> STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Form Approved OMB No. 0938-0463 Approval Expires 12-31-2021

Worksheet S Wednesday, May 29, 2024 at 1:31:16 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

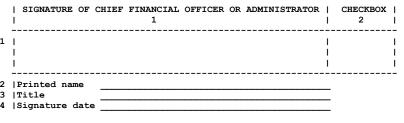
| Provider | 1. | [] | Electronically prepared | cost re | eport; | | | |
|------------|------|-----|---------------------------|---------|--------------------------|----------------------|---------------------------|------|
| | | | | | Date: | Time: | | |
| use only | 2. | [x] | Manually prepared cost r | eport | | | | |
| | 3. | [] | If this is an amended re | port er | nter the number of time: | s the provider resub | mitted this cost report | |
| | 3.01 | [] | No Medicare Utilization. | Enter | "Y" for yes or leave b | lank for no. | | |
| Contractor | 4.[|] C | ost Report Status | 6. Ca | ontractor No. | | | |
| use only | | | [1] As Submitted | 7. [|] First Cost Report Pro | ocessed by Contracto | r | |
| _ | | | [2] Settled without audit | 8. [|] Last Cost Report Pro | cessed by Contractor | | |
| | | | [3] Settled with audit | 9.[|] NPR Date: | _ | | |
| | | | [4] Reopened | 10. [|] If line 4, column 1 : | is "4": Enter number | of times reopened: | |
| | | | [5] Amended | 11. Co | ontractor Vendor Code _ | | | |
| | 5. D | ate | Received | 12. [|] Medicare Utilization | . Enter "F" for full | , "L" for low, or "N" for | none |

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Stonebridge At Montgomery Health Car (31-5486) for the cost report period beginning January 1, 2023 and ending December 31, 2023, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.



I have read and agree with the above certification statement.
 I certify that I intend my electronic signature on this
 certification statement to be the legally binding equivalent
 of my original signature.

| PART | III - SETTLEMEN | IT SUMMARY | | | Title 2 | | |
|----------|----------------------|----------------------------|----------------------------|-------------------|---------|--------|----------------|
| смs # | | | | - Title V 1 | A 2 | в З | Title XIX 4 |
| 1 4 | SNF SNF-Based HHA | | | 0 0 | 0 0 | 0 0 | 0 0 |
| 100 | Total | | | 0 | 0 | 0 | 0 |
| | E | CR Encryption Information: | PI Encryption Information: | | | | |

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection of letter is estimated to average 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents , please contact 1-800-MEDICARE.

> STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

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Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

| CMS | ED NURSING FACILITY AND SKILLED NURSING | FACILITY COMPLEX ADDRESS: | | | | |
|-------------|--|------------------------------|-----------------------|------------------------|---------------------|-------------|
| # 1 | Street / P.O. Box: | 100 Hollinshead Road | | | | |
| 2 | City / State / Zip: | SKILLMAN | NJ | 08858 | | |
| 3 | County / CBSA Code / Urban/Rural: | Somerset | 35154 | Urban | | |
| | AND SNF-BASED COMPONENT IDENTIFICATION | Somersee | 55154 | orban | Payment P., O. c | - |
| | | | | DATE | | |
| CMS | COMPONENT | COMPONENT NAME | PROVIDER | CERTIFIED | V XVII | I XIX |
| # | 0 | 1 | 2 | 3 | 4 5 | 6 |
| 4 | SNF | Stonebridge At Montgom | ery Healt 31-5486 | 11/17/2001 | P |) |
| 5 | Nursing Facility | | | | | |
| 7 | SNF-Based HHA | | | | | |
| 11 | SNF-Based OLTC | | | | | |
| 13 | Other | | | | | |
| 14 | Cost Reporting Period (mm/dd/yyyy) | | | /31/2023 | | |
| 15 | Type of Control (See Instructions) | _ | 2 | | | |
| | OF FREESTANDING SKILLED NURSING FACILITY | | | | | |
| 16 | Is this a distinct part skilled nursin | | - | | | N |
| 17 | Is this a composite distinct part skil | | | | | N |
| 18 MTSCE | Are there any costs included in Worksh CLLANEOUS COST REPORTING INFORMATION | leet A which resulted from | transactions with rel | lated organizations? | | Yes |
| 19 | | t moment enter "V" for us | a an UNU fan na | | | N |
| 19 | Is this a low Medicare Utilization cos If the response to line 19 is yes, Doe | | | ria for filing a low | | IN |
| 10 0 | 11 the response to the 19 is yes, been utilization cost report? (Y/N) | is this cost report meet yo | ur contractor s crite | ina ion nining a iow | | N |
| | CIATION - ENTER THE AMOUNT OF DEPRECIATI | ON REPORTED IN THIS SNE FO | R THE METHOD INDICATE | ED ON LINES $20 - 22$ | | IN |
| 20 | Straight Line | ION REPORTED IN THIS SHE FO. | A THE METHOD INDICAT | D ON HINES 20 22. | 6.14 | 8,554 |
| 21 | Declining Balance. | | | | 0,14 | |
| 22 | Sum of the Years' Digits | | | | | |
| 23 | Sum of lines 20 through 22 | | | | 6,14 | 8,554 |
| 24 | If depreciation is funded, enter the b | alance as of the end of the | e period. | | - , | - / |
| 25 | Were there any disposal of capital ass | | - | | | N |
| 26 | Was accelerated depreciation claimed o | on any assets in the curren | t or any prior cost 1 | report applies? | | N |
| | Did you cease to participate in the Me | dicare program at the end | of the period to whic | ch this cost report | | |
| 27 | applies (See PRM 15-1, Chapter 1)? | | - | _ | | N |
| 28 | Was there a substantial decrease in he | ealth insurance proportion | of allowable cost fro | om prior cost reports? | | N |
| | IIS FACILITY CONTAINS A PUBLIC OR NON-PUE OF COSTS OR CHARGES, ENTER 'Y' FOR EACH | | | FOR THE EXEMPTION. | | |
| | | | | | Part B | Other |
| 29 | Skilled Nursing Facility | | | No | No | |
| 30 | Nursing Facility | | | | | |
| 32 | SNF-Based HHA | | | | | |
| 36 | SNF-Based OLTC | | | | | Y/N |
| | Is the skilled nursing facility locate | d in a state that contifie | a the provider as a s | WE regardless of the | | 1/N |
| 37 | level of care given for Titles V & XI | | s the provider as a t | Mi legaluless of the | | N |
| 38 | Are you legally-required to carry malp | - | | | | N |
| | Is the malpractice a "claims-made:", o | | the policy is "claims | s-made" enter 1. If | | |
| 39 | policy is "occurrence", enter 2. | | | | | 1 |
| | What is the liability limit for the ma | alpractice policy? Enter is | n column 1 the moneta | ary limit per | | |
| 40 | lawsuit. Enter in column 2 the moneta | | | | | |
| | | | | | | Self |
| | | | | Premiums Pa | id Losses | s Insurance |
| 41 | List malpractice premiums and paid los | ses | | 85243 | | 10000 |
| | | | | | | Y/N |
| | Are malpractice premiums and paid loss | - | | | ? | |
| 42 | Enter Y or N. If yes, check box, and | | | | | N |
| | Are there any home office cost as defi | ned in CMS Pub 15-1, chapte | er 10? Enter Y for Ye | es or N for no, in col | umn | |
| 43 | 1. | | | | | Yes |
| | If line 43 = "Y", and there are costs | | r the home office cha | ain number and enter t | ne name | #40270 |
| 44 | and address of the home office on li | | | | | H48370 |
| 45 | Name / Contractor Name / Contractor Nu | | | 2301 | | |
| 16 | SPRINGPOINT SENIOR LIVING | NOVITAS | 12 | | | |
| 46 | Street / PO Box 4814 OUTLOOK DRIVE | | | | | |
| 47 | City / State / Zip | | | | | |
| | WALL TOWNSHIP | NJ | 07 | 753 | | |
| 1 | | | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486

Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part II We

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3

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionare

| Line # | | | 1 | 2 | | 3 | 4 |
|-----------|---|------------------|----------------|------------|------------|-------------|----------|
| | DER ORGANIZATION AND OPERATION | | 1 | 2 | | 3 | 4 |
| PROVID | Has the provider changed ownership immediately prior to th | o boginning of | | | | | |
| 1 | the cost reporting period? | le begrinning or | N | | | | |
| - | Has the provider terminated participation in the Medicare | Program? If | IN | | | | |
| | column 1 is yes, enter in column 3, "V" for voluntary or | | | | | | |
| 2 | involuntary | .1. 101 | N | | | | |
| 2 | Involuntary Is the provider involved in business transactions, includi | | N | | | | |
| | contracts, with individuals or entities that are related | | | | | | |
| | or its officers, medical staff, management personnel, or | • | | | | | |
| | board of directors through ownership, control, or family | | | | | | |
| 3 | | and other | Y | | | | |
| _ | similar relationships? CIAL DATA AND REPORTS | | Ĩ | | | | |
| FINAN | | | | | | | |
| | Were the financial statements prepared by a Certified Publ | | | | | | |
| | If yes, enter in column 2 "A" for Audited, "C" for Compil | | | | | | |
| | Reviewed. Submit complete copy or enter date available i | n column 3. (see | | | | | |
| 4 | instructions) If no, see instructions. | | Y | | | | |
| _ | Are the cost report total expenses and total revenues diff | | | | | | |
| 5 | on the filed financial statements? If yes, submit recond | iliation. | N | | | | |
| APPROV | ED EDUCATIONAL ACTIVITIES | | | | | | |
| | Column 1: Were costs claimed for Nursing School? Column 2: | Is the | | | | | |
| 6 | provider the legal operator of the program? | | N | | | | |
| 7 | Were costs claimed for Allied Health Programs? (see instru | | N | | | | |
| | Were approvals and/or renewals obtained during the cost re | | | | | | |
| 8 | for Nursing School and/or Allied Health Program? (see ins | structions) | N | | | | |
| BAD DI | | | | | | | |
| 9 | Is the provider seeking reimbursement for bad debts? (see | • | Y | | | | |
| | If line 9 is Yes, did the provider's bad debt collection p | olicy change | | | | | |
| 10 | during this cost reporting period? If Yes, submit copy. | | N | | | | |
| | If line 9 is Yes, are patient deductibles and/or coinsura | nce waived? If | | | | | |
| 11 | Yes, see instructions. | | N | | | | |
| | Have total beds available changed from prior cost reporting | ng period? If | | | | | |
| 12 | Yes, see instructions. | | N | | | | |
| PS&R I | | | | | | | |
| | Was the cost report prepared using the PS&R only? If yes, | • | | | | | |
| | through date of the PS&R used to prepare this cost report | . (see | | | | | |
| 13 | Instructions) | | Y | 03/25/2024 | | Y 03/25/202 | 4 |
| | Was the cost report prepared using the PS&R for total and | - | | | | | |
| | records for allocation? If yes enter the paid through da | te of the PS&R | | | | | |
| 14 | used to prepare this cost report. | | N | | 1 | N | |
| | If line 13 or 14 is yes, were adjustments made to PS&R dat | a for additional | | | | | |
| | claims that have been billed but are not included on the | PS&R used to | | | | | |
| 15 | file this cost report? If yes, see instructions. | | N | | 1 | N | |
| | If line 13 or 14 is yes, then were adjustments made to PS& | R data for | | | | | |
| 16 | corrections of other PS&R Report information? If yes, se | e instructions. | N | | 1 | N | |
| | If line 13 or 14 is yes, then were adjustments made to PS& | R data for | | | | | |
| 17 | Other? | | N | | 1 | N | |
| | Was the cost report prepared only using the provider's rec | ords? If yes, | | | | | |
| 18 | see Instructions. | | N | | 1 | N | |
| COST 1 | EPORT PREPARER CONTACT INFORMATION | | 1 | | 2 | | |
| 19 | First name/Last name/Title C | Connor | | Pliskin | | | Preparer |
| 20 | Employer. Z | immet Healthcare | Services Group | LLC | | | |
| 21 | Telephone number/Email address. 7 | 32 970-0733 | - | costreport | s@zhealthc | are.com | |
| | | | | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part I Wednesday, May 29, 2024 at 1:31:16 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

| | | No. of | Bed days - | | In | npatient Days - | | |
|-----|--------------------------|--------|------------|---------|-------------|-----------------|--------|--------|
| CMS | Component | Beds | Available | Title V | Title XVIII | Title XIX | Other | Total |
| # | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | Skilled Nursing Facility | 40 | 14,600 | 0 | 1,894 | 787 | 10,081 | 12,762 |
| 2 | Nursing Facility | 0 | 0 | 0 | | 0 | 0 | 0 |
| 4 | Home Health Agency Cost | | | 0 | 0 | 0 | 0 | 0 |
| 5 | Other Long Term Care | 0 | 0 | | | | 0 | 0 |
| 8 | Total | 40 | 14,600 | 0 | 1,894 | 787 | 10,081 | 12,762 |

| | | | | Discharges | | | | - Average Leng | th of Stay | |
|-----|--------------------------|---------|-------------|------------|-------|-------|---------|----------------|------------|--------|
| CMS | Component | Title V | Title XVIII | Title XIX | Other | Total | Title V | Title XVIII | Title XIX | Total |
| # | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 1 | Skilled Nursing Facility | 0 | 54 | 2 | 66 | 122 | 0.00 | 35.07 | 393.50 | 104.61 |
| 2 | Nursing Facility | 0 | | 0 | 0 | 0 | 0.00 | | 0.00 | 0.00 |
| 4 | Home Health Agency Cost | | | | | 0 | | | | 0.00 |
| 5 | Other Long Term Care | | | | 0 | 0 | | | | 0.00 |
| 8 | Total | 0 | 54 | 2 | 66 | 122 | 0.00 | 35.07 | 393.50 | 104.61 |

| | | | | Admissions | | | FTH | 2 2 |
|-----|--------------------------|---------|-------------|------------|-------|-------|--------|----------|
| CMS | Component | Title V | Title XVIII | Title XIX | Other | Total | Paid | Non-Paid |
| # | | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 1 | Skilled Nursing Facility | 0 | 73 | 1 | 48 | 122 | 127.71 | 0 |
| 2 | Nursing Facility | 0 | | 0 | 0 | 0 | 0.00 | 0 |
| 4 | Home Health Agency Cost | | | | | 0 | 0.00 | 0 |
| 5 | Other Long Term Care | | | | 0 | 0 | 0.00 | 0 |
| 8 | Total | 0 | 73 | 1 | 48 | 122 | 127.71 | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part II Wednesday, May 29, 2024 at 1:31:16 PM

SNF Wage Index Information

| PART 1 | II - DIRECT SALARIES | | Reclass. | | | |
|--------|--|-----------|-------------|-----------|------------|--------|
| | | | of Salaries | | Paid Hours | |
| | | Amount | from Wkst. | Adjusted | Related | Hourly |
| CMS | | Reported | A-6 | Salaries | to Salary | Wage |
| # | | 1 | 2 | 3 | 4 | 5 |
| 1 | Total Salary | 7,813,324 | 0 | 7,813,324 | 265,633.00 | 29.41 |
| 2 | Physician salaries - Part A | 0 | 0 | 0 | 0.00 | |
| 3 | Physician salaries - Part B | 0 | 0 | 0 | 0.00 | |
| 4 | Home office personnel | 0 | 0 | 0 | 0.00 | |
| 5 | Sum of lines 2 through 4 | 0 | 0 | 0 | 0.00 | |
| 6 | Revised wages (line 1 - 5) | 7,813,324 | 0 | 7,813,324 | 265,633.00 | 29.41 |
| 7 | Other Long Term Care | 0 | 0 | 0 | 0.00 | |
| 8 | Home Health Agency | 0 | 0 | 0 | 0.00 | |
| 9 | CMHC | 0 | | | 0.00 | |
| 10 | Hospice | 0 | 0 | 0 | 0.00 | |
| 11 | Other Excluded Areas | 3,152,797 | | | 117,379.00 | |
| 12 | Subtotal Excluded salary (Sum of lines 7-11) | 3,152,797 | 0 | 3,152,797 | | 26.86 |
| 13 | Total Adjusted Salaries (Line 6 - 12) | | | | 148,254.00 | |
| | OTHER WAGES AND RELATED COSTS | | | | | |
| 14 | Contract Labor: Patient Related & Mgmt | 367,399 | 0 | 367,399 | 7,640.00 | 48.09 |
| 15 | Contract Labor: Physician services - Part A | 0 | 0 | 0 | 0.00 | |
| 16 | Home office salaries & wage related costs | 1,146,198 | 0 | 1,146,198 | 18,345.00 | 62.48 |
| | WAGE RELATED COSTS | | | | | |
| 17 | Wage related costs (See Part IV) | 1,805,175 | 0 | 1,805,175 | | |
| 18 | Wage related costs (See Part IV) | 0 | 0 | 0 | | |
| 19 | Wage related costs (excluded units) | 728,416 | 0 | 728,416 | | |
| 20 | Physicians Part A - WRC | 0 | | 0 | | |
| 21 | Physicians Part B - WRC | 0 | 0 | 0 | | |
| 22 | Total Adjusted Wage Related cost | 1,076,759 | 0 | 1,076,759 | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part III Wednesday, May 29, 2024 at 1:31:16 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

| PART | III - OVERHEAD COSTS - DIRECT SALARIES | | | | | |
|------|--|--------------|-------------|-----------|------------|---------|
| | | | Reclass. | | | |
| | | | of Salaries | | Paid Hours | Average |
| | | Amount | from Wkst. | Adjusted | Related | Hourly |
| CMS | | Reported | A-6 | Salaries | to Salary | Wage |
| # | | 1 | 2 | 3 | 4 | 5 |
| 1 | Employee Benefits | 0 | 0 | 0 | 0 | 0.00 |
| 2 | Administrative & General | 603,418 | 0 | 603,418 | 9,971 | 60.52 |
| 3 | Plant Operation, Maint. & Repairs | 681,352 | 0 | 681,352 | 30,251 | 22.52 |
| 4 | Laundry & Linen Service | 59,876 | 0 | 59,876 | 3,491 | 17.15 |
| 5 | Housekeeping | 146,022 | 0 | 146,022 | 8,685 | 16.81 |
| 6 | Dietary | 3,653 | 0 | 3,653 | 239 | 15.28 |
| 7 | Nursing Administration | 619,481 | 0 | 619,481 | 15,478 | 40.02 |
| 8 | Central Services & Supply | 0 | 0 | 0 | 0 | 0.00 |
| 9 | Pharmacy | 0 | 0 | 0 | 0 | 0.00 |
| 10 | Medical Rcd.s & M/R Library | 0 | 0 | 0 | 0 | 0.00 |
| 11 | Social Service | 75,395 | 0 | 75,395 | 2,072 | 36.39 |
| 12 | Nursing and Allied Health Ed. Act. | | | | | |
| 13 | Other General Service | 308,195 | 0 | 308,195 | 14,366 | 21.45 |
| 14 | Total | 2,497,392 | 0 | 2,497,392 | 84,553 | 29.54 |
| | | ============ | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

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Worksheet S-3 Part IV

SNF Wage Related Costs

CMS Description

| | RETIREMENT COST | |
|-----|--|----------------------------|
| 1 | 401K Employer Contributions | 160,185 |
| 2 | Tax Sheltered Annuity (TSA) Employer Contribution | 0 |
| 3 | Qualified and Non-Qualified Pension Plan Cost | 0 |
| 4 | Prior Year Pension Service Cost | 0 |
| | PLAN ADMINISTRATIVE COSTS (Paid to External Organization) | |
| 5 | 401K/TSA Plan Administration fees | 0 |
| 6 | Legal/Accounting/Management Fees-Pension Plan | 0 |
| 7 | Employee Managed Care Program Administration Fees | 0 |
| | HEALTH AND INSURANCE COST | |
| 8 | Health Insurance (Purchased or Self Funded) | 897,745 |
| 9 | Prescription Drug Plan | 0 |
| 10 | Dental, Hearing and Vision Plan | 0 |
| 11 | Life Insurance (If employee is owner or beneficiary) | 0 |
| 12 | Accidental Insurance (If employee is owner or beneficiary) | 0 |
| 13 | Disability Insurance (If employee is owner or beneficiary) | 0 |
| 14 | Long-Term Care Insurance (If employee is owner or beneficiary) | 0 |
| 15 | Workers' Compensation Insurance | 152,791 |
| 16 | Retirement Health Care Cost (see instructions) | 0 |
| | TAXES | |
| 17 | FICA-Employers Portion Only | 568,766 |
| 18 | Medicare Taxes - Employer Portion Only | 0 |
| 19 | Unemployment Insurance | 0 |
| 20 | State or Federal Unemployment Taxes | 25,688 |
| | OTHER | _ |
| 21 | Executive Deferred Compensation | 0 |
| 22 | Day Care Cost and Allowances | 0 |
| 23 | Tuition Reimbursement | 0 |
| 24 | Total Wage Related Cost (Lines 1-23) | ====== 1,805,175 |
| 2-1 | PART B OTHER THAN CORE RELATED COST | 1,005,175 |
| 25 | Other Wage Related Costs | 0 |
| | other may herated coold | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR

Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part V Wednesday, May 29, 2024 at 1:31:16 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

| PART | V - OVERHEAD COSTS - DIRECT SALARIES | | | | | |
|------|---|--------------------|--------------------|----------------------|------------------------------------|---------------------------|
| CMS | | Amount Reported | Fringe Benefits | Adjusted Salaries | Paid Hours Related to Salary | Average Hourly Wage |
| # | | 1 | 2 | 3 | 4 | 5 |
| | DIRECT SALARIES | | | | | |
| | NURSING OCCUPATIONS | | | | | |
| 1 | Registered Nurses (RNs) | 365,576 | 84,462 | 450,038 | 2,595 | 173.43 |
| 2 | Licensed Practical Nurses (LPNs) | 487,654 | 112,667 | 600,321 | 5,436 | 110.43 |
| 3 | Certified Nursing Assistants/Nursing Assistants/Aides | 757,870 | 175,097 | 932,967 | 42,942 | 21.73 |
| 4 | Total Nursing (Sum of 1 - 3) | 1,611,100 | 372,226 | 1,983,326 | 50,973 | 38.91 |
| 5 | Physical Therapists | 212,630 | 49,126 | 261,756 | 4,287 | 61.06 |
| 6 | Physical Therapy Assistants | 90,719 | 20,960 | 111,679 | 2,616 | 42.69 |
| 7 | Physical Therapy Aides | 0 | 0 | 0 | 0 | 0.00 |
| 8 | Occupational Therapists | 97,577 | 22,544 | 120,121 | 2,019 | 59.50 |
| 9 | Occupational Therapy Assistants | 55,714 | 12,872 | 68,586 | 1,695 | 40.46 |
| 10 | Occupational Therapy Aides | 0 | 0 | 0 | 0 | 0.00 |
| 11 | Speech Therapists | 103,663 | 23,950 | 127,613 | 2,113 | 60.39 |
| 12 | Respiratory Therapists | 0 | 0 | 0 | 0 | 0.00 |
| 13 | Other Medical Staff | 0 | 0 | 0 | 0 | 0.00 |
| | CONTRACT LABOR | | | | | |
| | NURSING OCCUPATIONS | | | | | |
| 14 | Registered Nurses (RNs) | 159,105 | | 159,105 | 2,357 | 67.50 |
| 15 | Licensed Practical Nurses (LPNs) | 77,026 | | 77,026 | 1,517 | 50.78 |
| 16 | Certified Nursing Assistants/Nursing Assistants/Aides | 131,268 | _ | 131,268 | 3,767 | 34.85 |
| 17 | Total Nursing (Sum of 14 - 16) | 367,399 | | 367,399 | 7,641 | 48.08 |
| 18 | Physical Therapists | 0 | | 0 | 0 | 0.00 |
| 19 | Physical Therapy Assistants | 0 | | 0 | 0 | 0.00 |
| 20 | Physical Therapy Aides | 0 | | 0 | 0 | 0.00 |
| 21 | Occupational Therapists | 0 | | 0 | 0 | 0.00 |
| 22 | Occupational Therapy Assistants | 0 | | 0 | 0 | 0.00 |
| 23 | Occupational Therapy Aides | 0 | | 0 | 0 | 0.00 |
| 24 | Speech Therapists | 0 | | 0 | 0 | 0.00 |
| 25 | Respiratory Therapists | 0 | | 0 | 0 | 0.00 |
| 26 | Other Medical Staff | 0 | | 0 | 0 | 0.00 |
| | | | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet A Wednesday, May 29, 2024 at 1:31:16 PM

Reclassification and Adjustment of Trial Balance of Expenses

| | | | | | | | | Net |
|--------|---|-----------|------------|---------------------|-----------|---------------------|------------------|---------------------|
| | | | | | | Reclassified | Adjust- | Expenses |
| | | | | | Reclassi- | Trial | ments to | for Cost |
| CMS | COST CENTER DESCRIPTION | Salaries | Other | Total | fications | Balance | Expenses | Allocation |
| # | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| - | GENERAL SERVICE COST CENTERS | | 9,148,707 | 9,148,707 | 0 | 9,148,707 | -20,391 | 9,128,316 |
| 1 2 | Cap Rel Costs - Bldgs & Fixtures Cap Rel Costs - Movable Equipment | | 40,215 | 9,148,707 40,215 | 0 | 9,148,707 40,215 | -20,391 4,327 | 9,128,316 44,542 |
| 2 | Employee Benefits | 0 | 40,213 | 1,857,931 | 0 | 40,215 | 4,327 | 1,857,931 |
| 4 | Administrative & General | 603,418 | 4,473,802 | 5,077,220 | -87,826 | 4,989,394 | -3,143,333 | 1,846,061 |
| 5 | Plant Operation, Maint. & Repairs | 681,352 | 2,096,430 | 2,777,782 | -87,820 | 2,777,782 | -92,996 | 2,684,786 |
| 6 | Laundry & Linen Service | 59,876 | 73,275 | 133,151 | 0 | 133,151 | -22,146 | 111,005 |
| 7 | Housekeeping | 146,022 | 30,631 | 176,653 | 0 | 176,653 | 22,140 | 176,653 |
| 8 | Dietary | 3,653 | 4,048,504 | 4,052,157 | 0 | 4,052,157 | -483,737 | 3,568,420 |
| 9 | Nursing Administration | 619,481 | 58,414 | 677,895 | -69 | 677,826 | 405,757 | 677,826 |
| 10 | Central Services & Supply | 019,401 | 74,176 | 74,176 | -1,716 | 72,460 | -125 | 72,335 |
| 11 | Pharmacy | 0 | 3,260 | 3,260 | 1,710 | 3,260 | 0 | 3,260 |
| 12 | Medical Records & Library | 0 | 0 | 0 | 0 | 0 | -207 | -207 |
| 13 | Social Service | 75,395 | 446 | 75,841 | 0 | 75,841 | 207 | 75,841 |
| 15 | Activities | 308,195 | 9,859 | 318,054 | 0 | 318,054 | ő | 318,054 |
| 15 | INPATIENT ROUTINE SERVICE COST CENTERS | 500,195 | 5,055 | 510,054 | Ŭ | 510,054 | v | 510,054 |
| 30 | Skilled Nursing Facility | 1,602,832 | 420,268 | 2,023,100 | 0 | 2,023,100 | -60,779 | 1,962,321 |
| 31 | Nursing Facility | 1,002,032 | 120,200 | 2,023,100 | 0 | 2,023,100 | 00,775 | 1,502,521 |
| 33 | Other Long Term Care | ő | 0 | ů O | 0 | ő | ő | 0 |
| 55 | ANCILLARY SERVICE COST CENTERS | Ũ | Ũ | v | Ŭ | v | v | Ŭ |
| 40 | Radiology | 0 | 6,396 | 6,396 | 0 | 6,396 | 0 | 6,396 |
| 41 | Laboratory | 0 | 8,657 | 8,657 | 0 | 8,657 | ő | 8,657 |
| 42 | Intravenous Therapy | 0 | 0,057 | 0,037 | 1,716 | 1,716 | ő | 1,716 |
| 43 | Oxygen (Inhalation) Therapy | 0 | 0 | ő | 1,710 | 1,710 | Ő | 1,710 |
| 44 | Physical Therapy | 303,349 | 52,998 | 356,347 | 0 | 356,347 | ő | 356,347 |
| 45 | Occupational Therapy | 153,291 | 0 | 153,291 | 0 | 153,291 | Ő | 153,291 |
| 46 | Speech Pathology | 103,663 | 0 | 103,663 | 0 | 103,663 | ő | 103,663 |
| 47 | Electrocardiology | 103,003 | 0 | 105,005 | 69 | 105,005 | õ | 69 |
| 48 | Medical Supplies Charged to Patients | 0 | 0 | ů 0 | 87,826 | 87,826 | ő | 87,826 |
| 49 | Drugs Charged to Patients | 0 | 63,136 | 63,136 | 0//020 | 63,136 | õ | 63,136 |
| 50 | Dental Care - Title XIX only | 0 | 00,200 | 00,100 | 0 | 00,100 | 0 | 00,100 |
| 51 | Support Surfaces | 0 | 0 | õ | 0 | 0 0 | 0 | 0 |
| 52 | Other Ancillary Service Cost Center | 0 | 0 | 0 | Ő | 0 | 0 | 0 0 |
| | OUTPATIENT SERVICE COST CENTERS | · | · · | · · | · · | · · | • | · |
| 60 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63 | Other Outpatient Service Cost | 0 | 0 | ů 0 | 0 | 0 | ő | 0 |
| 05 | OTHER REIMBURSABLE COST CENTERS | Ũ | Ũ | v | Ŭ | v | v | Ŭ |
| 70 | Home Health Agency Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 71 | Ambulance | 0 | 8,617 | 8,617 | 0 | 8,617 | Ő | 8,617 |
| 74 | Other Reimbursable Cost | 0 | 0 | 0,011 | 0 | 0,011 | 0 | 0,011 |
| | SPECIAL PURPOSE COST CENTERS | · | · · | · | · · | · · | · · | · · |
| 80 | Malpractice Premiums & Paid Losses | | 0 | 0 | 0 | 0 | 0 | 0 |
| 81 | Interest Expense | | 0 | 0 | 0 | 0 | 0 | 0 |
| 82 | Utilization Review | 0 | 0 | õ | 0 | Ő | Ő | 0 |
| 84 | Other Special Purpose Cost | 0 | 0 | 0 | 0 | 0 | 0 | ů 0 |
| 89 | SUBTOTALS | 4,660,527 | 22,475,722 | 27,136,249 | 0 | 27,136,249 | -3,819,387 | 23,316,862 |
| | | | | , , | | | | |
| | NONREIMBURSABLE COST CENTERS | | | | | | | |
| 90 | Gift, Flower, Coffee Shops & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 91 | Barber and Beauty Shop | 0 | 54,557 | 54,557 | 0 | 54,557 | 0 | 54,557 |
| 92 | Physicians Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 93 | Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 94 | Patients Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 95 | Other Non Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 95. | 01 Residential/AL | 2,707,087 | 657,075 | 3,364,162 | 0 | 3,364,162 | 0 | 3,364,162 |
| | | | | | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet A Wednesday, May 29, 2024 at 1:31:16 PM

Reclassification and Adjustment of Trial Balance of Expenses

| | | | | | | | | Net |
|-------|-------------------------|-----------|------------|------------|-----------|--------------|------------|------------|
| | | | | | 1 | Reclassified | Adjust- | Expenses |
| | | | | | Reclassi- | Trial | ments to | for Cost |
| CMS | COST CENTER DESCRIPTION | Salaries | Other | Total | fications | Balance | Expenses | Allocation |
| # | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 95.02 | Marketing | 445,710 | 600,647 | 1,046,357 | 0 | 1,046,357 | 0 | 1,046,357 |
| 100 | TOTAL | 7,813,324 | 23,788,001 | 31,601,325 | 0 | 31,601,325 | -3,819,387 | 27,781,938 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486

Period from 1/1/2023 to 12/31/2023

Worksheet A-6 Wednesday, May 29, 2024 at 1:31:16 PM

Reclassifications

| | EXPLANATION OF | | | Increases | | | | Decrease | s | |
|-----|----------------------------|------|----------------------|-----------|--------|------------|----------------------|----------|--------|------------|
| CMS | RECLASSIFICATION | Code | COST CENTER | LINE | SALARY | NON-SALARY | COST CENTER | LINE | SALARY | NON-SALARY |
| # | ENTRY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | To reclass med supply sold | A | Medical Supplies Cha | 48.00 | 0 | 87,826 | Administrative & Gen | 4.00 | 0 | 87,826 |
| 2 | To reclassify EKG | A | Electrocardiology | 47.00 | 0 | 69 | Nursing Administrati | 9.00 | 0 | 69 |
| 3 | To reclass IV Therapy cost | A | Intravenous Therapy | 42.00 | 0 | 1,716 | Central Services & S | 10.00 | 0 | 1,716 |
| | | | | | | | | - | | |
| 100 | TOTAL RECLASSIFICATIONS | | | | 0 | 89,611 | | | 0 | 89,611 |
| | | | | | | | | = | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet A-7 Wednesday, May 29, 2024 at 1:31:16 PM

Analysis of changes during cost reporting period in capital asset balances

| смs # | DESCRIPTION | Beginning Balances 1 | Purchase 2 | Acquisitions Donation 3 | | Disposals and Retirements 5 | Ending Balance 6 | Fully Depreciated Assets 7 |
|----------|-----------------------|----------------------------|------------|-------------------------------|-----------|--------------------------------------|------------------------|-------------------------------------|
| 1 | Land | 5,000,000 | 0 | 0 | 0 | 0 | 5,000,000 | 0 |
| 2 | Land Improvements | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Buildings & Fixtures | 109,849,356 | 2,506,410 | 0 | 2,506,410 | 221,669 | 112,134,097 | 809,994 |
| 4 | Building Improvements | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Fixed Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Movable Equipment | 8,808,818 | 1,201,140 | 0 | 1,201,140 | 857,659 | 9,152,299 | 488,561 |
| 7 | Subtotal | 123,658,174 | 3,707,550 | 0 | 3,707,550 | 1,079,328 | 126,286,396 | 1,298,555 |
| 8 | Reconciling Items | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Total | 123,658,174 | 3,707,550 | 0 | 3,707,550 | 1,079,328 | 126,286,396 | 1,298,555 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet A-8

Adjustments to Expenses

Wednesday, May 29, 2024 at 1:31:16 PM

| 1 Investment income on restricted funds B -1,071,583 Administrative & General 2 Trade, quantity and time discounts on purchases 0 3 Refunds and rebates of expenses 0 4 Refunds and rebates of expenses 0 5 Telephone services (pay stations excluded) 0 6 Television and radio service 0 7 Parking lot 0 8 adjustment A82 0 9 Bome office costs 0 0 10 Sale of scrap, waste, etc. 0 0 11 Nonallowable costs related to certain capital expenditures 0 0 12 organistions A81 -980,864 1 13 Laundry and Linen service B -22,146 Laundry & Linen Service 14 Revense - Employee meals B -100,707 Dietary 15 Cost of meals - Guests 0 1 16 Sale of drugs to other than patients 0 0 17 Sale of drugs to other than patients 0 0 18 | CMS # | Description | Basis for Adjustmen 1 | t Amount 2 | Expense classification on Worksheet A to/from which the amount is to be adjusted Cost Center 3 | Line No. 4 |
|--|----------|---|--------------------------------|---------------|--|---------------|
| 3 Refunds and rebates of expenses 0 4 Rental of provider space by suppliers 0 5 Telephone services (pay stations excluded) 0 6 Telexision and radio service 0 7 Parking lot 0 7 Remneration applicable to provider-based physician 0 8 adjustment 82 0 9 Home office costs 0 0 10 Nonallowable costs related to certain capital expenditures 0 11 Nonallowable costs related to certain capital expenditures 0 12 organizations 81 -980,664 13 Laudry and Linen service 8 -22,146 Laundry & Linen Service 14 Revenue - Employee meals 8 -140,707 Dietary 15 Cost of meals - Goests 0 0 0 14 Revenue - Employee meals 8 -140,707 Dietary 15 Cost of meals - Goests 0 0 0 16 Sale of medical records and abtracts 0 0 17 Sale of | | Investment income on restricted funds | - | - | - | 4 |
| 4 Rantal of provider space by suppliers 0 5 Telephone services (pay stations excluded) 0 6 Television and radio service 0 7 Parking lot 0 7 Parking lot 0 8 adjustment AB2 0 9 Home office costs 0 10 Sale of scrap, waste, etc. 0 11 Nonallowable costs related to certain capital expenditures 0 Adjustment resulting from transactions with related 0 12 organizations AB1 -980,684 13 Laundry and Linen service B -22,146 Laundry & Linen Service 14 Revence - Employee meals B -140,707 Dietary 15 Cost of meals - Guests 0 1 16 Sale of drugs to other than patients 0 0 17 Sale of drugs to other than patients 0 0 18 Sale of medical records and abstracts 0 0 19 Vending machines 0 0 1 10 Intere | 2 | Trade, quantity and time discounts on purchases | | 0 | | |
| 5 Telephone services (pay stations excluded) 0 6 Television and radio service 0 7 Parking lot 0 Remunration applicable to provider-based physician 0 8 adjustment 0 9 Home office costs 0 9 Home office costs 0 10 Nonallowable costs related to certain capital expenditures 0 Adjustment resulting from transactions with related 0 12 organizations B 13 Laundry and Linen service B 14 Revenue - Employee meals B 15 Cost of meals - Guests B 16 Sale of medical supplies to other than patients 0 17 Sale of medical records and abstracts 0 19 Vending machines 0 10 Cabres 0 Cap Rel Costs - Bldgs & Fixtures 12 repay Medicare overpayments 0 0 11 repay Medicare overpayments 0 Cap Rel Costs - Mowable Equipment 12 repay Medicare overpayments 0 Cap Rel | 3 | Refunds and rebates of expenses | | 0 | | |
| 6 Television and radio service 0 7 Parking lot 0 8 adjustment 0 8 adjustment 0 8 adjustment 0 9 Rome office costs 0 10 Sale of scrap, waste, etc. 0 11 Nonallowable costs related to certain capital expenditures 0 12 organizations ABI -980,864 13 Laundry and Linen service B -22,146 Laundry & Linen Service 14 Revenue - Employee meals B -140,707 Dietary 15 Cost of medical supplies to other than patients 0 0 16 Sale of medical records and abstracts 0 0 17 Vending machines 0 0 0 18 Sale of medical records and abstracts 0 0 0 19 Vending machines 0 0 0 10 threads and particular cordenation 0 0 0 21 repay Medicare overpayments 0 0 Cap Rel Cost | 4 | Rental of provider space by suppliers | | 0 | | |
| 7 Parking lot 0 Remuneration applicable to provider-based physician 0 a djustment A82 0 9 Home office costs 0 9 Home office costs 0 10 Sale of scrap, waste, etc. 0 11 Nonallowable costs related to certain capital expenditures 0 Adjustment resulting from transactions with related 0 12 organizations A81 -980,864 13 Laundry and Linen service B -120,707 Dietary 15 Cost of meals - Guests B -100,707 Dietary 15 Cost of meals - Guests B -334,487 Dietary 16 Sale of medical records and abstracts 0 0 0 17 Sale of medical records and abstracts 0 0 0 0 18 Sale of medicare overpayments 0 0 0 0 0 10 charges 0 0 0 0 0 0 0 0 20 threages on Medicare overpayments and borr | 5 | Telephone services (pay stations excluded) | | 0 | | |
| Remuneration applicable to provider-based physician a djustment A82 a djustment A82 0 Bome office costs 10 Sale of scrap, waste, etc. 0 11 Nonallowable costs related to certain capital expenditures 0 Adjustment resulting from transactions with related 0 12 organizations 0 Adjustment resulting from transactions with related 0 12 organizations 0 Adjustment resulting from transactions with related 0 12 organizations 0 14 Revenue - Employee meals 0 15 Cost of meals - Guests 0 16 Sale of medical supplies to other than patients 0 17 Sale of medical records and abstracts 0 18 Sale of medicar everpayments 0 19 Vending machines 0 10 charges 0 11 repay Medicare overpayments 0 20 pereciation buildings and fixtures 0 21 repay Medicase on Medicare overpayment 0 | 6 | Television and radio service | | 0 | | |
| 8 adjustment A82 0 9 Home office costs 0 10 Sale of scrap, waste, etc. 0 11 Nonallowable costs related to certain capital expenditures 0 12 organizations A81 -980,864 12 organizations A81 -980,864 13 Laundry and Linen service B -2.146 Laundry & Linen Service 14 Revenue - Employee meals B -1.40,707 Dietary 15 Cost of meals - Guests B -34,487 Dietary 15 Sale of medical supplies to other than patients 0 0 17 Sale of medical records and abstracts 0 0 18 Sale of medicare coverpayments 0 0 10 charges 0 0 0 11 Interest expense on Medicare overpayments 0 0 0 20 charges 0 0 0 0 0 21 utilization review physicians' compensation 0 0 0 0 2 0 | 7 | Parking lot | | 0 | | |
| 9 Home office costs 0 10 Sale of scrap, wast, etc. 0 11 Nonallowable costs related to certain capital expenditures 0 Adjustment resulting from transactions with related 0 2 organizations A81 12 laundry and Linen service B 13 Laundry and Linen service B 14 Revenue - Employee meals B 15 Cost of meals - Guests B 16 Sale of medical supplies to other than patients 0 17 Sale of medical records and abstracts 0 19 Vending machines 0 10 nome from imposition of interest, finance or penalty 0 10 repay Medicare overpayments and borrowings to 0 11 repay Medicare overpayments 0 0 12 repay Medicare overpayments 0 0 14 Review physicians' compensation 0 0 15 Realized Gain/Loss on Investment 8 -649,465 16 Promotions A -8,543 16 P | | Remuneration applicable to provider-based physician | | | | |
| 10 Sale of scrap, waste, etc. 0 11 Nonallowable costs related to certain capital expenditures 0 12 organizations A81 -980,864 13 Laundry and Linen service B -22,146 Laundry & Linen Service 14 Revenue - Employee meals B -140,707 Distary 15 Cost of meals - Guests B -334,487 16 Sale of medical supplies to other than patients 0 17 Sale of medical supplies to other than patients 0 18 Sale of medical supplies to interest, finance or penalty 0 19 vending machines 0 11 Interest expense on Medicare overpayments and borrowings to 0 20 titization review physicians' compensation 0 21 repay Medicare overpayments 0 Cap Rel Costs - Bldgs & Fixtures 22 Utilization review physicians' compensation 0 Utilization Review 80 23 Depreciation buildings and fixtures 0 Cap Rel Costs - Bldgs & Fixtures 0 24 Depreciation movable equipment B -649,465 | 8 | adjustment | A82 | 0 | | |
| 11 Nonallowable costs related to certain capital expenditures 0 Adjustment resulting from transactions with related A81 -980,864 13 Laundry and Linen service B -22,146 Laundry & Linen Service 14 Revenue - Employee meals B -140,070 Dietary 15 Cost of meals - Guests B -334,487 Dietary 16 Sale of medical supplies to other than patients 0 0 17 Sale of medical records and abstracts 0 0 19 Vending machines 0 0 11 ncome from imposition of interest, finance or penalty 0 0 20 charges 0 0 21 repay Medicare overpayments and borrowings to 0 0 21 repay Medicare overpayments 0 0 Utilization Review 8 22 Utilization review physicians' compensation 0 0 Utilization Review 8 24 Depreciation movable equipment 0 Cap Rel Costs - Eldgs & Fixtures 0 24 Deprecintions A -649,465 Adm | 9 | Home office costs | | 0 | | |
| Adjustment resulting from transactions with related 12 organizations A81 -980,864 13 Laundry and Linen service B -22,146 Laundry & Linen Service 14 Revenue - Employee meals B -140,707 Dietary 15 Cost of meals - Guests B -140,707 Dietary 15 Cost of meals - Guests B -34,487 Dietary 16 Sale of medical supplies to other than patients 0 0 17 Sale of drugs to other than patients 0 0 18 Sale of medical records and abstracts 0 0 19 Vending machines 0 0 10 charges 0 0 20 charges 0 0 21 repay Medicare overpayments and borrowings to 0 0 21 repay Medicare overpayments 0 0 Cap Rel Costs - Bldgs & Fixtures 23 Depreciation buildings and fixtures 0 Cap Rel Costs - Movable Equipment 0 24 Depreciation movable equipment 0 Cap Rel Costs - Movab | 10 | Sale of scrap, waste, etc. | | 0 | | |
| 12 organizations A81 -980,864 13 Laundry and Linen service B -22,146 Laundry & Linen Service 14 Revenue - Employee meals B -140,77 Dietary 15 Cost of meals - Guests B -334,487 Dietary 16 Sale of medical supplies to other than patients 0 17 Sale of medical records and abstracts 0 18 Sale of medical records and abstracts 0 19 Vending machines 0 11 Income from imposition of interest, finance or penalty 0 20 charges 0 11 repay Medicare overpayments and borrowings to 0 21 repay Medicare overpayments 0 22 Utilization review physicians' compensation 0 Utilization Review 8 23 Depreciation movable equipment 0 Cap Rel Costs - Bldgs & Fixtures 8 24 Depreciation movable equipment 8 -649,465 Administrative & General 25 Realized Gain/Loss on Investment B -164,9.465 Administrative & General | 11 | | | 0 | | |
| 13 Laundry and Linen service B -22,146 Laundry & Linen Service 14 Revenue - Employee meals B -140,707 Dietary 15 Cost of medical supplies to other than patients B -334,487 Dietary 16 Sale of medical supplies to other than patients 0 0 17 Sale of drugs to other than patients 0 18 Sale of medical records and abstracts 0 19 Vending machines 0 10 charges 0 11 repay Medicare overpayments and borrowings to 0 12 repay Medicare overpayments 0 12 repay Medicare overpayments 0 22 Utilization review physicians' compensation 0 Utilization Review 23 Depreciation buildings and fixtures 0 Cap Rel Costs - Movable Equipment 25 Realized Gain/Loss on Investment B -649,465 Administrative & General 26 Promotions A -8,543 Dietary 27 Maintenance Income B -14,255 Plant Operation, Maint. & Repairs < | | Adjustment resulting from transactions with related | | | | |
| 14 Revenue - Employee meals B -140,707 Dietary 15 Cost of meals - Guests B -334,487 Dietary 16 Sale of medical supplies to other than patients 0 0 17 Sale of drugs to other than patients 0 0 18 Sale of medical records and abstracts 0 0 19 Vending machines 0 0 10 Income from imposition of interest, finance or penalty 0 0 20 charges 0 0 0 21 repay Medicare overpayments 0 0 Utilization Review 8 22 Utilization review physicians' compensation 0 0 Utilization Review 8 23 Depreciation movable equipment 0 Cap Rel Costs - Bldgs & Fixtures 6 24 Depreciation movable equipment 0 Cap Rel Costs - Movable Equipment 6 25 Realized Gain/Loss on Investment B -649,465 Administrative & General 6 26 Promotions A -8,543 Dietary 7 7 | 12 | organizations | A81 | -980,864 | | |
| 15 Cost of meals - Guests B -334,487 Dietary 16 Sale of medical supplies to other than patients 0 17 Sale of drugs to other than patients 0 18 Sale of medical records and abstracts 0 19 Vending machines 0 Income from imposition of interest, finance or penalty 0 20 charges 0 Interest expense on Medicare overpayments and borrowings to 0 21 repay Medicare overpayments 0 22 Utilization review physicians' compensation 0 23 Depreciation buildings and fixtures 0 24 Depreciation movable equipment 0 25 Realized Gain/Loss on Investment B -649,465 26 Promotions A -8,543 27 Maintenance Income B -91,571 Plant Operation, Maint. & Repairs 28 Grounds Income B -60,779 Skilled Nursing Facility 3 29 Incontinence Income - SNF B -60,779 Skilled Nursing Facility 3 30 < | 13 | | в | -22,146 | Laundry & Linen Service | 6 |
| 16 Sale of medical supplies to other than patients 0 17 Sale of drugs to other than patients 0 18 Sale of medical records and abstracts 0 19 Vending machines 0 Income from imposition of interest, finance or penalty 0 20 charges 0 Interest expense on Medicare overpayments and borrowings to 0 21 repay Medicare overpayments 0 22 Utilization review physicians' compensation 0 23 Depreciation buildings and fixtures 0 24 Depreciation movable equipment 0 25 Realized Gain/Loss on Investment B -649,465 26 Promotions A -8,553 Dietary 27 Maintenance Income B -91,571 Plant Operation, Maint. & Repairs 28 Grounds Income B -91,571 Plant Operation, Maint. & Repairs 29 Incontinence Income - SNF B -90,779 Skilled Nursing Facility 3 30 Contributions A -750 Administrative & General | | | - | , | - | 8 |
| 17 Sale of drugs to other than patients 0 18 Sale of medical records and abstracts 0 19 Vending machines 0 10 Vending machines 0 11 Income from imposition of interest, finance or penalty 0 20 charges 0 11 repay Medicare overpayments and borrowings to 0 22 Utilization review physicians' compensation 0 23 Depreciation buildings and fixtures 0 24 Depreciation buildings and fixtures 0 25 Realized Gain/Loss on Investment B -649,465 26 Promotions A -8,543 Dietary 27 Maintenance Income B -91,571 Plant Operation, Maint. & Repairs 28 Grounds Income B -160,779 Skilled Nursing Facility 3 29 Incontinence Income - SNF B -60,779 Skilled Nursing Facility 3 30 Contributions A -750 Administrative & General 31 Bad Debts A -340,327 Admi | 15 | Cost of meals - Guests | в | -334,487 | Dietary | 8 |
| 18 Sale of medical records and abstracts 0 19 Vending machines 0 Income from imposition of interest, finance or penalty 0 20 charges 0 Interest expense on Medicare overpayments and borrowings to 0 21 repay Medicare overpayments 0 23 Depreciation buildings and fixtures 0 24 Depreciation movable equipment 0 25 Realized Gain/Loss on Investment B 26 Fromutions A 27 Maintenance Income B 28 Grounds Income B 29 Incontinence Income - SNF B 29 Incontinence Income - SNF B 20 Contributions A 31 Bad Debts A 32 Pet Fees B 33 Miscellaneous Income-Operating B | - | | | - | | |
| 19 Vending machines 0 Income from imposition of interest, finance or penalty 0 20 charges 0 Interest expense on Medicare overpayments and borrowings to 0 21 repay Medicare overpayments 0 22 Utilization review physicians' compensation 0 Utilization Review 8 23 Depreciation buildings and fixtures 0 Cap Rel Costs - Bldgs & Fixtures 8 24 Depreciation movable equipment 0 Cap Rel Costs - Movable Equipment 8 25 Realized Gain/Loss on Investment B -649,465 Administrative & General 8 26 Promotions A -8,543 Dietary 9 26 Fromotions B -91,571 Plant Operation, Maint. & Repairs 9 27 Maintenance Income B -1425 Plant Operation, Maint. & Repairs 9 29 Incontinence Income - SNF B -60,779 Skilled Nursing Facility 3 30 Contributions A -750 Administrative & General 3 32 Pet Fee | | | | 0 | | |
| Income from imposition of interest, finance or penalty20charges21repay Medicare overpayments and borrowings to21repay Medicare overpayments22Utilization review physicians' compensation23Depreciation buildings and fixtures24Depreciation movable equipment25Realized Gain/Loss on Investment26Promotions27Maintenance Income28Grounds Income29Incontinence Income29Incontinence Income - SNF20Contributions21A22-75023A24-75025A26Formotions27Maintenance Income28Grounds Income29Incontinence Formet and the second and the | - | | | 0 | | |
| 20 charges Interest expense on Medicare overpayments and borrowings to 0 21 repay Medicare overpayments 0 22 Utilization review physicians' compensation 0 23 Depreciation buildings and fixtures 0 24 Depreciation movable equipment 0 25 Realized Gain/Loss on Investment B 26 Promotions A 27 Maintenance Income B 28 Grounds Income B 29 Incontinence Income - SNF B 29 Incontinence Income - SNF B 21 Bad Debts A 22 Pet Fees B 33 Miscellaneous Income-Operating B 33 Miscellaneous Income-Operating B | 19 | Vending machines | | 0 | | |
| Interest expense on Medicare overpayments and borrowings to021repay Medicare overpayments022Utilization review physicians' compensation023Depreciation buildings and fixtures024Depreciation movable equipment025Realized Gain/Loss on InvestmentB26PromotionsA27Maintenance IncomeB28Grounds IncomeB29Incontinence Income - SNFB29Incontinence Income - SNFB20ContributionsA31Bad DebtsA32Pet FeesB33Miscellaneous Income-OperatingB33Miscellaneous Income-OperatingB34Debts-116,15834Cap Rel Costs - Bldgs & Fixtures | | | | | | |
| 21repay Medicare overpayments022Utilization review physicians' compensation0Utilization Review823Depreciation buildings and fixtures0Cap Rel Costs - Bldgs & Fixtures824Depreciation movable equipment0Cap Rel Costs - Movable Equipment825Realized Gain/Loss on InvestmentB-649,465Administrative & General626PromotionsA-8,543Dietary727Maintenance IncomeB-1,425Plant Operation, Maint. & Repairs328Grounds IncomeB-1,425Plant Operation, Maint. & Repairs329Incontinence Income - SNFB-60,779Skilled Nursing Facility330ContributionsA-340,327Administrative & General31Bad DebtsA-250Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | 20 | | | 0 | | |
| 22Utilization review physicians' compensation0Utilization Review823Depreciation buildings and fixtures0Cap Rel Costs - Bldgs & Fixtures824Depreciation movable equipment0Cap Rel Costs - Movable Equipment625Realized Gain/Loss on InvestmentB-649,465Administrative & General626PromotionsA-8,543Dietary727Maintenance IncomeB-91,571Plant Operation, Maint. & Repairs828Grounds IncomeB-1,425Plant Operation, Maint. & Repairs329Incontinence Income - SNFB-60,779Skilled Nursing Facility330ContributionsA-750Administrative & General31Bad DebtsA-340,327Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | | | | | | |
| 23 Depreciation buildings and fixtures 0 Cap Rel Costs - Bldgs & Fixtures 24 Depreciation movable equipment 0 Cap Rel Costs - Movable Equipment 25 Realized Gain/Loss on Investment B -649,465 Administrative & General 26 Promotions A -8,543 Dietary 27 Maintenance Income B -91,571 Plant Operation, Maint. & Repairs 28 Grounds Income B -1,425 Plant Operation, Maint. & Repairs 29 Incontinence Income - SNF B -60,779 Skilled Nursing Facility 3 30 Contributions A -750 Administrative & General 31 Bad Debts A -340,327 Administrative & General 32 Pet Fees B -250 Administrative & General 33 Miscellaneous Income-Operating B -116,158 Cap Rel Costs - Bldgs & Fixtures | | | | • | | |
| 24Depreciation movable equipment0Cap Rel Costs - Movable Equipment25Realized Gain/Loss on InvestmentB-649,465Administrative & General26PromotionsA-8,543Dietary27Maintenance IncomeB-91,571Plant Operation, Maint. & Repairs28Grounds IncomeB-1,425Plant Operation, Maint. & Repairs29Incontinence Income - SNFB-60,779Skilled Nursing Facility330ContributionsA-750Administrative & General31Bad DebtsA-340,327Administrative & General32Pet FeesB-116,158Cap Rel Costs - Bldgs & Fixtures | | | | 0 | | 82 |
| 25Realized Gain/Loss on InvestmentB-649,465Administrative & General26PromotionsA-8,543Dietary27Maintenance IncomeB-91,571Plant Operation, Maint. & Repairs28Grounds IncomeB-1,425Plant Operation, Maint. & Repairs29Incontinence Income - SNFB-60,779Skilled Nursing Facility330ContributionsA-750Administrative & General31Bad DebtsA-340,327Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | - | | | 0 | | 1 |
| 26PromotionsA-8,543Dietary27Maintenance IncomeB-91,571Plant Operation, Maint. & Repairs28Grounds IncomeB-1,425Plant Operation, Maint. & Repairs29Incontinence Income - SNFB-60,779Skilled Nursing Facility330ContributionsA-750Administrative & General31Bad DebtsA-340,327Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | | | | 0 | | 2 |
| 27Maintenance IncomeB-91,571Plant Operation, Maint. & Repairs28Grounds IncomeB-1,425Plant Operation, Maint. & Repairs29Incontinence Income - SNFB-60,779Skilled Nursing Facility330ContributionsA-750Administrative & General31Bad DebtsA-340,327Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | - | ··· ··· · · · · · · · · · · · · · · · | | , | | 4 |
| 28Grounds IncomeB-1,425Plant Operation, Maint. & Repairs29Incontinence Income - SNFB-60,779Skilled Nursing Facility330ContributionsA-750Administrative & General31Bad DebtsA-340,327Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | | | | , | - | 8 |
| 29Incontinence Income - SNFB-60,779Skilled Nursing Facility330ContributionsA-750Administrative & General31Bad DebtsA-340,327Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | | | | | | 5 |
| 30ContributionsA-750Administrative & General31Bad DebtsA-340,327Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | - | | - | | | 5 |
| 31Bad DebtsA-340,327Administrative & General32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | - | | - | | | 30 |
| 32Pet FeesB-250Administrative & General33Miscellaneous Income-OperatingB-116,158Cap Rel Costs - Bldgs & Fixtures | | | | | | 4 |
| 33 Miscellaneous Income-Operating B -116,158 Cap Rel Costs - Bldgs & Fixtures | - | | | , | | 4 |
| | - | | - | | | 4 |
| | | | - | | | 1 |
| | - | | - | | | 12 |
| 35 Miscellaneous Income- Billing Credit B -125 Central Services & Supply 1 ==================================== | 35 | Miscellaneous Income- Billing Credit | - | | Central Services & Supply | 10 |
| 100 TOTAL -3,819,387 | 100 | TOTAL | | -3,819,387 | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Ferrod 110m 1/1/2025 CO 12/51/2025

Worksheet A-8-1 Wednesday, May 29, 2024 at 1:31:16 PM

Statement of Costs of Services from Related Organizations and Home Office Costs

I. Costs Incurred And Adjustments Required As A Result Of Transactions With Related Organizations Or Claimed Home Office Costs:

| 1. 00 | Joco incur | rea ma najabamento nequirea no n nebure or rra | isuccions with Actuced organizacions of claimed nome office | | | | |
|-------|------------|--|---|---------------|-----------|--------------|-------------|
| | | | | | Amount | Amount | |
| | | | | | Allowable | Included in | Adjustments |
| CMS | Line No | | Cost Center | Expense Items | In Cost 1 | Wkst A col 5 | (col 4 - 5) |
| # | : | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | 4 | Administrative & General | Home Office - Operational | | 757,814 | 2,984,969 | -2,227,155 |
| 2 | 1 | Cap Rel Costs - Bldgs & Fixtures | Home Office - Cap Building | | 96,407 | 0 | 96,407 |
| 3 | 2 | Cap Rel Costs - Movable Equipment | Home Office - Cap M&E | | 4,327 | 0 | 4,327 |
| 4 | 4 | Administrative & General | Home Office - Salaries and Wages | | 1,146,197 | 0 | 1,146,197 |
| 5 | 1 | Cap Rel Costs - Bldgs & Fixtures | Home Office - Investment Income | | -640 | 0 | -640 |
| 10 | | TOTALS | | | 2,004,105 | 2,984,969 | -980,864 |
| | | | | | | | |

II. Interrelationship To Related Organization(s) And/Or Home Office:

The Secretary, by virtue of authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities and supplies furnished by organizations related to you by common ownership or control, represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

| | | | Related Organiza | tion(s) | |
|---|--------|------|--------------------------------|-----------|-------------|
| | | | Percentage | Percent | Туре |
| | | | of | of | of |
| | Symbol | Name | Ownership Name | Ownership | Business |
| # | 1 | 2 | 3 4 | 5 | 6 |
| 1 | в | | 100% Springpoint Senior Living | 100% | Home Office |

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider

B. Corporation, partnership or other organization has financial interest in provider

C. Provider has financial interest in corporation, partnership, or other organization

D. Director, officer, administrator or key person of provider or relative of such person has financial interest in related organization

- E. Individual is director, officer, administrator, or key person of provider and related organization
- F. Director, officer, administrator or key person of related organization or relative of such person has financial interest in provider
- G. Other:

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-2 Wednesday, May 29, 2024 at 1:31:16 PM

Provider-Based Physicians Adjustments

| | | | | | | | Physician/ | | 5% of |
|-----|---------|---------------|--------------|-----------|-------------|-----------|------------|------------|------------|
| | | Cost Center / | Total | Profess- | | | Provider | Unadjusted | Unadjusted |
| | Wkst A | Physician | Remuner- | ional | Provider | RCE | Component | RCE | RCE |
| | Line No | Identifier | ation | Component | Component | Amount | Hours | Limit | Limit |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 100 | | Total | 0 | 0 | 0 | | 0 | 0 | 0 |
| | | | | | | | | | |
| | | | Cost of | Provider | Physician | Provider | | | |
| | | Cost Center / | Memberships | Component | Cost of | Component | Adjusted | RCE | |
| | Wkst A | Physician | & Continuing | Share of | Malpractice | Share of | RCE | Dis- | |
| | Line No | Identifier | Education | Col 12 | Insurance | Col 14 | Limit | allowance | Adjustment |
| | | | | | | | | | 2 |
| | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 100 | | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I

Wednesday, May 29, 2024 at 1:31:16 PM

COST ALLOCATION - GENERAL SERVICE COSTS

| | | Net Expenses For Cost Allocation O | Cap Rel Build & Fixtures (Square Feet) 1 | Cap Rel Movable Equipment (Square Feet) 2 | Employee Benefits (Gross Salaries) 3 | SubTotal 3A | Adminis- trative & General (Accum. Cost) 4 | Plant Oper Maint. & Repair (Square Feet) 5 | Laundry & Linen Service (Patient Days) 6 | House- keeping (Square Feet) 7 |
|---------|---|---|---|--|--|----------------|---|---|---|--|
| 1 | Cap Rel Costs - Bldgs & Fixtures | 9,128,316 | 9,128,316 | | | | | | | |
| 2 | Cap Rel Costs - Movable Equipment | 44,542 | | 44,542 | | | | | | |
| 3 | Employee Benefits | 1,857,931 | 0 | 0 | 1,857,931 | | | | | |
| 4 | Administrative & General | 1,846,061 | 97,547 | 476 | 143,487 | 2,087,571 | 2,087,571 | | | |
| 5 | Plant Operation, Maint. & Repairs | 2,684,786 | 532,696 | 2,599 | 162,019 | 3,382,100 | 274,782 | 3,656,882 | | |
| 6 | Laundry & Linen Service | 111,005 | 43,594 | 213 | 14,238 | 169,050 | 13,735 | 18,759 | 201,544 | |
| 7 | Housekeeping | 176,653 | 16,208 | 79 | 34,723 | 227,663 | 18,497 | 6,974 | 0 | 253,134 |
| 8 | Dietary | 3,568,420 | 182,740 | 892 | 869 | 3,752,921 | 304,914 | 78,637 | 0 | 5,482 |
| 9 | Nursing Administration | 677,826 | 61,797 | 302 | 147,306 | 887,231 | 72,084 | 26,592 | 0 | 1,854 |
| 10 | Central Services & Supply | 72,335 | 13,010 | 63 | 0 | 85,408 | 6,939 | 5,598 | 0 | 390 |
| 11 | Pharmacy | 3,260 | 0 | 0 | 0 | 3,260 | 265 | 0 | 0 | 0 |
| 12 | Medical Records & Library | -207 | 1,722 | 8 | 0 | 1,523 | 124 | 741 | 0 | 52 |
| 13 | Social Service | 75,841 | 13,857 | 68 | 17,928 | 107,694 | 8,750 | 5,963 | 0 | 416 |
| 15 | Activities | 318,054 | 0 | 0 | 73,286 | 391,340 | 31,795 | 0 | 0 | 0 |
| A | NCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 30 | Skilled Nursing Facility | 1,962,321 | 462,590 | 2,257 | 381,138 | 2,808,306 | 228,164 | 199,063 | 92,286 | 13,876 |
| 31 | Nursing Facility | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Other Long Term Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | THER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 40 | Radiology | 6,396 | 0 | 0 | 0 | 6,396 | 520 | 0 | 0 | 0 |
| 41 | Laboratory | 8,657 | 0 | 0 | 0 | 8,657 | 703 | 0 | 0 | 0 |
| 42 | Intravenous Therapy | 1,716 | 0 | 0 | 0 | 1,716 | 139 | 0 | 0 | 0 |
| 43 | Oxygen (Inhalation) Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 44 | Physical Therapy | 356,347 | 14,076 | 69 | 72,133 | 442,625 | 35,962 | 6,057 | 0 | 422 |
| 45 | Occupational Therapy | 153,291 | 14,076 | 69 | 36,451 | 203,887 | 16,565 | 6,057 | 0 | 422 |
| 46 | Speech Pathology | 103,663 | 2,733 | 13 | 24,650 | 131,059 | 10,648 | 1,176 | 0 | 82 |
| 47 | Electrocardiology | 69 | 0 | 0 | 0 | 69 | 6 | 0 | 0 | 0 |
| 48 | Medical Supplies Charged to Patients | 87,826 | 0 | 0 | 0 | 87,826 | 7,136 | 0 | 0 | 0 |
| 49 | Drugs Charged to Patients | 63,136 | 0 | 0 | 0 | 63,136 | 5,130 | 0 | 0 | 0 |
| 50 | Dental Care - Title XIX only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| S | PECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 51 | Support Surfaces | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52 N | Other Ancillary Service Cost Center ON-REIMBURSABLE COST CENTERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63 | Other Outpatient Service Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 | Home Health Agency Cost | 0 | 0 | Ő | 0 | Ő | 0 | 0 | 0 | 0 |
| 71 | Ambulance | 8,617 | 0 | 0 | 0 | 8,617 | 700 | 0 | 0 | 0 |
| 74 | Other Reimbursable Cost | 0,01, | ő | 0 0 | 0 | 0,01, | 0 | ő | ő | 0 |
| 84 | Other Special Purpose Cost | 0 | Ő | 0 | 0 | Ő | 0 | 0 | 0 | 0 |
| 89 | Subtotals | 23,316,862 | 1,456,646 | 7,108 | 1,108,228 | 14,858,055 | 1,037,558 | 355,617 | 92,286 | 22,996 |
| 90 | Gift, Flower, Coffee Shops & Canteen | 23,310,002 | 1,430,040 | 0 | 1,100,220 | 11,000,000 | 1,037,330 | 000,011 | 0 | 22,550 |
| 91 | Barber and Beauty Shop | 54,557 | 15,224 | 74 | 0 | 69,855 | 5,675 | 6,551 | 0 | 457 |
| 92 | Physicians Private Offices | 54,557 | 15,224 | ,4 0 | 0 | 09,855 | 5,075 | 0,551 | 0 | 4.57 |
| 93 | Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 94 | Patients Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 95 | Other Non Reimbursable Cost | ő | 0 | 0 | 0 | 0 | ő | 0 | 0 | ő |
| | Residential/AL | 3,364,162 | 7,656,446 | 37,360 | 643,718 | 11,701,686 | 950,715 | 3,294,714 | 109,258 | 229,681 |
| | Marketing | 1,046,357 | 7,050,440 | 37,300 | 105,985 | 1,152,342 | 93,623 | 5,294,714 | 109,238 | 229,001 |
| 98 | Cross Foot Adjustments | 1,040,557 | 0 | 0 | 105,985 | 1,152,542 | 95,025 | 0 | 0 | 0 |
| 99 | Negative Cost Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ,, | ACQUETTE COST CENTEL | 0 | 5 | 0 | 0 | 0 | 5 | 0 | 0 | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Wednesday,

Wednesday, May 29, 2024 at 1:31:16 PM

COST ALLOCATION - GENERAL SERVICE COSTS

| | | Dietary (Meals Served) 8 | Nursing Adminis- tration (Patient Days) 9 | Central Services & Supply (Patient Days) 10 | Pharmacy (Patient Days) 11 | Medical Records & Library (Patient Days) 12 | Social Service (Patient Days) 13 | Activities SERVICE (Patient Days) 15 | SubTotal 16 | Adjustments 17 |
|----------|---|-----------------------------------|--|--|-------------------------------------|--|--|--|----------------|-------------------|
| 1 2 | Cap Rel Costs - Bldgs & Fixtures Cap Rel Costs - Movable Equipment | | | | | | | | | |
| 3 | Employee Benefits | | | | | | | | | |
| 4 | Administrative & General | | | | | | | | | |
| 5 | Plant Operation, Maint. & Repairs | | | | | | | | | |
| 6 | Laundry & Linen Service | | | | | | | | | |
| 7 | Housekeeping | | | | | | | | | |
| 8 | Dietary | 4,141,954 | | | | | | | | |
| 9 | Nursing Administration | 0 | 987,761 | | | | | | | |
| 10 | Central Services & Supply | 0 | 0 | 98,335 | | | | | | |
| 11 12 | Pharmacy Medical Records & Library | 0 | 0 | 0 | 3,525 0 | 2,440 | | | | |
| 12 | Social Service | 0 | 0 | 0 | 0 | 2,440 | 122,823 | | | |
| 15 | Activities | 0 | 0 | 0 | 0 | 0 | 122,823 | 423,135 | | |
| | NCILLARY SERVICE COST CENTERS | Ŭ | · · | · · | · · | v | · · | 120,200 | | |
| 30 | Skilled Nursing Facility | 878,081 | 987,761 | 98,335 | 3,525 | 2,440 | 122,823 | 423,135 | 5,857,795 | 0 |
| 31 | Nursing Facility | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Other Long Term Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | THER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 40 | Radiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,916 | 0 |
| 41 | Laboratory | 0 | 0 | 0 | 0 0 | 0 | 0 | 0 | 9,360 | 0 0 |
| 42 43 | Intravenous Therapy Oxygen (Inhalation) Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,855 0 | 0 |
| 43 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 485,066 | 0 |
| 45 | Occupational Therapy | õ | 0 | ů 0 | ů 0 | õ | 0 0 | õ | 226,931 | ů 0 |
| 46 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 142,965 | 0 |
| 47 | Electrocardiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 75 | 0 |
| 48 | Medical Supplies Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 94,962 | 0 |
| 49 | Drugs Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 68,266 | 0 |
| 50 | Dental Care - Title XIX only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51 | PECIAL PURPOSE COST CENTERS Support Surfaces | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51 | Support Surfaces Other Ancillary Service Cost Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | ON-REIMBURSABLE COST CENTERS | Ū | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63 | Other Outpatient Service Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 | Home Health Agency Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 71 | Ambulance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,317 | 0 |
| 74 | Other Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 84 | Other Special Purpose Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 89 90 | Subtotals Gift, Flower, Coffee Shops & Canteen | 878,081 0 | 987,761 0 | 98,335 0 | 3,525 | 2,440 | 122,823 0 | 423,135 0 | 6,903,508 0 | 0 |
| 90 91 | Barber and Beauty Shop | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 82,538 | 0 |
| 92 | Physicians Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 02,558 | 0 |
| 93 | Nonpaid Workers | 0 | 0 | 0 | 0 0 | 0 0 | 0 | 0 | 0 | 0 |
| 94 | Patients Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 95 | Other Non Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Residential/AL | 3,263,873 | 0 | 0 | 0 | 0 | 0 | 0 | 19,549,927 | 0 |
| | Marketing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,245,965 | 0 |
| 98 | Cross Foot Adjustments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 99 | Negative Cost Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Wednesday, May 29, 2024 at 1:31:16 PM

COST ALLOCATION - GENERAL SERVICE COSTS

Total 18

| 1 | Cap Rel Costs - Bldgs & Fixtures | |
|-----|--------------------------------------|------------|
| 2 | Cap Rel Costs - Movable Equipment | |
| 3 | Employee Benefits | |
| 4 | Administrative & General | |
| 5 | Plant Operation, Maint. & Repairs | |
| 6 | Laundry & Linen Service | |
| 7 | Housekeeping | |
| 8 | Dietary | |
| 9 | Nursing Administration | |
| 10 | Central Services & Supply | |
| 11 | Pharmacy | |
| 12 | Medical Records & Library | |
| 13 | Social Service | |
| 15 | Activities | |
| | ANCILLARY SERVICE COST CENTERS | |
| 30 | Skilled Nursing Facility | 5,857,795 |
| 31 | Nursing Facility | 0 |
| 33 | Other Long Term Care | 0 |
| | OTHER REIMBURSABLE COST CENTERS | |
| 40 | Radiology | 6,916 |
| 41 | Laboratory | 9,360 |
| 42 | Intravenous Therapy | 1,855 |
| 43 | Oxygen (Inhalation) Therapy | 0 |
| 44 | Physical Therapy | 485,066 |
| 45 | Occupational Therapy | 226,931 |
| 46 | Speech Pathology | 142,965 |
| 47 | Electrocardiology | 75 |
| 48 | Medical Supplies Charged to Patients | 94,962 |
| 49 | Drugs Charged to Patients | 68,266 |
| 50 | Dental Care - Title XIX only | 0 |
| | SPECIAL PURPOSE COST CENTERS | |
| 51 | Support Surfaces | 0 |
| 52 | Other Ancillary Service Cost Center | 0 |
| - 1 | NON-REIMBURSABLE COST CENTERS | |
| 60 | Clinic | 0 |
| 63 | Other Outpatient Service Cost | 0 |
| 70 | Home Health Agency Cost | 0 |
| 71 | Ambulance | 9,317 |
| 74 | Other Reimbursable Cost | 0 |
| 84 | Other Special Purpose Cost | 0 |
| 89 | Subtotals | 6,903,508 |
| 90 | Gift, Flower, Coffee Shops & Canteen | 0 |
| 91 | Barber and Beauty Shop | 82,538 |
| 92 | Physicians Private Offices | 0 |
| 93 | Nonpaid Workers | ů 0 |
| 94 | Patients Laundry | 0 |
| 95 | Other Non Reimbursable Cost | 0 |
| | 1 Residential/AL | 19,549,927 |
| | 2 Marketing | 1,245,965 |
| 98 | Cross Foot Adjustments | 1,240,500 |
| 99 | Negative Cost Center | 0 |
| | | 9 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Wednesday, May 29, 2024 at 1:31:16 PM

COST ALLOCATION - GENERAL SERVICE COSTS

| | | Net Expenses For Cost Allocation 0 | Cap Rel Build & Fixtures (Square Feet) 1 | Cap Rel Movable Equipment (Square Feet) 2 | Employee Benefits (Gross Salaries) 3 | SubTotal 3A | Adminis- trative & General (Accum. Cost) 4 | Plant Oper Maint. & Repair (Square Feet) 5 | Laundry & Linen Service (Patient Days) 6 | House- keeping (Square Feet) 7 |
|-----|-------|---|---|--|--|----------------|---|---|---|--|
| 100 | TOTAL | 27,781,938 | 9,128,316 | 44,542 | 1,857,931 | 27,781,938 | 2,087,571 | 3,656,882 | 201,544 | 253,134 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Wednesday, May 29, 2024 at 1:31:16 PM

COST ALLOCATION - GENERAL SERVICE COSTS

| | | Dietary (Meals Served) 8 | Nursing Adminis- tration (Patient Days) 9 | Central Services & Supply (Patient Days) 10 | Pharmacy (Patient Days) 11 | Medical Records & Library (Patient Days) 12 | Social Service (Patient Days) 13 | Activities SERVICE (Patient Days) 15 | SubTotal 16 | Adjustments 17 |
|-----|-------|-----------------------------------|--|--|-------------------------------------|--|--|--|----------------|-------------------|
| 100 | TOTAL | 4,141,954 | 987,761 | 98,335 | 3,525 | 2,440 | 122,823 | 423,135 | 27,781,938 | 0 |

> STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Wednesday, May 29, 2024 at 1:31:16 PM

COST ALLOCATION - GENERAL SERVICE COSTS

Total 18

100 TOTAL

27,781,938

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

ciida iiom 1/1/2025 co 12/51/

Worksheet B Part II

Wednesday, May 29, 2024 at 1:31:16 PM

ALLOCATION OF CAPITAL - RELATED COSTS

| | | Directly Assigned Capital Related Costs 0 | Build & Fixtures (Square Feet) 1 | Movable Equipment (Square Feet) 2 | SubTotal 2A | Employee Benefits (Gross Salaries) 3 | Adminis- trative & General (Accum. Cost) 4 | Plant Oper Maint. & Repair (Square Feet) 5 | Laundry & Linen Service (Patient Days) 6 | House- keeping (Square Feet) 7 |
|----|---|---|--|---|----------------|--|---|---|---|--|
| 1 | Cap Rel Costs - Bldgs & Fixtures | | 0 | | | | ····· | | | · · · · · · · · · · · · · · · · · · · |
| 2 | Cap Rel Costs - Movable Equipment | 0 | 0 | 0 | | | | | | |
| 3 | Employee Benefits | 0 | 0 | 0 | 0 | 0 | | | | |
| 4 | Administrative & General | 0 | 97,547 | 476 | 98,023 | 0 | 98,023 | | | |
| 5 | Plant Operation, Maint. & Repairs | 0 | 532,696 | 2,599 | 535,295 | 0 | 12,903 | 548,198 | | |
| 6 | Laundry & Linen Service | 0 | 43,594 | 213 | 43,807 | 0 | 645 | 2,812 | 47,264 | |
| 7 | Housekeeping | 0 | 16,208 | 79 | 16,287 | 0 | 869 | 1,046 | 0 | 18,202 |
| 8 | Dietary | 0 | 182,740 | 892 | 183,632 | 0 | 14,315 | 11,788 | 0 | 394 |
| 9 | Nursing Administration | 0 | 61,797 | 302 | 62,099 | 0 | 3,385 | 3,986 | 0 | 133 |
| 10 | Central Services & Supply | 0 | 13,010 | 63 | 13,073 | 0 | 326 | 839 | 0 | 28 |
| 11 | Pharmacy | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 0 |
| 12 | Medical Records & Library | 0 | 1,722 | 8 | 1,730 | 0 | 6 | 111 | 0 | 4 |
| 13 | Social Service | 0 | 13,857 | 68 | 13,925 | 0 | 411 | 894 | 0 | 30 |
| 15 | Activities | 0 | 0 | 0 | 0 | 0 | 1,493 | 0 | 0 | 0 |
| AN | ICILLARY SERVICE COST CENTERS | | | | | | | | | |
| 30 | Skilled Nursing Facility | 0 | 462,590 | 2,257 | 464,847 | 0 | 10,714 | 29,842 | 21,642 | 998 |
| 31 | Nursing Facility | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Other Long Term Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ОТ | HER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 40 | Radiology | 0 | 0 | 0 | 0 | 0 | 24 | 0 | 0 | 0 |
| 41 | Laboratory | 0 | 0 | 0 | 0 | 0 | 33 | 0 | 0 | 0 |
| 42 | Intravenous Therapy | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 |
| 43 | Oxygen (Inhalation) Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 44 | Physical Therapy | 0 | 14,076 | 69 | 14,145 | 0 | 1,689 | 908 | 0 | 30 |
| 45 | Occupational Therapy | 0 | 14,076 | 69 | 14,145 | 0 | 778 | 908 | 0 | 30 |
| 46 | Speech Pathology | 0 | 2,733 | 13 | 2,746 | 0 | 500 | 176 | 0 | 6 |
| 47 | Electrocardiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48 | Medical Supplies Charged to Patients | 0 | 0 | 0 | 0 | 0 | 335 | 0 | 0 | 0 |
| 49 | Drugs Charged to Patients | 0 | 0 | 0 | 0 | 0 | 241 | 0 | 0 | 0 |
| 50 | Dental Care - Title XIX only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SF | PECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 51 | Support Surfaces | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Other Ancillary Service Cost Center NN-REIMBURSABLE COST CENTERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63 | Other Outpatient Service Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Home Health Agency Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 71 | Ambulance | 0 | 0 | 0 | 0 | 0 | 33 | 0 | 0 | 0 |
| 74 | Other Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 84 | Other Special Purpose Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 89 | Subtotals | 0 | 1,456,646 | 7,108 | 1,463,754 | 0 | 48,719 | 53,310 | 21,642 | 1,653 |
| 90 | Gift, Flower, Coffee Shops & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Barber and Beauty Shop | 0 | 15,224 | 74 | 15,298 | 0 | 266 | 982 | 0 | 33 |
| 92 | Physicians Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 93 | Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Patients Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Other Non Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Residential/AL | 0 | 7,656,446 | 37,360 | 7,693,806 | 0 | 44,642 | 493,906 | 25,622 | 16,516 |
| | Marketing | 0 | 0 | 0 | 0 | 0 | 4,396 | 0 | 0 | 0 |
| | Cross Foot Adjustments | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| | Negative Cost Center | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Wednesday, May 29, 2024 at 1:31:16 PM

ALLOCATION OF CAPITAL - RELATED COSTS

| | | Dietary (Meals Served) 8 | Nursing Adminis- tration (Patient Days) 9 | Central Services & Supply (Patient Days) 10 | Pharmacy (Patient Days) 11 | Medical Records & Library (Patient Days) 12 | Social Service (Patient Days) 13 | Activities SERVICE (Patient Days) 15 | SubTotal 16 | Adjustments 17 |
|----------|---|-----------------------------------|--|--|-------------------------------------|--|--|--|----------------|-------------------|
| 1 2 | Cap Rel Costs - Bldgs & Fixtures Cap Rel Costs - Movable Equipment | | | | | | | | | |
| 3 | Employee Benefits | | | | | | | | | |
| 4 | Administrative & General | | | | | | | | | |
| 5 | Plant Operation, Maint. & Repairs | | | | | | | | | |
| 6 | Laundry & Linen Service | | | | | | | | | |
| 7 | Housekeeping | | | | | | | | | |
| 8 | Dietary | 210,129 | | | | | | | | |
| 9 | Nursing Administration | 0 | 69,603 | | | | | | | |
| 10 11 | Central Services & Supply Pharmacy | 0 | 0 | 14,266 0 | 12 | | | | | |
| 12 | Medical Records & Library | 0 | 0 | 0 | 12 | 1,851 | | | | |
| 13 | Social Service | 0 | 0 | 0 | 0 | 1,001 | 15,260 | | | |
| 15 | Activities | ů 0 | 0 | ő | ů 0 | õ | 10,200 | 1,493 | | |
| A | NCILLARY SERVICE COST CENTERS | | | | | | | , | | |
| 30 | Skilled Nursing Facility | 44,547 | 69,603 | 14,266 | 12 | 1,851 | 15,260 | 1,493 | 675,075 | 0 |
| 31 | Nursing Facility | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Other Long Term Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | THER REIMBURSABLE COST CENTERS | | | - | | _ | | | | |
| 40 41 | Radiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24 33 | 0 |
| 41 42 | Laboratory Intravenous Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 42 | Oxygen (Inhalation) Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | , | 0 |
| 44 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16,772 | 0 |
| 45 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15,861 | 0 |
| 46 | Speech Pathology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,428 | 0 |
| 47 | Electrocardiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48 | Medical Supplies Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 335 | 0 |
| 49 | Drugs Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 241 0 | 0 |
| 50 | Dental Care - Title XIX only PECIAL PURPOSE COST CENTERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51 | Support Surfaces | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52 | Other Ancillary Service Cost Center | 0 | 0 | 0 | 0 | ő | 0 | 0 | 0 | ő |
| | ON-REIMBURSABLE COST CENTERS | · · | · · | Ŭ | · · | v | · · | · | · · | · · |
| 60 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63 | Other Outpatient Service Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 | Home Health Agency Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 71 | Ambulance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33 | 0 |
| 74 | Other Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 84 89 | Other Special Purpose Cost Subtotals | 0 44,547 | 0 69,603 | 0 14,266 | 0 12 | 0 1,851 | 0 15,260 | 0 1,493 | 0 711,809 | 0 |
| 90 | Gift, Flower, Coffee Shops & Canteen | 44,547 | 09,003 | 14,200 | 0 | 1,851 | 15,280 | 1,493 | /11,809 | 0 |
| 91 | Barber and Beauty Shop | 0 | 0 | 0 | 0 | ő | 0 | 0 | 16,579 | ő |
| 92 | Physicians Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 93 | Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 94 | Patients Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 95 | Other Non Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Residential/AL | 165,582 | 0 | 0 | 0 | 0 | 0 | 0 | 8,440,074 | 0 |
| | Marketing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,396 | 0 |
| 98 99 | Cross Foot Adjustments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |
| 99 | Negative Cost Center | U | U | U | U | U | U | 0 | | U |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Wednesday, May 29, 2024 at 1:31:16 PM

ALLOCATION OF CAPITAL - RELATED COSTS

Total 18

| 1 | Cap Rel Costs - Bldgs & Fixtures | |
|-------------|---|-----------|
| 2 | Cap Rel Costs - Movable Equipment | |
| 3 | Employee Benefits | |
| 4 | Administrative & General | |
| 5 | Plant Operation, Maint. & Repairs | |
| 6 | Laundry & Linen Service | |
| 7 | Housekeeping | |
| 8 | Dietary | |
| 9 | Nursing Administration | |
| 10 | Central Services & Supply | |
| 11 | Pharmacy | |
| 12 | Medical Records & Library | |
| 13 | Social Service | |
| 15 | Activities | |
| | NCILLARY SERVICE COST CENTERS | |
| 30 | Skilled Nursing Facility | 675,075 |
| 31 | Nursing Facility | 0 |
| 33 | Other Long Term Care | 0 |
| | THER REIMBURSABLE COST CENTERS | |
| 40 | Radiology | 24 |
| 41 | Laboratory | 33 |
| 42 | Intravenous Therapy | 7 |
| 43 | Oxygen (Inhalation) Therapy | 0 |
| 44 | Physical Therapy | 16,772 |
| 45 | Occupational Therapy | 15,861 |
| 46 | Speech Pathology | 3,428 |
| 47 | Electrocardiology | 0 |
| 48 | Medical Supplies Charged to Patients | 335 |
| 49 | Drugs Charged to Patients | 241 |
| 50 | Dental Care - Title XIX only | 0 |
| | PECIAL PURPOSE COST CENTERS | |
| 51 | Support Surfaces | 0 |
| 52 | Other Ancillary Service Cost Center | 0 |
| | ON-REIMBURSABLE COST CENTERS | |
| 60 | Clinic | 0 |
| 63 | Other Outpatient Service Cost | 0 |
| 70 | Home Health Agency Cost | 0 |
| 71 | Ambulance | 33 |
| 74 | Other Reimbursable Cost | 0 |
| 84 | Other Special Purpose Cost | 0 |
| 89 | Subtotals | 711,809 |
| 90 | Gift, Flower, Coffee Shops & Canteen | 0 |
| 91 02 | Barber and Beauty Shop | 16,579 |
| 92 | Physicians Private Offices | 0 |
| 93 | Nonpaid Workers | 0 |
| 94 95 | Patients Laundry | 0 |
| | Other Non Reimbursable Cost Residential/AL | 0 |
| | | 8,440,074 |
| 95.02 98 | Marketing | 4,396 |
| 98 | Cross Foot Adjustments | |

99 Negative Cost Center

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Wednesday, May 29, 2024 at 1:31:16 PM

ALLOCATION OF CAPITAL - RELATED COSTS

| | | Directly Assigned Capital Related Costs 0 | Cap Rel Build & Fixtures (Square Feet) 1 | Cap Rel Movable Equipment (Square Feet) 2 | SubTotal 2A | Employee Benefits (Gross Salaries) 3 | Adminis- trative & General (Accum. Cost) 4 | Plant Oper Maint. & Repair (Square Feet) 5 | Laundry & Linen Service (Patient Days) 6 | House- keeping (Square Feet) 7 |
|-----|-------|---|---|--|----------------|--|---|---|---|--|
| 100 | TOTAL | 0 | 9,128,316 | 44,542 | 9,172,858 | 0 | 98,023 | 548,198 | 47,264 | 18,202 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Wednesday, May 29, 2024 at 1:31:16 PM

ALLOCATION OF CAPITAL - RELATED COSTS

| | | Dietary (Meals Served) 8 | Nursing Adminis- tration (Patient Days) 9 | Central Services & Supply (Patient Days) 10 | Pharmacy (Patient Days) 11 | Medical Records & Library (Patient Days) 12 | Social Service (Patient Days) 13 | Activities SERVICE (Patient Days) 15 | SubTotal 16 | Adjustments 17 |
|-----|-------|-----------------------------------|--|--|-------------------------------------|--|--|--|----------------|-------------------|
| 100 | TOTAL | 210,129 | 69,603 | 14,266 | 12 | 1,851 | 15,260 | 1,493 | 9,172,858 | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Wednesday, May 29, 2024 at 1:31:16 PM

ALLOCATION OF CAPITAL - RELATED COSTS

Total 18

100 TOTAL

9,172,858

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

.

Worksheet B-1 Wednesday, May 29, 2024 at 1:31:16 PM

| | | Cap Rel Build & Fixtures (Square Feet) 1 | Cap Rel Movable Equipment (Square Feet) 2 | Employee Benefits (Gross Salaries) 3 | Reconcil- iation 4A | Adminis- trative & General (Accum. Cost) 4 | Plant Oper Maint. & Repair (Square Feet) 5 | Laundry & Linen Service (Patient Days) 6 | House- keeping (Square Feet) 7 | Dietary (Meals Served) 8 |
|----------|---|---|--|--|---------------------------|---|---|---|--|-----------------------------------|
| 1 | Cap Rel Costs - Bldgs & Fixtures | 333,982 | | <u> </u> | | | <u> </u> | <u> </u> | · | |
| 2 | Cap Rel Costs - Movable Equipment | | 333,982 | | | | | | | |
| 3 | Employee Benefits | 0 | 0 | 7,813,324 | | | | | | |
| 4 | Administrative & General | 3,569 | 3,569 | 603,418 | -2,087,571 | 25,694,367 | | | | |
| 5 | Plant Operation, Maint. & Repairs | 19,490 | 19,490 | 681,352 | 0 | 3,382,100 | 310,923 | | | |
| 6 | Laundry & Linen Service | 1,595 | 1,595 | 59,876 | 0 | 169,050 | 1,595 | 27,871 | | |
| 7 | Housekeeping | 593 | 593 | 146,022 | 0 | 227,663 | 593 | 0 | 308,735 | |
| 8 | Dietary | 6,686 | 6,686 | 3,653 | 0 | 3,752,921 | 6,686 | 0 | 6,686 | 180,597 |
| 9 | Nursing Administration | 2,261 | 2,261 | 619,481 | 0 | 887,231 | 2,261 | 0 | 2,261 | 0 |
| 10 | Central Services & Supply | 476 | 476 | 0 | 0 | 85,408 | 476 | 0 | 476 | 0 |
| 11 | Pharmacy | 0 | 0 | 0 | 0 | 3,260 | 0 | 0 | 0 | 0 |
| 12 | Medical Records & Library | 63 | 63 | 0 | 0 | 1,523 | 63 | 0 | 63 | 0 |
| 13 | Social Service | 507 | 507 | 75,395 | 0 | 107,694 | 507 | 0 | 507 | 0 |
| 15 | Activities | 0 | 0 | 308,195 | 0 | 391,340 | 0 | 0 | 0 | 0 |
| | NCILLARY SERVICE COST CENTERS | 1.6 005 | 10 005 | 1 600 000 | 0 | 0 000 000 | 10 005 | 10 700 | 10 005 | 20.000 |
| 30 | Skilled Nursing Facility | 16,925 | 16,925 0 | 1,602,832 | | 2,808,306 0 | 16,925 | 12,762 | 16,925 | 38,286 0 |
| 31 33 | Nursing Facility | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Other Long Term Care | 0 | U | 0 | 0 | U | U | U | U | 0 |
| 40 | THER REIMBURSABLE COST CENTERS Radiology | 0 | 0 | 0 | 0 | 6,396 | 0 | 0 | 0 | 0 |
| 40 41 | Laboratory | 0 | 0 | 0 | 0 | 8,657 | 0 | 0 | 0 | 0 |
| 41 | Intravenous Therapy | 0 | 0 | 0 | 0 | 1,716 | 0 | 0 | 0 | 0 |
| 42 | Oxygen (Inhalation) Therapy | 0 | 0 | 0 | 0 | 1,710 | 0 | 0 | 0 | 0 |
| 44 | Physical Therapy | 515 | 515 | 303,349 | 0 | 442,625 | 515 | 0 | 515 | 0 |
| 45 | Occupational Therapy | 515 | 515 | 153,291 | 0 | 203,887 | 515 | 0 | 515 | 0 |
| 46 | Speech Pathology | 100 | 100 | 103,663 | 0 0 | 131,059 | 100 | Ő | 100 | Ő |
| 47 | Electrocardiology | 0 | 0 | 103,003 | 0 | 69 | 0 | 0 | 0 | 0 |
| 48 | Medical Supplies Charged to Patients | 0 | 0 | 0 | 0 | 87,826 | 0 | 0 | 0 | 0 |
| 49 | Drugs Charged to Patients | 0 0 | 0 0 | 0 | 0 | 63,136 | 0 0 | 0 | 0 0 | 0 |
| 50 | Dental Care - Title XIX only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| s | PECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 51 | Support Surfaces | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52 N | Other Ancillary Service Cost Center ON-REIMBURSABLE COST CENTERS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63 | Other Outpatient Service Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 | Home Health Agency Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 71 | Ambulance | 0 | 0 | 0 | 0 | 8,617 | 0 | 0 | 0 | 0 |
| 74 | Other Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 80 | Malpractice Premiums & Paid Losses | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 84 | Other Special Purpose Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 89 | Subtotal | 53,295 | 53,295 | 4,660,527 | -2,087,571 | 12,770,484 | 30,236 | 12,762 | 28,048 | 38,286 |
| 90 | Gift, Flower, Coffee Shops & Canteen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 91 | Barber and Beauty Shop | 557 | 557 | 0 | 0 | 69,855 | 557 | 0 | 557 | 0 |
| 92 | Physicians Private Offices | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 93 | Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 94 | Patients Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 95 | Other Non Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Residential/AL | 280,130 | 280,130 | 2,707,087 | 0 | 11,701,686 | 280,130 | 15,109 | 280,130 | 142,311 |
| | Marketing | 0 | 0 | 445,710 | 0 | 1,152,342 | 0 | 0 | 0 | 0 |
| 98 | Cross Foot Adjustments | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Wednesday, May 29, 2024 at 1:31:16 PM

| | | Nursing Adminis- tration (Patient Days) 9 | Central Services & Supply (Patient Days) 10 | Pharmacy (Patient Days) 11 | Medical Records & Library (Patient Days) 12 | Social Service (Patient Days) 13 | Activities SERVICE (Patient Days) 15 |
|----------|--|--|--|-------------------------------------|--|--|--|
| 1 | Cap Rel Costs - Bldgs & Fixtures | | | | | | |
| 2 3 | Cap Rel Costs - Movable Equipment | | | | | | |
| 4 | Employee Benefits Administrative & General | | | | | | |
| 5 | Plant Operation, Maint. & Repairs | | | | | | |
| 6 | Laundry & Linen Service | | | | | | |
| 7 | Housekeeping | | | | | | |
| 8 | Dietary | | | | | | |
| 9 | Nursing Administration | 12,762 | | | | | |
| 10 | Central Services & Supply | 0 | 12,762 | | | | |
| 11 | Pharmacy | 0 | 0 | 12,762 | | | |
| 12 | Medical Records & Library | 0 | 0 | 0 | 12,762 | | |
| 13 | Social Service | 0 | 0 | 0 | 0 | 12,762 | |
| 15 | Activities | 0 | 0 | 0 | 0 | 0 | 12,762 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 30 | Skilled Nursing Facility | 12,762 | 12,762 | 12,762 | 12,762 | 12,762 | 12,762 |
| 31 | Nursing Facility | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Other Long Term Care | 0 | 0 | 0 | 0 | 0 | 0 |
| | OTHER REIMBURSABLE COST CENTERS | | • | | • | • | |
| 40 | Radiology | 0 | 0 | 0 | 0 | 0 | 0 |
| 41 42 | Laboratory | 0 | 0 | 0 | 0 | 0 | 0 |
| 42 | Intravenous Therapy Oxygen (Inhalation) Therapy | 0 | 0 | 0 | 0 | 0 | 0 |
| 43 | Physical Therapy | 0 | 0 | 0 | 0 | 0 | 0 |
| 45 | Occupational Therapy | 0 | 0 | 0 | 0 | 0 | 0 |
| 46 | Speech Pathology | 0 | ő | 0 | 0 | 0 | 0 |
| 47 | Electrocardiology | 0 | ő | 0 | 0 | 0 | 0 |
| 48 | Medical Supplies Charged to Patients | 0 | 0 | 0 | 0 | 0 | 0 |
| 49 | Drugs Charged to Patients | 0 | 0 0 | 0 0 | 0 | 0 | 0 |
| 50 | Dental Care - Title XIX only | 0 | 0 | 0 | 0 | 0 | 0 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| 51 | Support Surfaces | 0 | 0 | 0 | 0 | 0 | 0 |
| 52 | Other Ancillary Service Cost Center | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | NON-REIMBURSABLE COST CENTERS | | | | | | |
| 60 | Clinic | 0 | 0 | 0 | 0 | 0 | 0 |
| 63 | Other Outpatient Service Cost | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 | Home Health Agency Cost | 0 | 0 | 0 | 0 | 0 | 0 |
| 71 | Ambulance | 0 | 0 | 0 | 0 | 0 | 0 |
| 74 | Other Reimbursable Cost | 0 | 0 | 0 | 0 | 0 | 0 |
| 80 | Malpractice Premiums & Paid Losses | 0 | 0 | 0 | 0 | 0 | 0 |
| 84 | Other Special Purpose Cost | 0 | 0 | 0 | 0 | 0 | 0 |
| 89 90 | Subtotal | 12,762 0 | 12,762 0 | 12,762 0 | 12,762 0 | 12,762 0 | 12,762 0 |
| 90 91 | Gift, Flower, Coffee Shops & Canteen Barber and Beauty Shop | 0 | 0 | 0 | 0 | 0 | 0 |
| 92 | Physicians Private Offices | 0 | 0 | 0 | 0 | 0 | 0 |
| 92 93 | Nonpaid Workers | 0 | 0 | 0 | 0 | 0 | 0 |
| 94 | Patients Laundry | 0 | 0 | 0 | 0 | 0 | 0 |
| 95 | Other Non Reimbursable Cost | 0 | ő | 0 | ů 0 | ő | 0 |
| | 1 Residential/AL | 0 | ő | 0 | ů 0 | 0 0 | 0 |
| | 2 Marketing | 0 | 0 | 0 | 0 | 0 | 0 |
| 98 | Cross Foot Adjustments | 0 | 0 | 0 | 0 | 0 | 0 |
| | ···· j ····· | - | - | - | - | - | - |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Wednesday, May 29, 2024 at 1:31:16 PM

| | | Cap Rel Build & Fixtures (Square Feet) 1 | Cap Rel Movable Equipment (Square Feet) 2 | Employee Benefits (Gross Salaries) 3 | Reconcil- iation 4A | Adminis- trative & General (Accum. Cost) 4 | Plant Oper Maint. & Repair (Square Feet) 5 | Laundry & Linen Service (Patient Days) 6 | House- keeping (Square Feet) 7 | Dietary (Meals Served) 8 |
|-----|------------------------------|---|--|--|---------------------------|---|---|---|--|-----------------------------------|
| 99 | Negative Cost Center | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 102 | Cost to be Allocated per Bp1 | 9,128,316 | 44,542 | 1,857,931 | 0 | 2,087,571 | 3,656,882 | 201,544 | 253,134 | 4,141,954 |
| 103 | Unit Cost Multiplier per Bp1 | 27.331760 | 0.133366 | 0.237790 | 0.000000 | 0.081246 | 11.761375 | 7.231316 | 0.819907 | 22.934789 |
| 104 | Cost to be Allocated per Bp2 | 0 | 0 | 0 | 0 | 98,023 | 548,198 | 47,264 | 18,202 | 210,129 |
| 105 | Unit Cost Multiplier per Bp2 | 0.00000 | 0.00000 | 0.00000 | 0.000000 | 0.003815 | 1.763131 | 1.695813 | 0.058957 | 1.163524 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Wednesday, May 29, 2024 at 1:31:16 PM

| | | Nursing Adminis- tration (Patient Days) 9 | Central Services & Supply (Patient Days) 10 | Pharmacy (Patient Days) 11 | Medical Records & Library (Patient Days) 12 | Social Service (Patient Days) 13 | Activities SERVICE (Patient Days) 15 |
|-----|------------------------------|--|--|-------------------------------------|--|--|--|
| 99 | Negative Cost Center | 0 | 0 | 0 | 0 | 0 | 0 |
| 102 | Cost to be Allocated per Bp1 | 987,761 | 98,335 | 3,525 | 2,440 | 122,823 | 423,135 |
| 103 | Unit Cost Multiplier per Bp1 | 77.398605 | 7.705297 | 0.276211 | 0.191193 | 9.624118 | 33.155853 |
| 104 | Cost to be Allocated per Bp2 | 69,603 | 14,266 | 12 | 1,851 | 15,260 | 1,493 |
| 105 | Unit Cost Multiplier per Bp2 | 5.453926 | 1.117850 | 0.000940 | 0.145040 | 1.195737 | 0.116988 |

> STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet B-2

Post Step Down Adjustments

Worksheet B

| Part No. | Line No. | Amount |
|----------|----------|--------|
| 2 | 3 | 4 |

Wednesday, May 29, 2024 at 1:31:16 PM

Description 1

#

Worksheet has no records.

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet C

Ratio of Cost of Charges for Ancillary and Outpatient Cost Centers

Wednesday, May 29, 2024 at 1:31:16 PM

| | | | Total | |
|-----|--------------------------------------|-----------|-----------|----------|
| CMS | COST CENTER | Total | Charges | Ratio |
| # | | 1 | 2 | 3 |
| | ANCILLARY SERVICE COST CENTERS | | | |
| | OUTPATIENT SERVICE COST CENTERS | | | |
| 40 | Radiology | 6,916 | 6,396 | 1.081301 |
| 41 | Laboratory | 9,360 | 9,855 | 0.949772 |
| 42 | Intravenous Therapy | 1,855 | 1,716 | 1.081002 |
| 43 | Oxygen (Inhalation) Therapy | 0 | 0 | 0.00000 |
| 44 | Physical Therapy | 485,066 | 551,604 | 0.879374 |
| 45 | Occupational Therapy | 226,931 | 449,245 | 0.505139 |
| 46 | Speech Pathology | 142,965 | 219,780 | 0.650491 |
| 47 | Electrocardiology | 75 | 69 | 1.086957 |
| 48 | Medical Supplies Charged to Patients | 94,962 | 87,826 | 1.081252 |
| 49 | Drugs Charged to Patients | 68,266 | 63,136 | 1.081253 |
| 50 | Dental Care - Title XIX only | 0 | 0 | 0.00000 |
| 51 | Support Surfaces | 0 | 0 | 0.00000 |
| 52 | Other Ancillary Service Cost Center | 0 | 0 | 0.00000 |
| 60 | Clinic | 0 | 0 | 0.00000 |
| 63 | Other Outpatient Service Cost | 0 | 0 | 0.00000 |
| 71 | Ambulance | 9,317 | 8,617 | 1.081235 |
| 100 | TOTAL | 1,045,713 | 1,398,244 | |
| | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Wednesday, May 29, 2024 at 1:31:16 PM

Worksheet D Part I

Skilled Nursing Facility Title XVIII

| PART I | - 1 | ANCILLARY | COST | APPORTIONMENT |
|--------|-----|-----------|------|---------------|
|--------|-----|-----------|------|---------------|

| | | Ratio of | Health | n Care | Health | Care |
|-----|--------------------------------------|----------|---------|---------|---------|--------|
| | | cost to | Program | Charges | Program | Cost |
| | Cost Center Description | charges | Part A | Part B | Part A | Part B |
| CMS | | 1 | 2 | 3 | 4 | 5 |
| # | ANCILLARY SERVICE COST CENTERS | | | | | |
| 40 | Radiology | 1.081301 | 2,785 | 0 | 3,011 | 0 |
| 41 | Laboratory | 0.949772 | 8,480 | 0 | 8,054 | 0 |
| 42 | Intravenous Therapy | 1.081002 | 1,716 | 0 | 1,855 | 0 |
| 43 | Oxygen (Inhalation) Therapy | 0.00000 | 0 | 0 | 0 | 0 |
| 44 | Physical Therapy | 0.879374 | 153,698 | 0 | 135,158 | 0 |
| 45 | Occupational Therapy | 0.505139 | 147,854 | 0 | 74,687 | 0 |
| 46 | Speech Pathology | 0.650491 | 69,404 | 0 | 45,147 | 0 |
| 47 | Electrocardiology | 1.086957 | 69 | 0 | 75 | 0 |
| 48 | Medical Supplies Charged to Patients | 1.081252 | 813 | 0 | 879 | 0 |
| 49 | Drugs Charged to Patients | 1.081253 | 50,840 | 0 | 54,971 | 0 |
| 50 | Dental Care - Title XIX only | 0.00000 | 0 | | 0 | 0 |
| 51 | Support Surfaces | 0.00000 | 0 | 0 | 0 | 0 |
| 52 | Other Ancillary Service Cost Center | 0.00000 | 0 | 0 | 0 | 0 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 | Clinic | 0.00000 | 0 | 0 | 0 | 0 |
| 63 | Other Outpatient Service Cost | 0.00000 | 0 | 0 | 0 | 0 |
| 71 | Ambulance | 1.081235 | 0 | 0 | 0 | 0 |
| 100 | TOTAL | | 435,659 | 0 | 323,837 | 0 |
| | | | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet D Part II Wednesday, May 29, 2024 at 1:31:16 PM

Skilled Nursing Facility Title XVIII

 Part II - APPORTIONMENT OF VACCINE COST

 # Description
 Amount

 1
 Drugs charged to patients - RCC
 1.081253

 2
 Program vaccine charges
 0

 3
 Program costs
 0

Part III - CALCULATION OF PASS-THROUGH COSTS FOR INTERNS AND RESIDENTS

| II - CALCULATION OF FASS-INCOUGH COSIS P | | | | | |
|--|---|---|--|--|--|
| | | | Ratio of Nursing | | Part A |
| | Total Cost | Nursing & | & Allied Health | Program | Nursing & Allied |
| | (From | Allied Health | Costs To Total | Part A Cost | Health Costs for |
| | Worksheet B, | (From Wkst B | Costs - Part A | (From Wkst D | Pass Through |
| | Part I, Col 18 | Part I, Col 14) | (Col 2 / Col 1) | Part I, Col 4) | (Col 3 X Col 4) |
| | 1 | 2 | 3 | 4 | 5 |
| Radiology | 0 | 0 | 0.00000 | 3,011 | 0 |
| Laboratory | 0 | 0 | 0 | 8,054 | 0 |
| Intravenous Therapy | 0 | 0 | 0 | 1,855 | 0 |
| Oxygen (Inhalation) Therapy | 0 | 0 | 0 | 0 | 0 |
| Physical Therapy | 0 | 0 | 0 | 135,158 | 0 |
| Occupational Therapy | 0 | 0 | 0 | 74,687 | 0 |
| Speech Pathology | 0 | 0 | 0 | 45,147 | 0 |
| Electrocardiology | 0 | 0 | 0 | 75 | 0 |
| Medical Supplies Charged to Patients | 0 | 0 | 0 | 879 | 0 |
| Drugs Charged to Patients | 0 | 0 | 0 | 54,971 | 0 |
| Dental Care - Title XIX only | 0 | 0 | 0 | 0 | 0 |
| Support Surfaces | 0 | 0 | 0 | 0 | 0 |
| TOTAT | | | | | |
| | Radiology Laboratory Intravenous Therapy Oxygen (Inhalation) Therapy Physical Therapy Occupational Therapy Speech Pathology Electrocardiology Medical Supplies Charged to Patients Drugs Charged to Patients Dental Care - Title XIX only | Total Cost (From Worksheet B, Part I, Col 18 1 Radiology 0 Laboratory 0 Intravenous Therapy 0 Oxygen (Inhalation) Therapy 0 Oxygen (Inhalation) Therapy 0 Physical Therapy 0 Occupational Therapy 0 Speech Pathology 0 Electrocardiology 0 Medical Supplies Charged to Patients 0 Drugs Charged to Patients 0 Drugs Charged to Patients 0 Dental Care - Title XIX only 0 Support Surfaces 0 | Total Cost (From Worksheet B, Part I, Col 14)Nursing & Allied Health Worksheet B, (From Wkst B Part I, Col 14)Radiology00Laboratory00Intravenous Therapy00Oxygen (Inhalation) Therapy00Occupational Therapy00Speech Pathology00Electrocardiology00Drugs Charged to Patients00Dental Care - Title XIX only00Current Care | Ratio of Nursing Total CostNursing & Allied HealthTotal Cost (From Worksheet B, Part I, Col 18Nursing & Allied HealthCosts To Total Costs To TotalNorksheet B, Part I, Col 18(From Wkst B (From Wkst B)Costs - Part A (Col 2 / Col 1)123Radiology000.000000Laboratory000Intravenous Therapy000Oxygen (Inhalation) Therapy000Occupational Therapy000Speech Pathology000Electrocardiology000Drugs Charged to Patients000Dental Care - Title XIX only000Support Surfaces000 | Ratio of Nursing Cotal CostNursing & Costs To TotalProgramTotal CostNursing & (From Worksheet B, Part I, Col 18Part A CostCosts To TotalPart A CostWorksheet B, Part I, Col 18(From Wkst B Part I, Col 14)Costs - Part A (Col 2 / Col 1)Part I, Col 4)1234Radiology000.0000003,011Laboratory0000Intravenous Therapy0001,855Oxygen (Inhalation) Therapy0000Physical Therapy000135,158Occupational Therapy00074,687Speech Pathology000879Drugs Charged to Patients0006Support Surfaces0000Support Surfaces0000 |

> STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

> > Wednesday, May 29, 2024 at 1:31:16 PM

Worksheet D-1

Nursing Facility Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

| CMS | | |
|-----|--|-----------|
| # | DESCRIPTION | AMOUNT |
| 1 | Inpatient days incl. private | 12,762 |
| 2 | Private room days | 0 |
| 3 | Inpatient days incl. Program prvt. | 1,894 |
| 4 | Med. nec. Program prvt. room days | 0 |
| 5 | Total general Inpatient routine svc.s co | 5,857,795 |
| | PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | |
| 6 | General Inpatient routine service charge | 992,909 |
| 7 | General Inpatient routine service RCC | 5.899629 |
| 8 | Private room charges | 0 |
| 9 | Avg. private room per diem charge | 0.00 |
| 10 | Semi-private room charges | 0 |
| 11 | Avg. semi-private room per diem charge | 0.00 |
| 12 | Avg. private room charge diff. | 0.00 |
| 13 | Avg. private room cost diff. | 0.00 |
| 14 | Private room cost diff. adjustment | 0 |
| 15 | General Inpatient routine service cost n | 5,857,795 |
| | PROGRAM INPATIENT ROUTINE SERVICE COSTS | |
| 16 | Adjusted general Inpatient per diem cost | 459.00 |
| 17 | Program routine service cost | 869,346 |
| 18 | Med. nec. program prvt. room cost | 0 |
| 19 | Total program general Inpatient cost | 869,346 |
| 20 | Capital related cost allocated to inpati | 675,075 |
| 21 | Per diem capital related costs | 52.90 |
| 22 | Program capital related cost | 100,193 |
| 23 | Inpatient routine service cost | 769,153 |
| 24 | Aggregate charges to beneficiaries for e | 0 |
| 25 | Total program routine service costs for | 769,153 |
| 26 | Per diem limitation | 0.00 |
| 27 | I/p routine service cost limitation | 0 |
| 28 | Reimbursable Inpatient routine service c | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Wednesday, May 29, 2024 at 1:31:16 PM

Computation of Inpatient Routine Costs

Part II - Calculation of Inpatient Nursing & Allied Health Cost for PPS Pass-through Skilled Nursing Facility Title XVIII

| Line No. | Item Description | Amounts |
|-------------|--|----------|
| 1 | Total inpatient days (see instructions) | 12,762 |
| 2 | Program inpatient days (see instructions) | 1,894 |
| 3 | Total Nursing & Allied Health costs (see instructions) | 0 |
| 4 | Nursing & Allied Health ratio (Line 2 divided by line 1) | 0.148409 |
| 5 | Program Nursing & Allied Health costs for pass-through (Line 3 times line 4) | 0 |

> STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

> > Wednesday, May 29, 2024 at 1:31:16 PM

Worksheet E

Calculation of Reimbursement Settlement

Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

| PAR | T A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT | |
|-------|---|-----------|
| 1 | Inpatient PPS amount (See Instructions) | 1,220,562 |
| 2 | Nursing and Allied Health Education Activities (pass through payments) | 0 |
| | | |
| 3 | Subtotal | 1,220,562 |
| 4 | Primary payor amounts | 0 |
| 5 | Coinsurance | 133,800 |
| 6 | Reimbursable bad debts (From your records) | 0 |
| 7 | Reimbursable bad debts for dual eligible beneficiaries (See instructions) | 0 |
| 8 | Adjusted reimbursable bad debts. (See instructions) | 0 |
| 9 | Recovery of bad debts - for statistical records only | 0 |
| 10 | Utilization review | 0 |
| | | |
| 11 | Subtotal | 1,086,762 |
| 12 | Interim payments (See instructions) | 1,065,027 |
| 13 | Tentative adjustment | 0 |
| 14 | Other adjustment (See instructions) | 0 |
| 14.50 | Demonstration payment adjustment amount before sequestration | 0 |
| 14.55 | Demonstration payment adjustment amount after sequestration | 0 |
| 14.75 | Sequestration for non-claims based amounts (See instructions) | 0 |
| 14.99 | Sequestration adjustment (See instructions) | 21,735 |
| 15 | Balance due provider/program | 0 |
| 16 | Protested amounts (Nonallowable cost report items) | 0 |
| | | |

PART I - SNF REIMBURSEMENT UNDER PPS

| PAR | RT B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES | |
|----------------------------------|---|--------------------------------------|
| 17 | Ancillary services Part B | 0 |
| 18 | Vaccine cost | 0 |
| 19 | Total reasonable costs | 0 |
| 20 | Medicare Part B ancillary charges | 0 |
| 21 | Cost of covered services | 0 |
| 22 | Primary payor amounts | 0 |
| 23 | Coinsurance and deductibles | 0 |
| 24 | Reimbursable bad debts | 0 |
| 24.01 | l Reimbursable bad debts for dual eligible beneficiaries (see inst | 0 |
| 24.02 | 2 Adjusted reimbursable bad debts (see instructions) | 0 |
| | | |
| | | |
| 25 | Subtotal | 0 |
| 25 26 | Subtotal Interim adjustment | 0 0 |
| | | 0 0 0 |
| 26 | Interim adjustment | 0 0 0 0 |
| 26 27 28 | Interim adjustment Tentative adjustment | 0 0 0 0 0 0 |
| 26 27 28 28.50 | Interim adjustment Tentative adjustment Other adjustments (See instructions) Specify | 0 0 0 0 0 0 |
| 26 27 28 28.50 28.55 | Interim adjustment Tentative adjustment Other adjustments (See instructions) Specify Demonstration payment adjustment amount before sequestration | 0 0 0 0 0 0 0 0 |
| 26 27 28 28.50 28.55 | Interim adjustment Tentative adjustment Other adjustments (See instructions) Specify Demonstration payment adjustment amount before sequestration Demonstration payment adjustment amount after sequestration | 0 0 0 0 0 0 0 0 |
| 26 27 28 28.50 28.55 | Interim adjustment Tentative adjustment Other adjustments (See instructions) Specify Demonstration payment adjustment amount before sequestration Demonstration payment adjustment amount after sequestration | 0 0 0 0 0 0 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet E-1 Wednesday, May 29, 2024 at 1:31:16 PM

Analysis of Payments to Providers for Service Rendered

| CMS # | DESCRIPTION | | Part B Mo/Day/Year Amount 3 4 |
|----------|---|-----------|-------------------------------------|
| 1 | Total interim payments paid to provider | 1,065,027 | 0 |
| 2 | Interim payments payable on individual bills, eithe | 0 | 0 |
| | Lump sums to Provider | 0 | 0 |
| | Lump sums to Provider | 0 | 0 |
| | Lump sums to Provider | 0 | 0 |
| | Lump sums to Provider | 0 | 0 |
| | Lump sums to Provider | 0 | 0 |
| | Lump sums to Program | 0 | 0 |
| | Lump sums to Program | 0 | 0 |
| | Lump sums to Program | 0 | 0 |
| | Lump sums to Program | 0 | 0 |
| 3.54 | Lump sums to Program | 0 | 0 |
| 3.99 | SUBTOTAL | 0 | 0 |
| 4 | TOTAL INTERIM PAYMENTS | 1,065,027 | 0 |
| | TO BE COMPLETED BY CONTRACTOR | | |
| 5 | Items Below for INTERMEDIARIES: | | |
| 5.01 | Settlement to Provider | 0 | 0 |
| | Settlement to Provider | 0 | 0 |
| 5.03 | Settlement to Provider | 0 | 0 |
| | Settlement to Program | 0 | 0 |
| | Settlement to Program | 0 | 0 |
| | Settlement to Program | 0 | 0 |
| 5.99 | SUBTOTAL | 0 | 0 |
| 6.01 | Net settlement to Provider | 0 | 0 |
| 6.50 | Net settlement to Program | 0 | 0 |
| 7 | TOTAL MEDICARE PROGRAM LIABILITY | 0 | 0 |
| | | | |
| | | | |

Name of Contractor: _____ Contractor Number: _____ 0 Name of Contractor:

·····

0

Wednesday, May 29, 2024 at 1:31:16 PM

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet G

BALANCE SHEET

| | | | Specific | | |
|-----|--|-------------|--------------|-----------|-------|
| | | General | - Purpose | Endowment | Plant |
| CMS | ASSETS (omit cents) | Fund | Fund | Fund | Fund |
| # | | 1 | 2 | 3 | 4 |
| | CURRENT ASSETS | | | | |
| 1 | Cash on hand and in banks | 56,201,606 | 0 | 0 | 0 |
| 2 | Temporary investments | 4,964,819 | 0 | 0 | 0 |
| 3 | Notes receivable | 0 | 0 | 0 | 0 |
| 4 | Accounts receivable | 1,731,532 | 0 | 0 | 0 |
| 5 | Other receivables | -1,312,021 | 0 | 0 | 0 |
| | Less: allowances for uncollectible notes and | | | | |
| 6 | accounts receivable | 688,000 | 0 | 0 | 0 |
| 7 | Inventory | 0 | 0 | 0 | 0 |
| 8 | Prepaid expenses | 74,865 | 0 | 0 | 0 |
| 9 | Other current assets | 0 | 0 | 0 | 0 |
| 10 | Due from other funds | 0 | 0 | 0 | 0 |
| 11 | TOTAL CURRENT ASSETS | 60,972,801 | 0 | 0 | 0 |
| | FIXED ASSETS | | | | |
| 12 | Land | 5,000,000 | 0 | 0 | 0 |
| 13 | Land improvements | 0 | 0 | 0 | 0 |
| 14 | Less: Accumulated depreciation | 0 | 0 | 0 | 0 |
| 15 | Buildings | 112,414,400 | 0 | 0 | 0 |
| 16 | Less: Accumulated depreciation | 65,527,643 | 0 | 0 | 0 |
| 17 | Leasehold improvements | 0 | 0 | 0 | 0 |
| 18 | Less: Accumulated amortization | 0 | 0 | 0 | 0 |
| 19 | Fixed equipment | 0 | 0 | 0 | 0 |
| 20 | Less: Accumulated depreciation | 0 | 0 | 0 | 0 |
| 21 | Automobiles and trucks | 0 | 0 | 0 | 0 |
| 22 | Less: Accumulated depreciation | 0 | 0 | 0 | 0 |
| 23 | Major movable equipment | 8,871,996 | 0 | 0 | 0 |
| 24 | Less: Accumulated depreciation | 3,909,480 | 0 | 0 | 0 |
| 25 | Minor equipment depreciable | 0 | 0 | 0 | 0 |
| 26 | Minor equipment nondepreciable | 0 | 0 | 0 | 0 |
| 27 | Other fixed assets | 0 | 0 | 0 | 0 |
| 28 | TOTAL FIXED ASSETS | 56,849,273 | 0 | 0 | 0 |
| | OTHER ASSETS | | | | |
| 29 | Investments | 0 | 0 | 0 | 0 |
| 30 | Deposits on leases | 0 | 0 | 0 | 0 |
| 31 | Due from owners/officers | 0 | 0 | 0 | 0 |
| 32 | Other assets | 5,218,379 | 0 | 0 | 0 |
| 33 | TOTAL OTHER ASSETS | 5,218,379 | 0 | 0 | 0 |
| 34 | TOTAL ASSETS | 123,040,453 | 0 | 0 | 0 |
| | | | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet G

BALANCE SHEET

Wednesday, May 29, 2024 at 1:31:16 PM

| CMS # | LIABILITIES AND FUND BALANCES (omit cents) | General Fund 1 | Specific Purpose Fund 2 | Endowment Fund 3 | Plant Fund 4 |
|----------|--|----------------------|----------------------------------|------------------------|--------------------|
| | CURRENT LIABILITIES | | | | |
| 35 | Accounts payable | 956,056 | 0 | 0 | 0 |
| 36 | Salaries, wages & fees payable | 587,489 | 0 | 0 | 0 |
| 37 | Payroll taxes payable | 0 | 0 | 0 | 0 |
| 38 | Notes & loans payable (short term) | 931,716 | 0 | 0 | 0 |
| 39 | Deferred income | 0 | 0 | 0 | 0 |
| 40 | Accelerated payments | 0 | | | |
| 41 | Due to other funds | 0 | 0 | 0 | 0 |
| 42 | Other current liabilities | 428,315 | 0 | 0 | 0 |
| 43 | TOTAL CURRENT LIABILITIES | 2,903,576 | 0 | 0 | 0 |
| | LONG TERM LIABILITIES | | | | |
| 44 | Mortgage payable | 44,762,894 | 0 | 0 | 0 |
| 45 | Notes payable | 0 | 0 | 0 | 0 |
| 46 | Unsecured loans | 0 | 0 | 0 | 0 |
| 47 | Loans from owners | 0 | 0 | 0 | 0 |
| 48 | Other long term liabilities | 89,170,533 | 0 | 0 | 0 |
| 49 | | 0 | 0 | 0 | 0 |
| 50 | TOTAL LONG TERM LIABILITIES | 133,933,427 | 0 | 0 | 0 |
| 51 | TOTAL LIABILITIES | 136,837,003 | 0 | 0 | 0 |
| | CAPITAL ACCOUNTS | | | | |
| 52 | General fund balance | -13,796,550 | | | |
| 53 | Specific purpose fund Donor created - endowment fund balance - | | 0 | | |
| 54 | restricted Donor created - endowment fund balance - | | 0 | 0 | |
| 55 | unrestricted Governing body created - endowment fund | | | 0 | |
| 56 | balance | | | 0 | |
| 57 | Plant fund balance – invested in plant Plant fund balance – reserve for plant | | | | 0 |
| 58 | improvement, replacement and expansion | | | | 0 |
| 59 | TOTAL FUND BALANCES | -13,796,550 | 0 | 0 | 0 |
| 60 | TOTAL LIABILITIES & FUND BALANCES | 123,040,453 | 0 | 0 | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet G-1 Wednesday, May 29, 2024 at 1:31:16 PM

STATEMENT OF CHANGES IN FUND BALANCES

| | | GENERA | L FUND | SPECIFIC PU | RPOSE FUND - | ENDOWMEN | IT FUND | PLANT | FUND |
|----|--------------------------------|---------|-----------|-------------|--------------|-------------|---------|-------|------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1 | Fund balances - beginning | | -21666853 | | 0 | | 0 | | 0 |
| 2 | Net income (loss) | | 8085579 | | | | | | |
| 3 | Total | | -13581274 | | 0 | | 0 | | 0 |
| 4 | Additions (Credit adjustments) | 0 | | 0 | | 0 | | 0 | |
| 5 | Disbursements | -215275 | | 0 | | 0 | | 0 | |
| 6 | | 0 | | 0 | | 0 | | 0 | |
| 7 | | 0 | | 0 | | 0 | | 0 | |
| 8 | | 0 | | 0 | | 0 | | 0 | |
| 9 | | 0 | | 0 | | 0 | | 0 | |
| | | | | | | | | | |
| 10 | Total Additions | | -215275 | | 0 | | 0 | | 0 |
| 11 | Subtotal | | -13796549 | | 0 | | 0 | | 0 |
| 12 | Deductions (Debit adjustments) | 0 | | 0 | | 0 | | 0 | |
| 13 | Rounding | 1 | | 0 | | 0 | | 0 | |
| 14 | | 0 | | 0 | | 0 | | 0 | |
| 15 | | 0 | | 0 | | 0 | | 0 | |
| 16 | | 0 | | 0 | | 0 | | 0 | |
| 17 | | 0 | | 0 | | 0 | | 0 | |
| 18 | Total deductions | | 1 | | 0 | | 0 | | 0 |
| 19 | Fund balances - ending | | -13796550 | | 0 | | 0 | | 0 |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part I

Wednesday, May 29, 2024 at 1:31:16 PM Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

| CMS | REVENUE CENTER | Inpatient | Outpatient | Total |
|-----|---|------------|------------|------------|
| # | | 1 | 2 | 3 |
| | GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 | Skilled Nursing Facility | 6,657,390 | | 6,657,390 |
| 2 | Nursing Facility | 0 | | 0 |
| 4 | Other Long Term Care | 25,290,309 | | 25,290,309 |
| | | | | |
| 5 | Total general Inpatient care services | 31,947,699 | | 31,947,699 |
| | ALL OTHER CARE SERVICES | | | |
| 6 | Ancillary services | 1,381,701 | 0 | 1,381,701 |
| 7 | Clinic | | 0 | 0 |
| 8 | Home Health Agency Cost | | 0 | 0 |
| 9 | Ambulance | | 0 | 0 |
| | | | | |
| 13 | | 0 | | |
| | | | | ========= |
| 14 | Total Patient Revenues | 33,329,400 | 0 | 33,329,400 |
| | | | | |

> STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part II Wednesday, May 29, 2024 at 1:31:16 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

| CMS | Description | | |
|--------|--------------------------|------------|--|
| # 1 | Operating Expenses | 31,601,325 | |
| 2 | Additions | 0 | |
| 2 | Additions | 0 | |
| 3 | | 0 | |
| 4 | | U | |
| 5 | | 0 | |
| 6 | | 0 | |
| 7 | | 0 | |
| | | | |
| 8 | Total Additions | 0 | |
| 9 | Deductions | 0 | |
| 10 | | 0 | |
| 11 | | 0 | |
| 12 | | 0 | |
| 13 | | 0 | |
| 15 | | • | |
| 14 | Total Deductions | 0 | |
| 14 | Total Deductions | 0 | |
| | | | |
| 15 | Total Operating Expenses | 31,601,325 | |
| | | ======= | |
| | | | |

STONEBRIDGE AT MONTGOMERY HEALTH CAR Provider CCN: 31-5486 Period from 1/1/2023 to 12/31/2023

Worksheet G-3 Wednesday, May 29, 2024 at 1:31:16 PM

Statement of Revenues and Expenses

| смs # | Description | | |
|----------|---|-----------|---------------|
| 1 | Total Patient Revenues | | 33,329,400 |
| 2 | Less: contractual allowances and | | 1,817,594 |
| 3 | Net Patient Revenues (Line 1 - 2) | | |
| 4 | | | 31,511,806 |
| | Less: total operating expenses | | 31,601,325 |
| 5 | Net income from service to patients (Line 3 - 4) | | -89,519 |
| ~ | Other Income: | | |
| 6 | Contributions, donations, bequests, etc. | 152,683 | |
| 7 | Income from investments | 6,558,502 | |
| 8 | Revenues from communications (Telephone and Internet service) | 1,216 | |
| 9 | Revenues from television and radio service | 0 | |
| 10 | Purchase discounts | 0 | |
| 11 | Rebates and refunds of expenses | 0 | |
| 12 | Parking lot receipts | 0 | |
| 13 | Revenue from laundry and linen service | 37,792 | |
| 14 | Revenue from meals sold to employees and guests | 475,194 | |
| 15 | Revenue from rental of living quarters | 0 | |
| | Revenue from sale of medical and surgical supplies to other | | |
| 16 | than patients | 0 | |
| 17 | Revenue from sale of drugs to other than patients | 0 | |
| 18 | Revenue from sale of medical records and abstracts | 207 | |
| 19 | Tuition (fees, sales of textbooks, uniforms, etc) | 0 | |
| 20 | Revenue from gifts, flowers, coffee shops, canteen | ő | |
| 21 | Rental of vending machines | 26 | |
| 22 | Rental of skilled nursing space | 20 | |
| 23 | | 0 | |
| 23 24 | Government appropriations | • | |
| | Barber & Beauty | 72,492 | |
| | Other Income | 217,529 | |
| | Grounds Income | 171,235 | |
| 24.03 | | 0 | |
| | Temporary Restricted | 472,565 | |
| | Guest House Income | 11,326 | |
| 24.06 | | 0 | |
| 24.50 | COVID-19 PHE Funding | 4,331 | |
| | | | |
| 25 | Total other income | | 8,175,098 |
| 26 | Total | | 8,085,579 |
| 27 | Other Expenses (specify) | 0 | |
| 28 | | 0 | |
| 29 | | 0 | |
| 29.01 | | 0 | |
| 30 | Total other expenses | | 0 |
| 31 | Net income (or loss) for the period | | 8,085,579 |
| | · – | | |