

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Form Approved
 OMB No. 0938-0463
 Approval Expires 7-31-2027

Worksheet S Monday, May 18, 2026 at 10:51:09 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

- | | | | | |
|---|-------|-------|-------|-------|
| | Date: | _____ | Time: | _____ |
| 1. Electronically Prepared | | | | |
| 2. Manually Prepared | [Y] | | | |
| 3. If Amended, Number of times Report Resubmitted | | | | |
| 4. Medicare Utilization | [F] | | | |
| 5. Contractor: HCRIS Status Code | | _____ | | |
| 6. Contractor: Cost Report Received Date | | _____ | | |
| 7. Contractor: Contractor Number | | _____ | | |
| 8. Contractor: Initial Cost Report For This CCN | | _____ | | |
| 9. Contractor: Final Cost Report For This CCN | | _____ | | |
| 10. Contractor: NPR Date | | _____ | | |
| 11. Contractor: ADR Software Vendor Code | | _____ | | |
| 12. Contractor: Reopening Number | | _____ | | |

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, 2025 and ending December 31, 2025, 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"/>
2 Printed Name _____	
3 Title _____	
4 Signature Date _____	



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

PART III - SETTLEMENT SUMMARY

CMS #		Title XVIII			
		Title V	Part A	Part B	Title XIX
1	SNF	0	2,665	0	0
2	NF	0			0
3	ICF / IID				0
4	SNF-BASED HHA	0	0	0	0
100	Total	0	2,665	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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Identification Data

SNF / SNF HEALTHCARE COMPLEX INFORMATION

1	ADDRESS LINE 1	STREET ADDRESS			P O BOX
		100 Hollinshead Road			
2	ADDRESS LINE 2	CITY	STATE	ZIP CODE	COUNTY
		SKILLMAN	NJ	08858	SOMERSET

	COMPONENT TYPE	COMPONENT NAME	CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID
3	1 SNF	Stonebridge at Montgomery HC	31-5486	35154	5 U	6 11/17/2001	7
4	2 NF						
5	3 ICF / IID						
6	4 SNF-BASED HHA						
7	5 SNF-BASED HOSPICE						
8	6 OUTPATIENT REHAB (SP)						

9	COST REPORTING PERIOD	FROM	TO
		01/01/2025	12/31/2025

10	TYPE OF CONTROL	TOC CODE	SPECIFY OTHER
		1	2
		2 - Voluntary Nonprofit, Other	

SNF ORGANIZATION AND OPERATION

11	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?	1
		No
12	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?	1
		No

13	Non-contiguous component locat	COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE
		1	2	3	4	5	6

14	Did the SNF terminate participation in the Medicare Program? COL 2: Termination date. COL 3: Voluntary (V) or involuntary (I) termination.	Y/N	DATE	V OR I
		1	2	3
15	Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period?	No		
16	Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? Col 2: Number of HO/COs allocating costs to this SNF	No		
		Yes	1	

17	HO/CO ALLOCATING TO SN	HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP	HO/CO CCN	HO/CO CONTRACTOR #
		1	2	3	4	5	6	7	8
		Springpoint Senior Livin	4814 OUTLOOK DRIVE		WALL TOWNSHIP	NJ	07753	H48370	12301

18	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?	No
19	Did this SNF operate a ventilator care unit?	No

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SNF OWNED SERVICES		1	2		
20	Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493?	Yes	31D2189000		
21	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	No			
22	Did this SNF operate an institutional based ambulance service?	No			
		1			
23	Is this SNF 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, Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for	Yes			
24	Titles V & XIX patients?	No			
PROFESSIONAL SERVICES PURCHASED BY THE SNF		1	2		
29	Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization	Yes	No		
SNF-BASED HHA THERAPY COSTS		1	2		
31	Did the SNF-based HHA contract with outside suppliers for physical therapy services?	No			
32	Did the SNF-based HHA contract with outside suppliers for occupational therapy services?	No			
33	Did the SNF-based HHA contract with outside suppliers for speech therapy services?	No			
MEDICAL MALPRACTICE COST		1			
34	Is the SNF legally required to carry malpractice insurance?	No			
35	If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy.	1			
		PREMIUMS	PAID LOSSES	SELF INSURANCE	
		1	2	3	
36	If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3.	87,807	0	0	
37	Are malpractice premiums and paid losses reported in other than the A&G cost center?	No			
LOWER OF COST OR CHARGE EXEMPTION		PART A	PART B		
		1	2		
40	Did the SNF qualify for an exemption from the application of the lower of costs or charges?	No	No		
41	Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges?	No	No		

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Identification Data

FINANCIAL STATEMENTS

	Y/N	A/C/R	DATE
	1	2	3
50	Yes	A	
51	No		

Were the financial statements prepared by a CPA? If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3
 Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If 'Y', submit a reconciliation.

BAD DEBTS

	1
52	Yes
53	No
54	No

Is the SNF seeking reimbursement for Medicare bad debts?
 If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period?
 If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance?

PS&R REPORT DATA

	PART A	PART A	PART B	PART B
	Y/N	DATE	Y/N	DATE
	1	2	3	4
55	Yes	03/23/2026	Yes	03/23/2026
56	No		No	
57	No		No	
58	No		No	
59	No		No	
60	No		No	

Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 'Paid Claims Verified Current As Of date', if present, or the paid-through date. (see instruc
 Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the 'Paid Claims Verified Current As Of date, if present, or the paid-through date. (see instru
 If line 55 or 56 is Y, 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 line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?
 If line 55 or 56 is Y, were adjustments made to PS&R data for other reasons? If Y, describe the other adjustment:
 Is this cost report prepared using only the provider's records?

COST REPORT PREPARER CONTACT INFORMATION

	FIRST NAME	LAST NAME	TITLE
	1	2	3
70	Luca	Pasqualetti	Preparer
	TELEPHONE NUMBER	EMAIL ADDRESS	
	1	2	
72	732-970-0733	costreports@zhealthcare.com	

PREPARER
 EMPLOYER
 CONTACT INFORMATION

STONEBRIDGE AT MONTGOMERY HC CTR
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Worksheet S-3 Part I Monday, May 18, 2026 at 10:51:09 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
1	SNF - FFS	50	18,250		2,466	0	12,265	16,899
2	SNF - HMO				741	1,427		
3	NF - FFS					0	0	0
4	NF - HMO					0		
5	ICF/IID							0
6	HOSPICE							0
7	TOTAL	50	18,250		3,207	1,427	12,265	16,899

CMS #	Component	Discharges					Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total
1	SNF - FFS	8	50	0	66	116	13	49.32	0.00	185.83	145.68
2	SNF - HMO		24	0		24		30.88	0.00		
3	NF - FFS			0	0	0			0.00	0.00	0.00
4	NF - HMO			0		0			0.00		
5	ICF/IID					0					0.00
6	HOSPICE					0					
7	TOTAL		74	0	66	140					

CMS #	Component	Admissions					FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Employed	Non-Paid
1	SNF - FFS	18	70	0	32	102	130.00	24
2	SNF - HMO		37	0		37		
3	NF - FFS			0	0	0	0.00	
4	NF - HMO			0		0		
5	ICF/IID					0		
6	HOSPICE					0		
7	TOTAL							

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Worksheet S-3 Part II Monday, May 18, 2026 at 10:51:09 AM

SNF Wage Index Information

PART II - SNF WAGE INDEX - DIRECT SALARIES

CMS #	Amount Reported 1	Reclass- ifications 2	Adjustments 3	Total 4	Paid Hours 5	Average Hourly Wage 6	
	SALARIES						
1	TOTAL SALARY (SEE INSTRUCTIONS)	9,439,669	0	0	9,439,669	288,263.00	32.75
2	PHYSICIAN SALARIES-PART A	0	0	0	0	0.00	0.00
3	PHYSICIAN SALARIES-PART B	0	0	0	0	0.00	0.00
4	HOME OFFICE PERSONNEL	0	0	0	0	0.00	0.00
5	SUM OF LINES 2 THROUGH 4	0	0	0	0	0.00	0.00
6	REVISED WAGES (LINE 1 MINUS LINE 5)	9,439,669	0	0	9,439,669	288,263.00	32.75
7	HOME HEALTH AGENCY	0	0	0	0	0.00	0.00
8	HOSPICE	0	0	0	0	0.00	0.00
9	OTHER EXCLUDED AREAS	3,614,488	0	0	3,614,488	123,519.00	29.26
10	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THRO	3,614,488	0	0	3,614,488	123,519.00	29.26
11	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10	5,825,181	0	0	5,825,181	164,744.00	35.36
	OTHER WAGES AND RELATED COSTS						
12	CONTRACT LABOR: PATIENT RELATED & MGMT	431,244	0	0	431,244	9,718.00	44.38
13	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	0	0	0	0	0.00	0.00
14	HOME OFFICE SALARIES AND WAGE RELATED COSTS	0	0	0	0	0.00	0.00
	WAGE RELATED COSTS						
15	WAGE RELATED COSTS CORE (SEE PT. IV)	2,026,568	0	0	2,026,568	0.00	0.00
16	WAGE RELATED COSTS (EXCLUDED UNITS)	0	0	0	0	0.00	0.00
17	PHYSICIANS PART A - WRC	0	0	0	0	0.00	0.00
18	PHYSICIANS PART B - WRC	0	0	0	0	0.00	0.00
19	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUC	2,026,568	0	0	2,026,568	0.00	0.00

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Worksheet S-3 Part III Monday, May 18, 2026 at 10:51:09 AM

STATISTICAL DATA

PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES

CMS #		AMOUNT	RECLASS OF	ADJUSTED	TOTAL	PAID HOURS	AVERAGE
		REPORTED	SALARIES	SALARIES		RELATED	HOURLY WAGE
		1	2	3	4	5	6
1	EMPLOYEE BENEFITS DEPARTMENT	103,407	0	0	103,407	2,137	48.39
2	ADMINISTRATIVE AND GENERAL	571,025	0	0	571,025	8,152	70.05
3	PLANT OP, MAINT & REPAIRS	780,194	0	0	780,194	32,467	24.03
4	LAUNDRY AND LINEN SERVICE	42,439	0	0	42,439	2,414	17.58
5	HOUSEKEEPING	166,760	0	0	166,760	8,825	18.90
6	DIETARY	0	0	0	0	0	0.00
7	NURSING ADMINISTRATION	684,052	0	0	684,052	16,520	41.41
8	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0.00
9	PHARMACY	0	0	0	0	0	0.00
10	MEDICAL RECORDS	0	0	0	0	0	0.00
11	MEDICAL SOCIAL SERVICES	80,107	0	0	80,107	2,080	38.51
12	ACTIVITIES PROGRAM	367,268	0	0	367,268	14,829	24.77
13	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0.00
14	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0.00
15	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0.00
16	OTHER GENERAL SERVICE	0	0	0	0	0	0.00

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Worksheet S-3 Part IV Monday, May 18, 2026 at 10:51:09 AM

STATISTICAL DATA

PART IV - SNF WAGE RELATED COSTS

CMS #	Description	
	RETIREMENT COST	
1	401k EMPLOYER CONTRIBUTIONS	168,387
2	TAX SHELTERED ANNUITY 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	890,241
9	PRESCRIPTION DRUG PLAN	0
10	DENTAL, HEARING AND VISION PLANS	0
11	LIFE INSURANCE	0
12	ACCIDENTAL INSURANCE	0
13	DISABILITY INSURANCE	28,633
14	LONG-TERM CARE INSURANCE	0
15	WORKERS' COMPENSATION INSURANCE	218,907
16	RETIREMENT HEALTH CARE COST	0
	TAXES	
17	FICA - EMPLOYER'S PORTION ONLY	683,143
18	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	0
19	UNEMPLOYMENT INSURANCE	0
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	37,257
	OTHER	
21	EXECUTIVE DEFERRED COMPENSATION	0
22	DAY CARE COST AND ALLOWANCES	0
23	TUITION REIMBURSEMENT	0
		=====
24	TOTAL WAGE RELATED COST	2,026,568

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Worksheet S-3 Part V Monday, May 18, 2026 at 10:51:09 AM

STATISTICAL DATA

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES

CMS #	Amount Reported	Employee Wage-Related Costs	Adjusted Salaries (Col 1+ Col 2)	Paid Hours Related To Salary In Col 3	Average Hourly Wage (Col 3 ÷ Col 4)	
	1	2	3	4	5	
DIRECT SALARIES						
NURSING EMPLOYEES						
1	REGISTERED NURSE	1,020,702	219,131	1,239,833	18,718	66.24
2	LICENSED PRACTICAL NURSE	419,471	90,055	509,526	9,665	52.72
3	CERTIFIED NURSING ASSISTANT	1,020,139	219,010	1,239,149	36,916	33.57
4	TOTAL NURSING EXPENDITURES	2,460,312	528,196	2,988,508	65,299	45.77
NURSING EMPLOYEES						
5	PHYSICAL THERAPIST	156,150	33,523	189,673	4,684	40.49
6	PHYSICAL THERAPY ASSISTANT	111,361	23,908	135,269	1,939	69.76
7	OCCUPATIONAL THERAPIST	106,820	22,933	129,753	1,711	75.83
8	OCCUPATIONAL THERAPY ASSISTANT	55,225	11,856	67,081	1,590	42.19
9	SPEECH-LANGUAGE PATHOLOGIST	138,442	29,722	168,164	2,027	82.96
10	THERAPY AIDES AND STUDENTS	0	0	0	0	0.00
11	RESPIRATORY THERAPIST	0	0	0	0	0.00
12	OTHER MEDICAL STAFF	0	0	0	0	0.00
CONTRACT LABOR						
NURSING EMPLOYEES						
15	REGISTERED NURSE	191,010	41,007	232,017	2,871	80.81
16	LICENSED PRACTICAL NURSE	22,245	4,776	27,021	409	66.07
17	CERTIFIED NURSING ASSISTANT	217,989	46,799	264,788	6,437	41.14
18	TOTAL NURSING EXPENDITURES	431,244	92,582	523,826	9,717	53.91
TECHNICAL / PROFESSIONAL EMPLOYEES						
19	PHYSICAL THERAPIST	0	0	0	0	0.00
20	PHYSICAL THERAPY ASSISTANT	0	0	0	0	0.00
21	OCCUPATIONAL THERAPIST	0	0	0	0	0.00
22	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0	0.00
23	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0	0.00
24	THERAPY AIDES AND STUDENTS	0	0	0	0	0.00
25	RESPIRATORY THERAPIST	0	0	0	0	0.00
26	OTHER MEDICAL STAFF	0	0	0	0	0.00
HOME OFFICE/CHAIN ORGANIZATION						
NURSING EMPLOYEES						
29	REGISTERED NURSE	0	0	0	0	0.00
30	LICENSED PRACTICAL NURSE	0	0	0	0	0.00
31	CERTIFIED NURSING ASSISTANT	0	0	0	0	0.00
32	TOTAL NURSING EXPENDITURES	0	0	0	0	0.00
TECHNICAL / PROFESSIONAL EMPLOYEES						
33	PHYSICAL THERAPIST	0	0	0	0	0.00
34	PHYSICAL THERAPY ASSISTANT	0	0	0	0	0.00
35	OCCUPATIONAL THERAPIST	0	0	0	0	0.00
36	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0	0.00
37	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0	0.00
38	THERAPY AIDES AND STUDENTS	0	0	0	0	0.00
39	RESPIRATORY THERAPIST	0	0	0	0	0.00
40	OTHER MEDICAL STAFF	0	0	0	0	0.00

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Worksheet A Monday, May 18, 2026 at 10:51:09 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	SALARIES & WAGES 1	CONTRACT LABOR COSTS 2	LABOR SUBTOTAL 3	OTHER COSTS 4	SUBTOTAL 5	RECLASS- IFICATIONS 6	RECLASS. TRIAL BALANCE 7	ADJUST- MENTS 8	EXPENSES FOR COST ALLOCATION 9
76	OSP	0	0	0	0	0	0	0	0	0
	COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	0
89	SUBTOTALS	5,825,181	3,229,674	9,054,855	19,628,185	28,683,040	0	28,683,040	-5,546,235	23,136,805
	NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	0
93	Marketing	413,651	0	413,651	309,599	723,250	0	723,250	0	723,250
93.01	Residential Independent Living	2,973,789	340,134	3,313,923	419,751	3,733,674	0	3,733,674	0	3,733,674
93.02	Barber and Beauty Shop	0	0	0	59,846	59,846	0	59,846	0	59,846
93.03	Clinic	227,048	0	227,048	13,177	240,225	0	240,225	0	240,225
100	TOTAL	9,439,669	3,569,808	13,009,477	20,430,558	33,440,035	0	33,440,035	-5,546,235	27,893,800

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Reclassifications

EXPLANATION OF RECLASSIFICATION	CODE	COST CENTER	INCREASES			DECREASES			
			LINE#	SALARY	OTHER	COST CENTER	LINE	SALARY	OTHER
1	2	3	4	5	6	7	8	9	10
1 To reclass capital costs	A	CAPITAL RELATED - BU	1.00	0	196,636	ADMINISTRATIVE AND G	4.00	0	196,636
500 TOTAL RECLASSIFICATIONS				0	196,636			0	196,636

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

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RECONCILIATION OF CAPITAL COST CENTERS

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	Beginning	Acquisitions		Total	Disposals	Ending	Fully
	Balance	Purchases	Donations		and Retirements		
	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	115,357,247	2,991,469	0	2,991,469	0	118,348,716	0
4 Building Improvements	0	0	0	0	0	0	0
5 Fixed Equipment	0	0	0	0	0	0	0
6 Movable Equipment	8,812,545	1,487,821	0	1,487,821	0	10,300,366	0
7 Subtotal	129,169,792	4,479,290	0	4,479,290	0	133,649,082	0
8 Reconciling Items	0	0	0	0	0	0	0
9 Total	129,169,792	4,479,290	0	4,479,290	0	133,649,082	0

PART II - RECONCILIATION OF CAPITAL COST CENTERS (SUMMARY OF CAPITAL)

DESCRIPTION	Depreciation	Lease	Interest	Insurance	Taxes	Other Capital Related Costs	Total
	1	2	3	4	5	6	7
1 CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	5,155,939	0	1,532,205	196,636	1,431,310	0	8,316,090
2 CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	24,552	75,854	0	0	0	0	100,406
3 TOTAL	5,180,491	75,854	1,532,205	196,636	1,431,310	0	8,416,496

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet A-8 Monday, May 18, 2026 at 10:51:09 AM

ADJUSTMENTS TO EXPENSES

DESCRIPTION OF ADJUSTMENT 1	BASIS 2	AMOUNT 3	WORKSHEET A		LINE NO. 5
			COST CENTER 4		
INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTE TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)	B	-1,625,393	ADMINISTRATIVE AND GENERAL		4
RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTE TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21) TELEVISION AND RADIO SERVICE (CMS PUB. 15-1, CHAPTER 21) PARKING LOT (CMS PUB. 15-1, CHAPTER 21)	B	-15,293	ADMINISTRATIVE AND GENERAL		4
REVENUE - EMPLOYEE MEALS COST OF MEALS - GUESTS	B	-1,108	ADMINISTRATIVE AND GENERAL		4
REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTME SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23) RELATED ORGANIZATION AND HOME OFFICE TRANSACTIONS (CMS PUB. LAUNDRY AND LINEN SERVICE	A82				
REVENUE - EMPLOYEE MEALS COST OF MEALS - GUESTS	B	-1,414,865	LAUNDRY AND LINEN SERVICE		6
SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS SALE OF DRUGS TO OTHER THAN PATIENTS REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS VENDING MACHINES	B	-48,419	DIETARY		8
INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHAR INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO DEPRECIATION--BUILDINGS AND FIXTUES DEPRECIATION--MOVABLE EQUIPMENT	B	-358,094	DIETARY		8
SHORT TERM INPATIENT HOSPICE CARE HOSPICE NON-CORE CONTRACTED SERVICES	B	-91	DIETARY		8
Miscellaneous Income-Operating Maintenance Income Insurance Loss Contributions Fines & Penalties Expenses from Contributed Funds Bad Debts Realized Gain/Loss on Investment Promotions Employee Gifts/Events Special Events License Fees-Other Christmas Gratuity Fund Supplies TV - Cable Miscellaneous - Non-Operating Alcoholic Beverages	B	-113,116	CAPITAL RELATED - BUILDINGS		1
	B	-96,317	CAPITAL RELATED - MOVABLE EQ		2
	A	-93,538			
	A	-350			
	A	-29			
	B	-10,800			
	A	3,597			
	A	-1,313,541			
	A	-9,872			
	A	-10,778			
	A	-32,026			
	A	-7,053			
	A	-253,024			
	A	-3			
	A	-97,080			
	A	-28,754			
	A	-20,288			
		=====			
100 TOTAL		-5,546,235			

STONEBRIDGE AT MONTGOMERY HC CTR
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 Period from 1/1/2025 to 12/31/2025

Worksheet A-8-1 Monday, May 18, 2026 at 10:51:09 AM

RELATED ORGANIZATIONS AND HOME OFFICE COSTS

PART I - COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS

CMS #	WORKSHEET A COST CENTER		Expense Item	Line #	Amount	Amount	Net Adjustment
	Line#	Description		Part II	On Allowable In Cost	Included in Wkst A col 9	
	1	2	3	4	5	6	7
1	4	ADMINISTRATIVE AND GENERAL	Home Office - Operational	1	765,431	3,503,515	-2,738,084
2	1	CAPITAL RELATED - BUILDINGS & FIXTURES	Home Office - Depreciation Building	1	64,894	0	64,894
3	2	CAPITAL RELATED - MOVABLE EQUIPMENT	Home Office - Cap M&E Depreciation	1	24,552	0	24,552
4	4	ADMINISTRATIVE AND GENERAL	Home Office - Salaries and Wages	1	1,233,773	0	1,233,773
100		TOTALS			2,088,650	3,503,515	-1,414,865

PART II - INTERRELATIONSHIP BETWEEN RELATED ORGANIZATIONS AND / OR HOME OFFICE

#	Interrelationship Indicator	Interrelationship Description (If Column 1=G)	Name	% of Ownership	----- Related Organization(s) -----			
					Name	MCR CCN or H/O#	% of Ownership	Type of Business
1	B		Springpoint Senior Living	100 %	Springpoint Senior Living	H4-8370	100 %	Home Office

STONEBRIDGE AT MONTGOMERY HC CTR
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Worksheet A-8-2 Monday, May 18, 2026 at 10:51:09 AM

Provider-Based Physicians Adjustments

Wkst A Line No	Specialty/Physician Identifier	Total Professional Remuneration	Professional Component	Provider Component	RCE Amount	-----Actual Hours-----		Unadjusted RCE Limit	5% of Unadjusted RCE Limit
						Professional Services	Provider Services		
1	2	3	4	5	6	7	8	9	10
100	Total	0	0	0	0	0	0	0	0

Wkst A Line No	Specialty/Physician Identifier	Memberships & -----Continuing Ed-----		Malpractice -----Insurance-----		Adjusted RCE Limit	RCE Disallowance	RCE Adjustment
		Cost	Provider Component	Cost	Provider Component			
1	2	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 1/1/2025 to 12/31/2025

Worksheet B Part I Monday, May 18, 2026 at 10:51:09 AM

ALLOCATION OF GENERAL SERVICES COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal	Adjustments	Total
	17	18	19	20	21
GENERAL SERVICE COST CENTERS					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet B Part I Monday, May 18, 2026 at 10:51:09 AM

ALLOCATION OF GENERAL SERVICES COSTS

	Net Expenses For Cost Allocation	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	SubTotal 3A	A&G (Accum Cost)	PLANT OP, MAINT & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Patient Days)	HOUSE- KEEPING (Square Feet)	
	0	1	2	3	3A	4	5	6	7	
OUTPATIENT REIMBURSABLE COST CENTERS										
74	OPT	0	0	0	0	0	0	0	0	
75	OOT	0	0	0	0	0	0	0	0	
76	OSP	0	0	0	0	0	0	0	0	
COST REIMBURSED SERVICES COST CENTERS										
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	
89	Subtotals	23,136,805	1,327,036	16,022	1,344,824	15,213,833	110,448	354,609	55,127	24,153
NONREIMBURSABLE COST CENTERS										
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	
91	NONPAID WORKERS	0	0	0	0	0	0	0	0	
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	
93	Marketing	723,250	0	0	97,223	820,473	6,038	0	0	
93.01	Residential Independent Living	3,733,674	6,933,553	83,714	698,947	11,449,888	84,260	3,265,771	47,856	239,794
93.02	Barber and Beauty Shop	59,846	13,869	167	0	73,882	544	6,533	0	480
93.03	Clinic	240,225	41,632	503	53,364	335,724	2,471	19,609	0	1,440
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	27,893,800	8,316,090	100,406	2,194,358	27,893,800	203,761	3,646,522	102,983	265,867

STONEBRIDGE AT MONTGOMERY HC CTR
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ALLOCATION OF GENERAL SERVICES COSTS

	DIETARY (Meals Served) 8	NURSING ADMIN (Patient Days) 9	CENTRAL SERVICES & SUPPLY (Patient Days) 10	PHARMACY (Patient Days) 11	MEDICAL RECORDS (Patient Days) 12	MEDICAL SOCIAL SERVICES (Patient Days) 13	ACTIVITIES PROGRAM (Patient Days) 14	QUALITY & PERFORM IMPROV PGM (Patient Days) 15	TRAINING & IN-SERVICE EDUCATION (Patient Days) 16
OUTPATIENT REIMBURSABLE COST CENTERS									
74	OPT	0	0	0	0	0	0	0	0
75	OOT	0	0	0	0	0	0	0	0
76	OSP	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0
89	Subtotals	1,218,903	1,034,802	97,262	18,244	2,393	119,797	531,058	45,049
NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0
93	Marketing	0	0	0	0	0	0	0	0
93.01	Residential Independent Living	3,233,519	0	0	0	0	0	0	0
93.02	Barber and Beauty Shop	0	0	0	0	0	0	0	0
93.03	Clinic	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0
100	TOTAL	4,452,422	1,034,802	97,262	18,244	2,393	119,797	531,058	45,049

STONEBRIDGE AT MONTGOMERY HC CTR
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ALLOCATION OF GENERAL SERVICES COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal 19	Adjustments 20	Total 21
	17	18	19	20	21
OUTPATIENT REIMBURSABLE COST CENTERS					
74	OPT	0	0	0	0
75	OOT	0	0	0	0
76	OSP	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS					
80	PREVENTIVE VACCINES	0	0	0	0
89	Subtotals	26,757	3,387	8,305,518	0
NONREIMBURSABLE COST CENTERS					
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91	NONPAID WORKERS	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0
93	Marketing	0	826,511	0	826,511
93.01	Residential Independent Living	0	18,321,088	0	18,321,088
93.02	Barber and Beauty Shop	0	81,439	0	81,439
93.03	Clinic	0	359,244	0	359,244
98	Cross Foot Adjustments	0	0	0	0
99	Negative Cost Center	0	0	0	0
100	TOTAL	26,757	3,387	27,893,800	0

STONEBRIDGE AT MONTGOMERY HC CTR
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ALLOCATION OF CAPITAL RELATED COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal	Adjustments	Total
	17	18	19	20	21
GENERAL SERVICE COST CENTERS					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	86				
18	0	11			
INPATIENT ROUTINE SERVICE COST CENTERS					
25	86	11	638,569	0	638,569
26	0	0	0	0	0
27	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
30	0	0	45	0	45
31	0	0	0	0	0
32	0	0	54	0	54
33	0	0	0	0	0
34	0	0	0	0	0
35	0	0	15,136	0	15,136
36	0	0	14,531	0	14,531
37	0	0	3,251	0	3,251
38	0	0	0	0	0
39	0	0	0	0	0
40	0	0	105	0	105
41	0	0	240	0	240
42	0	0	0	0	0
43	0	0	0	0	0
44	0	0	0	0	0
45	0	0	0	0	0
46	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60	0	0	0	0	0
61	0	0	0	0	0
62	0	0	0	0	0
63	0	0	0	0	0
OUTPATIENT REIMBURSABLE COST CENTERS					
70	0	0	0	0	0
71	0	0	0	0	0
72	0	0	0	0	0
73	0	0	0	0	0

STONEBRIDGE AT MONTGOMERY HC CTR
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ALLOCATION OF CAPITAL RELATED COSTS

	Directly Assigned Capital Related Costs	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	SubTotal	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	A&G (Accum Cost)	PLANT OP, MAINT & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Patient Days)	HOUSE- KEEPING (Square Feet)
	0	1	2	2A	3	4	5	6	7
OUTPATIENT REIMBURSABLE COST CENTERS									
74	0	0	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	0	0	0	0	0	0	0	0	0
89	0	1,327,036	16,022	1,343,058	0	48,756	48,907	23,043	1,520
NONREIMBURSABLE COST CENTERS									
90	0	0	0	0	0	0	0	0	0
91	0	0	0	0	0	0	0	0	0
92	0	0	0	0	0	0	0	0	0
93	0	0	0	0	0	2,665	0	0	0
93.01	0	6,933,553	83,714	7,017,267	0	37,189	450,404	20,004	15,097
93.02	0	13,869	167	14,036	0	240	901	0	30
93.03	0	41,632	503	42,135	0	1,090	2,704	0	91
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
100	0	8,316,090	100,406	8,416,496	0	89,940	502,916	43,047	16,738

STONEBRIDGE AT MONTGOMERY HC CTR
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ALLOCATION OF CAPITAL RELATED COSTS

	DIETARY (Meals Served)	NURSING ADMIN (Patient Days)	CENTRAL SERVICES & SUPPLY (Patient Days)	PHARMACY (Patient Days)	MEDICAL RECORDS (Patient Days)	MEDICAL SOCIAL SERVICES (Patient Days)	ACTIVITIES PROGRAM (Patient Days)	QUALITY & PERFORM IMPROV PGM (Patient Days)	TRAINING & IN-SERVICE EDUCATION (Patient Days)
	8	9	10	11	12	13	14	15	16
OUTPATIENT REIMBURSABLE COST CENTERS									
74	0	0	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	0	0	0	0	0	0	0	0	0
89	53,042	64,003	13,085	59	1,698	13,989	1,712	92	145
NONREIMBURSABLE COST CENTERS									
90	0	0	0	0	0	0	0	0	0
91	0	0	0	0	0	0	0	0	0
92	0	0	0	0	0	0	0	0	0
93	0	0	0	0	0	0	0	0	0
93.01	140,712	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
100	193,754	64,003	13,085	59	1,698	13,989	1,712	92	145

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ALLOCATION OF CAPITAL RELATED COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal 19	Adjustments 20	Total 21
OUTPATIENT REIMBURSABLE COST CENTERS					
74	OPT	0	0	0	0
75	OOT	0	0	0	0
76	OSP	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS					
80	PREVENTIVE VACCINES	0	0	0	0
89	Subtotals	86	671,931	0	671,931
NONREIMBURSABLE COST CENTERS					
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91	NONPAID WORKERS	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0
93	Marketing	0	2,665	0	2,665
93.01	Residential Independent Living	0	7,680,673	0	7,680,673
93.02	Barber and Beauty Shop	0	15,207	0	15,207
93.03	Clinic	0	46,020	0	46,020
98	Cross Foot Adjustments	0	0	0	0
99	Negative Cost Center	0	0	0	0
100	TOTAL	86	8,416,496	0	8,416,496

STONEBRIDGE AT MONTGOMERY HC CTR
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COST ALLOCATIONS - STATISTICAL BASES

OTHER
 GENERAL
 SERVICE COST
 (Patient
 Days)
 18

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED - BUILDINGS & FIXTURES	
2	CAPITAL RELATED - MOVABLE EQUIPMENT	
3	EMPLOYEE BENEFITS DEPARTMENT	
4	ADMINISTRATIVE AND GENERAL	
5	PLANT OP, MAINT & REPAIRS	
6	LAUNDRY AND LINEN SERVICE	
7	HOUSEKEEPING	
8	DIETARY	
9	NURSING ADMINISTRATION	
10	CENTRAL SERVICES AND SUPPLY	
11	PHARMACY	
12	MEDICAL RECORDS	
13	MEDICAL SOCIAL SERVICES	
14	ACTIVITIES PROGRAM	
15	QA & PERFORMANCE IMPROVEMENT PROGRAM	
16	TRAINING AND IN-SERVICE EDUCATION	
17	PATIENT TRANSPORTATION PART A	
18	OTHER GENERAL SERVICE COST	16,899
	INPATIENT ROUTINE SERVICE COST CENTERS	
25	SKILLED NURSING FACILITY	16,899
26	NURSING FACILITY	0
27	ICF/IID	0
	ANCILLARY SERVICE COST CENTERS	
30	RADIOLOGY - DIAGNOSTIC	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0
32	LABORATORY	0
33	INTRAVENOUS THERAPY	0
34	RESPIRATORY THERAPY	0
35	PHYSICAL THERAPY	0
36	OCCUPATIONAL THERAPY	0
37	SPEECH LANGUAGE PATHOLOGIST	0
38	AUDIOLOGY	0
39	ELECTROCARDIOLOGY	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0
42	DRUGS: IV SOLUTIONS	0
43	DENTAL CARE	0
44	APPLIANCES AND EQUIPMENT	0
45	BLOOD AND BLOOD PRODUCTS	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0
	OUTPATIENT SERVICE COST CENTERS	
60	SCREENING & PREVENTIVE SERVICES	0
61	OUTPATIENT LABORATORY	0
62	PORTABLE X-RAY SERVICES	0
63	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0
	OUTPATIENT REIMBURSABLE COST CENTERS	
70	HOME HEALTH AGENCY	0
71	AMBULANCE	0
72	HOSPICE	0
73	CORF	0

STONEBRIDGE AT MONTGOMERY HC CTR
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COST ALLOCATIONS - STATISTICAL BASES

	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	Reconcil- iation 4A	A&G (Accum Cost) 4	PLANT OP, MAINT & REPAIRS (Square Feet) 5	LAUNDRY & LINEN SERVICE (Patient Days) 6	HOUSE- KEEPING (Square Feet) 7	DIETARY (Meals Served) 8	
	1	2	3							
OUTPATIENT REIMBURSABLE COST CENTERS										
74	OPT	0	0	0	0	0	0	0	0	
75	OOT	0	0	0	0	0	0	0	0	
76	OSP	0	0	0	0	0	0	0	0	
COST REIMBURSED SERVICES COST CENTERS										
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	
89	Subtotal	53,295	53,295	5,721,774	0	15,010,072	30,236	16,899	28,048	51,096
NONREIMBURSABLE COST CENTERS										
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	
91	NONPAID WORKERS	0	0	0	0	0	0	0	0	
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	
93	Marketing	0	0	413,651	0	820,473	0	0	0	
93.01	Residential Independent Living	278,458	278,458	2,973,789	0	11,449,888	278,458	14,670	278,458	135,548
93.02	Barber and Beauty Shop	557	557	0	0	73,882	557	0	557	0
93.03	Clinic	1,672	1,672	227,048	0	335,724	1,672	0	1,672	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	
99	Negative Cost Center	0	0	0	0	0	0	0	0	
102	Cost to be Allocated per Bp1	8,316,090	100,406	2,194,358	0	203,761	3,646,522	102,983	265,867	4,452,422
103	Unit Cost Multiplier per Bp1	24.899815	0.300633	0.235036	0.000000	0.007359	11.728055	3.262156	0.861150	23.855157
104	Cost to be Allocated per Bp2	0	0	0	0	89,940	502,916	43,047	16,738	193,754
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.003248	1.617494	1.363585	0.054215	1.038094

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet B-1 Monday, May 18, 2026 at 10:51:09 AM

COST ALLOCATIONS - STATISTICAL BASES

	NURSING ADMIN (Patient Days) 9	CENTRAL SERVICES & SUPPLY (Patient Days) 10	PHARMACY (Patient Days) 11	MEDICAL RECORDS (Patient Days) 12	MEDICAL SOCIAL SERVICES (Patient Days) 13	ACTIVITIES PROGRAM (Patient Days) 14	QUALITY & PERFORM IMPROV PGM (Patient Days) 15	TRAINING & IN-SERVICE EDUCATION (Patient Days) 16	PATIENT TRANSPORT PART A (Patient Days) 17
OUTPATIENT REIMBURSABLE COST CENTERS									
74	OPT	0	0	0	0	0	0	0	0
75	OOT	0	0	0	0	0	0	0	0
76	OSP	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0
89	Subtotal	16,899	16,899	16,899	16,899	16,899	16,899	16,899	16,899
NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0
93	Marketing	0	0	0	0	0	0	0	0
93.01	Residential Independent Living	0	0	0	0	0	0	0	0
93.02	Barber and Beauty Shop	0	0	0	0	0	0	0	0
93.03	Clinic	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0
102	Cost to be Allocated per Bp1	1,034,802	97,262	18,244	2,393	119,797	531,058	28,500	45,049
103	Unit Cost Multiplier per Bp1	61.234511	5.755488	1.079591	0.141606	7.088999	31.425410	1.686490	2.665779
104	Cost to be Allocated per Bp2	64,003	13,085	59	1,698	13,989	1,712	92	145
105	Unit Cost Multiplier per Bp2	3.787384	0.774306	0.003491	0.100479	0.827800	0.101308	0.005444	0.008580

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2025 to 12/31/2025

Worksheet B-1 Monday, May 18, 2026 at 10:51:09 AM

COST ALLOCATIONS - STATISTICAL BASES

	OTHER GENERAL SERVICE COST (Patient Days)
	18
OUTPATIENT REIMBURSABLE COST CENTERS	
74 OPT	0
75 OOT	0
76 OSP	0
COST REIMBURSED SERVICES COST CENTERS	
80 PREVENTIVE VACCINES	0
89 Subtotal	16,899
NONREIMBURSABLE COST CENTERS	
90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91 NONPAID WORKERS	0
92 PHYSICIAN PRIVATE OFFICES	0
93 Marketing	0
93.01 Residential Independent Living	0
93.02 Barber and Beauty Shop	0
93.03 Clinic	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
102 Cost to be Allocated per Bp1	3,387
103 Unit Cost Multiplier per Bp1	0.200426
104 Cost to be Allocated per Bp2	11
105 Unit Cost Multiplier per Bp2	0.000651

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2025 to 12/31/2025

Worksheet B-2 Monday, May 18, 2026 at 10:51:09 AM

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 1/1/2025 to 12/31/2025

Worksheet C Monday, May 18, 2026 at 10:51:09 AM

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

CMS #	COST CENTER	-----CHARGES-----			COST TO CHARGE RATIO
		TOTAL COST	TOTAL CHARGES	RECLASS-IFICATIONS	
		1	2	3	4
INPATIENT ROUTINE NURSING COST CENTERS					
25	SKILLED NURSING FACILITY	7,362,159	10,145,293	0	10,145,293
26	NURSING FACILITY	0	0	0	0
27	ICF/IID	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
30	RADIOLOGY - DIAGNOSTIC	13,815	8,807	-152	8,655
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0
32	LABORATORY	16,646	16,021	0	16,021
33	INTRAVENOUS THERAPY	0	0	2,888	2,888
34	RESPIRATORY THERAPY	0	0	0	0
35	PHYSICAL THERAPY	408,749	512,564	0	512,564
36	OCCUPATIONAL THERAPY	221,160	365,240	0	365,240
37	SPEECH LANGUAGE PATHOLOGIST	176,037	221,777	0	221,777
38	AUDIOLOGY	0	0	0	0
39	ELECTROCARDIOLOGY	0	0	152	152
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,589	97,884	0	97,884
41	DRUGS: DRUGS CHARGED TO PATIENTS	74,363	95,643	-2,888	92,755
42	DRUGS: IV SOLUTIONS	0	0	0	0
43	DENTAL CARE	0	0	0	0
44	APPLIANCES AND EQUIPMENT	0	0	0	0
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0
OUTPATIENT REIMBURSABLE COST CENTERS					
71	AMBULANCE	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS					
80	PREVENTIVE VACCINES	0	0	0	0
100	TOTAL	8,305,518	11,463,229	0	11,463,229

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet C-6 Monday, May 18, 2026 at 10:51:09 AM

Reclassifications

#	EXPLANATION OF RECLASSIFICATION	----- INCREASES -----			----- DECREASES -----			
		WORKSHEET C CODE	Wkst C COST CENTER	LINE NO. AMOUNT	WORKSHEET C COST CENTER	Wkst C LINE NO.	AMOUNT	
1	To Reclass I/V Therapy	A	INTRAVENOUS THERAPY	33.00	2,888	DRUGS: DRUGS CHARGED TO	41.00	2,888
2	To Reclass Electrocardiology	B	ELECTROCARDIOLOGY	39.00	152	RADIOLOGY - DIAGNOSTIC	30.00	152
500	TOTAL RECLASSIFICATIONS				3,040			3,040

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title V Monday, May 18, 2026 at 10:51:09 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS
 Skilled Nursing Facility - Title V

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----		
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES
30	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0
32	LABORATORY	0	0	0	0	0	0
33	INTRAVENOUS THERAPY	0	0	0	0	0	0
34	RESPIRATORY THERAPY	0	0	0	0	0	0
35	PHYSICAL THERAPY	0	0	0	0	0	0
36	OCCUPATIONAL THERAPY	0	0	0	0	0	0
37	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0
38	AUDIOLOGY	0	0	0	0	0	0
39	ELECTROCARDIOLOGY	0	0	0	0	0	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0
42	DRUGS: IV SOLUTIONS	0	0	0	0	0	0
43	DENTAL CARE	0	0	0	0	0	0
44	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0
71	AMBULANCE	0	0	0	0	0	0
80	PREVENTIVE VACCINES	0	0	0	0	0	0
100	TOTAL	0	0	0	0	0	0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title XIX Monday, May 18, 2026 at 10:51:09 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS
 Skilled Nursing Facility - Title XIX

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----		
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES
30	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0
32	LABORATORY	0	0	0	0	0	0
33	INTRAVENOUS THERAPY	0	0	0	0	0	0
34	RESPIRATORY THERAPY	0	0	0	0	0	0
35	PHYSICAL THERAPY	0	0	0	0	0	0
36	OCCUPATIONAL THERAPY	0	0	0	0	0	0
37	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0
38	AUDIOLOGY	0	0	0	0	0	0
39	ELECTROCARDIOLOGY	0	0	0	0	0	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0
42	DRUGS: IV SOLUTIONS	0	0	0	0	0	0
43	DENTAL CARE	0	0	0	0	0	0
44	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0
71	AMBULANCE	0	0	0	0	0	0
80	PREVENTIVE VACCINES	0	0	0	0	0	0
100	TOTAL	0	0	0	0	0	0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title XVIII Monday, May 18, 2026 at 10:51:09 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS
 Skilled Nursing Facility - Title XVIII

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----		
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES
30	1.596187	4,826	0	0	7,703	0	0
31		0	0	0	0	0	0
32	1.039011	12,720	0	0	13,216	0	0
33		2,888	0	0	0	0	0
34		0	0	0	0	0	0
35	0.797459	170,297	0	0	135,805	0	0
36	0.605520	157,676	0	0	95,476	0	0
37	0.793757	92,173	0	0	73,163	0	0
38		0	0	0	0	0	0
39		152	0	0	0	0	0
40	0.332935	904	0	0	301	0	0
41	0.801714	64,898	0	0	52,030	0	0
42		0	0	0	0	0	0
43		0	0	0	0	0	0
44		0	0	0	0	0	0
45		0	0	0	0	0	0
46		0	0	0	0	0	0
71		0	0	0	0	0	0
80		0	0	0	0	0	0
100	TOTAL	506,534	0	0	377,694	0	0

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Monday, May 18, 2026 at 10:51:09 AM

Program: Title V
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS #	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	0
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	0
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	0
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	0
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.000000
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	0
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	0.00
17	PROGRAM ROUTINE SERVICE COST	0
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	0
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	0
21	PER DIEM CAPITAL RELATED COSTS	0.00
22	PROGRAM CAPITAL RELATED COST	0
23	INPATIENT ROUTINE SERVICE COST	0
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	0
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	0

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Monday, May 18, 2026 at 10:51:09 AM

Program: Title XIX
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS #	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	0
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	0
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	0
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	0
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.000000
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	0
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	0.00
17	PROGRAM ROUTINE SERVICE COST	0
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	0
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	0
21	PER DIEM CAPITAL RELATED COSTS	0.00
22	PROGRAM CAPITAL RELATED COST	0
23	INPATIENT ROUTINE SERVICE COST	0
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	0
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	0

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Monday, May 18, 2026 at 10:51:09 AM

Program: Title XVIII
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS

#	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	16,899
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	2,466
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,362,159
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	10,145,291
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.725673
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	7,362,159
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	435.66
17	PROGRAM ROUTINE SERVICE COST	1,074,338
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,074,338
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	638,569
21	PER DIEM CAPITAL RELATED COSTS	37.79
22	PROGRAM CAPITAL RELATED COST	93,190
23	INPATIENT ROUTINE SERVICE COST	981,148
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	981,148
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	0

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2025 to 12/31/2025

Worksheet E Part A Monday, May 18, 2026 at 10:51:09 AM

Calculation of Reimbursement Settlement - Medicare Part A

1	INPATIENT PPS AMOUNT	1,756,371
2	ALLOWABLE BAD DEBTS	2,095
3	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	2,095
4	REIMBURSABLE BAD DEBTS	1,362
5	TOTAL REIMBURSABLE COST	1,757,733
6	PRIMARY PAYER AMOUNTS	0
7	COINSURANCE	256,219
8		0
9	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0
10	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	27
11	SEQUESTRATION AMOUNT	29,976
12	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0
13	NET REIMBURSABLE COST	1,471,511
14	INTERIM PAYMENTS	1,468,846
15	TENTATIVE ADJUSTMENT	0
16	BALANCE DUE PROVIDER/PROGRAM	2,665
17	PROTESTED AMOUNTS	

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2025 to 12/31/2025

Worksheet E Part B Monday, May 18, 2026 at 10:51:10 AM

Calculation of Reimbursement Settlement - Medicare Part B

1	PART B ANCILLARY SERVICE COSTS	0
2	PREVENTIVE VACCINES	0
3	TOTAL REASONABLE COSTS	0
4	MEDICARE PART B ANCILLARY CHARGES	0
5	COST OF COVERED SERVICES	0
6	ALLOWABLE BAD DEBTS	0
7	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES	0
8	REIMBURSABLE BAD DEBTS	0
9	TOTAL REIMBURSABLE COST	0
10	PRIMARY PAYER AMOUNTS	0
11	COINSURANCE AND DEDUCTIBLES	0
12		0
13	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0
14	SEQUESTRATION AMOUNT	0
15	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0
16	NET REIMBURSABLE COST	0
17	INTERIM PAYMENTS	0
18	TENTATIVE ADJUSTMENT	0
19	BALANCE DUE PROVIDER/PROGRAM	0
20	PROTESTED AMOUNTS	0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet E-1 Monday, May 18, 2026 at 10:51:10 AM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		1,468,846		0
2	Interim payments payable		0		0
3	RETROACTIVE LUMP SUM ADJUSTMENTS		0		0
3.01	Program to Provider		0		0
3.02	Program to Provider		0		0
3.03	Program to Provider		0		0
3.04	Program to Provider		0		0
3.05	Program to Provider		0		0
3.50	Provider to Program		0		0
3.51	Provider to Program		0		0
3.52	Provider to Program		0		0
3.53	Provider to Program		0		0
3.54	Provider to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		1,468,846		0
TO BE COMPLETED BY CONTRACTOR					
5	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS				
5.01	Program to Provider		0		0
5.02	Program to Provider		0		0
5.03	Program to Provider		0		0
5.50	Provider to Program		0		0
5.51	Provider to Program		0		0
5.52	Provider to Program		0		0
5.99	SUBTOTAL		0		0
6	CONTRACTOR: NET SETTLEMENT AMOUNT				
6.01	Program to Provider		0		0
6.02	Provider to Program		0		0
7	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: _____ Contractor Number: _____

8 Name of Contractor/Number/Date of NPR 0 0

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet G Monday, May 18, 2026 at 10:51:10 AM

BALANCE SHEET

CMS #	ASSETS	Amount
		1
	CURRENT ASSETS	
1	CASH ON HAND AND IN BANKS	7,634,333
2	TEMPORARY INVESTMENTS	68,846,747
3	NOTES RECEIVABLE	0
4	ACCOUNTS RECEIVABLE	1,314,913
5	OTHER RECEIVABLES	8,573
	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND	
6	ACCOUNTS RECEIVABLE	295,000
7	INVENTORY	0
8	PREPAID EXPENSES	336,268
9	OTHER CURRENT ASSETS	6,152,765
10	DUE FROM OTHER FUNDS	0
11	TOTAL CURRENT ASSETS	83,998,599
	FIXED ASSETS	
12	LAND	5,000,000
13	LAND IMPROVEMENTS	0
14	LESS: ACCUMULATED DEPRECIATION	0
15	BUILDINGS	118,348,716
16	LESS: ACCUMULATED DEPRECIATION	73,969,440
17	LEASEHOLD IMPROVEMENTS	0
18	LESS: ACCUMULATED DEPRECIATION	0
19	FIXED EQUIPMENT	0
20	LESS: ACCUMULATED DEPRECIATION	0
21	AUTOMOBILES AND TRUCKS	0
22	LESS: ACCUMULATED DEPRECIATION	0
23	MAJOR MOVABLE EQUIPMENT	10,300,366
24	LESS: ACCUMULATED DEPRECIATION	4,566,970
25	MINOR EQUIPMENT - DEPRECIABLE	0
26	MINOR EQUIPMENT - NONDEPRECIABLE	0
27	OTHER FIXED ASSETS	375,719
28	TOTAL FIXED ASSETS	55,488,391
	OTHER ASSETS	
29	INVESTMENTS	0
30	DEPOSITS ON LEASES	0
31	DUE FROM OWNERS/OFFICERS	0
32	OTHER ASSETS	6,251,285
33	TOTAL OTHER ASSETS	6,251,285
34	TOTAL ASSETS	145,738,275
	CURRENT LIABILITIES	
35	ACCOUNTS PAYABLE	1,517,137
36	SALARIES, WAGES & FEES PAYABLE	800,051
37	PAYROLL TAXES PAYABLE	0
38	NOTES & LOANS PAYABLE (SHORT TERM)	988,312
39	DEFERRED INCOME	0
40	ACCELERATED PAYMENTS	0
41	DUE TO OTHER FUNDS	0
42	OTHER CURRENT LIABILITIES	1,860,837
43	TOTAL CURRENT LIABILITIES	5,166,337
	LONG TERM LIABILITIES	
44	MORTGAGE PAYABLE	46,249,259
45	NOTES PAYABLE	0
46	UNSECURED LOANS	0
47	LOANS FROM OWNERS	0
48	OTHER LONG TERM LIABILITIES	86,036,556
49	TOTAL LONG TERM LIABILITIES	132,285,815
50	TOTAL LIABILITIES	137,452,152
	CAPITAL ACCOUNTS	
51	FUND BALANCES	8,286,123
52	TOTAL LIABILITIES AND FUND BALANCES	145,738,275

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet G-2 Part I Monday, May 18, 2026 at 10:51:10 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

	INPATIENT					OUTPATIENT					TOTAL
	MEDICARE FFS 1	MEDICARE HMO 2	MEDICAID 3	MEDICAID HMO 4	OTHER 5	MEDICARE FFS 6	MEDICARE HMO 7	MEDICAID 8	MEDICAID HMO 9	OTHER 10	
GENERAL INPATIENT ROUTINE CARE SERVICES	1,452,667	427,492	0	859,986	7,405,146						10,145,291
1 SKILLED NURSING FACILITY	1,452,667	427,492	0	859,986	7,405,146						10,145,291
2 NURSING FACILITY	0	0	0	0	0						0
3 ICF/IID											0
4 TOTAL GENERAL INPATIENT CARE SERVICES	1,452,667	427,492	0	859,986	7,405,146						10,145,291
5 ANCILLARY SERVICES	672,891	167,387	0	0	111,141	278,212	88,305	0	0	0	1,317,936
6 HOME HEALTH AGENCY						0	0	0	0	0	0
7 AMBULANCE		0	0	0	0	0	0	0	0	0	0
8 HOSPICE	0	0	0	0	0	0	0	0	0	0	0
9 ALL OTHER REVENUES	0	0	0	0	0	0	0	0	0	0	0
10 TOTAL PATIENT REVENUES	2,125,558	594,879	0	859,986	7,516,287	278,212	88,305	0	0	0	11,463,227

STONEBRIDGE AT MONTGOMERY HC CTR
Provider CCN: 31-5486
Period from 1/1/2025 to 12/31/2025

Worksheet G-2 Part II Monday, May 18, 2026 at 10:51:10 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description	
11	OPERATING EXPENSES	33,440,035
12	ADD (SPECIFY)	0
13	TOTAL ADDITIONS	0

14	DEDUCT (SPECIFY)	0

15	TOTAL DEDUCTIONS	0
		=====
16	TOTAL OPERATING EXPENSES	33,440,035

STONEBRIDGE AT MONTGOMERY HC CTR
 Provider CCN: 31-5486
 Period from 1/1/2025 to 12/31/2025

Worksheet G-3 Monday, May 18, 2026 at 10:51:10 AM

Statement of Revenues and Expenses

CMS #	Description	
	Income From Services to Patients:	
1	TOTAL PATIENT REVENUES	11,463,227
2	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	1,904,608
3	NET PATIENT REVENUES	9,558,619
4	LESS: TOTAL OPERATING EXPENSES	33,440,035
5	NET INCOME FROM SERVICES TO PATIENTS	-23,881,416
	Other Income:	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	115,827
7	INCOME FROM INVESTMENTS	9,234,391
8	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	1,108
9	REVENUE FROM TELEVISION AND RADIO SERVICES	0
10	PURCHASE DISCOUNTS	0
11	REBATES AND REFUNDS OF EXPENSES	0
12	PARKING LOT RECEIPTS	0
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	48,418
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	358,093
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, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	0
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	0
21	RENTAL OF VENDING MACHINES	91
22	RENTAL OF SKILLED NURSING SPACE	0
23	GOVERNMENTAL APPROPRIATIONS	0
24	OTHER MISCELLANEOUS REVENUE (SPECIFY _____)	147,164
24.01	Assisted Living / ESP Income	5,035,253
24.02	General Service Revenue	1,101,722
24.03	Barber/Beauty Shop Income	0
24.04	Earned Entrance Fees	3,850,115
24.05	Residential Income	16,994,016
24.06	Incontinence Income	4,284
25	PHE FUNDING	0
26	TOTAL OTHER INCOME	36,890,482
27	TOTAL INCOME	13,009,066
	Expenses:	
28	OTHER EXPENSES (SPECIFY _____)	0
29		0
30		0
31	TOTAL OTHER EXPENSES	0
32	NET INCOME (LOSS) FOR THE PERIOD	13,009,066