

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 report;
 Date: _____ Time: _____
- Use only 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 3.01 No Medicare Utilization. Enter "Y" for yes or leave blank for no.
- Contractor 4. Cost Report Status 6. Contractor No. _____
 Use only [1] As Submitted 7. First Cost Report Processed by Contractor
 [2] Settled without audit 8. Last Cost Report Processed 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. Contractor Vendor Code _____
 5. Date 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.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX
1	2

1		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.

2 |Printed name _____
 3 |Title _____
 4 |Signature date _____

PART III - SETTLEMENT SUMMARY

CMS #	Description	Title XVIII			
		Title V	A	B	Title XIX
1	SNF	0	0	0	0
4	SNF-Based HHA	0	0	0	0
100	Total	0	0	0	0

ECR 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 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 #
 1 Street / P.O. Box: 100 Hollinshead Road
 2 City / State / Zip: SKILLMAN NJ 08858
 3 County / CBSA Code / Urban/Rural: Somerset 35154 Urban

Payment System
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0					4	5	6
4	SNF	Stonebridge At Montgomery 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)		01/01/2023 12/31/2023				
15	Type of Control (See Instructions)		2				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? Yes

MISCELLANEOUS COST REPORTING INFORMATION

19 Is this a low Medicare Utilization cost report, enter "Y" for yes or "N" for no. N
 If the response to line 19 is yes, Does this cost report meet your contractor's criteria for filing a low
 19.01 utilization cost report? (Y/N) N

DEPRECIATION - ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED ON LINES 20 - 22.

20 Straight Line 6,148,554
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 6,148,554
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	Part A	Part B	Other
	No	No	
29 Skilled Nursing Facility			
30 Nursing Facility			
32 SNF-Based HHA			
36 SNF-Based OLTC			

Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the
 37 level of care given for Titles V & XIX patients? N
 38 Are you legally-required to carry malpractice insurance? N
 Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If
 39 policy is "occurrence", enter 2. 1
 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per
 40 lawsuit. Enter in column 2 the monetary limit per policy year.

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	85243		100000

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center?
 42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N
 Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column
 43 1. Yes
 If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name
 44 and address of the home office on lines 45-47. H48370

45 Name / Contractor Name / Contractor Number
 SPRINGPOINT SENIOR LIVING NOVITAS 12301
 46 Street / PO Box
 4814 OUTLOOK DRIVE
 47 City / State / Zip
 WALL TOWNSHIP NJ 07753

STONEBRIDGE AT MONTGOMERY HEALTH CAR
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Worksheet S-2 Part II Wednesday, May 29, 2024 at 1:31:16 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	Y		
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y		
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
APPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	03/25/2024	Y 03/25/2024
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	Connor	1	Pliskin
20	Employer.	Zimmet Healthcare Services Group LLC	2	Preparer
21	Telephone number/Email address.	732 970-0733	3	costreports@zhealthcare.com

STONEBRIDGE AT MONTGOMERY HEALTH CAR
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Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		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	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

CMS #	Component	Discharges				Average Length of Stay				
		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

CMS #	Component	Admissions				FTE		
		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

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

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #	Description	Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		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	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	3,152,797	0	3,152,797	117,379.00	26.86
12	Subtotal Excluded salary (Sum of lines 7-11)	3,152,797	0	3,152,797	117,379.00	26.86
13	Total Adjusted Salaries (Line 6 - 12)	4,660,527	0	4,660,527	148,254.00	31.44
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	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,076,759	0	1,076,759		

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

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
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

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

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
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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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

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 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

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

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		9,148,707	9,148,707	0	9,148,707	-20,391	9,128,316
2	Cap Rel Costs - Movable Equipment		40,215	40,215	0	40,215	4,327	44,542
3	Employee Benefits	0	1,857,931	1,857,931	0	1,857,931	0	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	0	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	0	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	0	677,826
10	Central Services & Supply	0	74,176	74,176	-1,716	72,460	-125	72,335
11	Pharmacy	0	3,260	3,260	0	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	0	75,841
15	Activities	308,195	9,859	318,054	0	318,054	0	318,054
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,602,832	420,268	2,023,100	0	2,023,100	-60,779	1,962,321
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	6,396	6,396	0	6,396	0	6,396
41	Laboratory	0	8,657	8,657	0	8,657	0	8,657
42	Intravenous Therapy	0	0	0	1,716	1,716	0	1,716
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	303,349	52,998	356,347	0	356,347	0	356,347
45	Occupational Therapy	153,291	0	153,291	0	153,291	0	153,291
46	Speech Pathology	103,663	0	103,663	0	103,663	0	103,663
47	Electrocardiology	0	0	0	69	69	0	69
48	Medical Supplies Charged to Patients	0	0	0	87,826	87,826	0	87,826
49	Drugs Charged to Patients	0	63,136	63,136	0	63,136	0	63,136
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	8,617	8,617	0	8,617	0	8,617
74	Other Reimbursable Cost	0	0	0	0	0	0	0
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	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	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

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 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

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Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases				
			COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		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

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals		Ending	Fully	
		Balances	Purchase	Donation	Total	Retirements	Balance	Depreciated Assets
		1	2	3	4	5	6	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 Wednesday, May 29, 2024 at 1:31:16 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-1,071,583	Administrative & General		4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	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 organizations	A81	-980,864			
12	Laundry and Linen service	B	-22,146	Laundry & Linen Service		6
13	Revenue - Employee meals	B	-140,707	Dietary		8
14	Cost of meals - Guests	B	-334,487	Dietary		8
15	Sale of medical supplies to other than patients		0			
16	Sale of drugs to other than patients		0			
17	Sale of medical records and abstracts		0			
18	Vending machines		0			
19	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
21	Utilization review -- physicians' compensation		0	Utilization Review		82
22	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
23	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
24	Realized Gain/Loss on Investment	B	-649,465	Administrative & General		4
25	Promotions	A	-8,543	Dietary		8
26	Maintenance Income	B	-91,571	Plant Operation, Maint. & Repairs		5
27	Grounds Income	B	-1,425	Plant Operation, Maint. & Repairs		5
28	Incontinence Income - SNF	B	-60,779	Skilled Nursing Facility		30
29	Contributions	A	-750	Administrative & General		4
30	Bad Debts	A	-340,327	Administrative & General		4
31	Pet Fees	B	-250	Administrative & General		4
32	Miscellaneous Income-Operating	B	-116,158	Cap Rel Costs - Bldgs & Fixtures		1
33	Pet Fees	B	-207	Medical Records & Library		12
34	Miscellaneous Income- Billing Credit	B	-125	Central Services & Supply		10
35						
100	TOTAL		-3,819,387			

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

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:

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Amount Included in Wkst A col 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.

Symbol #	Name	----- Related Organization(s) -----		Type of Business
		Percentage of Ownership	Percent of Ownership	
1	B	100%	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
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 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

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation	Profess- ional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
1	2	3	4	5	6	7	8	9
100	Total	0	0	0		0	0	0

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance Col 14	Provider Component Share of Col 14	Adjusted RCE Limit	RCE Dis- allowance	Adjustment
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

	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
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	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	19,549,927
95.02 Marketing	1,245,965
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

STONEBRIDGE AT MONTGOMERY HEALTH CAR
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 Period from 1/1/2023 to 12/31/2023

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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

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COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
100	<hr/>
TOTAL	27,781,938

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	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	675,075
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER 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
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-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 Barber and Beauty Shop	16,579
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	8,440,074
95.02 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

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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal 2A	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen & Service (Patient Days)	House- keeping (Square Feet)
	0	1	2		3	4	5	6	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	<hr/> TOTAL	<hr/> 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

COST ALLOCATION - STATISTICAL BASIS

	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	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	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
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	12,762	12,762	12,762	12,762	12,762
31	Nursing Facility	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS					
40	Radiology	0	0	0	0	0
41	Laboratory	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0
45	Occupational Therapy	0	0	0	0	0
46	Speech Pathology	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS					
51	Support Surfaces	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS					
60	Clinic	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0
71	Ambulance	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0
89	Subtotal	12,762	12,762	12,762	12,762	12,762
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0
95.01	Residential/AL	0	0	0	0	0
95.02	Marketing	0	0	0	0	0
98	Cross Foot Adjustments	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

COST ALLOCATION - STATISTICAL BASIS

	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	0.000000	0.000000	0.000000	0.000000	0.003815	1.763131	1.695813	0.058957	1.163524

STONEBRIDGE AT MONTGOMERY HEALTH CAR
 Provider CCN: 31-5486
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Worksheet B-1 Wednesday, May 29, 2024 at 1:31:16 PM

COST ALLOCATION - STATISTICAL BASIS

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

Post Step Down Adjustments

Worksheet B

Description	Part No.	Line No.	Amount
1	2	3	4

#

Worksheet has no records.

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

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

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	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	0.000000
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	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
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

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

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of cost to charges 1	Health Care Program Charges		Health Care Program Cost	
			Part A 2	Part B 3	Part A 4	Part B 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	0.000000	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	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	0	0.000000	3,011	0
41	Laboratory	0	0	8,054	0
42	Intravenous Therapy	0	0	1,855	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	135,158	0
45	Occupational Therapy	0	0	74,687	0
46	Speech Pathology	0	0	45,147	0
47	Electrocardiology	0	0	75	0
48	Medical Supplies Charged to Patients	0	0	879	0
49	Drugs Charged to Patients	0	0	54,971	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	323,837	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

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

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

Calculation of Reimbursement Settlement
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART 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

PART 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	Reimbursable bad debts for dual eligible beneficiaries (see inst)	0
24.02	Adjusted reimbursable bad debts (see instructions)	0

25	Subtotal	0
26	Interim adjustment	0
27	Tentative adjustment	0
28	Other adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0

29	Balance due provider/program	0
30	Protested amounts (Nonallowable cost report items)	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	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		1,065,027		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	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
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	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: _____
 8 Name of Contractor/Number 0 0

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

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

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	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 Wednesday, May 29, 2024 at 1:31:16 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	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		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant 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

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT 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 1	Outpatient 2	Total 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	
3		0	
4		0	
5		0	
6		0	
7		0	
8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		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

CMS #	Description		
1	Total Patient Revenues		33,329,400
2	Less: contractual allowances and ...		1,817,594
3	Net Patient Revenues (Line 1 - 2)		31,511,806
4	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	
16	Revenue from sale of medical and surgical supplies to other 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	0	
21	Rental of vending machines	26	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	72,492	
24.01	Other Income	217,529	
24.02	Grounds Income	171,235	
24.03		0	
24.04	Temporary Restricted	472,565	
24.05	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