

Oklahoma Healthcare Authority-Nursing Home Cost Report Summary for June 30, 2025

FAC ID	FACILITY NAME	FACILITY TYPE	MEDICARE DAYS	MEDICAID DAYS	OTHER DAYS	TOTAL DAYS	AVAILABLE DAYS	OCCUPANCY RATE	SALARIES & WAGES	OUTSIDE PROFESSIONAL FEES	EMPLOYEE EXPENSES	TAXES (NON-PAYROLL)	OFFICE EXPENSES	INSURANCE EXPENSES	GENERAL EXPENSES	DRUGS & MEDICAL SUPPLIES	CAPITAL RELATED EXPENSES	ADMINISTRATIVE SERVICES	OTHER EXPENSES	TOTAL EXPENSES	SFY2025 COST PER DAY
260	NORTH WINDS LIVING CENTER	AIDS Facility	-	9,383	375	9,758	10,585	92.19%	\$ 978,072.00	\$ 629,454.00	\$ 159,998.00	\$ 13,210.00	\$ 80,151.00	\$ 13,792.00	\$ 217,953.00	\$ 54,036.00	\$ 74,981.00	\$ -	\$ 155,525.00	\$ 2,377,172.00	\$ 243.61

State of Oklahoma
Oklahoma Health Care Authority
Nursing Home Facility Cost Report Summary
AIDS Nursing Facility SFY 08 thru SFY 25 Cost Comparison

2/5/2026	SFY 2025	SFY 2024	SFY 2023	SFY 2022	SFY 2021	SFY 2020	SFY 2019	SFY 2018	SFY 2017	SFY 2016	SFY 2015	SFY 2014	SFY 2013	SFY 2012	SFY 2011	SFY 2010	SFY 2009	SFY 2008
Available Patient Days:	10,585	10,585	10,585	10,585	10,585	10,614	10,585	10,585	10,585	10,614	10,585	10,585	10,585	9,882	9,855	9,855	9,855	9,882
Total Patient Days:	9,758	10,035	9,337	7,443	7,676	7,234	9,184	9,572	9,502	9,320	9,398	9,604	9,169	8,497	8,551	7,819	8,212	8,414
Medicaid Days:	9,383	9,893	9,337	7,443	7,676	7,234	9,184	9,572	9,502	9,320	9,398	9,604	9,169	8,497	8,551	7,819	8,212	8,414
Medicare Days:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Days:	375	142	-	-	-	-	-	-	375	-	-	-	-	-	-	-	-	-
Occupancy %:	92.19%	94.80%	88.21%	70.32%	72.52%	68.16%	86.76%	90.43%	89.77%	87.81%	88.79%	90.73%	86.62%	85.98%	86.77%	79.34%	83.33%	85.14%
% of Medicaid:	96.16%	98.58%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Description:	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day
Salaries & Wages:	\$ 100.23	\$ 102.32	\$ 103.74	\$ 120.90	\$ 114.98	\$ 149.44	\$ 119.57	\$ 109.52	\$ 112.21	\$ 102.69	\$ 104.34	\$ 99.70	\$ 103.76	\$ 110.84	\$ 104.58	\$ 116.42	\$ 102.95	\$ 96.71
Outside Professional Fees:	\$ 64.51	\$ 35.87	\$ 52.52	\$ 55.64	\$ 72.55	\$ 10.53	\$ 8.34	\$ 13.47	\$ 5.05	\$ 11.76	\$ 10.72	\$ 8.14	\$ 3.86	\$ 6.85	\$ 6.60	\$ 12.58	\$ 12.68	\$ 15.27
Employee Expenses:	\$ 16.40	\$ 10.68	\$ 19.58	\$ 24.12	\$ 20.61	\$ 23.71	\$ 18.06	\$ 17.11	\$ 20.37	\$ 21.00	\$ 20.97	\$ 19.94	\$ 19.45	\$ 23.63	\$ 21.70	\$ 22.71	\$ 19.76	\$ 16.66
Taxes (Non-Payroll):	\$ 1.35	\$ 1.16	\$ 0.66	\$ 0.77	\$ 0.71	\$ 0.71	\$ 0.56	\$ 0.91	\$ 0.61	\$ 0.63	\$ 0.62	\$ 0.57	\$ 0.51	\$ 0.55	\$ 0.53	\$ 0.58	\$ 0.62	\$ 0.55
Office Expenses:	\$ 8.21	\$ 8.35	\$ 9.80	\$ 13.07	\$ 12.19	\$ 14.12	\$ 8.48	\$ 9.01	\$ 9.18	\$ 6.95	\$ 7.85	\$ 7.87	\$ 8.08	\$ 8.41	\$ 8.42	\$ 8.69	\$ 8.01	\$ 7.07
Insurance:	\$ 1.41	\$ 0.25	\$ 1.58	\$ 1.94	\$ 1.25	\$ 1.07	\$ 1.05	\$ 1.14	\$ 0.77	\$ 0.76	\$ 0.80	\$ 0.96	\$ 0.48	\$ 0.47	\$ 0.41	\$ 0.52	\$ 0.40	\$ 0.60
General Expenses:	\$ 22.34	\$ 16.50	\$ 21.28	\$ 28.67	\$ 30.04	\$ 23.55	\$ 17.99	\$ 17.90	\$ 20.30	\$ 16.16	\$ 19.62	\$ 18.71	\$ 26.11	\$ 19.60	\$ 17.10	\$ 23.05	\$ 21.53	\$ 26.59
Drugs & Medical Supplies:	\$ 5.54	\$ 4.48	\$ 6.72	\$ 6.59	\$ 17.66	\$ 7.51	\$ 6.13	\$ 5.73	\$ 6.41	\$ 4.61	\$ 4.96	\$ 7.53	\$ 5.92	\$ 6.62	\$ 7.69	\$ 6.42	\$ 7.01	\$ 4.85
Capital Related Cost:	\$ 7.68	\$ 7.03	\$ 9.70	\$ 12.34	\$ 10.72	\$ 15.93	\$ 12.26	\$ 11.68	\$ 11.78	\$ 12.01	\$ 11.94	\$ 11.74	\$ 12.29	\$ 6.02	\$ 8.88	\$ 9.71	\$ 11.27	\$ 12.41
Administrative Services:	\$ -	\$ 45.09	\$ 9.66	\$ 7.26	\$ 3.91	\$ 9.95	\$ 4.27	\$ 6.00	\$ 3.79	\$ 6.03	\$ 5.28	\$ 1.77	\$ -	\$ 0.35	\$ 1.99	\$ 2.56	\$ 2.19	\$ 5.65
Other Expenses:	\$ 15.94	\$ 15.43	\$ 15.80	\$ 15.07	\$ 13.98	\$ 13.17	\$ 12.13	\$ 11.61	\$ 11.52	\$ 11.11	\$ 11.30	\$ 11.16	\$ 9.03	\$ 7.43	\$ 7.13	\$ 7.46	\$ 7.38	\$ 7.09
Total:	\$ 243.61	\$ 247.17	\$ 251.04	\$ 286.38	\$ 298.61	\$ 269.70	\$ 208.84	\$ 204.07	\$ 202.00	\$ 193.72	\$ 198.40	\$ 188.08	\$ 189.48	\$ 190.77	\$ 185.03	\$ 210.70	\$ 193.80	\$ 193.45

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Oklahoma Health Care Authority
Nursing Home Facility Cost Report Summary
State Fiscal Year June 30, 2025

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AIDS Facilities
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Summary
SFY 25

Available Patient Days:	10,585
Total Patient Days:	9,758
Medicaid Days:	9,383
Medicare Days:	-
Other Days:	375
Occupancy %:	92.19%
% of Medicaid:	96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Salaries & Wages:	\$ 978,072.00	\$ 100.23
Outside Professional Fees:	\$ 629,454.00	\$ 64.51
Employee Expenses:	\$ 159,998.00	\$ 16.40
Taxes (Non-Payroll):	\$ 13,210.00	\$ 1.35
Office Expenses:	\$ 80,151.00	\$ 8.21
Insurance:	\$ 13,792.00	\$ 1.41
General Expenses:	\$ 217,953.00	\$ 22.34
Drugs & Medical Supplies:	\$ 54,036.00	\$ 5.54
Capital Related Cost:	\$ 74,981.00	\$ 7.68
Administrative Services:	\$ -	\$ -
Other Expenses:	\$ 155,525.00	\$ 15.94
Total:	\$ 2,377,172.00	\$ 243.61

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AIDS Facilities

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Salaries and Wages

SFY 25

Available Patient Days:	10,585
Total Patient Days:	9,758
Medicaid Days:	9,383
Medicare Days:	-
Other Days:	375

Occupancy %:	92.19%
% of Medicaid:	96.16%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Registered Nurses:	\$ 92,430.00	2,741	\$ 9.47	0.28	\$ 33.72
Licensed Practical Nurses:	\$ 161,447.00	5,188	\$ 16.55	0.53	\$ 31.12
Director of Nursing:	\$ 23,923.00	560	\$ 2.45	0.06	\$ 42.72
Nurse Aides:	\$ 237,670.00	13,068	\$ 24.36	1.34	\$ 18.19
CMA Aides:	\$ 90,427.00	4,893	\$ 9.27	0.50	\$ 18.48
QIDP'S (ICF-ID Only):	\$ -	-	\$ -	-	\$ -
Medical Director:	\$ -	-	\$ -	-	\$ -
Physical Therapist:	\$ -	-	\$ -	-	\$ -
Occupational Therapist:	\$ -	-	\$ -	-	\$ -
Respiratory Therapist:	\$ -	-	\$ -	-	\$ -
Speech Therapist:	\$ -	-	\$ -	-	\$ -
Therapy Aide/Assistant:	\$ -	-	\$ -	-	\$ -
Administrator:	\$ -	-	\$ -	-	\$ -
Assistant Administrator:	\$ -	-	\$ -	-	\$ -
Accountant/Bookkeeper:	\$ -	-	\$ -	-	\$ -
Other Office Staff:	\$ -	-	\$ -	-	\$ -
Soc Serv Dir/Soc Worker:	\$ -	-	\$ -	-	\$ -
Other Soc Serv Staff:	\$ -	-	\$ -	-	\$ -
Activities Director:	\$ -	-	\$ -	-	\$ -
Other Activities Staff:	\$ -	-	\$ -	-	\$ -
Comb Soc Serv/Activities:	\$ 81,293.00	3,542	\$ 8.33	0.36	\$ 22.95
Vocational Services Staff (ICF Only):	\$ -	-	\$ -	-	\$ -
Day Services Staff (ICF Only):	\$ -	-	\$ -	-	\$ -
subtotal	\$ 687,190.00	29,992			

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Salaries and Wages

SFY 25

Available Patient Days:	10,585
Total Patient Days:	9,758
Medicaid Days:	9,383
Medicare Days:	-
Other Days:	375

Occupancy %:	92.19%
% of Medicaid:	96.16%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Dietician:	\$ -	-	\$ -	-	\$ -
Other Dietary Staff:	\$ 179,446.00	10,557	\$ 18.39	1.08	\$ 17.00
Housekeeping Supervisor:	\$ -	-	\$ -	-	\$ -
Housekeeping Staff:	\$ 92,006.00	5,709	\$ 9.43	0.59	\$ 16.12
Maintenance Supervisor:	\$ -	-	\$ -	-	\$ -
Maintenance Staff:	\$ 19,430.00	847	\$ 1.99	0.09	\$ 22.94
Laundry Supervisor:	\$ -	-	\$ -	-	\$ -
Other Laundry Staff:	\$ -	-	\$ -	-	\$ -
Medical Records:	\$ -	-	\$ -	-	\$ -
Other:	\$ -	-	\$ -	-	\$ -
subtotal	\$ 290,882.00	17,113			
Total Salaries & Wages:	\$ 978,072.00	47,105	\$ 100.23	4.83	\$ 20.76

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AIDS Facilities

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Outside Professional Fees

SFY 25

Available Patient Days:	10,585
Total Patient Days:	9,758
Medicaid Days:	9,383
Medicare Days:	-
Other Days:	375

Occupancy %:	92.19%
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% of Medicaid:	96.16%
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<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Contract Registered Nurse:	\$ 9,660.00	\$ 0.99
Contract Lic. Practical Nurse:	\$ 110,240.00	\$ 11.30
Contract Nurse Aides:	\$ 56,405.00	\$ 5.78
Medical Director:	\$ 32,500.00	\$ 3.33
Therapists:	\$ -	\$ -
Consulting Social Worker:	\$ -	\$ -
Vocational Services Staff (ICF Only):	\$ -	\$ -
Day Services Staff (ICF Only):	\$ -	\$ -
Dietician:	\$ 2,170.00	\$ 0.22
Pharmacist:	\$ -	\$ -
Dentist:	\$ -	\$ -
Accountants:	\$ 12,419.00	\$ 1.27
Legal:	\$ 12,560.00	\$ 1.29
Housekeeping:	\$ -	\$ -
Maintenance:	\$ -	\$ -
Other:	\$ 374,887.00	\$ 38.42
Computer Programmer:	\$ 18,613.00	\$ 1.91
Total O/S Professional:	\$ 629,454.00	\$ 64.51

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AIDS Facilities

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Employee Expenses

SFY 25

Available Patient Days:	10,585
Total Patient Days:	9,758
Medicaid Days:	9,383
Medicare Days:	-
Other Days:	375
 Occupancy %:	 92.19%
% of Medicaid:	104.00%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
<u>Employee Benefits and Payroll Related Expenses</u>		
Fica:	\$ 74,823.00	\$ 7.67
Unemployment Compensation Tax:	\$ 17,271.00	\$ 1.77
Workman's Compensation Insurance:	\$ 34,497.00	\$ 3.54
Group Health Dental Insurance:	\$ 31,631.00	\$ 3.24
Life Insurance:	\$ -	\$ -
Retirement and Pension:	\$ -	\$ -
Other Employee Benefits:	\$ 1,581.00	\$ 0.16
<u>Staff Development and Training</u>		
Nurse Aide Competency Evaluation:	\$ -	\$ -
Other Licensed Direct Care Training:	\$ -	\$ -
Other:	\$ 195.00	\$ 0.02
Total	\$ 159,998.00	\$ 16.40

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AIDS Facilities

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Taxes Non-Payroll Related

SFY 25

Available Patient Days: 10,585

Total Patient Days: 9,758

Medicaid Days: 9,383

Medicare Days: -

Other Days: 375

Occupancy %: 92.19%

% of Medicaid: 96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Excise Tax:	\$ -	\$ -
Corporation License:	\$ -	\$ -
Ad Valorem:	\$ 13,210.00	\$ 1.35
Auto Tag/Registration:	\$ -	\$ -
Other:	\$ -	\$ -
Total Taxes Non-Payroll	\$ 13,210.00	\$ 1.35

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AIDS Facilities

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Office Expense

SFY 25

Available Patient Days: 10,585

Total Patient Days: 9,758

Medicaid Days: 9,383

Medicare Days: -

Other Days: 375

Occupancy %: 92.19%

% of Medicaid: 96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Office Supplies:	\$ 17,984.00	\$ 1.84
Office Phone:	\$ 15,188.00	\$ 1.56
Office Utilities:	\$ 46,979.00	\$ 4.81
Total Office Expense:	\$ 80,151.00	\$ 8.21

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AIDS Facilities

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Insurance Non-Payroll

SFY 25

Available Patient Days:	10,585
Total Patient Days:	9,758
Medicaid Days:	9,383
Medicare Days:	-
Other Days:	375
 Occupancy %:	 92.19%
% of Medicaid:	96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Building Insurance:	\$ 13,792.00	\$ 1.41
Automobile Insurance:	\$ -	\$ -
Other Insurance:	\$ -	\$ -
Total Insurance Expense:	\$ 13,792.00	\$ 1.41

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AIDS Facilities

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General Expenses

SFY 25

Available Patient Days: 10,585

Total Patient Days: 9,758

Medicaid Days: 9,383

Medicare Days: -

Other Days: 375

Occupancy %: 92.19%

% of Medicaid: 96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Dues and Publications:	\$ 12,975.00	\$ 1.33
Public Relations:	\$ -	\$ -
Automobile Expense:	\$ 29,171.00	\$ 2.99
Maintenance:	\$ 35,907.00	\$ 3.68
Laundry and Linen:	\$ 1,655.00	\$ 0.17
Housekeeping Supplies:	\$ 6,772.00	\$ 0.69
Food and Kitchen Supplies:	\$ 120,926.00	\$ 12.39
Social Services Supplies:	\$ 10,547.00	\$ 1.08
Vocational Services Cost (ICF Only):	\$ -	
Day Services Cost (ICF Only):	\$ -	
Total General Expenses:	\$ 217,953.00	\$ 22.34

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Drugs & Medical Supplies

SFY 25

Available Patient Days:	10,585
Total Patient Days:	9,758
Medicaid Days:	9,383
Medicare Days:	-
Other Days:	375
 Occupancy %:	 92.19%
% of Medicaid:	96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Drugs and Medical Supplies:	\$ 50,764.00	\$ 5.20
Oxygen and Oxygen Related Supplies	\$ 3,272.00	\$ 0.34
Over-the-Counter Medication:	\$ -	\$ -
Special Adaptive Medical Equip:	\$ -	\$ -
Total Drugs & Medical:	\$ 54,036.00	\$ 5.54

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AIDS Facilities

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Capital Related Cost

SFY 25

Available Patient Days: 10,585

Total Patient Days: 9,758

Medicaid Days: 9,383

Medicare Days: -

Other Days: 375

Occupancy %: 92.19%

% of Medicaid: 96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Equipment Rent/Lease:	\$ 14,981.00	\$ 1.54
Facility Rent/Lease:	\$ 60,000.00	\$ 6.15
Interest Expense:	\$ -	\$ -
<u>Depreciation Summary</u>		
Building & Improvements:	\$ -	\$ -
Local Improvements:	\$ -	\$ -
Leasehold & Improvements:	\$ -	\$ -
Equipment:	\$ -	\$ -
Total Depreciation:	\$ -	\$ -
Total Capital Related Costs:	\$ 74,981.00	\$ 7.68

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Administrative Services

SFY 25

Available Patient Days: 10,585

Total Patient Days: 9,758

Medicaid Days: 9,383

Medicare Days: -

Other Days: 375

Occupancy %: 92.19%

% of Medicaid: 96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Home Office Expense:	\$ -	\$ -
Owner's Non-Salary Compensation:	\$ -	\$ -
Owner's Salaries Paid:	\$ -	\$ -
Benefits on Owner's Salaries:	\$ -	\$ -
Director's Fees:	\$ -	\$ -
Management Fees Paid:	\$ -	\$ -
Total Administrative Services:	\$ -	\$ -

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Other Expenses

SFY 25

Available Patient Days:	10,585
Total Patient Days:	9,758
Medicaid Days:	9,383
Medicare Days:	-
Other Days:	375
 Occupancy %:	 92.19%
% of Medicaid:	96.16%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Hepatitis Vaccination Costs:	\$ -	\$ -
Provider Fees:	\$ 155,050.00	\$ 15.89
Other Vocational Services Cost (ICF Only):	\$ -	\$ -
Other Day Services Cost (ICF Only):	\$ -	\$ -
Other Costs:	\$ 475.00	\$ 0.05
Total Other Costs:	\$ 155,525.00	\$ 15.94