

**AMERICAN  
DATA**

## **American Data's ECS offers EMR Flexibility for your Unique Service**





## Why You Need EMR Flexibility

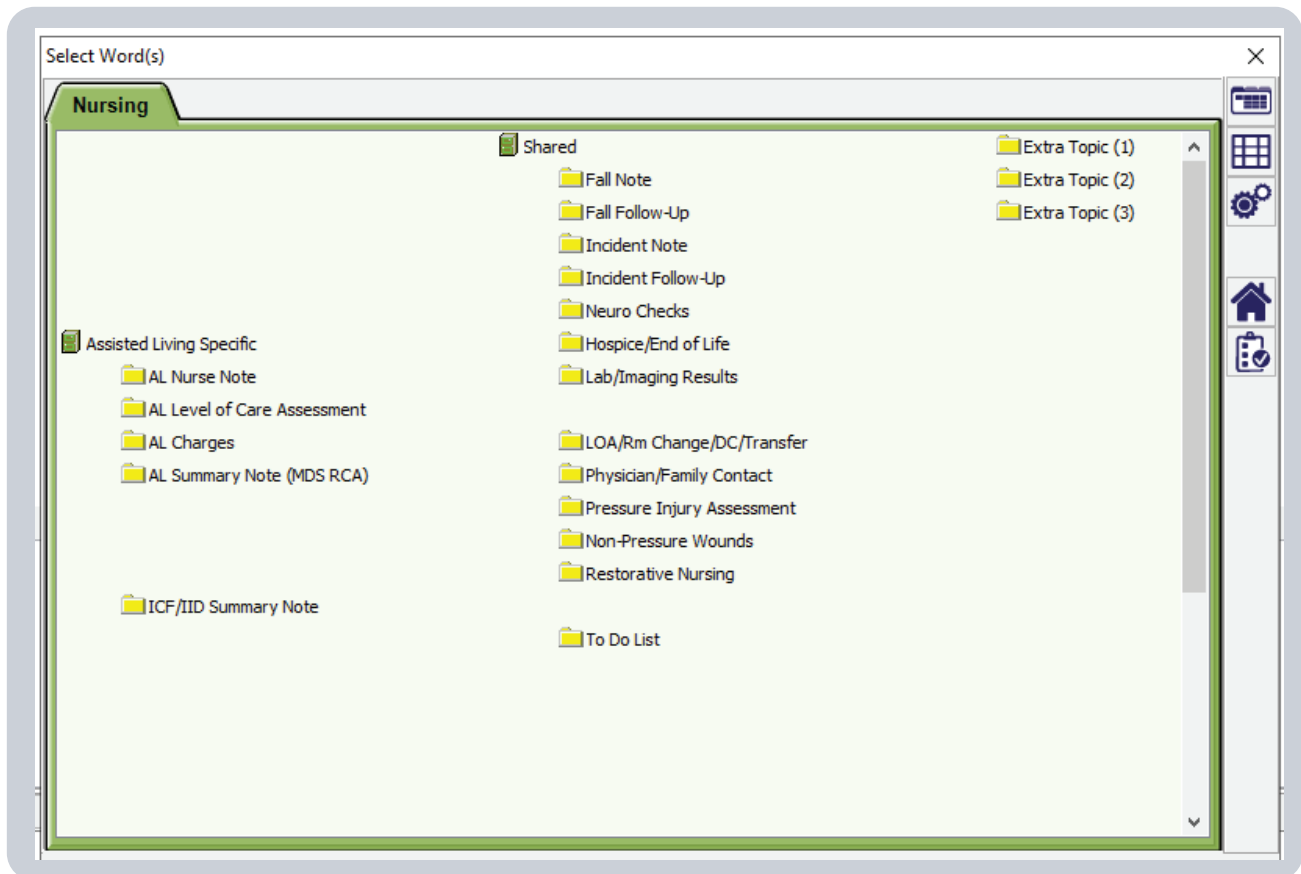
American Data's ECS is an Electronic Chart System with customizable and flexible features. Your operation is unique. We believe systems should adjust to that uniqueness, not the other way around. The ECS components for every care setting provide an integrated resident record. Whether you offer one care setting or several, ECS has a proven record to meet your needs.

### What ECS Offers

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| Nurse Charting                      | Gift Shop                       |
| eMARs/eTARs                         | Transportation                  |
| Customized Assessments              | Preventative Maintenance        |
| Service Plans                       | Activity Outing Services        |
| Care Assist Charting                | Outside Provider Services       |
| Resident Scheduling                 | Fundraising                     |
| Discharge Planning/Monitoring       | Volunteer Scheduling            |
| Marketing                           | AR/Billing                      |
| Beauty Shop Services                | Accounts Payable                |
| Human Resources                     | General Ledger                  |
| Activities, Social Service, Dietary | Browser Based Access (optional) |
| Apartment Management                |                                 |

# AL Nurse Workflow Access

AL Nurse	Daily Tasks	Face Sheet	Charting	Chart Review	Other
Nurse Main Menu	Shift Report	Client Demographics	Nurses Note	View Chart	Physician Orders
	To Do List	Admission	LOC Assessment	Reports	Service Plans
	BM List	Re-Admit	Assessments	RA Review	Schedules
	eMAR / eTAR	Discharge/ Transfer / LOA			Edit RA Assignments
		View/ Edit Face Sheet Info			Edit Nursing To Do List
		Apartment Change			Write Internal Memo



# eMARs/eTARs

**American Data - ECS** | Easy - [AL MA... | Sign - [Meds... |

Name(s): Cullen, Lois M | Tasks: Meds 0700-1030 | Dates | Notify | Script | Save | Exit

Room: 300 | Provider: Dr. Dan Smith | Code Status: DNR | Pharmacy: A's Pharmacy

Allergies: strawberries, Penicillins, No Known Drug Allergy

23% Individual | 20% Overall

Sign | Hold | Decline | Sign Out | Other | Time | Multi-Hold | Multi-Decline | Multi-Sign Out | Change | Remove

Notify

Entries

Time	Jan
	23
	Fri
0800	RSS
0800	RSS
0800	RSS
0800	
AM Site:	
0800	
AM Result:	
AM Dose:	
AM Site:	
AM	
AM WT:	14:58
as needed	
as needed	
as needed	
as needed	
as needed	14:58

Drug: Lisinopril 20MG Tablet (1 tablet / 20mg) by mouth daily 0800  
For: Hypertension

Drug: Aspirin 81MG Tablet Chewable (1 tablet / 81mg) by mouth daily 0800  
For: Thrombosis (Blood Clot)

Drug: Multiple Vitamin Tablet (1 tablet) by mouth daily 0800  
For: Vitamin Deficiency

Drug: Fentanyl 50MCG/HR Patch 72 Hour (1 patch) transdermal every three days 0800  
For: Chronic Pain  
Administration Instructions: Remove old patch and destroy before placing new patch. Cover site with tegaderm and inita/date

Drug: [Humalog][Insulin Lispro (Human)] 100UNIT/ML Solution (variable dose) sub-Q twice per day 0800 1600  
Type 1 Diabetes Mellitus

SI Insulin Directions:  
< 60 = initiate hypoglycemic protocol  
61-150 = 0 units  
151-200 = 2 units  
201-250 = 4 units  
251-300 = 6 units  
301-350 = 8 units  
351-400 = 10 units  
> 400 = 12 units call MD

Drug: [Levemir][Insulin Detemir] 100UNIT/ML Solution (fixed) sub-Q daily 0800  
Type 1 Diabetes Mellitus

TREATMENT:  
ADMINISTRATION INSTRUCTIONS:  
Weights/heights/itals: Measure weight daily AM FIRST DATE: 11/02/2015 (display on MAR)

Drug: Acetaminophen 325MG Tablet (2 tablet / 650mg) by mouth every 4 hours as needed  
For: Pain, Fever  
Administration Instructions: Not to exceed 4000 mg/24hrs

Drug: [Milk of Magnesia][Magnesium Hydroxide] 400MG/5ML Suspension (30 ml / 2400mg) by mouth daily pm  
For: Constipation

Schraufnagel, Rachel S | 14:58 | DEV

# Care Assist Charting

**American Data - ECS** | Easy - [AL Nur... | Write | Write - [Sele... |

Name(s): Cullen, Lois M | Topic(s): Nursing / AL Nurse Note / All

AL Nurse Note

PURPOSE FOR NOTE:	VITAL SIGNS	ACUTE NOTE (MISC.):	SKIN STATUS:	RESPIRATORY:	CARDIOVASCULAR STATUS:	GI/DIGESTIVE:	GU/URINE STATUS:	MUSCULOSKELE
new or sudden onset/change	BP:	Lab Results:	no skin issues	Respiratory Complaint:	Circulatory Complaint:	GI/Digestive Complaint:	Urinary Complaint:	Musculoskele
ongoing change in condition	Ortho BP:	Fever:	NEW Skin Impairment:	Respiratory Characteristics:	Circulatory Characteristics:	Abdomen:	Urinary/Renal Pain:	Musculosk
follow-up	Pulse:	Mood:	Surgical Wound:	Nasal Discharge:	Chest Pain:	Bowel Sounds:	Urine Clarity:	Movement
progress note	Respirations:	Behavior:	Abrasion/Bruise:	Cough:	Edema:	Vomitus:	Voiding Concerns:	Sw
	Temp:	* Additional behavior	Rash:	Lung Sounds:	Circulation:	Stool Output:	Peritoneal Concerns:	Preca
INTERACT Tools	Weight (lbs):	Infection/ABT:	Blister:	* Non-Pressure Wound Charting	Mucus:	Cardiac Implant/Device:	Catheter:	Positi
* Change in Cond. File Cards	Height (inches):	Isolation:	Wound:	* Pressure Injury Assessment	Oxygen:	Peripheral Pulse:	Swallowing:	Exercit
* Care Paths	Pulse Oximetry:	Medication:	Pressure Area:	Nebulizer:	Anti-anginal:	Swallowing:	Urine Sample:	Assistiv
	Blood Glucose:	COVID-19:	Other skin issue:		Diuretic/BP Med:	Colostomy:		
	Pain:				Positioning:			
	Fluid Intake:							

PURPOSE FOR NOTE: new or sudden onset/change in condition: Sinus Issues

BP: 120/75  
Pulse: 58  
Temp: 100 +

ACUTE NOTE (MISC.):  
Fever:  
SKIN STATUS:  
RESPIRATORY:

no skin issues  
Nasal Discharge:

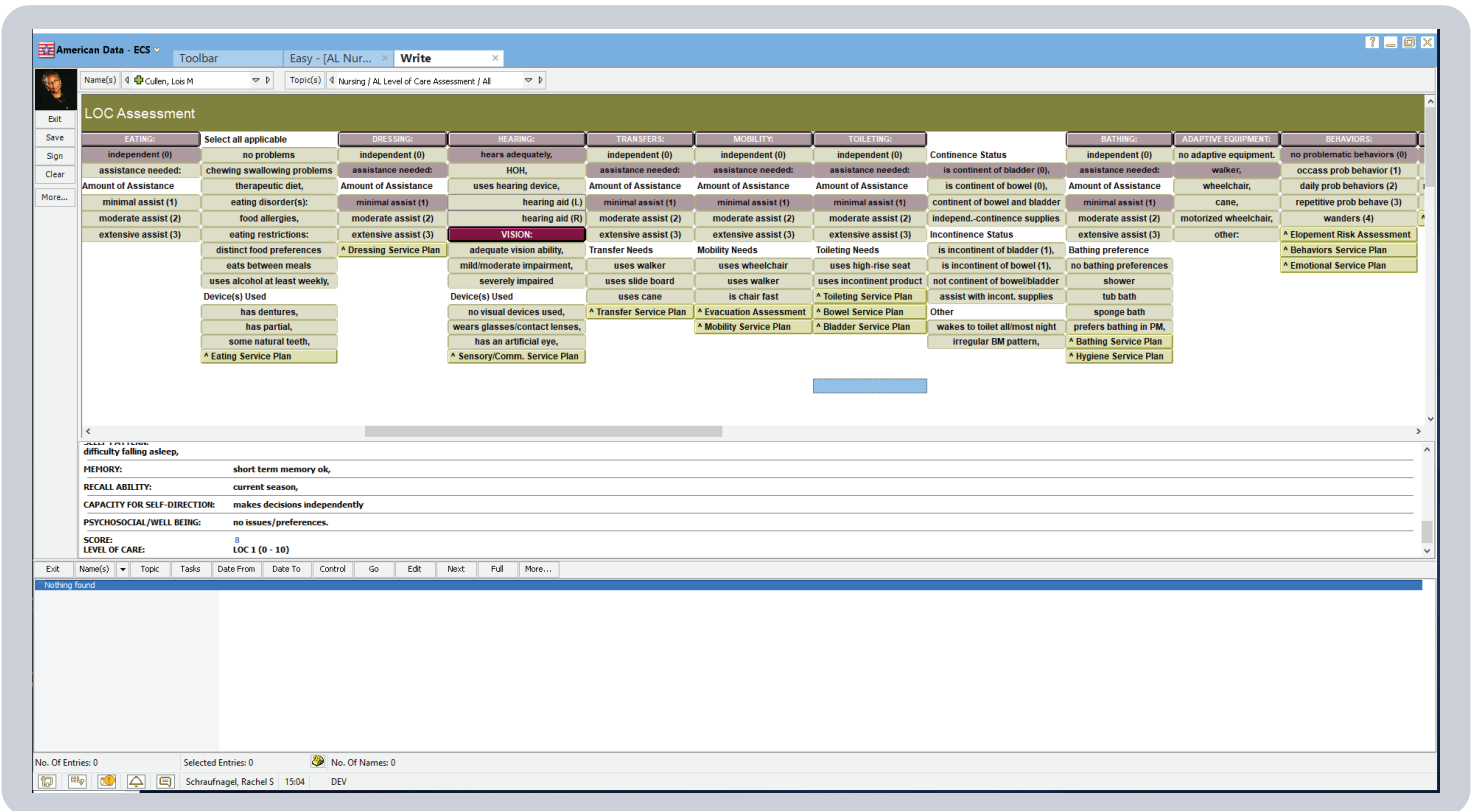
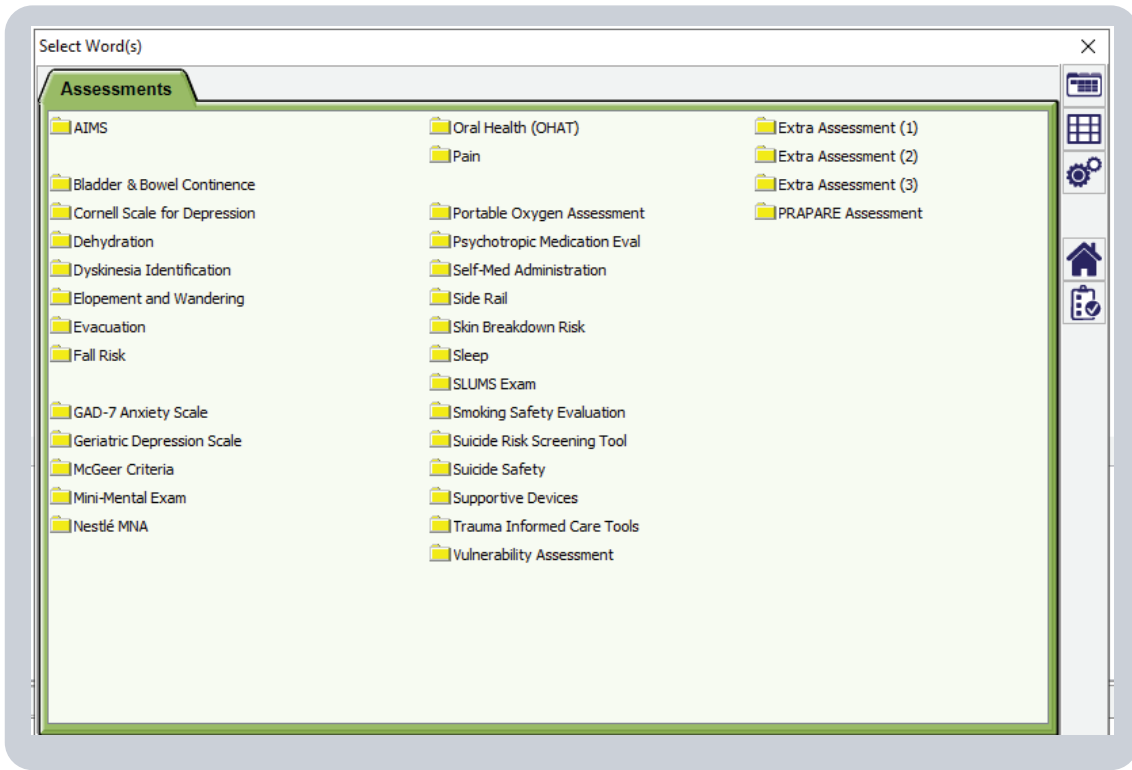
Exit | Name(s) | Topic | Tasks | Date From | Date To | Control | Go | Edit | Next | Full | More...

Nothing found

No. Of Entries: 0 | Selected Entries: 0 | No. Of Names: 0

Schraufnagel, Rachel S | 15:09 | DEV

# Customized Assessments



# Service Plans

The screenshot shows the 'Setup Topic' window in the American Data - ECS software. The window title is 'Easy - [AL Mai... Setup Topic/...'. The interface features a top menu bar with various tabs such as 'CNA', 'Financial Access', 'Diagnosis', 'Department Notes', 'Therapy', 'Face Sheet', 'Clinical Calculations', 'Schedule', 'Quality Assurance', 'Physician Orders', 'Human Resources', 'Supplies', 'Marketing', 'Environmental Services', 'AR', and 'AP'. Below the menu bar, there are several sub-tabs including 'Memo', 'AL Resident Assistant', 'AL Service Plans', 'HHC OASIS / HIS', 'HHC Charting', 'HLT', 'LeadingAge W...', 'INTERACT', 'Nursing', 'Assessments', 'MAR/TAR', 'Document Management', 'Clinical Access', 'Fund Raising', and 'Habituation Plans'. The main area of the window displays a hierarchical tree structure of service plan categories, including:
 

- Activities of Daily Living (Bathing, Dressing, Toileting, Transfers, Ambulation/Mobility, Eating/Choking, Hygiene/Grooming, IADLs)
- Bowel & Bladder (Bladder, Bowel)
- Medication & Nursing Needs (Medication Management, Medical/Nursing Needs)
- AL Service Plan Access
- Mental Health (Cognitive/Decision Making, Behavior, Emotional, ACDA, Sleep)
- Social (Social, Family/Community Contacts)
- Safety (Fall/Safety, Fire and Safety Evacuation)
- Other Service Plans (Financial, WI Significant Change Form)
- Physical Health (Pain, Physical, Sensory/Communication, Skin)
- Acute Care Plans (Medical) (CP - Circulatory, CP - Respiratory, CP - Nervous System, CP - Urinary, CP - Digestive, CP - Muscular/Skeletal, CP - Skin, CP - Endocrine, CP - Sensory, CP - Mood/Behaviors, CP - COVID-19)
- State Specific (OK Care Plan, (PA) I. Support Plan, (PA) Support Plan (201-4), (MD) Service Plan (201-4))

 The bottom status bar shows 'Schraufnagel, Rachel S 14:52 DEV'.

The screenshot shows the 'Mobility Service Plan' form in the American Data - ECS software. The window title is 'Easy - [AL RA ... Write - [Selec...'. The form is for a resident named 'Lois M' and is titled 'Mobility Service Plan'. The form is organized into several columns:
 

- NEED (Ambulation/Mobility):** Resident states: I need an assistive device; Resident is unable to ambulate, unable to climb stairs, unable to wheel wheelchair; I am unable to ambulate, unable to climb stairs, unable to wheel wheelchair.
- Resident needs:** I need a walker, cane, wheelchair, slide board, bed mobility, stair climbing, wheeling.
- an assistive device:** walker, cane, wheelchair, slide board, other adaptive equipment.
- DUE TO:** paralysis, hemiparesis, hemiparesis, weakness, unsteady gait.
- Resident wishes to:** gain independence w/ambulation, gain independence w/locomotion, gain independence w/bed mobility, gain independence w/stairs, gain independence w/mobility, not hv decline in functioning.
- SERVICES ALL TO PROVIDE:** PT consult; assist with ambulation; assist with locomotion; assist with bed mobility; assist with stairs; assist with mobility; with assistive device.
- PERSON(S) PROVIDING SERVICES:** care assistant, LPN, RN, nursing, staff.
- OUTSIDE SERVICES:** Adult Day Services, Case Management, Chore/Companion, Habilitation, Home Health/Rehabilitation, Hospice, Mental Health (outpatient), Occupational Therapy, Personal Care, Physical Therapy, Respite, Skilled Nursing, Transportation, Other.
- NEXT REVIEW DATE:** Print ISP.

 At the bottom of the form, there is a summary section:
 

NEED (Ambulation/Mobility): Resident states: Resident needs cane, unsteady gait. Resident wishes to move freely without assistance.

DUE TO: paralysis, weakness, unsteady gait.

DESIRED OUTCOME: gain independence w/ambulation, gain independence w/locomotion, gain independence w/bed mobility, gain independence w/stairs, gain independence w/mobility, not hv decline in functioning.

 The bottom status bar shows 'Schraufnagel, Rachel S 14:55 DEV'.

# Dietary

American Data - ECS

Easy - [RA Day... | Easy - [Dietary... | Write

Name(s) Cullen, Lois M Topic(s) Department Notes / Dietary Notes / All

### Dietary Notes

ASSESSMENT TYPE:	FAMILY/RESIDENT VISIT:	DIET TYPE:	ENTERAL:	LIQUIDS:	NUTRITION:	CULTURAL/RELIGIOUS PREF:	ORAL NUTRITION INTAKE, FOOD:	APPE
admission note	reviewed plan of care	controlled carbohydrate	check placement,	regular/thin liquids	fluid intake,		76-100% of est. needs met	ravenous
quarterly review	demonstrated:	clear liquid	site care,	mildly thick	change in appetite,		26-75% of est. needs met	good app
significant change	explained:	liquidised	tube feed rate:	moderately thick	difficulty chewing,		<25% of est. needs met	fair app
readmission	provided encouragement:	minced and moist	tube flush,	extremely thick	difficulty swallowing at times		* View Meal Intakes	poor app
annual review	reviewed:	soft and bite sized			encourage fluids,			very poor
progress note	developed:	no added sodium			fluid restriction,			
	teaching done regarding:	nothing by mouth (NPO)			intake less than 75%,			
		meals			no problems noted,			
		snacks			normal,			
		weight			supplements,			
		renal diet			tube feed,			
		soft						
		other:						

Exit Name(s) Topic Tasks Date From Date To Control Go Edit Next Full More...

Cullen, Lois M 09/15/1928 94 yrs F Site 1 South 300

11/02/2015 10:32:15 CKX DIET Regular

09:43:33 CKX OTHER DIAGNOSIS: Unspecified dementia, unspecified severity, with behavioral disturbance

09:41:26 CKX OTHER ICD-10 CODE: F03.91

09:39:30 CKX OTHER ICD-10 CODE: S72.0015

09:37:58 CKX SECONDARY DIAGNOSIS: Chronic systolic (congestive) heart failure

No. Of Entries: 7 Selected Entries: 0 No. Of Names: 1

Schraufnagel, Rachel S 08:43 DEV

# Discharge Planning/Monitoring

American Data - ECS

Easy - [AL ADT... | Write - [Selec...]

Name(s) Cullen, Lois M Topic(s) Department Notes / Discharge Planning (Q) / All

### Discharge Plan

ACTIVE DISCHARGE PLAN IN PLACE:	DETERMINATION RE DISCHARGE:
no	determination not made
yes	dic to community feasible
	dic to community not feasible

### Return to Community

RESIDENT ASKED ABOUT RETURN:	ASK RES DO YOU WANT TO TALK?
no	no
yes - previous response was no	yes
yes - previous resp. was yes	unknown or uncertain
yes - previous resp. was unk.	

### Referral

REFERRAL TO LOCAL AGENCY:
no - not required
no - referral not made
yes
* State of WI Form F-00311
* State of WI Referral Process

### Discharge Assessment

DISCHARGE ASSESSMENT:	FINANCIAL CONCERNS:	HEALTH CONCERNS:
LIVING SITUATION:	none	perception of prognosis:
lives home w/another person >>	has home health services	current health problems:
lives alone/support availab >>	does not have home health serv	risk factors:
lives alone/no support avail >>	other:	
nursing home		

Exit Name(s) Topic Tasks Date From Date To Control Go Edit Next Full More...

Cullen, Lois M 09/15/1928 94 yrs F Site 1 South 300

10/29/2015 09:41:02 CKX ALLERGIES: No Known Drug Allergy,

04/16/2018 10:37:08 ALLERGIES: Penicillin,

11/02/2015 09:46:46 CKX Lisinopril 20MG Tablet (1 tablet / 20mg) by mouth daily 0800

09:48:20 CKX [Aristo]Donepezil HCl 5MG Tablet (2 tablet / 10mg) by mouth daily 2000

No. Of Entries: 20 Selected Entries: 0 No. Of Names: 1

Schraufnagel, Rachel S 15:25 DEV

# Marketing

American Data - ECS

Easy - [Marketi... x] Write x

Name(s) Cullen, Lois M Topic(s) Marketing / Prospective Client Info / All

**Information** Prospect Info Sign

STATUS:	PROSPECT'S NAME:	CURRENT SITUATION:	HOW SOON NEED PLACEMENT?	APARTMENT PREFERENCE:	CARE LEVEL:	PETS:	OTHER:	Other Personal Information
Effective Date:	ADDRESS:	living at home	As soon as possible	Studio	Independent Living	bird,	uses oxygen,	Enter Contacts
Prospective	CITY:	living with relatives	1 month	Efficiency	Assisted Living	cat(s),	is a smoker,	
*High Priority	STATE:	in nursing home	2 months	1st floor apt	Skilled	dog,		
Application Pending	ZIP:	in assisted living currently	3 months	2nd floor apt	Home Health/Home Care	fish,		
Application Approved	53529		6-12 months	1 bedroom	Board and Care Home	none		
Admitted	53578		other:	2 bedroom	Alzheimer's/Dementia			
Closed	53583		tentative move in date:	Shared	Respite Care			
Check Waiting List	53901			no preference	Memory Care			
	53954			SECOND OCCUPANCY:	Tentative room:			
	90510			yes, on move in				
HOME PHONE:				yes, some time in the future				
WORK PHONE:				not sure				
CELL PHONE:				no				
EMAIL:								
CONTACT PREFERENCE:								
	E-mail,							
	Include to Mailings,							
	OK to call,							
	Do Not Call-Call Contact							

Exit Name(s) Topic Tasks Date From Date To Control Go Edit Next Full More...

Cullen, Lois M 09/15/2018 94 yrs F Site: 1 Source: 300  
 STATUS: High Priority  
 Effective Date: 04/16/2018  
 ZIP: 53583  
 CURRENT SITUATION: living at home  
 HOW SOON NEED PLACEMENT? As soon as possible

No. Of Entries: 3 Selected Entries: 0 No. Of Names: 1

Schraufnagel, Rachel S 1443 DEV

# Resident Scheduling & Activities

American Data - ECS

Easy - [Activiti... x] Write x

Name(s) Cullen, Lois M Topic(s) Department Notes / Activity Attendance / All

**Activity Attendance** Sign

ACTIVITY ATTENDER:	1:1	casino night	folding/sorting items	music: singalong	shopping	DATE:	PARTICIPATION:
DID NOT ATTEND:	baking	Catholic Rosary	fund raising	nails/manicure	special interest group		active
	balloon game	checkers	greeting cards	painting	student visit		passive
	barber	community events	happy hour	party	television		
	beauty shop/hair	cooking	holiday entertainment	pastoral visit	tending plants		declined without reason
	Bible study	crafts	home visit	pet visitation	tic tac toe		declined, not feeling well
	bingo	crocheting	horse races	picnic	van rides		declined
	bird watching	crossword	ipad	radio	visiting with others		unable to attend
	birthday party	current events	ipod	reading	voting		
	book club	decorations	knitting	resident council	walking		
	bowling	dominoes	letter writing	restaurant	Wii game		
	bunco	entertainment	movie	sacraments	worship service		
	cards	exercises	music-hymn singing	scrabble	yard games		
				other:			

ACTIVITY ATTENDER: crafts  
 DATE: 01/22/2023  
 PARTICIPATION: active

Schraufnagel, Rachel S 1447 DEV



# AR/Billing

American Data - ECS

Toolbar Easy - [(AL) Sel... Write

Name(s) Andrews, Hannah D Topic(s) Face Sheet / AL Status / All

Occupancy Status	Primary Payment Sources	Monthly Rental Fees	Monthly Member Fees	Room Type (monthly)	Level of Care (monthly)	LIABILITY	Medicaid MCO	Medicaid MCO	Re
In-house - Bedhold - MA Non-billable Bedhold Therapeutic Leave - MA Non-billable Leave Waiting List Discharged - Vacated	Self Pay (Rental) Self Pay (Member) Medicaid MCO Medicaid Insurance	1st Resident Rental Fee: effective date (1st rental):	1st Resident Member Fee: effective date (1st member):	1 Bedroom 1st Person 1 Bedroom 2nd Person 2 Bedroom 1st Person 2 Bedroom 2nd Person	Level 1 Level 2 Level 3 Level 4	effective date (liability):	MA MCO R&B Daily Rate: effective date (MCO R&B):	Medicaid MCO Payer: Payer 1 Payer 2	effect
effective date (status):	AL Daily Census Self Pay Requirements Medicaid MCO Requirements Respite Requirements Insurance Requirements Medicaid Requirements	2nd Resident Rental Fee: effective date (2nd rental):	2nd Resident Member Fee: effective date (2nd member):	effective date (Room Type):	effective date (LOC):		MA MCO LOC Daily Rate: effective date (MCO LOC):	effective date (MA MCO payer) Medicaid MCO Number: effective date (MA MCO Number) Medicaid MCO Authorization # effective date (Auth): End Date (Authorization #)	

Exit Name(s) Topic Tasks Date From Date To Control Go Edit Next Full More...

Andrews, Hannah D 12/12/1966 56 Yrs F Site 1 North 205 Client

ADMITTED FROM: Private home or apartment  
ADMISSION DATE: 10/11/2005

OCCUPANCY STATUS: In-house - effective date: 10/11/2005

PRIMARY PAYMENT SOURCES: Medicaid MCO effective date: 10/11/2005

ADMITTED FROM: Private home or apartment  
ADMISSION DATE: 06/01/2011

MA MCO R&B Daily Rate: 150.00 effective date (MCO R&B): 10/11/2005

READMITTED FROM: Acute care hospital  
READMISSION DATE: (latest) 12/27/2012  
RE-ADMISSION TIME: 04:38PM


TRANSFERRED TO: Nursing home  
TRANSFER DATE: 01/13/2014

## AL Facesheet Charting Screens

American Data - ECS

Toolbar Easy - [(AL) Sel... Preview

Exit Control Go Attach Manual Email Manual

 **AMERICAN DATA** Date: 04/29/2022 Page 1

**ASSISTED LIVING SELF PAY INVOICE**

Name: George Thompson Resident: Baker, Laura B  
Address: 234 Valley View Road Madison WI 53901 Invoice #: 26360

Balance Forward 5284.00

Payment Reference	Payment Date(s)	Charges Paid

**Current Charges**

Description	Dates of Service	Qty	Charges
Pre-Bill 1 Bedroom 1st Person	04/01/2022 - 04/09/2022	30	2600.00
Storage	03/01/2022	1.00	15.00
1st Person Tray Service	03/01/2022 - 03/31/2022	31.00	124.00
2nd Person Tray Service	03/01/2022 - 03/31/2022	31.00	124.00
Pre-Bill Cable TV	04/01/2022 - 04/09/2022	30	15.00
<b>Total</b>			<b>2778.00</b>

**TOTAL DUE 8062.00**

2 / 13

## AR AL Self Bill Pay

# Accounts Payable

**Vendor Profile**

VENDOR NAME: Alliant Energy  
 ADDRESS 1: 121 John Q. Hammons Drive  
 ADDRESS 2: Middleton  
 CITY: WI  
 STATE: 54655  
 ZIP CODE: 608-789-8745  
 PHONE: 608-789-8745  
 FEDERAL ID #

VENDOR TERMS: 30 days  
 1099 POTENTIAL: 1099  
 Bank Routing Number: [Field]  
 Bank Account Number: [Field]  
 Account Name: [Field]  
 Account Type: Checking, Savings  
 VENDOR AGREEMENT/CONTRACT: Browse for document  
 COMMENT(S): DATE OF DOCUMENT: [Field]

AP Enter Vendor Profile Data Screen

Vendor	Payables Due	Payables Paid	Date Paid
<b>AT&amp;T,</b>	<b>1.50</b>		
	11/30/2022	11/30/2022	Telephone
		1.50	
<b>Unity Health Ins.,</b>	<b>15364.33</b>		
	08/30/2022	08/30/2022	Employee Benefits
	08/30/2022	08/30/2022	Health Insurance
		5489.77	
		9874.56	
<b>Total:</b>	<b>15365.83</b>	<b>15365.83</b>	<b>0.00</b>

AP Aging

Vendor	Invoice No.	Invoice Date	Posting Date	Due Date	Description	Check Number	Payables Due	Payables Paid	Payable Account	Cash Paid	Adjustment	Account	Date Paid	Control Number
<b>AT&amp;T,</b>	<b>0.00</b>	<b>22</b>	<b>11/30/2022</b>	<b>11/30/2022</b>	<b>Telephone</b>	<b>ACH-19</b>	<b>1.50</b>	<b>1.50</b>	<b>1-1-2000</b>	<b>1.50</b>		<b>1-1-0110</b>	<b>01/23/2023</b>	<b>26567</b>
<b>Unity Health Ins.,</b>	<b>15364.33</b>													
	5489.77	896	08/30/2022	08/30/2022	08/30/2022		5489.77		1-1-2000			1-1-0110		26509
	9874.56	896	08/30/2022	08/30/2022	08/30/2022		9874.56		1-1-2000			1-1-0110		26509

AP Pay Vendors via ACH

# General Ledger

American Data - ECS | Toolbar | Easy - [(SNF/A... | General Ledger |

Analysis of Account(s) **18** using the  Fiscal Year  Calendar Year as of 01/31/2022

Compare:  Prior Year  Last Quarter / Month  Budget (current)

Account Number	Description	Account Type	Account Calculation	Balance Type
1-2-1150	Receivable (Liability)	Asset	Static	All Years
1-2-1200	Receivable (Self Pay)	Asset	Static	All Years
1-2-1500	Receivable (Insurance)	Asset	Static	All Years
1-2-1550	Receivable (Medicaid MCO)	Asset	Static	All Years
1-2-1699	TOTAL CURRENT ASSETS	Asset	Calculated	All Years
1-2-1700	OFFICE FURNITURE	Asset	Static	All Years

Beginning Balance: \$0.00

Period:  Year To Date  Quarter  Month

Period From	Period To	Account Number	Amount	Account Description
01/01/2022	01/31/2022	1-2-1200	14743.00	Receivable (Self Pay)
01/01/2022	01/31/2022		14743.00	SUB TOTAL
			185063.00	TOTAL

JOURNAL DETAILS

Posting Date	Account Number	Debit	Credit	Reference	Transaction Date	Name
01/01/2022	1-2-1100	15.00		Storage	03/22/2022	Baker, Laura B
01/01/2022	1-2-1100	15.00		Storage	03/22/2022	Johnson, Renee T
01/01/2022	1-2-1100	15.00		Storage	03/22/2022	Matthews, Clay D
01/01/2022	1-2-1100	15.00		Storage	03/22/2022	Thomas, Dwayne A
01/01/2022	1-2-1100	15.00		Storage	03/22/2022	Carter, Jimmy
01/31/2022	1-2-1200	15.00		Post-Bill Cable TV	03/22/2022	Rodriguez, Sally
01/31/2022	1-2-1200		-15.00	Reverse \$Pre Bill TV Rental	03/22/2022	Rodriguez, Sally
01/31/2022	1-2-1200	15.00		Post-Bill TV Rental	03/22/2022	Rodriguez, Sally
01/31/2022	1-2-1200		-3500.00	Reverse \$Pre Bill Room Rental	03/22/2022	Roosevelt, Eleanor
01/31/2022	1-2-1200		-713.00	Check #789	03/24/2022	Thomas, Dwayne A
01/31/2022	1-2-1200		-15.00	Reverse \$Pre Bill Cable TV	03/22/2022	Rodriguez, Sally
01/31/2022	1-2-1200	2500.00		Post-Bill 1st Resident Rental Fee:	03/22/2022	Rodriguez, Sally
01/31/2022	1-2-1200		-2500.00	Reverse \$Pre Bill Room Rental	03/22/2022	Rodriguez, Sally
01/31/2022	1-2-1200	3000.00		Post-Bill 1st Resident Rental Fee:	03/22/2022	Rodgers, Aaron
01/31/2022	1-2-1200		-3000.00	Reverse \$Pre Bill Room Rental	03/22/2022	Rodgers, Aaron
01/31/2022	1-2-1200	3500.00		Post-Bill 1st Resident Member Fee:	03/22/2022	Roosevelt, Eleanor
01/31/2022	1-2-1200		-15.00	Reverse \$Pre Bill Cable TV	03/22/2022	Roosevelt, Eleanor
01/31/2022	1-2-1200	15.00		Post-Bill Cable TV	03/22/2022	Roosevelt, Eleanor
01/31/2022	1-2-1200		-3000.00	Check #8551	03/24/2022	Rodgers, Aaron

Print Accounts | Print Details | Print Journal Details | Add Journal Entries | Reports | Bank Reconciliation | Chart Of Accounts | Recalculate | Close

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Balance Sheet Site 1/Service 2  
For Period Ending 12/31/2022

Account Description	2022	2021	Difference
<b>Current Assets</b>			
Cash in Bank	2,065,497.08	1,670,671.68	394,825.40
Cash - Security Deposit	0.00	0.00	0.00
Receivable (Medicaid)	165,927.60	222,225.00	(56,297.40)
Receivable (Liability)	(22,250.00)	(17,750.00)	(4,500.00)
Receivable (Self Pay)	110,234.00	170,320.00	(60,086.00)
Receivable (Insurance)	27,200.00	74,800.00	(47,600.00)
Receivable (Medicaid MCO)	36,000.00	61,200.00	(25,200.00)
<b>Total Current Assets</b>	<b>2,382,608.68</b>	<b>2,181,466.68</b>	<b>201,142.00</b>
<b>Fixed Assets</b>			
Office Furniture	0.00	0.00	0.00
Accum Depr - Office Furniture	0.00	0.00	0.00
Building	0.00	0.00	0.00
Accum Depr- Building	0.00	0.00	0.00
Land	0.00	0.00	0.00
<b>Total Fixed Assets</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Assets</b>	<b>2,382,608.68</b>	<b>2,181,466.68</b>	<b>201,142.00</b>
<b>Current Liabilities</b>			
Accounts Payable	0.00	0.00	0.00
Security Deposit Liability	0.00	0.00	0.00
Federal Income Tax Payable	0.00	0.00	0.00
State Income State Payable	0.00	0.00	0.00
Labor Payable	0.00	0.00	0.00
Federal Payroll Tax	0.00	0.00	0.00
State Payroll Tax	0.00	0.00	0.00
<b>Total Current Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Long Term Liabilities</b>			
Loan Payable	0.00	0.00	0.00
<b>Total Long Term Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Liabilities</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Equity</b>			
Retained Earnings			
Capital Stock			
Current Year Profit (Loss)	201,142.00	691,086.00	(489,944.00)
<b>Total Equity</b>	<b>1,691,522.68</b>	<b>2,181,466.68</b>	<b>(489,944.00)</b>
<b>Total Liabilities and Equity</b>	<b>1,691,522.68</b>	<b>2,181,466.68</b>	<b>(489,944.00)</b>

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