

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Form Approved  
 OMB No. 0938-0463  
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Worksheet S Wednesday, May 29, 2024 at 12:35:27 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 Meadow Lakes (31-5022) for the cost report period beginning January 1, 2023 and ending December 31, 2023, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

- 2 |Printed name \_\_\_\_\_  
 3 |Title \_\_\_\_\_  
 4 |Signature date \_\_\_\_\_

PART III - SETTLEMENT SUMMARY

| CMS # |               | Title XVIII |       |   |           |
|-------|---------------|-------------|-------|---|-----------|
|       |               | Title V     | A     | B | Title XIX |
| 1     | SNF           | 0           | 3,221 | 0 | 0         |
| 4     | SNF-Based HHA | 0           | 0     | 0 | 0         |
| 100   | Total         | 0           | 3,221 | 0 | 0         |

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 ECR Encryption Information: PI Encryption Information:  
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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.

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part I Wednesday, May 29, 2024 at 12:35:27 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: 300 Meadow Lakes  
 2 City / State / Zip: EAST WINDSOR NJ 08520  
 3 County / CBSA Code / Urban/Rural: Mercer 45940 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                                | Meadow Lakes   | 31-5022    | 01/01/1967     |   |       | P   |
| 5     | Nursing Facility                   |                |            |                |   |       |     |
| 7     | SNF-Based HHA                      |                |            |                |   |       |     |
| 11    | SNF-Based OLTC                     |                |            |                |   |       |     |
| 13    | Other                              |                |            |                |   |       |     |
| 14    | Cost Reporting Period (mm/dd/yyyy) |                | 01/01/2023 | 12/31/2023     |   |       |     |
| 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? No

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 5,014,991  
 21 Declining Balance.  
 22 Sum of the Years' Digits  
 23 Sum of lines 20 through 22 5,014,991  
 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 |
|-----------------------------|--------|--------|-------|
| 29 Skilled Nursing Facility | No     | No     |       |
| 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 | 90969    | 0           | 100000         |

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

Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column  
 43 1. Yes  
 If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name  
 44 and address of the home office on lines 45-47. H48370

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

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

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Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

| Line #  | 1  | 2 | 3                 | 4                           |
|---|--|---|-------------------|-----------------------------|
| <b>PROVIDER ORGANIZATION AND OPERATION</b>      |  |   |                   |                             |
| 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 |                   |                             |
| <b>FINANCIAL DATA AND REPORTS</b>               |  |   |                   |                             |
| 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 |                   |                             |
| <b>APPROVED EDUCATIONAL ACTIVITIES</b>          |  |   |                   |                             |
| 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 |                   |                             |
| <b>BAD DEBTS</b>                                |  |   |                   |                             |
| 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 |                   |                             |
| <b>PS&amp;R DATA</b>                            |  |   |                   |                             |
| 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 | 03/25/2024        | Y 03/25/2024                |
| 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                           |
| <b>COST REPORT PREPARER CONTACT INFORMATION</b> |  |   |                   |                             |
| 19  | First name/Last name/Title   | 1 | Connor Pliskin    | 2                           |
| 20  | Employer.  |   | Zimmet Healthcare | 3                           |
| 21  | Telephone number/Email address.  |   | 732-970-0733      | costreports@zhealthcare.com |

MEADOW LAKES  
 Provider CCN: 31-5022  
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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 | 60          | 21,900             | 0              | 1,368       | 7,144     | 7,819 | 16,331 |
| 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                    | 60          | 21,900             | 0              | 1,368       | 7,144     | 7,819 | 16,331 |

| 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          | 44          | 5         | 78    | 127                    | 0.00    | 31.09       | 1,428.80  | 128.59 |
| 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          | 44          | 5         | 78    | 127                    | 0.00    | 31.09       | 1,428.80  | 128.59 |

| 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          | 59          | 6         | 62    | 127   | 168.49 | 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          | 59          | 6         | 62    | 127   | 168.49 | 0        |

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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                                 | 9,406,409       | 0                    | 9,406,409         | 350,459.00                   | 26.84               |
| 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)                   | 9,406,409       | 0                    | 9,406,409         | 350,459.00                   | 26.84               |
| 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                         | 2,619,678       | 0                    | 2,619,678         | 101,447.00                   | 25.82               |
| 12                            | Subtotal Excluded salary (Sum of lines 7-11) | 2,619,678       | 0                    | 2,619,678         | 101,447.00                   | 25.82               |
| 13                            | Total Adjusted Salaries (Line 6 - 12)        | 6,786,731       | 0                    | 6,786,731         | 249,012.00                   | 27.25               |
| OTHER WAGES AND RELATED COSTS |  |                 |                      |                   |                              |                     |
| 14                            | Contract Labor: Patient Related & Mgmt       | 616,061         | 0                    | 616,061           | 11,315.00                    | 54.45               |
| 15                            | Contract Labor: Physician services - Part A  | 0               | 0                    | 0                 | 0.00                         |                     |
| 16                            | Home office salaries & wage related costs    | 1,106,252       | 0                    | 1,106,252         | 17,706.00                    | 62.48               |
| WAGE RELATED COSTS            |  |                 |                      |                   |                              |                     |
| 17                            | Wage related costs (See Part IV)             | 2,257,111       | 0                    | 2,257,111         |                              |                     |
| 18                            | Wage related costs (See Part IV)             | 0               | 0                    | 0                 |                              |                     |
| 19                            | Wage related costs (excluded units)          | 628,604         | 0                    | 628,604           |                              |                     |
| 20                            | Physicians Part A - WRC                      | 0               | 0                    | 0                 |                              |                     |
| 21                            | Physicians Part B - WRC                      | 0               | 0                    | 0                 |                              |                     |
| 22                            | Total Adjusted Wage Related cost             | 1,628,507       | 0                    | 1,628,507         |                              |                     |

MEADOW LAKES  
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SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

| CMS # |                                    | Amount Reported<br>1 | Reclass.                        | Adjusted Salaries<br>3 | Paid Hours Related to Salary<br>4 | Average Hourly Wage<br>5 |
|-------|------------------------------------|----------------------|---------------------------------|------------------------|-----------------------------------|--------------------------|
|       |                                    |                      | of Salaries from Wkst. A-6<br>2 |                        |                                   |                          |
| 1     | Employee Benefits                  | 0                    | 0                               | 0                      | 0                                 | 0.00                     |
| 2     | Administrative & General           | 627,262              | 0                               | 627,262                | 11,009                            | 56.98                    |
| 3     | Plant Operation, Maint. & Repairs  | 1,029,876            | 0                               | 1,029,876              | 43,054                            | 23.92                    |
| 4     | Laundry & Linen Service            | 31,178               | 0                               | 31,178                 | 1,741                             | 17.91                    |
| 5     | Housekeeping                       | 300,839              | 0                               | 300,839                | 15,158                            | 19.85                    |
| 6     | Dietary                            | 1,595,067            | 0                               | 1,595,067              | 81,671                            | 19.53                    |
| 7     | Nursing Administration             | 579,844              | 0                               | 579,844                | 13,453                            | 43.10                    |
| 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                     | 54,574               | 0                               | 54,574                 | 1,637                             | 33.34                    |
| 12    | Nursing and Allied Health Ed. Act. |                      |                                 |                        |                                   |                          |
| 13    | Other General Service              | 277,225              | 0                               | 277,225                | 13,649                            | 20.31                    |
| 14    | Total                              | 4,495,865            | 0                               | 4,495,865              | 181,372                           | 24.79                    |

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SNF Wage Related Costs

| CMS # | Description  |           |
|-------|--|-----------|
|       | RETIREMENT COST  |           |
| 1     | 401K Employer Contributions                                    | 133,074   |
| 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)                    | 1,208,117 |
| 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                                | 189,739   |
| 16    | Retirement Health Care Cost (see instructions)                 | 0         |
|       | TAXES  |           |
| 17    | FICA-Employers Portion Only                                    | 688,302   |
| 18    | Medicare Taxes - Employer Portion Only                         | 0         |
| 19    | Unemployment Insurance   | 37,879    |
| 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)                           | 2,257,111 |
|       | PART B OTHER THAN CORE RELATED COST                            |           |
| 25    | Other Wage Related Costs                                       | 0         |

MEADOW LAKES  
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Worksheet S-3 Part V Wednesday, May 29, 2024 at 12:35:27 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

| CMS #                      | Amount Reported<br>1                                  | Fringe Benefits<br>2 | Adjusted Salaries<br>3 | Paid Hours Related to Salary<br>4 | Average Hourly Wage<br>5 |              |
|----------------------------|---|----------------------|------------------------|-----------------------------------|--------------------------|--------------|
| <b>DIRECT SALARIES</b>     |   |                      |                        |                                   |                          |              |
| <b>NURSING OCCUPATIONS</b> |   |                      |                        |                                   |                          |              |
| 1                          | Registered Nurses (RNs)                               | 432,962              | 103,891                | 536,853                           | 8,647                    | 62.09        |
| 2                          | Licensed Practical Nurses (LPNs)                      | 503,752              | 120,878                | 624,630                           | 12,858                   | 48.58        |
| 3                          | Certified Nursing Assistants/Nursing Assistants/Aides | 811,035              | 194,612                | 1,005,647                         | 35,169                   | 28.59        |
| 4                          | <b>Total Nursing (Sum of 1 - 3)</b>                   | <b>1,747,749</b>     | <b>419,381</b>         | <b>2,167,130</b>                  | <b>56,674</b>            | <b>38.24</b> |
| 5                          | Physical Therapists                                   | 210,891              | 50,604                 | 261,495                           | 4,067                    | 64.30        |
| 6                          | Physical Therapy Assistants                           | 45,284               | 10,866                 | 56,150                            | 1,386                    | 40.51        |
| 7                          | Physical Therapy Aides                                | 0                    | 0                      | 0                                 | 0                        | 0.00         |
| 8                          | Occupational Therapists                               | 98,098               | 23,539                 | 121,637                           | 2,003                    | 60.73        |
| 9                          | Occupational Therapy Assistants                       | 58,440               | 14,023                 | 72,463                            | 1,833                    | 39.53        |
| 10                         | Occupational Therapy Aides                            | 0                    | 0                      | 0                                 | 0                        | 0.00         |
| 11                         | Speech Therapists                                     | 79,888               | 19,169                 | 99,057                            | 1,676                    | 59.10        |
| 12                         | Respiratory Therapists                                | 0                    | 0                      | 0                                 | 0                        | 0.00         |
| 13                         | Other Medical Staff                                   | 0                    | 0                      | 0                                 | 0                        | 0.00         |
| <b>CONTRACT LABOR</b>      |   |                      |                        |                                   |                          |              |
| <b>NURSING OCCUPATIONS</b> |   |                      |                        |                                   |                          |              |
| 14                         | Registered Nurses (RNs)                               | 84,949               |                        | 84,949                            | 1,269                    | 66.94        |
| 15                         | Licensed Practical Nurses (LPNs)                      | 296,416              |                        | 296,416                           | 4,852                    | 61.09        |
| 16                         | Certified Nursing Assistants/Nursing Assistants/Aides | 234,696              |                        | 234,696                           | 5,194                    | 45.19        |
| 17                         | <b>Total Nursing (Sum of 14 - 16)</b>                 | <b>616,061</b>       |                        | <b>616,061</b>                    | <b>11,315</b>            | <b>54.45</b> |
| 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         |



MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet A Wednesday, May 29, 2024 at 12:35:27 PM

Reclassification and Adjustment of Trial Balance of Expenses

| CMS #   | COST CENTER DESCRIPTION              | Salaries<br>1 | Other<br>2 | Total<br>3 | Reclassi-<br>fications<br>4 | Reclassified<br>Trial<br>Balance<br>5 | Adjust-<br>ments to<br>Expenses<br>6 | Net<br>Expenses<br>for Cost<br>Allocation<br>7 |
|---|--------------------------------------|---------------|------------|------------|-----------------------------|---------------------------------------|--------------------------------------|--|
| <b>GENERAL SERVICE COST CENTERS</b>           |                                      |               |            |            |                             |                                       |                                      |  |
| 1   | Cap Rel Costs - Bldgs & Fixtures     |               | 7,615,302  | 7,615,302  | 0                           | 7,615,302                             | 92,430                               | 7,707,732                                      |
| 2   | Cap Rel Costs - Movable Equipment    |               | 66,128     | 66,128     | 0                           | 66,128                                | 4,176                                | 70,304   |
| 3   | Employee Benefits                    | 0             | 2,309,083  | 2,309,083  | 0                           | 2,309,083                             | 0                                    | 2,309,083                                      |
| 4   | Administrative & General             | 627,262       | 3,709,384  | 4,336,646  | 0                           | 4,336,646                             | -818,546                             | 3,518,100                                      |
| 5   | Plant Operation, Maint. & Repairs    | 1,029,876     | 2,354,368  | 3,384,244  | 0                           | 3,384,244                             | -27,987                              | 3,356,257                                      |
| 6   | Laundry & Linen Service              | 31,178        | 52,091     | 83,269     | 0                           | 83,269                                | -26,840                              | 56,429   |
| 7   | Housekeeping                         | 300,839       | 23,928     | 324,767    | 0                           | 324,767                               | 0                                    | 324,767  |
| 8   | Dietary                              | 1,595,067     | 2,099,959  | 3,695,026  | 0                           | 3,695,026                             | -329,722                             | 3,365,304                                      |
| 9   | Nursing Administration               | 579,844       | 57,124     | 636,968    | -207                        | 636,761                               | 0                                    | 636,761  |
| 10  | Central Services & Supply            | 0             | 54,626     | 54,626     | -21,310                     | 33,316                                | 0                                    | 33,316   |
| 11  | Pharmacy                             | 0             | 17,399     | 17,399     | 0                           | 17,399                                | 0                                    | 17,399   |
| 12  | Medical Records & Library            | 0             | 87         | 87         | 0                           | 87                                    | -226                                 | -139   |
| 13  | Social Service                       | 54,574        | 0          | 54,574     | 0                           | 54,574                                | 0                                    | 54,574   |
| 15  | Activities                           | 277,225       | 12,680     | 289,905    | 0                           | 289,905                               | 0                                    | 289,905  |
| <b>INPATIENT ROUTINE SERVICE COST CENTERS</b> |                                      |               |            |            |                             |                                       |                                      |  |
| 30  | Skilled Nursing Facility             | 1,798,265     | 733,151    | 2,531,416  | 0                           | 2,531,416                             | -2,905                               | 2,528,511                                      |
| 31  | Nursing Facility                     | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 33  | Other Long Term Care                 | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| <b>ANCILLARY SERVICE COST CENTERS</b>         |                                      |               |            |            |                             |                                       |                                      |  |
| 40  | Radiology                            | 0             | 10,552     | 10,552     | 0                           | 10,552                                | 0                                    | 10,552   |
| 41  | Laboratory                           | 0             | 8,020      | 8,020      | 0                           | 8,020                                 | 0                                    | 8,020  |
| 42  | Intravenous Therapy                  | 0             | 5,326      | 5,326      | 0                           | 5,326                                 | 0                                    | 5,326  |
| 43  | Oxygen (Inhalation) Therapy          | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 44  | Physical Therapy                     | 256,175       | 186,309    | 442,484    | 0                           | 442,484                               | 0                                    | 442,484  |
| 45  | Occupational Therapy                 | 156,538       | 0          | 156,538    | 0                           | 156,538                               | 0                                    | 156,538  |
| 46  | Speech Pathology                     | 79,888        | 0          | 79,888     | 0                           | 79,888                                | 0                                    | 79,888   |
| 47  | Electrocardiology                    | 0             | 0          | 0          | 207                         | 207                                   | 0                                    | 207  |
| 48  | Medical Supplies Charged to Patients | 0             | 0          | 0          | 3,974                       | 3,974                                 | 0                                    | 3,974  |
| 49  | Drugs Charged to Patients            | 0             | 53,234     | 53,234     | 0                           | 53,234                                | 0                                    | 53,234   |
| 50  | Dental Care - Title XIX only         | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 51  | Support Surfaces                     | 0             | 0          | 0          | 17,336                      | 17,336                                | 0                                    | 17,336   |
| 52  | Other Ancillary Service Cost Center  | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| <b>OUTPATIENT SERVICE COST CENTERS</b>        |                                      |               |            |            |                             |                                       |                                      |  |
| 60  | Clinic                               | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 63  | Other Outpatient Service Cost        | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| <b>OTHER REIMBURSABLE COST CENTERS</b>        |                                      |               |            |            |                             |                                       |                                      |  |
| 70  | Home Health Agency Cost              | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 71  | Ambulance                            | 0             | 10,483     | 10,483     | 0                           | 10,483                                | 0                                    | 10,483   |
| 74  | Other Reimbursable Cost              | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| <b>SPECIAL PURPOSE COST CENTERS</b>           |                                      |               |            |            |                             |                                       |                                      |  |
| 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  | <b>SUBTOTALS</b>                     | 6,786,731     | 19,379,234 | 26,165,965 | 0                           | 26,165,965                            | -1,109,620                           | 25,056,345                                     |
| <b>NONREIMBURSABLE COST CENTERS</b>           |                                      |               |            |            |                             |                                       |                                      |  |
| 90  | Gift, Flower, Coffee Shops & Canteen | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 91  | Barber and Beauty Shop               | 0             | 59,807     | 59,807     | 0                           | 59,807                                | 0                                    | 59,807   |
| 92  | Physicians Private Offices           | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 93  | Nonpaid Workers                      | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 94  | Patients Laundry                     | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 95  | Other Non Reimbursable Cost          | 0             | 0          | 0          | 0                           | 0                                     | 0                                    | 0  |
| 95.01   | Residential                          | 2,327,284     | 300,114    | 2,627,398  | 0                           | 2,627,398                             | 0                                    | 2,627,398                                      |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet A Wednesday, May 29, 2024 at 12:35:27 PM

Reclassification and Adjustment of Trial Balance of Expenses

| CMS # | COST CENTER DESCRIPTION | Salaries<br>1 | Other<br>2 | Total<br>3 | Reclassi-<br>fications<br>4 | Reclassified<br>Trial<br>Balance<br>5 | Adjust-<br>ments to<br>Expenses<br>6 | Net<br>Expenses<br>for Cost<br>Allocation<br>7 |
|-------|-------------------------|---------------|------------|------------|-----------------------------|---------------------------------------|--------------------------------------|--|
| 95.02 | Marketing               | 292,394       | 739,797    | 1,032,191  | 0                           | 1,032,191                             | 0                                    | 1,032,191                                      |
| 100   | TOTAL                   | 9,406,409     | 20,478,952 | 29,885,361 | 0                           | 29,885,361                            | -1,109,620                           | 28,775,741                                     |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

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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      | 3,974      | Central Services & S | 10.00 | 0      | 3,974      |
| 2     | To reclassify EKG                     | A    | Electrocardiology    | 47.00 | 0      | 207        | Nursing Administrati | 9.00  | 0      | 207        |
| 3     | To reclass support surfaces           | A    | Support Surfaces     | 51.00 | 0      | 17,336     | Central Services & S | 10.00 | 0      | 17,336     |
| 100   | TOTAL RECLASSIFICATIONS               |      |                      |       | 0      | 21,517     |                      |       | 0      | 21,517     |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-7 Wednesday, May 29, 2024 at 12:35:27 PM

Analysis of changes during cost reporting period in capital asset balances

| CMS # | DESCRIPTION           | Beginning  | Acquisitions | Disposals |           | Ending      | Fully      |                    |
|-------|-----------------------|------------|--------------|-----------|-----------|-------------|------------|--------------------|
|       |                       | Balances   | Purchase     | Donation  | Total     | Retirements | Balance    | Depreciated Assets |
|       |                       | 1          | 2            | 3         | 4         | 5           | 6          | 7                  |
| 1     | Land                  | 737,810    | 0            | 0         | 0         | 0           | 737,810    | 0                  |
| 2     | Land Improvements     | 0          | 0            | 0         | 0         | 0           | 0          | 0                  |
| 3     | Buildings & Fixtures  | 86,995,883 | 1,836,117    | 0         | 1,836,117 | 3,168,227   | 85,663,773 | 1,771,055          |
| 4     | Building Improvements | 0          | 0            | 0         | 0         | 0           | 0          | 0                  |
| 5     | Fixed Equipment       | 0          | 0            | 0         | 0         | 0           | 0          | 0                  |
| 6     | Movable Equipment     | 4,468,381  | 658,001      | 0         | 658,001   | 708,784     | 4,417,598  | 328,859            |
| 7     | Subtotal              | 92,202,074 | 2,494,118    | 0         | 2,494,118 | 3,877,011   | 90,819,181 | 2,099,914          |
| 8     | Reconciling Items     | 0          | 0            | 0         | 0         | 0           | 0          | 0                  |
| 9     | Total                 | 92,202,074 | 2,494,118    | 0         | 2,494,118 | 3,877,011   | 90,819,181 | 2,099,914          |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8 Wednesday, May 29, 2024 at 12:35:27 PM

Adjustments to Expenses

| CMS # | Description   | Basis for Adjustment | Amount     | Expense classification on Worksheet A to/from which the amount is to be adjusted |   | Line No. |
|-------|---|----------------------|------------|--|---|----------|
|       |   |                      |            | 1  | 2 |          |
| 1     | Investment income on restricted funds   |                      | 0          |  |   |          |
| 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          |  |   |          |
| 12    | Adjustment resulting from transactions with related organizations                       | A81                  | -375,162   |  |   |          |
| 13    | Laundry and Linen service   | B                    | -26,840    | Laundry & Linen Service  |   | 6        |
| 14    | Revenue - Employee meals  | B                    | -15,187    | Dietary  |   | 8        |
| 15    | Cost of meals - Guests  | B                    | -314,535   | Dietary  |   | 8        |
| 16    | Sale of medical supplies to other than patients   |                      | 0          |  |   |          |
| 17    | Sale of drugs to other than patients  |                      | 0          |  |   |          |
| 18    | Sale of medical records and abstracts   | B                    | -226       | Medical Records & Library  |   | 12       |
| 19    | Vending machines  |                      | 0          |  |   |          |
| 20    | Income from imposition of interest, finance or penalty charges                          |                      | 0          |  |   |          |
| 21    | Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments |                      | 0          |  |   |          |
| 22    | Utilization review -- physicians' compensation  |                      | 0          | Utilization Review   |   | 82       |
| 23    | Depreciation -- buildings and fixtures  |                      | 0          | Cap Rel Costs - Bldgs & Fixtures   |   | 1        |
| 24    | Depreciation -- movable equipment   |                      | 0          | Cap Rel Costs - Movable Equipment  |   | 2        |
| 25    | Bad Debts   | A                    | -288,689   | Administrative & General   |   | 4        |
| 26    | Realized Gain/Loss on Investment  | B                    | -47,761    | Administrative & General   |   | 4        |
| 27    | Maintenance Income  | B                    | -23,235    | Plant Operation, Maint. & Repairs  |   | 5        |
| 28    | Grounds Income  | B                    | -4,752     | Plant Operation, Maint. & Repairs  |   | 5        |
| 29    | Special Events  | A                    | -30        | Administrative & General   |   | 4        |
| 30    | Employee Gifts & Events   | A                    | -137       | Administrative & General   |   | 4        |
| 31    | Incontinence Income - SNF   | B                    | -2,905     | Skilled Nursing Facility   |   | 30       |
| 32    | Promotion & Public Relations  | A                    | -10,161    | Administrative & General   |   | 4        |
| 100   | TOTAL   |                      | -1,109,620 |  |   |          |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-1 Wednesday, May 29, 2024 at 12:35:27 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 | Amount Included in Wkst A col 5 |             |
| 1     | 4        | Administrative & General          | Home Office - Operational        | 731,402           | 2,309,418                       | -1,578,016  |
| 2     | 1        | Cap Rel Costs - Bldgs & Fixtures  | Home Office - Cap Building       | 93,047            | 0                               | 93,047      |
| 3     | 2        | Cap Rel Costs - Movable Equipment | Home Office - Cap M&E            | 4,176             | 0                               | 4,176       |
| 4     | 4        | Administrative & General          | Home Office - Salaries and Wages | 1,106,248         | 0                               | 1,106,248   |
| 5     | 1        | Cap Rel Costs - Bldgs & Fixtures  | Home Office - Investment Income  | -617              | 0                               | -617        |
| 10    |          | TOTALS                            |                                  | 1,934,256         | 2,309,418                       | -375,162    |

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

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

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-2 Wednesday, May 29, 2024 at 12:35:27 PM

Provider-Based Physicians Adjustments

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

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







MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Wednesday, May 29, 2024 at 12:35:27 PM

COST ALLOCATION - GENERAL SERVICE COSTS

|   | Total      |
|---|------------|
|   | 18         |
| <hr/>                                   |            |
| 1 Cap Rel Costs - Bldgs & Fixtures      |            |
| 2 Cap Rel Costs - Movable Equipment     |            |
| 3 Employee Benefits                     |            |
| 4 Administrative & General              |            |
| 5 Plant Operation, Maint. & Repairs     |            |
| 6 Laundry & Linen Service               |            |
| 7 Housekeeping                          |            |
| 8 Dietary                               |            |
| 9 Nursing Administration                |            |
| 10 Central Services & Supply            |            |
| 11 Pharmacy                             |            |
| 12 Medical Records & Library            |            |
| 13 Social Service                       |            |
| 15 Activities                           |            |
| ANCILLARY SERVICE COST CENTERS          |            |
| 30 Skilled Nursing Facility             | 6,659,327  |
| 31 Nursing Facility                     | 0          |
| 33 Other Long Term Care                 | 0          |
| OTHER REIMBURSABLE COST CENTERS         |            |
| 40 Radiology                            | 12,201     |
| 41 Laboratory                           | 9,273      |
| 42 Intravenous Therapy                  | 6,158      |
| 43 Oxygen (Inhalation) Therapy          | 0          |
| 44 Physical Therapy                     | 643,583    |
| 45 Occupational Therapy                 | 225,667    |
| 46 Speech Pathology                     | 115,168    |
| 47 Electrocardiology                    | 239        |
| 48 Medical Supplies Charged to Patients | 4,595      |
| 49 Drugs Charged to Patients            | 61,552     |
| 50 Dental Care - Title XIX only         | 0          |
| SPECIAL PURPOSE COST CENTERS            |            |
| 51 Support Surfaces                     | 20,045     |
| 52 Other Ancillary Service Cost Center  | 0          |
| NON-REIMBURSABLE COST CENTERS           |            |
| 60 Clinic                               | 0          |
| 63 Other Outpatient Service Cost        | 0          |
| 70 Home Health Agency Cost              | 0          |
| 71 Ambulance                            | 12,121     |
| 74 Other Reimbursable Cost              | 0          |
| 84 Other Special Purpose Cost           | 0          |
| 89 Subtotals                            | 7,769,929  |
| 90 Gift, Flower, Coffee Shops & Canteen | 0          |
| 91 Barber and Beauty Shop               | 85,949     |
| 92 Physicians Private Offices           | 0          |
| 93 Nonpaid Workers                      | 0          |
| 94 Patients Laundry                     | 0          |
| 95 Other Non Reimbursable Cost          | 0          |
| 95.01 Residential                       | 19,642,957 |
| 95.02 Marketing                         | 1,276,906  |
| 98 Cross Foot Adjustments               | 0          |
| 99 Negative Cost Center                 | 0          |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I      Wednesday, May 29, 2024 at 12:35:27 PM

COST ALLOCATION - GENERAL SERVICE COSTS

|           | Net Expenses<br>For Cost<br>Allocation<br>0 | Cap Rel<br>Build &<br>Fixtures<br>(Square<br>Feet)<br>1 | Cap Rel<br>Movable<br>Equipment<br>(Square<br>Feet)<br>2 | Employee<br>Benefits<br>(Gross<br>Salaries)<br>3 | SubTotal<br>3A | Adminis-<br>trative<br>& General<br>(Accum.<br>Cost)<br>4 | Plant Oper<br>Maint. &<br>Repair<br>(Square<br>Feet)<br>5 | Laundry<br>& Linen<br>& Service<br>(Patient<br>Days)<br>6 | House-<br>keeping<br>(Square<br>Feet)<br>7 |
|-----------|---|---|--|--|----------------|---|---|---|--|
| 100 TOTAL | 28,775,741                                  | 7,707,732   | 70,304   | 2,321,545  | 28,775,741     | 3,888,527   | 4,372,351   | 74,143  | 483,754                                    |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I      Wednesday, May 29, 2024 at 12:35:27 PM

COST ALLOCATION - GENERAL SERVICE COSTS

|           | Dietary<br>(Meals<br>Served) | Nursing<br>Adminis-<br>tration<br>(Patient<br>Days) | Central<br>Services &<br>Supply<br>(Patient<br>Days) | Pharmacy<br>(Patient<br>Days) | Medical<br>Records &<br>Library<br>(Patient<br>Days) | Social<br>Service<br>(Patient<br>Days) | Activities<br>SERVICE<br>(Patient<br>Days) | SubTotal   | Adjustments |
|-----------|------------------------------|---|--|-------------------------------|--|--|--|------------|-------------|
|           | 8                            | 9   | 10   | 11                            | 12   | 13                                     | 15   | 16         | 17          |
| 100 TOTAL | 4,737,179                    | 907,904   | 72,923   | 20,118                        | 1,800  | 81,166                                 | 454,622                                    | 28,775,741 | 0           |

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2023 to 12/31/2023

Worksheet B Part I      Wednesday, May 29, 2024 at 12:35:28 PM

COST ALLOCATION - GENERAL SERVICE COSTS

|     |             |                  |
|-----|-------------|------------------|
|     |             | Total            |
|     |             | 18               |
| 100 | <hr/> TOTAL | <hr/> 28,775,741 |





MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Wednesday, May 29, 2024 at 12:35:28 PM

ALLOCATION OF CAPITAL - RELATED COSTS

|   | Total     |
|---|-----------|
|   | 18        |
| <hr/>                                   |           |
| 1 Cap Rel Costs - Bldgs & Fixtures      |           |
| 2 Cap Rel Costs - Movable Equipment     |           |
| 3 Employee Benefits                     |           |
| 4 Administrative & General              |           |
| 5 Plant Operation, Maint. & Repairs     |           |
| 6 Laundry & Linen Service               |           |
| 7 Housekeeping                          |           |
| 8 Dietary                               |           |
| 9 Nursing Administration                |           |
| 10 Central Services & Supply            |           |
| 11 Pharmacy                             |           |
| 12 Medical Records & Library            |           |
| 13 Social Service                       |           |
| 15 Activities                           |           |
| ANCILLARY SERVICE COST CENTERS          |           |
| 30 Skilled Nursing Facility             | 353,265   |
| 31 Nursing Facility                     | 0         |
| 33 Other Long Term Care                 | 0         |
| OTHER REIMBURSABLE COST CENTERS         |           |
| 40 Radiology                            | 92        |
| 41 Laboratory                           | 70        |
| 42 Intravenous Therapy                  | 46        |
| 43 Oxygen (Inhalation) Therapy          | 0         |
| 44 Physical Therapy                     | 38,436    |
| 45 Occupational Therapy                 | 1,904     |
| 46 Speech Pathology                     | 972       |
| 47 Electrocardiology                    | 2         |
| 48 Medical Supplies Charged to Patients | 35        |
| 49 Drugs Charged to Patients            | 463       |
| 50 Dental Care - Title XIX only         | 0         |
| SPECIAL PURPOSE COST CENTERS            |           |
| 51 Support Surfaces                     | 151       |
| 52 Other Ancillary Service Cost Center  | 0         |
| NON-REIMBURSABLE COST CENTERS           |           |
| 60 Clinic                               | 0         |
| 63 Other Outpatient Service Cost        | 0         |
| 70 Home Health Agency Cost              | 0         |
| 71 Ambulance                            | 91        |
| 74 Other Reimbursable Cost              | 0         |
| 84 Other Special Purpose Cost           | 0         |
| 89 Subtotals                            | 395,527   |
| 90 Gift, Flower, Coffee Shops & Canteen | 0         |
| 91 Barber and Beauty Shop               | 10,139    |
| 92 Physicians Private Offices           | 0         |
| 93 Nonpaid Workers                      | 0         |
| 94 Patients Laundry                     | 0         |
| 95 Other Non Reimbursable Cost          | 0         |
| 95.01 Residential                       | 7,362,378 |
| 95.02 Marketing                         | 9,992     |
| 98 Cross Foot Adjustments               |           |
| 99 Negative Cost Center                 |           |



MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II      Wednesday, May 29, 2024 at 12:35:28 PM

ALLOCATION OF CAPITAL - RELATED COSTS

|           | Directly<br>Assigned<br>Capital<br>Related Costs | Cap Rel<br>Build &<br>Fixtures<br>(Square<br>Feet) | Cap Rel<br>Movable<br>Equipment<br>(Square<br>Feet) | SubTotal<br>2A | Employee<br>Benefits<br>(Gross<br>Salaries) | Adminis-<br>trative<br>& General<br>(Accum.<br>Cost) | Plant Oper<br>Maint. &<br>Repair<br>(Square<br>Feet) | Laundry<br>& Linen<br>& Service<br>(Patient<br>Days) | House-<br>keeping<br>(Square<br>Feet) |
|-----------|--|--|---|----------------|---|--|--|--|---------------------------------------|
|           | 0  | 1  | 2   | 2A             | 3   | 4  | 5  | 6  | 7                                     |
| 100 TOTAL | 0  | 7,707,732  | 70,304  | 7,778,036      | 12,462                                      | 216,447  | 205,323  | 599  | 17,142                                |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II      Wednesday, May 29, 2024 at 12:35:28 PM

ALLOCATION OF CAPITAL - RELATED COSTS

|           | Dietary<br>(Meals<br>Served) | Nursing<br>Adminis-<br>tration<br>(Patient<br>Days) | Central<br>Services &<br>Supply<br>(Patient<br>Days) | Pharmacy<br>(Patient<br>Days) | Medical<br>Records &<br>Library<br>(Patient<br>Days) | Social<br>Service<br>(Patient<br>Days) | Activities<br>SERVICE<br>(Patient<br>Days) | SubTotal  | Adjustments |
|-----------|------------------------------|---|--|-------------------------------|--|--|--|-----------|-------------|
|           | 8                            | 9   | 10   | 11                            | 12   | 13                                     | 15   | 16        | 17          |
| 100 TOTAL | 258,598                      | 11,091  | 19,986   | 151                           | 1,122  | 2,090                                  | 26,562                                     | 7,778,036 | 0           |

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2023 to 12/31/2023

Worksheet B Part II      Wednesday, May 29, 2024 at 12:35:28 PM

ALLOCATION OF CAPITAL - RELATED COSTS

|     |             |                 |
|-----|-------------|-----------------|
|     |             | Total           |
|     |             | 18              |
| 100 | <hr/> TOTAL | <hr/> 7,778,036 |



MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Wednesday, May 29, 2024 at 12:35:28 PM

COST ALLOCATION - STATISTICAL BASIS

|                                 | Nursing<br>Adminis-<br>tration<br>(Patient<br>Days)<br>9 | Central<br>Services &<br>Supply<br>(Patient<br>Days)<br>10 | Pharmacy<br>(Patient<br>Days)<br>11 | Medical<br>Records &<br>Library<br>(Patient<br>Days)<br>12 | Social<br>Service<br>(Patient<br>Days)<br>13 | Activities<br>SERVICE<br>(Patient<br>Days)<br>15 |        |
|---------------------------------|--|--|-------------------------------------|--|--|--|--------|
| 1                               | Cap Rel Costs - Bldgs & Fixtures                         |  |                                     |  |  |  |        |
| 2                               | Cap Rel Costs - Movable Equipment                        |  |                                     |  |  |  |        |
| 3                               | Employee Benefits  |  |                                     |  |  |  |        |
| 4                               | Administrative & General                                 |  |                                     |  |  |  |        |
| 5                               | Plant Operation, Maint. & Repairs                        |  |                                     |  |  |  |        |
| 6                               | Laundry & Linen Service                                  |  |                                     |  |  |  |        |
| 7                               | Housekeeping   |  |                                     |  |  |  |        |
| 8                               | Dietary  |  |                                     |  |  |  |        |
| 9                               | Nursing Administration                                   | 16,331   |                                     |  |  |  |        |
| 10                              | Central Services & Supply                                | 0  | 16,331                              |  |  |  |        |
| 11                              | Pharmacy   | 0  | 0                                   | 16,331   |  |  |        |
| 12                              | Medical Records & Library                                | 0  | 0                                   | 0  | 16,331                                       |  |        |
| 13                              | Social Service   | 0  | 0                                   | 0  | 0  | 16,331   |        |
| 15                              | Activities   | 0  | 0                                   | 0  | 0  | 0  | 16,331 |
| ANCILLARY SERVICE COST CENTERS  |  |  |                                     |  |  |  |        |
| 30                              | Skilled Nursing Facility                                 | 16,331   | 16,331                              | 16,331   | 16,331                                       | 16,331   | 16,331 |
| 31                              | Nursing Facility   | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 33                              | Other Long Term Care                                     | 0  | 0                                   | 0  | 0  | 0  | 0      |
| OTHER REIMBURSABLE COST CENTERS |  |  |                                     |  |  |  |        |
| 40                              | Radiology  | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 41                              | Laboratory   | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 42                              | Intravenous Therapy                                      | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 43                              | Oxygen (Inhalation) Therapy                              | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 44                              | Physical Therapy   | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 45                              | Occupational Therapy                                     | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 46                              | Speech Pathology   | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 47                              | Electrocardiology  | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 48                              | Medical Supplies Charged to Patients                     | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 49                              | Drugs Charged to Patients                                | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 50                              | Dental Care - Title XIX only                             | 0  | 0                                   | 0  | 0  | 0  | 0      |
| SPECIAL PURPOSE COST CENTERS    |  |  |                                     |  |  |  |        |
| 51                              | Support Surfaces   | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 52                              | Other Ancillary Service Cost Center                      | 0  | 0                                   | 0  | 0  | 0  | 0      |
| NON-REIMBURSABLE COST CENTERS   |  |  |                                     |  |  |  |        |
| 60                              | Clinic   | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 63                              | Other Outpatient Service Cost                            | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 70                              | Home Health Agency Cost                                  | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 71                              | Ambulance  | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 74                              | Other Reimbursable Cost                                  | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 80                              | Malpractice Premiums & Paid Losses                       | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 84                              | Other Special Purpose Cost                               | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 89                              | Subtotal   | 16,331   | 16,331                              | 16,331   | 16,331                                       | 16,331   | 16,331 |
| 90                              | Gift, Flower, Coffee Shops & Canteen                     | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 91                              | Barber and Beauty Shop                                   | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 92                              | Physicians Private Offices                               | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 93                              | Nonpaid Workers  | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 94                              | Patients Laundry   | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 95                              | Other Non Reimbursable Cost                              | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 95.01                           | Residential  | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 95.02                           | Marketing  | 0  | 0                                   | 0  | 0  | 0  | 0      |
| 98                              | Cross Foot Adjustments                                   | 0  | 0                                   | 0  | 0  | 0  | 0      |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Wednesday, May 29, 2024 at 12:35:28 PM

COST ALLOCATION - STATISTICAL BASIS

|                                  | Cap Rel<br>Build &<br>Fixtures<br>(Square<br>Feet)<br>1 | Cap Rel<br>Movable<br>Equipment<br>(Square<br>Feet)<br>2 | Employee<br>Benefits<br>(Gross<br>Salaries)<br>3 | Reconcil-<br>iation<br>4A | Adminis-<br>trative<br>& General<br>(Accum.<br>Cost)<br>4 | Plant Oper<br>Maint. &<br>Repair<br>(Square<br>Feet)<br>5 | Laundry<br>& Linen<br>& Service<br>(Patient<br>Days)<br>6 | House-<br>keeping<br>(Square<br>Feet)<br>7 | Dietary<br>(Meals<br>Served)<br>8 |
|----------------------------------|---|--|--|---------------------------|---|---|---|--|-----------------------------------|
| 99 Negative Cost Center          | 0   | 0  | 0  | 0                         | 0   | 0   | 0   | 0  | 0                                 |
| 102 Cost to be Allocated per Bp1 | 7,707,732   | 70,304   | 2,321,545  | 0                         | 3,888,527   | 4,372,351   | 74,143  | 483,754                                    | 4,737,179                         |
| 103 Unit Cost Multiplier per Bp1 | 12.601210   | 0.114939   | 0.246805   | 0.000000                  | 0.156246  | 7.534938  | 2.395032  | 0.835110                                   | 26.721301                         |
| 104 Cost to be Allocated per Bp2 | 0   | 0  | 12,462   | 0                         | 216,447   | 205,323   | 599   | 17,142                                     | 258,598                           |
| 105 Unit Cost Multiplier per Bp2 | 0.000000  | 0.000000   | 0.001325   | 0.000000                  | 0.008697  | 0.353836  | 0.019349  | 0.029592                                   | 1.458690                          |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1                      Wednesday, May 29, 2024 at 12:35:28 PM

COST ALLOCATION - STATISTICAL BASIS

|                                  | Nursing<br>Adminis-<br>tration<br>(Patient<br>Days)<br>9 | Central<br>Services &<br>Supply<br>(Patient<br>Days)<br>10 | Pharmacy<br>(Patient<br>Days)<br>11 | Medical<br>Records &<br>Library<br>(Patient<br>Days)<br>12 | Social<br>Service<br>(Patient<br>Days)<br>13 | Activities<br>SERVICE<br>(Patient<br>Days)<br>15 |
|----------------------------------|--|--|-------------------------------------|--|--|--|
| 99 Negative Cost Center          | 0  | 0  | 0                                   | 0  | 0  | 0  |
| 102 Cost to be Allocated per Bp1 | 907,904  | 72,923   | 20,118                              | 1,800  | 81,166                                       | 454,622  |
| 103 Unit Cost Multiplier per Bp1 | 55.593901  | 4.465311   | 1.231890                            | 0.110220   | 4.970057                                     | 27.837977  |
| 104 Cost to be Allocated per Bp2 | 11,091   | 19,986   | 151                                 | 1,122  | 2,090  | 26,562   |
| 105 Unit Cost Multiplier per Bp2 | 0.679138   | 1.223807   | 0.009246                            | 0.068704   | 0.127977                                     | 1.626477   |

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2023 to 12/31/2023

Worksheet B-2                      Wednesday, May 29, 2024 at 12:35:28 PM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.



MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet C Wednesday, May 29, 2024 at 12:35:28 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                            | 12,201    | 10,552    | 1.156274 |
| 41    | Laboratory                           | 9,273     | 8,020     | 1.156234 |
| 42    | Intravenous Therapy                  | 6,158     | 5,326     | 1.156215 |
| 43    | Oxygen (Inhalation) Therapy          | 0         | 0         | 0.000000 |
| 44    | Physical Therapy                     | 643,583   | 712,484   | 0.903295 |
| 45    | Occupational Therapy                 | 225,667   | 425,092   | 0.530866 |
| 46    | Speech Pathology                     | 115,168   | 176,785   | 0.651458 |
| 47    | Electrocardiology                    | 239       | 207       | 1.154589 |
| 48    | Medical Supplies Charged to Patients | 4,595     | 3,974     | 1.156266 |
| 49    | Drugs Charged to Patients            | 61,552    | 75,964    | 0.810279 |
| 50    | Dental Care - Title XIX only         | 0         | 0         | 0.000000 |
| 51    | Support Surfaces                     | 20,045    | 17,336    | 1.156264 |
| 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                            | 12,121    | 10,483    | 1.156253 |
| 100   | TOTAL                                | 1,110,602 | 1,446,223 |          |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part I Wednesday, May 29, 2024 at 12:35:28 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           |
| <b>ANCILLARY SERVICE COST CENTERS</b>  |                                      |                 |                |                |                |             |
| 40                                     | Radiology                            | 1.156274        | 1,953          | 0              | 2,258          | 0           |
| 41                                     | Laboratory                           | 1.156234        | 5,273          | 0              | 6,097          | 0           |
| 42                                     | Intravenous Therapy                  | 1.156215        | 4,708          | 0              | 5,443          | 0           |
| 43                                     | Oxygen (Inhalation) Therapy          | 0.000000        | 0              | 0              | 0              | 0           |
| 44                                     | Physical Therapy                     | 0.903295        | 82,710         | 0              | 74,712         | 0           |
| 45                                     | Occupational Therapy                 | 0.530866        | 122,809        | 0              | 65,195         | 0           |
| 46                                     | Speech Pathology                     | 0.651458        | 50,485         | 0              | 32,889         | 0           |
| 47                                     | Electrocardiology                    | 1.154589        | 207            | 0              | 239            | 0           |
| 48                                     | Medical Supplies Charged to Patients | 1.156266        | 0              | 0              | 0              | 0           |
| 49                                     | Drugs Charged to Patients            | 0.810279        | 50,123         | 0              | 40,614         | 0           |
| 50                                     | Dental Care - Title XIX only         | 0.000000        | 0              | 0              | 0              | 0           |
| 51                                     | Support Surfaces                     | 1.156264        | 0              | 0              | 0              | 0           |
| 52                                     | Other Ancillary Service Cost Center  | 0.000000        | 0              | 0              | 0              | 0           |
| <b>OUTPATIENT SERVICE COST CENTERS</b> |                                      |                 |                |                |                |             |
| 60                                     | Clinic                               | 0.000000        | 0              | 0              | 0              | 0           |
| 63                                     | Other Outpatient Service Cost        | 0.000000        | 0              | 0              | 0              | 0           |
| 71                                     | Ambulance                            | 1.156253        | 0              | 0              | 0              | 0           |
| 100                                    | <b>TOTAL</b>                         |                 | <b>318,268</b> | <b>0</b>       | <b>227,447</b> | <b>0</b>    |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part II Wednesday, May 29, 2024 at 12:35:28 PM

Skilled Nursing Facility  
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

| # | Description                     | Amount   |
|---|---------------------------------|----------|
| 1 | Drugs charged to patients - RCC | 0.810279 |
| 2 | Program vaccine charges         | 0        |
| 3 | Program costs                   | 0        |

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

|     | Total Cost<br>(From<br>Worksheet B,<br>Part I, Col 18 | Nursing &<br>Allied Health<br>(From Wkst B<br>Part I, Col 14) | Ratio of Nursing<br>& Allied Health<br>Costs To Total<br>Costs - Part A<br>(Col 2 / Col 1) | Program<br>Part A Cost<br>(From Wkst D<br>Part I, Col 4) | Part A<br>Nursing & Allied<br>Health Costs for<br>Pass Through<br>(Col 3 X Col 4) |
|-----|---|---|--|--|---|
|     | 1   | 2   | 3  | 4  | 5   |
| 40  | Radiology   | 0   | 0  | 2,258  | 0   |
| 41  | Laboratory  | 0   | 0  | 6,097  | 0   |
| 42  | Intravenous Therapy                                   | 0   | 0  | 5,443  | 0   |
| 43  | Oxygen (Inhalation) Therapy                           | 0   | 0  | 0  | 0   |
| 44  | Physical Therapy                                      | 0   | 0  | 74,712   | 0   |
| 45  | Occupational Therapy                                  | 0   | 0  | 65,195   | 0   |
| 46  | Speech Pathology                                      | 0   | 0  | 32,889   | 0   |
| 47  | Electrocardiology                                     | 0   | 0  | 239  | 0   |
| 48  | Medical Supplies Charged to Patients                  | 0   | 0  | 0  | 0   |
| 49  | Drugs Charged to Patients                             | 0   | 0  | 40,614   | 0   |
| 50  | Dental Care - Title XIX only                          | 0   | 0  | 0  | 0   |
| 51  | Support Surfaces                                      | 0   | 0  | 0  | 0   |
|     | =====   | =====   | =====  | =====  | =====   |
| 100 | TOTAL   | 0   | 0  | 227,447  | 0   |

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Wednesday, May 29, 2024 at 12:35:28 PM

Nursing Facility  
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

| CMS #                                   | DESCRIPTION                              | AMOUNT    |
|---|--|-----------|
| 1                                       | Inpatient days incl. private             | 16,331    |
| 2                                       | Private room days                        | 0         |
| 3                                       | Inpatient days incl. Program prvt.       | 1,368     |
| 4                                       | Med. nec. Program prvt. room days        | 0         |
| 5                                       | Total general Inpatient routine svc.s co | 6,659,327 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT    |  |           |
| 6                                       | General Inpatient routine service charge | 721,998   |
| 7                                       | General Inpatient routine service RCC    | 9.223470  |
| 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 | 6,659,327 |
| PROGRAM INPATIENT ROUTINE SERVICE COSTS |  |           |
| 16                                      | Adjusted general Inpatient per diem cost | 407.77    |
| 17                                      | Program routine service cost             | 557,829   |
| 18                                      | Med. nec. program prvt. room cost        | 0         |
| 19                                      | Total program general Inpatient cost     | 557,829   |
| 20                                      | Capital related cost allocated to inpati | 353,265   |
| 21                                      | Per diem capital related costs           | 21.63     |
| 22                                      | Program capital related cost             | 29,590    |
| 23                                      | Inpatient routine service cost           | 528,239   |
| 24                                      | Aggregate charges to beneficiaries for e | 0         |
| 25                                      | Total program routine service costs for  | 528,239   |
| 26                                      | Per diem limitation                      | 0.00      |
| 27                                      | I/p routine service cost limitation      | 0         |
| 28                                      | Reimbursable Inpatient routine service c | 0         |

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2023 to 12/31/2023

Worksheet D-1                      Wednesday, May 29, 2024 at 12:35:28 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)                                      | 16,331   |
| 2        | Program inpatient days (see instructions)                                    | 1,368    |
| 3        | Total Nursing & Allied Health costs ( see instructions)                      | 0        |
| 4        | Nursing & Allied Health ratio (Line 2 divided by line 1)                     | 0.083767 |
| 5        | Program Nursing & Allied Health costs for pass-through (Line 3 times line 4) | 0        |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet E Wednesday, May 29, 2024 at 12:35:28 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)                                   | 950,938 |
| 2     | Nursing and Allied Health Education Activities (pass through payments)    | 0       |
|       |   | -----   |
| 3     | Subtotal  | 950,938 |
| 4     | Primary payor amounts   | 0       |
| 5     | Coinsurance   | 85,800  |
| 6     | Reimbursable bad debts (From your records)                                | 5,057   |
| 7     | Reimbursable bad debts for dual eligible beneficiaries (See instructions) | 5,057   |
| 8     | Adjusted reimbursable bad debts. (See instructions)                       | 3,287   |
| 9     | Recovery of bad debts - for statistical records only                      | 0       |
| 10    | Utilization review  | 0       |
|       |   | -----   |
| 11    | Subtotal  | 868,425 |
| 12    | Interim payments (See instructions)                                       | 847,835 |
| 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)             | 66      |
| 14.99 | Sequestration adjustment (See instructions)                               | 17,303  |
| 15    | Balance due provider/program  | 3,221   |
| 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     |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet E-1 Wednesday, May 29, 2024 at 12:35:28 PM

Analysis of Payments to Providers for Service Rendered

| CMS # | DESCRIPTION   | ---- Inpatient Part A ---- |             | ----- Part B ----- |             |
|-------|---|----------------------------|-------------|--------------------|-------------|
|       |   | Mo/Day/Year<br>1           | Amount<br>2 | Mo/Day/Year<br>3   | Amount<br>4 |
| 1     | Total interim payments paid to provider             |                            | 847,835     |                    | 0           |
| 2     | Interim payments payable on individual bills, eithe |                            | 0           |                    | 0           |
| 3.01  | Lump sums ... to Provider                           |                            | 0           |                    | 0           |
| 3.02  | Lump sums ... to Provider                           |                            | 0           |                    | 0           |
| 3.03  | Lump sums ... to Provider                           |                            | 0           |                    | 0           |
| 3.04  | Lump sums ... to Provider                           |                            | 0           |                    | 0           |
| 3.05  | Lump sums ... to Provider                           |                            | 0           |                    | 0           |
| 3.50  | Lump sums ... to Program                            |                            | 0           |                    | 0           |
| 3.51  | Lump sums ... to Program                            |                            | 0           |                    | 0           |
| 3.52  | Lump sums ... to Program                            |                            | 0           |                    | 0           |
| 3.53  | Lump sums ... to Program                            |                            | 0           |                    | 0           |
| 3.54  | Lump sums ... to Program                            |                            | 0           |                    | 0           |
| 3.99  | SUBTOTAL  |                            | 0           |                    | 0           |
| 4     | TOTAL INTERIM PAYMENTS                              |                            | 847,835     |                    | 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

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet G Wednesday, May 29, 2024 at 12:35:28 PM

BALANCE SHEET

| CMS #                 | ASSETS (omit cents)  | General           | Specific       | Endowment | Plant    |
|-----------------------|--|-------------------|----------------|-----------|----------|
|                       |  | Fund 1            | Purpose Fund 2 | Fund 3    | Fund 4   |
| <b>CURRENT ASSETS</b> |  |                   |                |           |          |
| 1                     | Cash on hand and in banks  | 6,576,441         | 0              | 0         | 0        |
| 2                     | Temporary investments  | 0                 | 0              | 0         | 0        |
| 3                     | Notes receivable   | 0                 | 0              | 0         | 0        |
| 4                     | Accounts receivable  | 1,872,546         | 0              | 0         | 0        |
| 5                     | Other receivables  | -241,110          | 0              | 0         | 0        |
|                       | Less: allowances for uncollectible notes and accounts receivable | 609,482           | 0              | 0         | 0        |
| 7                     | Inventory  | 0                 | 0              | 0         | 0        |
| 8                     | Prepaid expenses   | 94,626            | 0              | 0         | 0        |
| 9                     | Other current assets   | 0                 | 0              | 0         | 0        |
| 10                    | Due from other funds   | 0                 | 0              | 0         | 0        |
| 11                    | <b>TOTAL CURRENT ASSETS</b>                                      | <b>7,693,021</b>  | <b>0</b>       | <b>0</b>  | <b>0</b> |
| <b>FIXED ASSETS</b>   |  |                   |                |           |          |
| 12                    | Land   | 737,810           | 0              | 0         | 0        |
| 13                    | Land improvements  | 0                 | 0              | 0         | 0        |
| 14                    | Less: Accumulated depreciation                                   | 0                 | 0              | 0         | 0        |
| 15                    | Buildings  | 86,150,030        | 0              | 0         | 0        |
| 16                    | Less: Accumulated depreciation                                   | 51,144,898        | 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  | 4,417,597         | 0              | 0         | 0        |
| 24                    | Less: Accumulated depreciation                                   | 2,178,706         | 0              | 0         | 0        |
| 25                    | Minor equipment depreciable                                      | 0                 | 0              | 0         | 0        |
| 26                    | Minor equipment nondepreciable                                   | 0                 | 0              | 0         | 0        |
| 27                    | Other fixed assets   | 615,799           | 0              | 0         | 0        |
| 28                    | <b>TOTAL FIXED ASSETS</b>  | <b>38,597,632</b> | <b>0</b>       | <b>0</b>  | <b>0</b> |
| <b>OTHER ASSETS</b>   |  |                   |                |           |          |
| 29                    | Investments  | 0                 | 0              | 0         | 0        |
| 30                    | Deposits on leases   | 4,182,312         | 0              | 0         | 0        |
| 31                    | Due from owners/officers   | 0                 | 0              | 0         | 0        |
| 32                    | Other assets   | 2,591,821         | 0              | 0         | 0        |
| 33                    | <b>TOTAL OTHER ASSETS</b>  | <b>6,774,133</b>  | <b>0</b>       | <b>0</b>  | <b>0</b> |
| 34                    | <b>TOTAL ASSETS</b>  | <b>53,064,786</b> | <b>0</b>       | <b>0</b>  | <b>0</b> |



MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet G Wednesday, May 29, 2024 at 12:35:28 PM

BALANCE SHEET

| CMS #                        | LIABILITIES AND FUND BALANCES (omit cents)                                    | General            | Specific             | Endowment | Plant     |
|------------------------------|---|--------------------|----------------------|-----------|-----------|
|                              |   | Fund<br>1          | Purpose<br>Fund<br>2 | Fund<br>3 | Fund<br>4 |
| <b>CURRENT LIABILITIES</b>   |   |                    |                      |           |           |
| 35                           | Accounts payable  | 1,302,325          | 0                    | 0         | 0         |
| 36                           | Salaries, wages & fees payable  | 1,043,780          | 0                    | 0         | 0         |
| 37                           | Payroll taxes payable   | 0                  | 0                    | 0         | 0         |
| 38                           | Notes & loans payable (short term)  | 555,585            | 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   | 376,459            | 0                    | 0         | 0         |
| 43                           | <b>TOTAL CURRENT LIABILITIES</b>  | <b>3,278,149</b>   | <b>0</b>             | <b>0</b>  | <b>0</b>  |
| <b>LONG TERM LIABILITIES</b> |   |                    |                      |           |           |
| 44                           | Mortgage payable  | 26,123,417         | 0                    | 0         | 0         |
| 45                           | Notes payable   | 0                  | 0                    | 0         | 0         |
| 46                           | Unsecured loans   | 0                  | 0                    | 0         | 0         |
| 47                           | Loans from owners   | 0                  | 0                    | 0         | 0         |
| 48                           | Other long term liabilities   | 53,494,767         | 0                    | 0         | 0         |
| 49                           |   | 0                  | 0                    | 0         | 0         |
| 50                           | <b>TOTAL LONG TERM LIABILITIES</b>  | <b>79,618,184</b>  | <b>0</b>             | <b>0</b>  | <b>0</b>  |
| 51                           | <b>TOTAL LIABILITIES</b>  | <b>82,896,333</b>  | <b>0</b>             | <b>0</b>  | <b>0</b>  |
| <b>CAPITAL ACCOUNTS</b>      |   |                    |                      |           |           |
| 52                           | General fund balance  | -29,831,547        |                      |           |           |
| 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                           | <b>TOTAL FUND BALANCES</b>  | <b>-29,831,547</b> | <b>0</b>             | <b>0</b>  | <b>0</b>  |
| 60                           | <b>TOTAL LIABILITIES &amp; FUND BALANCES</b>                                  | <b>53,064,786</b>  | <b>0</b>             | <b>0</b>  | <b>0</b>  |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-1 Wednesday, May 29, 2024 at 12:35:28 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       |                          | -27084618 |                         | 0                          |                        | 0 |   | 0 |
| 2 Net income (loss)               |                          | -2630133  |                         |                            |                        |   |   |   |
| 3 Total                           |                          | -29714751 |                         | 0                          |                        | 0 |   | 0 |
| 4 Additions (Credit adjustments)  | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 5 Rounding                        | -116799                  |           | 0                       |                            | 0                      |   | 0 |   |
| 6                                 | 3                        |           | 0                       |                            | 0                      |   | 0 |   |
| 7                                 | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 8                                 | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 9                                 | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 10 Total Additions                |                          | -116796   |                         | 0                          |                        | 0 |   | 0 |
| 11 Subtotal                       |                          | -29831547 |                         | 0                          |                        | 0 |   | 0 |
| 12 Deductions (Debit adjustments) | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 13                                | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 14                                | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 15                                | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 16                                | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 17                                | 0                        |           | 0                       |                            | 0                      |   | 0 |   |
| 18 Total deductions               |                          | 0         |                         | 0                          |                        | 0 |   | 0 |
| 19 Fund balances - ending         |                          | -29831547 |                         | 0                          |                        | 0 |   | 0 |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part I Wednesday, May 29, 2024 at 12:35:28 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

| CMS # | REVENUE CENTER                          | Inpatient<br>1 | Outpatient<br>2 | Total<br>3 |
|-------|---|----------------|-----------------|------------|
|       | GENERAL INPATIENT ROUTINE CARE SERVICES |                |                 |            |
| 1     | Skilled Nursing Facility                | 8,249,793      |                 | 8,249,793  |
| 2     | Nursing Facility                        | 0              |                 | 0          |
| 4     | Other Long Term Care                    | 19,549,696     |                 | 19,549,696 |
|       |   | -----          | -----           | -----      |
| 5     | Total general Inpatient care services   | 27,799,489     |                 | 27,799,489 |
|       | ALL OTHER CARE SERVICES                 |                |                 |            |
| 6     | Ancillary services                      | 1,104,065      | 0               | 1,104,065  |
| 7     | Clinic                                  |                | 0               | 0          |
| 8     | Home Health Agency Cost                 |                | 0               | 0          |
| 9     | Ambulance                               |                | 0               | 0          |
|       |   | -----          | -----           | -----      |
| 13    |   | 0              |                 |            |
|       |   | =====          | =====           | =====      |
| 14    | Total Patient Revenues                  | 28,903,554     | 0               | 28,903,554 |

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part II      Wednesday, May 29, 2024 at 12:35:28 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

| CMS # | Description              |                              |
|-------|--------------------------|------------------------------|
| 1     | Operating Expenses       | 29,885,361                   |
| 2     | Additions                | 0                            |
| 3     |                          | 0                            |
| 4     |                          | 0                            |
| 5     |                          | 0                            |
| 6     |                          | 0                            |
| 7     |                          | 0                            |
| 8     | Total Additions          | -----<br>0                   |
| 9     | Deductions               | 0                            |
| 10    |                          | 0                            |
| 11    |                          | 0                            |
| 12    |                          | 0                            |
| 13    |                          | 0                            |
| 14    | Total Deductions         | -----<br>0                   |
| 15    | Total Operating Expenses | -----<br>29,885,361<br>===== |

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-3 Wednesday, May 29, 2024 at 12:35:28 PM

Statement of Revenues and Expenses

| CMS # | Description   |            |
|-------|---|------------|
| 1     | Total Patient Revenues  | 28,903,554 |
| 2     | Less: contractual allowances and ...                                      | 2,964,373  |
| 3     | Net Patient Revenues (Line 1 - 2)   | 25,939,181 |
| 4     | Less: total operating expenses  | 29,885,361 |
| 5     | Net income from service to patients (Line 3 - 4)                          | -3,946,180 |
|       | Other Income:   |            |
| 6     | Contributions, donations, bequests, etc.                                  | 108,352    |
| 7     | Income from investments   | 504,483    |
| 8     | Revenues from communications (Telephone and Internet service)             | 3,728      |
| 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                                    | 26,840     |
| 14    | Revenue from meals sold to employees and guests                           | 329,721    |
| 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                        | 226        |
| 19    | Tuition (fees, sales of textbooks, uniforms, etc)                         | 0          |
| 20    | Revenue from gifts, flowers, coffee shops, canteen                        | 0          |
| 21    | Rental of vending machines  | 560        |
| 22    | Rental of skilled nursing space   | 0          |
| 23    | Government appropriations   | 0          |
| 24    | Barber & Beauty   | 80,295     |
| 24.01 | Other Income  | 27,737     |
| 24.02 | Temporary Restricted -  | 141,761    |
| 24.03 | Net Assets Released   | 19,042     |
| 24.04 | FV of Derivative Inst   | 245,261    |
| 24.05 | Guest House Income  | 30,438     |
| 24.06 | FASB 158 Adoption   | -54,787    |
| 24.50 | COVID-19 PHE Funding  | 0          |
| 25    | Total other income  | 1,463,657  |
| 26    | Total   | -2,482,523 |
| 27    | Other Expenses (specify)  | 0          |
| 28    | Net Change In FV of Derivative Inst                                       | 147,610    |
| 29    |   | 0          |
| 29.01 |   | 0          |
| 30    | Total other expenses  | 147,610    |
| 31    | Net income (or loss) for the period                                       | -2,630,133 |