or otherwise kept confidential,
before the procurement file is made available for public inspection.

STATE OF NORTH CAROLINA REQUEST FOR PROPOSALS

RFP #200900754

TITLE: Management/Operation of Licensed Nursing Facility
(Veteran Homes in NC)

USING AGENCY: Department of Administration

ISSUE DATE: July 21, 2009

ISSUING AGENCY: Department of Administration

Sealed Proposals subject to the conditions made a part hereof will be received until **2:00 p.m. September 1, 2009**, for furnishing services described herein.

SEND ALL PROPOSALS DIRECTLY TO THE ISSUING AGENCY ADDRESS AS SHOWN BELOW:

<u>DELIVERED BY US POSTAL SERVICE (REGULAR/STANDARD MAIL ONLY)</u>	<u>DELIVERED BY ANY OTHER MEANS/SPECIAL DELIVERY/OVERNIGHT (BY ANY OTHER CARRIER)</u>
RFP NO. _____ NC DEPARTMENT OF ADMINISTRATION DIVISION OF PURCHASE AND CONTRACT 1305 MAIL SERVICE CENTER RALEIGH NC 27699-1305	RFP NO. _____ NC DEPARTMENT OF ADMINISTRATION DIVISION OF PURCHASE AND CONTRACT 116 WEST JONES STREET Room 4062 4 th Flr. RALEIGH NC 27603-8002

*******SPECIAL NOTE – PLEASE READ*******

The US Postal Service DOES NOT deliver any mail (US Postal Express Mail, Certified, Priority, Overnight, etc.) to our physical address of 116 West Jones Street.

IMPORTANT NOTE: Indicate firm name (“Technical Proposal” or “Cost Proposal”) and RFP number on the front of each sealed proposal envelope or package, along with the date for receipt of proposals specified above.

Bids submitted via telegraph, facsimile (FAX) machine, telephone, and electronic means, including but not limited to e-mail, in response to this Request for Proposals will not be acceptable.

Direct all inquiries concerning this RFP to:

Mildred Christmas
Division of Purchase and Contract
Administration Building, 4th Floor
116 W. Jones St.
<http://www.ncpandc.gov>
Raleigh, NC 27603
919-807-4525
919-807-4509
mildred.christmas@doa.nc.gov

NOTE: There will be two (2) preproposal conferences and all offerors are encouraged to attend each of the North Carolina Veteran Homes which are located in Fayetteville and Salisbury, North Carolina.

The first preproposal conference for all prospective vendors will be held on Wednesday, August 5, 2009 at 10:30 am at the NC State Veterans Home in Fayetteville, NC. The address is 214 Cochran Avenue, Fayetteville, NC 28301.

The second preproposal conference for all prospective vendors will be held on Thursday, August 6, 2009 at 10:30 am at the NC State Veterans Homes in Salisbury, NC. The address is 1601 Brenner Avenue, Building #10, Salisbury, NC 28144.

Any offeror who contacts anyone regarding this RFP other than Mildred Christmas, the State Procurement Specialist may be grounds for rejection of said offeror's proposal

Prospective offerors are encouraged to submit written questions no later than **August 7, 2009 at 1:00 p.m.** A summary of all questions and answers will be posted on the Internet as an addendum, located under the RFP # being modified. **It is the offeror's responsibility to assure that all addenda have been reviewed and, if need be, signed and returned.**

<http://www.ncpandc.gov>

Within two days after notification of award of a contract, the vendor must register in NC E-Procurement @ Your Service (<http://vendor.ncgov.com>).

THE PROCUREMENT PROCESS

The following is a general description of the process by which a firm will be selected to provide services.

1. Request for Proposals (RFP) is posted on the internet via the State's Interactive Purchasing System.
2. Two (2) preproposal conferences will be held – **August 5, 2009 at 10:30 am. in Fayetteville, NC) and August 6, 2009 at 10:30 am in Salisbury, NC** and the deadline for written questions is set for **August 7, 2009 at 1:00 pm.** (See cover sheet of this RFP for details.)
3. Proposals in one (1) original and eight (8) copies will be received from each offeror in two separate sealed packages - the Technical Proposal and the Cost Proposal. Each original shall be signed and dated by an official authorized to bind the firm. Unsigned proposals will not be considered. **NOTE:** No technical information shall be contained in the cost proposal. No cost information shall be contained in the technical proposal. If any cost information is included in the technical proposal and/or if any technical information is included in the cost proposal, the offeror's entire proposal shall be rejected.
4. All proposals must be received by the issuing agency not later than the date and time specified on the cover sheet of this RFP.
5. At that date and time the package containing the proposals from each responding firm will be publicly opened and the name of each offeror announced publicly. A notation will also be made whether a separate sealed cost proposal has been received. Cost proposals will be placed in safekeeping until opened at a later date.
6. Technical proposals will be evaluated first.
7. Upon completion of the technical evaluation, the cost proposals of those firms whose technical proposals have been deemed acceptable will be publicly opened. The total cost offered by each firm will be tabulated and become a matter of public record. Interested parties are cautioned that these costs and their components are subject to further evaluation for completeness and correctness and therefore may not be an exact indicator of an offeror's pricing position.
8. At their option, the evaluators may request oral presentations or discussion with any or all offerors for the purpose of clarification or to amplify the materials presented in any part of the proposal. However, offerors are cautioned that the evaluators are not required to request clarification; therefore, all proposals should be complete and reflect the most favorable terms available from the offeror.
9. Proposals will be evaluated according to completeness, content, experience with similar projects, ability of the offeror and its staff, and cost. Award of a contract to one offeror does not mean that the other proposals lacked merit, but that, all factors considered, the selected proposal was deemed most advantageous to the State.

In addition to any other evaluation criteria identified in the State agency's solicitation document, the agency shall, for purposes of evaluating proposed or actual contract performance outside of the United States, consider the following factors to ensure that any award will be in the best interest of the State:

- Total cost to the State
- Level of quality provided by the vendor
- Process capability across multiple jurisdictions
- Protection of the State's information and intellectual property
- Availability of pertinent skills
- Ability to understand the State's business requirements and internal operational culture
- Risk factors such as the security of the State's information technology
- Relations with citizens and employees
- Contract enforcement jurisdictional issues

10. Offerors are cautioned that this is a request for offers, not a request to contract, and the State reserves the unqualified right to reject any and all offers when such rejection is deemed to be in the best interest of the State.

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I. INTRODUCTION

1.01 Definitions:

CMS: Centers for Medicare and Medicaid Services.

Contractor: The entity selected by NCDVAC to manage the State Veterans Home.

JACHO: Joint Commission on Accreditation of Healthcare Organizations

Licensed Skilled Nursing Facility:

Licensed nursing facility by the Department of Health and Human Services, as defined by the North Carolina Division of Medical Assistance.

NCDOA: North Carolina Department of Administration.

NCDVAC: North Carolina Division of Veterans Affairs Commission is the governing authority for the facilities under *NC General Status 165.46, Establishment. The State of North Carolina shall construct, maintain, and operate veteran's homes for the aged and infirm veteran's resident in this State under the administrative authority and control of the Division of Veterans Affairs of the Department of Administration. There is vested in such Division any and all powers and authority that may be necessary to enable it to establish and operate the homes and to issue rules necessary to operate the homes in compliance with applicable State and federal statutes and regulations.*

NCDVA: North Carolina Division of Veterans Affairs is a State agency authorized to carry out the day to day activities for NCDVAC.

NCDVA Representative:

State Veterans Homes Program Manager or designee.

NC State Veterans Homes:

The NC State Veterans Homes, located in Salisbury and Fayetteville, NC and any and all additional North Carolinas' State Veterans Homes that are opened for business during this contract period.

Salisbury Facility:

NC State Veterans Home located in Salisbury, NC.

Fayetteville Facility:

NC State Veterans Home located in Fayetteville, NC.

Kinston Facility:

NC State Veterans Home located in Kinston, NC currently in design phase.

Buncombe County Facility:

NC State Veterans Home located in Buncombe County, NC currently in design phase.

RFP: Request for Proposals to manage the State Veterans Homes.

State Veterans Homes Program Manager:

State Veterans Homes Program Manager or designee.

VAMC: Veteran Affairs Medical Center.

VSO: Veterans Service Officer

USDVA: United States Department of Veterans Affairs.

1.02 Purpose:

The North Carolina Division of Veterans Affairs (NCDVA) is seeking proposals from experienced and qualified entities desiring to manage and operate all North Carolina State Veterans Homes. The NC State Veterans Homes are Medicare/Medicaid and VA certified facilities.

THE NORTH CAROLINAS' STATE VETERANS HOME IN SALISBURY, NC; FAYETTEVILLE, NC; AND ANY AND ALL ADDITIONAL NORTH CAROLINAS' STATE VETERANS HOMES (locations in Kinston, NC and Buncombe County, NC) THAT ARE OPENED FOR BUSINESS DURING THIS CONTRACT PERIOD REGARDLESS OF THE START UP DATES AT EACH ADDITIONAL FACILITY.

The terms of the contract and the contents of this RFP will require the successful contractors to operate each home as a highly qualified Licensed Nursing Facility.

1.03 Background:

Pursuant to Federal Regulations, the United States Department of Veterans Affairs (USDVA) is authorized to make certain grants to states for construction and acquisition of state home facilities. In 1999, the North Carolina General Assembly enacted legislature (GS 165-46) that authorizes the NCDVA to construct, acquire and operate veteran's homes.

The Salisbury Facility, located on the VA Medical Center's campus (Building 10), is a 99-bed licensed skilled nursing facility and has been in operation for four and half (4½) years. The Salisbury Facility is a three-story brick building (63,826 sq. feet) containing four (4) units of 22-30 beds each, with ancillary support and mechanical space. The residents occupy the first and second floor. The ground floor is used for dietary, laundry, staff locker rooms, storage, a large activity room and several offices.

The State Veterans Home in Fayetteville, NC (Fayetteville Facility) has been in operation for 10 years. The Fayetteville Facility is located adjacent to the Fayetteville Veterans Affairs Medical Center (VAMC). It is a one story building (82,000 sq. ft.) comprised of 150 beds with ancillary support and mechanical space. There are three (3) wings with fifty (50) beds in each.

The current contract for the North Carolina State Veterans Homes, both in Fayetteville and Salisbury, expires November 30, 2009.

The NCDVA is currently in the design phase for two (2) additional State Veterans Homes. Both will be a 100-bed facility with one located in Kinston, NC and the second in Buncombe County, NC.

The North Carolina Division of Veterans Affairs Commission (NCDVAC) is vested under NCGS 165-50 with the authority to select and recommend for award a contract to an Offeror whose proposal it deems most advantageous to the veterans and the State. The Commission operates under the supervision and direction of the Secretary of NC Department of Administration (NCDOA). The Commission will monitor performance of the successful Offeror through the NCDVA State Veterans Homes Program Manager.

1.04 Contract Term:

- A.** The effective term of the contract established for this RFP shall be for five (5) years, beginning December 1, 2009 and ending November 30, 2014.
 - 1.** For the Salisbury Facility and Fayetteville Facility the beginning will be December 1, 2009.
 - 2.** For any and all additional North Carolinas' State Veterans Homes the beginning date will be the date that the first residents are admitted into the home.
 - 3.** This contract will terminate for all NC State Veterans Homes on November 30, 2014.
- B.** The contract to operate the NC State Veterans Homes will not exceed a period of five (5) years.

1.05 Contract Administrator:

For the purpose of this contract, the NC Department of Administration, NC Division of Veterans Affairs (NCDVA), hereinafter is referred to as the "Contracting Agency". The Contract Administrator is Department of Administration, Division of Veterans Affairs, and the contact person will be James A. Woodard, State Veterans Homes Program Manager, at (919) 733-3851 or (919) 733-2832.

II. STATEMENT OF WORK

2.01 Contractor Responsibilities:

- A. Nursing services 24 hours per day, seven (7) days per week to each facility. This excludes the director of health services and the assistant director of nursing. The mix and number will meet resident needs as set forth by USDVA, CMS and State Nursing Home regulation (DFS), whichever is more stringent. USDVA requires a registered nurse (RN) be on duty in each facility at all hours of the day, everyday. NCDVA requires a minimum daily average and will not drop below 3.0 hours of nursing services per resident per day to meet the need of the residents.
- B. Provide a primary care physician licensed by the State of North Carolina to be the Medical Director for each facility. The Medical Director will perform administrative duties and provide medical supervision at each facility, which will comply with USDVA, CMS and State requirements, whichever are more stringent.
- C. Maintain written transfer agreements with local civilian and nearby VAMC for acute care situations. Contractor shall arrange transportation in such events and maintain contact with the receiving facility to ensure the return of the resident to the Salisbury facility or the Fayetteville facility or any additional State Veterans Homes that are opened and managed under this contract at the earliest possible date.
- D. Take all measures to pursue Medicare, Medicaid and any other third-party payment plan pursuant to the requirements of this RFP, Federal and State Law, rules and regulations for collecting and accounting for third-party payments. In the event the resident is a beneficiary of Medicare or any other third-party payment plan, all deductibles, co-insurance, or charges and fees for non-covered items and services shall be the responsibility of the resident. The liability for lack of billing and collection efforts will be the responsibility of the contractor and reimbursement will be made to NCDVA.
- E. Provide complete mortuary policies and procedures that ensure the sensitivity and expediency of death notification, documentation and disposition of the remains.
- F. Implement a Volunteer Program that maximizes utilization of community resources to enhance the quality of life for all residents. The Contractor shall provide an Activity Director who will also serve as the Volunteer Services Coordinator to ensure integration with volunteer service programs within the community.
- G. Protect and hold all confidential materials and information to meet State and Federal regulations, requirements and law. The Contractor shall comply with the provisions of the Federal Privacy Act, Freedom of Information Act, HIPAA, State requirements and other pertinent guidelines for safeguarding the confidentiality of such data.
- H. The State cannot allow non-State employees to operate State owned passenger vehicles (including sedans, minivans, pick-up trucks and sport utility vehicles) with State license plates and State insurance. To the extent the Contractor must use a State-owned passenger vehicle, NCDVA will provide to the Contractor staff drivers (i.e., authorized state employees), and CNA's when appropriate, to transport residents to and from medical appointments, as well as to activities sponsored by the respective facility.

The Contractor may operate State-owned non-passenger vehicles (assigned and/or owned/possessed by the NC State Veterans Home), which includes passenger vans, trucks, vans with wheelchair lift capabilities (excluding minivans), and buses (with or without wheelchair lift capabilities). A request will be submitted to the NCDVA, State Veterans Homes Program Manager, in order for a driver to be permitted to drive the State vehicle. This request should include the following information and shall not be limited to: current North Carolina driver's license, social security card, drug test results, and the Transportation Training Forms must be dated and signed. In order for the Contractor's employees to operate State-owned non-passenger vehicles, the Contractor must have the minimum automobile insurance coverage set forth in Section 3:06A.5 and such coverage must provide liability coverage for the Contractor's employees operating the subject vehicles and Contractor's insurance shall provide primary coverage if a Contractor's employee is involved in an accident while operating a State-owned non-passenger vehicle. (Contractor may have to obtain a rider or other document reflecting its insurer's acknowledgement that its policy will be primary in the event of the specified accident.) North Carolina Division of Motor Fleet Management is also prohibited from allowing State-owned vehicles from being assigned private license plates, accordingly, the Contractor may not license, register or title any State-owned non-passenger vehicle in Contractor's name for purposes of performing the contract or otherwise. (See 1 N.C.A.C. 38 .0602.)

The Contractor may also furnish its own vehicles to meet the transportation needs of the NC State Veterans Homes' residents, in which case, the Contractor shall be responsible for the license plates, roadside service for each vehicle, maintenance (in all categories) for the safety of the residents, and carry the minimum automobile insurance coverage set forth in Section 3:06A.5. The costs associated with the operation of these vehicles should be included in the monthly invoice.

- I. The contractor and management contract will be overseen by NCDVA, State Veterans Homes Program Manager. Therefore, all special needs/services should be approved through the State Veterans Homes Program Manager.
- J. The contractor will be responsible for collections of all past due invoices according to the Collections Policy in the NC State Veterans Home Handbook. Collections should be addressed immediately and every effort should be made to collect the debts. Contractor is responsible for keeping the non-payments to a minimum and closed out within 90 days.
- K. NC State Veterans Homes Medicare and Medicaid cost reports are not a part of this contract.

2.02 Maintenance:

The Contractor Shall:

- A. Keep each of the facilities in good repair, with the exception of normal wear and tear. The Contractor will maintain the facilities in the same condition as noted at the inception of the contract and shall return the facilities to the NCDVA in the same condition at the contract termination in the future.
- B. Utilize properly trained and/or certified in-house personnel or third party personnel to maintain each of the facility's equipment, systems, and the facility's grounds including, but not limited to, landscaping, lawns, planted beds, gardens, and parking areas.

2.03 Equipment Inventory:

- A. NCDVA, through the State Veterans Homes Program Manager, will provide the Contractor with written inventory of all equipment in each facility. The Contractor will sign for receipt of, and maintain control and care over State property under Contractor's control. The Contractor shall provide the NCDVA State Veterans Homes Program Manager with monthly inventory reports showing loss or damage to State property. Any and all surplus property shall be disposed of using State Surplus process. The NCDVA (on-site Veterans Service Officer under the direction of the State Veterans Homes Program Manager) shall inventory all State property classified as non-expendable on an annual basis or as deemed appropriate by the State Veterans Homes Program Manager.

2.04 Personnel for Each Facility:

A. The Contractor Shall Designate:

- 1. A licensed administrative officer for each facility, (hereafter the "Administrator"), who shall operate the facility and its program. The State Veterans Homes Program Manager shall have the final approval for the hiring of an administrator for any and all of the NC State Veterans Homes.
 - 2. A Director of Health Services and Medical Director for each facility. The State Veterans Homes Program Manager shall have the final approval for the hiring of a Director of Health Services for any and all of the NC State Veterans Homes.
- B. The Contractor shall insure that all physicians practicing within each of the facilities are credentialed according to USDVA requirements and that each physician maintains said credentials.
- C. The Contractor warrants and represents that all persons assigned to perform work under this contract shall be employees of the Contractor or an authorized sub-contractor. The Contractor shall ensure that licensure and certification requirements of both full-time and part-time personnel meet both Federal and State specifications both in-kind and in number.
- D. The NCDVA State Veterans Homes Program Manager or any State or Federal governing agency with the approval to do so may require the Contractor to conduct more extensive investigations on key personnel. Personnel files will be open to inspection by approved NCDVA State Veterans Homes Program Manager during the hours of 8:00 a.m. to 5:00 p.m.
- E. The Contractor shall not, as part of its agreement with employees or sub-contractor, prevent any employees or sub-contractor from working at the NC State Veterans Homes in the event of cancellation or termination of the contract for any reason.
- F. The Contractor shall ensure continued operation and staff coverage in the event of a labor dispute or strike.

2.05 Administration:

The Contractor Shall:

- A. Develop, implement and maintain all standard policies and procedures necessary for maintenance of resident care in accordance with Federal and State standards. NCDVA State Veterans Homes Program Manager shall review and approve all policies and procedures proposed and in use at the NC State Veterans Homes that are not healthcare related. All policies and procedures shall be maintained in each facility and will become the property of the NCDVA.
- B. Develop and maintain an admission policy to admit new residents to each facility and to make the veterans aware of the services and benefits available to veterans at each facility. Contractor's programs shall be subject to NCDVA State Veterans Homes Program Manager's approval; in addition shall have final approval of public information, media releases, and informational materials disseminated.
- C. Notify NCDVA State Veterans Homes Program Manager immediately when a facility is notified of any abuse or suspected abuse of a resident, any unexpected or unexplained injury or death of a resident, or any immediate threat to the health or safety of a resident, and of other notifications as required by all Federal and State entities.
- D. Comply with NCDVA's admission application criteria for admission procedures. The contractor will provide appropriate staff from its various departments to each of the facility's Admission Committee to facilitate a smooth and orderly resident admission process.

The Administrator Shall:

- A. Invite the NCDVA State Veterans Homes Program Manager and/or Veterans Service Officer to all committee meetings involving quality assurance and the quality of care provided. The Administrator shall provide the NCDVA State Veterans Home Program Manager with a typed copy of any minutes recorded within 10 days following such meetings.

2.06 Safety:

The Contractor will comply with all Federal, State, and local fire, safety, and health regulations to either meet or exceed requirements.

2.07 Equipment Responsibilities of the Contractor:

- A. The following items will be provided by the Contractor:
 - 1. The contractor will provide the computers and software necessary for maintaining Contractor's accounting system to Contractor's corporate office or such other location that Contractor uses to maintain its accounting system(s).

2.08 Responsibilities of NCDVA:

A. NCDVA State Veterans Homes Program Manager:

- 1. The State Veterans Homes Program Manager shall contract with a third party entity to review records and perform audits.
- 2. The State Veterans Homes Program Manager shall facilitate the acquisition of medical services, pharmacy goods and services, food services, and medical equipment from the USDVA.
- 3. The State Veterans Homes Program Manager shall have the right to attend any committee meeting relating to the management operations of the facilities or meetings to discuss health care.
- 4. The State Veterans Homes Program Manager shall have the right to schedule meetings in the conference rooms. NCDVA State Veterans Homes Program Manager will exert every effort not to schedule meetings that will conflict with the Contractor's needs.
- 5. The State Veterans Homes Program Manager shall upon request, assist the Contractor in resolving resident care complaints.
- 6. The State Veterans Homes Program Manager shall be the liaison between the Contractor and the VAMC designated by the USDVA to have jurisdiction over the particular facility.

7. The State Veterans Homes Program Manager shall approve the Medical Charting and Record System proposed by the Contractor.
8. The State of North Carolina, NC Division of Veterans Affairs will provide all other computers, software, supplies for the daily operations of the home; and will retain ownership for the computers, software and any and all information stored on the computers as it pertains to the daily operation of the home.
9. The State shall purchase all equipment except in areas where it would be more advantageous for the Contractor to purchase equipment for the State. In such cases, the State Veterans Homes Program Manager has to approve such purchases.

B. NCDVA Veterans Service Officer:

1. The VSO at each facility shall provide appropriate assistance to veterans seeking admission to the NC State Veterans Homes. Work closely with the Contractor (Admission Director) in soliciting applicants with the goal of achieving and maintaining full occupancy.
2. The VSO at each facility shall prepare and execute resident claims for benefit or entitlements from the USDVA.
3. The VSO is responsible for military service verification for the Admission Director.
4. The VSO prepares all reports required to be submitted to the USDVA for the Federal per diem.
5. The VSO schedule the quarterly meetings with the VAMC and notify the State Veterans Homes Program Manager and Administrator of the meeting.

III. GENERAL INFORMATION AND REQUIREMENTS

3.01 Limitations of Offeror:

The procurement process shall be limited to Healthcare Management entities that:

- A. Have not been forced to close a nursing home due to patient care issues.
- B. Can obtain a \$3 million dollars (\$3,000,000.00) performance bond (See Execution of Proposal Page)
- C. Can obtain **sufficient liability insurance**. (See paragraph 17 of the North Carolina Terms and Conditions)
- D. Has averaged less than 1 level G and higher findings on the last survey (not follow-ups) for each nursing home under its operation.
- E. Must have excess cash flow of \$5,000,000.
- F. Must have integrated Computer/Accounting and Patient Tracking System in place prior to submission of the proposal. These systems must be operating in other homes, not Veterans Homes prior to start up. Electronic Charting System must be compatible with current patient information systems.
- G. Has capability to manage four (4) buildings with current operations.
- H. No interest expense from Management Company will be charged to NC State Veterans Homes.

An Offeror's proposal may be rejected if it fails to comply, demonstrate and/or satisfy any of the foregoing limitations.

3.02 Procurement Timetable:

An **estimated timetable** has been provided as a reference to Offerors. This timetable is only a reference and no guarantees will be made of how strictly it is followed. The **estimated timetable**, for obtaining and evaluation of proposals is as follows:

RFP Issued	Tuesday, July 21, 2009
Pre-Proposal Conference - Fayetteville	Wednesday, August 5, 2009 – 10:30 am
Pre-Proposal Conference - Salisbury	Thursday, August 6, 2009 - 10:30 am
Deadline for Questions from Offerors	Friday, August 7, 2009 – 1:00 pm
Addendum Posted with Answers/Questions	Wednesday, August 12, 2009
Proposals Due	Tuesday, September 1, 2009
Projected Contract Award	Thursday, October 15, 2009
Current Contract Termination	Monday, November 30, 2009
New Contract Effective Date	Tuesday, December 1, 2009
Termination of Contract	November 30, 2014

3.03 Conflict between Guidelines and Regulations

When there is a conflict between State and Federal Guidelines and Regulations, the stricter of the guidelines will prevail. Any conflict between the North Carolina General Contract Terms and Conditions and specific conditions and terms stated in the body of this RFP, the specific conditions and terms will control. North Carolina State Law will prevail when issues/matters are not addressed in Contract.

3.04 NCDVA Reserves the Right to:

1. Reject any and all offers or portions of offers that do not meet mandatory requirements and/or when such rejection is deemed to be in the best interest of the State of NC.
2. Withdraw this RFP at any time and for any reason. Receipt of the proposal materials by NCDVA or submission of a proposal to NCDVA confers no rights upon the Offeror nor obligates NCDVA in any manner.
3. Waive any minor irregularity, informality or non-conformance with the provisions or procedures of this RFP, and to seek clarification from the Offerors, if required.
4. If all proposals are rejected, then the State may negotiate Best and Final Offers from Offerors that submitted proposals for a final contract based on the scope of work set forth in the RFP. The award will be following such negotiations will be in the best interest of the State and its veterans.
5. To audit the records of the Contractor pertaining to this contract both during performance and after completion. The Contractor will retain all records for a period of 10 years following completion of this contract.

3.05 Termination:

In no event shall Contractor terminate this contract until NCDVA State Veterans Homes Program Manager has designated a replacement contractor and the State of North Carolina, NC Division of Veterans Affairs has at least 90 days after this date for the replacement contractor to start operations.

- A. Upon delivery by certified mail to the Contractor of a Notice of Termination, the Contractor shall:
 1. Prepare a complete inventory of all assets and submit to NCDVA State Veterans Homes Program Manager within thirty (30) days of termination.
 2. Stop work under the contract on the date and to the extent specified in the Notice of Termination.
 3. Cooperate with NCDVA State Veterans Homes Program Manager and any replacement contractor for a smooth transition in operations.
 4. Permit access to the premises for any replacement contractor and allow any replacement contractor to communicate with Contractor's employees, Subcontractor's and Subcontractor's employees without any threat, legal action, or liability.

B. For Convenience:

NCDVA may terminate performance of work under the contract in whole for any reason NCDVA determines, including but not limited to, termination is in the best interest of NCDVA and the State of North Carolina.

In the event of termination for convenience, Contractor shall not be entitled to receive any amount for lost revenues or anticipated profits or for any expenditures associated with this or any other contract. Likewise, Contractor shall not be liable to NCDVA for any costs associated with NCDVA as procurement of similar services.

3.06 Insurance

The limits of coverage under all such insurance policies shall be as set forth in this section and shall not be reduced or modified without prior written approval from NCDVA, State Veterans Home Program Manager and compliance with all legal requirements. State Property Fire Fund shall insure State owned buildings, contents, and business personal property. This section controls over Paragraph 16 of the North Carolina General Contract Terms and Conditions.

During the term of this contract the Contractor shall maintain in force, at its own expense, each insurance as noted below:

A. Property (State Fire Fund):

1. General Liability:

Insurance with a combined single limit of not less than one million dollars (\$1,000,000.00) per individual claim and two million dollars (\$2,000,000.00) per occurrence for bodily injury and property damage.

2. Commercial General Liability:

General Liability Coverage, on a Comprehensive Broad Form, on an occurrence basis in the minimum amounts of \$1,000,000/\$5,000,000 Combined Single Limit (C.S.L.). (Defense cost shall be in excess of the limits of liability). In addition, there shall be sub-limits of \$1,000 premises medical payment per person; \$10,000 premises medical payment per accident; and \$100,000 care, custody and control per occurrence.

3. Professional Liability:

Insurance with a combined single limit of not less than one million dollars (\$1,000,000.00) per occurrence and three million dollars (\$3,000,000.00) aggregate limit. This is to cover damages caused by error or negligent acts related to professional services provided by this contract.

4. Medical Liability:

Professional Medical Liability Coverage on a Comprehensive Broad Form in the minimum amounts of \$1,000,000/\$3,000,000. (Defense cost shall be in excess of the limits of liability).

5. Commercial Automobile:

Insurance with a combined single limit of not less than two million dollars (\$2,000,000.00) combined single limit and three million dollars (\$3,000,000.00) per each accident for bodily injury and property damage, including uninsured, hired and non-owned auto liability.

B. Workers Compensation and Employees Liability:

1. Workers Compensation:

The Contractor shall take out and maintain during the life of this contract Worker's Compensation Insurance as required by law for all of his employees. The Contractor shall require each Subcontractor to provide Worker's Compensation Insurance as required by law for all its employees, unless such employees are covered by the protection afforded by the Contractor. Employers Liability (Section B) limits of \$1,000,000.

C. Performance Bond:

The Contractor shall submit a Performance Bond in the amount of three million dollars (\$3,000,000.00) as a guarantee of its performance under the terms and conditions of the contract. The Bond shall be submitted and acceptable to NCDVA. Breach of contract by the Contractor will result in forfeiture of the Bond. The Bond shall be for the entire contract period and shall be renewable for any subsequent extension of the contract. The Bond must be in force for a minimum of six (6) months following the termination of the contract.

D. Fidelity Bond:

The Contractor shall submit a Fidelity Bond in the amount of one million dollars (\$1,000,000.00) as a guarantee against employee dishonesty and acts of others. Such policy shall ensure for comprehensive perils including, but not limited to dishonesty, theft, and burglary by principals and employees of the Contractor as well as third parties. The Bond shall be submitted to and acceptable to NCDVA. Breach of contract by the Contractor will result in forfeiture of the Bond. The Bond shall be for the entire contract period and shall be renewable for any subsequent extension of the contract. The Bond must be in force for a minimum of six (6) months following the termination of the contract.

E. The above section covering insurance requirements shall control over Paragraph 15 of the North Carolina General Contract Terms and Conditions.

IV: PAYMENTS

4.01 General Provisions:

- A. The Contractor is required to submit to NCDVA as soon as possible after the close of books for each month an invoice based on the year to date percentage of Net Revenues. The monthly invoice shall be accompanied with documentation substantiating services and charges submitted as established by NCDVA. The invoice will incorporate expenses and management fees. (See Section 9:01).

Prior payments will be removed to leave a management fee for the month under review. The monthly invoice to NCDVA cannot be submitted unless all required management reports are included with the monthly invoice.

The State will not be responsible for costs or expenses such as penalties, legal fees and other such expenses, and such should not be included on the invoice.

- B. **Related party is defined as ownership (individuals or legal entities with individual ownership) of at least 5% of the entity doing business with Contractor and/or business activity of greater than 20% of monthly revenues of the related party. The activity of the related party shall be identified before each invoice is submitted each month and the lower of actual cost or market value will be substituted for operational expenses to NCDVA.**

Residents that are included as census for the facilities are to be included as doing business with the related party. Related party is also defined as identified by any State and or Federal Agency. Any adjustments, penalties or payback to the State or Federal agencies will require Contractor to reimburse each NC State Veterans Home that same amount.

"Related Party will also consider any determination by State and/or Federal Agency that a relationship exists". In the event a related party has been established, all transactions to the Facility and or Agency will revert to cost. Any payment in excess of cost will be paid back to NCDVA.

- C. NCDVA is dependent on the Contractor for expertise in operations of the facilities. Any denial of payments by government programs will be at the expense of the Contractor. The Contractor will reimburse NCDVA for such loss either by direct payment, management fee reductions, or both.
- D. All funds collected from State and Federal entities will be deposited into a State Account established by the NC State Treasurer's Office. Therefore, there will not be consideration for interest accrued to the contractor.
- E. With respect to the new Kinston and Buncombe County facilities that are currently in the design/construction phases, the Contractor will not be entitled to any payments until NCDVA issues a notice to proceed with performance of the Contract for each facility. NCDVA will issue such notices to proceed before the completion of construction of both facilities, so that the Contractor can start training its management and employees prior to the opening of these new facilities.

4.02 Incentives:

NCDVA places a high value on facility surveys conducted by the State and Federal government. Surveys conducted by either the State or Federal government will be used as an evaluation tool for payment for the management services. Deficiency free surveys on patient care will be recognized by NCDVA with an increase of ½ of 1% for Contractor fees for the fiscal year under review. This recognition will be given yearly over the life of the contract based on a deficiency free survey. Incentives will be removed if you have one Level G or higher in one home.

4.03 Penalties:

If a survey receives more than one Level G and higher finding on patient care, Contractor's fee will be reduced by ½ of 1% for the fiscal year under review. Any survey that receives more than three Level G's and higher finding on patient care, Contractor's fees will be reduced by 2% for the fiscal year under review. Legal fees and expenses incurred by the Contractor to remove fines and penalties are the Contractor's sole responsibility and will not be reimbursed by NCDVA. Any loss of revenue due to admission hold will be reimbursed to NCDVA by the Contractor based on actual census for the average of the three prior weeks to this admission hold.

4.04 Star Ratings:

A Star Rating of 5.0 is the desired goal for each NC State Veterans Home, minimum of a 3 Star is acceptable.

4.05 Inspection of Facility:

- A. Periodic, scheduled and unannounced inspections of the facilities will be conducted during the term of the contract by NCDVA, its representatives, USDVA, and other state and federal agencies.

V. SCOPE OF PROPOSAL

5.01 General:

The Contractor/Operator Selected Shall:

- A. Assume full responsibility for management and supervision of the daily operations for the NC State Veterans Nursing Homes.
- B. Provide all services associated with operational and management of a licensed nursing facility as required by all applicable laws, rules, regulations, standards and policies, of Federal, State and local governments, and any other entity that has relevant jurisdiction.
- C. Establish and implement policies and procedures to provide 24-hour a day licensed nursing facility care that meets or exceeds licensure and certification standards of the most current versions of the following standards:
 - 1. US Department of Veterans Affairs Standards for Nursing Home Care
 - a. VA Publication M-1 Part I, Chapter 3
 - b. VA Publication M-5 Part VIII, Chapter 2
 - c. Guide for Inspections of State Veterans Homes
 - 2. Title 38 Code of Federal Regulations, Part 17
 - 3. Centers for Medicare and Medicaid Services (CMS)
 - 4. Rules of Governing for Licensing of Nursing Home 10 ANCAC 13D
 - 5. 42CFR (Code of Federal Regulations)
 - 6. Health Insurance Portability and Accountability Act (HIPAA)
- D. Prepare all materials and employment procedures necessary to maintain State licensing, VA Certification and Medicare/Medicaid Certification for the provision of comprehensive, licensed nursing facility, always deferring to the highest standard applicable. Failure to maintain the proper license or to meet the criteria of any accrediting agency is a material breach of this RFP and contract.
- E. Manage and operate the facilities in a manner that respects the rights and dignity of the residents, the residents' rights to nursing care services, and the survey requirements.
- F. Develop, implement, and operate all necessary administrative systems including, but not limited to, accounting (billing, collections, tracking of residents income, and personal funds), personnel, reporting administrative records, medical records, purchasing, etc.
 - 1. All resident records will remain with each respective facility.
 - 2. All records of each facility and all of the Contractor's records will be available for review as allowed under law, for a period of 10 years after contract terminates.
- G. Prepare and provide to NCDVA routine reports and any reasonable information, which may, from time to time, be specifically requested. Such reports and information shall include but not be limited to:
 - 1. Monthly Revenue and Expense Report with Fiscal Year ending June 30.
 - 2. Complaints and Grievances
 - 3. Incident Reports
 - 4. Nursing Hours per resident per day by employee type
 - 5. Quality Assurance
 - 6. Infection Control
 - 7. Family Survey/Satisfactory/Not in Compliance
 - 8. Annual Budget
 - 9. Daily Summarized Census Report
 - 10. Monthly Accounts Receivable Aging Report
 - 11. Actual operation compared to budget
 - 12. Month and year to date operating statements
 - 13. Information to prepare Medicaid/Medicare Cost Reports and includes any and all regulatory agencies.

14. Copies of all contracts entered into between the NC State Veterans Homes, to include any and all entities (included and not limited to management corporation owned related parties and their vendors.) The NC Division of Veterans Affairs, State Veterans Homes Program Manager reserves the right to be consulted with before any and all contracts are signed, especially in the events a contract would exceed the life term of this contract.
15. The home A/P staff member is responsible for the review of invoices and approval by the administrator. If any and all offset in the Medicare or Medicaid Cost Reports by Federal and/or State agencies due to improper activities or lack of documentation will be paid back by the contractor in full.
16. Employee Job Descriptions – Prior to starting this contract the contractor must give the NCDVA State Veterans Homes Program Manager employee job descriptions for each position and they must be written to serve the NC State Veterans Homes.

VI. PROPOSAL REQUIREMENTS:

6.01 General Information:

All Offerors competing for this contract must address each requirement when preparing their proposals. Offerors will be evaluated on the overall quality of content and responsiveness to the purpose and specifications of this RFP. Therefore, Offerors are encouraged to think creatively and offer high quality services. (Do not limit yourself to minimum standards as set forth in the publications in Section IV, 4:01, C.)

All proposals must be complete and convey all of the information requested in order to be considered responsive. Unless stated otherwise herein, the basic and governing language of the contract resulting from the solicitation shall be comprised of the RFP documents, including any attachments and addendums, and the successful Offeror's signed proposal. In the event of a conflict between the two (2) documents, the RFP shall govern.

All proposals are subject to the provisions as specified in this RFP. All responses will be controlled by the terms and conditions included by NCDVA. The attachment of other terms and conditions by the Offeror will be grounds for rejection of the proposal.

6.02 Minimum Proposal Requirements:

- A. To be considered for award, all proposals must include the minimum fiscal and statutory requirements as set forth below:
 1. A statement indicating that the Offeror is a corporation or other legal entity that does operate other licensed skilled nursing facilities licensed either by the State of North Carolina or within another state.
 2. Provide the information required in Paragraph 11 of the General Information on Submitting Proposals.
 3. A statement that no attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not submit a proposal.
 4. A statement establishing compliance with Paragraph 16 of the North Carolina General Contract Terms and Conditions.
 5. A statement that specifically stipulates that the Offeror accepts all terms and conditions in this RFP.
 6. A statement that explains your ability to operate a State Veterans Homes.
 7. A statement that explains your ability to achieve and maintain JACHO Include the number of your current facilities that have received JACHO Accreditation.
 8. A statement that explains your ability to provide a continuum of services in the NC State Veterans Homes.
 9. A statement that details your experience with opening and operating new centers in the last five (5) years.
 10. A statement detailing your knowledge and experience with operating under North Carolina regulations and guidelines; as well as under USDVA regulations and guidelines.
- B. The above information must be in a transmittal letter in the form of a standard business letter from the Offeror and signed by an individual authorized to legally bind the Offeror.

6.03 Technical Proposal:

- A.** The Offeror shall prepare a narrative response describing how the following services will be provided in each of the facilities using no more pages than specified below:
1. Physician coverage (1 page); rehabilitative services (2 pages); pharmacy (1 page); health, safety and security program (2 pages); preventive maintenance for the facility (1 page); grounds maintenance (1 page); infection control (3 pages); nursing services (3 pages); dietetics (2 pages); quality improvement program (3 pages); quality assurance (2 pages); pressure ulcer care and monitoring program (1 page); volunteer services (1 page).
 2. Describe any additional or innovative services, either outpatient or inpatient that will be provided to a particular facility if the NCDVA desires and approves such a service or program.

6.04 Organizational and Financial Stability:

A. Experience:

1. Describe your organization's philosophy or approach to resident healthcare services, personnel management and fiscal management. Include the length of time your organization has been in business, relevant experience and applicable service capabilities. Demonstrate your organization's knowledge and understanding of nursing home care.
2. Provide a list of all skilled care nursing facilities, assisted living facilities, personal care facilities or other health care facilities providing services to primarily elderly individuals that your organization has operated in the last five (5) years. For each facility, include name, address, phone number, Administrator, and number of beds in the facility.
3. Provide a list of all related entities and holding companies of your organization, and provide a list of the individual ownership of such entities and holding companies. Include a flow chart for each related entity.
4. Provide a list of all G level and higher surveys received by facilities under your organization's management and/or control for the past two (2) years.
5. Provide a list of any Admission Hold your organization has experienced, how long, corrective actions, and outcome.
6. Provide a list of any homes that were closed due to survey issues.

B. References:

Provide a minimum of three (3) of the most recent references for whom the Offeror has performed similar or related services to those called for in this RFP. If the Offeror does not manage any facilities, three (3) references must be from entities qualified to judge the Offeror's operating capabilities. Include a brief description such as size and length of contract and scope of the services performed. Include name, title, address and current phone number of a representative for each reference who can provide information about their professional experience in dealing with your organization.

C. Organization Profiles:

Provide an organizational chart, demographic profile and resumes of key personnel, as well as a description and organization chart showing the structures your organization would use while operating the Salisbury Facility and the Fayetteville Facility.

D. Organization Capability:

Describe your organization's ability to respond quickly to changes in the health care environment, including, but not limited to regulations, technology, staffing ratios and training requirements.

E. Management Capability:

Describe your organization's management capabilities to successfully operate the Salisbury Facility and the Fayetteville Facility in accordance with all applicable Federal, State and local laws, regulations and policies in accordance with the requirements of this RFP.

F. Financial Stability:

1. Provide audited financial statements prepared by an independent certified public accountant (CPA) as well as consolidated statements for holding companies and affiliates, if applicable, for the last three (3) fiscal years of the business entity that would have fiduciary responsibility for this proposed contract. Include a full disclosure of all events, liabilities, tax obligations, financing arrangements/relationships or contingent liabilities that could affect your organization's financial ability to perform this contract. The financial statements shall include balance sheets, income statement/profit loss statement, cash flow statement, and statement of retained earnings and auditors notes regarding those statements. If audited financial statements have not been prepared for the current fiscal year or have not been prepared in the six months preceding the issuance date of this RFP, Offeror shall provide its internally prepared financial statements from the most recent audited financial statements through June 2009. All financial statements will be kept confidential, if Offeror complies with Paragraph 13 of the General Information in Submitting Proposals.
2. Demonstrate your organization's financial status with audited information such as balance sheets, income statement of changes in financial position, annual reports, and any other statements or documents that attest to your organization's strength and ability to continually fulfill the contractual obligations as managers. Include financial statements, including notes, auditor's report and summary of significant accounting policies prepared by an independent CPA.
3. Failure to submit audited financial statements may be grounds for the rejection of Offeror's proposal.

G. Vendor's Certifications

Vendor shall provide a statement wherein it responds to each of the limitation found in Section 3:01 and a statement that it has or will obtain the insurance specified in 3:06.

H. Clarification

1. The NCDVA, State Veterans Homes Program Manager reserves the right to seek clarification pursuant to applicable regulations.

6.05 Staffing:

The Offeror shall provide a proposed organizational chart, classification of employees and numbers of each, minimum qualifications for each classification, and the number and classification of staff on each shift for each facility.

6.06 Statement of Legal Action:

The Offeror shall provide a statement as to any past or pending legal actions against the Offeror its employees, and/or its subcontractors.

VII. PROPOSAL EVALUATIONS

7.01 General:

NCDVAC may contract with persons or other non-governmental entities to operate each facility. NCDVAC may contract with the Offeror whose proposal is most advantageous to the veterans and the State taking into consideration experience and past performance, excellence of program design, Offeror's resources, financial condition of Offeror, management plan, key personnel, program suitability, cost, and any other qualities deemed necessary by the NCDVAC and set out in the solicitation for proposals. The NCDVAC is not required to select the Offeror offering the lowest cost proposal but shall select the Offeror who, in NCDVAC's sole discretion, offers the proposal most advantageous to veterans of North Carolina.

7.02 Proposal Evaluations:

A. Evaluation Process:

NCDVA will conduct a comprehensive, fair and impartial evaluation of proposals received in this solicitation. A Proposal Evaluation Panel will be appointed to review all proposals that are submitted to the state. The Evaluation Panel shall consider the Offerors' compliance with Sections 3:02, 3:07, 5:01, 6:02 through 6:06.

B. Evaluation Criteria:

The following is the criteria of evaluation:

1. Experience:

- a. Offeror's experience in community long-term care and the ownership and/or management of community intermediate and skilled nursing care facilities. Experience managing any government facility.
- b. Offeror's history of contracting for management of long-term nursing care facilities.

2. Quality of Response:

- a. Offeror's understanding of the project.
- b. Quality and comprehensiveness of Offeror's plans and programs for providing the required services.

3. Financial Stability:

- a. Offeror's financial stability, resources, and ability to support a project of this size.

4. References:

- a. References and site visits to other facilities operated by Offeror.

5. Surveys.

6. Independent Verification of Vendors' Qualifications

The Evaluation Plan may conduct independent research, investigation and/or verification of publicly available information concerning the Offerors' qualifications including but not limited to verification of licenses, complaints filed against Offerors with any regulatory or licensing agency, board or commission (federal, state or local), debarments of Offerors by any agency (federal, state or local), payment or nonpayment of tax obligations, news stories concerning any Offeror and/or such other publicly available information concerning the Offerors,

7. Costs.

VIII. COST PROPOSAL

8.01 General:

- A. The Offeror's Cost Proposal must be submitted in a sealed package labeled "Cost Proposal", RFP number, entity's name, and opening date, *See Section 8:02*.
- B. For the cost to manage the NC State Veterans Homes, the Offerors shall propose a percent of net revenues (gross revenues less contractual). The cost proposal must be in letter form on the Offeror's stationery and signed by the individual authorized to legally bind the Offeror.
- C. *See Section 8:02* for an example of a cost proposal.
- D. NCDVA receives a Federal daily per diem of \$74.42 from the US Department of Veterans Administration for every veteran admitted into a NC State Veterans Home. For private pay residents in each facility and any future facility, NCDVA elects to apply a part of this per diem \$69.00 to offset the posted room rate of \$161.00 per day. This offset will be indicated on each facility as a contractual allowance. Revenue for private pay veteran's residents (\$91.00 per day) will be the difference between the posted room rate (daily per diem rate) and the Federal daily per Diem (\$70.00). Non-veterans would pay the full daily per diem rate; however, non-veterans (spouse, widower, widow, Gold Star Parents) can only be admitted when the census in Fayetteville falls below 138 and Salisbury falls below 90. Only 25% of non-veterans can be admitted into a NC State Veterans Home.
- F. Financial Statements for each Facility is located at Appendices B and C. Future facilities have not been built and do not currently have a Budget.

G. See Appendices:

*Sample Monthly Invoice
Operations for Fayetteville
Operations for Salisbury
Operations for Kinston
Operations for Buncombe County.*

- H.** Management Fees will be the percentage offered in this RFP. No additional fees will be permitted. Management Fees along with facility expenses will be billed monthly on the form presented in Section 7.02. Based on current actual expenditures and projection, cash flow required by the Contracting Company will be in excess of \$2,500,000 per month. Monthly Invoices will be submitted along with all financial information after the month has closed. NCDVA indicated in SECTION 7.06 A, the invoice will be e-mailed to James A. Woodard (james.woodard@doa.nc.gov) and approved. Based on this information the percent for management fees should reflect in loss of interest income. No interest expense will be paid to Contractor.
- I.** The current Medicaid rate is \$148.00 for both facilities. Revenue projections should be based on this amount for Medicaid residents.
- J.** Currently, Medicare pays the NC State Veterans Home based on Rugs Classification.

COST PROPOSAL:

OFFEROR _____

DATE: _____

PROPOSAL NUMBER: _____

_____ ("the Offeror") is pleased to submit for your consideration the Cost Proposal for RFP # _____, "Management And Operations Of Licensed Nursing Facility: The North Carolinas' State Veterans Home In Salisbury, NC; Fayetteville, NC; And Any And All Additional North Carolinas' State Veterans Homes (Locations In Kinston, NC And Buncombe County, NC) That Are Opened For Business During This Contract Period."

_____ ("the Offeror") proposes the cost to manage the NC State Veterans Homes at _____ % of net revenues (gross revenues less contractual) for management fees, excluding performance bond.

The Offeror's representative for the proposal is:

Name _____
Business Name _____
Address _____
City, State, Zip Code _____

Name, Title (Signature)

***THIS PAGE MUST BE RETURNED IN A SEPARATE SEALED ENVELOPE
OTHERWISE YOUR PROPOSAL WILL NOT BE CONSIDERED***

EXECUTION OF PROPOSAL

By submitting this proposal, the potential contractor certifies the following:

- _____ This proposal is signed by an authorized representative of the firm.
- _____ It can obtain insurance certificates as required within 10 calendar days after notice of award.
- _____ The cost and availability of all equipment, materials, and supplies associated with performing the services described herein have been determined and included in the proposed cost.
- _____ All labor costs, direct and indirect, have been determined and included in the proposed cost.
- _____ The Offeror has attended the *mandatory* conference/site visit and is aware of prevailing conditions associated with performing these services.
- _____ The Offeror can and will provide the specified performance bond or alternate performance guarantee.
- _____ The potential contractor has read and understands the conditions set forth in this RFP and agrees to them with no exceptions.
- _____ The Offeror is registered in NC E-Procurement @ Your Service or agrees to register within two days after notification of contract award.

Therefore, in compliance with this Request for Proposals, and subject to all conditions herein, the undersigned offers and agrees, if this proposal is accepted within 90 days from the date of the opening, to furnish the subject services.

OFFEROR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____ FAX: _____

E-MAIL: _____

Principal Place of Business if different from above (See General Information on Submitting Proposals, Item 18.):

Will any of the work under this contract be performed outside the United States? ☐ Yes ☐ No
(If yes, describe in technical proposal.)

BY: _____ TITLE: _____ DATE: _____
(Signature)

(Printed name)

ACCEPTANCE OF PROPOSAL

(Using Agency Name)

BY: _____ TITLE: _____ DATE: _____

THIS PAGE MUST BE SIGNED AND INCLUDED IN YOUR PROPOSAL.

Unsigned proposals will not be considered.

Where Service Contracts Will Be Performed

In accordance with NC General Statute 143-59.4 (Session Law 2005-169),
this form is to be completed and submitted with the Offeror's (technical) proposal/bid.

Issuing Agency: Department of Administration

Solicitation # 200900754

Agency Contact Person & phone #: Mildred C. Christmas (919)-807-4525

Solicitation Title / Type of Services: **MANAGEMENT AND OPERATION OF LICENSED NURSING FACILITIES**

OFFEROR: _____
City & State: _____

Location(s) from which services will be performed by the contractor:

Service	City/Providence/State	Country
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location(s) from which services are anticipated to be performed outside the U.S. by the contractor:

_____	_____	_____
_____	_____	_____

Location(s) from which services will be performed by subcontractor(s):

Service	Subcontractor	City/Providence/State	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location(s) from which services are anticipated to be performed outside the U.S. by the subcontractor(s):

_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional pages if necessary.)

GENERAL INFORMATION ON SUBMITTING PROPOSALS

1. **EXCEPTIONS:** All proposals are subject to the terms and conditions outlined herein. All responses shall be controlled by such terms and conditions and the submission of other terms and conditions, price lists, catalogs, and/or other documents as part of an Offeror's response will be waived and have no effect either on this Request for Proposals or on any contract that may be awarded resulting from this solicitation. Offeror specifically agrees to the conditions set forth in the above paragraph by signature to the proposal.
2. **CERTIFICATION:** By executing the proposal, the signer certifies that this proposal is submitted competitively and without collusion (G.S. 143-54), that none of our officers, directors, or owners of an unincorporated business entity has been convicted of any violations of Chapter 78A of the General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (G.S. 143-59.2), and that we are not an ineligible vendor as set forth in G.S. 143-59.1. False certification is a Class I felony.
3. **ORAL EXPLANATIONS:** The State shall not be bound by oral explanations or instructions given at any time during the competitive process or after award.
4. **REFERENCE TO OTHER DATA:** Only information which is received in response to this RFP will be evaluated; reference to information previously submitted shall not be evaluated.
5. **ELABORATE PROPOSALS:** Elaborate proposals in the form of brochures or other presentations beyond that necessary to present a complete and effective proposal are not desired.

In an effort to support the sustainability efforts of the State of North Carolina we solicit your cooperation in this effort.

It is desirable that all responses meet the following requirements:

- All copies are printed **double sided**.
 - All submittals and copies are printed on **recycled paper with a minimum post-consumer content of 30%** and indicate this information accordingly on the response.
 - Unless absolutely necessary, all proposals and copies should **minimize or eliminate use of non-recyclable or non re-usable materials** such as plastic report covers, plastic dividers, vinyl sleeves, and GBC binding. Three-ringed binders, glued materials, paper clips, and staples are acceptable.
 - Materials should be submitted in a format which allows for **easy removal and recycling** of paper materials.
6. **COST FOR PROPOSAL PREPARATION:** Any costs incurred by Offerors in preparing or submitting offers are the Offerors' sole responsibility; the State of North Carolina will not reimburse any Offeror for any costs incurred prior to award.
 7. **TIME FOR ACCEPTANCE:** Each proposal shall state that it is a firm offer which may be accepted within a period of 90 days. Although the contract is expected to be awarded prior to that time, the 90 day period is requested to allow for unforeseen delays.
 8. **TITLES:** Titles and headings in this RFP and any subsequent contract are for convenience only and shall have no binding force or effect.
 9. **CONFIDENTIALITY OF PROPOSALS:** In submitting its proposal the Offeror agrees not to discuss or otherwise reveal the contents of the proposal to any source outside of the using or issuing agency, government or private, until after the award of the contract. Offerors not in compliance with this provision may be disqualified, at the option of the State, from contract award. Only discussions authorized by the issuing agency are exempt from this provision.
 10. **RIGHT TO SUBMITTED MATERIAL:** All responses, inquiries, or correspondence relating to or in reference to the RFP, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the Offerors shall become the property of the State when received.
 11. **OFFEROR'S REPRESENTATIVE:** Each Offeror shall submit with its proposal the name, address, and telephone number of the person(s) with authority to bind the firm and answer questions or provide clarification concerning the firm's proposal.
 12. **SUBCONTRACTING:** Offerors may propose to subcontract portions of the work provided that their proposals clearly indicate what work they plan to subcontract and to whom and that all information required about the prime contractor is also included for each proposed subcontractor.
 13. **PROPRIETARY INFORMATION:** Trade secrets or similar proprietary data which the Offeror does not wish disclosed to other than personnel involved in the evaluation or contract administration will be kept confidential to the extent permitted by NCAC T01:05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL". Any section of the proposal which is to remain confidential shall also be so marked in boldface on the title page of that section. Cost information may not be deemed confidential. In spite of what is labeled as confidential, the determination as to whether or not it is shall be determined by North Carolina law.
 14. **HISTORICALLY UNDERUTILIZED BUSINESSES:** Pursuant to General Statute 143-48 and Executive Order #150, the State invites and encourages participation in this procurement process by businesses owned by minorities, women, disabled, disabled business enterprises and non-profit work centers for the blind and severely disabled.

15. **PROTEST PROCEDURES:** When an Offeror wants to protest a contract awarded by the Secretary of Administration or by an agency over \$25,000 resulting from this solicitation, they must submit a written request to the State Purchasing Officer at Purchase and Contract, 1305 Mail Service Center, Raleigh, NC 27699-1305. This request must be received in the Division of Purchase and Contract within thirty (30) consecutive calendar days from the date of the contract award. When an Offeror wants to protest a contract awarded by an agency or university resulting from this solicitation that is over \$10,000 but less than \$25,000 for any agency, or any contract awarded by a university, they must submit a written request to the issuing procurement officer at the address of the issuing agency. This request must be received in that office within thirty (30) consecutive calendar days from the date of the contract award. Protest letters must contain specific reasons and any supporting documentation for the protest. Note: Contract award notices are sent only to those actually awarded contracts, and not to every person or firm responding to this solicitation. Contract status and Award notices are posted on the Internet at <http://www.ncpandc.gov>. All protests will be handled pursuant to the North Carolina Administrative Code, Title 1, Department of Administration, Chapter 5, Purchase and Contract, Section 5B.1519. (See Protest Information at <http://www.ncpandc.gov/protests.pdf> for more information.)
16. **TABULATIONS:** The Division has implemented an Interactive Purchasing System (IPS) that allows the public to retrieve bid tabulations electronically from our Internet web site: <http://www.ncpandc.gov>. Click on the IPS BIDS icon, click on Search for Bid, enter the RFP number, and then search. Tabulations will normally be available at this web site not later than one working day after opening. Lengthy tabulations may not be available on the Internet, and requests for these verbally or in writing cannot be honored.
17. **VENDOR REGISTRATION AND SOLICITATION NOTIFICATION SYSTEM:** Vendor Link NC allows vendors to electronically register free with the State to receive electronic notification of current procurement opportunities for goods and services available on the Interactive Purchasing System. Online registration and other purchasing information are available on our Internet web site: <http://www.ncpandc.gov>.
18. **RECIPROCAL PREFERENCE:** G.S. 143-59 establishes a reciprocal preference law to discourage other states from applying in-state preferences against North Carolina's resident Offerors. The "Principal Place of Business" is defined as the principal place from which the trade or business of the Offeror is directed or managed.

NORTH CAROLINA GENERAL CONTRACT TERMS AND CONDITIONS
(Contractual and Consultant Services)

1. **GOVERNING LAW:** This contract is made under and shall be governed and construed in accordance with the laws of the State of North Carolina.
2. **SITUS:** The place of this contract, its situs and forum, shall be North Carolina, where all matters, whether sounding in contract or tort, relating to its validity, construction, interpretation and enforcement shall be determined
3. **INDEPENDENT CONTRACTOR:** The Contractor shall be considered to be an independent contractor and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Contractor represents that it has, or will secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with the Agency.
4. **KEY PERSONNEL:** The Contractor shall not substitute key personnel assigned to the performance of this contract without prior written approval by the Agency's Contract Administrator. The individuals designated as key personnel for purposes of this contract are those specified in the Contractor's proposal.
5. **SUBCONTRACTING:** Work proposed to be performed under this contract by the Contractor or its employees shall not be subcontracted without prior written approval of the Agency's Contract Administrator. Acceptance of an Offeror's proposal shall include any subcontractor(s) specified therein.
6. **PERFORMANCE AND DEFAULT:** If, through any cause, the Contractor shall fail to fulfill in timely and proper manner the obligations under this agreement, the Agency shall thereupon have the right to terminate this contract by giving written notice to the Contractor and specifying the effective date thereof. In that event, all finished or unfinished deliverable items under this contract prepared by the Contractor shall, at the option of the Agency, become its property, and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials. Notwithstanding, the Contractor shall not be relieved of liability to the Agency for damages sustained by the Agency by virtue of any breach of this agreement, and the Agency may withhold any payment due the Contractor for the purpose of setoff until such time as the exact amount of damages due the Agency from such breach can be determined.

In case of default by the Contractor, the State may procure the services from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The State reserves the right to require a performance bond or other acceptable alternative performance guarantees from successful Offeror without expense to the State.

In addition, in the event of default by the Contractor under this contract, the State may immediately cease doing business with the Contractor, immediately terminate for cause all existing contracts the State has with the Contractor, and de-bar the Contractor from doing future business with the State

Upon the Contractor filing a petition for bankruptcy or the entering of a judgment of bankruptcy by or against the Contractor, the State may immediately terminate, for cause, this contract and all other existing contracts the Contractor has with the State, and de-bar the Contractor from doing future business

Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

7. **TERMINATION:** The Agency may terminate this agreement at any time by 90 days notice in writing from the Agency to the Contractor. In that event, all finished or unfinished deliverable items prepared by the Contractor under this contract shall, at the option of the Agency, become its property. If the contract is terminated by the Agency as provided herein, the Contractor shall be paid for services satisfactorily completed, less payment or compensation previously made.
8. **PAYMENT TERMS:** Payment terms are Net not later than 30 days after receipt of correct invoice(s) or acceptance of services, whichever is later, or in accordance with any special payment schedule identified in this RFP. The using agency is responsible for all payments to the contractor under the contract. Payment by some agencies may be made by procurement card and it shall be accepted by the contractor for payment if the contractor accepts that card (Visa, Mastercard, etc.) from other customers. If payment is made by procurement card, then payment may be processed immediately by the contractor.
9. **AVAILABILITY OF FUNDS:** Any and all payments to the Contractor are dependent upon and subject to the availability of funds to the Agency for the purpose set forth in this agreement.
10. **CONFIDENTIALITY:** Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the Agency.
11. **CARE OF PROPERTY:** The Contractor agrees that it shall be responsible for the proper custody and care of any property furnished it for use in connection with the performance of this contract or purchased by it for this contract and will reimburse the State for loss of damage of such property.

12. **COPYRIGHT:** No deliverable items produced in whole or in part under this agreement shall be the subject of an application for copyright by or on behalf of the Contractor.
13. **ACCESS TO PERSONS AND RECORDS:** The State Auditor shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7. The Contractor shall retain all records for a period of three years following completion of the contract.
14. **ASSIGNMENT:** No assignment of the Contractor's obligations nor the Contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the State may:
- Forward the contractor's payment check(s) directly to any person or entity designated by the Contractor, or
 - Include any person or entity designated by Contractor as a joint payee on the Contractor's payment check(s).
- In no event shall such approval and action obligate the State to anyone other than the Contractor and the Contractor shall remain responsible for fulfillment of all contract obligations.
15. **COMPLIANCE WITH LAWS:** The Contractor shall comply with all laws, ordinances, codes, rules, regulations, tax obligations (state, local and federal) and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority. Failure to comply with any of the foregoing may result in the contract being declared in default and/or termination of the contract.
16. **AFFIRMATIVE ACTION:** The Contractor shall take affirmative action in complying with all Federal and State requirements concerning fair employment and employment of people with disabilities, and concerning the treatment of all employees without regard to discrimination by reason of race, color, religion, sex, national origin, or disability.
17. **INSURANCE:** During the term of the contract, the contractor at its sole cost and expense shall provide commercial insurance of such type and with such terms and limits as may be reasonably associated with the contract. As a minimum, the contractor shall provide and maintain the following coverage and limits:
- Worker's Compensation - The contractor shall provide and maintain Worker's Compensation Insurance, as required by the laws of North Carolina, as well as employer's liability coverage with minimum limits of \$150,000.00, covering all of Contractor's employees who are engaged in any work under the contract. If any work is subcontracted, the contractor shall require the subcontractor to provide the same coverage for any of its employees engaged in any work under the contract.
 - Commercial General Liability - General Liability Coverage on a Comprehensive Broad Form on an occurrence basis in the minimum amount of \$500,000.00 Combined Single Limit. (Defense cost shall be in excess of the limit of liability).
 - Automobile - Automobile Liability Insurance, to include liability coverage, covering all owned, hired and non-owned vehicles, used in connection with the contract. The minimum combined single limit shall be \$150,000.00 bodily injury and property damage; \$150,000.00 uninsured/under insured motorist; and \$1,000.00 medical payment.

Providing and maintaining adequate insurance coverage is a material obligation of the contractor and is of the essence of this contract. All such insurance shall meet all laws of the State of North Carolina. Such insurance coverage shall be obtained from companies that are authorized to provide such coverage and that are authorized by the Commissioner of Insurance to do business in North Carolina. The contractor shall at all times comply with the terms of such insurance policies, and all requirements of the insurer under any such insurance policies, except as they may conflict with existing North Carolina laws or this contract. The limits of coverage under each insurance policy maintained by the contractor shall not be interpreted as limiting the contractor's liability and obligations under the contract.

18. **ADVERTISING:** The Offeror shall not use the award of a contract as part of any news release or commercial advertising.
19. **ENTIRE AGREEMENT:** This contract and any documents incorporated specifically by reference represent the entire agreement between the parties and supersede all prior oral or written statements or agreements. This Request for Proposals, any addenda thereto, and the Offeror's proposal are incorporated herein by reference as though set forth verbatim.

All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

20. **AMENDMENTS:** This contract may be amended only by written amendments duly executed by the Agency and the Contractor. The NC Division of Purchase and Contract shall give prior approval to any amendment to a contract awarded through that office.
21. **TAXES:** G.S. 143-59.1 bars the Secretary of Administration from entering into contracts with vendors if the vendor or its affiliates meet one of the conditions of G. S. 105-164.8(b) and refuse to collect use tax on sales of tangible personal property to purchasers in North Carolina. Conditions under G. S. 105-164.8(b) include: (1) Maintenance of a retail establishment or office, (2) Presence of representatives in the State that solicit sales or transact business on behalf of the vendor and (3) Systematic exploitation of the market by media-assisted, media-facilitated, or media-solicited means. By execution of the proposal document the vendor certifies that it and all of its affiliates, (if it has affiliates), collect(s) the appropriate taxes.

22. **YEAR 2000 COMPLIANCE/WARRANTY:** Vendor shall ensure the product(s) and service(s) furnished pursuant to this agreement ("product" shall include, without limitation, any piece of equipment, hardware, firmware, middleware, custom or commercial software, or internal components, subroutines, and interfaces therein) which perform any date and/or time data recognition function, calculation, or sequencing, will support a four digit year format, and will provide accurate date/time data and leap year calculations on and after December 31, 1999, at the same level of functionality for which originally acquired without additional cost to the user. This warranty shall survive termination or expiration of the agreement.
23. **GENERAL INDEMNITY:** The contractor shall hold and save the State, its officers, agents, and employees, harmless from liability of any kind, including all claims and losses accruing or resulting to any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this contract, and from any and all claims and losses accruing or resulting to any person, firm, or corporation that may be injured or damaged by the contractor in the performance of this contract and that are attributable to the negligence or intentionally tortious acts of the contractor provided that the contractor is notified in writing within 30 days that the State has knowledge of such claims. The contractor represents and warrants that it shall make no claim of any kind or nature against the State's agents who are involved in the delivery or processing of contractor goods to the State. The representation and warranty in the preceding sentence shall survive the termination or expiration of this contract.
24. **OUTSOURCING:** Any vendor or subcontractor providing call or contact center services to the State of North Carolina shall disclose to inbound callers the location from which the call or contact center services are being provided.

If, after award of a contract, the contractor wishes to outsource any portion of the work to a location outside the United States, prior written approval must be obtained from the State agency responsible for the contract.

Vendor must give notice to the using agency of any relocation of the vendor, employees of the vendor, subcontractors of the vendor, or other persons performing services under a state contract outside of the United States.

1/12/2009

XIV: APPENDIX A

Sample of Monthly Invoice

NAME OF CONTRACTOR

INVOICE FOR NC STATE VETERANS HOME – LOCATION

MONTH ENDED
MONTH/YEAR

EXPENSE-BASED COMPONENT

1. YTD Expense of Contractor (Location operation)
2. Less: Penalties (identify on separate list)
3. Less: Related Party cost in excess of market
4. Less: Legal Fees
5. Less: Other non-reimbursable (identify on separate list)
6. Less: Accrued expenses (net of beginning of yr balance)
7. Less: Management included in YTD expense on line 1
8. Less: Administrator Salary and Benefits
9. Less: Administrator Travel & Mileage Reimbursement
10. Less: Intercompany Interest
11. Plus: Pre-paid Expense - see list (net of beginning yr balance)
12. Total Allowable YTD Expense
13. Less: Allowable YTD Expense from previous month invoice
14. Expenses to be reimbursed for the month

REVENUE-BASED COMPONENT

15. YTD Net Revenues of NC State Veterans Home - Location
16. Less: Denial of Payments (identify on separate list)
17. YTD Revenue Subject to Management Fee %
18. Management Fee %
19. YTD Management Fees due
20. Prior Month YTD Management Fees due
21. Management Fees Due for Current Month
22. Patient Refunds made on behalf of NCVA in the invoice month
23. Less/Add: Correction of prior month error
24. Add: Expenses to be reimbursed for the month
25. Total Invoice Amount (add lines 21 through 24)

VA043 - NC Veterans Home-Fayetteville

Income Statement

For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
ROUTINE SERVICES						
Routine Revenue-Certified						
Private Revenue	314,314	297,000	17,314	3,355,239	3,018,600	336,639
Medicare Part A Revenue	92,944	169,315	(76,371)	914,996	1,699,076	(784,080)
Medicaid Revenue	233,459	228,629	4,830	2,242,274	2,357,419	(115,145)
Hospice Revenue	34,697	30,484	4,213	294,375	314,323	(19,948)
Insurance Revenue	6,437	-	6,437	85,094	-	85,094
Total Routine Revenue-Certified	681,851	725,428	(43,577)	6,891,978	7,389,418	(497,440)
Routine Revenue-Assisted Living						
Total Routine Revenue-Assisted Living			-			-
Routine Revenue-Cert-Room Reserve						
Total Routine Revenue-Cert-Room Reserve			-			-
Routine Revenue-Non Certified						
Total Routine Revenue-Non Certified			-			-
Routine Revenue-Non Cert-Room Reserve						
Total Routine Revenue-Non Cert-Room Reserve			-			-
Routine Revenue-Rest Home						
Total Routine Revenue-Rest Home			-			-
Routine Revenue-Respite Care-Hospice						
Total Routine Revenue-Respite Care-Hospice			-			-
TOTAL ROUTINE SERVICES REVENUE	681,851	725,428	(43,577)	6,891,978	7,389,418	(497,440)
ANCILLARY REVENUE						
Physical Therapy Revenue						
Private Revenue	2,700	-	2,700	8,100	-	8,100
Medicare Part A Revenue	31,300	18,786	12,514	319,650	185,603	134,047
Medicare Part B Revenue	12,800	9,191	3,609	127,350	91,910	35,440
Medicaid Revenue	-	-	-	8,800	-	8,800
Hospice Revenue	-	-	-	150	-	150
Insurance Revenue	4,050	-	4,050	39,600	-	39,600
Total Physical Therapy Revenue	50,850	27,977	22,873	503,650	277,513	226,137
Occupational Therapy Revenue						
Private Revenue	2,685	-	2,685	4,170	-	4,170
Medicare Part A Revenue	32,765	14,789	17,976	280,715	146,113	134,602
Medicare Part B Revenue	5,725	3,913	1,812	44,395	39,131	5,265
Medicaid Revenue	-	-	-	3,935	-	3,935
Insurance Revenue	4,670	-	4,670	31,545	-	31,545
Total Occupational Therapy Revenue	45,845	18,702	27,143	364,760	185,243	179,517
Speech Therapy Revenue						
Private Revenue	-	-	-	1,065	-	1,065
Medicare Part A Revenue	11,770	6,395	5,375	107,065	63,184	43,881
Medicare Part B Revenue	1,880	4,599	(2,719)	31,025	45,990	(14,965)
Medicaid Revenue	2,155	-	2,155	2,155	-	2,155
Hospice Revenue	-	-	-	1,080	-	1,080
Insurance Revenue	1,425	-	1,425	14,905	-	14,905
Total Speech Therapy Revenue	17,230	10,994	6,236	157,295	109,174	48,121
Respiratory Therapy Revenue						
Total Respiratory Therapy Revenue			-			-
Oxygen Therapy Revenue						
Total Oxygen Therapy Revenue			-			-
Drugs Revenue						
Private Revenue	3,587	11,147	(7,561)	88,429	112,960	(24,531)
Medicare Part A Revenue	-	11,949	(11,949)	234,765	121,086	113,678
Medicaid Revenue	-	1,386	(1,386)	15,928	14,045	1,884
Hospice Revenue	-	-	-	196	-	196
Insurance Revenue	-	-	-	3,977	-	3,977
Total Drugs Revenue	3,587	24,483	(20,896)	343,295	248,091	95,204
Lab Revenue						
Medicare Part A Revenue	-	1,784	(1,784)	-	17,840	(17,840)
Total Lab Revenue	-	1,784	(1,784)	-	17,840	(17,840)

VA043 - NC Veterans Home-Fayetteville

Income Statement

For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
EKG Revenue						
Total EKG Revenue			-			-
Medical Supplies Revenue						
Private Revenue	9,258	-	9,258	86,067	-	86,067
Medicare Part A Revenue	5,199	2,396	2,803	52,361	24,277	28,084
Medicaid Revenue	7,100	-	7,100	61,385	-	61,385
Hospice Revenue	1,395	-	1,395	12,147	-	12,147
Insurance Revenue	315	-	315	4,116	-	4,116
Total Medical Supplies Revenue	23,267	2,396	20,871	216,076	24,277	191,798
X-Ray Revenue						
Private Revenue	-	-	-	151	-	151
Medicare Part A Revenue	-	325	(325)	3,718	3,250	468
Total X-Ray Revenue	-	325	(325)	3,869	3,250	619
Fluidized Air Revenue						
Total Fluidized Air Revenue			-			-
IV Therapy Revenue						
Total IV Therapy Revenue			-			-
Ambulance Revenue						
Medicare Part A Revenue	-	200	(200)	-	2,000	(2,000)
Total Ambulance Revenue	-	200	(200)	-	2,000	(2,000)
Non-Emergency Transport Revenue						
Non Related Revenue-not specif	-	-	-	(150)	-	(150)
Total Non-Emergency Transport Revenue	-	-	-	(150)	-	(150)
Blood Glucose						
Total Blood Glucose Revenue			-			-
Vent						
Total Vent Revenue			-			-
Other Ancillary Revenue						
Flu Vaccine	-	-	-	-	4,418	(4,418)
Pneumonia Vaccine	-	-	-	-	894	(894)
Laundry	440	200	240	5,640	2,000	3,640
Total Other Ancillary Revenue	440	200	240	5,640	7,311	(1,671)
TOTAL ANCILLARY REVENUE	141,218	87,061	54,158	1,594,435	874,700	719,734
ADJUSTMENTS TO REVENUE						
Ancillary and Other Adjustments to Revenue						
Medicare Part A Revenue	(81,034)	(56,624)	(24,410)	(998,274)	(563,353)	(434,920)
Medicare Part B Revenue	(10,401)	(8,517)	(1,883)	(95,162)	(86,237)	(8,925)
Medicaid Revenue	(9,255)	(1,386)	(7,869)	(92,203)	(14,045)	(78,158)
Hospice Revenue	-	-	-	(196)	-	(196)
Insurance Revenue	(9,385)	-	(9,385)	(78,944)	-	(78,944)
Provision for Doubtful Account	-	(6,094)	6,094	-	(61,981)	61,981
Medicare Part B Bad Debt	(117)	(1,837)	1,720	(4,513)	(18,371)	13,858
Small Balance Write-offs	1	-	1	(73)	-	(73)
Medicare Part A Bad Debt	-	(1,981)	1,981	-	(19,879)	19,879
Total Ancillary & Other Adjustments to Revenue	(110,190)	(76,440)	(33,751)	(1,269,365)	(763,866)	(505,499)
Routine Service Adjustments						
Private Revenue	(132,546)	-	(132,546)	(1,394,418)	-	(1,394,418)
Medicare Part A Revenue	117,402	-	117,402	1,112,472	-	1,112,472
Medicare AAA Corrections	(434)	-	(434)	(4,459)	-	(4,459)
Medicaid Revenue	(13,383)	4,471	(17,854)	(128,538)	4,661	(133,199)
Veterans Administration Rev	285,591	141,360	144,231	2,870,952	1,432,448	1,438,504
Hospice Revenue	(1,989)	596	(2,585)	(18,859)	621	(19,481)
Total Routine Service Adjustments	254,640	146,427	108,213	2,437,150	1,437,730	999,420
TOTAL ADJUSTMENTS TO REVENUE	144,450	69,988	74,463	1,167,785	673,864	493,921
INTEREST & OTHER OPERATING REVENUE						
Add'l Room Charge Revenue-Pvt	(9,719)	-	(9,719)	-	-	-
Vending Income	-	256	(256)	-	2,590	(2,590)
Employee & Guest Meal Sales	139	-	139	1,256	-	1,256
Miscellaneous Income	28,791	-	28,791	326,953	-	326,953
Total Other Operating Revenue	19,212	256	18,956	328,208	2,590	325,618
Interest Income	-	-	-	0	-	0
Interest Income	-	-	-	0	-	0
Rental Income	-	-	-	-	-	-

VA043 - NC Veterans Home-Fayetteville

Income Statement

For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Beauty & Barber Income			-			-
TOTAL INT & OTHER OPERATING REVENUE	19,212	256	18,956	328,208	2,590	325,618
EXPENSES						
TOTAL REVENUE	986,731	882,732	103,999	9,982,406	8,940,572	1,041,833
NURSING SERVICES						
DON Department						
Regular Wages	6,285	6,505	(220)	66,410	65,189	1,221
Overtime	-	-	-	117	-	117
Holiday	-	-	-	615	-	615
PTO	295	311	(15)	3,588	3,106	483
PTOPS Bonus Days	-	-	-	462	462	-
Payroll Tax-Fica	476	521	(45)	5,372	5,225	147
Payroll Tax-Unemployment	(49)	61	(110)	361	608	(246)
Health Insurance	-	-	-	132	-	132
Workers Comp	302	329	(27)	3,749	3,419	330
Miscellaneous Benefits	(7)	-	(7)	(7)	-	(7)
401K MATCH	66	-	66	197	-	197
Travel	-	-	-	158	-	158
Total DON Department	7,367	7,726	(359)	81,154	78,007	3,146
RN Department						
Regular Wages	54,163	57,687	(3,524)	497,164	578,107	(80,943)
Overtime	4,604	-	4,604	26,058	-	26,058
Aide in training Wages	-	-	-	2,479	-	2,479
Orientation Wages	-	-	-	456	-	456
Holiday	1,952	-	1,952	12,784	4,601	8,183
PTO	657	2,641	(1,983)	23,655	26,405	(2,750)
PTOPS Bonus Days	(896)	-	(896)	1,635	2,530	(896)
Payroll Tax-Fica	4,369	5,152	(783)	42,314	51,458	(9,144)
Payroll Tax-Unemployment	485	537	(52)	7,179	5,421	1,758
Health Insurance	527	527	(0)	6,421	5,495	926
Workers Comp	2,638	2,908	(270)	27,656	30,502	(2,846)
Miscellaneous Benefits	(74)	-	(74)	(98)	-	(98)
401K MATCH	152	-	152	760	-	760
Total RN Department	68,578	69,452	(874)	648,463	704,520	(56,057)
RN-Non Certified						
Total RN-Non Certified			-			-
LPN Department						
Regular Wages	94,481	98,074	(3,593)	964,576	982,836	(18,260)
Overtime	10,188	-	10,188	104,916	-	104,916
Aide in training Wages	-	-	-	3,723	-	3,723
Orientation Wages	-	-	-	912	-	912
Holiday	3,740	-	3,740	22,571	9,723	12,848
PTO	3,313	4,644	(1,331)	53,789	46,443	7,347
PTOPS Bonus Days	(740)	-	(740)	4,482	5,222	(740)
Payroll Tax-Fica	8,729	7,858	871	85,852	79,484	6,368
Payroll Tax-Unemployment	1,689	914	775	14,699	9,247	5,452
Health Insurance	3,690	2,636	1,054	39,150	27,475	11,675
Workers Comp	5,197	4,951	246	55,197	52,032	3,166
Miscellaneous Benefits	(355)	-	(355)	(708)	-	(708)
401K MATCH	40	-	40	277	-	277
Total LPN Department	129,973	119,077	10,896	1,349,437	1,212,461	136,975
LPN-Non Certified						
Total LPN-Non Certified			-			-
AIDE Department						
Regular Wages	105,946	111,150	(5,203)	1,118,891	1,113,874	5,017
Overtime	9,636	-	9,636	66,719	-	66,719
Aide in training Wages	-	-	-	(236)	-	(236)
Orientation Wages	-	-	-	900	-	900
Holiday	3,924	-	3,924	26,408	12,248	14,161
PTO	2,468	7,641	(5,172)	71,777	76,406	(4,629)
PTOPS Bonus Days	(1,836)	-	(1,836)	5,812	7,648	(1,836)
Payroll Tax-Fica	9,297	9,465	(168)	94,475	95,781	(1,306)
Payroll Tax-Unemployment	2,439	1,101	1,338	25,678	11,143	14,535
Health Insurance	8,434	8,962	(527)	89,736	93,416	(3,680)
Workers Comp	6,049	5,964	85	63,460	62,700	760
Miscellaneous Benefits	(126)	-	(126)	(1,324)	-	(1,324)
401K MATCH	19	-	19	57	-	57
Travel	-	-	-	466	-	466
Total AIDE Department	146,250	144,282	1,968	1,562,819	1,473,215	89,604
Aide-Non Certified						
Total Aide-Non Certified			-			-
Aide-Restorative						

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Income Statement

For the Period Ending April 30, 2009

	<u>CURRENT ACTUAL</u>	<u>CURRENT BUDGET</u>	<u>CURRENT VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Regular Wages	8,429	4,940	3,489	95,374	49,505	45,869
Overtime	888	-	888	10,906	-	10,906
Holiday	511	-	511	2,751	-	2,751
PTO	779	-	779	6,493	-	6,493
PTOPS Bonus Days	(194)	-	(194)	439	632	(194)
Payroll Tax-Fica	868	-	868	8,679	-	8,679
Payroll Tax-Unemployment	212	-	212	1,782	-	1,782
Health Insurance	791	-	791	8,405	-	8,405
Workers Comp	506	-	506	5,125	-	5,125
Total Aide-Restorative	12,790	4,940	7,850	139,953	50,138	89,815
Ward Clerk Department						
Total Ward Clerk Department			-			-
Aide Trainer Department						
Contracted Services-Rel Pty	657	657	-	6,570	6,570	-
Total Aide Trainer Department	657	657	-	6,570	6,570	-

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	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Staff Development Department						
Regular Wages	-	-	-	18,701	-	18,701
Overtime	-	-	-	1,226	-	1,226
Holiday	-	-	-	496	-	496
PTO	-	-	-	943	-	943
PTOPS Bonus Days	-	-	-	372	372	-
Payroll Tax-Fica	-	-	-	1,585	-	1,585
Payroll Tax-Unemployment	-	-	-	38	-	38
Health Insurance	-	-	-	1,720	-	1,720
Workers Comp	-	-	-	1,448	-	1,448
Total Staff Development Department	-	-	-	26,528	372	26,156
Unihealth Case Management						
Total Unihealth Case Management	-	-	-	-	-	-
Nursing Other						
Miscellaneous Benefits	-	-	-	2,375	-	2,375
Contract Services	-	-	-	(2,095)	-	(2,095)
Contracted Services-Rel Pty	723	850	(128)	7,225	8,500	(1,275)
Supplies	3,967	1,065	2,902	17,215	10,792	6,423
Supplies-Related Party	7,635	12,056	(4,421)	81,614	122,165	(40,551)
Related Party Transfers	-	-	-	(912)	-	(912)
Minor Equipment Purch Related	-	-	-	1,649	-	1,649
Advertising-Help Wanted	-	-	-	2,220	-	2,220
Employee Background Checks	523	-	523	6,166	-	6,166
Meals-Employees	38	-	38	176	-	176
Auto Expense	-	-	-	822	-	822
Seminar/Training Exp	-	-	-	556	-	556
Liability Insurance	9,938	19,338	(9,400)	60,090	168,365	(108,276)
Policy Holder Distributions	-	-	-	(84,087)	(84,087)	-
Miscellaneous Expense	-	-	-	1,155	-	1,155
Total Nursing Other	22,825	33,309	(10,484)	94,170	225,736	(131,566)
Disposable Diapers						
Supplies-Related Party	6,592	5,879	713	71,280	59,572	11,708
Total Disposable Diapers	6,592	5,879	713	71,280	59,572	11,708
TOTAL NURSING SERVICES	395,031	385,322	9,709	3,980,374	3,810,592	169,782
SPECIAL SERVICES						
Physical Therapy Department						
PTO	-	7,049	(7,049)	-	70,495	(70,495)
Payroll Tax-Fica	-	602	(602)	-	6,020	(6,020)
Workers Comp	-	362	(362)	-	3,616	(3,616)
Retirement	-	240	(240)	-	2,157	(2,157)
Contract Services	1,967	-	1,967	12,552	-	12,552
Contracted Therapy-Part A-Rel	17,698	10,332	7,366	154,701	102,082	52,619
Contracted Therapy-Part B-Rel	4,453	3,785	668	46,983	37,853	9,130
Supplies	-	85	(85)	343	863	(520)
Supplies-Related Party	539	128	411	2,892	1,295	1,597
Total Physical Therapy Department	24,657	22,583	2,073	217,471	224,382	(6,911)
Occupational Department						
Contracted Therapy-Part A-Rel	14,330	8,134	6,196	118,842	80,362	38,480
Contracted Therapy-Part B-Rel	2,004	1,745	259	15,229	17,449	(2,220)
Supplies-Related Party	-	-	-	2	-	2
Total Occupational Department	16,334	9,879	6,455	134,073	97,811	36,262
Speech Therapy Department						
Contracted Therapy-Part A-Rel	6,551	3,517	3,033	54,052	34,751	19,301
Contracted Therapy-Part B-Rel	1,046	2,394	(1,347)	17,937	23,936	(5,999)
Total Speech Therapy Department	7,597	5,911	1,686	71,989	58,687	13,302
Pharmacy Department						
PTO	-	591	(591)	-	5,911	(5,911)
Payroll Tax-Fica	-	50	(50)	-	505	(505)
Workers Comp	-	28	(28)	-	296	(296)
Retirement	-	20	(20)	-	181	(181)
Contracted Services-Rel Pty	3,000	3,000	-	30,000	30,000	-
Supplies	-	554	(554)	-	9,697	(9,697)
Prescription Drugs Medicare IV	753	-	753	13,450	-	13,450
Prescription Drugs Pvt-Related	13,572	11,147	2,425	97,053	112,960	(15,908)
Prescription Drugs-Mcare Prt D	1,899	85	1,814	3,381	863	2,518
Prescription Drugs Mcare-Rel	20,939	11,949	8,989	242,468	121,086	121,382
NonPrescription Drugs-RelPty	1,188	3,621	(2,433)	25,472	36,693	(11,221)
Prescription-Managed Care/Ins	2,394	-	2,394	10,497	-	10,497
Prescription Drugs-Mcaid Non C	535	128	407	15,426	1,295	14,131
Total Pharmacy Department	44,279	31,175	13,104	437,747	319,488	118,259

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	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Social Service Department						
Regular Wages	8,919	11,133	(2,214)	100,234	111,571	(11,337)
Overtime	303	-	303	3,332	-	3,332
Holiday	525	-	525	2,975	1,108	1,868
PTO	738	535	203	6,767	5,347	1,420
PTOPS Bonus Days	(223)	-	(223)	314	537	(223)
Payroll Tax-Fica	908	996	(88)	7,759	10,079	(2,320)
Payroll Tax-Unemployment	166	-	166	922	-	922
Health Insurance	527	264	264	5,790	2,748	3,043
Workers Comp	382	562	(181)	4,061	5,911	(1,849)
Miscellaneous Benefits	(195)	-	(195)	(160)	-	(160)
401K MATCH	83	-	83	568	-	568
Supplies	161	-	161	161	-	161
Supplies-Related Party	-	43	(43)	-	487	(487)
Total Social Service Department	12,294	13,533	(1,238)	132,724	137,786	(5,062)
Recreation Activity Department						
Regular Wages	8,966	9,323	(357)	85,433	93,425	(7,992)
Overtime	425	-	425	2,100	-	2,100
Holiday	533	-	533	2,955	876	2,079
PTO	371	795	(424)	8,123	7,952	171
PTOPS Bonus Days	(173)	-	(173)	552	725	(173)
Payroll Tax-Fica	723	864	(141)	7,255	8,732	(1,478)
Payroll Tax-Unemployment	188	-	188	1,658	-	1,658
Health Insurance	791	1,054	(264)	11,145	10,990	155
Workers Comp	344	488	(144)	4,924	5,121	(196)
Miscellaneous Benefits	(16)	-	(16)	24	-	24
401K MATCH	23	-	23	155	-	155
Contract Services	-	-	-	1,382	-	1,382
Supplies	1,480	2,599	(1,119)	8,067	26,332	(18,265)
Supplies-Related Party	273	-	273	1,852	46	1,806
Cable Expense Resident Rooms	1,415	-	1,415	17,027	-	17,027
Employee Background Checks	-	-	-	16	-	16
Travel	-	-	-	114	-	114
Meals-Employees	-	-	-	44	-	44
Auto Expense	-	-	-	117	-	117
Taxes & Licenses	-	-	-	30	-	30
Miscellaneous Expense	-	-	-	294	-	294
Non-Allowable	-	-	-	853	-	853
Total Recreation Activity Department	15,342	15,122	220	154,119	154,199	(81)
Medical Director						
Contract Services	2,650	2,800	(150)	29,150	28,000	1,150
Total Medical Director	2,650	2,800	(150)	29,150	28,000	1,150
Utilization Review						
Total Utilization Review			-			-
Physician Services						
Contract Services	-	259	(259)	10,263	2,590	7,673
Total Physician Services	-	259	(259)	10,263	2,590	7,673
Dental Care Services						
Contract Services	275	-	275	2,575	-	2,575
Total Dental Care Services	275	-	275	2,575	-	2,575
Oxygen Services						
Non-Related Party Expense	-	3,877	(3,877)	-	39,283	(39,283)
Supplies-Related Party	1,038	-	1,038	20,949	-	20,949
Concentrator Rental-Rel Pty	1,912	-	1,912	16,890	-	16,890
Rental Equip-Related Party	-	-	-	727	-	727
Total Oxygen Services	2,950	3,877	(927)	38,565	39,283	(717)
Respiratory Therapy Department						
Total Respiratory Therapy Department			-			-
Sensori Motor Department						
Supplies-Related Party	-	-	-	-	36	(36)
Total Sensori Motor Department	-	-	-	-	36	(36)
Direct Care Department						
Total Direct Care Department			-			-
Case Management Department						
Total Case Management Department			-			-
Psychometrist Department						
Total Psychometrist Department			-			-

BPS Department

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	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Total BPS Department			-			-
DPH Department						
Supplies-Related Party	-	-	-	-	36	(36)
Total DPH Department	-	-	-	-	36	(36)
Lab Department						
Contract Services	200	1,784	(1,584)	2,975	17,840	(14,865)
Supplies-Related Party	211	-	211	2,153	-	2,153
Total Lab Department	411	1,784	(1,373)	5,128	17,840	(12,712)
EKG Department						
Total EKG Department			-			-
IV Department						
Total IV Department			-			-
Fluidized Air Therapy						
Total Fluidized Air Therapy			-			-
X-Ray Department						
Contract Services	1,031	250	781	6,603	2,500	4,103
Total X-Ray Department	1,031	250	781	6,603	2,500	4,103
Ambulance Service						
Contract Services	-	154	(154)	146	1,539	(1,393)
Total Ambulance Service	-	154	(154)	146	1,539	(1,393)
Non Emergency Transportation						
Regular Wages	1,898	7,291	(5,393)	45,276	73,063	(27,787)
Overtime	230	-	230	4,096	-	4,096
Holiday	166	-	166	1,068	717	352
Payroll Tax-Fica	449	623	(174)	3,835	6,301	(2,466)
Payroll Tax-Unemployment	104	-	104	854	-	854
Health Insurance	-	-	-	174	-	174
Workers Comp	-	351	(351)	-	3,695	(3,695)
Miscellaneous Benefits	-	-	-	(66)	-	(66)
Contract Services	-	-	-	191	-	191
Total Non Emergency Transportation	2,847	8,265	(5,418)	55,428	83,776	(28,348)
Complex Medical Equipment						
Rental Equip-Related Party	605	-	605	4,801	-	4,801
Total Complex Medical Equipment	605	-	605	4,801	-	4,801
Chargeable Medical Supplies						
Supplies	-	-	-	8,379	-	8,379
Supplies-Related Party	3,707	1,843	1,864	40,892	18,675	22,217
Total Chargeable Medical Supplies	3,707	1,843	1,864	49,271	18,675	30,596
Vent						
Total Vent Department			-			-
Billable/Unbillable Blood Glucose						
Supplies-Related Party	6,578	-	6,578	70,434	-	70,434
Total Billable/Unbillable Blood Glucose	6,578	-	6,578	70,434	-	70,434
TOTAL SPECIAL SERVICES	141,555	117,434	24,121	1,420,486	1,186,628	233,858

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	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
DIETARY SERVICES						
Regular Wages	35,345	44,441	(9,096)	363,746	445,365	(81,619)
Overtime	318	-	318	3,859	-	3,859
Aide in training Wages	-	-	-	948	-	948
Orientation Wages	-	-	-	480	-	480
Holiday	1,666	-	1,666	9,069	4,088	4,980
PTO	551	2,265	(1,714)	27,257	22,654	4,603
PTOPS Bonus Days	(558)	-	(558)	1,774	2,332	(558)
Payroll Tax-Fica	2,873	3,989	(1,116)	30,405	40,318	(9,913)
Payroll Tax-Unemployment	730	-	730	7,829	-	7,829
Health Insurance	2,372	1,845	527	26,112	19,233	6,879
Workers Comp	1,844	2,251	(407)	21,243	23,642	(2,399)
Miscellaneous Benefits	(205)	-	(205)	(20)	-	(20)
401K MATCH	51	-	51	375	-	375
Contract Services	458	128	330	1,467	1,295	172
Contracted Services-Rel Pty	128	-	128	1,275	-	1,275
Related Party Expense	-	43	(43)	-	432	(432)
Supplies	6,011	3,877	2,134	41,784	39,283	2,501
Supplies-Related Party	1,404	298	1,105	12,385	3,242	9,143
Related Party Transfers	-	-	-	(1,673)	-	(1,673)
Raw Food	28,516	29,820	(1,305)	271,584	302,176	(30,592)
Supplements	2,459	1,874	584	19,971	18,994	977
Supplements-Related Party	5,525	937	4,587	25,481	9,497	15,984
Employee Background Checks	129	-	129	1,596	-	1,596
Meals-Employees	-	-	-	121	-	121
Auto Expense	-	-	-	1,458	-	1,458
TOTAL DIETARY SERVICES	89,615	91,769	(2,154)	868,525	932,550	(64,025)
GENERAL SERVICES						
Laundry Department						
Regular Wages	8,772	12,632	(3,860)	95,322	126,587	(31,265)
Overtime	36	-	36	851	-	851
Holiday	396	-	396	2,507	1,097	1,411
PTO	346	653	(306)	7,045	6,525	519
PTOPS Bonus Days	(42)	-	(42)	570	612	(42)
Payroll Tax-Fica	730	1,134	(405)	7,767	11,461	(3,695)
Payroll Tax-Unemployment	207	-	207	2,122	-	2,122
Health Insurance	1,054	791	264	12,169	8,243	3,927
Workers Comp	521	640	(119)	4,921	6,721	(1,800)
Supplies	909	980	(70)	6,039	9,929	(3,890)
Supplies-Related Party	153	1,193	(1,040)	6,528	12,087	(5,559)
Linen Replacement-Related Pty	514	-	514	4,339	-	4,339
Employee Background Checks	14	-	14	245	-	245
Travel	-	-	-	127	-	127
Meals-Employees	-	-	-	5	-	5
Auto Expense	-	-	-	396	-	396
Total Laundry Department	13,610	18,022	(4,412)	150,953	183,261	(32,308)
Housekeeping Department						
Regular Wages	38,773	49,420	(10,648)	365,936	495,258	(129,322)
Overtime	229	-	229	1,906	-	1,906
Aide in training Wages	-	-	-	1,224	-	1,224
Holiday	1,716	-	1,716	8,550	3,901	4,649
PTO	2,381	1,441	940	22,839	14,410	8,429
PTOPS Bonus Days	(139)	-	(139)	1,230	1,369	(139)
Payroll Tax-Fica	3,143	4,344	(1,201)	29,487	43,859	(14,372)
Payroll Tax-Unemployment	937	-	937	8,827	-	8,827
Health Insurance	4,494	527	3,967	28,103	5,495	22,608
Workers Comp	2,088	2,452	(364)	19,883	25,718	(5,834)
Miscellaneous Benefits	(7)	-	(7)	444	-	444
Supplies	-	2,556	(2,556)	2,638	25,901	(23,262)
Supplies-Related Party	2,868	596	2,271	32,917	6,288	26,629
Advertising-Help Wanted	-	-	-	787	-	787
Employee Background Checks	78	-	78	1,617	-	1,617
Travel	-	-	-	229	-	229
Meals-Employees	-	-	-	14	-	14
Total Housekeeping Department	56,560	61,336	(4,776)	526,633	622,200	(95,567)
Maintenance Department						
Regular Wages	9,798	14,339	(4,542)	106,468	143,700	(37,232)
Overtime	114	-	114	3,168	-	3,168
Holiday	498	-	498	2,979	1,329	1,650
PTO	778	823	(45)	9,049	8,231	818
PTOPS Bonus Days	-	-	-	739	732	7
Payroll Tax-Fica	775	1,295	(520)	9,030	13,088	(4,058)
Payroll Tax-Unemployment	167	-	167	1,556	-	1,556
Health Insurance	1,054	791	264	9,416	8,243	1,174
Workers Comp	514	731	(217)	6,342	7,675	(1,333)
Miscellaneous Benefits	(63)	-	(63)	(52)	-	(52)
Contract Services	2,151	2,300	(149)	29,275	23,311	5,964

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	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Supplies	2,649	4,984	(2,335)	34,113	50,507	(16,393)
Supplies-Related Party	499	383	116	9,339	3,956	5,383
Maintenance & Support	2,290	-	2,290	12,506	-	12,506
Repairs	-	426	(426)	189	4,317	(4,128)
Utilities	17,531	18,486	(955)	193,011	203,513	(10,502)
Minor Equipment Purchase	-	1,500	(1,500)	-	15,000	(15,000)
Waste Disposal	906	-	906	2,684	-	2,684
Environment Services Rel Party	-	-	-	4,313	-	4,313
Advertising-Help Wanted	-	-	-	336	-	336
Employee Background Checks	-	-	-	154	-	154
Travel	-	-	-	339	-	339
Meals-Employees	-	-	-	33	-	33
Auto Expense	-	-	-	396	-	396
Total Maintenance Department	39,663	46,059	(6,396)	435,383	483,601	(48,218)
TOTAL GENERAL SERVICES	109,833	125,417	(15,584)	1,112,969	1,289,062	(176,093)

ADMINISTRATIVE SERVICES

Beauty & Barber Department						
Contract Services	623	-	623	5,269	-	5,269
Supplies	-	383	(383)	-	3,885	(3,885)
Total Beauty & Barber Department	623	383	240	5,269	3,885	1,384
Administrative Department						
Regular Wages	9,682	24,031	(14,349)	106,170	245,007	(138,837)
Overtime	243	-	243	3,805	-	3,805
Aide in training Wages	-	-	-	160	-	160
Holiday	539	-	539	3,408	1,904	1,504
PTO	1,172	1,842	(670)	14,624	18,416	(3,793)
PTOPS Bonus Days	(761)	-	(761)	501	1,262	(761)
Performance Bonus	-	-	-	1,500	-	1,500
Payroll Tax-Fica	523	2,209	(1,686)	9,427	22,659	(13,232)
Payroll Tax-Unemployment	153	-	153	2,990	-	2,990
Health Insurance	1,401	1,054	347	11,683	10,990	693
Workers Comp	1,192	1,247	(55)	10,938	13,291	(2,354)
Retirement	144	308	(164)	1,549	3,123	(1,573)
Miscellaneous Benefits	(551)	-	(551)	704	-	704
401K MATCH	-	-	-	28	-	28
Contract Services	75,695	2,130	73,565	764,094	21,584	742,510
Related Party Expense	-	-	-	238	71	167
Supplies	171	256	(84)	2,587	2,590	(3)
Supplies-Related Party	496	298	197	877	3,022	(2,145)
Related Party Transfers	(912)	-	(912)	(912)	-	(912)
Computer Supplies	-	-	-	1,381	-	1,381
Management Fees	-	66,205	(66,205)	-	670,543	(670,543)
Auditing and Accounting Fees	-	2,584	(2,584)	8,085	25,840	(17,755)
Legal & Professional Fees	375	-	375	375	-	375
Advertising-Marketing	-	-	-	3	-	3
Advertising-Help Wanted	-	383	(383)	2,283	3,885	(1,602)
Employee Background Checks	9	-	9	369	-	369
Printing	71	128	(57)	2,144	1,295	849
Postage	207	469	(262)	2,500	4,748	(2,249)
Freight	784	-	784	4,421	-	4,421
Copier Supplies/Toner	385	341	44	3,351	3,453	(103)
Communication	1,923	1,065	858	21,668	10,792	10,876
Public Relations/Community Edu	-	100	(100)	-	1,000	(1,000)
Travel	45	1,022	(978)	2,268	10,360	(8,092)
Meals-Employees	(38)	213	(251)	414	2,158	(1,745)
Auto Expense	517	895	(378)	3,941	9,065	(5,124)
Auto Repairs	2,531	-	2,531	6,300	-	6,300
Seminar/Training Exp	1,575	500	1,075	7,099	10,000	(2,901)
Conferences Expense	132	-	132	429	-	429
Dues & Subscriptions	962	1,576	(614)	9,225	15,972	(6,747)
Bank Service Charges	-	81	(81)	256	810	(554)
Taxes & Licenses	-	1,406	(1,406)	6,395	14,245	(7,851)
Liability Insurance	2,171	2,363	(192)	15,313	19,558	(4,245)
Policy Holder Distributions	-	-	-	(13,689)	(13,689)	-
Contributions Expense	-	-	-	750	-	750
Miscellaneous Expense	1,823	170	1,653	1,835	1,727	108
Total Administrative Department	102,658	112,876	(10,218)	1,021,485	1,135,683	(114,198)
Medical Records Department						
Regular Wages	3,129	3,187	(59)	27,994	31,943	(3,949)
Overtime	(86)	-	(86)	617	-	617
Holiday	150	-	150	897	317	580
PTO	338	233	105	2,804	2,328	476
PTOPS Bonus Days	-	-	-	224	224	-
Payroll Tax-Fica	233	292	(59)	2,404	2,954	(550)
Payroll Tax-Unemployment	46	-	46	275	-	275
Health Insurance	264	264	(0)	2,872	2,748	124

VA043 - NC Veterans Home-Fayetteville

Income Statement

For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Workers Comp	145	165	(20)	1,670	1,732	(62)
Retirement	-	116	(116)	-	1,053	(1,053)
Miscellaneous Benefits	(30)	-	(30)	(24)	-	(24)
Contracted Services-Rel Pty	525	572	(47)	5,250	5,720	(470)
Supplies-Related Party	252	43	210	2,172	447	1,724
Total Medical Records Department	4,965	4,872	93	47,154	49,466	(2,312)
Religious Department						
Total Religious Department			-			-
Security Department						
Total Security Department Expenses			-			-
Other Operating Expenses						
Total Other Operating Expenses			-			-
TOTAL ADMINISTRATIVE SERVICES	108,246	118,131	(9,885)	1,073,908	1,189,035	(115,127)
PROPERTY & RELATED COST						
Depreciation						
Depreciation-General	(259)	1,468	(1,727)	8,994	14,675	(5,681)
Total Depreciation	(259)	1,468	(1,727)	8,994	14,675	(5,681)
Interest						
Interest Expense-Property	-	-	-	(19)	-	(19)
Interest Expense-Rel Pty	-	2,257	(2,257)	19	22,570	(22,551)
Total Interest	-	2,257	(2,257)	-	22,570	(22,570)
Amortization						
Amortization-Software License	(1,227)	-	(1,227)	-	-	-
Total Amortization	(1,227)	-	(1,227)	-	-	-
Other Property Expenses						
Tank Rental-Related Party	-	-	-	75	-	75
Lease-Equipment	1,439	407	1,032	6,896	4,070	2,826
Rental Equipment	1,163	204	959	1,163	2,040	(877)
Rental Equip-Related Party	1,325	-	1,325	8,291	-	8,291
Tank Rental-Related Party	-	-	-	275	-	275
Property Insurance	255	403	(148)	2,779	4,030	(1,251)
Property Tax	-	13	(13)	206	130	76
Total Other Property Expenses	4,183	1,027	3,156	19,684	10,270	9,414
TOTAL PROPERTY EXPENSES	2,697	4,752	(2,055)	28,678	47,515	(18,837)
TOTAL EXPENSES	846,977	842,824	4,152	8,484,939	8,455,381	29,558
NET INCOME	139,754	39,907	99,847	1,497,467	485,192	1,012,275

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
ROUTINE SERVICES						
Routine Revenue-Certified						
Private Revenue	191,088	162,000	29,088	2,269,035	1,641,600	627,435
Medicare Part A Revenue	81,012	121,989	(40,977)	635,536	1,224,025	(588,489)
Medicaid Revenue	156,058	178,548	(22,490)	1,482,865	1,835,081	(352,216)
Hospice Revenue	9,420	21,774	(12,354)	81,797	223,790	(141,993)
Unihealth Revenue	-	-	-	(38)	-	(38)
Insurance Revenue	-	-	-	11,535	-	11,535
Total Routine Revenue-Certified	437,578	484,311	(46,733)	4,480,730	4,924,496	(443,765)
Routine Revenue-Assisted Living						
Total Routine Revenue-Assisted Living			-			-
Routine Revenue-Cert-Room Reserve						
Total Routine Revenue-Cert-Room Reserve			-			-
Routine Revenue-Non Certified						
Total Routine Revenue-Non Certified			-			-
Routine Revenue-Non Cert-Room Reserve						
Total Routine Revenue-Non Cert-Room Reserve			-			-
Routine Revenue-Rest Home						
Total Routine Revenue-Rest Home			-			-
Routine Revenue-Respite Care-Hospice						
Total Routine Revenue-Respite Care-Hospice			-			-
TOTAL ROUTINE SERVICES REVENUE	437,578	484,311	(46,733)	4,480,730	4,924,496	(443,765)
ANCILLARY REVENUE						
Physical Therapy Revenue						
Private Revenue	650	-	650	8,800	-	8,800
Medicare Part A Revenue	35,000	15,805	19,195	319,200	156,020	163,180
Medicare Part B Revenue	13,550	9,833	3,717	132,400	98,330	34,070
Medicaid Revenue	-	-	-	800	-	800
Veterans Administration Rev	-	-	-	1,100	-	1,100
Insurance Revenue	-	-	-	300	-	300
Total Physical Therapy Revenue	49,200	25,638	23,562	462,600	254,350	208,250
Occupational Therapy Revenue						
Private Revenue	132	-	132	3,267	-	3,267
Medicare Part A Revenue	23,175	12,442	10,733	215,435	122,825	92,610
Medicare Part B Revenue	12,965	10,850	2,115	118,480	108,501	9,980
Medicaid Revenue	150	-	150	2,970	-	2,970
Insurance Revenue	-	-	-	235	-	235
Total Occupational Therapy Revenue	36,422	23,292	13,129	340,387	231,325	109,062
Speech Therapy Revenue						
Medicare Part A Revenue	3,765	5,380	(1,615)	49,220	53,113	(3,893)
Medicare Part B Revenue	1,700	4,125	(2,425)	22,655	41,250	(18,595)
Medicaid Revenue	-	-	-	3,135	-	3,135
Veterans Administration Rev	-	-	-	715	-	715
Insurance Revenue	-	-	-	1,615	-	1,615
Total Speech Therapy Revenue	5,465	9,505	(4,040)	77,340	94,363	(17,023)
Respiratory Therapy Revenue						
Total Respiratory Therapy Revenue			-			-
Oxygen Therapy Revenue						
Total Oxygen Therapy Revenue			-			-
Drugs Revenue						
Private Revenue	5,773	8,770	(2,997)	141,378	88,865	52,513
Medicare Part A Revenue	6,071	10,440	(4,369)	111,791	105,792	5,999
Medicaid Revenue	976	1,636	(660)	11,946	16,577	(4,631)
Veterans Administration Rev	-	-	-	1,847	-	1,847
Unihealth Revenue	-	-	-	38	-	38
Insurance Revenue	-	-	-	1,406	-	1,406
Total Drugs Revenue	12,820	20,846	(8,025)	268,406	211,234	57,172
Lab Revenue						
Private Revenue	3	-	3	884	-	884
Medicare Part A Revenue	937	1,167	(230)	2,259	11,670	(9,411)
Total Lab Revenue	940	1,167	(227)	3,143	11,670	(8,527)

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
EKG Revenue						
Total EKG Revenue			-			-
Medical Supplies Revenue						
Private Revenue	2,895	-	2,895	40,041	-	40,041
Medicare Part A Revenue	6,940	1,800	5,140	19,644	18,240	1,404
Medicaid Revenue	4,721	-	4,721	22,232	-	22,232
Hospice Revenue	19	-	19	839	-	839
Insurance Revenue	-	-	-	257	-	257
Total Medical Supplies Revenue	14,574	1,800	12,774	83,013	18,240	64,773
X-Ray Revenue						
Medicare Part A Revenue	929	1,396	(467)	2,538	13,960	(11,422)
Total X-Ray Revenue	929	1,396	(467)	2,538	13,960	(11,422)
Fluidized Air Revenue						
Total Fluidized Air Revenue			-			-
IV Therapy Revenue						
Total IV Therapy Revenue			-			-
Ambulance Revenue						
Medicare Part A Revenue	-	120	(120)	-	1,200	(1,200)
Total Ambulance Revenue	-	120	(120)	-	1,200	(1,200)
Non-Emergency Transport Revenue						
Non Related Revenue-not specif	-	-	-	1,603	-	1,603
Total Non-Emergency Transport Revenue	-	-	-	1,603	-	1,603
Blood Glucose						
Total Blood Glucose Revenue			-			-
Vent						
Total Vent Revenue			-			-
Other Ancillary Revenue						
Flu Vaccine	-	-	-	-	2,325	(2,325)
Pneumonia Vaccine	-	-	-	-	536	(536)
Disposable Diapers	291	-	291	3,831	-	3,831
Rental Equipment	35	-	35	35	-	35
Laundry	600	60	540	8,380	600	7,780
Total Other Ancillary Revenue	926	60	866	12,246	3,461	8,785
TOTAL ANCILLARY REVENUE	121,277	83,825	37,452	1,251,276	839,804	411,471
ADJUSTMENTS TO REVENUE						
Ancillary and Other Adjustments to Revenue						
Medicare Part A Revenue	(76,817)	(48,551)	(28,266)	(720,396)	(482,820)	(237,575)
Medicare Part B Revenue	(13,905)	(10,710)	(3,196)	(132,438)	(107,668)	(24,770)
Medicaid Revenue	(6,120)	(1,636)	(4,484)	(44,747)	(16,577)	(28,169)
Veterans Administration Rev	-	-	-	(3,662)	-	(3,662)
Insurance Revenue	-	-	-	(2,273)	-	(2,273)
Provision for Doubtful Account	-	(4,261)	4,261	-	(43,232)	43,232
Medicare Part B Bad Debt	(998)	(2,820)	1,822	(8,833)	(28,197)	19,364
Small Balance Write-offs	(2)	-	(2)	(146)	-	(146)
Medicare Part A Bad Debt	-	(1,427)	1,427	-	(14,321)	14,321
Total Ancillary & Other Adjustments to Revenue	(97,843)	(69,404)	(28,438)	(912,494)	(692,815)	(219,679)
Routine Service Adjustments						
Private Revenue	(87,354)	-	(87,354)	(996,084)	-	(996,084)
Medicare Part A Revenue	95,125	-	95,125	818,303	-	818,303
Medicaid Revenue	(13,866)	3,492	(17,358)	(89,925)	9,591	(99,516)
Veterans Administration Rev	189,474	107,880	81,594	1,947,318	1,093,184	854,134
Hospice Revenue	(540)	426	(966)	(4,689)	1,170	(5,859)
Total Routine Service Adjustments	182,839	111,797	71,041	1,674,923	1,103,945	570,978
TOTAL ADJUSTMENTS TO REVENUE	84,996	42,393	42,603	762,429	411,130	351,299
INTEREST & OTHER OPERATING REVENUE						
Add'l Room Charge Revenue-Pvt	2,100	-	2,100	26,760	-	26,760
Non Related Revenue-not specif	742	-	742	4,892	-	4,892
Vending Income	-	169	(169)	466	1,715	(1,248)
Employee & Guest Meal Sales	16	-	16	645	-	645
Miscellaneous Income	-	-	-	2,397	-	2,397
Total Other Operating Revenue	2,858	169	2,689	35,161	1,715	33,446
Interest Income	-	-	-	20	-	20
Interest Income	-	-	-	20	-	20

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Rental Income			-			-
Barber & Beauty	14	-	14	77	-	77
Beauty & Barber Income	14	-	14	77	-	77
TOTAL INT & OTHER OPERATING REVENUE	2,872	169	2,703	35,258	1,715	33,543
TOTAL REVENUE	646,722	610,698	36,025	6,529,693	6,177,145	352,548
EXPENSES						
NURSING SERVICES						
DON Department						
Regular Wages	5,550	6,440	(890)	59,449	64,537	(5,088)
Holiday	-	-	-	578	-	578
PTO	398	440	(42)	3,500	4,398	(897)
PTOPS Bonus Days	(184)	-	(184)	(184)	-	(184)
Payroll Tax-Fica	468	526	(58)	4,730	5,274	(544)
Payroll Tax-Unemployment	(43)	61	(104)	361	614	(253)
Health Insurance	-	264	(264)	743	2,748	(2,005)
Workers Comp	294	353	(59)	3,174	3,536	(362)
Miscellaneous Benefits	(164)	-	(164)	(133)	-	(133)
401K MATCH	-	-	-	129	-	129
Auto Expense	-	-	-	123	-	123
Total DON Department	6,320	8,084	(1,764)	72,470	81,106	(8,636)
RN Department						
Regular Wages	65,042	63,880	1,162	596,280	640,165	(43,885)
Overtime	6,678	-	6,678	87,107	-	87,107
Aide in training Wages	-	-	-	0	-	0
On Call Wages	-	-	-	56	-	56
Holiday	2,810	3,033	(223)	14,213	18,128	(3,915)
PTO	3,776	3,553	223	35,034	35,531	(497)
PTOPS Bonus Days	(517)	-	(517)	2,028	2,546	(517)
Performance Bonus	-	-	-	161	-	161
Payroll Tax-Fica	5,726	6,018	(292)	54,451	58,620	(4,169)
Payroll Tax-Unemployment	433	627	(194)	7,491	6,175	1,316
Health Insurance	2,109	527	1,581	18,047	5,495	12,552
Workers Comp	3,478	3,615	(136)	35,067	35,593	(527)
Miscellaneous Benefits	(638)	-	(638)	(524)	-	(524)
401K MATCH	139	-	139	983	-	983
Contract Services	-	-	-	509	-	509
Supplies	-	-	-	403	-	403
Advertising-Help Wanted	-	-	-	1,035	-	1,035
Employee Background Checks	-	-	-	126	-	126
Employee Drug Screens	-	-	-	130	-	130
Travel	-	-	-	226	-	226
Meals-Employees	-	-	-	97	-	97
Auto Expense	-	-	-	396	-	396
Seminar/Training Exp	-	-	-	(124)	-	(124)
Total RN Department	89,035	81,252	7,783	853,192	802,252	50,940
RN-Non Certified						
Total RN-Non Certified			-			-
LPN Department						
Regular Wages	51,031	67,193	(16,163)	519,951	673,368	(153,417)
Overtime	3,896	-	3,896	76,684	-	76,684
Holiday	2,364	2,943	(580)	12,708	17,595	(4,886)
PTO	804	3,243	(2,438)	34,031	32,428	1,603
PTOPS Bonus Days	(398)	-	(398)	2,341	2,739	(398)
Payroll Tax-Fica	4,477	5,614	(1,136)	47,707	55,339	(7,633)
Payroll Tax-Unemployment	590	653	(63)	6,738	6,438	299
Health Insurance	1,845	1,054	791	18,400	10,990	7,410
Workers Comp	3,006	3,537	(531)	30,837	36,221	(5,385)
Miscellaneous Benefits	(374)	-	(374)	(304)	-	(304)
Contract Services	-	-	-	149	-	149
Employee Background Checks	-	-	-	232	-	232
Employee Drug Screens	-	-	-	96	-	96
Travel	-	-	-	105	-	105
Meals-Employees	16	-	16	147	-	147
Auto Expense	141	-	141	886	-	886
Total LPN Department	67,398	84,237	(16,840)	750,706	835,119	(84,413)
LPN-Non Certified						
Total LPN-Non Certified			-			-
AIDE Department						
Regular Wages	77,535	80,324	(2,789)	795,991	804,961	(8,970)
Overtime	4,710	-	4,710	36,839	-	36,839
Aide in training Wages	25	-	25	25	-	25
Holiday	3,213	5,064	(1,851)	19,102	30,273	(11,171)
PTO	4,354	5,202	(848)	42,889	52,019	(9,130)
PTOPS Bonus Days	(478)	-	(478)	4,275	4,752	(478)

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Payroll Tax-Fica	6,506	7,345	(839)	66,795	72,030	(5,234)
Payroll Tax-Unemployment	1,699	854	845	17,270	8,380	8,890
Health Insurance	6,589	2,636	3,953	67,031	27,475	39,555
Workers Comp	4,012	4,628	(615)	40,141	47,147	(7,006)
Miscellaneous Benefits	(8)	-	(8)	(7)	-	(7)
401K MATCH	-	-	-	24	-	24
Contract Services	-	-	-	894	-	894
Employee Background Checks	15	-	15	604	-	604
Employee Drug Screens	-	-	-	348	-	348
Auto Expense	234	-	234	234	-	234
Total AIDE Department	108,407	106,053	2,354	1,092,455	1,047,038	45,417
Aide-Non Certified						
Total Aide-Non Certified			-			-
Aide-Restorative						
Regular Wages	5,242	5,420	(177)	43,823	54,313	(10,490)
Overtime	560	-	560	2,933	-	2,933
Holiday	-	-	-	1,048	-	1,048
PTO	319	-	319	3,386	-	3,386
PTOPS Bonus Days	(215)	-	(215)	(88)	127	(215)
Payroll Tax-Fica	427	-	427	3,597	-	3,597
Payroll Tax-Unemployment	85	-	85	816	-	816
Health Insurance	527	-	527	6,778	-	6,778
Workers Comp	214	-	214	2,228	-	2,228
Miscellaneous Benefits	(4)	-	(4)	(3)	-	(3)
Total Aide-Restorative	7,155	5,420	1,735	64,519	54,440	10,079
Ward Clerk Department						
Total Ward Clerk Department			-			-
Aide Trainer Department						
Contracted Services-Rel Pty	512	512	-	5,120	5,120	-
Total Aide Trainer Department	512	512	-	5,120	5,120	-

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Staff Development Department						
Aide in training Wages	-	-	-	(0)	-	(0)
On Call Wages	-	-	-	0	-	0
PTO	-	-	-	1,857	-	1,857
PTOPS Bonus Days	-	-	-	396	396	-
Health Insurance	-	-	-	9	-	9
Workers Comp	-	-	-	1,010	-	1,010
Supplies	-	-	-	338	-	338
Total Staff Development Department	-	-	-	3,610	396	3,214
Unihealth Case Management						
Total Unihealth Case Management			-			-
Nursing Other						
PTO	-	-	-	(1,159)	-	(1,159)
PTOPS Bonus Days	-	-	-	159	159	-
Miscellaneous Benefits	(1)	-	(1)	(1)	-	(1)
Contracted Services-Rel Pty	723	850	(128)	7,225	8,500	(1,275)
Supplies	1,550	-	1,550	4,683	-	4,683
Supplies-Related Party	5,228	7,163	(1,934)	38,931	72,583	(33,652)
Related Party Transfers	-	-	-	912	-	912
Advertising-Help Wanted	-	-	-	1,614	-	1,614
Employee Background Checks	266	-	266	376	-	376
Employee Drug Screens	-	-	-	234	-	234
Copier Supplies/Toner	64	-	64	693	-	693
Auto Expense	-	-	-	38	-	38
Seminar/Training Exp	8	-	8	8	-	8
Liability Insurance	6,559	12,892	(6,333)	48,915	121,666	(72,751)
Policy Holder Distributions	-	-	-	(46,038)	(46,038)	-
Miscellaneous Expense	-	-	-	60	-	60
Total Nursing Other	14,396	20,905	(6,508)	56,649	156,870	(100,221)
Disposable Diapers						
Supplies-Related Party	3,930	3,243	687	34,875	32,862	2,013
Total Disposable Diapers	3,930	3,243	687	34,875	32,862	2,013
TOTAL NURSING SERVICES	297,154	309,706	(12,552)	2,933,596	3,015,203	(81,607)
SPECIAL SERVICES						
Physical Therapy Department						
Contracted Therapy-Part A-Rel	15,025	8,693	6,332	119,231	85,811	33,420
Contracted Therapy-Part B-Rel	4,540	4,048	492	52,221	40,476	11,745
Supplies	-	28	(28)	338	286	52
Supplies-Related Party	-	56	(56)	2,179	572	1,607
Total Physical Therapy Department	19,565	12,825	6,740	173,969	127,145	46,825
Occupational Department						
Contracted Therapy-Part A-Rel	11,958	6,843	5,115	94,666	67,554	27,113
Contracted Therapy-Part B-Rel	5,261	6,426	(1,166)	45,871	64,261	(18,390)
Supplies-Related Party	-	-	-	271	-	271
Total Occupational Department	17,219	13,269	3,949	140,809	131,814	8,994
Speech Therapy Department						
Contracted Therapy-Part A-Rel	5,028	2,959	2,069	41,937	29,212	12,725
Contracted Therapy-Part B-Rel	936	2,276	(1,340)	13,238	22,756	(9,519)
Related Party Expense	-	-	-	54	-	54
Total Speech Therapy Department	5,964	5,235	729	55,228	51,968	3,260
Pharmacy Department						
PTO	-	374	(374)	-	3,736	(3,736)
Payroll Tax-Fica	-	32	(32)	-	319	(319)
Workers Comp	-	18	(18)	-	187	(187)
Retirement	-	13	(13)	-	114	(114)
Contract Services	-	-	-	267	-	267
Contracted Services-Rel Pty	1,800	1,800	-	18,600	18,000	600
Supplies	-	-	-	-	2,201	(2,201)
Prescription Drugs Medicare IV	97	-	97	9,387	-	9,387
Prescription Drugs Pvt-Related	5,938	8,770	(2,832)	137,538	88,865	48,673
Prescription Drugs-Mcare Prt D	66	56	10	2,875	572	2,304
Prescription Drugs Mcare-Rel	6,773	10,440	(3,667)	102,898	105,792	(2,894)
Prescription Drug Purchases	34	-	34	34	-	34
NonPrescription Drugs-RelPty	7,576	3,751	3,825	36,251	38,006	(1,755)
Prescription-Managed Care/Ins	-	-	-	1,922	-	1,922
Prescription Drugs War Veteran	93	-	93	3,037	-	3,037
Prescription Drugs-Mcaid Non C	1,149	620	529	10,762	6,287	4,476
Total Pharmacy Department	23,525	25,873	(2,348)	323,572	264,079	59,493
Social Service Department						
Regular Wages	6,635	7,043	(408)	63,199	70,577	(7,378)

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Overtime	85	-	85	1,851	-	1,851
Holiday	333	353	(19)	1,963	2,108	(145)
PTO	589	-	589	5,830	-	5,830
PTOPS Bonus Days	(192)	-	(192)	293	486	(192)
Performance Bonus	750	-	750	1,000	-	1,000
Payroll Tax-Fica	595	632	(37)	5,550	6,207	(657)
Payroll Tax-Unemployment	100	-	100	693	-	693
Health Insurance	294	264	30	2,723	2,748	(24)
Workers Comp	407	356	50	3,760	3,640	121
Miscellaneous Benefits	(31)	-	(31)	(25)	-	(25)
401K MATCH	-	-	-	112	-	112
Contract Services	-	508	(508)	-	5,144	(5,144)
Supplies	-	28	(28)	200	286	(86)
Supplies-Related Party	-	28	(28)	-	315	(315)
Related Party Transfers	-	-	-	277	-	277
Meals-Employees	-	-	-	21	-	21
Auto Expense	-	-	-	182	-	182
Seminar/Training Exp	-	-	-	523	-	523
Total Social Service Department	9,564	9,211	353	88,151	91,508	(3,357)
Recreation Activity Department						
Regular Wages	7,456	8,536	(1,081)	69,808	85,545	(15,737)
Overtime	269	-	269	2,650	-	2,650
Holiday	347	366	(19)	2,067	2,190	(123)
PTO	563	-	563	5,998	-	5,998
PTOPS Bonus Days	-	-	-	515	515	-
Payroll Tax-Fica	601	760	(160)	6,023	7,492	(1,470)
Payroll Tax-Unemployment	124	-	124	898	-	898
Health Insurance	791	791	(0)	8,590	8,243	348
Workers Comp	377	429	(52)	4,167	4,393	(226)
Miscellaneous Benefits	(22)	-	(22)	(18)	-	(18)
401K MATCH	21	-	21	153	-	153
Contract Services	270	423	(153)	3,833	4,286	(453)
Supplies	1,095	1,325	(230)	5,368	13,431	(8,062)
Supplies-Related Party	647	56	590	3,067	606	2,461
Cable Expense Resident Rooms	1,028	-	1,028	10,270	-	10,270
Auto Expense	8	-	8	159	-	159
Seminar/Training Exp	-	-	-	75	-	75
Dues & Subscriptions	-	-	-	90	-	90
Rental Equip-Related Party	6	-	6	215	-	215
Tank Rental-Related Party	-	-	-	46	-	46
Total Recreation Activity Department	13,579	12,687	892	123,975	126,701	(2,726)
Medical Director						
Contract Services	3,000	2,625	375	30,000	26,250	3,750
Total Medical Director	3,000	2,625	375	30,000	26,250	3,750
Utilization Review						
Total Utilization Review			-			-
Physician Services						
Contract Services	191	283	(92)	17,528	2,830	14,698
Total Physician Services	191	283	(92)	17,528	2,830	14,698
Dental Care Services						
Contract Services	594	594	-	7,524	5,940	1,584
Total Dental Care Services	594	594	-	7,524	5,940	1,584
Oxygen Services						
Non-Related Party Expense	-	1,410	(1,410)	-	14,288	(14,288)
Supplies-Related Party	-	-	-	8,187	-	8,187
Concentrator Rental-Rel Pty	1,107	-	1,107	9,195	-	9,195
Total Oxygen Services	1,107	1,410	(303)	17,382	14,288	3,094
Respiratory Therapy Department						
Total Respiratory Therapy Department			-			-
Sensori Motor Department						
Holiday	-	189	(189)	-	189	(189)
Payroll Tax-Fica	-	16	(16)	-	16	(16)
Workers Comp	-	10	(10)	-	10	(10)
Retirement	-	6	(6)	-	6	(6)
Supplies-Related Party	-	-	-	-	26	(26)
Total Sensori Motor Department	-	221	(221)	-	247	(247)
Direct Care Department						
Total Direct Care Department			-			-
Case Management Department						
Total Case Management Department			-			-

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Psychometrist Department						
Total Psychometrist Department			-			-
BPS Department						
Total BPS Department			-			-
DPH Department						
Supplies-Related Party	-	-	-	-	26	(26)
Total DPH Department	-	-	-	-	26	(26)
Lab Department						
Contract Services	2,790	1,167	1,623	14,098	11,670	2,428
Supplies-Related Party	-	-	-	1,112	-	1,112
Total Lab Department	2,790	1,167	1,623	15,210	11,670	3,540
EKG Department						
Contract Services	-	-	-	1,217	-	1,217
Total EKG Department	-	-	-	1,217	-	1,217
IV Department						
Total IV Department			-			-
Fluidized Air Therapy						
Total Fluidized Air Therapy			-			-
X-Ray Department						
Contract Services	1,609	1,074	535	17,852	10,739	7,114
Total X-Ray Department	1,609	1,074	535	17,852	10,739	7,114
Ambulance Service						
Contract Services	(1)	92	(94)	74	923	(849)
Total Ambulance Service	(1)	92	(94)	74	923	(849)
Non Emergency Transportation						
Regular Wages	5,482	6,416	(934)	50,203	64,301	(14,098)
Overtime	144	-	144	2,222	-	2,222
Holiday	267	-	267	1,582	941	641
PTO	464	230	233	4,623	2,302	2,321
PTOPS Bonus Days	(187)	-	(187)	206	392	(187)
Payroll Tax-Fica	427	568	(141)	4,442	5,768	(1,327)
Payroll Tax-Unemployment	93	-	93	1,037	-	1,037
Health Insurance	264	-	264	2,866	-	2,866
Workers Comp	276	320	(44)	3,016	3,382	(366)
Miscellaneous Benefits	(2)	-	(2)	(2)	-	(2)
Contract Services	705	536	169	8,474	5,429	3,045
Total Non Emergency Transportation	7,931	8,070	(139)	78,670	82,516	(3,846)
Complex Medical Equipment						
Rental Equip-Related Party	698	-	698	2,961	-	2,961
Total Complex Medical Equipment	698	-	698	2,961	-	2,961
Chargeable Medical Supplies						
Supplies-Related Party	2,022	1,385	638	15,927	14,031	1,896
Rental Equip-Related Party	123	-	123	585	-	585
Total Chargeable Medical Supplies	2,145	1,385	761	16,512	14,031	2,481
Vent						
Total Vent Department			-			-
Billable/Unbillable Blood Glucose						
Supplies-Related Party	1,639	-	1,639	20,737	-	20,737
Total Billable/Unbillable Blood Glucose	1,639	-	1,639	20,737	-	20,737
TOTAL SPECIAL SERVICES	111,120	96,022	15,098	1,131,370	962,676	168,694

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
DIETARY SERVICES						
Regular Wages	25,912	31,782	(5,870)	291,341	318,501	(27,160)
Overtime	994	-	994	7,040	-	7,040
Holiday	1,279	1,557	(278)	8,528	9,306	(778)
PTO	1,795	1,521	274	21,268	15,208	6,060
PTOPS Bonus Days	(686)	-	(686)	1,517	2,197	(680)
Performance Bonus	229	-	229	245	-	245
Payroll Tax-Fica	2,250	2,977	(727)	24,501	29,293	(4,793)
Payroll Tax-Unemployment	597	-	597	5,888	-	5,888
Health Insurance	2,636	1,581	1,054	26,170	16,485	9,685
Workers Comp	1,366	1,680	(315)	16,867	17,175	(308)
Miscellaneous Benefits	(20)	-	(20)	(16)	-	(16)
401K MATCH	2	-	2	43	-	43
Contract Services	-	-	-	1,031	-	1,031
Contracted Services-Rel Pty	128	-	128	1,275	-	1,275
Related Party Expense	-	28	(28)	-	286	(286)
Supplies	2,699	2,820	(121)	25,639	28,576	(2,937)
Supplies-Related Party	1,379	338	1,041	15,106	3,559	11,547
Raw Food	15,922	19,740	(3,818)	187,832	200,032	(12,200)
Supplements	1,645	1,241	404	13,250	12,573	677
Supplements-Related Party	1,049	395	655	6,035	4,001	2,034
Advertising-Help Wanted	831	-	831	1,218	-	1,218
Employee Background Checks	15	-	15	199	-	199
Employee Drug Screens	-	-	-	104	-	104
Auto Expense	-	-	-	340	-	340
Seminar/Training Exp	-	-	-	40	-	40
Dues & Subscriptions	-	-	-	375	-	375
TOTAL DIETARY SERVICES	60,020	65,661	(5,640)	655,838	657,192	(1,354)
GENERAL SERVICES						
Laundry Department						
Regular Wages	4,660	7,106	(2,446)	49,116	71,207	(22,091)
Overtime	-	-	-	140	-	140
Holiday	244	361	(117)	1,438	2,160	(723)
PTO	427	330	97	4,240	3,296	944
PTOPS Bonus Days	(225)	-	(225)	134	359	(225)
Payroll Tax-Fica	349	666	(317)	3,800	6,547	(2,747)
Payroll Tax-Unemployment	102	-	102	1,089	-	1,089
Health Insurance	791	791	(0)	8,481	8,243	238
Workers Comp	258	376	(117)	2,652	3,839	(1,187)
401K MATCH	18	-	18	122	-	122
Supplies	660	649	11	6,080	6,572	(492)
Supplies-Related Party	-	-	-	1,990	-	1,990
Linen Replacement-Related Pty	1,019	-	1,019	2,157	-	2,157
Auto Expense	-	-	-	3	-	3
Total Laundry Department	8,302	10,278	(1,976)	81,440	102,224	(20,784)
Housekeeping Department						
Regular Wages	24,841	45,564	(20,723)	227,233	456,615	(229,382)
Overtime	84	-	84	1,370	-	1,370
Holiday	1,177	975	202	6,270	5,831	439
PTO	1,651	997	654	15,230	9,969	5,261
PTOPS Bonus Days	(508)	-	(508)	853	1,361	(508)
Payroll Tax-Fica	1,984	4,060	(2,076)	18,509	40,344	(21,835)
Payroll Tax-Unemployment	567	-	567	5,145	-	5,145
Health Insurance	1,845	527	1,318	17,937	5,495	12,442
Workers Comp	1,271	2,291	(1,020)	12,841	23,654	(10,812)
Miscellaneous Benefits	(51)	-	(51)	(40)	-	(40)
Contract Services	-	56	(56)	958	572	387
Supplies	-	2,538	(2,538)	13,299	25,718	(12,420)
Supplies-Related Party	4,315	113	4,203	13,652	1,329	12,323
Employee Background Checks	15	-	15	235	-	235
Employee Drug Screens	-	-	-	61	-	61
Travel	-	-	-	237	-	237
Auto Expense	-	-	-	281	-	281
Total Housekeeping Department	37,192	57,122	(19,929)	334,071	570,888	(236,817)
Maintenance Department						
Regular Wages	11,591	14,372	(2,781)	86,811	144,028	(57,217)
Overtime	(62)	-	(62)	1,837	-	1,837
Holiday	493	300	193	2,250	1,792	458
PTO	939	-	939	6,469	-	6,469
PTOPS Bonus Days	(231)	-	(231)	328	559	(231)
Payroll Tax-Fica	892	1,253	(361)	7,170	12,453	(5,283)
Payroll Tax-Unemployment	216	-	216	1,300	-	1,300
Health Insurance	791	-	791	6,393	-	6,393
Workers Comp	747	707	40	4,968	7,301	(2,333)
401K MATCH	7	-	7	51	-	51
Contract Services	2,652	2,764	(112)	47,526	28,004	19,522
Supplies	1,107	2,115	(1,008)	9,896	21,432	(11,536)

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Supplies-Related Party	1,698	85	1,613	8,617	916	7,701
Maintenance & Support	1,987	-	1,987	12,175	-	12,175
Repairs	960	4,738	(3,778)	15,852	48,008	(32,156)
Utilities	7,947	11,463	(3,516)	54,549	134,553	(80,004)
Minor Equipment Purchase	-	990	(990)	-	9,900	(9,900)
Waste Disposal	139	-	139	476	-	476
Environment Services Rel Party	-	575	(575)	-	5,750	(5,750)
Advertising-Help Wanted	735	-	735	1,614	-	1,614
Employee Background Checks	38	-	38	91	-	91
Travel	-	-	-	85	-	85
Auto Expense	327	-	327	1,154	-	1,154
Auto Repairs	2	-	2	2,355	-	2,355
Seminar/Training Exp	-	-	-	355	-	355
Total Maintenance Department	32,976	39,361	(6,384)	272,323	414,696	(142,373)
TOTAL GENERAL SERVICES	78,471	106,760	(28,289)	687,833	1,087,808	(399,974)

ADMINISTRATIVE SERVICES

Beauty & Barber Department						
Holiday	-	114	(114)	-	114	(114)
Payroll Tax-Fica	-	10	(10)	-	10	(10)
Contract Services	469	-	469	3,199	-	3,199
Supplies	-	395	(395)	-	4,001	(4,001)
Total Beauty & Barber Department	469	519	(50)	3,199	4,125	(926)

Administrative Department						
Regular Wages	8,478	16,848	(8,370)	119,524	173,026	(53,503)
Overtime	1,178	-	1,178	5,674	-	5,674
Holiday	547	679	(132)	4,613	4,060	553
PTO	829	294	535	12,642	2,944	9,697
PTOPS Bonus Days	(720)	-	(720)	680	1,400	(720)
Performance Bonus	(750)	-	(750)	75	-	75
Payroll Tax-Fica	751	1,522	(771)	10,567	15,375	(4,807)
Payroll Tax-Unemployment	176	-	176	2,492	-	2,492
Health Insurance	862	791	71	11,115	8,243	2,872
Workers Comp	811	859	(48)	9,069	9,019	49
Retirement	89	190	(101)	900	1,928	(1,028)
Employee Education Exp	-	-	-	1,268	-	1,268
Miscellaneous Benefits	(124)	-	(124)	564	-	564
401K MATCH	-	-	-	195	-	195
Contract Services	49,984	1,551	48,433	502,985	15,717	487,268
Related Party Expense	-	169	(169)	105	1,773	(1,668)
Supplies	101	564	(463)	7,696	5,715	1,981
Supplies-Related Party	102	423	(321)	403	4,286	(3,884)
Related Party Transfers	912	-	912	912	-	912
Computer Supplies	295	-	295	579	-	579
Management Fees	-	45,802	(45,802)	-	463,286	(463,286)
Auditing and Accounting Fees	-	2,500	(2,500)	14,010	25,000	(10,990)
Advertising-Marketing	-	-	-	13	-	13
Advertising-Help Wanted	259	367	(108)	3,809	3,715	94
Employee Background Checks	-	-	-	121	-	121
Employee Drug Screens	-	-	-	26	-	26
Printing	71	254	(183)	3,503	2,572	932
Postage	27	254	(227)	1,871	2,572	(701)
Freight	13	-	13	306	-	306
Copier Supplies/Toner	767	395	372	2,643	4,001	(1,357)
Communication	1,193	790	403	13,140	8,001	5,139
Public Relations/Community Edu	-	100	(100)	-	1,000	(1,000)
Travel	(1,124)	677	(1,801)	3,262	6,858	(3,596)
Meals-Employees	26	197	(172)	481	2,000	(1,519)
Auto Expense	303	451	(148)	2,805	4,572	(1,767)
Seminar/Training Exp	-	500	(500)	1,523	10,500	(8,977)
Conferences Expense	-	-	-	502	-	502
Dues & Subscriptions	635	1,297	(662)	7,115	13,145	(6,030)
Bank Service Charges	41	16	25	295	160	135
Taxes & Licenses	-	423	(423)	7,955	4,286	3,669
Liability Insurance	1,396	1,785	(389)	11,242	16,669	(5,427)
Policy Holder Distributions	-	-	-	(7,495)	(7,495)	-
Contributions Expense	-	-	-	495	-	495
Miscellaneous Expense	-	56	(56)	2,351	572	1,779
Non-Allowable	425	-	425	620	-	620
Total Administrative Department	67,551	79,754	(12,204)	762,649	804,900	(42,252)

Medical Records Department						
Regular Wages	2,119	2,284	(166)	20,142	22,892	(2,750)
Overtime	10	-	10	349	-	349
Holiday	107	-	107	636	569	67
PTO	148	-	148	1,443	-	1,443
PTOPS Bonus Days	(23)	-	(23)	138	161	(23)
Payroll Tax-Fica	170	195	(25)	1,684	2,004	(320)

VA166 - NC Vet Home-Salisbury
Income Statement
For the Period Ending April 30, 2009

	CURRENT ACTUAL	CURRENT BUDGET	CURRENT VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Payroll Tax-Unemployment	29	-	29	334	-	334
Health Insurance	-	-	-	50	-	50
Workers Comp	109	110	(1)	1,137	1,175	(38)
Contracted Services-Rel Pty	347	-	347	3,465	-	3,465
Related Party Expense	-	-	-	1,215	-	1,215
Supplies	-	28	(28)	257	286	(29)
Supplies-Related Party	296	28	267	3,688	295	3,393
Total Medical Records Department	3,312	2,646	666	34,538	27,381	7,157
Religious Department						
Total Religious Department			-			-
Security Department						
Total Security Department Expenses			-			-
Other Operating Expenses						
Total Other Operating Expenses			-			-
TOTAL ADMINISTRATIVE SERVICES	71,331	82,919	(11,588)	800,386	836,406	(36,021)
PROPERTY & RELATED COST						
Depreciation						
Depreciation-General	93	334	(240)	934	3,338	(2,404)
Total Depreciation	93	334	(240)	934	3,338	(2,404)
Interest						
Interest Expense-Rel Pty	-	27	(27)	-	270	(270)
Total Interest	-	27	(27)	-	270	(270)
Amortization						
Total Amortization	-	-	-	-	-	-
Other Property Expenses						
Lease-Equipment	1,635	1,148	487	13,108	11,480	1,628
Rental Equipment	-	386	(386)	333	3,860	(3,527)
Rental Equip-Related Party	2,136	-	2,136	10,314	-	10,314
Tank Rental-Related Party	-	-	-	628	-	628
Property Insurance	140	313	(173)	1,687	3,130	(1,443)
Property Tax	-	-	-	26	-	26
Total Other Property Expenses	3,911	1,847	2,064	26,095	18,470	7,625
TOTAL PROPERTY EXPENSES	4,004	2,208	1,797	27,029	22,078	4,951
TOTAL EXPENSES	622,100	663,276	(41,175)	6,236,051	6,581,362	(345,311)
NET INCOME	24,622	(52,578)	77,200	293,641	(404,218)	697,859

Veteran Home KINSTON

Form B

Pro Forma Statement of Operating Results and Retained Earnings
First Full Federal Fiscal Year of Operation

Patient Days	Total Facility
	19,082
Routine Services Revenue	
Private Pay	\$ 1,315,209
Commercial Insurance	\$ -
Medicare	\$ 816,000
Medicaid	\$ 1,212,564
VACHAMPUS	\$ -
County Assistance	\$ -
Other	\$ -
Total Routine Service Revenue	\$ 3,343,773
Cost of Services (from Form C)	
Routine Services	\$ 2,107,010
Dietary	\$ 356,182
Social Services	\$ 77,740
Patient Activities	\$ 94,898
Laundry and Linen	\$ 75,981
Housekeeping	\$ 193,134
Ancillary Services	\$ 280,102
Total Direct Cost of Services	\$ 3,185,047
General and Administrative	\$ 492,881
Plant Operations & Maintenance	\$ 220,274
Property Ownership & Use	\$ 170,952
Total Indirect Cost of Services	\$ 884,107
Total Reimbursable Cost of Services (Direct Cost of Services plus Indirect Cost of Services)	\$ 4,069,154
Total Non-Reimbursable Cost of Services	\$ 203,550
Total Operating Expenses (Total Reimbursable Cost of Services plus Total Nonreimbursable Cost of Services)	\$ 4,272,704
Medicaid Payback	
Other Contractual Adjustments	\$ -

Pro Forma Statement of Operating Results and Retained Earnings
First Full Federal Fiscal Year of Operation

	Total Facility
Other Revenues	
Ancillaries	
Radiology	\$ -
Laboratory	\$ -
Physical Therapy	\$ 48,676
Occupational Therapy	\$ 29,724
Speech Therapy	\$ 16,256
Oxygen Therapy	\$ -
Intravenous Fluids	\$ -
Drugs	\$ -
Other(ms,enter,lifesus,trans,other)	\$ 28,684
Subtotal Ancillaries	\$ 123,340
Miscellaneous	
Investments	\$ -
Return on Equity	\$ -
Laundry & Linen	\$ -
Meals Sold	\$ -
Vending Machines	\$ -
Beauty & Barber Shop	\$ -
Other (specify)	\$ -
Subtotal Miscellaneous	\$ -
Total Other Revenues	\$ 123,340
Total Revenue [(Total Routine Revenue and Total Other Revenues) less (Medicaid payback, and other contractual adjustments)]	\$ 3,467,113
Net Profit (total revenue - total operating expenses)	\$ (805,591)

Pro Forma Statement of Operating Results and Retained Earnings
Second Full Federal Fiscal Year of Operation

Patient Days	Total Facility
Routine Services Revenue	34,310
Private Pay	\$ 2,413,916
Commercial Insurance	\$ -
Medicare	\$ 1,467,300
Medicaid	\$ 2,175,600
VA/CHAMPUS	\$ -
County Assistance	\$ -
Other	\$ -
Total Routine Service Revenue	\$ 6,056,816
Cost of Services (from Form C)	
Routine Services	\$ 3,086,325
Dietary	\$ 566,926
Social Services	\$ 93,730
Patient Activities	\$ 125,060
Laundry and Linen	\$ 114,782
Housekeeping	\$ 270,060
Ancillary Services	\$ 508,828
Total Direct Cost of Services	\$ 4,765,711
General and Administrative	\$ 770,071
Plant Operations & Maintenance	\$ 347,616
Property Ownership & Use	\$ 231,551
Total Indirect Cost of Services	\$ 1,349,238
Total Reimbursable Cost of Services (Direct Cost of Services plus Indirect Cost of Services)	\$ 6,114,949
Total Non-Reimbursable Cost of Services	\$ 369,764
Total Operating Expenses (Total Reimbursable Cost of Services plus Total Nonreimbursable Cost of Services)	\$ 6,484,713
Medicaid Payback	\$ -
Other Contractual Adjustments	\$ -

Pro Forma Statement of Operating Results and Retained Earnings
Second Full Federal Fiscal Year of Operation

	Total Facility
Other Revenues	
Ancillaries	\$ -
Radiology	\$ -
Laboratory	\$ 50,137
Physical Therapy	\$ 30,616
Occupational Therapy	\$ 16,744
Speech Therapy	\$ -
Oxygen Therapy	\$ -
Intravenous Fluids	\$ -
Drugs	\$ -
Other (ms, enter, lifesus, trans, other)	\$ 29,544
Subtotal Ancillaries	\$ 127,040
Miscellaneous	
Investments	\$ -
Return on Equity	\$ -
Laundry & Linen	\$ -
Meals Sold	\$ -
Vending Machines	\$ -
Beauty & Barber Shop	\$ -
Other (specify)	\$ -
Subtotal Miscellaneous	\$ 127,040
Total Other Revenues	\$ 6,183,856
Total Revenue [(Total Routine Revenue and Total Other Revenues) less (Medicaid payback, and other contractual adjustments)]	\$
Net Profit (total revenue - total operating expenses)	\$ (300,857)

Form B

Pro Forma Statement of Operating Results and Retained Earnings
Third Full Federal Fiscal Year of Operation

	Patient Days	Total Facility
Routine Services Revenue		34,310
Private Pay		\$ 2,458,073
Commercial Insurance		\$ -
Medicare		\$ 1,467,300
Medicaid		\$ 2,175,600
VACHAMPUS		\$ -
County Assistance		\$ -
Other		\$ -
Total Routine Service Revenue		\$ 6,100,973
Cost of Services (from Form C)		
Routine Services		\$ 3,178,994
Dietary		\$ 583,933
Social Services		\$ 96,543
Patient Activities		\$ 128,812
Laundry and Linen		\$ 118,226
Housekeeping		\$ 278,164
Ancillary Services		\$ 524,094
Total Direct Cost of Services		\$ 4,908,766
General and Administrative		\$ 782,689
Plant Operations & Maintenance		\$ 358,045
Property Ownership & Use		\$ 231,900
Total Indirect Cost of Services		\$ 1,372,634
Total Reimbursable Cost of Services		\$ 6,281,400
(Direct Cost of Services plus Indirect Cost of Services)		
Total Non-Reimbursable Cost of Services		\$ 380,857
Total Operating Expenses (Total Reimbursable Cost of Services plus Total Nonreimbursable Cost of Services)		\$ 6,662,257
Medicaid Payback		

Pro Forma Statement of Operating Results and Retained Earnings
Third Full Federal Fiscal Year of Operation

	Total Facility
Other Contractual Adjustments	\$ -
Other Revenues	
Ancillaries	
Radiology	\$ -
Laboratory	\$ -
Physical Therapy	\$ 51,642
Occupational Therapy	\$ 31,534
Speech Therapy	\$ 17,246
Oxygen Therapy	\$ -
Intravenous Fluids	\$ -
Drugs	\$ -
Other(ms, enter, lifesus, trans, other)	\$ 30,430
Subtotal Ancillaries	\$ 130,852
Miscellaneous	
Investments	\$ -
Return on Equity	\$ -
Laundry & Linen	\$ -
Meals Sold	\$ -
Vending Machines	\$ -
Beauty & Barber Shop	\$ -
Other (specify)	\$ -
Subtotal Miscellaneous	\$ -
Total Other Revenues	\$ 130,852
Total Revenue [(Total Routine Revenue and Total Other Revenues) less (Medicaid payback, and other contractual adjustments)]	\$ 6,231,825
Net Profit (total revenue - total operating expenses)	\$ (430,432)

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

Patient Days	Total Facility
Routine Services	19,082
Salary - Director of Nursing	\$ 72,662
Salary - Assist. Director of Nursing	\$ 46,592
Salary - Staff Develop. Coordin.	\$ 62,400
Salary - RNs	\$ 204,815
Ventilator Coordinator /RN	\$ -
Salary - LPNs	\$ 458,640
Salary - Aides & Orderlies	\$ 648,386
Salary - MDS Coordinator	\$ 45,136
Ward Secretary	\$ 26,208
Medical Records	\$ -
Payroll Taxes and Benefits	\$ 396,670
Medical Director	\$ 25,550
Training, Travel & Tuition	\$ 3,989
Medical Supplies	\$ 81,581
Non-legend Drugs	\$ -
Utilization Review	\$ -
Office Supplies	\$ 2,000
Pharmacy Consultant	\$ 4,851
Barber/Beauty (basic hair care)	\$ -
Contractor Outside Services	\$ 20,528
Depr. Direct Patient Care Equip.	\$ 885
Equip. Rental Direct Pt Care Equip.	\$ -
Other (specify)	\$ 6,117
Revenue Offset	\$ -
Subtotal Routine	\$ 2,107,010
Routine Services Cost/Patient Day	\$ 110.42
Dietary	
Salary and Wages	\$ 140,452
Payroll Taxes and Benefits	\$ 35,113
Training, Travel and Tuition	\$ 783
Raw Food	\$ 152,716
Food Supplies	\$ 25,108
Dietary Consultant	\$ -
Contractor Outside Services	\$ 1,157
Other (specify)	\$ 853
Revenue Offset	\$ -
Subtotal Dietary	\$ 356,182
Dietary Cost/Patient Day	\$ 18.67

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

	Total Facility
Social Services	
Salary and Wages	\$ 62,192
Payroll Taxes and Benefits	\$ 15,548
Training, Travel and Tuition	-
Supplies	-
Social Work Consultant	-
Other (specify)	-
Subtotal Social Services	\$ 77,740
Social Services Cost/Patient Day	\$ 4.07
Patient Activities	
Salary and Wages	\$ 64,480
Payroll Taxes and Benefits	\$ 16,121
Training, Travel and Tuition	\$ 146
Supplies	\$ 4,385
Activity Consultant	-
Other (specify)	\$ 9,766
Subtotal Patient Activities	\$ 94,898
Patient Activities Cost/Patient Day	\$ 4.97
Laundry and Linen	
Salary and Wages	\$ 53,872
Payroll Taxes and Benefits	\$ 13,468
Training, Travel and Tuition	-
Linen and Bedding	\$ 2,055
Supplies	\$ 6,179
Contractor Outside Services	-
Other (specy) Minor Equipment	\$ 407
Revenue Offset	-
Subtotal Laundry and Linen	\$ 75,981
Laundry and Linen Cost/Patient Day	\$ 3.98
Housekeeping	
Salaries and Wages	\$ 139,360
Payroll Taxes and Benefits	\$ 34,840
Training, Travel and Tuition	\$ 131
Supplies	\$ 17,554
Contractor Outside Services	-
Other (specify)	\$ 1,249
Revenue Offset	-
Subtotal Housekeeping	\$ 193,134
Housekeeping Cost/Patient Day	\$ 10.12

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

	Total Facility
Ancillary Services	
Radiology	\$ 2,659
Laboratory	\$ 2,250
Physical Therapist	\$ 91,999
PT Assistant	\$ -
PT Aide	\$ -
Occupational Therapy	\$ 56,178
Speech Therapy	\$ 30,725
Oxygen Therapy	\$ 16,994
Intravenous Fluids	\$ -
Billable Medical Supplies	\$ 52,209
Parenteral and Enteral Therapy	\$ -
Life Sustaining Equipment	\$ 2,002
Medically Related Transportation	\$ 25,086
Other (specify)	\$ -
Subtotal Ancillary	\$ 280,102
Ancillary Cost/Patient Day	\$ 14.68
Total Direct Cost of Services	\$ 3,185,047
Total Direct Cost/Patient Day	\$ 166.91
Plant Operation and Maintenance	
Salary and Wages	\$ 63,232
Payroll Taxes and Benefits	\$ 15,808
Training, Travel and Tuition	\$ 413
Supplies	\$ 21,644
Contractor Outside Services	\$ 22,548
Repair & Maint. (Equip, Bldg & Grounds)	\$ 2,126
Exterminating Services	\$ -
Utilities	\$ 94,420
Other (specify)	\$ 83
Revenue Offset	\$ -
Subtotal Plant Operations & Mainten.	\$ 220,274
Plant Oper. & Mainten Cost/Patient Day	\$ 11.54

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

	Total Facility
General and Administrative	
Salary - Officers	-
Salary - Administrator	-
Salary - Assist. Administrator	-
Salary - Pastor	-
Salary - Other Office	118,560
Payroll Taxes and Benefits	29,640
Central Office Overhead	-
Management Services	260,032
Director's Fees	-
Training, Travel and Tuition	7,665
Promo, Public Relations, Want Ads	1,227
Telephone	10,604
Dues and Subscriptions	4,437
Insurance	33,990
Copier Expense	-
License Fees	-
Transportation - Operating Expense	1,953
Office Supplies	3,837
Printing	1,113
Postage	1,257
Legal and Accounting	4,391
Income Taxes	-
Data Processing	-
Employee Agency Fees	-
Bad Debts	-
Contributions	-
Bank Service Charges	403
Interest - Operating	138
Amortization of Start-up	-
Other (specify)	10,000
Subtotal General and Administrative	3,634
General and Admin. Cost/Patient Day	25.83

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

	Total Facility
Property, Ownership and Use	
Depreciation - Land Improvements	-
Depreciation - Buildings/Bldg Improve.	\$ 113,076
Depreciation - Equipment	\$ 51,444
Depreciation - Leasehold Improve.	-
Depreciation - Automobiles	-
Depreciation - Direct Cap Exp Items	-
Depreciation - Nurse Aide Training	-
Rent or Lease	-
Equipment Rental	\$ 7,483
Mortgage, Fixed Asset Interest	-
Real Estate Taxes	\$ 110
Insurance/Fixed Asset	\$ 1,216
Revenue Offset	\$ (2,377)
Other (specify)	-
Subtotal Property, Ownership & Use	\$ 170,952
Property, Ownership & Use Cost/Patient Day	\$ 8.96
Total Indirect Cost of Services	\$ 884,107
Indirect Cost/Patient Day	\$ 46.33
Total Reimbursable Operating Expenses	\$ 4,069,154
Reimbursable Cost/Patient Day	\$ 213.25
Non-Reimbursable Costs	
Dental	\$ 1,236
Barber/Beauty (excess of basic care)	-
Vending	-
Ambulance	-
Physician Fees	\$ 5,511
Patient Personal Items	-
Prescription/Legend Drugs	\$ 196,803
Other (specify)	-
Subtotal Non-Reimbursable Costs	\$ 203,550
Non-Reimbursable Cost/Patient Day	\$ 10.67
Total Operating Expenses	\$ 4,272,704
Total Operating Expense/Patient Day	\$ 223.91

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

Patient Days		Total Facility
		34,310
Routine Services		
Salary - Director of Nursing	\$	74,842
Salary - Assist. Director of Nursing	\$	68,557
Salary - Staff Develop. Coordin.	\$	64,272
Salary - RNs	\$	301,372
Ventilator Coordinator /RN	\$	-
Salary - LPNs	\$	674,856
Salary - Aides & Orderlies	\$	954,061
Salary - MDS Coordinator	\$	66,414
Ward Secretary	\$	38,564
Medical Records	\$	32,136
Payroll Taxes and Benefits	\$	568,769
Medical Director	\$	26,250
Training, Travel & Tuition	\$	7,247
Medical Supplies	\$	148,199
Non-legend Drugs	\$	-
Utilization Review	\$	-
Office Supplies	\$	3,633
Pharmacy Consultant	\$	7,140
Barber/Beauty (basic hair care)	\$	-
Contractor Outside Services	\$	37,292
Depr. Direct Patient Care Equip.	\$	1,608
Equip. Rental Direct Pt Care Equip.	\$	-
Other (specify)	\$	11,113
Revenue Offset	\$	-
Subtotal Routine	\$	3,086,325
Routine Services Cost/Patient Day	\$	89.95
Dietary		
Salary and Wages	\$	191,055
Payroll Taxes and Benefits	\$	47,764
Training, Travel and Tuition	\$	1,422
Raw Food	\$	277,421
Food Supplies	\$	45,612
Dietary Consultant	\$	-
Contractor Outside Services	\$	2,102
Other (specify)	\$	1,550
Revenue Offset	\$	-

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

	Total Facility
Subtotal Dietary	\$ 566,926
Dietary Cost/Patient Day	\$ 16.52
Social Services	
Salary and Wages	\$ 74,984
Payroll Taxes and Benefits	\$ 18,746
Training, Travel and Tuition	\$ -
Supplies	\$ -
Social Work Consultant	\$ -
Other (specify)	\$ -
Subtotal Social Services	\$ 93,730
Social Services Cost/Patient Day	\$ 2.73
Patient Activities	
Salary and Wages	\$ 79,269
Payroll Taxes and Benefits	\$ 19,818
Training, Travel and Tuition	\$ 266
Supplies	\$ 7,966
Activity Consultant	\$ -
Other (specify)	\$ 17,741
Subtotal Patient Activities	\$ 125,060
Patient Activities Cost/Patient Day	\$ 3.65
Laundry and Linen	
Salary and Wages	\$ 79,268
Payroll Taxes and Benefits	\$ 19,817
Training, Travel and Tuition	\$ -
Linen and Bedding	\$ 3,732
Supplies	\$ 11,226
Contractor Outside Services	\$ -
Other (specify) Minor Equipment	\$ 739
Revenue Offset	\$ -
Subtotal Laundry and Linen	\$ 114,782
Laundry and Linen Cost/Patient Day	\$ 3.35
Housekeeping	
Salaries and Wages	\$ 188,531
Payroll Taxes and Benefits	\$ 47,133
Training, Travel and Tuition	\$ 238
Supplies	\$ 31,889

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

	Total Facility
Contractor Outside Services	
Other (specify)	\$ -
Revenue Offset	\$ 2,269
Subtotal Housekeeping	\$ -
Housekeeping Cost/Patient Day	\$ 270,060
	\$ 7.87
Ancillary Services	
Radiology	\$ 4,830
Laboratory	\$ 4,088
Physical Therapist	\$ 167,124
PT Assistant	\$ -
PT Aide	\$ -
Occupational Therapy	\$ 102,052
Speech Therapy	\$ 55,813
Oxygen Therapy	\$ 30,871
Intravenous Fluids	\$ -
Billable Medical Supplies	\$ 94,842
Parenteral and Enteral Therapy	\$ -
Life Sustaining Equipment	\$ 3,637
Medically Related Transportation	\$ 45,571
Other (specify)	\$ -
Subtotal Ancillary	\$ 508,828
Ancillary Cost/Patient Day	\$ 14.83
Total Direct Cost of Services	\$ 4,765,711
Total Direct Cost/Patient Day	\$ 138.90
Plant Operation and Maintenance	
Salary and Wages	\$ 72,842
Payroll Taxes and Benefits	\$ 18,211
Training, Travel and Tuition	\$ 750
Supplies	\$ 39,319
Contractor Outside Services	\$ 40,960
Repair & Maint. (Equip, Bldg & Grounds)	\$ 3,862
Exterminating Services	\$ -
Utilities	\$ 171,522
Other (specify)	\$ 150
Revenue Offset	\$ -
Subtotal Plant Operations & Maint.	\$ 347,616
Plant Oper. & Mainten Cost/Patient Day	\$ 10.13

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

	Total Facility
General and Administrative	
Salary - Officers	\$ -
Salary - Administrator	\$ -
Salary - Assist. Administrator	\$ -
Salary - Pastor	\$ -
Salary - Other Office	\$ 128,544
Payroll Taxes and Benefits	\$ 32,137
Central Office Overhead	\$ -
Management Services	\$ 463,788
Director's Fees	\$ -
Training, Travel and Tuition	\$ 13,923
Promo, Public Relations, Want Ads	\$ 2,229
Telephone	\$ 19,263
Dues and Subscriptions	\$ 8,060
Insurance	\$ 61,745
Copier Expense	\$ -
License Fees	\$ -
Transportation - Operating Expense	\$ 3,548
Office Supplies	\$ 6,969
Printing	\$ 2,022
Postage	\$ 2,282
Legal and Accounting	\$ 7,977
Income Taxes	\$ -
Data Processing	\$ -
Employee Agency Fees	\$ -
Bad Debts	\$ -
Contributions	\$ 732
Bank Service Charges	\$ 250
Interest - Operating	\$ -
Amortization of Start-up	\$ 10,000
Other (specify)	\$ 6,602
Subtotal General and Administrative	\$ 770,071
General and Admin. Cost/Patient Day	\$ 22.44
Property, Ownership and Use	
Depreciation - Land Improvements	\$ -
Depreciation - Buildings/Bldg Improve.	\$ 151,117
Depreciation - Equipment	\$ 68,750
Depreciation - Leasehold Improve.	\$ -

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

	Total Facility
Depreciation - Automobiles	\$ -
Depreciation - Direct Cap Exp Items	\$ -
Depreciation - Nurse Aide Training	\$ -
Rent or Lease	\$ -
Equipment Rental	\$ 13,594
Mortgage, Fixed Asset Interest	\$ -
Real Estate Taxes	\$ 199
Insurance/Fixed Asset	\$ 2,208
Revenue Offset	\$ (4,317)
Other (specify)	\$ -
Subtotal Property, Ownership & Use	\$ 231,551
Property, Ownership & Use Cost/Patient Day	\$ 6.75
Total Indirect Cost of Services	\$ 1,349,238
Indirect Cost/Patient Day	\$ 39.32
Total Reimbursable Operating Expenses	\$ 6,114,949
Reimbursable Cost/Patient Day	\$ 178.23
Non-Reimbursable Costs	
Dental	\$ 2,246
Barber/Beauty (excess of basic care)	\$ -
Vending	\$ -
Ambulance	\$ -
Physician Fees	\$ 10,011
Patient Personal Items	\$ -
Prescription/Legend Drugs	\$ 357,507
Other (specify)	\$ -
Subtotal Non-Reimbursable Costs	\$ 369,764
Non-Reimbursable Cost/Patient Day	\$ 10.78
Total Operating Expenses	\$ 6,484,713
Total Operating Expense/Patient Day	\$ 189.00

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

Patient Days	Total Facility
	34,310
Routine Services	
Salary - Director of Nursing	\$ 77,087
Salary - Assist. Director of Nursing	\$ 70,614
Salary - Staff Develop. Coordin.	\$ 66,200
Salary - RNs	\$ 310,412
Ventilator Coordinator /RN	\$ -
Salary - LPNs	\$ 695,100
Salary - Aides & Orderlies	\$ 982,683
Salary - MDS Coordinator	\$ 68,406
Ward Secretary	\$ 39,720
Medical Records	\$ 33,100
Payroll Taxes and Benefits	\$ 585,831
Medical Director	\$ 27,125
Training, Travel & Tuition	\$ 7,465
Medical Supplies	\$ 152,645
Non-legend Drugs	\$ -
Utilization Review	\$ -
Office Supplies	\$ 3,742
Pharmacy Consultant	\$ 7,350
Barber/Beauty (basic hair care)	\$ -
Contractor Outside Services	\$ 38,411
Depr. Direct Patient Care Equip.	\$ 1,656
Equip. Rental Direct Pt Care Equip.	\$ -
Other (specify)	\$ 11,447
Revenue Offset	\$ -
Subtotal Routine	\$ 3,178,994
Routine Services Cost/Patient Day	\$ 92.66
Dietary	
Salary and Wages	\$ 196,786
Payroll Taxes and Benefits	\$ 49,197
Training, Travel and Tuition	\$ 1,465
Raw Food	\$ 285,744
Food Supplies	\$ 46,980
Dietary Consultant	\$ -
Contractor Outside Services	\$ 2,165
Other (specify)	\$ 1,596

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

	Total Facility
Revenue Offset	\$ -
Subtotal Dietary	\$ 583,933
Dietary Cost/Patient Day	\$ 17.02
Social Services	
Salary and Wages	\$ 77,234
Payroll Taxes and Benefits	\$ 19,309
Training, Travel and Tuition	\$ -
Supplies	\$ -
Social Work Consultant	\$ -
Other (specify)	\$ -
Subtotal Social Services	\$ 96,543
Social Services Cost/Patient Day	\$ 2.81
Patient Activities	
Salary and Wages	\$ 81,648
Payroll Taxes and Benefits	\$ 20,412
Training, Travel and Tuition	\$ 274
Supplies	\$ 8,205
Activity Consultant	\$ -
Other (specify)	\$ 18,273
Subtotal Patient Activities	\$ 128,812
Patient Activities Cost/Patient Day	\$ 3.75
Laundry and Linen	
Salary and Wages	\$ 81,646
Payroll Taxes and Benefits	\$ 20,412
Training, Travel and Tuition	\$ -
Linen and Bedding	\$ 3,844
Supplies	\$ 11,563
Contractor Outside Services	\$ -
Other (specify) Minor Equipment	\$ 761
Revenue Offset	\$ -
Subtotal Laundry and Linen	\$ 118,226
Laundry and Linen Cost/Patient Day	\$ 3.45
Housekeeping	
Salaries and Wages	\$ 194,189
Payroll Taxes and Benefits	\$ 48,547

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

	Total Facility
Training, Travel and Tuition	\$ 245
Supplies	\$ 32,846
Contractor Outside Services	\$ -
Other (specify)	\$ 2,337
Revenue Offset	\$ -
Subtotal Housekeeping	\$ 278,164
Housekeeping Cost/Patient Day	\$ 8.11
Ancillary Services	
Radiology	\$ 4,975
Laboratory	\$ 4,211
Physical Therapist	\$ 172,138
PT Assistant	\$ -
PT Aide	\$ -
Occupational Therapy	\$ 105,114
Speech Therapy	\$ 57,487
Oxygen Therapy	\$ 31,797
Intravenous Fluids	\$ -
Billable Medical Supplies	\$ 97,687
Parenteral and Enteral Therapy	\$ -
Life Sustaining Equipment	\$ 3,746
Medically Related Transportation	\$ 46,939
Other (specify)	\$ -
Subtotal Ancillary	\$ 524,094
Ancillary Cost/Patient Day	\$ 15.28
Total Direct Cost of Services	\$ 4,908,766
Total Direct Cost/Patient Day	\$ 143.07
Plant Operation and Maintenance	
Salary and Wages	\$ 75,027
Payroll Taxes and Benefits	\$ 18,757
Training, Travel and Tuition	\$ 773
Supplies	\$ 40,499
Contractor Outside Services	\$ 42,189
Repair & Maint. (Equip, Bldg & Grounds)	\$ 3,978
Exterminating Services	\$ -
Utilities	\$ 176,668
Other (specify)	\$ 154

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

	Total Facility
Revenue Offset	\$ -
Subtotal Plant Operations & Mainten.	\$ 358,045
Plant Oper. & Mainten Cost/Patient Day	\$ 10.44
General and Administrative	
Salary - Officers	\$ -
Salary - Administrator	\$ -
Salary - Assist. Administrator	\$ -
Salary - Pastor	\$ -
Salary - Other Office	\$ 132,400
Payroll Taxes and Benefits	\$ 33,101
Central Office Overhead	\$ -
Management Services	\$ 467,388
Director's Fees	\$ -
Training, Travel and Tuition	\$ 14,341
Promo, Public Relations, Want Ads	\$ 2,295
Telephone	\$ 19,841
Dues and Subscriptions	\$ 8,301
Insurance	\$ 63,597
Copier Expense	\$ -
License Fees	\$ -
Transportation - Operating Expense	\$ 3,655
Office Supplies	\$ 7,178
Printing	\$ 2,083
Postage	\$ 2,350
Legal and Accounting	\$ 8,216
Income Taxes	\$ -
Data Processing	\$ -
Employee Agency Fees	\$ -
Bad Debts	\$ -
Contributions	\$ 754
Bank Service Charges	\$ 257
Interest - Operating	\$ -
Amortization of Start-up	\$ 10,000
Other (specify)	\$ 6,800
Subtotal General and Administrative	\$ 782,557
General and Admin. Cost/Patient Day	\$ 22.81
Property, Ownership and Use	

Veterans Home KINSTON
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

	Total Facility
Depreciation - Land Improvements	-
Depreciation - Buildings/Bldg Improve.	\$ 151,117
Depreciation - Equipment	\$ 68,750
Depreciation - Leasehold Improve.	-
Depreciation - Automobiles	-
Depreciation - Direct Cap Exp Items	-
Depreciation - Nurse Aide Training	-
Rent or Lease	-
Equipment Rental	\$ 14,001
Mortgage, Fixed Asset Interest	-
Real Estate Taxes	\$ 205
Insurance/Fixed Asset	\$ 2,274
Revenue Offset	\$ (4,447)
Other (specify)	-
Subtotal Property, Ownership & Use	\$ 231,900
Property, Ownership & Use Cost/Patient Day	\$ 6.76
Total Indirect Cost of Services	\$ 1,372,502
Indirect Cost/Patient Day	\$ 40.00
Total Reimbursable Operating Expenses	\$ 6,281,268
Reimbursable Cost/Patient Day	\$ 183.07
Non-Reimbursable Costs	
Dental	\$ 2,314
Barber/Beauty (excess of basic care)	-
Vending	-
Ambulance	-
Physician Fees	\$ 10,311
Patient Personal Items	-
Prescription/Legend Drugs	\$ 368,232
Other (specify)	-
Subtotal Non-Reimbursable Costs	\$ 380,857
Non-Reimbursable Cost/Patient Day	\$ 11.10
Total Operating Expenses	\$ 6,662,125
Total Operating Expense/Patient Day	\$ 194.17

**Veteran Home ASHEVILLE
Form B**

**Pro Forma Statement of Operating Results and Retained Earnings
First Full Federal Fiscal Year of Operation**

	Total Facility
Patient Days	19,082
Routine Services Revenue	\$ 1,315,209
Private Pay	\$ -
Commercial Insurance	\$ 816,000
Medicare	\$ 1,212,564
Medicaid	\$ -
VACHAMPUS	\$ -
County Assistance	\$ -
Other	\$ -
Total Routine Service Revenue	\$ 3,343,773
Cost of Services (from Form C)	
Routine Services	\$ 2,087,703
Dietary	\$ 371,723
Social Services	\$ 78,732
Patient Activities	\$ 97,157
Laundry and Linen	\$ 74,391
Housekeeping	\$ 194,321
Ancillary Services	\$ 350,036
Total Direct Cost of Services	\$ 3,254,063
General and Administrative	\$ 532,021
Plant Operations & Maintenance	\$ 192,180
Property Ownership & Use	\$ 216,616
Total Indirect Cost of Services	\$ 940,817
Total Reimbursable Cost of Services (Direct Cost of Services plus Indirect Cost of Services)	\$ 4,194,880
Total Non-Reimbursable Cost of Services	\$ 337,659
Total Operating Expenses (Total Reimbursable Cost of Services plus Total Nonreimbursable Cost of Services)	\$ 4,532,539
Medicaid Payback	\$ -
Other Contractual Adjustments	\$ -

**Veteran Home ASHEVILLE
Form B**

**Pro Forma Statement of Operating Results and Retained Earnings
First Full Federal Fiscal Year of Operation**

	Total Facility
Other Revenues	
Ancillaries	
Radiology	\$ -
Laboratory	\$ -
Physical Therapy	\$ 59,878
Occupational Therapy	\$ 47,928
Speech Therapy	\$ 19,104
Oxygen Therapy	\$ -
Intravenous Fluids	\$ -
Drugs	\$ -
Other (rms, enter, lifesus, trans, other)	\$ 12,978
Subtotal Ancillaries	\$ 139,888
Miscellaneous	
Investments	\$ -
Return on Equity	\$ -
Laundry & Linen	\$ -
Meals Sold	\$ -
Vending Machines	\$ -
Beauty & Barber Shop	\$ -
Other (specify)	\$ -
Subtotal Miscellaneous	\$ -
Total Other Revenues	\$ 139,888
Total Revenue [(Total Routine Revenue and Total Other Revenues) less (Medicaid payback, and other contractual adjustments)]	\$ 3,483,661
Net Profit (total revenue - total operating expenses)	\$ (1,048,878)

**Veterans Home ASHEVILLE
Form B**

**Pro Forma Statement of Operating Results and Retained Earnings
Second Full Federal Fiscal Year of Operation**

	Total Facility
<u>Patient Days</u>	<u>34,310</u>
Routine Services Revenue	\$ 2,413,916
Private Pay	\$ -
Commercial Insurance	\$ 1,467,300
Medicare	\$ 2,175,600
Medicaid	\$ -
VACHAMPUS	\$ -
County Assistance	\$ -
Other	\$ -
Total Routine Service Revenue	\$ 6,056,816
Cost of Services (from Form C)	
Routine Services	\$ 3,047,315
Dietary	\$ 595,155
Social Services	\$ 95,533
Patient Activities	\$ 129,163
Laundry and Linen	\$ 111,895
Housekeeping	\$ 272,214
Ancillary Services	\$ 635,869
Total Direct Cost of Services	\$ 4,887,144
General and Administrative	\$ 842,459
Plant Operations & Maintenance	\$ 296,582
Property Ownership & Use	\$ 299,086
Total Indirect Cost of Services	\$ 1,438,127
Total Reimbursable Cost of Services (Direct Cost of Services plus Indirect Cost of Services)	\$ 6,325,271
Total Non-Reimbursable Cost of Services	\$ 354,006
Total Operating Expenses (Total Reimbursable Cost of Services plus Total Nonreimbursable Cost of Services)	\$ 6,679,277
Medicaid Payback	\$ -
Other Contractual Adjustments	\$ -

**Veterans Home ASHEVILLE
Form B**

**Pro Forma Statement of Operating Results and Retained Earnings
Second Full Federal Fiscal Year of Operation**

	Total Facility
Other Revenues	
Ancillaries	\$ -
Radiology	\$ -
Laboratory	\$ 61,674
Physical Therapy	\$ 49,366
Occupational Therapy	\$ 19,678
Speech Therapy	\$ -
Oxygen Therapy	\$ -
Intravenous Fluids	\$ -
Drugs	\$ -
Other(ms, enter, lifesus, trans, other)	\$ 13,367
Subtotal Ancillaries	\$ 144,085
Miscellaneous	
Investments	\$ -
Return on Equity	\$ -
Laundry & Linen	\$ -
Meals Sold	\$ -
Vending Machines	\$ -
Beauty & Barber Shop	\$ -
Other (specify)	\$ -
Subtotal Miscellaneous	\$ 144,085
Total Other Revenues	
	\$ 6,200,901
Total Revenue [(Total Routine Revenue and Total Other Revenues) less (Medicaid payback, and other contractual adjustments)]	
	\$ (478,376)
Net Profit (total revenue - total operating expenses)	

**Veterans Home ASHEVILLE
Form B**

**Pro Forma Statement of Operating Results and Retained Earnings
Third Full Federal Fiscal Year of Operation**

	Total Facility
Patient Days	34,310
Routine Services Revenue	\$ 2,458,073
Private Pay	\$ -
Commercial Insurance	\$ 1,467,300
Medicare	\$ 2,175,600
Medicaid	\$ -
VACHAMPUS	\$ -
County Assistance	\$ -
Other	\$ -
Total Routine Service Revenue	\$ 6,100,973
Cost of Services (from Form C)	
Routine Services	\$ 3,138,811
Dietary	\$ 613,008
Social Services	\$ 98,399
Patient Activities	\$ 133,037
Laundry and Linen	\$ 115,254
Housekeeping	\$ 280,383
Ancillary Services	\$ 654,944
Total Direct Cost of Services	\$ 5,033,836
General and Administrative	\$ 855,932
Plant Operations & Maintenance	\$ 305,479
Property Ownership & Use	\$ 300,175
Total Indirect Cost of Services	\$ 1,461,586
Total Reimbursable Cost of Services	\$ 6,495,422
(Direct Cost of Services plus Indirect Cost of Services)	
Total Non-Reimbursable Cost of Services	\$ 364,626
Total Operating Expenses (Total Reimbursable Cost of Services plus Total Nonreimbursable Cost of Services)	\$ 6,860,048
Medicaid Payback	\$ -

**Veterans Home ASHEVILLE
Form B**

**Pro Forma Statement of Operating Results and Retained Earnings
Third Full Federal Fiscal Year of Operation**

	Total Facility
Other Contractual Adjustments	\$ -
Other Revenues	
Ancillaries	\$ -
Radiology	\$ -
Laboratory	\$ 63,524
Physical Therapy	\$ 50,846
Occupational Therapy	\$ 20,268
Speech Therapy	\$ -
Oxygen Therapy	\$ -
Intravenous Fluids	\$ -
Drugs	\$ -
Other(ms, enter, lifesus, trans, other)	\$ 13,768
Subtotal Ancillaries	\$ 148,406
Miscellaneous	
Investments	\$ -
Return on Equity	\$ -
Laundry & Linen	\$ -
Meals Sold	\$ -
Vending Machines	\$ -
Beauty & Barber Shop	\$ -
Other (specify)	\$ -
Subtotal Miscellaneous	\$ -
Total Other Revenues	\$ 148,406
 Total Revenue [(Total Routine Revenue and Total Other Revenues) less (Medicaid payback, and other contractual adjustments)]	 \$ 6,249,379
 Net Profit (total revenue - total operating expenses)	 \$ (610,669)

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

Patient Days		Total Facility
Routine Services		
Salary - Director of Nursing	\$ 72,662	
Salary - Assist. Director of Nursing	\$ 46,592	
Salary - Staff Develop. Coordin.	\$ 62,400	
Salary - RNS	\$ 204,815	
Ventilator Coordinator /RN	\$ -	
Salary - LPNs	\$ 439,312	
Salary - Aides & Orderlies	\$ 648,386	
Salary - MDS Coordinator	\$ 45,136	
Ward Secretary	\$ 26,208	
Medical Records	\$ 6,586	
Payroll Taxes and Benefits	\$ 391,838	
Medical Director	\$ 36,500	
Training, Travel & Tuition	\$ 3,833	
Medical Supplies	\$ 25,527	
Non-legend Drugs	\$ 23,655	
Utilization Review	\$ -	
Office Supplies	\$ 31,418	
Pharmacy Consultant	\$ 15,288	
Barber/Beauty (basic hair care)	\$ -	
Contractor Outside Services	\$ 5,363	
Dep. Direct Patient Care Equip.	\$ -	
Equip. Rental Direct Pt Care Equip.	\$ -	
Other (specify)	\$ 2,184	
Revenue Offset	\$ -	
Subtotal Routine	\$ 2,087,703	
Routine Services Cost/Patient Day	\$ 109.41	
Dietary		
Salary and Wages	\$ 140,452	
Payroll Taxes and Benefits	\$ 35,113	
Training, Travel and Tuition	\$ 622	
Raw Food	\$ 162,932	
Food Supplies	\$ 30,248	
Dietary Consultant	\$ -	
Contractor Outside Services	\$ 1,797	
Other (specify)	\$ 559	
Revenue Offset	\$ -	
Subtotal Dietary	\$ 371,723	
Dietary Cost/Patient Day	\$ 19.48	

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

	Total Facility
Social Services	
Salary and Wages	\$ 62,192
Payroll Taxes and Benefits	\$ 15,548
Training, Travel and Tuition	\$ 599
Supplies	\$ 165
Social Work Consultant	\$ -
Other (specify)	\$ 228
Subtotal Social Services	\$ 78,732
Social Services Cost/Patient Day	\$ 4.13
Patient Activities	
Salary and Wages	\$ 64,480
Payroll Taxes and Benefits	\$ 16,121
Training, Travel and Tuition	\$ 260
Supplies	\$ 5,732
Activity Consultant	\$ -
Other (specify)	\$ 10,564
Subtotal Patient Activities	\$ 97,157
Patient Activities Cost/Patient Day	\$ 5.09
Laundry and Linen	
Salary and Wages	\$ 53,872
Payroll Taxes and Benefits	\$ 13,468
Training, Travel and Tuition	\$ -
Linen and Bedding	\$ 938
Supplies	\$ 6,113
Contractor Outside Services	\$ -
Other (specify) Minor Equipment	\$ -
Revenue Offset	\$ -
Subtotal Laundry and Linen	\$ 74,391
Laundry and Linen Cost/Patient Day	\$ 3.90
Housekeeping	
Salaries and Wages	\$ 139,360
Payroll Taxes and Benefits	\$ 34,840
Training, Travel and Tuition	\$ 478
Supplies	\$ 18,672
Contractor Outside Services	\$ 790
Other (specify)	\$ 181
Revenue Offset	\$ -
Subtotal Housekeeping	\$ 194,321
Housekeeping Cost/Patient Day	\$ 10.18

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

	Total Facility
Ancillary Services	
Radiology	\$ 12,798
Laboratory	\$ 9,103
Physical Therapist	\$ 113,169
PT Assistant	\$ -
PT Aide	\$ -
Occupational Therapy	\$ 90,584
Speech Therapy	\$ 36,108
Oxygen Therapy	\$ 11,928
Intravenous Fluids	\$ -
Billable Medical Supplies	\$ 24,527
Parenteral and Enteral Therapy	\$ -
Life Sustaining Equipment	\$ -
Medically Related Transportation	\$ 51,819
Other (specify)	\$ -
Subtotal Ancillary	\$ 350,036
Ancillary Cost/Patient Day	\$ 18.34
Total Direct Cost of Services	\$ 3,254,063
Total Direct Cost/Patient Day	\$ 170.53
Plant Operation and Maintenance	
Salary and Wages	\$ 63,232
Payroll Taxes and Benefits	\$ 15,808
Training, Travel and Tuition	\$ -
Supplies	\$ 12,957
Contractor Outside Services	\$ 45,700
Repair & Maint. (Equip, Bldg & Grounds)	\$ 12,285
Exterminating Services	\$ -
Utilities	\$ 38,443
Other (specify)	\$ 768
Revenue Offset	\$ 2,987
Subtotal Plant Operations & Mainten.	\$ 192,180
Plant Oper. & Mainten Cost/Patient Day	\$ 10.07

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

	Total Facility
General and Administrative	
Salary - Officers	\$ -
Salary - Administrator	\$ -
Salary - Assist. Administrator	\$ -
Salary - Pastor	\$ -
Salary - Other Office	\$ 118,560
Payroll Taxes and Benefits	\$ 29,640
Central Office Overhead	\$ -
Management Services	\$ 260,032
Director's Fees	\$ -
Training, Travel and Tuition	\$ 8,618
Promo, Public Relations, Want Ads	\$ 2,939
Telephone	\$ 9,855
Dues and Subscriptions	\$ 5,345
Insurance	\$ 43,064
Copier Expense	\$ 1,757
License Fees	\$ -
Transportation - Operating Expense	\$ 241
Office Supplies	\$ 6,818
Printing	\$ 2,831
Postage	\$ 1,533
Legal and Accounting	\$ 21,386
Income Taxes	\$ -
Data Processing	\$ -
Employee Agency Fees	\$ -
Bad Debts	\$ -
Contributions	\$ 408
Bank Service Charges	\$ 209
Interest - Operating	\$ -
Amortization of Start-up	\$ 10,000
Other (specify)	\$ 8,785
Subtotal General and Administrative	\$ 532,021
General and Admin. Cost/Patient Day	\$ 27.88

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
First Full Federal Fiscal Year of Operation

	Total Facility
Property, Ownership and Use	
Depreciation - Land Improvements	\$ -
Depreciation - Buildings/Bldg Improve.	\$ 136,952
Depreciation - Equipment	\$ 59,675
Depreciation - Leasehold Improve.	-
Depreciation - Automobiles	-
Depreciation - Direct Cap Exp Items	-
Depreciation - Nurse Aide Training	-
Rent or Lease	\$ 1,802
Equipment Rental	\$ 18,187
Mortgage, Fixed Asset Interest	-
Real Estate Taxes	-
Insurance/Fixed Asset	-
Revenue Offset	-
Other (specify)	-
Subtotal Property, Ownership & Use	\$ 216,616
Property, Ownership & Use Cost/Patient Day	\$ 11.35
Total Indirect Cost of Services	
Indirect Cost/Patient Day	\$ 940,817
Total Reimbursable Operating Expenses	\$ 49.30
Reimbursable Cost/Patient Day	\$ 4,194,880
Non-Reimbursable Costs	\$ 219.83
Dental	\$ 5,716
Barber/Beauty (excess of basic care)	-
Vending	-
Ambulance	-
Physician Fees	\$ 14,301
Patient Personal Items	-
Prescription/Legend Drugs	\$ 317,642
Other (specify)	-
Subtotal Non-Reimbursable Costs	\$ 337,659
Non-Reimbursable Cost/Patient Day	\$ 17.70
Total Operating Expenses	\$ 4,532,539
Total Operating Expense/Patient Day	\$ 237.53

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

		Total Facility
Patient Days		34,310
Routine Services		
Salary - Director of Nursing	\$	74,842
Salary - Assist. Director of Nursing	\$	68,557
Salary - Staff Develop. Coordin.	\$	64,272
Salary - RNs	\$	301,372
Ventilator Coordinator /RN	\$	-
Salary - LPNs	\$	646,416
Salary - Aides & Orderlies	\$	954,061
Salary - MDS Coordinator	\$	66,414
Ward Secretary	\$	38,564
Medical Records	\$	44,099
Payroll Taxes and Benefits	\$	561,658
Medical Director	\$	37,500
Training, Travel & Tuition	\$	6,963
Medical Supplies	\$	46,371
Non-legend Drugs	\$	42,971
Utilization Review	\$	-
Office Supplies	\$	57,074
Pharmacy Consultant	\$	22,470
Barber/Beauty (basic hair care)	\$	-
Contractor Outside Services	\$	9,744
Depr. Direct Patient Care Equip.	\$	-
Equip. Rental Direct Pt Care Equip.	\$	-
Other (specify)	\$	3,967
Revenue Offset	\$	-
Subtotal Routine	\$	3,047,315
Routine Services Cost/Patient Day	\$	88.82
Dietary		
Salary and Wages	\$	191,055
Payroll Taxes and Benefits	\$	47,764
Training, Travel and Tuition	\$	1,130
Raw Food	\$	295,979
Food Supplies	\$	54,948
Dietary Consultant	\$	-
Contractor Outside Services	\$	3,265
Other (specify)	\$	1,014
Revenue Offset	\$	-

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

	Total Facility
Subtotal Dietary	\$ 595,155
Dietary Cost/Patient Day	\$ 17.35
Social Services	
Salary and Wages	\$ 74,984
Payroll Taxes and Benefits	\$ 18,746
Training, Travel and Tuition	\$ 1,088
Supplies	\$ 301
Social Work Consultant	\$ -
Other (specify)	\$ 414
Subtotal Social Services	\$ 95,533
Social Services Cost/Patient Day	\$ 2.78
Patient Activities	
Salary and Wages	\$ 79,269
Payroll Taxes and Benefits	\$ 19,818
Training, Travel and Tuition	\$ 473
Supplies	\$ 10,413
Activity Consultant	\$ -
Other (specify)	\$ 19,190
Subtotal Patient Activities	\$ 129,163
Patient Activities Cost/Patient Day	\$ 3.76
Laundry and Linen	
Salary and Wages	\$ 79,268
Payroll Taxes and Benefits	\$ 19,817
Training, Travel and Tuition	\$ -
Linen and Bedding	\$ 1,705
Supplies	\$ 11,105
Contractor Outside Services	\$ -
Other (specify) Minor Equipment	\$ -
Revenue Offset	\$ -
Subtotal Laundry and Linen	\$ 111,895
Laundry and Linen Cost/Patient Day	\$ 3.26
Housekeeping	
Salaries and Wages	\$ 188,531
Payroll Taxes and Benefits	\$ 47,133
Training, Travel and Tuition	\$ 867
Supplies	\$ 33,919

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

	Total Facility
Contractor Outside Services	
Other (specify)	\$ 1,435
Revenue Offset	\$ 329
Subtotal Housekeeping	\$ -
Housekeeping Cost/Patient Day	\$ 272,214
	\$ 7.93
Ancillary Services	
Radiology	\$ 23,248
Laboratory	\$ 16,537
Physical Therapist	\$ 205,581
PT Assistant	\$ -
PT Aide	\$ -
Occupational Therapy	\$ 164,553
Speech Therapy	\$ 65,593
Oxygen Therapy	\$ 21,669
Intravenous Fluids	\$ -
Billable Medical Supplies	\$ 44,556
Parenteral and Enteral Therapy	\$ -
Life Sustaining Equipment	\$ -
Medically Related Transportation	\$ 94,132
Other (specify)	\$ -
Subtotal Ancillary	\$ 635,869
Ancillary Cost/Patient Day	\$ 18.53
Total Direct Cost of Services	\$ 4,887,144
Total Direct Cost/Patient Day	\$ 142.44
Plant Operation and Maintenance	
Salary and Wages	\$ 72,842
Payroll Taxes and Benefits	\$ 18,211
Training, Travel and Tuition	\$ -
Supplies	\$ 23,539
Contractor Outside Services	\$ 83,017
Repair & Maint. (Equip, Bldg & Grounds)	\$ 22,316
Exterminating Services	\$ -
Utilities	\$ 69,835
Other (specify)	\$ 1,396
Revenue Offset	\$ 5,426
Subtotal Plant Operations & Mainten.	\$ 296,582
Plant Oper. & Mainten Cost/Patient Day	\$ 8.64

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

	Total Facility
General and Administrative	
Salary - Officers	\$ -
Salary - Administrator	\$ -
Salary - Assist. Administrator	\$ -
Salary - Pastor	\$ -
Salary - Other Office	\$ 128,544
Payroll Taxes and Benefits	\$ 32,137
Central Office Overhead	\$ -
Management Services	\$ 465,068
Director's Fees	\$ -
Training, Travel and Tuition	\$ 15,655
Promo, Public Relations, Want Ads	\$ 5,339
Telephone	\$ 17,903
Dues and Subscriptions	\$ 9,709
Insurance	\$ 78,228
Copier Expense	\$ 3,193
License Fees	\$ -
Transportation - Operating Expense	\$ 439
Office Supplies	\$ 12,384
Printing	\$ 5,143
Postage	\$ 2,786
Legal and Accounting	\$ 38,850
Income Taxes	\$ -
Data Processing	\$ -
Employee Agency Fees	\$ -
Bad Debts	\$ -
Contributions	\$ 742
Bank Service Charges	\$ 381
Interest - Operating	\$ -
Amortization of Start-up	\$ 10,000
Other (specify)	\$ 15,958
Subtotal General and Administrative	\$ 842,459
General and Admin. Cost/Patient Day	\$ 24.55
Property, Ownership and Use	
Depreciation - Land Improvements	\$ -
Depreciation - Buildings/Bldg Improve.	\$ 183,024
Depreciation - Equipment	\$ 79,750
Depreciation - Leasehold Improve.	\$ -

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Second Full Federal Fiscal Year of Operation

	Total Facility
Depreciation - Automobiles	\$ -
Depreciation - Direct Cap Exp Items	\$ -
Depreciation - Nurse Aide Training	\$ -
Rent or Lease	\$ 3,274
Equipment Rental	\$ 33,038
Mortgage, Fixed Asset Interest	\$ -
Real Estate Taxes	\$ -
Insurance/Fixed Asset	\$ -
Revenue Offset	\$ -
Other (specify)	\$ -
Subtotal Property, Ownership & Use	\$ 299,086
Property, Ownership & Use Cost/Patient Day	\$ 8.72
Total Indirect Cost of Services	\$ 1,438,127
Indirect Cost/Patient Day	\$ 41.92
Total Reimbursable Operating Expenses	\$ 6,325,271
Reimbursable Cost/Patient Day	\$ 184.36
Non-Reimbursable Costs	
Dental	\$ 10,384
Barber/Beauty (excess of basic care)	\$ -
Vending	\$ -
Ambulance	\$ -
Physician Fees	\$ 25,980
Patient Personal Items	\$ -
Prescription/Legend Drugs	\$ 317,642
Other (specify)	\$ -
Subtotal Non-Reimbursable Costs	\$ 354,006
Non-Reimbursable Cost/Patient Day	\$ 10.32
Total Operating Expenses	\$ 6,679,277
Total Operating Expense/Patient Day	\$ 194.67

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

Patient Days	Total Facility
Routine Services	
Salary - Director of Nursing	\$ 77,087
Salary - Assist. Director of Nursing	\$ 70,614
Salary - Staff Develop. Coordin.	\$ 66,200
Salary - RNS	\$ 310,412
Ventilator Coordinator /RN	\$ -
Salary - LPNs	\$ 665,807
Salary - Aides & Orderlies	\$ 982,683
Salary - MDS Coordinator	\$ 68,406
Ward Secretary	\$ 39,720
Medical Records	\$ 45,422
Payroll Taxes and Benefits	\$ 578,507
Medical Director	\$ 38,750
Training, Travel & Tuition	\$ 7,172
Medical Supplies	\$ 47,762
Non-legend Drugs	\$ 44,260
Utilization Review	\$ -
Office Supplies	\$ 58,786
Pharmacy Consultant	\$ 23,100
Barber/Beauty (basic hair care)	\$ -
Contractor Outside Services	\$ 10,037
Depr. Direct Patient Care Equip.	\$ -
Equip. Rental Direct Pt Care Equip.	\$ -
Other (specify)	\$ 4,086
Revenue Offset	\$ -
Subtotal Routine	\$ 3,138,811
Routine Services Cost/Patient Day	\$ 91.48
Dietary	
Salary and Wages	\$ 196,786
Payroll Taxes and Benefits	\$ 49,197
Training, Travel and Tuition	\$ 1,164
Raw Food	\$ 304,858
Food Supplies	\$ 56,596
Dietary Consultant	\$ -
Contractor Outside Services	\$ 3,363
Other (specify)	\$ 1,044

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

	Total Facility
Revenue Offset	\$ -
Subtotal Dietary	\$ 613,008
Dietary Cost/Patient Day	\$ 17.87
Social Services	
Salary and Wages	\$ 77,234
Payroll Taxes and Benefits	\$ 19,309
Training, Travel and Tuition	\$ 1,120
Supplies	\$ 310
Social Work Consultant	\$ -
Other (specify)	\$ 426
Subtotal Social Services	\$ 98,399
Social Services Cost/Patient Day	\$ 2.87
Patient Activities	
Salary and Wages	\$ 81,648
Payroll Taxes and Benefits	\$ 20,412
Training, Travel and Tuition	\$ 487
Supplies	\$ 10,725
Activity Consultant	\$ -
Other (specify)	\$ 19,765
Subtotal Patient Activities	\$ 133,037
Patient Activities Cost/Patient Day	\$ 3.88
Laundry and Linen	
Salary and Wages	\$ 81,646
Payroll Taxes and Benefits	\$ 20,412
Training, Travel and Tuition	\$ -
Linen and Bedding	\$ 1,757
Supplies	\$ 11,439
Contractor Outside Services	\$ -
Other (specify) Minor Equipment	\$ -
Revenue Offset	\$ -
Subtotal Laundry and Linen	\$ 115,254
Laundry and Linen Cost/Patient Day	\$ 3.36
Housekeeping	
Salaries and Wages	\$ 194,189
Payroll Taxes and Benefits	\$ 48,547

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

	Total Facility
Training, Travel and Tuition	\$ 893
Supplies	\$ 34,937
Contractor Outside Services	\$ 1,478
Other (specify)	\$ 339
Revenue Offset	\$ -
Subtotal Housekeeping	\$ 280,383
Housekeeping Cost/Patient Day	\$ 8.17
Ancillary Services	
Radiology	\$ 23,945
Laboratory	\$ 17,033
Physical Therapist	\$ 211,748
PT Assistant	\$ -
PT Aide	\$ -
Occupational Therapy	\$ 169,489
Speech Therapy	\$ 67,561
Oxygen Therapy	\$ 22,319
Intravenous Fluids	\$ -
Billable Medical Supplies	\$ 45,893
Parenteral and Enteral Therapy	\$ -
Life Sustaining Equipment	\$ -
Medically Related Transportation	\$ 96,956
Other (specify)	\$ -
Subtotal Ancillary	\$ 654,944
Ancillary Cost/Patient Day	\$ 19.09
Total Direct Cost of Services	\$ 5,033,836
Total Direct Cost/Patient Day	\$ 146.72
Plant Operation and Maintenance	
Salary and Wages	\$ 75,027
Payroll Taxes and Benefits	\$ 18,757
Training, Travel and Tuition	\$ -
Supplies	\$ 24,245
Contractor Outside Services	\$ 85,508
Repair & Maint. (Equip, Bldg & Grounds)	\$ 22,986
Exterminating Services	\$ -
Utilities	\$ 71,930
Other (specify)	\$ 1,437

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

	Total Facility
Revenue Offset	\$ 5,589
Subtotal Plant Operations & Mainten.	\$ 305,479
Plant Oper. & Mainten Cost/Patient Day	\$ 8.90
General and Administrative	
Salary - Officers	\$ -
Salary - Administrator	\$ -
Salary - Assist. Administrator	\$ -
Salary - Pastor	\$ -
Salary - Other Office	\$ 132,400
Payroll Taxes and Benefits	\$ 33,101
Central Office Overhead	\$ -
Management Services	\$ 467,388
Director's Fees	\$ -
Training, Travel and Tuition	\$ 16,125
Promo, Public Relations, Want Ads	\$ 5,499
Telephone	\$ 18,440
Dues and Subscriptions	\$ 10,000
Insurance	\$ 80,575
Copier Expense	\$ 3,289
License Fees	\$ -
Transportation - Operating Expense	\$ 452
Office Supplies	\$ 12,755
Printing	\$ 5,297
Postage	\$ 2,870
Legal and Accounting	\$ 40,016
Income Taxes	\$ -
Data Processing	\$ -
Employee Agency Fees	\$ -
Bad Debts	\$ -
Contributions	\$ 764
Bank Service Charges	\$ 392
Interest - Operating	\$ -
Amortization of Start-up	\$ 10,000
Other (specify)	\$ 16,437
Subtotal General and Administrative	\$ 855,800
General and Admin. Cost/Patient Day	\$ 24.94
Property, Ownership and Use	

Veterans Home ASHEVILLE
Form C -- Pro Forma Operating Expense Statement
Third Full Federal Fiscal Year of Operation

	Total Facility
Depreciation - Land Improvements	\$ -
Depreciation - Buildings/Bldg Improve.	\$ 183,024
Depreciation - Equipment	\$ 79,750
Depreciation - Leasehold Improve.	-
Depreciation - Automobiles	-
Depreciation - Direct Cap Exp Items	-
Depreciation - Nurse Aide Training	-
Rent or Lease	\$ 3,372
Equipment Rental	\$ 34,029
Mortgage, Fixed Asset Interest	-
Real Estate Taxes	-
Insurance/Fixed Asset	-
Revenue Offset	-
Other (specify)	-
Subtotal Property, Ownership & Use	\$ 300,175
Property, Ownership & Use Cost/Patient Day	\$ 8.75
Total Indirect Cost of Services	\$ 1,461,454
Indirect Cost/Patient Day	\$ 42.60
Total Reimbursable Operating Expenses	\$ 6,495,290
Reimbursable Cost/Patient Day	\$ 189.31
Non-Reimbursable Costs	
Dental	\$ 10,695
Barber/Beauty (excess of basic care)	-
Vending	-
Ambulance	-
Physician Fees	\$ 26,759
Patient Personal Items	-
Prescription/Legend Drugs	\$ 327,172
Other (specify)	-
Subtotal Non-Reimbursable Costs	\$ 364,626
Non-Reimbursable Cost/Patient Day	\$ 10.63
Total Operating Expenses	\$ 6,859,916
Total Operating Expense/Patient Day	\$ 199.94