

**FINANCIAL AND STATISTICAL REPORT FOR
NURSING FACILITIES AND SERVICES
UNDER THE MEDICAL ASSISTANCE PROGRAM OF THE
DEPARTMENT OF HUMAN SERVICES
COMMONWEALTH OF PENNSYLVANIA**

Certification Schedule

PART I. COST REPORT AND FACILITY INFORMATION			
LINE NO.	DESCRIPTION	RESPONSE	
(1c)	FACILITY NAME	Abington Manor	
(1d)	MA NO.	1025687210001	
(1e)	REPORT BEGIN DATE	07/01/19	
(1f)	REPORT END DATE	06/30/20	
STREET ADDRESS: 100 EDELLA ROAD			
CITY: CLARKS SUMMIT		ZIP: 18411	COUNTY: Lackawanna
PART II. FACILITY AFFILIATION INFORMATION			
LINE NO.	QUESTION	YES	NO
(2a)	Is your facility affiliated with another entity through ownership, management or contractual agreement? If "YES", submit a listing of the components of the entire entity.	X	
(2b)	If "YES", name the entity: Home Office 0 Management Company Other Controlling Entity		
(2c)	Is this a change from the last reporting period?		X
PART III. CONTACT PERSON'S INFORMATION			
LINE NO.	QUESTION		
(3a)	CONTACT PERSON'S NAME: Laura E. Hillenbrand		
(3b)	CONTACT PERSON'S TITLE: Director of Reimbursement		
(3c)	CONTACT PERSON'S EMPLOYER: Genesis HealthCare Corporation		
(3d)	CONTACT PERSON'S TELEPHONE NUMBER: 304-599-0395		
(3e)	CONTACT PERSON'S FAX NUMBER:		
(3f)	CONTACT PERSON'S E-MAIL ADDRESS: laura.hillenbrand@genesishcc.com		
PART IV. PREPARER INFORMATION			
LINE NO.	QUESTION		
(4a)	COST REPORT PREPARED BY (If Other than Facility):		
(4b)	PREPARER'S FIRM NAME (If applicable):		
(4c)	FIRM TELEPHONE NUMBER: DATE:		
(4d)	FIRM FAX NUMBER:		
(4e)	PREPARER'S E-MAIL ADDRESS:		
PART V. CERTIFICATION STATEMENT			
FACILITY OFFICER OR ADMINISTRATOR: LASHUAN BETHEA			
DATE: 10/28/2020			
FACILITY TELEPHONE NUMBER: 717-817-5675		FACILITY FAX NUMBER: 610-335-4427	
FACILITY OFFICER OR ADMINISTRATOR E-MAIL ADDRESS: LASHUAN.BETHEA@GENESISHCC.COM			
PART VI. MEDICARE INTERMEDIARY			
LINE NO.	QUESTION		
(6a)	NAME OF MEDICARE INTERMEDIARY: NOVITAS		

SUMMARY**Schedule A**

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019

MA No: 1025687210001
END: 06/30/2020

PART I. TYPE OF FACILITY		PART II. TYPE OF ORGANIZATION			
Approved as: <input type="text" value="1"/> (1) General (2) Hospital Based (3) Special Rehabilitation (4) County		Type of Organization: <input type="text" value="3"/> (1) Voluntary, Non-Profit (2) Proprietary, Individual (3) Proprietary, Partnership (4) Proprietary, Corporation (5) Proprietary, Other (6) Governmental			
PART III. STATISTICAL DATA	LINE NO.	NURSING FACILITY (A)	RESIDENTIAL & OTHER (B)	TOTAL (C)	DATE OF CHANGE (D)
Beds available at beginning of period	(1a)	119	0	119	
Changes in total beds during period	(1ba)	0	0	0	0
	(1bb)	0	0	0	0
	(1bc)	0	0	0	0
	(1bd)	0	0	0	0
Beds available at end of period	(1c)	119	0	119	
Bed days available for period	(2)	43,554	0	43,554	
Actual resident days for period (SEE INSTRUCTIONS)	(3)	39,596	0	39,596	
Percent overall occupancy (Line (3) / Line (2)) (Round to 4 decimals)	(4)	90.91 %			
Percent MA occupancy (Line (6) / Line (3)) (Round to 4 decimals)	(5)	78.77 %			
Total MA resident days of care	(6)	31,189			

SUMMARY OF RESIDENT CENSUS RECORDS**Schedule B**

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019

MA No: 1025687210001
END: 06/30/2020

DAYS OF CARE													
LINE NO.	MONTH	NURSING FACILITY MA FEE FOR SERVICE	NURSING FACILITY MA COMMUNITY HEALTHCHOICES	NURSING FACILITY MA HEALTHCHOICES	NURSING FACILITY MA LIFE	NURSING FACILITY MA HOSPICE	NURSING FACILITY MEDICARE	NURSING FACILITY ALL OTHER	RESIDENTIAL AND OTHER	TOTAL	LINE NO.	NURSING FACILITY HOSPITAL LEAVE DAYS	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)		MA	OTHER
												(K)	(L)
(1)	Jul	2,554	0	0	0	0	241	424	0	3,219	(1)	32	41
(2)	Aug	2,534	0	0	0	0	270	431	0	3,235	(2)	26	12
(3)	Sep	2,487	0	0	0	0	282	393	0	3,162	(3)	23	15
(4)	Oct	2,631	0	0	0	0	400	383	0	3,414	(4)	14	7
(5)	Nov	2,704	0	21	0	0	326	289	0	3,340	(5)	36	4
(6)	Dec	2,777	0	18	0	0	298	334	0	3,427	(6)	37	3
(7)	Jan	253	2,501	0	0	0	347	471	0	3,572	(7)	1	0
(8)	Feb	188	2,406	0	0	0	136	549	0	3,279	(8)	1	4
(9)	Mar	138	2,520	0	0	0	239	587	0	3,484	(9)	9	0
(10)	Apr	90	2,397	0	0	0	273	490	0	3,250	(10)	3	0
(11)	May	62	2,474	0	0	0	241	403	0	3,180	(11)	31	0
(12)	Jun	77	2,357	0	0	0	238	362	0	3,034	(12)	2	18
(13)	TOTAL	[1] [4] 16,495	[1] [4] 14,655	[1] [4] 39	[1] [4] 0	[1] [4] 0	[1] 3,291	[1] 5,116	[2] 0	[3] 39,596	(13)	215	104

[1] For Line 13: Column B plus Column C plus Column D plus Column E plus Column F plus Column G plus Column H must agree to Schedule A, Line 3, Column A.

[2] Line 13 Column I must agree to Schedule A, Line 3, Column B.

[3] Line 13 Column J must agree to Schedule A, Line 3, Column C.

[4] For Line 13: Column B plus Column C plus Column D plus Column E plus Column F must agree to Schedule A, Line 6, Column A.

COMPUTATION AND ALLOCATION OF ALLOWABLE COSTS

(Rounded to Nearest Dollar)

Schedule C

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019

MA No: 1025687210001
END: 06/30/2020

COST CENTERS	LINE NO.	Salary Cost (A)	Fringe Benefits (B)	Other Expenses (C)	Total Expenses (D)	Adjustments (E)	Allowable Cost (F)	ALLOCATION \$		ALLOCATION %		Allocation Basis (K)	LINE NO.
								Nursing Facility (G)	Residential & Other (H)	Nursing Facility (I)	Residential & Other (J)		
I. RESIDENT CARE COSTS													
Nursing	(1)	2,842,294	406,919	1,060,827	4,310,040	-166,336	4,143,704	4,143,704	0	1.0000	0	Direct Salary	(1)
Director of Nursing/RNAC	(2)	89,778	13,193	56,841	159,812	0	159,812	159,812	0	1.0000	0	Direct Salary	(2)
Related Clerical Staff	(3)	266,705	39,192	490	306,387	0	306,387	306,387	0	1.0000	0	% Resident Days	(3)
Practitioners	(4)	0	0	0	0	0	0	0	0	1.0000	0	Direct Salary	(4)
Medical Director	(5)	0	0	38,053	38,053	0	38,053	38,053	0	1.0000	0	Direct Salary	(5)
Social Services	(6)	97,576	14,563	0	112,139	0	112,139	112,139	0	1.0000	0	% Resident Days	(6)
Resident Activities	(7)	133,351	23,882	10,196	167,429	0	167,429	167,429	0	1.0000	0	% Resident Days	(7)
Volunteer Services	(8)	0	0	0	0	0	0	0	0	1.0000	0	0	(8)
Pharmacy-Prescription Drugs	(9)	0	0	183,318	183,318	-183,318	0					Actual Costs	(9)
Over-the-Counter Drugs	(10)	0	0	32,015	32,015	0	32,015	32,015	0	1.0000	0	Actual Costs	(10)
Medical Supplies	(11)	0	0	76,402	76,402	0	76,402	76,402	0	1.0000	0	Actual Costs	(11)
Laboratory and X-rays	(12)	0	0	46,012	46,012	-46,012	0					Actual Costs	(12)
Physical, Occupational & Speech Therapy	(13)	0	0	1,237,634	1,237,634	-673,263	564,371	564,371	0	1.0000	0	Actual Costs	(13)
Oxygen	(14)	0	0	18,748	18,748	0	18,748	18,748	0	1.0000	0	Actual Costs	(14)
Beauty and Barber Services	(15)	0	0	11,719	11,719	-10,557	1,162	1,162	0	1.0000	0	Actual Costs	(15)
RC Minor Movable Property	(16)	0	0	12,345	12,345	0	12,345	12,345	0	1.0000	0	Actual	(16)
Nurse Aide Training	(17)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(17)
Other	(18)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(18)
Other	(19)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(19)
Total Resident Care Costs	(20)	3,429,704	497,749	2,784,600	6,712,053	-1,079,486	5,632,567	5,632,567	0				(20)
II. OTHER RESIDENT RELATED													
Dietary and Food	(21)	0	0	853,684	853,684	0	853,684	853,684	0	1.0000	0	# Meals Served	(21)
Laundry & Linens	(22)	0	0	151,831	151,831	-465	151,366	151,366	0	1.0000	0	Pounds of Laundry	(22)
Housekeeping	(23)	0	0	225,227	225,227	-6,888	218,339	218,339	0	1.0000	0	Sq Ft	(23)
Plant Operation and Maintenance	(24)	76,338	13,092	260,078	349,508	-24,150	325,358	325,358	0	1.0000	0	Sq Ft	(24)
ORR Minor Movable Property	(25)	0	0	4,873	4,873	0	4,873	4,873	0	1.0000	0	Sq Ft	(25)
Other	(26)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(26)
Other	(27)	0	0	0	0	0	0	0	0	1.0000	0	Actual Costs	(27)
Total Other Resident Related Costs	(28)	76,338	13,092	1,495,693	1,585,123	-31,503	1,553,620	1,553,620	0				(28)
III. ADMINISTRATIVE COSTS													
Administrative (Schedule G)	(29)	452,359	22,709	1,217,206	1,692,274	-712,339	979,935	979,935	0	1.0000	0	Total NO Cost	(29)
Total Net Operating (NO) Costs	(30)	3,958,401	533,550	5,497,499	9,989,450	-1,823,328	8,166,122	8,166,122	0				(30)
IV. CAPITAL COSTS													
Real Estate Taxes	(31)			160,002	160,002	-2,590	157,412	157,412	0	1.0000	0	Actual	(31)
Major Movable Property	(32)			43,507	43,507	35,924	79,431	79,431	0	1.0000	0	Actual	(32)
Nursing Facility Assessment/HAI Assessment	(33)			1,033,798	1,033,798								
Depreciation	(34)			78,618	78,618								
Interest on Capital Indebtedness	(35)			0	0								
Rent on Facility	(36)			1,143,000	1,143,000								
Amortization-Capital Costs	(37)			0	0								
Other	(38)			0	0								
Total Capital Costs	(39)	2,458,925	2,458,925										
Total All Costs	(40)	3,958,401	533,550	7,956,424	12,448,375	-1,789,994							(40)

REVENUES AND ADJUSTMENTS TO REVENUES

Schedule D

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019

MA No: 1025687210001
END: 06/30/2020

REVENUES	LINE NO.	MEDICAL ASSISTANCE (A)	MEDICARE PART A (B)	MEDICARE PART B (C)	PRIVATE PAY & OTHER (D)	TOTAL GENERAL LEDGER (E)	NURSING FACILITY (F)	RESIDENTIAL & OTHER (G)	REVENUE ADJUSTMENTS TO SCHEDULE C (H)	SCHEDULE C LINE NUMBER (I)
I. RESIDENT										
Nursing Care	(1)	11,807,514	1,021,409		2,361,519	15,190,442	15,190,442	0	-2,835	Line 1
Practitioners	(2)	0	0	0	0	0	0	0	0	Line 4
Pharmacy-Prescription Drugs	(3)	5,214	75,543	0	95,645	176,402	176,402	0	-183,318	Line 9
Over-the-Counter Drugs	(4)	8,783	1,175	0	1,724	11,682	11,682	0	0	Line 10
Medical Supplies	(5)	628	14,589	0	2,946	18,163	18,163	0	0	Line 11
Laboratory and X-rays	(6)	13,744	82,039	0	30,870	126,653	126,653	0	-46,012	Line 12
Physical, Occupational & Speech Therapy	(7)	32,918	626,515	753,066	1,256,030	2,668,529	2,668,529	0	0	Line 13
Oxygen	(8)	4,905	496	0	2,102	7,503	7,503	0	0	Line 14
Beauty and Barber Services	(9)	6,070			8,985	15,055	15,055	0	-10,557	Line 15
Exceptional DME Grant Payments	(10)	0				0	0		0	Submit Schedule
Respiratory	(11)	0	0	0	0	0	0	0	0	Attach Schedule
Provider Tax - DSO Adj/Disp	(12)	0	0	0	0	0	0	0	0	0
II. OTHER										
Guest and Employee Meals	(13)				0	0	0	0	0	Line 21
Discounts	(14)				0	0			0	Line 29
Vending Machines	(15)				0	0			0	Line 29
Television	(16)				0	0	0	0	0	Line 29
Telephone	(17)				0	0	0	0	0	Line 29
Unrestricted Interest/Investment Income	(18)				0	0			0	Line 29
Miscellaneous: If any line 19 - 21 greater than \$500, provide separate detail with source & amounts	(19)	0	0	0	583,555	583,555	583,555	0	-1,051	Line 29
Laundry Income	(20)	1,005	15	0	0	1,020	1,020	0	-465	Line 22
Rental/Daycare Income	(21)	0	0	0	0	0	0	0	0	0
TOTAL: GROSS REVENUES (Add Lines 1 - 21)	(22)	11,880,781	1,821,781	753,066	4,343,376	18,799,004	18,799,004	0		
III. DEDUCTIONS FROM REVENUES										
Uncollectible Accounts	(23)	0	0	0	251,941	251,941	251,941	0	0	Line 29
Contractual Adjustments	(24)	1,724,297	599,204	0	3,205,696	5,529,197	5,529,197	0	0	0
0	(25)	0	0	0	0	0	0	0	0	0
Subtotal: Deductions	(26)	1,724,297	599,204	0	3,457,637	5,781,138	5,781,138	0		
NET REVENUE (Line 22 minus Line 26)	(27)	10,156,484	1,222,577	753,066	885,739	13,017,866	13,017,866	0		
LESS: EXPENSES (Sch. C, Line 40, Column D)	(28)					12,448,375				
NET INCOME (LOSS)	(29)					569,491				
TOTAL SCHEDULE D ADJUSTMENTS	(30a)								-244,238	
TOTAL SCHEDULE E ADJUSTMENTS	(30b)								-1,545,756	
TOTAL ADJUSTMENTS	(31)								-1,789,994	

**ADJUSTMENTS
TO EXPENSES**FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019**Schedule E**MA No: 1025687210001
END: 06/30/2020

EXPENSES	LINE NO.	EXPENSE ADJUSTMENTS TO SCHEDULE C (A)	SCHEDULE C LINE NUMBER (B)
I. NONALLOWABLE COSTS			
Direct Facility Payments	(1)	0	Submit Schedule
Non-routine Beauty & Barber Expenses	(2)	0	Line 15
Employee and Guest Meals	(3)	0	Line 21
Taxes	(4)	0	Line 29
Free Care or Discounted Services	(5)	0	Line 2
Other Interest	(6)	0	Line 29
Personal TV	(7)	0	Line 29
Various	(8)	-163,409	Line 1
II. EXPENSES NOT NECESSARY TO RESIDENT CARE			
Travel/Entertainment	(9)	0	Line 29
Dues and Subscriptions	(10)	0	Line 29
Promotional Advertising	(11)	-3,796	Line 29
Additional Expense Adjustments (Sch. E-3)	(12)	-624,960	Line 29
III. EXPENSE ADJUSTMENTS			
Part B Services	(13)	-733,289	Submit Schedule
Home Office - Adjustment to Cost	(14)	525,690	Line 29
Compensation for Services of Sole Proprietors and Partners	(15)	0	Line 29
Cost of Major Movable Property	(16)	35,924	Line 32
Real Estate Taxes	(17)	0	Line 31
Legal Fees	(18)	0	Line 29
Excess Administrative Cost (Schedule G)	(19)	-461,035	Line 29
Related Party Profit (Schedule K, Line 16)	(20)	-109,559	Various
Wound Vac	(21)	-11,322	Various
IV. NONALLOWABLE COST CENTERS			
Identify:			
Housekeeping	(22)	0	Line 23
Plant Operation & Maintenance	(23)	0	Line 24
Administrative Costs	(24)	0	Line 29
Real Estate Taxes	(25)	0	Line 31
0	(26)	0	0
TOTAL SCHEDULE E ADJUSTMENTS	(27)	-1,545,756	

DEPRECIATION**Schedule F**

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019

MA No: 1025687210001
END: 06/30/2020

PROPERTY, PLANT AND EQUIPMENT ⁽¹⁾	LINE NO.	Date Acquired (A)	Cost or Other Basis (B)	Accumulated Depreciation To Date (C)	Method of Computing Depreciation (D)	Life or Rate (E)	Depreciation Expense For Period (F)
Land	(1)	Various	0				
Buildings	(2)	Various	314,346	85,617	S/L	Various	26,497
Fixed Equipment	(3)	Various	68,282	46,189	S/L	Various	5,245
Other: Land Improvements	(4)	Various	97,172	65,106	S/L	Various	11,768
Subtotal	(5)		479,800	196,912			43,510
Movable Property	(6)	Various	612,625	463,876	S/L	Various	34,147
Other Movable (specify)	(7)	Various	45,366	43,059	S/L	Various	961
Transportation Equipment	(8)	Various	0	0	S/L	Various	0
Other: Leasehold Improveme	(9)	Various	0	0	S/L	Various	0
Other:	(10)	0	0	0	0	0	0
TOTAL	(11)		1,137,791	703,847 ⁽²⁾			78,618 ⁽³⁾

(1) Submit a schedule of additions and deletions since the last report period as outlined in Required.

Supporting Documents for PPE.

(2) Difference between Column B and Column C must equal amount shown on Schedule L, Line 13, Column A.

(3) Line 11, Column F must agree with amount shown on Schedule C, Line 34, Column D.

**ADMINISTRATIVE
COSTS****Schedule G**FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019MA No: 1025687210001
END: 06/30/2020

	LINE NO.	SALARY COST (A)	FRINGE BENEFITS (B)	OTHER EXPENSES (C)	TOTAL EXPENSES (D)
Administrator	(1)	162,455	8,155	0	170,610
Office Personnel	(2)	289,904	14,554	0	304,458
Management Fees	(3)	0	0	0	0
Home Office Costs	(4)	0	0	0	0
Professional Services	(5)	0	0	48,047	48,047
Determination of Eligibility	(6)	0	0	0	0
Gift Shop	(7)	0	0	0	0
Advertising	(8)			3,796	3,796
Travel / Entertainment	(9)			17,028	17,028
Telephone	(10)			17,187	17,187
Insurance	(11)			420,266	420,266
Other Interest	(12)			0	0
Legal Fees	(13)			0	0
Federal/State Corporate/Capital Stock Tax	(14)			1,388	1,388
Office Supplies	(15)			7,541	7,541
Amortization - Administrative Costs	(16)			0	0
Officers' Life Insurance	(17)			0	0
Admin Minor Movable Property	(18)			12,428	12,428
Other: (If greater than \$1,000, provide separate listing)	(19)			689,525	689,525
Total Administrative Costs (Schedule C, Line 29)	(20)	452,359	22,709	1,217,206	1,692,274
ADMINISTRATIVE ALLOWANCE COMPUTATION					
This computation should be made only after all other Schedule D and Schedule E adjustments.					
Total Net Operating Costs (Schedule C, Column F, Line 30)	(21)	8,627,157			
Administrative Costs (Schedule C, Column F, Line 29)	(22)	1,440,970			
Subtract Line 22 from Line 21	(23)	7,186,187			
Limit on Administrative Costs (Line 23 divided by .88)	(24)	8,166,122			
Excess Administrative Costs (Subtract Line 24 from Line 21. Enter 0 if answer is negative. Enter on Schedule E, Line 19.)	(25)	461,035			

NURSING CARE STAFFING

(Only for Nursing Facility Services)

Schedule HFACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019MA No: 1025687210001
END: 06/30/2020

EMPLOYEES						
POSITION	LINE NO.	Salary Cost / Fees (A)	Fringe Benefits (B)	Hours Paid (C)	Hours Worked (D)	Number of Full Time Employees or Equivalents at Year End (E)
Registered Nurses	(1)	605,928	86,755	16,815	15,196	8
Licensed Practical Nurses	(2)	1,018,087	145,758	35,232	33,468	17
Nurse Aides	(3)	1,218,279	174,405	63,266	57,900	30
Orderlies / Attendants	(4)	0	0	0	0	0
Other (Clerical)	(5)	0	1	0	0	0
Subtotal	(6)	2,842,294	406,919	115,313	106,564	55
REGISTRY / POOLED / CONTRACT STAFF						
Registered Nurses	(7)	142,640		3,959	3,959	2
Licensed Practical Nurses	(8)	183,863		6,362	6,362	3
Nurse Aides	(9)	435,558		22,615	22,615	11
Orderlies / Attendants	(10)	0		0	0	0
Other (specify)	(11)	0		0	0	0
Subtotal	(12)	762,061		32,936	32,936	16
Total Nursing Care	(13)	4,011,274 ^[1]		148,249	139,500	71

[1] Add Line 6, Column A; Line 6, Column B; and Line 12, Column A

**SUPPLEMENTAL
QUESTIONNAIRE****Schedule I**FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019MA No: 1025687210001
END: 06/30/2020

LINE NO.		YES	NO	LINE NO.
(1)	Has interest/investment income from sources other than donor restricted or specifically excluded by Medical Assistance Regulations been offset on Schedule D, Line 18?	X		(1)
(1a)	If "NO", please state amount of income not offset.	1		(1a)
(2)	Have all costs for nonresident meals been deducted from dietary and food expense?	X		(2)
(2a)	State actual number of meals served: Nursing facility resident meals	120,747		(2a)
(2b)	Resident days times three is <u>NOT</u> acceptable. Non-nursing facility resident meals	0		(2b)
(2c)	Employee meals	0		(2c)
(2d)	Volunteer meals	0		(2d)
(2e)	Visitor meals	0		(2e)
(2f)	Provide supporting documentation as prescribed in Other (identify): xxxxx	0		(2f)
(2g)	Required Supporting Documentation Section. Total, all meals	120,747		(2g)
(3)	Has personal laundry expense for dry cleaning, mending, or other specialty laundry services been deducted from reported laundry expense?	X		(3)
(3a)	If "NO", state total specialty laundry expense.	0		(3a)
(4)	Have any capital assets with an acquisition cost of \$500 or more been expensed in net operating costs? If "YES", submit detail and identify Schedule C line item.		X	(4)
(5)	Have any administrative expenses been included in any other allowable cost centers (e.g., telephone expense to any other category such as Nursing)? If "YES", submit a schedule showing cost category, basis of allocation, and amount allocated for each line item.		X	(5)
(6)	Does the nursing facility share costs or services with another area or entity such as a residential or personal care facility? Identify: 0 If "YES", shared costs must be allocated per Schedule C instructions.	X		(6)
(7)	What is the total square footage of the facility?	23,496		(7)
(7a)	What is the total square footage of the facility used for nursing facility services?	23,496		(7a)
(8)	Do you have any nonallowable cost centers in the facility (such as a gift shop, snack shop, administrator's or other employee's living quarters, and/or other areas not related to resident care)? Identify: 0		X	(8)
(8a)	What is the total square footage of the nonallowable cost centers?	0		(8a)
(9)	Have indirect costs applicable to nonallowable cost centers been eliminated on Schedule E?	X		(9)

**SUPPLEMENTAL
QUESTIONNAIRE****Schedule I**FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019MA No: 1025687210001
END: 06/30/2020

LINE NO.		YES	NO	LINE NO.	
(10a)	List the annual gross salaries/wages and fringe benefits and/or contracted amounts for the report period for the following personnel:				
		Salary	Fringe Benefits	Contracted	
(10a)	Administrator	162,455	8,155	0	(10a)
(10b)	Assistant/Associate Administrator	0	0	0	(10b)
(10c)	Chief Dietitian	0	0	0	(10c)
(10d)	Chief of Fiscal Services	0	0	0	(10d)
(10e)	Director of Housekeeping	0	0	0	(10e)
(10f)	Director of Nursing	89,778	12,102	0	(10f)
(10g)	Facility Engineer	43,519	5,866	0	(10g)
(10h)	All Approved Feeding Assistants while providing specific duties	0	0	0	(10h)
(11)	Does the facility employ any individuals who are related to the owner(s) or officers/directors? If "YES", submit a separate schedule identifying Name, Title and/or Function, number of hours worked per week, salaries/wages, fringe benefits, and line of Schedule C on which this is recorded.		X	(11)	
(12)	Have all personal expenses been excluded from the cost report? (Examples: direct or indirect payment for administrator's or owners/employee's living quarters or expenses, personal portion of company car, trips, conventions, meals and lodging, phone, entertainment, etc.) If "NO", please provide specific details including amounts, Schedule, and line on which this is recorded.	X		(12)	
(13)	Were there any loans, notes or advances to officers, employees, members of the Board of Directors, or owners due to the facility during the report period? If "YES", submit a separate schedule identifying to whom, amount, and interest during report period.		X	(13)	
(14)	Were there any working capital loans, notes or advances from officers, employees, members of the Board of Directors, or owners due from the facility during the report period? If "YES", submit a schedule identifying name of lender, purpose of loan, period of loan, interest rate, interest expense and balance of loan at end of report period.		X	(14)	
(15)	Has an adjustment been made for those types of expenses that were disallowed in prior audits or are otherwise nonallowable?	X		(15)	
(16)	Is the facility a Continuing Care Retirement Community (CCRC)?		X	(16)	
(17)	Is it the formal or informal policy of the facility to require an admission fee on or before the date of admission?		X	(17)	

STATEMENTS OF COMPENSATION OF OWNERS, DIRECTORS, AND RELATED INDIVIDUALS

Schedule J

SCHEDULE J COMPLETED? No

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019

MA No: 1025687210001
END: 06/30/2020

LINE NO.	NAME (A)	Reserved (B)	Title/ Function (C)	Business Organization			Time Devoted to Nursing Facility Work		Compensation Included In Allowable Cost		LINE NO.
				Type (D)	% Owned (E)	% P & L (F)	# Hours/ Week (G)	% Time/ Week (H)	\$ (I)	Schedule C Line # (J)	
(1)											(1)
(2)											(2)
(3)											(3)
(4)											(4)
(5)											(5)
(6)											(6)
(7)											(7)
(8)											(8)
(9)											(9)
(10)											(10)
(11)											(11)
(12)											(12)
(13)											(13)
(14)											(14)
(15)											(15)

**FACILITY TRANSACTIONS
WITH RELATED PARTIES****Schedule K**

SCHEDULE K COMPLETED? Yes

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019MA No: 1025687210001
END: 06/30/2020**TRANSACTIONS WITH RELATED PARTIES ARE INCLUDED IN:**

LINE NO.	Sch C Line # (A)	Sch C Amount (B)	Amount of Profit (C)	Position Service or Supply (D)	Name of Related Business (E)	EIN (F)	Owner(s) of Related Business (G)	% Ownership In Nursing Facility (H)	% Ownership In Related Business (I)	LINE NO.
(1)	29	0		Home Office	Genesis HealthCare Corp	20-0023783	Genesis HealthCare	1.0000	1.0000	(1)
(2)	35	0	0	Capital Interest	Genesis HealthCare Corp	20-0023783	Genesis HealthCare	1.0000	1.0000	(2)
(3)	1	960	92	Staffing	GEC Staffing Services	23-2739597	Genesis HealthCare	1.0000	1.0000	(3)
(4)	2	0	0	Nurse Practitioner	GEC Physician Services	06-1156428	Genesis HealthCare	1.0000	1.0000	(4)
(5)	5	32,163	0	Medical Director	GEC Physician Services	06-1156428	Genesis HealthCare	1.0000	1.0000	(5)
(6)	13	1,143,857	109,467	Therapy	GEC Rehabilitation Services	23-2446104	Genesis HealthCare	1.0000	1.0000	(6)
(7)	14	2,462	0	Therapy	Respiratory Health Services	52-2054967	Genesis HealthCare	1.0000	1.0000	(7)
(8)	0	0	0							(8)
(9)	0	0	0							(9)
(10)	0	0	0							(10)
(11)	0	0	0							(11)
(12)	0	0	0							(12)
(13)	0	0	0							(13)
(14)	0	0	0							(14)
(15)			0							(15)
(16)			109,559							(16)

Line 15 = Total Column C Profits from any additional Schedule K. Leave blank if no additional lines greater than 14 are needed.

Line 16 = Total Profit for Schedule K in Column C. Must agree with Schedule E, Line 20, Column A.

**COMPARATIVE
BALANCE SHEET****Schedule L**

SCHEDULE L COMPLETED? Yes

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019MA No: 1025687210001
END: 06/30/2020

	LINE NO.	END OF CURRENT PERIOD (A)	END OF PRIOR PERIOD (B)
CURRENT ASSETS			
Cash on hand and in banks	(1)	3,761	-10,632
Accounts and notes receivable (Less allowance 0)	(2)	1,491,611	1,654,668
Inventories (priced at 0)	(3)	47,777	43,579
Investments	(4)	0	0
Prepaid expenses	(5)	26,890	27,460
Total Current Assets	(6)	1,570,039	1,715,075
PROPERTY, PLANT AND EQUIPMENT			
Land	(7)	0	0
Buildings	(8)	314,346	306,151
Leasehold improvements	(9)	97,172	97,172
Equipment	(10)	726,273	684,138
Total property, plant and equipment	(11)	1,137,791	1,087,461
Less accumulated depreciation	(12)	703,847	625,230
Net Property, Plant and Equipment	(13)	433,944	462,231
OTHER ASSETS			
Notes receivable	(14)	0	0
Other assets	(15)	13,392,482	9,453,908
TOTAL ASSETS	(16)	15,396,465	11,631,214
CURRENT LIABILITIES			
Accounts payable	(17)	506,110	471,905
Notes payable	(18)	0	0
Accrued salaries, wages, fees payable	(19)	543,974	120,322
Deferred income	(20)	647,767	377,607
Total Current Liabilities	(21)	1,697,851	969,834
LONG-TERM LIABILITIES			
Mortgage payable	(22)	0	0
Notes payable	(23)	0	0
Other	(24)	11,462,521	8,771,435
TOTAL LIABILITIES	(25)	13,160,372	9,741,269
CAPITAL			
Owner's equity (proprietary or partnership)	(26)	-1,944,935	-1,944,935
Capital stock outstanding (corporation)	(27)	0	0
Retained earnings (R/E) - beginning of year	(28)	3,834,880	3,904,576
Current year's operating profit (loss)	(29)	569,491	-69,718
Other R/E account transactions (net)	(30)	-223,343	22
Balance, end of year	(31)	4,181,028	3,834,880
Total Capital	(32)	2,236,093	1,889,945
TOTAL LIABILITIES AND CAPITAL	(33)	15,396,465	11,631,214

**PRIVATE PAY AND
MEDICARE RATE
CERTIFICATION
STATEMENTS**

FACILITY NAME: ABINGTON MANOR
REPORT PERIOD BEGIN: 07/01/2019

Schedule MA-58

MA No: 1025687210001
END: 06/30/2020

PART I. PRIVATE PAY RATE

LINE NO.	QUESTION	YES	NO
(1a)	During the report period, did the Medical Assistance rate charged to the Department exceed the usual and customary charges made to the general public for a room?		X
(1b)	If YES, give all-inclusive or room and board plus ancillary private pay rate.		

If NO, sign and date the following certification statement that will appear on the Certification Report.

FACILITY OFFICER OR ADMINISTRATOR: LASHUAN BETHEA

DATE: 10/28/2020

PART II. MEDICARE RATE

LINE NO.	QUESTION	YES	NO
(2a)	Indicate the Medicare rate that was in effect during the MA-11 report period (submit schedule).		367.86
(2b)	Indicate the effective date of the Medicare rate.		10/01/2019
(2c)	Indicate whether the Medicare rate is an audited rate.		X

If Medicare Rate (2a) is completed, sign and date the following certification statement that will appear on the Certification Report.

FACILITY OFFICER OR ADMINISTRATOR: LASHUAN BETHEA

DATE: 10/28/2020

PART III. ADMINISTRATOR INFORMATION

LINE NO.	QUESTION
(3a)	Administrator's Name: Mike Moran
(3b)	Administrator's Telephone Number: 570-586-1002
(3c)	Administrator's Fax Number: 570-586-9244
(3d)	Administrator's E-mail Address: 0