

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

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

Worksheet S Tuesday, May 23, 2023 at 6:33:40 AM

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

PART I - COST REPORT STATUS

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Springpoint at Crestwood Manor (31-5298) for the cost report period beginning January 1, 2022 and ending December 31, 2022, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

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

PART III - SETTLEMENT SUMMARY

CMS #	Description	Title XVIII			Title XIX
		Title V	A	B	
1	SNF	1	2	3	4
4	SNF-Based HHA	0	-6,431	0	0
		0	0	0	0
100	Total	0	-6,431	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
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Worksheet S-2 Part I Tuesday, May 23, 2023 at 6:33:40 AM

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)	01/01/2022	12/31/2022				
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
 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 3,408,465
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 3,408,465
 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	63347		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
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Worksheet S-2 Part II Tuesday, May 23, 2023 at 6:33:40 AM

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	03/31/2023	Y 03/31/2023
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.		732 970-0733	costreports@zhealthcare.com

SPRINGPOINT AT CRESTWOOD MANOR
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Worksheet S-3 Part I Tuesday, May 23, 2023 at 6:33:40 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	64	23,360	0	2,961	6,570	8,345	17,876
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	2,961	6,570	8,345	17,876

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	80	8	80	168	0.00	37.01	821.25	106.40
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	80	8	80	168	0.00	37.01	821.25	106.40

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	96	2	78	176	127.52	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	96	2	78	176	127.52	0

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Worksheet S-3 Part II Tuesday, May 23, 2023 at 6:33:40 AM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Amount Reported	Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
			from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	6,497,065	0	6,497,065	260,087.00	24.98
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)	6,497,065	0	6,497,065	260,087.00	24.98
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	1,411,459	0	1,411,459	55,204.00	25.57
12	Subtotal Excluded salary (Sum of lines 7-11)	1,411,459	0	1,411,459	55,204.00	25.57
13	Total Adjusted Salaries (Line 6 - 12)	5,085,606	0	5,085,606	204,883.00	24.82
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	1,224,531	0	1,224,531	19,977.00	61.30
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	841,700	0	841,700	13,057.00	64.46
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	1,782,055	0	1,782,055		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	387,144	0	387,144		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,394,911	0	1,394,911		

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Worksheet S-3 Part III Tuesday, May 23, 2023 at 6:33:40 AM

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	651,054	0	651,054	12,318	52.85
3	Plant Operation, Maint. & Repairs	504,356	0	504,356	26,383	19.12
4	Laundry & Linen Service	40,092	0	40,092	2,580	15.54
5	Housekeeping	624,431	0	624,431	37,009	16.87
6	Dietary	743,531	0	743,531	44,004	16.90
7	Nursing Administration	375,103	0	375,103	10,176	36.86
8	Central Services & Supply	0	0	0	0	0.00
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	0	0	0	0	0.00
11	Social Service	106,959	0	106,959	4,015	26.64
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	150,430	0	150,430	8,499	17.70
14	Total	3,195,956	0	3,195,956	144,984	22.04

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Worksheet S-3 Part IV Tuesday, May 23, 2023 at 6:33:40 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	82,385
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)	1,061,597
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	121,341
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	469,230
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	47,502
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)	1,782,055
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Tuesday, May 23, 2023 at 6:33:40 AM

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)	334,317	91,699	426,016	6,883	61.89
2	Licensed Practical Nurses (LPNs)	495,134	135,808	630,942	13,886	45.44
3	Certified Nursing Assistants/Nursing Assistants/Aides	652,500	178,972	831,472	29,614	28.08
4	Total Nursing (Sum of 1 - 3)	1,481,951	406,479	1,888,430	50,383	37.48
5	Physical Therapists	176,719	48,472	225,191	4,131	54.51
6	Physical Therapy Assistants	6,650	1,824	8,474	163	51.99
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	76,574	21,003	97,577	1,729	56.44
9	Occupational Therapy Assistants	50,951	13,975	64,926	1,413	45.95
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	31,644	8,680	40,324	624	64.62
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)	516,560		516,560	4,647	111.16
15	Licensed Practical Nurses (LPNs)	164,991		164,991	2,467	66.88
16	Certified Nursing Assistants/Nursing Assistants/Aides	542,980		542,980	12,863	42.21
17	Total Nursing (Sum of 14 - 16)	1,224,531		1,224,531	19,977	61.30
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 23, 2023 at 6:33:40 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified	Adjust-	Net
						Trial Balance 5	ments to Expenses 6	Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		5,022,121	5,022,121	-580,589	4,441,532	-441,448	4,000,084
2	Cap Rel Costs - Movable Equipment		39,173	39,173	669,018	708,191	26,399	734,590
3	Employee Benefits	0	1,788,322	1,788,322	0	1,788,322	0	1,788,322
4	Administrative & General	651,054	2,631,509	3,282,563	-88,429	3,194,134	-564,478	2,629,656
5	Plant Operation, Maint. & Repairs	504,356	1,282,084	1,786,440	0	1,786,440	-51,951	1,734,489
6	Laundry & Linen Service	40,092	11,498	51,590	0	51,590	-8,057	43,533
7	Housekeeping	0	0	0	0	0	0	0
7.01	Housekeeping - Residential	404,493	21,573	426,066	0	426,066	-1,763	424,303
7.02	Housekeeping - Medical	219,938	44,458	264,396	0	264,396	0	264,396
8	Dietary	743,531	1,997,300	2,740,831	0	2,740,831	-192,306	2,548,525
9	Nursing Administration	375,103	36,877	411,980	0	411,980	0	411,980
10	Central Services & Supply	0	285,634	285,634	-433	285,201	0	285,201
11	Pharmacy	0	18,115	18,115	0	18,115	0	18,115
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	106,959	746	107,705	0	107,705	-33,669	74,036
15	Activities	150,430	22,325	172,755	0	172,755	0	172,755
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,475,478	1,379,431	2,854,909	0	2,854,909	-23,838	2,831,071
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	11,411	11,411	-101	11,310	0	11,310
41	Laboratory	0	9,183	9,183	0	9,183	0	9,183
42	Intravenous Therapy	0	6,486	6,486	0	6,486	0	6,486
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	414,172	1,632	415,804	-193,480	222,324	0	222,324
45	Occupational Therapy	0	0	0	155,015	155,015	0	155,015
46	Speech Pathology	0	0	0	38,465	38,465	0	38,465
47	Electrocardiology	0	0	0	101	101	0	101
48	Medical Supplies Charged to Patients	0	0	0	433	433	0	433
49	Drugs Charged to Patients	0	84,330	84,330	0	84,330	0	84,330
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	5,085,606	14,694,208	19,779,814	0	19,779,814	-1,291,111	18,488,703
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	61,325	2,667	63,992	0	63,992	0	63,992
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 23, 2023 at 6:33:40 AM

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	1,054,508	267,765	1,322,273	0	1,322,273	0	1,322,273
95.02	Marketing	295,626	544,723	840,349	0	840,349	0	840,349
00	TOTAL	6,497,065	15,509,363	22,006,428	0	22,006,428	-1,291,111	20,715,317

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet A-6 Tuesday, May 23, 2023 at 6:33:40 AM

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	433	Central Services & S	10.00	0	433
2	To reclass depreciation	B	Cap Rel Costs - Mova	2.00	0	669,018	Cap Rel Costs - Bldg	1.00	0	669,018
3	To reclass property insurance	C	Cap Rel Costs - Bldg	1.00	0	88,429	Administrative & Gen	4.00	0	88,429
4	To reclass OT costs	D	Occupational Therapy	45.00	155,015	0	Physical Therapy	44.00	155,015	0
5	To reclass ST costs	E	Speech Pathology	46.00	38,465	0	Physical Therapy	44.00	38,465	0
6	To reclass EKG cost	F	Electrocardiology	47.00	0	101	Radiology	40.00	0	101
100	TOTAL RECLASSIFICATIONS				193,480	757,981			193,480	757,981

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet A-7 Tuesday, May 23, 2023 at 6:33:40 AM

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	60,899,439	1,107,278	0	1,107,278	0	62,006,717	541,950
4	Building Improvements	0	0	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0	0	0
6	Movable Equipment	5,493,630	596,479	0	596,479	0	6,090,109	392,496
7	Subtotal	68,774,904	1,703,757	0	1,703,757	0	70,478,661	934,446
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	68,774,904	1,703,757	0	1,703,757	0	70,478,661	934,446

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8 Tuesday, May 23, 2023 at 6:33:40 AM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-1,233	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	-504,551			
12	Laundry and Linen service	B	-8,057	Laundry & Linen Service	6	
13	Revenue - Employee meals	B	-12,223	Dietary	8	
14	Cost of meals - Guests	B	-23,759	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	-23,838	Skilled Nursing Facility	30	
25	Promotions	A	-3,837	Dietary	8	
26	Investment inc	B	-223,942	Cap Rel Costs - Bldgs & Fixtures	1	
27	Bad debts	A	-145,811	Administrative & General	4	
28	Maintenance Income	B	-51,951	Plant Operation, Maint. & Repairs	5	
29	Housekeeping Income	B	-1,763	Housekeeping - Residential	7.01	
30	Other Dining Income	B	-100,816	Dietary	8	
31	Other Dining Income	B	-28,812	Dietary	8	
32	Miscellaneous Income	B	-117,510	Cap Rel Costs - Bldgs & Fixtures	1	
33	Contribution From Foundation	B	-33,669	Social Service	13	
34	Expenses for Contributed Funds	A	-9,339	Administrative & General	4	
35						
100	TOTAL		-1,291,111			

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-1 Tuesday, May 23, 2023 at 6:33:40 AM

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	4	Administrative & General	Home Office - Operational	1,308,846	1,716,941	-408,095
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	50,670	0	50,670
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap MME	26,399	0	26,399
4	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Interest Expense	60,184	0	60,184
5	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-210,850	0	-210,850
6	8	Dietary	Home Office - Dietician Services	0	22,859	-22,859
10		TOTALS		1,235,249	1,739,800	-504,551

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)		Percent of Ownership	Type of Business
		Percentage of Ownership	Percent of Ownership		
1	B	0%	100%		Home Office

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

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-2 Tuesday, May 23, 2023 at 6:33:40 AM

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 14	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 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:33:40 AM

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	4,000,084	4,000,084							
2 Cap Rel Costs - Movable Equipment	734,590		734,590						
3 Employee Benefits	1,788,322	0		1,788,322					
4 Administrative & General	2,629,656	157,103	28,851	179,203	2,994,813	2,994,813			
5 Plant Operation, Maint. & Repairs	1,734,489	117,206	21,524	138,824	2,012,043	340,041	2,352,084		
6 Laundry & Linen Service	43,533	24,316	4,465	11,035	83,349	14,086	15,351	112,786	
7 Housekeeping	0	31,735	5,828	0	37,563	6,348	20,034	0	63,945
7.01 Housekeeping - Residential	424,303	0	0	111,337	535,640	90,525	0	0	0
7.02 Housekeeping - Medical	264,396	0	0	60,538	324,934	54,915	0	0	0
8 Dietary	2,548,525	172,256	31,635	204,658	2,957,074	499,754	108,748	0	3,001
9 Nursing Administration	411,980	3,509	644	103,247	519,380	87,777	2,215	0	61
10 Central Services & Supply	285,201	0	0	0	285,201	48,200	0	0	0
11 Pharmacy	18,115	0	0	0	18,115	3,061	0	0	0
12 Medical Records & Library	0	0	0	0	0	0	0	0	0
13 Social Service	74,036	0	0	29,441	103,477	17,488	0	0	0
15 Activities	172,755	8,844	1,624	41,406	224,629	37,963	5,583	0	154
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	2,831,071	118,851	21,826	406,126	3,377,874	570,866	75,030	66,564	2,071
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	11,310	0	0	0	11,310	1,911	0	0	0
41 Laboratory	9,183	0	0	0	9,183	1,552	0	0	0
42 Intravenous Therapy	6,486	0	0	0	6,486	1,096	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	222,324	10,233	1,879	60,746	295,182	49,887	6,460	0	178
45 Occupational Therapy	155,015	268	49	42,668	198,000	33,463	169	0	5
46 Speech Pathology	38,465	0	0	10,588	49,053	8,290	0	0	0
47 Electrocardiology	101	0	0	0	101	17	0	0	0
48 Medical Supplies Charged to Patients	433	1,657	304	0	2,394	405	1,046	0	29
49 Drugs Charged to Patients	84,330	731	134	0	85,195	14,398	461	0	13
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	18,488,703	646,709	118,763	1,399,817	14,130,996	1,882,043	235,097	66,564	5,512
90 Gift, Flower, Coffee Shops & Canteen	0	11,902	2,186	0	14,088	2,381	7,514	0	207
91 Barber and Beauty Shop	63,992	6,920	1,271	16,880	89,063	15,052	4,368	0	121
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	1,322,273	3,322,809	610,213	290,254	5,545,549	937,214	2,097,691	46,222	57,900
95.02 Marketing	840,349	11,744	2,157	81,371	935,621	158,123	7,414	0	205

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:33:40 AM

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 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									
7.01 Housekeeping - Residential	626,165								
7.02 Housekeeping - Medical	0	379,849							
8 Dietary	0	188,611	3,757,188						
9 Nursing Administration	0	3,842	0	613,275					
10 Central Services & Supply	0	0	0	0	333,401				
11 Pharmacy	0	0	0	0	0	21,176			
12 Medical Records & Library	0	0	0	0	0	0	0		
13 Social Service	0	0	0	0	0	0	0	120,965	
15 Activities	0	9,684	0	0	0	0	0	0	278,013
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	130,133	1,271,231	613,275	333,401	21,176	0	120,965	278,013
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	11,205	0	0	0	0	0	0	0
45 Occupational Therapy	0	293	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	1,814	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	800	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	346,382	1,271,231	613,275	333,401	21,176	0	120,965	278,013
90 Gift, Flower, Coffee Shops & Canteen	0	13,032	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	7,576	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	626,165	0	2,485,957	0	0	0	0	0	0
95.02 Marketing	0	12,859	0	0	0	0	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:33:40 AM

COST ALLOCATION - GENERAL SERVICE 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	6,860,599	0	6,860,599
31 Nursing Facility	0	0	0
33 Other Long Term Care	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40 Radiology	13,221	0	13,221
41 Laboratory	10,735	0	10,735
42 Intravenous Therapy	7,582	0	7,582
43 Oxygen (Inhalation) Therapy	0	0	0
44 Physical Therapy	362,912	0	362,912
45 Occupational Therapy	231,930	0	231,930
46 Speech Pathology	57,343	0	57,343
47 Electrocardiology	118	0	118
48 Medical Supplies Charged to Patients	5,688	0	5,688
49 Drugs Charged to Patients	100,867	0	100,867
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	7,650,995	0	7,650,995
90 Gift, Flower, Coffee Shops & Canteen	37,222	0	37,222
91 Barber and Beauty Shop	116,180	0	116,180
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	11,796,698	0	11,796,698
95.02 Marketing	1,114,222	0	1,114,222

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:33:40 AM

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	20,715,317	4,000,084	734,590	1,788,322	20,715,317	2,994,813	2,352,084	112,786	63,945

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:33:40 AM

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 SERVICE (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	626,165	379,849	3,757,188	613,275	21,176	0	120,965	278,013

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:33:40 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	SubTotal	Adjustments	Total
	16	17	18
98	<hr/>	<hr/>	<hr/>
98	Cross Foot Adjustments	0	0
99	Negative Cost Center	0	0
100	TOTAL	0	20,715,317

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:33:40 AM

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	157,103	28,851	185,954	0	185,954		
5	Plant Operation, Maint. & Repairs	0	117,206	21,524	138,730	0	21,114	159,844	
6	Laundry & Linen Service	0	24,316	4,465	28,781	0	875	1,043	30,699
7	Housekeeping	0	31,735	5,828	37,563	0	394	1,361	0
7.01	Housekeeping - Residential	0	0	0	0	0	5,621	0	0
7.02	Housekeeping - Medical	0	0	0	0	0	3,410	0	0
8	Dietary	0	172,256	31,635	203,891	0	31,032	7,391	0
9	Nursing Administration	0	3,509	644	4,153	0	5,450	151	0
10	Central Services & Supply	0	0	0	0	0	2,993	0	0
11	Pharmacy	0	0	0	0	0	190	0	0
12	Medical Records & Library	0	0	0	0	0	0	0	0
13	Social Service	0	0	0	0	0	1,086	0	0
15	Activities	0	8,844	1,624	10,468	0	2,357	379	0
	ANCILLARY SERVICE COST CENTERS								
30	Skilled Nursing Facility	0	118,851	21,826	140,677	0	35,442	5,099	18,118
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	119	0	0
41	Laboratory	0	0	0	0	0	96	0	0
42	Intravenous Therapy	0	0	0	0	0	68	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	0	10,233	1,879	12,112	0	3,098	439	0
45	Occupational Therapy	0	268	49	317	0	2,078	11	0
46	Speech Pathology	0	0	0	0	0	515	0	0
47	Electrocardiology	0	0	0	0	0	1	0	0
48	Medical Supplies Charged to Patients	0	1,657	304	1,961	0	25	71	0
49	Drugs Charged to Patients	0	731	134	865	0	894	31	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
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0
89	Subtotals	0	646,709	118,763	765,472	0	116,858	15,976	18,118
90	Gift, Flower, Coffee Shops & Canteen	0	11,902	2,186	14,088	0	148	511	0
91	Barber and Beauty Shop	0	6,920	1,271	8,191	0	935	297	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	3,322,809	610,213	3,933,022	0	58,195	142,556	12,581
95.02	Marketing	0	11,744	2,157	13,901	0	9,818	504	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:33:40 AM

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 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									
7.01 Housekeeping - Residential	5,621								
7.02 Housekeeping - Medical	0	3,410							
8 Dietary	0	1,694	245,852						
9 Nursing Administration	0	34	0	9,826					
10 Central Services & Supply	0	0	0	0	2,993				
11 Pharmacy	0	0	0	0	0	190			
12 Medical Records & Library	0	0	0	0	0	0	0		
13 Social Service	0	0	0	0	0	0	0	1,086	
15 Activities	0	87	0	0	0	0	0	0	13,386
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	1,168	83,183	9,826	2,993	190	0	1,086	13,386
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	101	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	16	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	3,110	83,183	9,826	2,993	190	0	1,086	13,386
90 Gift, Flower, Coffee Shops & Canteen	0	117	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	68	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	5,621	0	162,669	0	0	0	0	0	0
95.02 Marketing	0	115	0	0	0	0	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:33:40 AM

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	312,441	0	312,441
31 Nursing Facility	0	0	0
33 Other Long Term Care	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40 Radiology	119	0	119
41 Laboratory	96	0	96
42 Intravenous Therapy	68	0	68
43 Oxygen (Inhalation) Therapy	0	0	0
44 Physical Therapy	15,860	0	15,860
45 Occupational Therapy	2,412	0	2,412
46 Speech Pathology	515	0	515
47 Electrocardiology	1	0	1
48 Medical Supplies Charged to Patients	2,091	0	2,091
49 Drugs Charged to Patients	1,805	0	1,805
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	335,408	0	335,408
90 Gift, Flower, Coffee Shops & Canteen	14,992	0	14,992
91 Barber and Beauty Shop	9,565	0	9,565
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	4,350,245	0	4,350,245
95.02 Marketing	24,464	0	24,464

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:33:40 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal 2A	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)	
	0	1	2	2A	3	4	5	6	7	
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	4,000,084	734,590	4,734,674	0	185,954	159,844	30,699	39,318

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:33:40 AM

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 SERVICE (Patient Days)
	7.01	7.02	8	9	10	11	12	13	15
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
100	5,621	3,410	245,852	9,826	2,993	190	0	1,086	13,386

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:33:40 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	SubTotal	Adjustments	Total
	16	17	18
98		0	
99		0	
100	4,734,674	0	4,734,674

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:33:40 AM

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 4	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	6,497,065						
4	Administrative & General	12,896	12,896	651,054	-2,994,813	17,720,504			
5	Plant Operation, Maint. & Repairs	9,621	9,621	504,356	0	2,012,043	305,835		
6	Laundry & Linen Service	1,996	1,996	40,092	0	83,349	1,996	30,289	
7	Housekeeping	2,605	2,605	0	0	37,563	2,605	0	301,234
7.01	Housekeeping - Residential	0	0	404,493	0	535,640	0	0	272,757
7.02	Housekeeping - Medical	0	0	219,938	0	324,934	0	0	0
8	Dietary	14,140	14,140	743,531	0	2,957,074	14,140	0	14,140
9	Nursing Administration	288	288	375,103	0	519,380	288	0	288
10	Central Services & Supply	0	0	0	0	285,201	0	0	0
11	Pharmacy	0	0	0	0	18,115	0	0	0
12	Medical Records & Library	0	0	0	0	0	0	0	0
13	Social Service	0	0	106,959	0	103,477	0	0	0
15	Activities	726	726	150,430	0	224,629	726	0	726
ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	9,756	9,756	1,475,478	0	3,377,874	9,756	17,876	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	11,310	0	0	0
41	Laboratory	0	0	0	0	9,183	0	0	0
42	Intravenous Therapy	0	0	0	0	6,486	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	840	840	220,692	0	295,182	840	0	840
45	Occupational Therapy	22	22	155,015	0	198,000	22	0	22
46	Speech Pathology	0	0	38,465	0	49,053	0	0	0
47	Electrocardiology	0	0	0	0	101	0	0	0
48	Medical Supplies Charged to Patients	136	136	0	0	2,394	136	0	136
49	Drugs Charged to Patients	60	60	0	0	85,195	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	5,085,606	-2,994,813	11,136,183	30,569	17,876	25,968
90	Gift, Flower, Coffee Shops & Canteen	977	977	0	0	14,088	977	0	977
91	Barber and Beauty Shop	568	568	61,325	0	89,063	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	1,054,508	0	5,545,549	272,757	12,413	272,757

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:33:40 AM

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 SERVICE (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	159,449						
9 Nursing Administration	288	0	17,876					
10 Central Services & Supply	0	0	0	17,876				
11 Pharmacy	0	0	0	0	17,876			
12 Medical Records & Library	0	0	0	0	0	17,876		
13 Social Service	0	0	0	0	0	0	17,876	
15 Activities	726	0	0	0	0	0	0	17,876
ANCILLARY SERVICE COST CENTERS								
30 Skilled Nursing Facility	9,756	53,949	17,876	17,876	17,876	17,876	17,876	17,876
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	53,949	17,876	17,876	17,876	17,876	17,876	17,876
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	105,500	0	0	0	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:33:40 AM

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	295,626	0	935,621	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	4,000,084	734,590	1,788,322	0	2,994,813	2,352,084	112,786	63,945	626,165
103 Unit Cost Multiplier per Bp1	12.182304	2.237203	0.275251	0.000000	0.169003	7.690696	3.723662	0.212277	2.295688
104 Cost to be Allocated per Bp2	0	0	0	0	185,954	159,844	30,699	39,318	5,621
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.010494	0.522648	1.013536	0.130523	0.020608

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:33:40 AM

COST ALLOCATION - STATISTICAL BASIS

	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 SERVICE (Patient Days) 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	379,849	3,757,188	613,275	333,401	21,176	0	120,965	278,013
103 Unit Cost Multiplier per Bp1	13.338800	23.563572	34.307172	18.650761	1.184605	0.000000	6.766894	15.552305
104 Cost to be Allocated per Bp2	3,410	245,852	9,826	2,993	190	0	1,086	13,386
105 Unit Cost Multiplier per Bp2	0.119746	1.541885	0.549676	0.167431	0.010629	0.000000	0.060752	0.748825

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2022 to 12/31/2022

Worksheet B-2 Tuesday, May 23, 2023 at 6:33:40 AM

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 1/1/2022 to 12/31/2022

Worksheet C Tuesday, May 23, 2023 at 6:33:40 AM

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	13,221	17,117	0.772390
41	Laboratory	10,735	18,638	0.575974
42	Intravenous Therapy	7,582	6,486	1.168979
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	362,912	457,015	0.794092
45	Occupational Therapy	231,930	361,227	0.642062
46	Speech Pathology	57,343	70,317	0.815493
47	Electrocardiology	118	101	1.168317
48	Medical Supplies Charged to Patients	5,688	649	8.764253
49	Drugs Charged to Patients	100,867	92,141	1.094703
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	790,396	1,023,691	

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part I Tuesday, May 23, 2023 at 6:33:40 AM

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	0.772390	7,402	0	5,717	0
41	Laboratory	0.575974	12,440	0	7,165	0
42	Intravenous Therapy	1.168979	2,454	0	2,869	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.794092	186,584	0	148,165	0
45	Occupational Therapy	0.642062	205,882	0	132,189	0
46	Speech Pathology	0.815493	47,952	0	39,105	0
47	Electrocardiology	1.168317	101	0	118	0
48	Medical Supplies Charged to Patients	8.764253	0	0	0	0
49	Drugs Charged to Patients	1.094703	69,382	0	75,953	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		532,197	0	411,281	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part II Tuesday, May 23, 2023 at 6:33:40 AM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.094703
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	0	0.000000	5,717	0
41	Laboratory	0	0	7,165	0
42	Intravenous Therapy	0	0	2,869	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	148,165	0
45	Occupational Therapy	0	0	132,189	0
46	Speech Pathology	0	0	39,105	0
47	Electrocardiology	0	0	118	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	75,953	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	411,281	0

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2022 to 12/31/2022

Worksheet D-1 Tuesday, May 23, 2023 at 6:33:40 AM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	17,876
2	Private room days	0
3	Inpatient days incl. Program prvt.	2,961
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	6,860,599
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,313,781
7	General Inpatient routine service RCC	5.222026
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	6,860,599
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	383.79
17	Program routine service cost	1,136,402
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	1,136,402
20	Capital related cost allocated to inpati	312,441
21	Per diem capital related costs	17.48
22	Program capital related cost	51,758
23	Inpatient routine service cost	1,084,644
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,084,644
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 1/1/2022 to 12/31/2022

Worksheet D-1 Tuesday, May 23, 2023 at 6:33:40 AM

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)	17,876
2	Program inpatient days (see instructions)	2,961
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.165641
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 1/1/2022 to 12/31/2022

Worksheet E Tuesday, May 23, 2023 at 6:33:40 AM

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)	1,857,231
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	1,857,231
4	Primary payor amounts	0
5	Coinsurance	254,601
6	Reimbursable bad debts (From your records)	24,849
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	24,849
8	Adjusted reimbursable bad debts. (See instructions)	16,152
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,618,782
12	Interim payments (See instructions)	1,602,941
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)	203
14.99	Sequestration adjustment (See instructions)	22,069
15	Balance due provider/program	-6,431
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 1/1/2022 to 12/31/2022

Worksheet E-1 Tuesday, May 23, 2023 at 6:33:40 AM

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		1,580,561		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider	06/16/2022	22,380		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		22,380		0
4	TOTAL INTERIM PAYMENTS		1,602,941		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 1/1/2022 to 12/31/2022

Worksheet G Tuesday, May 23, 2023 at 6:33:40 AM

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	393,114	0	0	0
2	Temporary investments	8,974,134	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,930,559	0	0	0
5	Other receivables	407,132	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	519,100	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	337,981	0	0	0
9	Other current assets	253,976	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	11,777,796	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	62,006,717	0	0	0
16	Less: Accumulated depreciation	43,743,742	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	6,090,109	0	0	0
24	Less: Accumulated depreciation	3,089,344	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	23,645,575	0	0	0
OTHER ASSETS					
29	Investments	2,887,789	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	202,579	0	0	0
33	TOTAL OTHER ASSETS	3,090,368	0	0	0
34	TOTAL ASSETS	38,513,739	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet G Tuesday, May 23, 2023 at 6:33:40 AM

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	251,388	0	0	0
36	Salaries, wages & fees payable	429,529	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	587,261	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	674,753	0	0	0
43	TOTAL CURRENT LIABILITIES	1,942,931	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	25,815,716	0	0	0
45	Notes payable	25,642	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	8,658,232	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	34,499,590	0	0	0
51	TOTAL LIABILITIES	36,442,521	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	2,071,218			
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	2,071,218	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	38,513,739	0	0	0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet G-1 Tuesday, May 23, 2023 at 6:33:40 AM

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		2209085		0		0		0
2 Net income (loss)		-142772						
3 Total		2066313		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Temporary Restricted - Contrib	113154		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		113154		0		0		0
11 Subtotal		2179467		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Temporary Restricted =	0		0		0		0	
14 Net Assets Released	108247		0		0		0	
15 Rounding'	2		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		108249		0		0		0
19 Fund balances - ending		2071218		0		0		0

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part I Tuesday, May 23, 2023 at 6:33:40 AM

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	7,682,226		7,682,226
2	Nursing Facility	0		0
4	Other Long Term Care	11,201,935		11,201,935
		-----	-----	-----
5	Total general Inpatient care services	18,884,161		18,884,161
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,009,879	0	1,009,879
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	19,894,040	0	19,894,040

SPRINGPOINT AT CRESTWOOD MANOR
Provider CCN: 31-5298
Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part II Tuesday, May 23, 2023 at 6:33:40 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		22,006,428
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		22,006,428

SPRINGPOINT AT CRESTWOOD MANOR
 Provider CCN: 31-5298
 Period from 1/1/2022 to 12/31/2022

Worksheet G-3 Tuesday, May 23, 2023 at 6:33:40 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		19,894,040
2	Less: contractual allowances and ...		2,068,540
3	Net Patient Revenues (Line 1 - 2)		17,825,500
4	Less: total operating expenses		22,006,428
5	Net income from service to patients (Line 3 - 4)		-4,180,928
	Other Income:		
6	Contributions, donations, bequests, etc.	33,669	
7	Income from investments	-1,506,843	
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	8,057	
14	Revenue from meals sold to employees and guests	165,610	
15	Revenue from rental of living quarters	0	
	Revenue from sale of medical and surgical supplies to other than patients	0	
16	Revenue from sale of drugs to other than patients	0	
17	Revenue from sale of medical records and abstracts	0	
18	Tuition (fees, sales of textbooks, uniforms, etc)	0	
19	Revenue from gifts, flowers, coffee shops, canteen	0	
20	Rental of vending machines	55	
21	Rental of skilled nursing space	0	
22	Government appropriations	0	
23	Barber & Beauty	50,788	
24	Other Income	218,467	
24.01	Temporary Restricted -	0	
24.02	Net Assets Released (cont.)	108,247	
24.03	FEMA Submissions	85,478	
24.04	Net Chg in FV of Deriv Inst	4,874,628	
24.05		0	
24.06	COVID-19 PHE Funding	0	
24.50			
25	Total other income		4,038,156
26	Total		-142,772
27	Other Expenses (specify)	0	
28		0	
29		0	
29.01		0	
30	Total other expenses		0
31	Net income (or loss) for the period		-142,772