

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

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

Worksheet S Wednesday, May 7, 2025 at 1:16:30 PM

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

PART I - COST REPORT STATUS

Provider 1. ☐ Electronically prepared cost report;
Date: _____ Time: _____
use only 2. ☒ Manually prepared cost report
3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report
3.01 ☐ No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor 4. ☐ Cost Report Status 6. Contractor No. _____
use only [1] As Submitted 7. ☐ First Cost Report Processed by Contractor
[2] Settled without audit 8. ☐ Last Cost Report Processed by Contractor
[3] Settled with audit 9. ☐ NPR Date: _____
[4] Reopened 10. ☐ If line 4, column 1 is "4": Enter number of times reopened: _____
[5] Amended 11. Contractor Vendor Code _____
5. Date Received _____ 12. ☐ Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Crestwood Manor (31-5298) 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		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

		Title XVIII			
		Title V	A	B	Title XIX
CMS #		1	2	3	4
1	SNF	0	6,933	0	0
100	Total	0	6,933	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.

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part I Wednesday, May 7, 2025 at 1:16:30 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:	50 Lacey Road		
2	City / State / Zip:	WHITING	NJ	08759
3	County / CBSA Code / Urban/Rural:	Ocean	35154	Urban

Payment System

P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS	COMPONENT	COMPONENT NAME	PROVIDER	DATE			
#	0	1	2	CERTIFIED	3	V	XVIII XIX
4	SNF	Crestwood Manor	31-5298	05/09/1980		4	5 6
5	Nursing Facility						P
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)		6				

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
19.01	If the response to line 19 is yes, Does this cost report meet your contractor's criteria for filing a low 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	3,576,177
21	Declining Balance.	
22	Sum of the Years' Digits	
23	Sum of lines 20 through 22	3,576,177
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
27	Did you cease to participate in the Medicare program at the end of the period to which this cost report 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		

Y/N

37	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients?	No
38	Are you legally-required to carry malpractice insurance?	No
39	Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If policy is "occurrence", enter 2.	1
40	What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	

	Premiums	Paid Losses	Self Insurance	
41	List malpractice premiums and paid losses	62397	0	100000

Y/N

42	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N
43	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 1.	Yes
44	If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name and address of the home office on lines 45-47.	H48370

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

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part II Wednesday, May 7, 2025 at 1:16:30 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	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		

CRESTWOOD MANOR
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Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part I Wednesday, May 7, 2025 at 1:16:30 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
		1	2	Title V 3	Title XVIII 4	Title XIX 5	Other 6	
1	Skilled Nursing Facility	64	23,424	0	2,307	9,710	6,906	18,923
2	Nursing Facility	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	64	23,424	0	2,307	9,710	6,906	18,923

CMS #	Component	Discharges				Average Length of Stay			
		Title V 8	Title XVIII 9	Title XIX 10	Other 11	Total 12	Title V 13	Title XVIII 14	Title XIX 15
1	Skilled Nursing Facility	0	54	4	67	125	0.00	42.72	2,427.50
2	Nursing Facility	0		0	0	0	0.00		0.00
4	Home Health Agency Cost					0			0.00
5	Other Long Term Care				0	0			0.00
8	Total	0	54	4	67	125	0.00	42.72	2,427.50

CMS #	Component	Admissions				FTE	
		Title V 17	Title XVIII 18	Title XIX 19	Other 20	Total 21	Paid 22
1	Skilled Nursing Facility	0	74	2	49	125	102.83
2	Nursing Facility	0		0	0	0	0.00
4	Home Health Agency Cost					0	0.00
5	Other Long Term Care				0	0	0.00
8	Total	0	74	2	49	125	102.83

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Worksheet S-3 Part II Wednesday, May 7, 2025 at 1:16:30 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries	
		1	2	3	4
1	Total Salary	6,305,748	0	6,305,748	213,880.00
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)	6,305,748	0	6,305,748	213,880.00
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	1,699,073	0	1,699,073	71,216.00
		-----	-----	-----	-----
12	Subtotal Excluded salary (Sum of lines 7-11)	1,699,073	0	1,699,073	71,216.00
		=====	=====	=====	=====
13	Total Adjusted Salaries (Line 6 - 12)	4,606,675	0	4,606,675	142,664.00
	OTHER WAGES AND RELATED COSTS				
14	Contract Labor: Patient Related & Mgmt	943,155	0	943,155	18,470.00
15	Contract Labor: Physician services - Part A	0	0	0	0.00
16	Home office salaries & wage related costs	888,845	0	888,845	13,282.00
	WAGE RELATED COSTS				
17	Wage related costs (See Part IV)	1,419,279	0	1,419,279	
18	Wage related costs (See Part IV)	0	0	0	
19	Wage related costs (excluded units)	382,422	0	382,422	
20	Physicians Part A - WRC	0	0	0	
21	Physicians Part B - WRC	0	0	0	
		-----	-----	-----	-----
22	Total Adjusted Wage Related cost	1,036,857	0	1,036,857	

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Worksheet S-3 Part III Wednesday, May 7, 2025 at 1:16:30 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass. of Salaries from Wkst. A-6 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	723,551	0	723,551	12,457	58.08
3	Plant Operation, Maint. & Repairs	532,457	0	532,457	24,749	21.51
4	Laundry & Linen Service	52,824	0	52,824	3,292	16.05
5	Housekeeping	275,890	0	275,890	15,013	18.38
6	Dietary	0	0	0	0	0.00
7	Nursing Administration	481,435	0	481,435	12,099	39.79
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	108,717	0	108,717	2,788	38.99
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	203,574	0	203,574	10,093	20.17
14	Total	2,378,448	0	2,378,448	80,491	29.55

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Worksheet S-3 Part IV Wednesday, May 7, 2025 at 1:16:30 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	76,364
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)	648,337
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)	14,090
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	183,968
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	460,480
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	36,040
	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)	1,419,279
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

CRESTWOOD MANOR
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Worksheet S-3 Part V Wednesday, May 7, 2025 at 1:16:30 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
	DIRECT SALARIES					
	NURSING OCCUPATIONS					
1	Registered Nurses (RNs)	499,747	112,482	612,229	9,641	63.50
2	Licensed Practical Nurses (LPNs)	515,197	115,959	631,156	13,192	47.84
3	Certified Nursing Assistants/Nursing Assistants/Aides	754,045	169,718	923,763	29,245	31.59
4	Total Nursing (Sum of 1 - 3)	1,768,989	398,159	2,167,148	52,078	41.61
5	Physical Therapists	192,165	43,252	235,417	3,951	59.58
6	Physical Therapy Assistants	2,241	504	2,745	56	49.02
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	87,498	19,694	107,192	1,872	57.26
9	Occupational Therapy Assistants	43,834	9,866	53,700	1,145	46.90
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	112,793	25,387	138,180	2,080	66.43
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)	327,549		327,549	2,659	123.19
15	Licensed Practical Nurses (LPNs)	68,314		68,314	835	81.81
16	Certified Nursing Assistants/Nursing Assistants/Aides	547,291		547,291	14,976	36.54
17	Total Nursing (Sum of 14 - 16)	943,154		943,154	18,470	51.06
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

CRESTWOOD MANOR
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Worksheet A Wednesday, May 7, 2025 at 1:16:30 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		5,179,870	5,179,870	173,288	5,353,158	-484,823	4,868,335
2	Cap Rel Costs - Movable Equipment		47,636	47,636	0	47,636	18,274	65,910
3	Employee Benefits	0	1,443,128	1,443,128	0	1,443,128	0	1,443,128
4	Administrative & General	723,551	3,180,261	3,903,812	-173,288	3,730,524	-872,305	2,858,219
5	Plant Operation, Maint. & Repairs	532,457	1,407,872	1,940,329	0	1,940,329	-8,483	1,931,846
6	Laundry & Linen Service	52,824	22,653	75,477	0	75,477	-6,397	69,080
7	Housekeeping	275,890	32,956	308,846	0	308,846	0	308,846
8	Dietary	0	3,342,443	3,342,443	0	3,342,443	-158,623	3,183,820
9	Nursing Administration	481,435	64,220	545,655	-212	545,443	0	545,443
10	Central Services & Supply	0	92,827	92,827	0	92,827	0	92,827
11	Pharmacy	0	10,228	10,228	0	10,228	0	10,228
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	108,717	0	108,717	0	108,717	0	108,717
15	Other General Service Cost	203,574	24,606	228,180	0	228,180	0	228,180
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Skilled Nursing Facility	1,789,696	962,621	2,752,317	0	2,752,317	0	2,752,317
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	8,757	8,757	0	8,757	0	8,757
41	Laboratory	0	6,573	6,573	0	6,573	0	6,573
42	Intravenous Therapy	0	6,975	6,975	0	6,975	0	6,975
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	194,406	68,720	263,126	0	263,126	0	263,126
45	Occupational Therapy	131,332	0	131,332	0	131,332	0	131,332
46	Speech Pathology	112,793	0	112,793	0	112,793	0	112,793
47	Electrocardiology	0	0	0	212	212	0	212
48	Medical Supplies Charged to Patients	0	21,487	21,487	0	21,487	0	21,487
49	Drugs Charged to Patients	0	54,232	54,232	0	54,232	0	54,232
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	14,607	14,607	0	14,607	0	14,607
74	Other Reimbursable Cost	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS							
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	4,606,675	15,992,672	20,599,347	0	20,599,347	-1,512,357	19,086,990
	NONREIMBURSABLE COST CENTERS							
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	44,907	217,687	262,594	0	262,594	0	262,594
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	1,389,648	36,233	1,425,881	0	1,425,881	0	1,425,881

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet A Wednesday, May 7, 2025 at 1:16:30 PM

Reclassification and Adjustment of Trial Balance of Expenses

					Reclassified	Adjust-	Net
		Salaries	Other	Total	Reclassi-	ments to	Expenses
CMS	COST CENTER DESCRIPTION	1	2	3	fications	Expenses	for Cost
#					4	6	Allocation
95.02	Marketing	264,518	563,632	828,150	0	0	828,150
100	TOTAL	6,305,748	16,810,224	23,115,972	0	-1,512,357	21,603,615

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet A-6 Wednesday, May 7, 2025 at 1:16:30 PM

Reclassifications

	EXPLANATION OF		Increases			Decreases				
CMS #	RECLASSIFICATION ENTRY	Code	COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass capital costs	A	Cap Rel Costs - Bldg	1.00	0	173,288	Administrative & Gen	4.00	0	173,288
2	To reclassify EKG	A	Electrocardiology	47.00	0	212	Nursing Administrati	9.00	0	212
100	TOTAL RECLASSIFICATIONS				0	173,500			0	173,500

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet A-7 Wednesday, May 7, 2025 at 1:16:30 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
				5		7
1	Land	2,381,835	0	0	2,381,835	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	62,302,706	1,139,485	1,706,822	61,735,369	51,860
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	6,078,243	616,786	1,072,697	5,622,332	0
7	Subtotal	70,762,784	1,756,271	2,779,519	69,739,536	51,860
8	Reconciling Items	0	0	0	0	0
9	Total	70,762,784	1,756,271	2,779,519	69,739,536	51,860

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet A-8 Wednesday, May 7, 2025 at 1:16:30 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment	Amount	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1		Cost Center	3	
1	Investment income on restricted funds		0			4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
	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	-488,948			
13	Laundry and Linen service	B	-6,397	Laundry & Linen Service		6
14	Revenue - Employee meals	B	-14,642	Dietary		8
15	Cost of meals - Guests	B	-12,566	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	B	-63	Dietary		8
	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Miscellaneous Income-Operating	B	-123,065	Cap Rel Costs - Bldgs & Fixtures		1
26	Other Income-Non-Operating	B	-28,100	Cap Rel Costs - Bldgs & Fixtures		1
27	Cafe' Income	B	-350,044	Cap Rel Costs - Bldgs & Fixtures		1
28	Residential Meal Income	B	-31,202	Dietary		8
29	Dining - Special Events	B	-100,150	Dietary		8
30	Maintenance Income	B	-8,483	Plant Operation, Maint. & Repairs		5
31	Telephone/Cable Commission Income	B	-8,421	Administrative & General		4
32	Guest House Income	B	-29,363	Cap Rel Costs - Bldgs & Fixtures		1
33	Expenses from Contributed Funds	B	-21,588	Administrative & General		4
34	Bad Debts	A	-280,438	Administrative & General		4
35	Amoritization of Marketing Costs	A	-8,887	Administrative & General		4
			=====			
100	TOTAL		-1,512,357			

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet A-8-1 Wednesday, May 7, 2025 at 1:16:30 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	Amount	Adjustments
				Allowable In Cost	Included in Wkst A col 5	
1	2	3	4	5	6	7
1	4	Administrative & General	Home Office - Operational	586,000	2,027,816	-1,441,816
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	45,860	0	45,860
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	18,274	0	18,274
4	4	Administrative & General	Home Office - Salaries and Wages	888,845	0	888,845
5	1	Cap Rel Costs - Bldgs & Fixtures	Interest Income	-111	0	-111
10		TOTALS		1,538,868	2,027,816	-488,948

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

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

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

----- Related Organization(s) -----					
#	Symbol	Name	Percentage of Ownership	Percent of Ownership	Type of Business
			3 4	5 6	
1	B	Springpoint Senior Living	100%	100%	Home Office

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

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance	Provider Component Share of Col 14	Adjusted RCE Limit	RCE Dis- allowance	
10	11	12	13	14	15	16	17	Adjustment 18
100	Total	0	0	0	0	0	0	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Wednesday, May 7, 2025 at 1:16:30 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	9,666,988
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	10,290
41 Laboratory	7,723
42 Intravenous Therapy	8,196
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	384,786
45 Occupational Therapy	190,243
46 Speech Pathology	162,864
47 Electrocardiology	249
48 Medical Supplies Charged to Patients	29,025
49 Drugs Charged to Patients	65,391
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	17,163
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	10,542,918
90 Gift, Flower, Coffee Shops & Canteen	27,140
91 Barber and Beauty Shop	336,402
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	9,626,165
95.02 Marketing	1,070,990
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Wednesday, May 7, 2025 at 1:16:30 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	21,603,615	4,868,335	65,910	1,443,128	21,603,615	3,217,602	2,582,987	147,476	505,082

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Wednesday, May 7, 2025 at 1:16:30 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	4,133,795	778,361	109,072	12,018	0	156,978	343,024	21,603,615	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Wednesday, May 7, 2025 at 1:16:30 PM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 21,603,615

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Wednesday, May 7, 2025 at 1:16:30 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1 Cap Rel Costs - Bldgs & Fixtures	0	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	0	0	0	0				
4 Administrative & General	0	191,203	2,589	193,792	0	193,792			
5 Plant Operation, Maint. & Repairs	0	142,646	1,931	144,577	0	23,170	167,747		
6 Laundry & Linen Service	0	29,594	401	29,995	0	1,172	1,095	32,262	
7 Housekeeping	0	38,623	523	39,146	0	4,333	1,429	0	44,908
8 Dietary	0	209,649	2,837	212,486	0	35,801	7,754	0	2,108
9 Nursing Administration	0	4,270	58	4,328	0	6,956	158	0	43
10 Central Services & Supply	0	0	0	0	0	978	0	0	0
11 Pharmacy	0	0	0	0	0	108	0	0	0
12 Medical Records & Library	0	0	0	0	0	0	0	0	0
13 Social Service	0	0	0	0	0	1,408	0	0	0
15 Other General Service Cost	0	10,764	146	10,910	0	3,011	398	0	108
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	144,648	1,958	146,606	0	34,872	5,351	32,262	1,454
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	92	0	0	0
41 Laboratory	0	0	0	0	0	69	0	0	0
42 Intravenous Therapy	0	0	0	0	0	74	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	12,454	169	12,623	0	3,375	461	0	125
45 Occupational Therapy	0	326	4	330	0	1,705	12	0	3
46 Speech Pathology	0	0	0	0	0	1,461	0	0	0
47 Electrocardiology	0	0	0	0	0	2	0	0	0
48 Medical Supplies Charged to Patients	0	2,016	27	2,043	0	248	75	0	20
49 Drugs Charged to Patients	0	890	12	902	0	581	33	0	9
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	154	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	0	787,083	10,655	797,738	0	119,570	16,766	32,262	3,870
90 Gift, Flower, Coffee Shops & Canteen	0	14,486	196	14,682	0	155	536	0	146
91 Barber and Beauty Shop	0	8,421	114	8,535	0	2,966	312	0	85
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01 Residential	0	4,044,052	54,751	4,098,803	0	61,582	149,604	0	40,663
95.02 Marketing	0	14,293	194	14,487	0	9,519	529	0	144
98 Cross Foot Adjustments		0	0		0	0	0	0	0
99 Negative Cost Center		0	0		0	0	0	0	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Wednesday, May 7, 2025 at 1:16:30 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	507,100
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	92
41 Laboratory	69
42 Intravenous Therapy	74
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	16,584
45 Occupational Therapy	2,050
46 Speech Pathology	1,461
47 Electrocardiology	2
48 Medical Supplies Charged to Patients	2,386
49 Drugs Charged to Patients	1,525
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	154
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	531,497
90 Gift, Flower, Coffee Shops & Canteen	15,519
91 Barber and Beauty Shop	11,898
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	4,350,652
95.02 Marketing	24,679
98 Cross Foot Adjustments	
99 Negative Cost Center	

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

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ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	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	4,868,335	65,910	4,934,245	0	193,792	167,747	32,262	44,908

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Wednesday, May 7, 2025 at 1:16:30 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	258,149	11,485	978	108	0	1,408	14,427	4,934,245	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Wednesday, May 7, 2025 at 1:16:30 PM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 4,934,245

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
1	Cap Rel Costs - Bldgs & Fixtures	328,352							
2	Cap Rel Costs - Movable Equipment		328,352						
3	Employee Benefits	0	6,305,748						
4	Administrative & General	12,896	723,551	-3,217,602	18,386,013				
5	Plant Operation, Maint. & Repairs	9,621	532,457	0	2,198,281	305,835			
6	Laundry & Linen Service	1,996	52,824	0	111,164	1,996	18,923		
7	Housekeeping	2,605	275,890	0	411,132	2,605	0	301,234	
8	Dietary	14,140	0	0	3,396,306	14,140	0	14,140	56,769
9	Nursing Administration	288	481,435	0	659,952	288	0	288	0
10	Central Services & Supply	0	0	0	92,827	0	0	0	0
11	Pharmacy	0	0	0	10,228	0	0	0	0
12	Medical Records & Library	0	0	0	0	0	0	0	0
13	Social Service	0	108,717	0	133,598	0	0	0	0
15	Other General Service Cost	726	203,574	0	285,680	726	0	726	0
	ANCILLARY SERVICE COST CENTERS								
30	Skilled Nursing Facility	9,756	1,789,696	0	3,308,511	9,756	18,923	9,756	56,769
31	Nursing Facility	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS								
40	Radiology	0	0	0	8,757	0	0	0	0
41	Laboratory	0	0	0	6,573	0	0	0	0
42	Intravenous Therapy	0	0	0	6,975	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	840	194,406	0	320,241	840	0	840	0
45	Occupational Therapy	22	131,332	0	161,719	22	0	22	0
46	Speech Pathology	0	112,793	0	138,607	0	0	0	0
47	Electrocardiology	0	0	0	212	0	0	0	0
48	Medical Supplies Charged to Patients	136	0	0	23,530	136	0	136	0
49	Drugs Charged to Patients	60	0	0	55,134	60	0	60	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS								
51	Support Surfaces	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	14,607	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0
89	Subtotal	53,086	4,606,675	-3,217,602	11,344,034	30,569	18,923	25,968	56,769
90	Gift, Flower, Coffee Shops & Canteen	977	0	0	14,682	977	0	977	0
91	Barber and Beauty Shop	568	44,907	0	281,406	568	0	568	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0
95.01	Residential	272,757	1,389,648	0	5,842,717	272,757	0	272,757	0
95.02	Marketing	964	264,518	0	903,174	964	0	964	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Wednesday, May 7, 2025 at 1:16:30 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1 Cap Rel Costs - Bldgs & Fixtures						
2 Cap Rel Costs - Movable Equipment						
3 Employee Benefits						
4 Administrative & General						
5 Plant Operation, Maint. & Repairs						
6 Laundry & Linen Service						
7 Housekeeping						
8 Dietary						
9 Nursing Administration	18,923					
10 Central Services & Supply	0	18,923				
11 Pharmacy	0	0	18,923			
12 Medical Records & Library	0	0	0	18,923		
13 Social Service	0	0	0	0	18,923	
15 Other General Service Cost	0	0	0	0	0	18,923
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	18,923	18,923	18,923	18,923	18,923	18,923
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0
45 Occupational Therapy	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51 Support Surfaces	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60 Clinic	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0
89 Subtotal	18,923	18,923	18,923	18,923	18,923	18,923
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
95.01 Residential	0	0	0	0	0	0
95.02 Marketing	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Wednesday, May 7, 2025 at 1:16:30 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	4,868,335	65,910	1,443,128	0	3,217,602	2,582,987	147,476	505,082	4,133,795
103	Unit Cost Multiplier per Bp1	14.826573	0.200730	0.228859	0.000000	0.175003	8.445688	7.793479	1.676710	72.817823
104	Cost to be Allocated per Bp2	0	0	0	0	193,792	167,747	32,262	44,908	258,149
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.010540	0.548489	1.704909	0.149080	4.547359

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Wednesday, May 7, 2025 at 1:16:30 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
99	Negative Cost Center	0	0	0	0	0
102	Cost to be Allocated per Bp1	778,361	109,072	12,018	0	156,978
103	Unit Cost Multiplier per Bp1	41.133066	5.763991	0.635100	0.000000	8.295619
104	Cost to be Allocated per Bp2	11,485	978	108	0	1,408
105	Unit Cost Multiplier per Bp2	0.606933	0.051683	0.005707	0.000000	0.074407

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet B-2 Wednesday, May 7, 2025 at 1:16:30 PM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet C Wednesday, May 7, 2025 at 1:16:30 PM

Ratio of Cost of Charges
for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total 1	Total Charges 2	Ratio 3
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	10,290	8,757	1.175060
41	Laboratory	7,723	21,217	0.364001
42	Intravenous Therapy	8,196	6,975	1.175054
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	384,786	394,316	0.975832
45	Occupational Therapy	190,243	316,202	0.601650
46	Speech Pathology	162,864	51,123	3.185729
47	Electrocardiology	249	212	1.174528
48	Medical Supplies Charged to Patients	29,025	32,203	0.901314
49	Drugs Charged to Patients	65,391	78,509	0.832911
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	17,163	14,607	1.174985
100	TOTAL	875,930	924,121	

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet D Part I Wednesday, May 7, 2025 at 1:16:30 PM

Skilled Nursing Facility
Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

Cost Center Description		Ratio of	Health Care		Health Care	
		cost to	Program	Charges	Program	Cost
		charges	Part A	Part B	Part A	Part B
		1	2	3	4	5
CMS #	ANCILLARY SERVICE COST CENTERS					
40	Radiology	1.175060	4,020	0	4,724	0
41	Laboratory	0.364001	5,658	0	2,060	0
42	Intravenous Therapy	1.175054	3,204	0	3,765	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.975832	162,721	0	158,788	0
45	Occupational Therapy	0.601650	174,558	0	105,023	0
46	Speech Pathology	3.185729	41,509	0	132,236	0
47	Electrocardiology	1.174528	212	0	249	0
48	Medical Supplies Charged to Patients	0.901314	1,741	0	1,569	0
49	Drugs Charged to Patients	0.832911	67,611	0	56,314	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	1.174985	0	0	0	0
100	TOTAL		461,234	0	464,728	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet D Part II Wednesday, May 7, 2025 at 1:16:30 PM

Skilled Nursing Facility
Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.832911
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40 Radiology	0	0	0.000000	4,724	0
41 Laboratory	0	0	0	2,060	0
42 Intravenous Therapy	0	0	0	3,765	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0
44 Physical Therapy	0	0	0	158,788	0
45 Occupational Therapy	0	0	0	105,023	0
46 Speech Pathology	0	0	0	132,236	0
47 Electrocardiology	0	0	0	249	0
48 Medical Supplies Charged to Patients	0	0	0	1,569	0
49 Drugs Charged to Patients	0	0	0	56,314	0
50 Dental Care - Title XIX only	0	0	0	0	0
51 Support Surfaces	0	0	0	0	0
	=====	=====	=====	=====	=====
100 TOTAL	0	0		464,728	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Wednesday, May 7, 2025 at 1:16:30 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS	#	DESCRIPTION	AMOUNT
	1	Inpatient days incl. private	18,923
	2	Private room days	0
	3	Inpatient days incl. Program prvt.	2,307
	4	Med. nec. Program prvt. room days	0
	5	Total general Inpatient routine svc.s co	9,666,988
		PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
	6	General Inpatient routine service charge	1,183,716
	7	General Inpatient routine service RCC	8.166645
	8	Private room charges	0
	9	Avg. private room per diem charge	0.00
	10	Semi-private room charges	0
	11	Avg. semi-private room per diem charge	0.00
	12	Avg. private room charge diff.	0.00
	13	Avg. private room cost diff.	0.00
	14	Private room cost diff. adjustment	0
	15	General Inpatient routine service cost n	9,666,988
		PROGRAM INPATIENT ROUTINE SERVICE COSTS	
	16	Adjusted general Inpatient per diem cost	510.86
	17	Program routine service cost	1,178,554
	18	Med. nec. program prvt. room cost	0
	19	Total program general Inpatient cost	1,178,554
	20	Capital related cost allocated to inpati	507,100
	21	Per diem capital related costs	26.80
	22	Program capital related cost	61,828
	23	Inpatient routine service cost	1,116,726
	24	Aggregate charges to beneficiaries for e	0
	25	Total program routine service costs for	1,116,726
	26	Per diem limitation	0.00
	27	I/p routine service cost limitation	0
	28	Reimbursable Inpatient routine service c	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Wednesday, May 7, 2025 at 1:16:30 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)	18,923
2	Program inpatient days (see instructions)	2,307
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.121915
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet E Wednesday, May 7, 2025 at 1:16:30 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)	1,574,773
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	1,574,773
4	Primary payor amounts	0
5	Coinsurance	203,388
6	Reimbursable bad debts (From your records)	10,884
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	4,284
8	Adjusted reimbursable bad debts. (See instructions)	7,075
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,378,460
12	Interim payments (See instructions)	1,343,957
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)	142
14.99	Sequestration adjustment (See instructions)	27,428
15	Balance due provider/program	6,933
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

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet E-1 Wednesday, May 7, 2025 at 1:16:30 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		1,343,957		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		1,343,957		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

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet G Wednesday, May 7, 2025 at 1:16:30 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT ASSETS				
1	Cash on hand and in banks	6,763,832	0	0	0
2	Temporary investments	251,259	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,614,086	0	0	0
5	Other receivables	45,169	0	0	0
	Less: allowances for uncollectible notes and accounts receivable	675,038	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	320,477	0	0	0
9	Other current assets	1,392,189	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	9,711,974	0	0	0
	FIXED ASSETS				
12	Land	2,381,835	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	61,735,369	0	0	0
16	Less: Accumulated depreciation	47,140,607	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	5,622,332	0	0	0
24	Less: Accumulated depreciation	3,079,949	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	19,518,980	0	0	0
	OTHER ASSETS				
29	Investments	0	0	0	0
30	Deposits on leases	2,551,113	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	303,192	0	0	0
33	TOTAL OTHER ASSETS	2,854,305	0	0	0
34	TOTAL ASSETS	32,085,259	0	0	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet G Wednesday, May 7, 2025 at 1:16:30 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT LIABILITIES				
35	Accounts payable	658,393	0	0	0
36	Salaries, wages & fees payable	553,001	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	592,664	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	336,622	0	0	0
43	TOTAL CURRENT LIABILITIES	2,140,680	0	0	0
	LONG TERM LIABILITIES				
44	Mortgage payable	24,622,586	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	8,980,114	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	33,602,700	0	0	0
51	TOTAL LIABILITIES	35,743,380	0	0	0
	CAPITAL ACCOUNTS				
52	General fund balance	-3,658,121			
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	-3,658,121	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	32,085,259	0	0	0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet G-1 Wednesday, May 7, 2025 at 1:16:30 PM

STATEMENT OF CHANGES IN FUND BALANCES

		----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
		1	2	3	4	5	6	7	8
1	Fund balances - beginning		-735738		0		0		0
2	Net income (loss)		-2924854						
			-----		-----		-----		-----
3	Total		-3660592		0		0		0
4	Additions (Credit adjustments)	0		0		0		0	
5	Temporary Restricted - Contributions	121396		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		121396		0		0		0
11	Subtotal		-3539196		0		0		0
12	Deductions (Debit adjustments)	0		0		0		0	
13	Prior Year Activity	118925		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		118925		0		0		0
19	Fund balances - ending		-3658121		0		0		0

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part I Wednesday, May 7, 2025 at 1:16:30 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	9,666,200		9,666,200
2	Nursing Facility	0		0
4	Other Long Term Care	10,907,240		10,907,240
		-----	-----	-----
5	Total general Inpatient care services	20,573,440		20,573,440
	ALL OTHER CARE SERVICES			
6	Ancillary services	877,089	0	877,089
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0	0	0
		=====	=====	=====
14	Total Patient Revenues	21,450,529	0	21,450,529

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part II Wednesday, May 7, 2025 at 1:16:30 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses	23,115,972	
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	-----	23,115,972
		=====	

CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2024 to 12/31/2024

Worksheet G-3 Wednesday, May 7, 2025 at 1:16:30 PM

Statement of Revenues and Expenses

CMS #	Description	
1	Total Patient Revenues	21,450,529
2	Less: contractual allowances and ...	3,253,021
3	Net Patient Revenues (Line 1 - 2)	18,197,508
4	Less: total operating expenses	23,115,972
5	Net income from service to patients (Line 3 - 4)	-4,918,464
	Other Income:	
6	Contributions, donations, bequests, etc.	109,761
7	Income from investments	761,769
8	Revenues from communications (Telephone and Internet service)	8,421
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	6,397
14	Revenue from meals sold to employees and guests	215,073
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	63
22	Rental of skilled nursing space	0
23	Government appropriations	0
24	Barber & Beauty	51,302
24.01	Other Income	131,548
24.02	Residential Income	16,631
24.03	Guest House Income	29,363
24.04	Restricted Funds Income	118,926
24.05	Derivative Instrument FV Change	544,356
24.50	COVID-19 PHE Funding	
25	Total other income	1,993,610
26	Total	-2,924,854
27	Other Expenses (specify)	0
28		0
29		0
30	Total other expenses	0
31	Net income (or loss) for the period	-2,924,854