PROVNAME OWNERTYPE RED RCRPT RCINFL RCNEUT512 RCPDIEM512 RCAVG512 ORCRPT ORCINFL ORCPDIEM ORCAVERAGE ADMRPT ADMINFL ADMPDIEM **ADMAVERAGE** FACILITY DIBEDS **ACTCAPDAYS** MAJORMOVABLE PRICESET GFRV YLDRATE ALLOWEDTAX MEDPGROUP AUDIT **ENDDATE** COUNTYNAME SCHBEDS **CURRBEDS** ASSNPGROUP ACTDAYS DAYS90 OCCUP CMI512 MACMI512 **INFLFACT1** RCPRICE512 RCLIMIT512 RCRATE512 ORCPRICE ORCLIMIT ORCRATE ADMRATE CAPPDIEM NFRATE NFRATEMULT FINALRATE TOTAVAIL

Facility Name Owner Type Rate Effective Date Resident Care Case Mix Allowable Costs **Resident Care Inflated Allowable Costs** Resident Care CMI Neutralized Costs 5.12 Resident Care Cost Per Diem 5.12 Resident Care Average Per Diem 5.12 Other Resident Related Case Mix Allowable Costs Other Resident Related Inflated Allowable Costs Other Resident Related Cost Per Diem Other Resident Related Average Per Diem Administrative Case Mix Allowable Costs Administrative Inflated Allowable Costs Administrative Cost Per Diem Administrative Average Per Diem Fixed Property Component Allowable Beds Actual Resident Days Major Movable Property **Total Facility Value** Fair Rental Value **Financial Yield Rate** Real Estate Taxes Median Peer Group Audit Number Cost Report Year End **County Name** Beds Reported on Schedule A Licensed Beds as of 04/01/2017 Rate Peer Group **Actual Resident Days** Available Davs at 90% **Occupancy Percent** Total Facility CMI 5.12 MA CMI 5.12 Inflation Multiplier Resident Care Peer Group Price 5.12 Resident Care Limited Price 5.12 Resident Care 5.12 Rate Other Resident Related Peer Group Price 5.12 Other Resident Related Limited Price 5.12 Other Resident Related 5.12 Rate Administrative Cost Center Rate **Capital Rate** Per Diem Rate **Budget Adjustment Factor** Adjusted Per Diem Rate **Total Available Days**