

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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

Worksheet S Tuesday, May 3, 2022 at 1:20:27 PM

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

PART I - COST REPORT STATUS

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Springpoint at Crestwood Manor (31-5298) for the cost report period beginning January 1, 2021 and ending December 31, 2021, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OF ADMINISTRATOR	CHECKBOX	
	1	2
1 _____	<input type="checkbox"/>	<input type="checkbox"/>

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

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

PART III - SETTLEMENT SUMMARY

CMS #	Title V	Title XVIII			Title XIX
		A	B		
1 SNF	0	1,711	0	0	
100 Total	0	1,711	0	0	

 ECR Encryption Information: PI Encryption Information:

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

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Tuesday, May 3, 2022 at 1:20:27 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 07821
 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 CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Springpoint at Crestwood Manor	31-5298	05/09/1980			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2021	12/31/2021				
15	Type of Control (See Instructions)		2				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 3,252,156
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 3,252,156
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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

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

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

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	60331		100000

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center?
 42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N

Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column
 43 1. Yes

If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name
 44 and address of the home office on lines 45-47. H48370

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

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Tuesday, May 3, 2022 at 1:20:27 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	Y		
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
UNAPPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	03/30/2022	Y 03/30/2022
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	1	Sandy Richek	2
20	Employer.		Zimmet Healthcare Services Group LLC	3
21	Telephone number/Email address.		7329700733	costreports@zhealthcare.com

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
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Worksheet S-3 Part I Tuesday, May 3, 2022 at 1:20:27 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	64	23,360	0	2,601	924	13,195	16,720
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	64	23,360	0	2,601	924	13,195	16,720

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	74	1	88	163	0.00	35.15	924.00	102.58
2	Nursing Facility	0		0	0	0	0.00		0.00	0.00
4	Home Health Agency Cost					0				0.00
5	Other Long Term Care				0	0				0.00
8	Total	0	74	1	88	163	0.00	35.15	924.00	102.58

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	92	0	67	159	145.55	0
2	Nursing Facility	0		0	0	0	0.00	0
4	Home Health Agency Cost					0	0.00	0
5	Other Long Term Care				0	0	0.00	0
8	Total	0	92	0	67	159	145.55	0

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Worksheet S-3 Part II Tuesday, May 3, 2022 at 1:20:27 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	5
1	Total Salary	6,990,073	0	6,990,073	302,734.00	23.09
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)	6,990,073	0	6,990,073	302,734.00	23.09
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	1,365,233	0	1,365,233	57,748.00	23.64
12	Subtotal Excluded salary (Sum of lines 7-11)	1,365,233	0	1,365,233	57,748.00	23.64
13	Total Adjusted Salaries (Line 6 - 12)	5,624,840	0	5,624,840	244,986.00	22.96
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	386,685	0	386,685	7,033.00	54.98
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	887,696	0	887,696	12,119.00	73.25
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,240,789	0	2,240,789		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	437,649	0	437,649		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,803,140	0	1,803,140		

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Worksheet S-3 Part III Tuesday, May 3, 2022 at 1:20:27 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	559,947	0	559,947	11,688	47.91
3	Plant Operation, Maint. & Repairs	526,836	0	526,836	28,827	18.28
4	Laundry & Linen Service	51,386	0	51,386	3,635	14.14
5	Housekeeping	564,951	0	564,951	36,166	15.62
6	Dietary	1,211,150	0	1,211,150	71,116	17.03
7	Nursing Administration	374,623	0	374,623	10,695	35.03
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	110,349	0	110,349	3,585	30.78
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	188,598	0	188,598	9,853	19.14
14	Total	3,587,840	0	3,587,840	175,565	20.44

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Worksheet S-3 Part IV Tuesday, May 3, 2022 at 1:20:27 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	78,602
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	1,476,232
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	142,365
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	505,765
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	37,825
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	2,240,789
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Tuesday, May 3, 2022 at 1:20:27 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)	361,237	115,801	477,038	7,394	64.52
2	Licensed Practical Nurses (LPNs)	589,860	189,090	778,950	17,407	44.75
3	Certified Nursing Assistants/Nursing Assistants/Aides	706,089	226,349	932,438	35,578	26.21
4	Total Nursing (Sum of 1 - 3)	1,657,186	531,240	2,188,426	60,379	36.24
5	Physical Therapists	212,196	68,023	280,219	5,075	55.22
6	Physical Therapy Assistants	3,227	1,034	4,261	76	56.07
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	76,173	24,419	100,592	1,742	57.75
9	Occupational Therapy Assistants	50,361	16,144	66,505	1,395	47.67
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	37,919	12,156	50,075	744	67.31
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)	140,218		140,218	1,539	91.11
15	Licensed Practical Nurses (LPNs)	108,747		108,747	1,704	63.82
16	Certified Nursing Assistants/Nursing Assistants/Aides	137,720		137,720	3,790	36.34
17	Total Nursing (Sum of 14 - 16)	386,685		386,685	7,033	54.98
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

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Worksheet A Tuesday, May 3, 2022 at 1:20:27 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		4,831,131	4,831,131	-497,617	4,333,514	-442,899	3,890,615
2	Cap Rel Costs - Movable Equipment		50,129	50,129	594,894	645,023	35,871	680,894
3	Employee Benefits	0	2,248,758	2,248,758	0	2,248,758	0	2,248,758
4	Administrative & General	559,947	3,268,514	3,828,461	-97,277	3,731,184	-1,052,387	2,678,797
5	Plant Operation, Maint. & Repairs	526,836	1,059,260	1,586,096	0	1,586,096	-41,228	1,544,868
6	Laundry & Linen Service	51,386	18,000	69,386	0	69,386	-6,861	62,525
7	Housekeeping	0	0	0	0	0	0	0
7.01	Housekeeping - Residential	344,463	18,432	362,895	0	362,895	-5,400	357,495
7.02	Housekeeping - Medical	220,488	39,033	259,521	0	259,521	0	259,521
8	Dietary	1,211,150	1,226,747	2,437,897	0	2,437,897	-144,764	2,293,133
9	Nursing Administration	374,623	38,558	413,181	0	413,181	0	413,181
10	Central Services & Supply	0	709,063	709,063	-1,529	707,534	0	707,534
11	Pharmacy	0	11,976	11,976	0	11,976	0	11,976
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	110,349	647	110,996	0	110,996	-14,392	96,604
15	Activities	188,598	21,803	210,401	0	210,401	0	210,401
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,657,127	545,503	2,202,630	0	2,202,630	-23,538	2,179,092
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	13,548	13,548	0	13,548	0	13,548
41	Laboratory	0	36,072	36,072	0	36,072	0	36,072
42	Intravenous Therapy	0	8,965	8,965	0	8,965	0	8,965
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	379,873	806	380,679	-164,453	216,226	0	216,226
45	Occupational Therapy	0	0	0	126,534	126,534	0	126,534
46	Speech Pathology	0	0	0	37,919	37,919	0	37,919
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	1,529	1,529	0	1,529
49	Drugs Charged to Patients	0	76,848	76,848	0	76,848	0	76,848
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	5,624,840	14,223,793	19,848,633	0	19,848,633	-1,695,598	18,153,035
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	58,413	2,029	60,442	0	60,442	0	60,442
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

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Worksheet A Tuesday, May 3, 2022 at 1:20:27 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
95.01	Residential, AL	999,738	197,941	1,197,679	0	1,197,679	0	1,197,679
95.02	Marketing	307,082	487,775	794,857	0	794,857	0	794,857
00	TOTAL	6,990,073	14,911,538	21,901,611	0	21,901,611	-1,695,598	20,206,013

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases				
			COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass med supply sold	A	Medical Supplies Cha	48.00	0	1,529	Central Services & S	10.00	0	1,529
2	To reclass depreciation	B	Cap Rel Costs - Mova	2.00	0	594,894	Cap Rel Costs - Bldg	1.00	0	594,894
3	To reclass property insurance	C	Cap Rel Costs - Bldg	1.00	0	97,277	Administrative & Gen	4.00	0	97,277
4	To reclass OT Costs	D	Occupational Therapy	45.00	126,534	0	Physical Therapy	44.00	126,534	0
5	To reclass ST Costs	E	Speech Pathology	46.00	37,919	0	Physical Therapy	44.00	37,919	0
100	TOTAL RECLASSIFICATIONS				164,453	693,700			164,453	693,700

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions		Disposals and		Ending	Fully
		Balances	Purchase	Donation	Total	Retirements	Balance	Depreciated Assets
		1	2	3	4	5	6	7
1	Land	2,381,835	0	0	0	0	2,381,835	0
2	Land Improvements	0	0	0	0	0	0	0
3	Buildings & Fixtures	62,750,239	875,627	0	875,627	2,726,427	60,899,439	3,116,940
4	Building Improvements	0	0	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0	0	0
6	Movable Equipment	7,443,242	614,111	0	614,111	2,563,723	5,493,630	2,711,509
7	Subtotal	72,575,316	1,489,738	0	1,489,738	5,290,150	68,774,904	5,828,449
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	72,575,316	1,489,738	0	1,489,738	5,290,150	68,774,904	5,828,449

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Tuesday, May 3, 2022 at 1:20:27 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-2,156	Administrative & General		4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	-494,764			
12	Laundry and Linen service	B	-6,861	Laundry & Linen Service		6
13	Revenue - Employee meals	B	-9,446	Dietary		8
14	Cost of meals - Guests	B	-10,675	Dietary		8
15	Sale of medical supplies to other than patients		0			
16	Sale of drugs to other than patients		0			
17	Sale of medical records and abstracts		0			
18	Vending machines		0			
19	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
21	Utilization review -- physicians' compensation		0	Utilization Review		82
22	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
23	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
24	Incontinence Income	B	-20,538	Skilled Nursing Facility		30
25	Miscellaneous Income	B	-1,146	Administrative & General		4
26	Investment Inc	B	-282,187	Cap Rel Costs - Bldgs & Fixtures		1
27	Bad Debts	A	-561,911	Administrative & General		4
28	Maintenance Income	B	-41,228	Plant Operation, Maint. & Repairs		5
29	Housekeeping Income	B	-5,400	Housekeeping - Residential		7.01
30	Other Dining Income	B	-71,786	Dietary		8
31	Other Dining Income	B	-18,039	Dietary		8
32	Miscellaneous Income	B	-132,044	Cap Rel Costs - Bldgs & Fixtures		1
33	Contribution from Foundation	B	-14,392	Social Service		13
34	Expenses for Contributed Funds	A	-20,025	Administrative & General		4
35	Medical Consultants	A	-3,000	Skilled Nursing Facility		30
36						
100	TOTAL		-1,695,598			

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Tuesday, May 3, 2022 at 1:20:27 PM

Statement of Costs of Services from Related Organizations and Home Office Costs

I. Costs Incurred And Adjustments Required As A Result Of Transactions With Related Organizations Or Claimed Home Office Costs:

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Included in Wkst A col 5	
	1	2	3	4	5	6
1	4	Administrative & General	Home Office - Operational	1,305,601	1,772,750	-467,149
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	54,338	0	54,338
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap MME	35,871	0	35,871
4	4	Administrative & General	Home Office - Interest Expense	60,856	0	60,856
5	4	Administrative & General	Home Office - Investment Income	-60,856	0	-60,856
6	8	Dietary	Home Office - Dietician Services	0	34,818	-34,818
7	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-83,006	0	-83,006
10		TOTALS		1,312,804	1,807,568	-494,764

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

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

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

#	Symbol	Name	----- Related Organization(s) -----			
			Percentage of Ownership	Percent of Ownership	Type of Business	
1	B		3	4	5	6
			0%	Springpoint Senior Living	0%	

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

SPRINGPOINT AT CRESTWOOD MANOR
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 Period from 1/1/2021 to 12/31/2021

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Provider-Based Physicians Adjustments

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

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

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	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
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	3,890,615	3,890,615							
2 Cap Rel Costs - Movable Equipment	680,894		680,894						
3 Employee Benefits	2,248,758	0		2,248,758					
4 Administrative & General	2,678,797	152,804	26,742	180,139	3,038,482	3,038,482			
5 Plant Operation, Maint. & Repairs	1,544,868	113,998	19,951	169,487	1,848,304	327,131	2,175,435		
6 Laundry & Linen Service	62,525	23,650	4,139	16,531	106,845	18,910	14,198	139,953	
7 Housekeeping	0	30,866	5,402	0	36,268	6,419	18,530	0	61,217
7.01 Housekeeping - Residential	357,495	0	0	110,816	468,311	82,886	0	0	0
7.02 Housekeeping - Medical	259,521	0	0	70,933	330,454	58,487	0	0	0
8 Dietary	2,293,133	167,546	29,322	389,635	2,879,636	509,671	100,580	0	2,872
9 Nursing Administration	413,181	3,412	597	120,519	537,709	95,169	2,049	0	59
10 Central Services & Supply	707,534	0	0	0	707,534	125,226	0	0	0
11 Pharmacy	11,976	0	0	0	11,976	2,120	0	0	0
12 Medical Records & Library	0	0	0	0	0	0	0	0	0
13 Social Service	96,604	0	0	35,500	132,104	23,381	0	0	0
15 Activities	210,401	8,602	1,505	60,673	281,181	49,766	5,164	0	148
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	2,179,092	115,598	20,231	533,112	2,848,033	504,073	69,395	80,330	1,983
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	13,548	0	0	0	13,548	2,398	0	0	0
41 Laboratory	36,072	0	0	0	36,072	6,384	0	0	0
42 Intravenous Therapy	8,965	0	0	0	8,965	1,587	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	216,226	9,953	1,742	69,302	297,223	52,605	5,975	0	171
45 Occupational Therapy	126,534	261	46	40,707	167,548	29,654	156	0	4
46 Speech Pathology	37,919	0	0	12,199	50,118	8,870	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	1,529	1,611	282	0	3,422	606	967	0	28
49 Drugs Charged to Patients	76,848	711	124	0	77,683	13,749	427	0	12
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	0	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	18,153,035	629,012	110,083	1,809,553	13,881,416	1,919,092	217,441	80,330	5,277
90 Gift, Flower, Coffee Shops & Canteen	0	11,576	2,026	0	13,602	2,407	6,949	0	199
91 Barber and Beauty Shop	60,442	6,730	1,178	18,792	87,142	15,423	4,040	0	115
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, AL	1,197,679	3,231,875	565,608	321,623	5,316,785	941,018	1,940,148	59,623	55,430
95.02 Marketing	794,857	11,422	1,999	98,790	907,068	160,542	6,857	0	196

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	House-keeping Residential (Square Feet) 7.01	House-keeping Medical (Square Feet) 7.02	Dietary (Meals Served) 8	Nursing Administration (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 (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									
7.01 Housekeeping - Residential	551,197								
7.02 Housekeeping - Medical	0	388,941							
8 Dietary	0	193,126	3,685,885						
9 Nursing Administration	0	3,934	0	638,920					
10 Central Services & Supply	0	0	0	0	832,760				
11 Pharmacy	0	0	0	0	0	14,096			
12 Medical Records & Library	0	0	0	0	0	0	0		
13 Social Service	0	0	0	0	0	0	0	155,485	
15 Activities	0	9,916	0	0	0	0	0	0	346,175
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	133,248	1,197,764	638,920	832,760	14,096	0	155,485	346,175
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	0	0	0	0
41 Laboratory	0	0	0	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	11,473	0	0	0	0	0	0	0
45 Occupational Therapy	0	300	0	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	1,857	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	819	0	0	0	0	0	0	0
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	0	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	354,673	1,197,764	638,920	832,760	14,096	0	155,485	346,175
90 Gift, Flower, Coffee Shops & Canteen	0	13,344	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	7,758	0	0	0	0	0	0	0
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, AL	551,197	0	2,488,121	0	0	0	0	0	0
95.02 Marketing	0	13,166	0	0	0	0	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	SubTotal	Adjustments	Total
	16	17	18
1			
2			
3			
4			
5			
6			
7			
7.01			
7.02			
8			
9			
10			
11			
12			
13			
15			
ANCILLARY SERVICE COST CENTERS			
30	6,822,262	0	6,822,262
31	0	0	0
33	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40	15,946	0	15,946
41	42,456	0	42,456
42	10,552	0	10,552
43	0	0	0
44	367,447	0	367,447
45	197,662	0	197,662
46	58,988	0	58,988
47	0	0	0
48	6,880	0	6,880
49	92,690	0	92,690
50	0	0	0
SPECIAL PURPOSE COST CENTERS			
51	0	0	0
52	0	0	0
NON-REIMBURSABLE COST CENTERS			
60	0	0	0
63	0	0	0
70	0	0	0
71	0	0	0
74	0	0	0
84	0	0	0
89	7,614,883	0	7,614,883
90	36,501	0	36,501
91	114,478	0	114,478
92	0	0	0
93	0	0	0
94	0	0	0
95	0	0	0
95.01	11,352,322	0	11,352,322
95.02	1,087,829	0	1,087,829

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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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
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	20,206,013	3,890,615	680,894	2,248,758	20,206,013	3,038,482	2,175,435	139,953	61,217

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	House- keeping Residential (Square Feet) 7.01	House- keeping Medical (Square Feet) 7.02	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 (Patient Days) 15	
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	551,197	388,941	3,685,885	638,920	832,760	14,096	0	155,485	346,175

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2021 to 12/31/2021

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COST ALLOCATION - GENERAL SERVICE COSTS

	SubTotal	Adjustments	Total
	16	17	18
98	<hr/>	<hr/>	<hr/>
Cross Foot Adjustments	0	0	0
99	0	0	0
Negative Cost Center			
100	20,206,013	0	20,206,013
TOTAL			

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

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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					
4	Administrative & General	0	152,804	26,742	179,546	0	179,546			
5	Plant Operation, Maint. & Repairs	0	113,998	19,951	133,949	0	19,330	153,279		
6	Laundry & Linen Service	0	23,650	4,139	27,789	0	1,117	1,000	29,906	
7	Housekeeping	0	30,866	5,402	36,268	0	379	1,306	0	37,953
7.01	Housekeeping - Residential	0	0	0	0	0	4,898	0	0	0
7.02	Housekeeping - Medical	0	0	0	0	0	3,456	0	0	0
8	Dietary	0	167,546	29,322	196,868	0	30,124	7,086	0	1,782
9	Nursing Administration	0	3,412	597	4,009	0	5,623	144	0	36
10	Central Services & Supply	0	0	0	0	0	7,399	0	0	0
11	Pharmacy	0	0	0	0	0	125	0	0	0
12	Medical Records & Library	0	0	0	0	0	0	0	0	0
13	Social Service	0	0	0	0	0	1,382	0	0	0
15	Activities	0	8,602	1,505	10,107	0	2,941	364	0	91
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	0	115,598	20,231	135,829	0	29,785	4,890	17,165	1,229
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	142	0	0	0
41	Laboratory	0	0	0	0	0	377	0	0	0
42	Intravenous Therapy	0	0	0	0	0	94	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	0	9,953	1,742	11,695	0	3,108	421	0	106
45	Occupational Therapy	0	261	46	307	0	1,752	11	0	3
46	Speech Pathology	0	0	0	0	0	524	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	1,611	282	1,893	0	36	68	0	17
49	Drugs Charged to Patients	0	711	124	835	0	812	30	0	8
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	0	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	629,012	110,083	739,095	0	113,404	15,320	17,165	3,272
90	Gift, Flower, Coffee Shops & Canteen	0	11,576	2,026	13,602	0	142	490	0	123
91	Barber and Beauty Shop	0	6,730	1,178	7,908	0	911	285	0	72
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, AL	0	3,231,875	565,608	3,797,483	0	55,603	136,701	12,741	34,365
95.02	Marketing	0	11,422	1,999	13,421	0	9,486	483	0	121

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 3, 2022 at 1:20:27 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	House-keeping Residential (Square Feet) 7.01	House-keeping Medical (Square Feet) 7.02	Dietary (Meals Served) 8	Nursing Administration (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 (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									
7.01 Housekeeping - Residential	4,898								
7.02 Housekeeping - Medical	0	3,456							
8 Dietary	0	1,715	237,575						
9 Nursing Administration	0	35	0	9,847					
10 Central Services & Supply	0	0	0	0	7,399				
11 Pharmacy	0	0	0	0	0	125			
12 Medical Records & Library	0	0	0	0	0	0	0		
13 Social Service	0	0	0	0	0	0	0	1,382	
15 Activities	0	88	0	0	0	0	0	0	13,591
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	1,184	77,202	9,847	7,399	125	0	1,382	13,591
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	0	0	0	0
41 Laboratory	0	0	0	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	102	0	0	0	0	0	0	0
45 Occupational Therapy	0	3	0	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	17	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	7	0	0	0	0	0	0	0
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	0	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	3,151	77,202	9,847	7,399	125	0	1,382	13,591
90 Gift, Flower, Coffee Shops & Canteen	0	119	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	69	0	0	0	0	0	0	0
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, AL	4,898	0	160,373	0	0	0	0	0	0
95.02 Marketing	0	117	0	0	0	0	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 3, 2022 at 1:20:27 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	SubTotal	Adjustments	Total
	16	17	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			
7.01 Housekeeping - Residential			
7.02 Housekeeping - Medical			
8 Dietary			
9 Nursing Administration			
10 Central Services & Supply			
11 Pharmacy			
12 Medical Records & Library			
13 Social Service			
15 Activities			
ANCILLARY SERVICE COST CENTERS			
30 Skilled Nursing Facility	299,628	0	299,628
31 Nursing Facility	0	0	0
33 Other Long Term Care	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40 Radiology	142	0	142
41 Laboratory	377	0	377
42 Intravenous Therapy	94	0	94
43 Oxygen (Inhalation) Therapy	0	0	0
44 Physical Therapy	15,432	0	15,432
45 Occupational Therapy	2,076	0	2,076
46 Speech Pathology	524	0	524
47 Electrocardiology	0	0	0
48 Medical Supplies Charged to Patients	2,031	0	2,031
49 Drugs Charged to Patients	1,692	0	1,692
50 Dental Care - Title XIX only	0	0	0
SPECIAL PURPOSE COST CENTERS			
51 Support Surfaces	0	0	0
52 Other Ancillary Service Cost Center	0	0	0
NON-REIMBURSABLE COST CENTERS			
60 Clinic	0	0	0
63 Other Outpatient Service Cost	0	0	0
70 Home Health Agency Cost	0	0	0
71 Ambulance	0	0	0
74 Other Reimbursable Cost	0	0	0
84 Other Special Purpose Cost	0	0	0
89 Subtotals	321,996	0	321,996
90 Gift, Flower, Coffee Shops & Canteen	14,476	0	14,476
91 Barber and Beauty Shop	9,245	0	9,245
92 Physicians Private Offices	0	0	0
93 Nonpaid Workers	0	0	0
94 Patients Laundry	0	0	0
95 Other Non Reimbursable Cost	0	0	0
95.01 Residential, AL	4,202,164	0	4,202,164
95.02 Marketing	23,628	0	23,628

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 3, 2022 at 1:20:27 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)	
	0	1	2	2A	3	4	5	6	7	
98	Cross Foot Adjustments	0	0		0	0	0	0	0	
99	Negative Cost Center	0	0		0	0	0	0	0	
100	TOTAL	0	3,890,615	680,894	4,571,509	0	179,546	153,279	29,906	37,953

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 3, 2022 at 1:20:27 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	House- keeping Residential (Square Feet)	House- keeping Medical (Square Feet)	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities (Patient Days)
	7.01	7.02	8	9	10	11	12	13	15
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	4,898	3,456	237,575	9,847	7,399	125	0	13,591

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 3, 2022 at 1:20:27 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	SubTotal	Adjustments	Total
	16	17	18
98		0	
99		0	
100	4,571,509	0	4,571,509

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 3, 2022 at 1:20:27 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	House- keeping Residential (Square Feet) 7.01
1	Cap Rel Costs - Bldgs & Fixtures	328,352							
2	Cap Rel Costs - Movable Equipment		328,352						
3	Employee Benefits	0	6,990,073						
4	Administrative & General	12,896	12,896	559,947	-3,038,482	17,167,531			
5	Plant Operation, Maint. & Repairs	9,621	9,621	526,836	0	1,848,304	305,835		
6	Laundry & Linen Service	1,996	1,996	51,386	0	106,845	1,996	29,130	
7	Housekeeping	2,605	2,605	0	0	36,268	2,605	0	301,234
7.01	Housekeeping - Residential	0	0	344,463	0	468,311	0	0	272,757
7.02	Housekeeping - Medical	0	0	220,488	0	330,454	0	0	0
8	Dietary	14,140	14,140	1,211,150	0	2,879,636	14,140	0	14,140
9	Nursing Administration	288	288	374,623	0	537,709	288	0	288
10	Central Services & Supply	0	0	0	0	707,534	0	0	0
11	Pharmacy	0	0	0	0	11,976	0	0	0
12	Medical Records & Library	0	0	0	0	0	0	0	0
13	Social Service	0	0	110,349	0	132,104	0	0	0
15	Activities	726	726	188,598	0	281,181	726	0	726
ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	9,756	9,756	1,657,127	0	2,848,033	9,756	16,720	9,756
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	0	13,548	0	0	0
41	Laboratory	0	0	0	0	36,072	0	0	0
42	Intravenous Therapy	0	0	0	0	8,965	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	840	840	215,420	0	297,223	840	0	840
45	Occupational Therapy	22	22	126,534	0	167,548	22	0	22
46	Speech Pathology	0	0	37,919	0	50,118	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	136	136	0	0	3,422	136	0	136
49	Drugs Charged to Patients	60	60	0	0	77,683	60	0	60
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	0	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	53,086	5,624,840	-3,038,482	10,842,934	30,569	16,720	25,968
90	Gift, Flower, Coffee Shops & Canteen	977	977	0	0	13,602	977	0	977
91	Barber and Beauty Shop	568	568	58,413	0	87,142	568	0	568
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, AL	272,757	272,757	999,738	0	5,316,785	272,757	12,410	272,757

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 3, 2022 at 1:20:27 PM

COST ALLOCATION - STATISTICAL BASIS

	House-keeping Medical (Square Feet)	Dietary (Meals Served)	Nursing Administration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities (Patient Days)
	7.02	8	9	10	11	12	13	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								
7.01 Housekeeping - Residential								
7.02 Housekeeping - Medical	28,477							
8 Dietary	14,140	155,844						
9 Nursing Administration	288	0	16,720					
10 Central Services & Supply	0	0	0	16,720				
11 Pharmacy	0	0	0	0	16,720			
12 Medical Records & Library	0	0	0	0	0	16,720		
13 Social Service	0	0	0	0	0	0	16,720	
15 Activities	726	0	0	0	0	0	0	16,720
ANCILLARY SERVICE COST CENTERS								
30 Skilled Nursing Facility	9,756	50,643	16,720	16,720	16,720	16,720	16,720	16,720
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	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44 Physical Therapy	840	0	0	0	0	0	0	0
45 Occupational Therapy	22	0	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	136	0	0	0	0	0	0	0
49 Drugs Charged to Patients	60	0	0	0	0	0	0	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	0	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	25,968	50,643	16,720	16,720	16,720	16,720	16,720	16,720
90 Gift, Flower, Coffee Shops & Canteen	977	0	0	0	0	0	0	0
91 Barber and Beauty Shop	568	0	0	0	0	0	0	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, AL	0	105,201	0	0	0	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 3, 2022 at 1:20:27 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	House- keeping Residential (Square Feet) 7.01
95.02 Marketing	964	964	307,082	0	907,068	964	0	964	0
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
102 Cost to be Allocated per Bp1	3,890,615	680,894	2,248,758	0	3,038,482	2,175,435	139,953	61,217	551,197
103 Unit Cost Multiplier per Bp1	11.848915	2.073671	0.321707	0.000000	0.176990	7.113100	4.804428	0.203221	2.020835
104 Cost to be Allocated per Bp2	0	0	0	0	179,546	153,279	29,906	37,953	4,898
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.010458	0.501182	1.026639	0.125992	0.017957

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 3, 2022 at 1:20:27 PM

COST ALLOCATION - STATISTICAL BASIS

	House- keeping Medical (Square Feet)	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities (Patient Days)
	7.02	8	9	10	11	12	13	15
95.02 Marketing	964	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	388,941	3,685,885	638,920	832,760	14,096	0	155,485	346,175
103 Unit Cost Multiplier per Bp1	13.658075	23.651119	38.212919	49.806220	0.843062	0.000000	9.299342	20.704246
104 Cost to be Allocated per Bp2	3,456	237,575	9,847	7,399	125	0	1,382	13,591
105 Unit Cost Multiplier per Bp2	0.121361	1.524441	0.588935	0.442524	0.007476	0.000000	0.082656	0.812859

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Tuesday, May 3, 2022 at 1:20:27 PM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet C Tuesday, May 3, 2022 at 1:20:27 PM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	15,946	16,552	0.963388
41	Laboratory	42,456	39,484	1.075271
42	Intravenous Therapy	10,552	8,965	1.177022
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	367,447	493,318	0.744848
45	Occupational Therapy	197,662	330,134	0.598733
46	Speech Pathology	58,988	86,822	0.679413
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	6,880	2,294	2.999128
49	Drugs Charged to Patients	92,690	110,330	0.840116
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	792,621	1,087,899	

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Tuesday, May 3, 2022 at 1:20:27 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	0.963388	12,455	0	11,999	0
41	Laboratory	1.075271	29,430	0	31,645	0
42	Intravenous Therapy	1.177022	2,265	0	2,666	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.744848	179,272	0	133,530	0
45	Occupational Therapy	0.598733	164,262	0	98,349	0
46	Speech Pathology	0.679413	52,585	0	35,727	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	2.999128	0	0	0	0
49	Drugs Charged to Patients	0.840116	81,443	0	68,422	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	TOTAL		521,712	0	382,338	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Tuesday, May 3, 2022 at 1:20:27 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.840116
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	11,999	0
41	Laboratory	0	0	31,645	0
42	Intravenous Therapy	0	0	2,666	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	133,530	0
45	Occupational Therapy	0	0	98,349	0
46	Speech Pathology	0	0	35,727	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	68,422	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	382,338	0

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 3, 2022 at 1:20:27 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	16,720
2	Private room days	0
3	Inpatient days incl. Program prvt.	2,601
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	6,822,262
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,097,312
7	General Inpatient routine service RCC	6.217249
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	6,822,262
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	408.03
17	Program routine service cost	1,061,286
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	1,061,286
20	Capital related cost allocated to inpati	299,628
21	Per diem capital related costs	17.92
22	Program capital related cost	46,610
23	Inpatient routine service cost	1,014,676
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,014,676
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 3, 2022 at 1:20:27 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)	16,720
2	Program inpatient days (see instructions)	2,601
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.155562
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet E Tuesday, May 3, 2022 at 1:20:28 PM

Calculation of Reimbursement Settlement
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	1,690,144
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	1,690,144
4	Primary payor amounts	0
5	Coinsurance	208,688
6	Reimbursable bad debts (From your records)	34,870
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	34,870
8	Adjusted reimbursable bad debts. (See instructions)	22,666
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,504,122
12	Interim payments (See instructions)	1,502,411
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	1,711
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

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

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

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

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

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet E-1 Tuesday, May 3, 2022 at 1:20:28 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year	Amount	Mo/Day/Year	Amount
		1	2	3	4
1	Total interim payments paid to provider		1,481,456		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider	06/04/2021	20,955		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		20,955		0
4	TOTAL INTERIM PAYMENTS		1,502,411		0

TO BE COMPLETED BY CONTRACTOR

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

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

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 3, 2022 at 1:20:28 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	3,193,713	0	0	0
2	Temporary investments	10,113,758	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,080,930	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	689,500	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	330,984	0	0	0
9	Other current assets	3,885	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	15,033,770	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	60,899,439	0	0	0
16	Less: Accumulated depreciation	41,004,568	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	5,493,630	0	0	0
24	Less: Accumulated depreciation	2,420,053	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	25,350,283	0	0	0
OTHER ASSETS					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	3,552,331	0	0	0
33	TOTAL OTHER ASSETS	3,552,331	0	0	0
34	TOTAL ASSETS	43,936,384	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 3, 2022 at 1:20:28 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
CURRENT LIABILITIES					
35	Accounts payable	481,966	0	0	0
36	Salaries, wages & fees payable	437,000	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	565,661	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	486,225	0	0	0
43	TOTAL CURRENT LIABILITIES	1,970,852	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	26,337,237	0	0	0
45	Notes payable	93,194	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	13,326,016	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	39,756,447	0	0	0
51	TOTAL LIABILITIES	41,727,299	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	2,209,085			
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	2,209,085	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	43,936,384	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Tuesday, May 3, 2022 at 1:20:28 PM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		5109592		0		0		0
2 Net income (loss)		-2894963						
3 Total		2214629		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Temporary Restricted	0		0		0		0	
6 Contributions	132032		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		132032		0		0		0
11 Subtotal		2346661		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Change in FASB for	0		0		0		0	
14 Amor of Entrance Fees	137576		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		137576		0		0		0
19 Fund balances - ending		2209085		0		0		0

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Tuesday, May 3, 2022 at 1:20:28 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	6,920,611		6,920,611
2	Nursing Facility	0		0
4	Other Long Term Care	10,194,453		10,194,453
		-----	-----	-----
5	Total general Inpatient care services	17,115,064		17,115,064
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,078,934	0	1,078,934
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
14	Total Patient Revenues	18,193,998	0	18,193,998

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Tuesday, May 3, 2022 at 1:20:28 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		21,901,611
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		21,901,611

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Tuesday, May 3, 2022 at 1:20:28 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		18,193,998
2	Less: contractual allowances and ...		1,857,955
3	Net Patient Revenues (Line 1 - 2)		16,336,043
4	Less: total operating expenses		21,901,611
5	Net income from service to patients (Line 3 - 4)		-5,565,568
	Other Income:		
6	Contributions, donations, bequests, etc.	69,168	
7	Income from investments	1,026,704	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	6,861	
14	Revenue from meals sold to employees and guests	109,947	
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	45	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Beauty & Barber	49,846	
24.01	Other Income	200,356	
24.02	Temporary Restricted -	0	
24.03	Net Assets Released (cont.)	137,576	
24.04	FEMA Submissions	1,001,555	
24.05		0	
24.06		0	
24.50	COVID-19 PHE Funding	119,837	
25	Total other income		2,721,895
26	Total		-2,843,673
27	Other Expenses (specify)	0	
28	Chg in Derivative Instruments	51,290	
29		0	
29.01		0	
30	Total other expenses		51,290
31	Net income (or loss) for the period		-2,894,963