

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

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

Worksheet S Thursday, May 5, 2022 at 2:46:28 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 Springpoint at Montgomery (31-5486) for the cost report period beginning January 1, 2021 and ending December 31, 2021, 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 OF 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

		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	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.

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Thursday, May 5, 2022 at 2:46:28 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		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)	01/01/2021	12/31/2021				
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 5,446,399
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 5,446,399
 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	82420		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 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Thursday, May 5, 2022 at 2:46:28 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	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
UNAPPROVED 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	03/30/2022	Y 03/30/2022
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
20	Employer.	Sandy Richek		Preparer
21	Telephone number/Email address.	Zimmet Healthcare Services Group LLC 732 970-0733		costreports@zhealthcare.com

SPRINGPOINT AT MONTGOMERY
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Worksheet S-3 Part I Thursday, May 5, 2022 at 2:46:28 PM

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	Skilled Nursing Facility	40	14,600	0	1,329	428	7,964	9,721
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	1,329	428	7,964	9,721

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
1	Skilled Nursing Facility	8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	41	1	68	110	0.00	32.41	428.00	88.37
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	41	1	68	110	0.00	32.41	428.00	88.37

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
1	Skilled Nursing Facility	17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	59	0	49	108	173.21	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	59	0	49	108	173.21	0

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Worksheet S-3 Part II Thursday, May 5, 2022 at 2:46:28 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Amount Reported	Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
			from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	8,579,982	0	8,579,982	360,276.00	23.82
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)	8,579,982	0	8,579,982	360,276.00	23.82
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	2,586,044	0	2,586,044	99,792.00	25.91
12	Subtotal Excluded salary (Sum of lines 7-11)	2,586,044	0	2,586,044	99,792.00	25.91
13	Total Adjusted Salaries (Line 6 - 12)	5,993,938	0	5,993,938	260,484.00	23.01
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	93,682	0	93,682	1,948.00	48.09
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	1,471,234	0	1,471,234	20,085.00	73.25
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,665,695	0	2,665,695		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	803,452	0	803,452		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,862,243	0	1,862,243		

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Worksheet S-3 Part III Thursday, May 5, 2022 at 2:46:28 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	563,041	0	563,041	10,524	53.50
3	Plant Operation, Maint. & Repairs	582,204	0	582,204	29,929	19.45
4	Laundry & Linen Service	48,111	0	48,111	3,336	14.42
5	Housekeeping	574,119	0	574,119	36,347	15.80
6	Dietary	1,630,273	0	1,630,273	90,488	18.02
7	Nursing Administration	352,737	0	352,737	11,374	31.01
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	130,035	0	130,035	3,684	35.30
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	214,734	0	214,734	11,951	17.97
14	Total	4,095,254	0	4,095,254	197,633	20.72

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Worksheet S-3 Part IV Thursday, May 5, 2022 at 2:46:28 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	126,934
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)	1,701,093
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	174,366
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	618,330
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	44,972
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)	2,665,695
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Thursday, May 5, 2022 at 2:46:28 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)	499,034	155,044	654,078	12,560	52.08
2	Licensed Practical Nurses (LPNs)	386,315	120,023	506,338	10,725	47.21
3	Certified Nursing Assistants/Nursing Assistants/Aides	464,359	144,271	608,630	26,189	23.24
4	Total Nursing (Sum of 1 - 3)	1,349,708	419,338	1,769,046	49,474	35.76
5	Physical Therapists	110,326	34,277	144,603	2,495	57.96
6	Physical Therapy Assistants	102,012	31,694	133,706	2,710	49.34
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	121,625	37,787	159,412	2,450	65.07
9	Occupational Therapy Assistants	68,122	21,165	89,287	2,004	44.55
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	126,660	39,352	166,012	2,628	63.17
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)	28,742		28,742	506	56.80
15	Licensed Practical Nurses (LPNs)	64,263		64,263	1,416	45.38
16	Certified Nursing Assistants/Nursing Assistants/Aides	677		677	26	26.04
17	Total Nursing (Sum of 14 - 16)	93,682		93,682	1,948	48.09
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 Thursday, May 5, 2022 at 2:46:28 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		8,390,199	8,390,199	-622,819	7,767,380	-1,494,331	6,273,049
2	Cap Rel Costs - Movable Equipment		55,259	55,259	762,203	817,462	47,254	864,716
3	Employee Benefits	0	2,672,984	2,672,984	0	2,672,984	0	2,672,984
4	Administrative & General	563,041	3,731,685	4,294,726	-139,384	4,155,342	-933,485	3,221,857
5	Plant Operation, Maint. & Repairs	582,204	2,089,453	2,671,657	0	2,671,657	-152,264	2,519,393
6	Laundry & Linen Service	48,111	31,597	79,708	0	79,708	-11,229	68,479
7	Housekeeping	574,119	246,478	820,597	0	820,597	-225	820,372
8	Dietary	1,630,273	1,497,432	3,127,705	0	3,127,705	-324,844	2,802,861
9	Nursing Administration	352,737	69,067	421,804	0	421,804	0	421,804
10	Central Services & Supply	0	1,052,545	1,052,545	-7,361	1,045,184	0	1,045,184
11	Pharmacy	0	4,268	4,268	0	4,268	0	4,268
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	130,035	4,138	134,173	0	134,173	-55,636	78,537
15	Activities	214,734	45,147	259,881	0	259,881	0	259,881
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,369,939	186,426	1,556,365	0	1,556,365	-15,551	1,540,814
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	2,730	2,730	-91	2,639	0	2,639
41	Laboratory	0	11,605	11,605	0	11,605	0	11,605
42	Intravenous Therapy	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	528,745	6,081	534,826	-316,407	218,419	0	218,419
45	Occupational Therapy	0	0	0	189,747	189,747	0	189,747
46	Speech Pathology	0	0	0	126,660	126,660	0	126,660
47	Electrocardiology	0	0	0	2,475	2,475	0	2,475
48	Medical Supplies Charged to Patients	0	0	0	7,361	7,361	0	7,361
49	Drugs Charged to Patients	0	42,256	42,256	-2,384	39,872	0	39,872
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	5,993,938	20,139,350	26,133,288	0	26,133,288	-2,940,311	23,192,977
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	54,202	54,202	0	54,202	0	54,202
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	2,184,715	280,002	2,464,717	0	2,464,717	0	2,464,717

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Worksheet A Thursday, May 5, 2022 at 2:46:28 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
95.02	Marketing	401,329	487,972	889,301	0	889,301	0	889,301
00	TOTAL	8,579,982	20,961,526	29,541,508	0	29,541,508	-2,940,311	26,601,197

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet A-6 Thursday, May 5, 2022 at 2:46:28 PM

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	7,361	Central Services & S	10.00	0	7,361
2	To reclass depreciation	B	Cap Rel Costs - Mova	2.00	0	762,203	Cap Rel Costs - Bldg	1.00	0	762,203
3	To reclassify property insurance	C	Cap Rel Costs - Bldg	1.00	0	139,384	Administrative & Gen	4.00	0	139,384
4	To reclassify EKG	D	Electrocardiology	47.00	0	91	Radiology	40.00	0	91
5	To reclass OT costs	E	Occupational Therapy	45.00	189,747	0	Physical Therapy	44.00	189,747	0
6	To reclass ST costs	F	Speech Pathology	46.00	126,660	0	Physical Therapy	44.00	126,660	0
7	To reclass IV Therapy	G	Electrocardiology	47.00	0	2,384	Drugs Charged to Pat	49.00	0	2,384
100	TOTAL RECLASSIFICATIONS				316,407	911,423			316,407	911,423

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet A-7 Thursday, May 5, 2022 at 2:46:28 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
		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	105,990,163	2,954,606	0	2,954,606	2,407,821	106,536,948	2,820,017
4	Building Improvements	0	0	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0	0	0
6	Movable Equipment	11,283,571	653,778	0	653,778	4,520,374	7,416,975	4,726,733
7	Subtotal	122,273,734	3,608,384	0	3,608,384	6,928,195	118,953,923	7,546,750
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	122,273,734	3,608,384	0	3,608,384	6,928,195	118,953,923	7,546,750

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Thursday, May 5, 2022 at 2:46:28 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	-840	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	-847,257			
12	Laundry and Linen service	B	-11,229	Laundry & Linen Service		6
14	Revenue - Employee meals	B	-14,981	Dietary		8
15	Cost of meals - Guests	B	-126,503	Dietary		8
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Incontinence Income	B	-15,551	Skilled Nursing Facility		30
26	Miscellaneous Income	B	-546	Administrative & General		4
27	Contributions	A	-350	Administrative & General		4
28	Bad debts	A	-75,003	Administrative & General		4
29	Maintenance Income	B	-152,264	Plant Operation, Maint. & Repairs		5
30	Housekeeping Income	B	-225	Housekeeping		7
31	Other Dining Income	B	-72,449	Dietary		8
32	Other Dining Income	B	-110,911	Dietary		8
33	Miscellaneous Income	B	-105,493	Cap Rel Costs - Bldgs & Fixtures		1
34	Contribution From Foundation	B	-55,636	Social Service		13
35	Investment inc	B	-1,351,073	Cap Rel Costs - Bldgs & Fixtures		1
			=====			
100	TOTAL		-2,940,311			

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Thursday, May 5, 2022 at 2:46:28 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	Included in Wkst A col 5	
	1	2	3	4	5	6
1	4	Administrative & General	Home Office - Operational	1,719,921	2,576,667	-856,746
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	71,582	0	71,582
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap MME	47,254	0	47,254
4	4	Administrative & General	Home Office - Interest Expense	80,168	0	80,168
5	4	Administrative & General	Home Office - Investment Income	-80,168	0	-80,168
6	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-109,347	0	-109,347
10		TOTALS		1,729,410	2,576,667	-847,257

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	Percent	Type
			of	of	of
			Ownership	Ownership	Business
			3 4	5	6
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 1/1/2021 to 12/31/2021

Worksheet A-8-2 Thursday, May 5, 2022 at 2:46:28 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
		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
		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 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:46:28 PM

COST ALLOCATION - GENERAL SERVICE 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	9,630,289
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	3,035
41 Laboratory	13,348
42 Intravenous Therapy	0
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	347,861
45 Occupational Therapy	306,787
46 Speech Pathology	195,058
47 Electrocardiology	2,847
48 Medical Supplies Charged to Patients	8,467
49 Drugs Charged to Patients	45,860
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	10,553,552
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	84,569
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	14,796,404
95.02 Marketing	1,166,672
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:46:28 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
100 TOTAL	26,601,197	6,273,049	864,716	2,672,984	26,601,197	3,473,541	3,585,495	153,604	1,170,720

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:46:28 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)	SubTotal	Adjustments
	8	9	10	11	12	13	15	16	17
100 TOTAL	4,074,800	701,776	1,221,155	4,909	2,514	157,161	375,858	26,601,197	0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:46:28 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
100 TOTAL	<hr/> 26,601,197

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:46:28 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	676,360
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	9
41 Laboratory	38
42 Intravenous Therapy	0
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	12,716
45 Occupational Therapy	12,598
46 Speech Pathology	2,834
47 Electrocardiology	8
48 Medical Supplies Charged to Patients	24
49 Drugs Charged to Patients	131
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	704,718
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	12,917
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	6,416,785
95.02 Marketing	3,345
98 Cross Foot Adjustments	
99 Negative Cost Center	

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:46:28 PM

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	6,273,049	864,716	7,137,765	0	76,276	426,817	36,666	16,824

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:46:28 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	163,825	53,461	14,333	14	1,439	11,988	1,078	7,137,765	0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:46:28 PM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 7,137,765

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 2:46:28 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	9,721					
10 Central Services & Supply	0	9,721				
11 Pharmacy	0	0	9,721			
12 Medical Records & Library	0	0	0	9,721		
13 Social Service	0	0	0	0	9,721	
15 Activities	0	0	0	0	0	9,721
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	9,721	9,721	9,721	9,721	9,721	9,721
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0
45 Occupational Therapy	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51 Support Surfaces	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60 Clinic	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0
89 Subtotal	9,721	9,721	9,721	9,721	9,721	9,721
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
95.01 Residential/AL	0	0	0	0	0	0
95.02 Marketing	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 2:46:28 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	6,273,049	864,716	2,672,984	0	3,473,541	3,585,495	153,604	1,170,720	4,074,800
103 Unit Cost Multiplier per Bp1	18.782596	2.589110	0.311537	0.000000	0.150190	11.531778	15.801255	3.791990	139.840077
104 Cost to be Allocated per Bp2	0	0	0	0	76,276	426,817	36,666	16,824	163,825
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.003298	1.372742	3.771834	0.054493	5.622190

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 2:46:28 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	701,776	1,221,155	4,909	2,514	157,161	375,858
103 Unit Cost Multiplier per Bp1	72.191750	125.620307	0.504989	0.258615	16.167164	38.664541
104 Cost to be Allocated per Bp2	53,461	14,333	14	1,439	11,988	1,078
105 Unit Cost Multiplier per Bp2	5.499537	1.474437	0.001440	0.148030	1.233206	0.110894

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Thursday, May 5, 2022 at 2:46:28 PM

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 1/1/2021 to 12/31/2021

Worksheet C Thursday, May 5, 2022 at 2:46:28 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	3,035	5,901	0.514320
41	Laboratory	13,348	20,499	0.651154
42	Intravenous Therapy	0	2,384	0.000000
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	347,861	552,281	0.629862
45	Occupational Therapy	306,787	487,663	0.629096
46	Speech Pathology	195,058	231,400	0.842947
47	Electrocardiology	2,847	91	31.285714
48	Medical Supplies Charged to Patients	8,467	11,041	0.766869
49	Drugs Charged to Patients	45,860	57,949	0.791386
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	923,263	1,369,209	

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Thursday, May 5, 2022 at 2:46:28 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	0.514320	4,702	0	2,418	0
41	Laboratory	0.651154	15,576	0	10,142	0
42	Intravenous Therapy	0.000000	2,384	0	0	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.629862	110,034	0	69,306	0
45	Occupational Therapy	0.629096	112,996	0	71,085	0
46	Speech Pathology	0.842947	74,279	0	62,613	0
47	Electrocardiology	31.285714	91	0	2,847	0
48	Medical Supplies Charged to Patients	0.766869	0	0	0	0
49	Drugs Charged to Patients	0.791386	44,928	0	35,555	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		364,990	0	253,966	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Thursday, May 5, 2022 at 2:46:28 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.791386
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	0.000000	2,418	0
41	Laboratory	0	0	0	10,142	0
42	Intravenous Therapy	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0
44	Physical Therapy	0	0	0	69,306	0
45	Occupational Therapy	0	0	0	71,085	0
46	Speech Pathology	0	0	0	62,613	0
47	Electrocardiology	0	0	0	2,847	0
48	Medical Supplies Charged to Patients	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	35,555	0
50	Dental Care - Title XIX only	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0
	=====	=====	=====	=====	=====	
100	TOTAL	0	0		253,966	0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Thursday, May 5, 2022 at 2:46:28 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	9,721
2	Private room days	0
3	Inpatient days incl. Program prvt.	1,329
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	9,630,289
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	626,993
7	General Inpatient routine service RCC	15.359484
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	9,630,289
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	990.67
17	Program routine service cost	1,316,600
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	1,316,600
20	Capital related cost allocated to inpati	676,360
21	Per diem capital related costs	69.58
22	Program capital related cost	92,472
23	Inpatient routine service cost	1,224,128
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,224,128
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 1/1/2021 to 12/31/2021

Worksheet D-1 Thursday, May 5, 2022 at 2:46:28 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)	9,721
2	Program inpatient days (see instructions)	1,329
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.136714
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2021 to 12/31/2021

Worksheet E Thursday, May 5, 2022 at 2:46:28 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)	822,871
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	822,871
4	Primary payor amounts	0
5	Coinsurance	81,991
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	740,880
12	Interim payments (See instructions)	740,880
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)	0
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

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet E-1 Thursday, May 5, 2022 at 2:46:28 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		740,880		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		740,880		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 1/1/2021 to 12/31/2021

Worksheet G Thursday, May 5, 2022 at 2:46:28 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	15,014,359	0	0	0
2	Temporary investments	36,594,884	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,581,632	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	296,450	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	424,528	0	0	0
9	Other current assets	16,322	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	53,335,275	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	106,536,948	0	0	0
16	Less: Accumulated depreciation	55,260,355	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	7,416,975	0	0	0
24	Less: Accumulated depreciation	3,336,688	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	51,218	0	0	0
28	TOTAL FIXED ASSETS	60,408,098	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	7,027,061	0	0	0
33	TOTAL OTHER ASSETS	7,027,061	0	0	0
34	TOTAL ASSETS	120,770,434	0	0	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet G Thursday, May 5, 2022 at 2:46:28 PM

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	952,468	0	0	0
36	Salaries, wages & fees payable	631,640	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	818,633	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	1,583,463	0	0	0
43	TOTAL CURRENT LIABILITIES	3,986,204	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	46,572,306	0	0	0
45	Notes payable	4,149,855	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	83,560,977	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	134,283,138	0	0	0
51	TOTAL LIABILITIES	138,269,342	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	-17,498,908			
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	-17,498,908	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	120,770,434	0	0	0

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Thursday, May 5, 2022 at 2:46:28 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		-22459393		0		0		0
2 Net income (loss)		4954566						
3 Total		-17504827		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Contrib - Employee Bonus	184197		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		184197		0		0		0
11 Subtotal		-17320630		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Disburse - Employee Bonus	178278		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		178278		0		0		0
19 Fund balances - ending		-17498908		0		0		0

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Thursday, May 5, 2022 at 2:46:28 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	4,686,528		4,686,528
2	Nursing Facility	0		0
4	Other Long Term Care	22,654,873		22,654,873
		-----	-----	-----
5	Total general Inpatient care services	27,341,401		27,341,401
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,366,734	0	1,366,734
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
14	Total Patient Revenues	28,708,135	0	28,708,135

SPRINGPOINT AT MONTGOMERY
Provider CCN: 31-5486
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Thursday, May 5, 2022 at 2:46:28 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		29,541,508
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		29,541,508

SPRINGPOINT AT MONTGOMERY
 Provider CCN: 31-5486
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Thursday, May 5, 2022 at 2:46:28 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		28,708,135
2	Less: contractual allowances and ...		1,719,808
3	Net Patient Revenues (Line 1 - 2)		26,988,327
4	Less: total operating expenses		29,541,508
5	Net income from service to patients (Line 3 - 4)		-2,553,181
	Other Income:		
6	Contributions, donations, bequests, etc.	115,629	
7	Income from investments	5,086,388	
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	11,229	
14	Revenue from meals sold to employees and guests	324,845	
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	73,993	
24	Other Income	169,635	
24.01	Temporary Restricted -	0	
24.02	Net Assets Released (cont.)	178,278	
24.03	Chg in Derivative Instruments	358,745	
24.04	NJ Covid Reimbursement	118,078	
24.05	FEMA Monies	949,702	
24.06	COVID-19 PHE Funding	124,078	
25	Total other income		7,510,600
26	Total		4,957,419
27	Other Expenses (specify)	0	
28	Loss on Fixed Asset	2,853	
29		0	
29.01		0	
30	Total other expenses		2,853
31	Net income (or loss) for the period		4,954,566