> 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

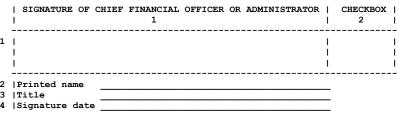
Provider	1.	[]	Electronically prepared	cost re	eport;			
					Date:	Time:		
use only	2.	[x]	Manually prepared cost r	eport				
	3.	[]	If this is an amended re	port er	nter the number of time:	s the provider resub	mitted this cost report	
	3.01	[]	No Medicare Utilization.	Enter	"Y" for yes or leave b	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

Worksheet S-2 Part I Wednesday, May 29, 2024 at 1:31:16 PM

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

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

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

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

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
	· –		