

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

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

Worksheet S Thursday, May 1, 2025 at 7:30:26 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: _____
- 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 Stonebridge at Montgomery HC Ctr (31-5486) for the cost report period beginning January 1, 2024 and ending December 31, 2024, 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"/>

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

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

PART III - SETTLEMENT SUMMARY

CMS #		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	4,500	0	0
100	Total	0	4,500	0	0

ECR Encryption Information: _____ PI Encryption Information: _____

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

STONEBRIDGE AT MONTGOMERY HC CTR
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Worksheet S-2 Part I Thursday, May 1, 2025 at 7:30:26 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	Stonebridge at Montgomery HC Ct	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)	01/01/2024	12/31/2024				
15	Type of Control (See Instructions)		2				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 6,464,108
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 6,464,108
 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) Yes
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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

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

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

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	85243	0	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

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Worksheet S-2 Part II Thursday, May 1, 2025 at 7:30:26 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		
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	03/31/2025	Y 03/31/2025
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 William Hartung	2	3 Preparer
20	Employer.	Zimmet Healthcare Services Group LLC		
21	Telephone number/Email address.	732-970-0733		costreports@zhealthcare.com

STONEBRIDGE AT MONTGOMERY HC CTR
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Worksheet S-3 Part I Thursday, May 1, 2025 at 7:30:26 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	2	3	4	5	6	7
1	Skilled Nursing Facility	50	18,300	0	2,246	1,493	11,345	15,084
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	50	18,300	0	2,246	1,493	11,345	15,084

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	52	0	74	126	0.00	43.19	0.00	119.71
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	52	0	74	126	0.00	43.19	0.00	119.71

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	77	0	62	139	130.84	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	77	0	62	139	130.84	0

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Worksheet S-3 Part II Thursday, May 1, 2025 at 7:30:26 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	8,483,519	0	8,483,519	272,154.00	31.17
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)	8,483,519	0	8,483,519	272,154.00	31.17
7	Other Long Term Care	0	0	0	0.00	
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	3,377,044	0	3,377,044	121,474.00	27.80
12	Subtotal Excluded salary (Sum of lines 7-11)	3,377,044	0	3,377,044	121,474.00	27.80
13	Total Adjusted Salaries (Line 6 - 12)	5,106,475	0	5,106,475	150,680.00	33.89
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	716,842	0	716,842	14,636.00	48.98
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	1,235,914	0	1,235,914	18,468.00	66.92
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	1,765,221	0	1,765,221		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	702,684	0	702,684		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,062,537	0	1,062,537		

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Worksheet S-3 Part III Thursday, May 1, 2025 at 7:30:26 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	653,798	0	653,798	10,181	64.22
3	Plant Operation, Maint. & Repairs	765,386	0	765,386	31,552	24.26
4	Laundry & Linen Service	67,779	0	67,779	3,865	17.54
5	Housekeeping	155,546	0	155,546	8,617	18.05
6	Dietary	915	0	915	56	16.34
7	Nursing Administration	673,116	0	673,116	16,474	40.86
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	77,603	0	77,603	2,072	37.45
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	341,759	0	341,759	14,278	23.94
14	Total	2,735,902	0	2,735,902	87,095	31.41

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Worksheet S-3 Part IV Thursday, May 1, 2025 at 7:30:26 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	162,953
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)	716,168
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)	15,983
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	219,322
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	613,651
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	37,144
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
	=====	
24	Total Wage Related Cost (Lines 1-23)	1,765,221
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Thursday, May 1, 2025 at 7:30:26 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)	514,638	107,084	621,722	10,311	60.30
2	Licensed Practical Nurses (LPNs)	497,991	103,620	601,611	10,975	54.82
3	Certified Nursing Assistants/Nursing Assistants/Aides	798,549	166,159	964,708	30,381	31.75
4	Total Nursing (Sum of 1 - 3)	1,811,178	376,863	2,188,041	51,667	42.35
5	Physical Therapists	218,046	45,370	263,416	4,193	62.82
6	Physical Therapy Assistants	77,936	16,217	94,153	2,133	44.14
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	92,137	19,172	111,309	1,795	62.01
9	Occupational Therapy Assistants	54,756	11,393	66,149	1,570	42.13
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	116,520	24,245	140,765	2,227	63.21
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)	357,649		357,649	5,071	70.53
15	Licensed Practical Nurses (LPNs)	55,223		55,223	1,110	49.75
16	Certified Nursing Assistants/Nursing Assistants/Aides	303,970		303,970	8,455	35.95
17	Total Nursing (Sum of 14 - 16)	716,842		716,842	14,636	48.98
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 1, 2025 at 7:30:26 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		9,441,326	9,441,326	177,192	9,618,518	-1,210,687	8,407,831
2	Cap Rel Costs - Movable Equipment		49,515	49,515	0	49,515	25,410	74,925
3	Employee Benefits	0	1,792,380	1,792,380	0	1,792,380	0	1,792,380
4	Administrative & General	653,798	4,809,329	5,463,127	-177,192	5,285,935	-1,664,631	3,621,304
5	Plant Operation, Maint. & Repairs	765,386	2,414,879	3,180,265	0	3,180,265	-138,141	3,042,124
6	Laundry & Linen Service	67,779	44,196	111,975	0	111,975	-44,941	67,034
7	Housekeeping	155,546	31,242	186,788	0	186,788	0	186,788
8	Dietary	915	4,184,957	4,185,872	0	4,185,872	-385,954	3,799,918
9	Nursing Administration	673,116	71,253	744,369	-700	743,669	0	743,669
10	Central Services & Supply	0	7,376	7,376	0	7,376	0	7,376
11	Pharmacy	0	2,780	2,780	0	2,780	0	2,780
12	Medical Records & Library	0	0	0	0	0	-550	-550
13	Social Service	77,603	994	78,597	0	78,597	0	78,597
15	Other General Service Cost	341,759	12,320	354,079	0	354,079	0	354,079
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,811,178	818,189	2,629,367	-60,568	2,568,799	0	2,568,799
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	14,624	14,624	0	14,624	0	14,624
41	Laboratory	0	16,943	16,943	0	16,943	0	16,943
42	Intravenous Therapy	0	0	0	626	626	0	626
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	295,982	53,951	349,933	0	349,933	0	349,933
45	Occupational Therapy	146,893	0	146,893	0	146,893	0	146,893
46	Speech Pathology	116,520	0	116,520	0	116,520	0	116,520
47	Electrocardiology	0	0	0	74	74	0	74
48	Medical Supplies Charged to Patients	0	28,102	28,102	38,750	66,852	0	66,852
49	Drugs Charged to Patients	0	70,414	70,414	21,818	92,232	0	92,232
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	17,066	17,066	0	17,066	0	17,066
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	5,106,475	23,881,836	28,988,311	0	28,988,311	-3,419,494	25,568,817
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	69,954	69,954	0	69,954	0	69,954
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	2,962,125	692,357	3,654,482	0	3,654,482	0	3,654,482

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
95.02	Marketing	414,919	264,045	678,964	0	678,964	0	678,964
100	TOTAL	8,483,519	24,908,192	33,391,711	0	33,391,711	-3,419,494	29,972,217

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet A-6 Thursday, May 1, 2025 at 7:30:26 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 IV Therapy cost	A	Intravenous Therapy	42.00	0	626	Nursing Administrati	9.00	0	626
2	To reclassify EKG	A	Electrocardiology	47.00	0	74	Nursing Administrati	9.00	0	74
3	To reclass med supply sold	A	Medical Supplies Cha	48.00	0	38,750	Skilled Nursing Faci	30.00	0	38,750
4	To reclassify drugs sold	A	Drugs Charged to Pat	49.00	0	21,818	Skilled Nursing Faci	30.00	0	21,818
5	To reclass capital costs	A	Cap Rel Costs - Bldg	1.00	0	177,192	Administrative & Gen	4.00	0	177,192
100	TOTAL RECLASSIFICATIONS				0	238,460			0	238,460

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2024 to 12/31/2024

Worksheet A-7 Thursday, May 1, 2025 at 7:30:26 PM

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	112,134,097	4,107,683	884,533	115,357,247	993,656
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	9,152,299	1,180,897	1,520,651	8,812,545	1,240,348
7	Subtotal	126,286,396	5,288,580	2,405,184	129,169,792	2,234,004
8	Reconciling Items	0	0	0	0	0
9	Total	126,286,396	5,288,580	2,405,184	129,169,792	2,234,004

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet A-8 Thursday, May 1, 2025 at 7:30:26 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-1,274,146	Cap Rel Costs - Bldgs & Fixtures		1
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	-1,192,119			
12	Laundry and Linen service	B	-44,941	Laundry & Linen Service		6
14	Revenue - Employee meals	B	-144,551	Dietary		8
15	Cost of meals - Guests	B	-241,403	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			
21	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	Maintenance Income	B	-138,141	Plant Operation, Maint. & Repairs		5
26	Contributions	A	-350	Administrative & General		4
27	Bad Debts	A	-223,711	Administrative & General		4
28	Medical Records Income	B	-550	Medical Records & Library		12
29	Miscellaneous Income-Operating	B	-125,632	Administrative & General		4
30	Expenses from Contributed Funds	B	-33,950	Administrative & General		4
			=====			
100	TOTAL		-3,419,494			

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet A-8-1 Thursday, May 1, 2025 at 7:30:26 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	814,817	3,331,719	-2,516,902
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	63,767	0	63,767
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	25,410	0	25,410
4	4	Administrative & General	Home Office - Salaries and Wages	1,235,914	0	1,235,914
5	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-154	0	-154
6	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-154	0	-154
10		TOTALS		2,139,600	3,331,719	-1,192,119

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

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

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

Symbol #	Name	Percentage of Ownership		Percent of Ownership		Type of Business
		3	4	5	6	
1	B	Springpoint Senior Living	100%	Springpoint Senior Living	100%	Home Office

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider
- B. Corporation, partnership or other organization has financial interest in provider
- C. Provider has financial interest in corporation, partnership, or other organization
- D. Director, officer, administrator or key person of provider or relative of such person has financial interest in related organization
- E. Individual is director, officer, administrator, or key person of provider and related organization
- F. Director, officer, administrator or key person of related organization or relative of such person has financial interest in provider
- G. Other:

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2024 to 12/31/2024

Worksheet A-8-2 Thursday, May 1, 2025 at 7:30:26 PM

Provider-Based Physicians Adjustments

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

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance Col 14	Provider Component Share of Col 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

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 1, 2025 at 7:30:26 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	10,708,561
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	16,779
41 Laboratory	19,440
42 Intravenous Therapy	718
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	495,864
45 Occupational Therapy	226,705
46 Speech Pathology	166,348
47 Electrocardiology	85
48 Medical Supplies Charged to Patients	76,705
49 Drugs Charged to Patients	105,826
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	19,581
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	11,836,612
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	104,599
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	17,151,244
95.02 Marketing	879,762
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 1, 2025 at 7:30:26 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	29,972,217	8,407,831	74,925	1,792,380	29,972,217	3,850,086	4,244,023	161,597	277,400

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 1, 2025 at 7:30:26 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Other General Service (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	4,652,316	1,115,238	29,260	3,190	2,122	131,172	489,232	29,972,217	0

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 1, 2025 at 7:30:26 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
100 TOTAL	<hr/> 29,972,217

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 1, 2025 at 7:30:26 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 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	802,293
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	51
41 Laboratory	59
42 Intravenous Therapy	2
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	15,509
45 Occupational Therapy	14,654
46 Speech Pathology	3,238
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	232
49 Drugs Charged to Patients	320
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	59
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	836,417
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	15,379
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	7,628,185
95.02 Marketing	2,775
98 Cross Foot Adjustments	
99 Negative Cost Center	

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 1, 2025 at 7:30:26 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal 2A	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen & Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	2A	3	4	5	6	7
100 TOTAL	0	8,407,831	74,925	8,482,756	0	90,649	507,858	43,539	16,844

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 1, 2025 at 7:30:26 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	Other General Service (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	194,883	64,516	12,961	10	1,710	14,128	1,574	8,482,756	0

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2024 to 12/31/2024

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ALLOCATION OF CAPITAL - RELATED COSTS

	Total	
	18	
100	<hr/>	8,482,756
	TOTAL	

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 1, 2025 at 7:30:26 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	Other General 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	15,084				
10	Central Services & Supply	0	15,084			
11	Pharmacy	0	0	15,084		
12	Medical Records & Library	0	0	0	6,166,979	
13	Social Service	0	0	0	77,603	15,084
15	Other General Service Cost	0	0	0	341,759	0
	15,084	0	0	0	0	15,084
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	15,084	15,084	15,084	1,811,178	15,084
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	295,982	0
45	Occupational Therapy	0	0	0	146,893	0
46	Speech Pathology	0	0	0	116,520	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	15,084	15,084	15,084	2,789,935	15,084
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	0	0	0	2,962,125	0
95.02	Marketing	0	0	0	414,919	0
98	Cross Foot Adjustments	0	0	0	0	0

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 1, 2025 at 7:30:26 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	8,407,831	74,925	1,792,380	0	3,850,086	4,244,023	161,597	277,400	4,652,316
103 Unit Cost Multiplier per Bp1	25.174503	0.224338	0.211278	0.000000	0.147388	13.649756	10.713140	0.898505	102.809069
104 Cost to be Allocated per Bp2	0	0	0	0	90,649	507,858	43,539	16,844	194,883
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.003470	1.633388	2.886436	0.054558	4.306616

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Worksheet B-1 Thursday, May 1, 2025 at 7:30:26 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	Other General Service (Patient Days) 15
99 Negative Cost Center	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	1,115,238	29,260	3,190	2,122	131,172	489,232
103 Unit Cost Multiplier per Bp1	73.935163	1.939804	0.211482	0.000344	8.696102	32.433837
104 Cost to be Allocated per Bp2	64,516	12,961	10	1,710	14,128	1,574
105 Unit Cost Multiplier per Bp2	4.277115	0.859255	0.000663	0.000277	0.936622	0.104349

STONEBRIDGE AT MONTGOMERY HC CTR
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Worksheet B-2 Thursday, May 1, 2025 at 7:30:26 PM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet C Thursday, May 1, 2025 at 7:30:26 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	16,779	14,624	1.147361
41	Laboratory	19,440	16,943	1.147376
42	Intravenous Therapy	718	626	1.146965
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	495,864	509,184	0.973840
45	Occupational Therapy	226,705	376,939	0.601437
46	Speech Pathology	166,348	229,539	0.724705
47	Electrocardiology	85	74	1.148649
48	Medical Supplies Charged to Patients	76,705	66,852	1.147385
49	Drugs Charged to Patients	105,826	92,232	1.147389
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	19,581	17,066	1.147369
100	TOTAL	1,128,051	1,324,079	

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet D Part I Thursday, May 1, 2025 at 7:30:26 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of cost to charges 1	Health Care Program Charges		Health Care Program Cost	
			Part A 2	Part B 3	Part A 4	Part B 5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	1.147361	7,343	0	8,425	0
41	Laboratory	1.147376	12,653	0	14,518	0
42	Intravenous Therapy	1.146965	626	0	718	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.973840	163,022	0	158,757	0
45	Occupational Therapy	0.601437	153,068	0	92,061	0
46	Speech Pathology	0.724705	79,003	0	57,254	0
47	Electrocardiology	1.148649	74	0	85	0
48	Medical Supplies Charged to Patients	1.147385	871	0	999	0
49	Drugs Charged to Patients	1.147389	69,075	0	79,256	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	1.147369	0	0	0	0
100	TOTAL		485,735	0	412,073	0

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2024 to 12/31/2024

Worksheet D Part II Thursday, May 1, 2025 at 7:30:26 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.147389
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	0	0.000000	8,425	0
41	Laboratory	0	0	14,518	0
42	Intravenous Therapy	0	0	718	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	158,757	0
45	Occupational Therapy	0	0	92,061	0
46	Speech Pathology	0	0	57,254	0
47	Electrocardiology	0	0	85	0
48	Medical Supplies Charged to Patients	0	0	999	0
49	Drugs Charged to Patients	0	0	79,256	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	412,073	0

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Thursday, May 1, 2025 at 7:30:26 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	15,084
2	Private room days	0
3	Inpatient days incl. Program prvt.	2,246
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	10,708,561
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,262,789
7	General Inpatient routine service RCC	8.480087
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	10,708,561
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	709.93
17	Program routine service cost	1,594,503
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	1,594,503
20	Capital related cost allocated to inpati	802,293
21	Per diem capital related costs	53.19
22	Program capital related cost	119,465
23	Inpatient routine service cost	1,475,038
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,475,038
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Thursday, May 1, 2025 at 7:30:26 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)	15,084
2	Program inpatient days (see instructions)	2,246
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.148899
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet E Thursday, May 1, 2025 at 7:30:26 PM

Calculation of Reimbursement Settlement
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	1,492,958
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	1,492,958
4	Primary payor amounts	0
5	Coinsurance	207,468
6	Reimbursable bad debts (From your records)	7,064
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	7,064
8	Adjusted reimbursable bad debts. (See instructions)	4,592
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,290,082
12	Interim payments (See instructions)	1,259,780
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)	92
14.99	Sequestration adjustment (See instructions)	25,710
15	Balance due provider/program	4,500
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

17	Ancillary services Part B	0
18	Vaccine cost	0
19	Total reasonable costs	0
20	Medicare Part B ancillary charges	0
21	Cost of covered services	0
22	Primary payor amounts	0
23	Coinsurance and deductibles	0
24	Reimbursable bad debts	0
24.01	Reimbursable bad debts for dual eligible beneficiaries (see inst)	0
24.02	Adjusted reimbursable bad debts (see instructions)	0

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

29	Balance due provider/program	0
30	Protested amounts (Nonallowable cost report items)	0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet E-1 Thursday, May 1, 2025 at 7:30:26 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		1,259,780		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		1,259,780		0

TO BE COMPLETED BY CONTRACTOR

5	Items Below for INTERMEDIARIES:				
5.01	Settlement ... to Provider		0		0
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	Settlement ... to Program		0		0
5.99	SUBTOTAL		0		0
6.01	Net settlement ... to Provider		0		0
6.50	Net settlement ... to Program		0		0
7	TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: _____ Contractor Number: _____
 8 Name of Contractor/Number 0 0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet G Thursday, May 1, 2025 at 7:30:26 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	63,695,998	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,268,224	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	628,200	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	380,755	0	0	0
9	Other current assets	6,161,456	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	71,878,233	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	115,357,248	0	0	0
16	Less: Accumulated depreciation	69,881,680	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	8,812,545	0	0	0
24	Less: Accumulated depreciation	3,592,498	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	55,695,615	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	6,117,048	0	0	0
33	TOTAL OTHER ASSETS	6,117,048	0	0	0
34	TOTAL ASSETS	133,690,896	0	0	0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet G Thursday, May 1, 2025 at 7:30:26 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	1,503,468	0	0	0
36	Salaries, wages & fees payable	721,800	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	969,976	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	1,362,410	0	0	0
43	TOTAL CURRENT LIABILITIES	4,557,654	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	43,811,721	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	90,053,131	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	133,864,852	0	0	0
51	TOTAL LIABILITIES	138,422,506	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	-4,731,610			
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	-4,731,610	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	133,690,896	0	0	0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet G-1 Thursday, May 1, 2025 at 7:30:26 PM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -	----- ENDOWMENT FUND -----		----- PLANT FUND -----		
	1	2		3	4	5	6	7
1 Fund balances - beginning		-13796550		0		0		0
2 Net income (loss)		9087584						
3 Total		-4708966		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Temporary Restricted - Contributions	277605		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		277605		0		0		0
11 Subtotal		-4431361		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Prior Period Activity	300249		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		300249		0		0		0
19 Fund balances - ending		-4731610		0		0		0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part I Thursday, May 1, 2025 at 7:30:26 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	8,648,785		8,648,785
2	Nursing Facility	0		0
4	Other Long Term Care	26,964,647		26,964,647
		-----	-----	-----
5	Total general Inpatient care services	35,613,432		35,613,432
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,301,269	0	1,301,269
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0	0	0
		=====	=====	=====
14	Total Patient Revenues	36,914,701	0	36,914,701

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part II Thursday, May 1, 2025 at 7:30:26 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		33,391,711
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		33,391,711

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2024 to 12/31/2024

Worksheet G-3 Thursday, May 1, 2025 at 7:30:26 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		36,914,701
2	Less: contractual allowances and ...		2,269,563
3	Net Patient Revenues (Line 1 - 2)		34,645,138
4	Less: total operating expenses		33,391,711
5	Net income from service to patients (Line 3 - 4)		1,253,427
	Other Income:		
6	Contributions, donations, bequests, etc.	131,355	
7	Income from investments	6,426,234	
8	Revenues from communications (Telephone and Internet service)	1,226	
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	44,941	
14	Revenue from meals sold to employees and guests	385,954	
15	Revenue from rental of living quarters	0	
16	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	92,965	
24.01	Miscellaneous Income	126,182	
24.02	Other Income	174,859	
24.03	Grounds Income	138,141	
24.04	Restricted Funds/Contributions	300,251	
24.05	Guest House Income	12,049	
24.50	COVID-19 PHE Funding	0	
25	Total other income		7,834,157
26	Total		9,087,584
27	Other Expenses (specify)	0	
28		0	
29		0	
30	Total other expenses		0
31	Net income (or loss) for the period		9,087,584