

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

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

Worksheet S Tuesday, May 23, 2023 at 6:39:00 AM

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: _____
- Manually prepared cost report 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. _____
- Manually prepared cost report [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 Springpoint at Montgomery (31-5486) for the cost report period beginning January 1, 2022 and ending December 31, 2022, 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 _____	<input type="checkbox"/>	<input type="checkbox"/>
2 Printed name _____		
3 Title _____		
4 Signature date _____		

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 - SETTLEMENT SUMMARY

CMS #	Description	Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	2,497	0	0
4	SNF-Based HHA	0	0	0	0
100	Total	0	2,497	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.

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet S-2 Part I Tuesday, May 23, 2023 at 6:39:00 AM

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		1	2	3	4	5	6
4	SNF	Springpoint at Montgomery	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)	01/01/2022	12/31/2022				
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? No

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 5,799,695
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 5,799,695
 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
29 Skilled Nursing Facility	No	No	
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	86540		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

SPRINGPOINT AT MONTGOMERY
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 Period from 1/1/2022 to 12/31/2022

Worksheet S-2 Part II Tuesday, May 23, 2023 at 6:39:00 AM

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.			
				N
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 03/31/2023		Y 03/31/2023
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	1	2	3
		Sandy	Richek	Preparer
20	Employer.	Zimmer Healthcare Services Group LLC		
21	Telephone number/Email address.	732 970-0733	costreports@zhealthcare.com	

SPRINGPOINT AT MONTGOMERY
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Worksheet S-3 Part I Tuesday, May 23, 2023 at 6:39:00 AM

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	1,263	943	9,697	11,903
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	1,263	943	9,697	11,903

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	35	0	50	85	0.00	36.09	0.00	140.04
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	35	0	50	85	0.00	36.09	0.00	140.04

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	53	0	38	91	158.71	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	53	0	38	91	158.71	0

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Worksheet S-3 Part II Tuesday, May 23, 2023 at 6:39:00 AM

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	8,670,766	0	8,670,766	330,127.00	26.26
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)	8,670,766	0	8,670,766	330,127.00	26.26
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	2,716,768	0	2,716,768	98,785.00	27.50
12	Subtotal Excluded salary (Sum of lines 7-11)	2,716,768	0	2,716,768	98,785.00	27.50
13	Total Adjusted Salaries (Line 6 - 12)	5,953,998	0	5,953,998	231,342.00	25.74
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	156,500	0	156,500	3,573.00	43.80
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	1,440,714	0	1,440,714	22,349.00	64.46
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,231,945	0	2,231,945		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	699,324	0	699,324		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,532,621	0	1,532,621		

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Worksheet S-3 Part III Tuesday, May 23, 2023 at 6:39:00 AM

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	578,331	0	578,331	10,386	55.68
3	Plant Operation, Maint. & Repairs	594,826	0	594,826	27,906	21.32
4	Laundry & Linen Service	56,019	0	56,019	3,284	17.06
5	Housekeeping	579,133	0	579,133	31,411	18.44
6	Dietary	1,147,846	0	1,147,846	65,828	17.44
7	Nursing Administration	539,486	0	539,486	14,816	36.41
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	157	0.00
11	Social Service	125,414	0	125,414	2,118	59.21
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	202,293	0	202,293	10,177	19.88
14	Total	3,823,348	0	3,823,348	166,083	23.02

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Worksheet S-3 Part IV Tuesday, May 23, 2023 at 6:39:00 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	159,536
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)	1,232,205
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	143,743
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	631,192
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	65,269
20	State or Federal Unemployment Taxes	0
	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)	2,231,945
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Tuesday, May 23, 2023 at 6:39:00 AM

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)	399,608	102,863	502,471	8,590	58.49
2	Licensed Practical Nurses (LPNs)	531,534	136,822	668,356	14,086	47.45
3	Certified Nursing Assistants/Nursing Assistants/Aides	670,564	172,610	843,174	30,043	28.07
4	Total Nursing (Sum of 1 - 3)	1,601,706	412,295	2,014,001	52,719	38.20
5	Physical Therapists	110,386	28,414	138,800	2,227	62.33
6	Physical Therapy Assistants	102,069	26,274	128,343	3,087	41.58
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	121,693	31,325	153,018	2,492	61.40
9	Occupational Therapy Assistants	68,160	17,545	85,705	1,980	43.29
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	126,731	32,622	159,353	2,707	58.87
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)	24,910		24,910	390	63.87
15	Licensed Practical Nurses (LPNs)	70,451		70,451	1,273	55.34
16	Certified Nursing Assistants/Nursing Assistants/Aides	61,139		61,139	1,910	32.01
17	Total Nursing (Sum of 14 - 16)	156,500		156,500	3,573	43.80
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 Tuesday, May 23, 2023 at 6:39:00 AM

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		8,776,515	8,776,515	-688,134	8,088,381	-629,620	7,458,761
2	Cap Rel Costs - Movable Equipment		49,704	49,704	819,431	869,135	35,773	904,908
3	Employee Benefits	0	2,239,920	2,239,920	0	2,239,920	0	2,239,920
4	Administrative & General	578,331	3,438,191	4,016,522	-131,297	3,885,225	-552,228	3,332,997
5	Plant Operation, Maint. & Repairs	594,826	2,420,991	3,015,817	0	3,015,817	-212,732	2,803,085
6	Laundry & Linen Service	56,019	43,548	99,567	0	99,567	-14,373	85,194
7	Housekeeping	579,133	510,767	1,089,900	0	1,089,900	-665	1,089,235
8	Dietary	1,147,846	2,349,343	3,497,189	0	3,497,189	-397,394	3,099,795
9	Nursing Administration	539,486	80,893	620,379	0	620,379	0	620,379
10	Central Services & Supply	0	180,647	180,647	-19,323	161,324	0	161,324
11	Pharmacy	0	9,051	9,051	0	9,051	0	9,051
12	Medical Records & Library	0	1,317	1,317	0	1,317	0	1,317
13	Social Service	125,414	4,859	130,273	0	130,273	-71,158	59,115
15	Activities	202,293	65,961	268,254	0	268,254	0	268,254
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,601,611	262,925	1,864,536	0	1,864,536	-19,668	1,844,868
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	6,289	6,289	-101	6,188	0	6,188
41	Laboratory	0	5,752	5,752	0	5,752	0	5,752
42	Intravenous Therapy	0	0	0	278	278	0	278
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	529,039	2,686	531,725	-316,584	215,141	0	215,141
45	Occupational Therapy	0	0	0	189,853	189,853	0	189,853
46	Speech Pathology	0	0	0	126,731	126,731	0	126,731
47	Electrocardiology	0	0	0	101	101	0	101
48	Medical Supplies Charged to Patients	0	0	0	19,045	19,045	0	19,045
49	Drugs Charged to Patients	0	31,080	31,080	0	31,080	0	31,080
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	0	0	0	0	0	0
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	5,953,998	20,480,439	26,434,437	0	26,434,437	-1,862,065	24,572,372
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	60,939	60,939	0	60,939	0	60,939
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	2,256,413	283,995	2,540,408	0	2,540,408	0	2,540,408

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 Period from 1/1/2022 to 12/31/2022

Worksheet A Tuesday, May 23, 2023 at 6:39:00 AM

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	460,355	481,912	942,267	0	942,267	0	942,267
00	TOTAL	8,670,766	21,307,285	29,978,051	0	29,978,051	-1,862,065	28,115,986

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet A-6 Tuesday, May 23, 2023 at 6:39:00 AM

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	19,045	Central Services & S	10.00	0	19,045
2	To reclassify depreciation	B	Cap Rel Costs - Mova	2.00	0	819,431	Cap Rel Costs - Bldg	1.00	0	819,431
3	To reclassify property insurance	C	Cap Rel Costs - Bldg	1.00	0	131,297	Administrative & Gen	4.00	0	131,297
4	To reclass OT costs	E	Occupational Therapy	45.00	189,853	0	Physical Therapy	44.00	189,853	0
5	To reclass ST costs	F	Speech Pathology	46.00	126,731	0	Physical Therapy	44.00	126,731	0
6	To reclassify EKG	G	Electrocardiology	47.00	0	101	Radiology	40.00	0	101
7	To reclass IV Therapy costs	H	Intravenous Therapy	42.00	0	278	Central Services & S	10.00	0	278
100	TOTAL RECLASSIFICATIONS				316,584	970,152			316,584	970,152

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet A-7 Tuesday, May 23, 2023 at 6:39:00 AM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	5,000,000	0	0	5,000,000	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	106,536,948	3,312,408	0	109,849,356	341,010
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	7,416,975	1,391,843	0	8,808,818	996,356
7	Subtotal	118,953,923	4,704,251	0	123,658,174	1,337,366
8	Reconciling Items	0	0	0	0	0
9	Total	118,953,923	4,704,251	0	123,658,174	1,337,366

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8 Tuesday, May 23, 2023 at 6:39:00 AM

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	-992	Administrative & General	4	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	-599,435			
12	Laundry and Linen service	B	-14,373	Laundry & Linen Service		6
13	Revenue - Employee meals	B	-17,340	Dietary		8
14	Cost of meals - Guests	B	-127,175	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	Incontinence Income	B	-19,668	Skilled Nursing Facility		30
25	Miscellaneous Income	B	-1,059	Administrative & General		4
26	Contributions	A	-350	Administrative & General		4
27	Bad debts	A	-72,982	Administrative & General		4
28	Maintenance Income	B	-212,732	Plant Operation, Maint. & Repairs		5
29	Housekeeping Income	B	-665	Housekeeping		7
30	Other Dining Income	B	-83,812	Dietary		8
31	Other Dining Income	B	-143,160	Dietary		8
32	Miscellaneous Income	B	-123,575	Cap Rel Costs - Bldgs & Fixtures		1
33	Contribution From Foundation	B	-71,158	Social Service		13
34	Investment inc	B	-370,541	Cap Rel Costs - Bldgs & Fixtures		1
35	Promotions	A	-3,048	Dietary		8
36						
100	TOTAL		-1,862,065			

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-1 Tuesday, May 23, 2023 at 6:39:00 AM

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	Included in Wkst A col 5	
1	4	Administrative & General	Home Office - Operational	1,773,621	2,250,466	-476,845
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	68,664	0	68,664
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	35,773	0	35,773
4	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Interest Expense	81,555	0	81,555
5	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-285,723	0	-285,723
6	8	Dietary	Home Office - Dietary	0	22,859	-22,859
10		TOTALS		1,673,890	2,273,325	-599,435

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 Organization(s) -----						
#	Symbol	Name	Percentage	Name	Percent	Type
			of		of	of
			Ownership	3 4	Ownership	Business
1	B		0%	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:

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-2 Tuesday, May 23, 2023 at 6:39:00 AM

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 15	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

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:39:00 AM

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	5,973,139
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	7,089
41 Laboratory	6,589
42 Intravenous Therapy	318
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	333,037
45 Occupational Therapy	297,380
46 Speech Pathology	187,281
47 Electrocardiology	116
48 Medical Supplies Charged to Patients	21,817
49 Drugs Charged to Patients	35,603
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	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	6,862,369
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	95,459
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	19,942,538
95.02 Marketing	1,215,620
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:39:00 AM

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	28,115,986	7,458,761	904,908	2,239,920	28,115,986	3,571,773	3,946,125	180,167	1,443,660

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:39:00 AM

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	4,198,481	974,435	206,722	10,368	4,411	128,181	367,154	28,115,986	0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:39:00 AM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 28,115,986

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:39:00 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
<hr/>	
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	612,626
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	23
41 Laboratory	21
42 Intravenous Therapy	1
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	14,789
45 Occupational Therapy	14,676
46 Speech Pathology	3,262
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	69
49 Drugs Charged to Patients	113
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	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	645,580
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	15,155
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	7,699,070
95.02 Marketing	3,864
98 Cross Foot Adjustments	
99 Negative Cost Center	

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:39:00 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	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	2A	3	4	5	6	7
100 TOTAL	0	7,458,761	904,908	8,363,669	0	89,376	500,618	43,019	20,370

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:39:00 AM

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	191,623	63,382	13,348	33	1,694	13,925	1,167	8,363,669	0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:39:00 AM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 8,363,669

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:39:00 AM

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	11,903				
10	Central Services & Supply	0	11,903			
11	Pharmacy	0	0	11,903		
12	Medical Records & Library	0	0	0	11,903	
13	Social Service	0	0	0	0	11,903
15	Activities	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	11,903	11,903	11,903	11,903	11,903
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	11,903	11,903	11,903	11,903	11,903
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

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:39:00 AM

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	7,458,761	904,908	2,239,920	0	3,571,773	3,946,125	180,167	1,443,660	4,198,481
103 Unit Cost Multiplier per Bp1	22.332823	2.709451	0.258330	0.000000	0.145524	12.691647	6.669887	4.676049	23.629718
104 Cost to be Allocated per Bp2	0	0	0	0	89,376	500,618	43,019	20,370	191,623
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.003641	1.610103	1.592588	0.065979	1.078485

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:39:00 AM

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	974,435	206,722	10,368	4,411	128,181	367,154
103 Unit Cost Multiplier per Bp1	81.864656	17.367218	0.871041	0.370579	10.768798	30.845501
104 Cost to be Allocated per Bp2	63,382	13,348	33	1,694	13,925	1,167
105 Unit Cost Multiplier per Bp2	5.324876	1.121398	0.002772	0.142317	1.169873	0.098043

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2022 to 12/31/2022

Worksheet B-2 Tuesday, May 23, 2023 at 6:39:00 AM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet C Tuesday, May 23, 2023 at 6:39:00 AM

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	7,089	9,434	0.751431
41	Laboratory	6,589	11,173	0.589725
42	Intravenous Therapy	318	278	1.143885
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	333,037	525,995	0.633156
45	Occupational Therapy	297,380	443,433	0.670631
46	Speech Pathology	187,281	227,857	0.821923
47	Electrocardiology	116	101	1.148515
48	Medical Supplies Charged to Patients	21,817	19,045	1.145550
49	Drugs Charged to Patients	35,603	39,975	0.890632
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	0	0	0.000000
100	TOTAL	889,230	1,277,291	

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part I Tuesday, May 23, 2023 at 6:39:00 AM

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	0.751431	4,943	0	3,714	0
41	Laboratory	0.589725	6,811	0	4,017	0
42	Intravenous Therapy	1.143885	278	0	318	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.633156	105,280	0	66,659	0
45	Occupational Therapy	0.670631	98,297	0	65,921	0
46	Speech Pathology	0.821923	82,142	0	67,514	0
47	Electrocardiology	1.148515	101	0	116	0
48	Medical Supplies Charged to Patients	1.145550	80	0	92	0
49	Drugs Charged to Patients	0.890632	32,641	0	29,071	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	0.000000	0	0	0	0
100	TOTAL		330,573	0	237,422	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part II Tuesday, May 23, 2023 at 6:39:00 AM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.890632
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	3,714	0
41	Laboratory	0	0	4,017	0
42	Intravenous Therapy	0	0	318	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	66,659	0
45	Occupational Therapy	0	0	65,921	0
46	Speech Pathology	0	0	67,514	0
47	Electrocardiology	0	0	116	0
48	Medical Supplies Charged to Patients	0	0	92	0
49	Drugs Charged to Patients	0	0	29,071	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	237,422	0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2022 to 12/31/2022

Worksheet D-1 Tuesday, May 23, 2023 at 6:39:00 AM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	11,903
2	Private room days	0
3	Inpatient days incl. Program prvt.	1,263
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	5,973,139
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	624,231
7	General Inpatient routine service RCC	9,568,796
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	5,973,139
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	501.82
17	Program routine service cost	633,799
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	633,799
20	Capital related cost allocated to inpati	612,626
21	Per diem capital related costs	51.47
22	Program capital related cost	65,007
23	Inpatient routine service cost	568,792
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	568,792
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2022 to 12/31/2022

Worksheet D-1 Tuesday, May 23, 2023 at 6:39:00 AM

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)	11,903
2	Program inpatient days (see instructions)	1,263
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.106108
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet E Tuesday, May 23, 2023 at 6:39:00 AM

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)	792,402
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	792,402
4	Primary payor amounts	0
5	Coinsurance	64,073
6	Reimbursable bad debts (From your records)	3,890
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	3,890
8	Adjusted reimbursable bad debts. (See instructions)	2,529
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	730,858
12	Interim payments (See instructions)	720,006
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)	32
14.99	Sequestration adjustment (See instructions)	8,323
15	Balance due provider/program	2,497
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

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet E-1 Tuesday, May 23, 2023 at 6:39:00 AM

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		720,006		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		720,006		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

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet G Tuesday, May 23, 2023 at 6:39:00 AM

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	11,513,917	0	0	0
2	Temporary investments	36,485,645	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,578,795	0	0	0
5	Other receivables	488,637	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	352,600	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	428,116	0	0	0
9	Other current assets	334,376	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	50,476,886	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	109,849,356	0	0	0
16	Less: Accumulated depreciation	60,240,618	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	8,808,818	0	0	0
24	Less: Accumulated depreciation	4,156,118	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	59,261,438	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	6,873,352	0	0	0
33	TOTAL OTHER ASSETS	6,873,352	0	0	0
34	TOTAL ASSETS	116,611,676	0	0	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet G Tuesday, May 23, 2023 at 6:39:00 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
CURRENT LIABILITIES					
35	Accounts payable	1,620,024	0	0	0
36	Salaries, wages & fees payable	564,343	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	915,104	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	1,734,825	0	0	0
43	TOTAL CURRENT LIABILITIES	4,834,296	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	49,591,229	0	0	0
45	Notes payable	58,202	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	83,794,802	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	133,444,233	0	0	0
51	TOTAL LIABILITIES	138,278,529	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	-21,666,853			
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	-21,666,853	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	116,611,676	0	0	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet G-1 Tuesday, May 23, 2023 at 6:39:00 AM

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		-17498908		0		0		0
2 Net income (loss)		-4160378						
3 Total		-21659286		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Contributions	189944		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		189944		0		0		0
11 Subtotal		-21469342		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Disbursement - Bench	197511		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		197511		0		0		0
19 Fund balances - ending		-21666853		0		0		0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part I Tuesday, May 23, 2023 at 6:39:00 AM

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	6,038,326		6,038,326
2	Nursing Facility	0		0
4	Other Long Term Care	24,949,780		24,949,780
		-----	-----	-----
5	Total general Inpatient care services	30,988,106		30,988,106
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,273,124	0	1,273,124
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	32,261,230	0	32,261,230

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part II Tuesday, May 23, 2023 at 6:39:00 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		29,978,051
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		29,978,051

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2022 to 12/31/2022

Worksheet G-3 Tuesday, May 23, 2023 at 6:39:00 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		32,261,230
2	Less: contractual allowances and ...		1,897,757
3	Net Patient Revenues (Line 1 - 2)		30,363,473
4	Less: total operating expenses		29,978,051
5	Net income from service to patients (Line 3 - 4)		385,422
	Other Income:		
6	Contributions, donations, bequests, etc.	71,159	
7	Income from investments	-5,672,116	
8	Revenues from communications (Telephone and Internet service)	0	
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	14,373	
14	Revenue from meals sold to employees and guests	371,487	
15	Revenue from rental of living quarters	0	
	Revenue from sale of medical and surgical supplies to other than patients	0	
16	Revenue from sale of drugs to other than patients	0	
17	Revenue from sale of medical records and abstracts	0	
18	Tuition (fees, sales of textbooks, uniforms, etc)	0	
19	Revenue from gifts, flowers, coffee shops, canteen	0	
20	Rental of vending machines	0	
21	Rental of skilled nursing space	0	
22	Government appropriations	0	
23	Barber & Beauty	80,781	
24	Other Income	391,005	
24.01	Temporary Restricted - Net Assets	0	
24.02	Net Assets Released (cont)	197,511	
24.03		0	
24.04	PPP Forgiveness	0	
24.05		0	
24.06	COVID-19 PHE Funding	0	
24.50		0	
25	Total other income		-4,545,800
26	Total		-4,160,378
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		-4,160,378