

To: Administrator, Long Term Care Facility

From: Harry Saxe, Bureau Chief, Bureau of Long Term Care Facilities

Subject: 2006 Fiscal Year Rate Setting Report

Date: August 1, 2005

Enclosed you will find a copy of the 2006 Fiscal Year Rate Setting Report. Please note the following:

- The Summary Page continues to list only per diem amounts for each rate component. Detailed computations for each component can be found on the applicable schedule page.
- All computations are based on your desk reviewed, Calendar Year 2003 cost report as implemented to set the June 2005 rate.
- In the absence of a Calendar Year 2003 cost report, the computations are based on the information used to establish your June 30, 2005 per diem rate.
- Your new per diem rate will apply to dates of service occurring on or after July 1, 2005 through June 30, 2006.
- The annual case mix score is from Calendar Year 2003 and the quarterly case mix score is the same as the one used to set the June 2005 rate.
- Schedule 7.3 shows the \$1.95 Franchise Fee Add-on as required by H.B. 66 if you are required to pay the fee.

If you have any questions involving filed costs or calculations, please contact one of the following individuals listed below at (614) 466-9088:

Charlene Murphy
Glenn Bryan

If you have any questions regarding the Case Mix Score, please contact the Case Mix Section Help Desk at (614) 466-0594.

Enclosures:

Fiscal Year 2006

Rate Setting

Rate Setting Period: July 01, 2005 through June 30, 2006



Prepared for:

Provider Name: FAIRLAWN HAVEN
Provider Number: 0010302
Document Number: 20054000213
Date Printed: 06/28/2007
Effective Date: 07/01/2005

Prepared by:

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FAIRLAWN HAVEN

Provider Number: 0010302 Document Number: 20054000213

Fiscal Year 2006 Rate Setting

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Summary of Per Diem Rates Schedule 1.1

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON (26)

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

Percent of Occupancy: 98%

Total Inpatient Days: 35,885.5

Licensed Beds: 100 (Total Facility Licensed Beds - End of Period)

Line	Category	Schedule	Line	Allowable Rate Per Diem
1	Other Protected	2.0	10	\$ 6.94
2	Direct Care	3.0	13	\$ 85.10
3	Indirect Care	4.0	9	\$ 49.38
4	Indirect Care Efficiency Incentive	4.0	12	\$ 5.36
5	Cost of Ownership / Renovation	5.0	30	\$ 4.80
6	Cost of Ownership Efficiency Incentive	5.0	18	\$ 3.59
7	Return on Equity	5.0	27	\$ 0.00
8	Franchise Fee Add On	7.1	16	\$ 3.35
9	Stabilization Fund Add On	7.2	1	\$ 2.25
10	Total Rate - Before Adjustment			\$ 160.77
11	FY 2005 AM Sub 95 Mean Aggregate Rate \$ Per Diem Limit			\$ 10.15
12	Post AM Sub 95 Mean Aggregate Rate Adjustment			\$ 150.62
13	HB66 Franchise Fee Add-on	7.3	1	\$ 1.95
14	Total Rate - FY 2006			\$ 152.57

* Note disclosure regarding rounding to significant digits:

All calculations on this page are rounded to 2 decimal places.

Other Protected Cost Center (NF)
Schedule 2.0

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

1	Adjusted Other Protected Costs less Franchise Fee (Adjustments from Schedule 6.1 have been applied, if applicable)	\$ 210,594
2	Adjustments to Other Protected Costs - Calculated (Schedule 6.0, Ln 4)	\$ 0
3	Allowable Other Protected Costs (Ln 1 + Ln 2)	\$ 210,594

4	Inpatient Days	35,885.5
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5	Other Protected Per Diem (Ln 3 / Ln 4)	\$ 5.87
6	Inflation Factor for Other Protected	1.0079
7	Inflated Other Protected Per Diem (Ln 5 x Ln 6)	\$ 5.92

8	Adjusted Government Mandated Franchise Permit Fee Costs (Account 6091) (Adjustments from Schedule 6.1 have been applied, if applicable)	\$ 36,500
9	Government Mandated Franchise Permit Fee Per Diem (Ln 8 / Ln 4)	\$ 1.02

10	Total Other Protected Per Diem (Ln 7 + Ln 9)	\$ 6.94
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* Note disclosure regarding rounding to significant digits:
 Line 4 is rounded to 1 decimal place.
 Lines 5, 7, 9, and 10 are rounded to 2 decimal places.
 Line 6 is rounded to 4 decimal places.

Direct Care Cost Center
Schedule 3.0

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Direct Peer Group: MSA
 Rate Period: 07/01/2005 to 06/30/2006

1	Adjusted Direct Care Costs (Adjustments from Schedule 6.1 have been applied, if applicable)	\$ 2,691,002
2	Adjustments to Direct Care Costs - Calculated (Schedule 6.0, Ln 5 + Ln 6 + Ln 8)	\$ 0
3	Allowable Direct Care Costs (Ln 1 + Ln 2)	\$ 2,691,002

4	Inpatient Days	35,885.5
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5	Direct Care Per Diem (Ln 3 / Ln 4)	\$ 74.99
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6	* Annual Case Mix Score	1.6098
7	Cost Per Case Mix Unit (Ln 5 / Ln 6)	\$ 46.58
8	Peer Group Ceiling for Current FY	\$ 50.40
9	Allowable Cost Per Case Mix Unit (Lower of Ln 7 or Ln 8)	\$ 46.58

10	** Quarterly Facility Average Case Mix Score	1.7190
11	Direct Care Per Diem prior to Inflation (Ln 9 x Ln 10)	\$ 80.07
12	Inflation Factor for Direct Care	1.0628

13	Direct Care Per Diem (Ln 11 x Ln 12)	\$ 85.10
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* annual YOUR ACTUAL FACILITY CASE MIX SCORE IS BEING USED.

** quarterly YOUR ACTUAL FACILITY CASE MIX SCORE IS BEING USED.

*** Note disclosure regarding rounding to significant digits:

Line 4 is rounded to 1 decimal place.

Lines 5, 7, 8, 9, 11 and 13 are rounded to 2 decimal places.

Lines 6, 10 and 12 are rounded to 4 decimal places.

Indirect Care Cost Center
Schedule 4.0

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON
 Indirect Days: 35,885.5
 Imputed Occupancy: 85 %
 Licensed Bed Days: 36,500

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

1	Adjusted Indirect Care Costs (Adjustments from Schedule 6.1 have been applied, if applicable)	\$ 1,755,796
2	Adjustments to Indirect Care Costs - Calculated (Schedule 6.0, Sum of Lns 1-3 + Ln 7 + Ln 9)	\$ 0
3	Allowable Indirect Care Costs (Ln 1 + Ln 2)	\$ 1,755,796

4	Indirect days	35,885.5
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5	Indirect Care Per Diem (Ln 3 / Ln 4)	\$ 48.93
6	Inflation Factor for Indirect Care	1.0091
7	Inflated Indirect Care Per Diem (Ln 5 x Ln 6)	\$ 49.38
8	Peer Group Ceiling for Current FY	\$ 54.74
9	Allowable Indirect Care Per Diem (Lower of Ln 7 or Ln 8)	\$ 49.38

10	Difference between Allowable Indirect Care Per Diem and Peer Group Ceiling (Ln 8 - Ln 9; not less than 0)	\$ 5.36
11	Peer Group Efficiency Incentive Ceiling for Current FY	\$ 6.09
12	Allowable Indirect Care Efficiency Incentive Per Diem (Lower of Ln 10 or Ln 11)	\$ 5.36

13	Total Indirect Care Per Diem (Ln 9 + Ln 12)	\$ 54.74
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* Note disclosure regarding rounding to significant digits:
 Line 4 is rounded to 1 decimal place.
 Line 5 and 7 through 13 are rounded to 2 decimal places.
 Line 6 is rounded to 4 decimal places.

Capital Care Cost Center (NF)
Schedule 5.0

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON
 Capital Days: 35,885.5
 Imputed Occupancy: 95 %
 Licensed Bed Days: 36,500

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

COST OF OWNERSHIP SECTION

1	Adjusted Capital Cost of Ownership Costs (Adjustments from Schedule 6.1 have been applied, if applicable)	\$ 98,950
2	Capital Days	35,885.5

3	Cost of Ownership Per Diem (Ln 1 / Ln 2)	\$ 2.76
4	Cost of Ownership Factor	88.65 %
5	Allowable Cost of Ownership Per Diem (Ln 3 x Ln 4)	\$ 2.45

RENOVATION SECTION

6	Adjusted Renovation Costs (Adjustments from Schedule 6.1 have been applied, if applicable)	\$ 99,533
7	Renovation Per Diem (Ln 6 / Ln 2)	\$ 2.77
8	Renovation Factor	85.00 %
9	Allowable Renovation Per Diem (Ln 7 x Ln 8)	\$ 2.35

COST OF OWNERSHIP EFFICIENCY INCENTIVE

10	Cost of Ownership Efficiency Incentive Ceiling (Facility specific)	\$ 9.63
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11	Government Funded Capital Costs	\$ 0
12	Government Funded Capital Per Diem (Ln 11 / Ln 2 x Ln 4)	\$ 0.00

13	Cost of Ownership Per Diem (Ln 5 + Ln 12)	\$ 2.45
14	Difference between Efficiency Incentive Ceiling & Allowable Cost of Ownership Per Diem (Ln 10 - Ln 13; not less than 0)	\$ 7.18
15	Cost of Ownership Efficiency Incentive Factor	50.00 %
16	Cost of Ownership Efficiency Incentive Per Diem (Ln 14 x Ln 15)	\$ 3.59
17	Maximum Efficiency Incentive Ceiling for Current FY	\$ 4.24
18	Allowable Cost of Ownership Efficiency Incentive Per Diem (Lower of Ln 16 or Ln 17)	\$ 3.59

Capital Care Cost Center (NF)
Schedule 5.0

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON
 Capital Days: 35,885.5
 Imputed Occupancy: 95 %
 Licensed Bed Days: 36,500

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

RETURN ON EQUITY (ROE)

19	Equity	\$ 0
20	Months Reported	12
21	Average Equity (Ln 19 / Ln 20)	\$ 0.00
22	Rate of Return Factor	0.06047
23	Calculated Return (Ln 21 x Ln 22)	\$ 0.00

24	Equity Days	35,885.5
25	Return on Equity Per Diem (Ln 23 / Ln 24)	\$ 0.00
26	Return on Equity Maximum Per Diem	\$ 0.50
27	Allowable Return on Equity Per Diem (Lower of Ln 25 or Ln 26)	\$ 0.00

CAPITAL REIMBURSEMENT RATE

28	Cost of Ownership & Renovation Per Diem (Ln 5 + Ln 9)	\$ 4.80
29	Capital Reimbursement Limitation for Current FY	\$ 20.02
30	Capital Reimbursement prior to Efficiency Incentive & Return on Equity (Lower of Ln 28 or Ln 29)	\$ 4.80
31	Cost of Ownership Efficiency Incentive & Return on Equity (Ln 18 + Ln 27)	\$ 3.59

32	Total Capital Per Diem (Ln 30 + Ln 31)	\$ 8.39
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* Note disclosure regarding rounding to significant digits:

Lines 2 and 24 are rounded to 1 decimal place.

Lines 3, 4, 5, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18, 21, 23, and 25 through 32 are rounded to 2 decimal places.

Line 22 is rounded to 5 decimal places.

Summary of Adjustments
Schedule 6.0

Provider Number: 0010302
Provider Name: FAIRLAWN HAVEN
Document Number: 20054000213
County: FULTON

Effective Date: 07/01/2005
Run Date: 07/26/2005
Indirect Peer Group: MSA-L
Rate Period: 07/01/2005 to 06/30/2006

1	Schedule 6.2 - Administrator - Non-Coverage	\$ 0
2	Schedule 6.2 - Administrator - Ceiling	\$ 0
3	Schedule 6.2 - Administrator - Facility Ceiling	\$ 0
4	Schedule 6.3 - Owner/Relative - Other Protected	\$ 0
5	Schedule 6.3 - Owner/Relative - Direct Care	\$ 0
6	Schedule 6.3 - Owner/Relative - Direct Care for Employed Nursing Services	\$ 0
7	Schedule 6.3 - Owner/Relative - Indirect Care	\$ 0
8	Schedule 6.4 - Purchased Nursing Services	\$ 0
9	Schedule 6.5 - Out of Facility Meals	\$ 0
10	Total - Calculated Adjustments (Sum of lines 1 through 9)	\$ 0

**Administrator Disallowance Calculation - Non-Coverage
Summary Schedule 6.21**

Administrator Coverage

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

Time Slice Schedule	Name	Time Slice Dates		Days Employed	Weekly Hours	Prorated Compensation	Administrator Coverage Disallowance
		Begin	End				
6.21-1	Steven Ringenberg	01/01/2003	12/31/2003	365	34.00	\$ 68,553	\$ 0
TOTAL				365		\$ 68,553	\$ 0

**Administrator Disallowance Calculation - Non-Coverage
Schedule 6.21-1**

Administrator Coverage

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

Table 1

NAME	License Number / Social Security Number	Employment Period		Days Employed	Allowable Percentage	Weekly Hours	Compensation Amount
		Begin	End				
Steven Ringenberg	2777	01/01/2003	12/31/2003	365	150	34.00	\$ 68,553

Table 2

Time Slice 1	Time Slice Dates		Days Employed	Weekly Hours	Prorated Compensation	Administrator Coverage Disallowance
	Begin	End				
Steven Ringenberg	01/01/2003	12/31/2003	365	34.00	\$ 68,553	\$ 0
Total				34.00	\$ 68,553	\$ 0

1	Number of Certified Beds for the Facility	100
2	Number of Days in the Time Slice (Table 2)	365
3	Number of Days in the Time Slice Without Required Administrator Coverage	0
4	Number of Automatic Waived Days	0
5	Number of Waiver Days Granted	0
6	Total Non-Waived Days (Ln 3 - Ln 4 - Ln 5)	0
7	Percentage of Time Without Coverage (Ln 6 / Ln 2)	0.00 %
8	Prorated Administrator Compensation Amount (Table 2)	\$ 68,553
9	Administrator Coverage Disallowance Amount (Ln 7 x Ln 8)	\$ 0

* Note disclosure regarding rounding to significant digits:
 Line 7 is rounded to 2 decimal places.

**Administrator Disallowance Calculation - Administrator Ceiling
Summary Schedule 6.22**

Individual Administrator Compensation

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

COMPENSATION DISALLOWANCE SUMMARY

Time Slice Schedule	Name	Time Slice Dates		Days Employed	Weekly Hours In Time Slice	Certified Beds	Prorated Compensation	Individual Administrator Compensation Disallowance
		Begin	End					
6.22-1	Steven Ringenberg	01/01/2003	12/31/2003	365	34.00	100	\$ 68,553	\$ 0
TOTAL				365			\$ 68,553	\$ 0

**Administrator Disallowance Calculation - Administrator Ceiling
Summary Schedule 6.22**

Individual Administrator Compensation

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

RELATED PARTY SUMMARY

Time Slice Schedule	Related Facility's Provider Number	Time Slice Dates		Related Facility Employment Period		Related Facility Weekly Hours	Related Facility Certified Beds
		Begin	End	Begin	End		
6.22-1	None	01/01/2003	12/31/2003			0.00	0
Subtotal						0.00	0

**Administrator Disallowance Calculation - Administrator Ceiling
Schedule 6.22-1**

Individual Administrator Compensation

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

Table 1

NAME	License Number/Social Security Number	Employment Period		Days Employed	Weekly Hours	Allowance Percentage	Compensation Amount
		Begin	End				
Steven Ringenberg	2777	01/1/2003	12/31/2003	365	34.00	150	\$ 68,553

Table 2

Time Slice	1	Sequence A	Date Sequence A	Time Slice Dates		Days Employed	Prorated Compensation
				Begin	End		

1	Number of Certified Beds for the Facility	100
2	Number of Certified Beds for Related Facilities (Schedule 6.22)	0
3	Total Number of Certified Beds (Ln 1 + Ln 2)	100
4	Compensation Cost Limit	\$ 75,397
5	Allowance Percentage (Table 1)	150.00 %
6	Adjusted Compensation Cost Limit (Ln 4 x Ln 5)	\$ 113,096
7	Number of Days in the Time Slice (Table 2)	365
8	Total Days in the Calendar Year	365
9	Percent of Days Allowed (Ln 7 / Ln 8)	100.00 %
10	Time Slice Adjusted Compensation Cost Limit (Ln 6 x Ln 9)	\$ 113,096
11	Weekly Hours in the Time Slice (Table 1)	34.00
12	Related Weekly Hours in the Time Slice (Schedule 6.22)	0.00
13	Total Weekly Hours in the Time Slice (Ln 11 + Ln 12)	34.00
14	Maximum Weekly Hours (If Ln 13 >= 35, enter Ln 13; else enter 40)	40.00
15	Hours Allocation Percentage (Line 11 divided by line 14)	85.00 %
16	Final Time Slice Adjusted Compensation Cost Limit (Line 10 multiplied by line 15)	\$ 96,132
17	Prorated Administrator Compensation Amount	\$ 68,553
18	Salary Disallowance Due to Non-Coverage (From non-coverage calculation)	\$ 0
19	Adjusted Prorated Administrator Compensation Amount (Ln 17 - Ln 18)	\$ 68,553
20	Individual Administrator Compensation Disallowance (Ln 19 - Ln 16; not less than 0)	\$ 0
21	Final Adjusted Prorated Administrator Compensation Amount (Ln 19 - Ln 20)	\$ 68,553

**Purchased Nursing Adjustments
Schedule 6.4**

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

1	Adjusted Employed Nursing Services (sum of column 7 for accounts 6110, 6115, 6120, 6125, 6130) (Adjustments from Schedule 6.1 have been applied, if applicable)	\$ 1,918,107
2	Adjustments to Employed Nursing Services - Calculated (Schedule 6.0, Ln 6)	\$ 0
3	Allowable Employed Nursing Services Costs (Ln 1 + Ln 2)	\$ 1,918,107

4	Percent of Allowable Employed Nursing Services Costs	20.00 %
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5	Cost Limit for Purchased Nursing Services (Ln 3 x Ln 4)	\$ 383,621
6	Adjusted Purchased Nursing Services (sum of column 7 for accounts 6300, 6310, 6320) (Adjustments from Schedule 6.1 have been applied, if applicable)	\$ 0
7	Amount in excess of Cost Limit for Purchased Nursing Services (Ln 6 - Ln 5)	\$ 0
8	Percent used to determine Non-allowable Costs	50.00 %

9	Total Non-allowable Purchased Nursing Services costs (Ln 7 x Ln 8)	\$ 0
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* Note disclosure regarding rounding to significant digits:

Lines 4 and 8 are rounded to 2 decimal places.

Out of Facility Meal Cost Disallowance
Schedule 6.5

Provider Number: 0010302
Provider Name: FAIRLAWN HAVEN
Document Number: 20054000213
County: FULTON

Effective Date: 07/01/2005
Run Date: 07/26/2005
Indirect Peer Group: MSA-L
Rate Period: 07/01/2005 to 06/30/2006

1	State-wide Out of Facility Meal Allowance Cost Limit	\$ 5.03
2	Reported Number of Meals Purchased (Schedule C, Page 1)	0
3	Total Allowable Cost for Out of Facility Meals (Ln 1 x Ln 2)	\$ 0
4	Reported Food Out of Facility Cost (Account 7041: Schedule C, Ln 8, Col 7)	\$ 0
5	Out of Facility Meal Disallowance (Ln 4 - Ln 3; not less than 0)	\$ 0

* Note disclosure regarding rounding to significant digits:
Line 3 is rounded to 0 decimal places.

Franchise Fee Add-On
Schedule 7.1

Provider Number: 0010302
 Provider Name: FAIRLAWN HAVEN
 Document Number: 20054000213
 County: FULTON

Effective Date: 07/01/2005
 Run Date: 07/26/2005
 Indirect Peer Group: MSA-L
 Rate Period: 07/01/2005 to 06/30/2006

1	Number of Licensed Beds as of May 1st of FY	100
2	Franchise Fee Assessment per Bed	\$ 4.30
3	Number of Days in Franchise Fee Billing Period	365
4	Franchise Fee Assessment Amount (Ln 1 x Ln 2 x Ln 3)	\$ 156,950
5	Certified Beds at the end of the Cost Report Calendar Year	100
6	Ratio of Certified Beds to Licensed Beds (Ln 5 / Ln 1 ; not to exceed 1.0000)	1.0000
7	Franchise Fee Assessment for Certified Beds (Ln 6 x Ln 4)	\$ 156,950
8	Inpatient Days	35,885.5
9	Number of Calendar Days in the Cost Report Year	366
10	Number of Days Provider was open in Calendar Year	365
11	Annualized Inpatient Days ((Ln 8 x Ln 9 / Ln 10)	35,984
12	Franchise Fee Assessment Per Diem (Ln 7 / Ln 11)	\$ 4.36
13	Stabilization Fund Distribution Percentage	76.74
14	Franchise Fee Add-on Per Diem (Ln 12 x Ln 13)	\$ 3.35
15	Minimum Franchise Fee Per Diem	\$ 3.30
16	Total Franchise Fee Add-on Per Diem (Greater of Ln 14 or Ln 15)	\$ 3.35

* Note disclosure regarding rounding to significant digits:

Line 6 is rounded to 4 decimal places.

Line 8 is rounded to 1 decimal place.

Lines 12, 13, 14, 15, and 16 are rounded to 2 decimal places.

Stabilization Fund Add-On
Schedule 7.2

Provider Number: 0010302
Provider Name: FAIRLAWN HAVEN
Document Number: 20054000213
County: FULTON

Effective Date: 07/01/2005
Run Date: 07/26/2005
Indirect Peer Group: MSA-L
Rate Period: 07/01/2005 to 06/30/2006

1	AM. Sub. H.B. 266:Stabilization Fund Add-on Per Diem	\$ 2.25
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HB 66 Franchise Fee Add-on
Schedule 7.3

Provider Number: 0010302
Provider Name: FAIRLAWN HAVEN
Document Number: 20054000213
County: FULTON

Effective Date: 07/01/2005
Run Date: 07/26/2005
Indirect Peer Group: MSA-L
Rate Period: 07/01/2005 to 06/30/2006

1	AM Sub H.B. 66:Franchise Fee Add-on	\$ 1.95
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