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

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

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

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						Date:	Tim	e:			
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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

SKILLEI CMS #	O NURSING FACILITY AND SKILLED NURSING FAC	ILITY COMPLEX ADDRESS:					
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 Sy	ystem	
SNF ANI	SNF-BASED COMPONENT IDENTIFICATION				P., O. or	N.	
				DATE			
CMS (COMPONENT	COMPONENT NAME	PROVIDER	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 O	F FREESTANDING SKILLED NURSING FACILITY						
16	Is this a distinct part skilled nursing f	acility that meets the require	ements?			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 transaction	ctions with relat	ed organizations?		No	
MISCEL	LANEOUS COST REPORTING INFORMATION						
19	Is this a low Medicare Utilization cost r	eport, enter "Y" for yes or "	N" for no.			N	
	If the response to line 19 is yes, Does t	his cost report meet your con	tractor's criteri	a for filing a low			
19.01	utilization cost report? (Y/N)					N	
DEPREC:	IATION - 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 bala	nce as of the end of the peri-	od.				
25	Were there any disposal of capital assets	during the cost reporting pe	riod? (Y/N)			N	
26	Was accelerated depreciation claimed on a	ny assets in the current or a	ny prior cost rep	ort applies?		N	
	Did you cease to participate in the Medic	are 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 healt	h insurance proportion of alle	owable cost from	prior cost reports?	1	N	
IF THIS	S 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 CO	MPONENT AND TYPE OF SERVICE T	HAT 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						
						Y/N	
	Is the skilled nursing facility located i	n a state that certifies the j	provider as a SNF	regardless of the			
37	level of care given for Titles V & XIX p	atients?				N	
38	Are you legally-required to carry malprac	tice insurance?				N	
	Is the malpractice a "claims-made:", or "	occurrence" policy? If the po	licy is "claims-m	ade" enter 1. If			
39	policy is "occurrence", enter 2.					1	
	What is the liability limit for the malpr		mn 1 the monetary	limit per			
40	lawsuit. Enter in column 2 the monetary	limit per policy year.					
						_	Self
				Premiums Pa		Inst	irance
41	List malpractice premiums and paid losses			90969	0	4	100000
					_	Y/N	
	Are malpractice premiums and paid losses				.?		
42	Enter Y or N. If yes, check box, and sub		-			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 col	umn		
43	1.					Yes	
	If line 43 = "Y", and there are costs fo		nome office chain	number and enter t		740077	
44	and address of the home office on lines]	H48370	
45	Name / Contractor Name / Contractor Numbe		1000	1			
4.0	SPRINGPOINT SENIOR LIVING	NOVITAS	1230	1			
46	Street / PO Box						
47	4814 OUTLOOK DRIVE						
47	City / State / Zip	NT	0775	2			
	WALL TOWNSHIP	NJ	0775	3			

MEADOW LAKES
Provider CCN: 31-5022

Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part II Wednesday, May 29, 2024 at 12:35:27 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionare

Line				•	2			
# PPOVII	ER ORGANIZATION AND OPERATION		1	2	3	4		
PROVI	Has the provider changed ownership immediately prior to the be	ginning of						
1	the cost reporting period?	griming or	N					
_	Has the provider terminated participation in the Medicare Prog	ram? If						
	column 1 is yes, enter in column 3, "V" for voluntary or "I"							
2	involuntary	101	N					
_	Is the provider involved in business transactions, including m	anagement						
	contracts, with individuals or entities that are related to t							
	or its officers, medical staff, management personnel, or mem							
	board of directors through ownership, control, or family and							
3	similar relationships?	Other	Y					
_	TAL DATA AND REPORTS		-					
LIMM	Were the financial statements prepared by a Certified Public A	agountant?						
	If yes, enter in column 2 "A" for Audited, "C" for Compiled,							
	Reviewed. Submit complete copy or enter date available in co							
4	instructions) If no, see instructions.	Iumm 3. (see	Y	A				
4	Are the cost report total expenses and total revenues differen	t from those	1	A				
5			N					
_	on the filed financial statements? If yes, submit reconcilia ED EDUCATIONAL ACTIVITIES	CIOII.	N					
APPROV		+h a						
6	Column 1: Were costs claimed for Nursing School? Column 2: Is provider the legal operator of the program?	cne	N					
7			N N					
,	Were costs claimed for Allied Health Programs? (see instruction Were approvals and/or renewals obtained during the cost report		N					
8			N					
BAD DE	for Nursing School and/or Allied Health Program? (see instruc	tions)	N					
9 BAD DE	Is the provider seeking reimbursement for bad debts? (see inst		Y					
9	If line 9 is Yes, did the provider's bad debts? (see Inst		1					
10	during this cost reporting period? If Yes, submit copy.	y change	N					
10	If line 9 is Yes, are patient deductibles and/or coinsurance	ido Tf	N					
11	Yes, see instructions.	waived? If	N					
11	Have total beds available changed from prior cost reporting pe	mindo TE	N					
12	Yes, see instructions.	riou? II	N					
PS&R I	·		N					
PS&R I	Was the cost report prepared using the PS&R only? If yes, ent	om the maid						
	through date of the PS&R used to prepare this cost report. (s							
12		ee	Y	03/25/2024	Y 03	/OF /OOO4		
13	Instructions)		1	03/25/2024	1 03/	/25/2024		
	Was the cost report prepared using the PS&R for total and the							
1.4	records for allocation? If yes enter the paid through date o	I the PS&R	27					
14	used to prepare this cost report.		N		N			
	If line 13 or 14 is yes, were adjustments made to PS&R data fo							
1.5	claims that have been billed but are not included on the PS&R	used to	N					
15	file this cost report? If yes, see instructions.		N		N			
1.0	If line 13 or 14 is yes, then were adjustments made to PS&R da							
16	corrections of other PS&R Report information? If yes, see in		N		N			
4-	If line 13 or 14 is yes, then were adjustments made to PS&R da	ta for						
17	Other?		N		N			
	Was the cost report prepared only using the provider's records	? If yes,						
18	see Instructions.		N		N			
COST	EPORT PREPARER CONTACT INFORMATION	1			2			3
19	First name/Last name/Title Conno			Pliskin	~	D≁	eparer	,
20		t Healthcare					-cpurci	
20 21	• •	70-0733		costreports@z	healthcare.com	n		
-	132 3			COD CI CPOI COGZ		-		

MEADOW LAKES

Provider CCN: 31-5022

Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part I Wednesday,

PART I - STATISTICAL DATA

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

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

FALL	I - SINIISIICAL DAIA									
		No. of	Bed days		I	npatient Days -				
CMS	Component	Beds	Available	Title V	Title XVIII	Title XIX	Other	Total		
#		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		
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		
				- Discharges				Average Lend	gth of Stay	
CMS	Component	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
				- Admissions			F	TE		
CMS	Component	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		

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

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

SNF Wage Index Information

PART	II - DIRECT SALARIES		Reclass.			
			of Salaries		Paid Hours	Average
		Amount	from Wkst.	Adjusted	Related	Hourly
CMS		Reported	A-6	Salaries	to Salary	Wage
#		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		
1						

MEADOW LAKES

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

Worksheet S-3 Part III

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

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

PART	III - OVERHEAD COSTS - DIRECT SALARIES					
			Reclass.			
			of Salaries		Paid Hours	Average
		Amount	from Wkst.	Adjusted	Related	Hourly
CMS		Reported	A-6	Salaries	to Salary	Wage
#		1	2	3	4	5
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
		==========	=======================================			

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

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

SNF Wage Related Costs

	• • •	
#		
	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

CMS

Description

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

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

# DIRECT SALARIES NURSING OCCUPATIONS 1 Registered Nurses (RNs) 2 Licensed Practical Nurses (LPNs) 3 Certified Nursing Assistants/Nursing Assistants/Aides 4 Total Nursing (Sum of 1 - 3) 4 Total Nursing (Sum of 1 - 3) 5 Physical Therapists 6 Physical Therapy Assistants 7 Physical Therapy Aides 7 Physical Therapy Aides 8 Occupational Therapy Assistants 8 Occupational Therapy Assistants 9 Occupational Therapy Assistants 1 2 3 4 4 Total Nursing (Sum of 1 - 3) 5 Physical Nursing (LPNs) 5 Physical Therapists 6 210,891 50,604 261,495 4,067 7 Physical Therapy Aides 7 Physical Therapy Aides 8 Occupational Therapy Assistants 9 8,098 23,539 121,637 2,003 9 Occupational Therapy Assistants 10 Occupational Therapy Aides	Hourly Wage 5
NURSING OCCUPATIONS 1 Registered Nurses (RNs)	3
1 Registered Nurses (RNs) 432,962 103,891 536,853 8,647 2 Licensed Practical Nurses (LPNs) 503,752 120,878 624,630 12,858 3 Certified Nursing Assistants/Nursing Assistants/Aides 811,035 194,612 1,005,647 35,169 4 Total Nursing (Sum of 1 - 3) 1,747,749 419,381 2,167,130 56,674 5 Physical Therapists 210,891 50,604 261,495 4,067 6 Physical Therapy Assistants 45,284 10,866 56,150 1,386 7 Physical Therapy Aides 0 0 0 0 8 Occupational Therapists 98,098 23,539 121,637 2,003 9 Occupational Therapy Assistants 58,440 14,023 72,463 1,833	
2 Licensed Practical Nurses (LPNs) 503,752 120,878 624,630 12,858 3 Certified Nursing Assistants/Nursing Assistants/Aides 811,035 194,612 1,005,647 35,169 4 Total Nursing (Sum of 1 - 3) 1,747,749 419,381 2,167,130 56,674 5 Physical Therapists 210,891 50,604 261,495 4,067 6 Physical Therapy Assistants 45,284 10,866 56,150 1,386 7 Physical Therapy Aides 0 0 0 0 8 Occupational Therapists 98,098 23,539 121,637 2,003 9 Occupational Therapy Assistants 58,440 14,023 72,463 1,833	62.09
3 Certified Nursing Assistants/Nursing Assistants/Aides 811,035 194,612 1,005,647 35,169 4 Total Nursing (Sum of 1 - 3) 1,747,749 419,381 2,167,130 56,674 5 Physical Therapists 210,891 50,604 261,495 4,067 6 Physical Therapy Assistants 45,284 10,866 56,150 1,386 7 Physical Therapy Aides 0 0 0 0 0 8 Occupational Therapists 98,098 23,539 121,637 2,003 9 Occupational Therapy Assistants 58,440 14,023 72,463 1,833	
4 Total Nursing (Sum of 1 - 3) 1,747,749 419,381 2,167,130 56,674 5 Physical Therapists 210,891 50,604 261,495 4,067 6 Physical Therapy Assistants 45,284 10,866 56,150 1,386 7 Physical Therapy Aides 0 0 0 0 8 Occupational Therapists 98,098 23,539 121,637 2,003 9 Occupational Therapy Assistants 58,440 14,023 72,463 1,833	
6 Physical Therapy Assistants 45,284 10,866 56,150 1,386 7 Physical Therapy Aides 0 0 0 0 8 Occupational Therapists 98,098 23,539 121,637 2,003 9 Occupational Therapy Assistants 58,440 14,023 72,463 1,833	38.24
7 Physical Therapy Aides 0 0 0 0 8 Occupational Therapists 98,098 23,539 121,637 2,003 9 Occupational Therapy Assistants 58,440 14,023 72,463 1,833	64.30
8 Occupational Therapists 98,098 23,539 121,637 2,003 9 Occupational Therapy Assistants 58,440 14,023 72,463 1,833	40.51
9 Occupational Therapy Assistants 58,440 14,023 72,463 1,833	0.00
	60.73
10 Occupational Therapy Aides 0 0 0 0	39.53
	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
CONTRACT LABOR	
NURSING OCCUPATIONS	
14 Registered Nurses (RNs) 84,949 84,949 1,269	66.94
15 Licensed Practical Nurses (LPNs) 296,416 296,416 4,852	
16 Certified Nursing Assistants/Nursing Assistants/Aides 234,696 234,696 5,194	
17 Total Nursing (Sum of 14 - 16) 616,061 616,061 11,315	54.45
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

								Net
						Reclassified	Adjust-	Expenses
				_	Reclassi-	Trial	ments to	for Cost
CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	fications 4	Balance 5	Expenses 6	Allocation 7
#	GENERAL SERVICE COST CENTERS	1	2	3	4	5	ь	,
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	Ö	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 INPATIENT ROUTINE SERVICE COST CENTERS	277,225	12,680	289,905	0	289,905	U	289,905
30	Skilled Nursing Facility	1,798,265	733,151	2,531,416	0	2,531,416	-2,905	2,528,511
31	Nursing Facility	1,796,265	733,131	2,531,416	0	2,531,416	-2,905	2,528,511
33	Other Long Term Care	0	0	0	0	0	0	0
33	ANCILLARY SERVICE COST CENTERS	v	v	v	· ·	· ·	v	· ·
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	Ö	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
	OUTPATIENT SERVICE COST CENTERS	0		•			0	•
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost OTHER REIMBURSABLE COST CENTERS	0	0	0	0	U	0	U
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	10,405	0,403	0	10,403	0	10,405
, -	SPECIAL PURPOSE COST CENTERS	v	· ·	ŭ	v	v	v	·
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	6,786,731	19,379,234	26,165,965	0	26,165,965	-1,109,620	25,056,345
	NONREIMBURSABLE COST CENTERS	-	_	_	_	_	_	_
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91 92	Barber and Beauty Shop Physicians Private Offices	0	59,807 0	59,807 0	0	59,807 0	0	59,807 0
92	Nonpaid Workers	0	0	0	0	0	0	0
93	Nonpaid workers Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
	01 Residential	2,327,284	300,114	2,627,398	0	2,627,398	0	2,627,398
		=, ==: , = 0	,	, ,	•	, ,	·	, , ,

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

100

95.02 Marketing

TOTAL

COST CENTER DESCRIPTION

						Net
				Reclassified	Adjust-	Expenses
0.1	0.1	m	Reclassi-	Trial	ments to	for Cost
Salaries	Other 2	Total	fications 4	Balance 5	Expenses 6	Allocation
292,394	739,797	1,032,191	4 0	1,032,191	δ 0	1,032,191
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

Worksheet A-6 Wee

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

Reclassifications

100	TOTAL RECLASSIFICATIONS					21,517				21,517
3	To reclass support surfaces	A	Support Surfaces	51.00	0	17,336	Central Services & S	10.00	0	17,336
2	To reclassify EKG	A	Electrocardiology	47.00	0	207	Nursing Administrati	9.00	0	207
1	To reclass med supply sold	A	Medical Supplies Cha	48.00	0	3,974	Central Services & S	10.00	0	3,974
#	ENTRY	1	2	3	4	5	6	7	8	9
CMS	EXPLANATION OF RECLASSIFICATION	Code	COST CENTER	Increases LINE	SALARY	NON-SALARY	COST CENTER	Decreases LINE	SALARY	NON-SALARY

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 Balances 1	Purchase	Acquisitions Donation 3		Disposals and Retirements 5	Ending Balance 6	Fully Depreciated Assets 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

		Basis for		Expense classification on Worksheet A to/from which the amount is to be adjusted	
CMS #	Description	Adjustmen	nt Amount	Cost Center 3	Line No.
1	Investment income on restricted funds	1	2	3	4
2	Trade, quantity and time discounts on purchases		0		
3	Refunds and rebates of expenses		0		
4	Rental of provider space by suppliers		0		
5	Telephone services (pay stations excluded)		0		
6	Television and radio service		0		
7	Parking lot		0		
-	Remuneration applicable to provider-based physician				
8	adjustment	A82	0		
9	Home office costs		0		
10	Sale of scrap, waste, etc.		0		
11	Nonallowable costs related to certain capital expenditures		0		
	Adjustment resulting from transactions with related				
12	organizations	A81	-375,162		
13	Laundry and Linen service	В	-26,840	Laundry & Linen Service	6
14	Revenue - Employee meals	В	-15,187	Dietary	8
15	Cost of meals - Guests	В	-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	В	-226	Medical Records & Library	12
19	Vending machines		0	-	
	Income from imposition of interest, finance or penalty				
20	charges		0		
	Interest expense on Medicare overpayments and borrowings to				
21	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	В	-47,761	Administrative & General	4
27	Maintenance Income	В		Plant Operation, Maint. & Repairs	5
28	Grounds Income	В		Plant Operation, Maint. & Repairs	5
29	Special Events	A	-30	Administrative & General	4
30	Employee Gifts & Events	A		Administrative & General	4
31	Incontinence Income - SNF	В	,	Skilled Nursing Facility	30
32	Promotion & Public Relations	Α	-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

Amount

Amount

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:

					Allowable	Included in	Adjustments
CMS	Line No.		Cost Center	Expense Items	In Cost	Wkst A col 5	(col 4 - 5)
#	1	-	2	3	4	5	6
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.

			Rela	ated Organization(s)	
			Percentage	Percent	Type
			of	of	of
5	Symbol	Name	Ownership Name	Ownership	Business
#	1	2	3 4	5	6
1	В		100% Springpoint Senio	or Living 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

	st A ne No 1	Cost Center / Physician Identifier 2	Total Remuner- ation 3	Profess- ional Component 4	Provider Component 5	RCE Amount 6	Physician/ Provider Component Hours 7	Unadjusted RCE Limit 8	5% of Unadjusted RCE Limit 9
100		Total	0	0	0		0	0	0
		Cost Center /	Cost of Memberships	Provider Component	Physician Cost of	Provider Component	Adjusted	RCE	
Wk	st A	Physician	& Continuing	Share of	Malpractice	Share of	RCE	Dis-	
	ne No	Identifier	Education	Col 12	Insurance	Col 14	Limit	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

		Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries)	SubTotal 3A	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1	Cap Rel Costs - Bldgs & Fixtures	7,707,732	7,707,732							
2	Cap Rel Costs - Movable Equipment	70,304		70,304						
3	Employee Benefits	2,309,083	12,349	113	2,321,545					
4 5	Administrative & General	3,518,100	213,668	1,948	154,811	3,888,527	3,888,527	4 272 251		
6	Plant Operation, Maint. & Repairs Laundry & Linen Service	3,356,257 56,429	169,524 0	1,546 0	254,179 7,695	3,781,506 64,124	590,845 10,019	4,372,351 0	74,143	
7	Housekeeping	324,767	12,689	116	7,695	411,821	64,345	7,588	74,143	483,754
8	Dietary	3,365,304	213,477	1,947	393,671	3,974,399	620,983	127,649	0	14,148
9	Nursing Administration	636,761	3,377	31	143,108	783,277	122,384	2,019	0	224
10	Central Services & Supply	33,316	18,788	171	. 0	52,275	8,168	11,235	0	1,245
11	Pharmacy	17,399	0	0	0	17,399	2,719	0	0	0
12	Medical Records & Library	-139	1,071	10	0	942	147	640	0	71
13	Social Service	54,574	1,361	12	13,469	69,416	10,846	814	0	90
15	Activities	289,905	22,014	201	68,421	380,541	59,458	13,164	0	1,459
	NCILLARY SERVICE COST CENTERS	0 500 511	400 005	4 600	440 045		400 000	100 656	00.440	40.450
30	Skilled Nursing Facility	2,528,511 0	183,385 0	1,673 0	443,817 0	3,157,386 0	493,329 0	109,656 0	39,113 0	12,153 0
31 33	Nursing Facility Other Long Term Care	0	0	0	0	0	0	0	0	0
	THER REIMBURSABLE COST CENTERS	O .	U	U	U	· ·	U	· ·	U	U
40	Radiology	10,552	0	0	0	10,552	1,649	0	0	0
41	Laboratory	8,020	0	0	0	8,020	1,253	Ö	0	0
42	Intravenous Therapy	5,326	0	0	0	5,326	832	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	442,484	32,146	293	63,225	538,148	84,083	19,222	0	2,130
45	Occupational Therapy	156,538	0	0	38,634	195,172	30,495	0	0	0
46	Speech Pathology	79,888	0	0	19,717	99,605	15,563	0	0	0
47	Electrocardiology	207	0	0	0	207	32	0	0	0
48	Medical Supplies Charged to Patients	3,974	0	0	0	3,974	621	0	0	0
49 50	Drugs Charged to Patients Dental Care - Title XIX only	53,234 0	0	0	0	53,23 4 0	8,318 0	0	0	0
	PECIAL PURPOSE COST CENTERS	U	0	0	0	U	O .	U	0	· ·
51	Support Surfaces	17,336	0	0	0	17,336	2,709	0	0	0
52 N	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	10,483	0	0	0	10,483	1,638	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	25,056,345	883,849	8,061	1,674,996	17,523,670	2,130,436	291,987	39,113	31,520
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 92	Barber and Beauty Shop	59,807 0	9,17 4 0	84 0	0	69,065	10,791	5,485 0	0	608 0
92	Physicians Private Offices Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
	Residential	•	J	J	· ·	ŭ	Ū	J	ŭ	· ·
		2,627,398	6,814,709	62,159	574,385	10,078,651	1,574,749	4,074,879	35,030	451,626
95.02	Marketing			•	•				•	•
		1,032,191	0	0	72,164	1,104,355	172,551	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0

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 (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days)	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 2	Cap Rel Costs - Bldgs & Fixtures Cap Rel Costs - Movable Equipment									
3	Employee Benefits									
4	Administrative & General									
5	Plant Operation, Maint. & Repairs									
6	Laundry & Linen Service									
7	Housekeeping									
8	Dietary	4,737,179								
9	Nursing Administration	0	907,904							
10	Central Services & Supply	0	0	72,923						
11 12	Pharmacy	0	0	0	20,118 0	1,800				
13	Medical Records & Library Social Service	0	0	0	0	1,800	81,166			
15	Activities	0	0	0	0	0	01,100	454,622		
_	NCILLARY SERVICE COST CENTERS	v	Ū	· ·	v	· ·	v	454,022		
30	Skilled Nursing Facility	1,309,157	907,904	72,923	20,118	1,800	81,166	454,622	6,659,327	0
31	Nursing Facility	0	. 0	0	. 0	. 0	. 0	. 0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
C	THER REIMBURSABLE COST CENTERS									
40	Radiology	0	0	0	0	0	0	0	12,201	0
41	Laboratory	0	0	0	0	0	0	0	9,273	0
42	Intravenous Therapy	0	0	0	0	0	0	0	6,158	0
43 44	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy Occupational Therapy	0	0	0	0	0	0	0	643,583 225,667	0
46	Speech Pathology	0	0	0	0	0	0	0	115,168	0
47	Electrocardiology	0	Ö	0	0	0	0	0	239	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	4,595	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	61,552	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
	PECIAL PURPOSE COST CENTERS									
51	Support Surfaces	0	0	0	0	0	0	0	20,045	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
60	ON-REIMBURSABLE COST CENTERS Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	12,121	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	. 0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	1,309,157	907,904	72,923	20,118	1,800	81,166	454,622	7,769,929	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0	85,949	0
92 93	Physicians Private Offices Nonpaid Workers	0	0	0	0	0	0	0	0	0
93	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
	Residential	v	v	v	ŭ	v	•	· ·	· ·	·
1		3,428,022	0	0	0	0	0	0	19,642,957	0
95.02	Marketing	, -,- -							, ,	
	-	0	0	0	0	0	0	0	1,276,906	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0

MEADOW LAKES

Provider CCN: 31-5022

Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Wednes

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

COST ALLOCATION - GENERAL SERVICE COSTS

Total 18

1	Cap Rel Costs - Bldgs & Fixtures	
2	Cap Rel Costs - Movable Equipment	
3	Employee Benefits	
4	Administrative & General	
5	Plant Operation, Maint. & Repairs	
6	Laundry & Linen Service	
7	Housekeeping	
8	Dietary	
9	Nursing Administration	
10	Central Services & Supply	
11	Pharmacy	
12	Medical Records & Library	
13	Social Service	
15	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	2 Marketing	
١		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

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

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

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 TOTAL

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

		Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1	Cap Rel Costs - Bldgs & Fixtures		0							
2	Cap Rel Costs - Movable Equipment	0	0	0						
3	Employee Benefits	0	12,349	113	12,462	12,462				
4	Administrative & General	0	213,668	1,948	215,616	831	216,447			
5	Plant Operation, Maint. & Repairs	0	169,524	1,546	171,070	1,365	32,888	205,323		
6	Laundry & Linen Service	0	0	0	0	41	558	0	599	
7	Housekeeping	0	12,689	116	12,805	399	3,582	356	0	17,142
8	Dietary	0	213,477	1,947	215,424	2,113	34,566	5,994	0	501
9	Nursing Administration	0	3,377	31	3,408	768	6,812	95	0	8
10	Central Services & Supply	0	18,788	171	18,959	0	455	528	0	44
11	Pharmacy	0	0	0	0	0	151	0	0	0
12	Medical Records & Library	0	1,071	10	1,081	0	8	30	0	3
13	Social Service	0	1,361	12	1,373	72	604	38	0	3
15	Activities	0	22,014	201	22,215	367	3,310	618	0	52
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	0	183,385	1,673	185,058	2,383	27,460	5,149	316	431
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS									
40	Radiology	0	0	0	0	0	92	0	0	0
41	Laboratory	0	0	0	0	0	70	0	0	0
42	Intravenous Therapy	0	0	0	0	0	46	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	0	32,146	293	32,439	339	4,680	903	0	75
45	Occupational Therapy	0	0	0	0	207	1,697	0	0	0
46	Speech Pathology	0	0	0	0	106	866	0	0	0
47	Electrocardiology	0	0	0	0	0	2	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	35	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	463	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS	•	•	•	•	•		•		
51	Support Surfaces	0	0	0	0	0	151	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS	•	•	•	•	•	•	•		
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 71	Home Health Agency Cost	0	0	0	0	0	0 91	0	0	0
7 <u>1</u> 74	Ambulance	0	0	0	0	0	91	0	0	0
	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 89	Other Special Purpose Cost Subtotals	0	883,849	8,061	891,910	8,991	118,587	13,711	316	1,117
90		0	883,849 N	8,061	891,910	8,991	118,587	13,711	210	1,117
90	Gift, Flower, Coffee Shops & Canteen	0	9,17 4	84	9,258	0	601	258	0	22
91	Barber and Beauty Shop	0	9,1/4	84 0	9,258	0	901	258	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
	1 Residential	0	6,814,709	62,159	6,876,868	3,084	87,65 4	191,354	283	16,003
	1 Kesidential 2 Marketing	0	6,814,709 O	62,159	0,870,868	3,084	9,605	191,354	283	16,003
95.0	Z marketing Cross Foot Adjustments	U	0	0	U	387	9,605	0	0	0
98	Negative Cost Center		0	0		0	0	0	0	0
,,,	ACQUEIVE COST CENTEL		0	3		3	Ü	3	J	U

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 (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1	Cap Rel Costs - Bldgs & Fixtures									
2	Cap Rel Costs - Movable Equipment									
3	Employee Benefits									
4 5	Administrative & General Plant Operation, Maint. & Repairs									
6	Laundry & Linen Service									
7	Housekeeping									
8	Dietary	258,598								
9	Nursing Administration	230,330	11,091							
10	Central Services & Supply	0	0	19,986						
11	Pharmacy	0	0	0	151					
12	Medical Records & Library	0	0	0	0	1,122				
13	Social Service	0	0	0	0	0	2,090			
15	Activities	0	0	0	0	0	_,;;;	26,562		
	ANCILLARY SERVICE COST CENTERS							.,		
30	Skilled Nursing Facility	71,466	11,091	19,986	151	1,122	2,090	26,562	353,265	0
31	Nursing Facility	0	0	0	0	, 0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
c	OTHER REIMBURSABLE COST CENTERS									
40	Radiology	0	0	0	0	0	0	0	92	0
41	Laboratory	0	0	0	0	0	0	0	70	0
42	Intravenous Therapy	0	0	0	0	0	0	0	46	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0	0	0	38,436	0
45	Occupational Therapy	0	0	0	0	0	0	0	1,904	0
46	Speech Pathology	0	0	0	0	0	0	0	972	0
47	Electrocardiology	0	0	0	0	0	0	0	2	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	35	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	463	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS									
51	Support Surfaces	0	0	0	0	0	0	0	151	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	91	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	71,466	11,091	19,986	151	1,122	2,090	26,562	395,527	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0	10,139	0
92 93	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
95	Patients Laundry	0	0	0	0	0	0	0	0	0
	Other Non Reimbursable Cost Residential	187,132	0	0	0	0	0	0	0 7,362,378	0
	Residential Marketing	187,132	0	0	0	0	0	0	7,362,378 9,992	0
95.02	Marketing Cross Foot Adjustments	0	0	0	0	0	0	0	9,992	0
98	Negative Cost Center	0	0	0	0	0	0	0		0
,,	negative cost center	3	0	0	3	0	U	0		U

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

Cap Rel Costs - Bldgs & Fixtures

Total

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	
13	ANCILLARY SERVICE COST CENTERS	
30	Skilled Nursing Facility	353,265
31	Nursing Facility	0
33	Other Long Term Care	0
33	OTHER REIMBURSABLE COST CENTERS	O
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	2	972
48	Electrocardiology	35
48	Medical Supplies Charged to Patients	463
50	Drugs Charged to Patients	463
50	Dental Care - Title XIX only SPECIAL PURPOSE COST CENTERS	U
51		151
52	Support Surfaces	151
52	Other Ancillary Service Cost Center NON-REIMBURSABLE COST CENTERS	U
		•
60	Clinic	0
63 70	Other Outpatient Service Cost	0
-	Home Health Agency Cost	
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	7 363 370
	01 Residential	7,362,378
	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

			Cap Rel	Cap Rel			Adminis-	Plant Oper	Laundry	
		Directly	Build &	Movable		Employee	trative	Maint. &	& Linen	House-
		Assigned	Fixtures	Equipment		Benefits	& General	Repair	Service	keeping
		Capital	(Square	(Square		(Gross	(Accum.	(Square	(Patient	(Square
		Related Costs	Feet)	Feet)	SubTotal	Salaries)	Cost)	Feet)	Days)	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 (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
TOTAL	258,598	11,091	19,986	151	1,122	2,090	26,562	7,778,036	

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

100

Total

18

TOTAL 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

		Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8
1	Cap Rel Costs - Bldgs & Fixtures	611,666								
2	Cap Rel Costs - Movable Equipment		611,666							
3	Employee Benefits	980	980	9,406,409						
4	Administrative & General	16,956	16,956	627,262	-3,888,527	24,887,214				
5	Plant Operation, Maint. & Repairs	13,453	13,453	1,029,876	0	3,781,506	580,277			
6	Laundry & Linen Service	0	0	31,178	0	64,124	0	30,957		
7	Housekeeping	1,007	1,007	300,839	0	411,821	1,007	0	579,270	
8	Dietary	16,941	16,941	1,595,067	0	3,974,399	16,941	0	16,941	177,281
9	Nursing Administration	268	268	579,844	0	783,277	268	0	268	0
10 11	Central Services & Supply	1,491 0	1,491 0	0	0	52,275 17.399	1,491 0	0	1,491 0	0
12	Pharmacy Medical Records & Library	85	85	0	0	17,399 942	85	0	85	0
13	Social Service	108	108	54,574	0	69,416	108	0	108	0
15	Activities	1,747	1,747	277,225	0	380,541	1,747	0	1,747	0
	ANCILLARY SERVICE COST CENTERS	1,747	1,747	211,225	v	300,341	1,747	·	1,747	· ·
30	Skilled Nursing Facility	14,553	14,553	1,798,265	0	3,157,386	14,553	16,331	14,553	48,993
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	Ö	Ö	Ö	0	0	Ö	Ö	Ö	Ö
	OTHER REIMBURSABLE COST CENTERS									
40	Radiology	0	0	0	0	10,552	0	0	0	0
41	Laboratory	0	0	0	0	8,020	0	0	0	0
42	Intravenous Therapy	0	0	0	0	5,326	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	2,551	2,551	256,175	0	538,148	2,551	0	2,551	0
45	Occupational Therapy	0	0	156,538	0	195,172	0	0	0	0
46	Speech Pathology	0	0	79,888	0	99,605	0	0	0	0
47	Electrocardiology	0	0	0	0	207	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	3,974	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	53,234	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
51	SPECIAL PURPOSE COST CENTERS Support Surfaces	0	0	0	0	17,336	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	17,336	0	0	0	0
	Other Ancillary Service Cost Center	U	U	U	U	U	U	U	U	U
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	Ö	0	0	0	Ö	0	0
71	Ambulance	0	0	0	0	10,483	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotal	70,140	70,140	6,786,731	-3,888,527	13,635,143	38,751	16,331	37,744	48,993
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	728	728	0	0	69,065	728	0	728	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
	Residential	540,798	540,798	2,327,284	0	10,078,651	540,798	14,626	540,798	128,288
	2 Marketing	0	0	292,394	0	1,104,355	0	0	0	0
98	Cross Foot Adjustments	0	0	0	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

		Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days)	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1	Cap Rel Costs - Bldgs & Fixtures						
2	Cap Rel Costs - Movable Equipment						
3	Employee Benefits						
4	Administrative & General						
5	Plant Operation, Maint. & Repairs						
6	Laundry & Linen Service						
7	Housekeeping						
8 9	Dietary	1.6 221					
_	Nursing Administration	16,331	16 221				
10 11	Central Services & Supply	0	16,331 0	16 221			
12	Pharmacy Medical Records & Library	0	0	16,331 0	16,331		
13	Social Service	0	0	0	10,331	16,331	
15	Activities	0	0	0	0	10,331	16,331
	NCILLARY SERVICE COST CENTERS	v	·	v	· ·	·	10,331
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
C	THER 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 50	Drugs Charged to Patients	0	0	0	0	0	0
	Dental Care - Title XIX only	U	U	U	U	U	U
51	SPECIAL PURPOSE COST CENTERS Support Surfaces	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0
_	Other Ancillary Service Cost Center	U	U	U	U	U	U
60	Clinic	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	ő	0	0	0
70	Home Health Agency Cost	0	0	Ö	Ö	Ö	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
	Residential	0	0	0	0	0	0
	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 Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries)	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8
9	Negative Cost Center		0	0	0			0	0	0
2	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
3	Unit Cost Multiplier per Bp1	12.601210	0.114939	0.246805	0.00000	0.156246	7.534938	2.395032	0.835110	26.721301
1	Cost to be Allocated per Bp2	0	0	12,462	0	216,447	205,323	599	17,142	258,598
5	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 Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
•	Negative Cost Center				0	0	
2	Cost to be Allocated per Bp1	907,904	72,923	20,118	1,800	81,166	454,622
3	Unit Cost Multiplier per Bp1	55.593901	4.465311	1.231890	0.110220	4.970057	27.837977
1	Cost to be Allocated per Bp2	11,091	19,986	151	1,122	2,090	26,562
5	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

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

Post Step Down Adjustments

Worksheet B

Description

Part No. Line No. Amount 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

			IUCAI	
CMS	COST CENTER	Total	Charges	Ratio
#		1	2	3
	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

		Ratio of	Health	Care	Health	Care
		cost to	Program	Charges	Program	Cost
	Cost Center Description	charges	Part A	Part B	Part A	Part B
CMS		1	2	3	4	5
#	ANCILLARY SERVICE COST CENTERS					
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
51	Support Surfaces	1.156264	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
	OUTPATIENT SERVICE COST CENTERS					
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	1.156253	0	0	0	0
100	TOTAL		318,268	0	227,447	0

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 Drugs charged to patients - RCC

0.810279 Program vaccine charges Program costs

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

	TI CIMCOMITION OF THE TIME COSTS	OIL THIRDIAND IND IOL	JIDDINIO			
				Ratio of Nursing		Part A
		Total Cost	Nursing &	& Allied Health	Program	Nursing & Allied
		(From	Allied Health	Costs To Total	Part A Cost	Health Costs for
		Worksheet B,	(From Wkst B	Costs - Part A	(From Wkst D	Pass Through
		Part I, Col 18	Part I, Col 14)	(Col 2 / Col 1)	Part I, Col 4)	(Col 3 X Col 4)
		1	2	3	4	5
40	Radiology	0	0	0.00000	2,258	0
41	Laboratory	0	0	0	6,097	0
42	Intravenous Therapy	0	0	0	5,443	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0
44	Physical Therapy	0	0	0	74,712	0
45	Occupational Therapy	0	0	0	65,195	0
46	Speech Pathology	0	0	0	32,889	0
47	Electrocardiology	0	0	0	239	0
48	Medical Supplies Charged to Patients	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	40,614	0
50	Dental Care - Title XIX only	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0
100	TOTAL	0	0	========	227,447	

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

29

30

Balance due provider/program

Protested amounts (Nonallowable cost report items)

PAR	RT 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 10	Recovery of bad debts - for statistical records only Utilization review	0
10	Utilization review	0
11	Subtotal	868,425
12	Interim payments (See instructions)	847,835
13	Tentative adjustment	047,033
14	Other adjustment (See instructions)	0
	Demonstration payment adjustment amount before sequestration	0
	Demonstration payment adjustment amount after sequestration	0
	Sequestration for non-claims based amounts (See instructions)	66
	Sequestration adjustment (See instructions)	17,303
15	Balance due provider/program	3,221
16	Protested amounts (Nonallowable cost report items)	0
	I - SNF REIMBURSEMENT UNDER PPS	
	T 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 22	Cost of covered services	0
23	Primary payor amounts Coinsurance and deductibles	0
24	Consurance and deductiones Reimbursable bad debts	0
	Reimbursable bad debts for dual eligible beneficiaries (see inst	0
	Adjusted reimbursable bad debts (see instructions)	0
24.02	. Injusted reimbarsable sad described total tota	
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

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	Mo/Day/Year Amount	Part B Mo/Day/Year Amount
#		1 2	3 4
1	Total interim payments paid to provider	847,835	0
2	Interim payments payable on individual bills, eithe	0	0
	Lump sums to Provider	0	0
	Lump sums to Provider	0	0
	Lump sums to Provider	0	0
	Lump sums to Provider	0	0
	Lump sums to Provider	0	0
	Lump sums to Program	0	0
	Lump sums to Program	0	0
	Lump sums to Program	0	0
	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
	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 o	f Contractor:	Contractor Number:	
8	Name of Contractor/Number		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

		General	Specific Purpose	Endowment	Plant
CMS	ASSETS (omit cents)	General Fund	Furpose Fund	Fund	Fund
# #	ASSETS (OMIT CENTS)	runa 1	2 - 2	3	4
т	CURRENT ASSETS	-	_	3	-
1	Cash on hand and in banks	6,576,441	0	0	0
2	Temporary investments	0,370,441	0	0	Ö
3	Notes receivable	0	0	0	Ö
4	Accounts receivable	1,872,546	0	0	0
5	Other receivables	-241,110	0	0	0
_	Less: allowances for uncollectible notes and	/			
6	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	TOTAL CURRENT ASSETS	7,693,021	0	0	0
	FIXED ASSETS				
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	TOTAL FIXED ASSETS	38,597,632	0	0	0
	OTHER ASSETS				
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	TOTAL OTHER ASSETS	6,774,133	0	0	0
34	TOTAL ASSETS	53,064,786	0	0	0
1					

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

			Specific		
		General	Purpose	Endowment	Plant
CMS	LIABILITIES AND FUND BALANCES (omit cents)	Fund	Fund	Fund	Fund
#		1	2	3	4
	CURRENT LIABILITIES				
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	TOTAL CURRENT LIABILITIES	3,278,149	0	0	0
	LONG TERM LIABILITIES				
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	TOTAL LONG TERM LIABILITIES	79,618,184	0	0	0
51	TOTAL LIABILITIES	82,896,333	0	0	0
	CAPITAL ACCOUNTS				
52	General fund balance	-29,831,547			
53	Specific purpose fund		0		
	Donor created - endowment fund balance -				
54	restricted		0	0	
	Donor created - endowment fund balance -				
55	unrestricted			0	
	Governing body created - endowment fund			_	
56	balance			0	
57	Plant fund balance - invested in plant				0
	Plant fund balance - reserve for plant				_
58	improvement, replacement and expansion				0
59	TOTAL FUND BALANCES	-29,831,547	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	53,064,786	0	0	0

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 PURPO	OSE FUND	ENDOWMENT	FUND	PLANT	FUND
	1	2	3	4	5	6	7	8
Fund balances - beginning		-27084618		0		0		
Net income (loss)		-2630133						
Total		-2971 4 751		0	-	0		0
Additions (Credit adjustments)	0		0		0		0	
	-116799		0		0		0	
Rounding	3		0		0		0	
•	0		0		0		0	
	0		0		0		0	
	0		0		0		0	
					-			
Total Additions		-116796		0		0		0
Subtotal		-29831547		0		0		0
Deductions (Debit adjustments)	0		0		0		0	
	0		0		0		0	
	0		0		0		0	
	0		0		0		0	
	0		0		0		0	
	0		0		0		0	
matal dadasticas	_				-			
Total deductions Fund balances - ending		-29831547		0		0		0
rund barances - ending		-23031347		U		U		U

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	Outpatient	Total
#		1	2	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

Description	
Operating Expenses	29,885,361
Additions	0
	0
	0
	0
	0
	0
Total Additions	0
Deductions	0
	0
	0
	0
	0
Total Deductions	0
Total Operating Expenses	29,885,361
	Operating Expenses Additions Total Additions Deductions Total Deductions

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:		3,310,100
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	Ö	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	Ö	
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	
13	Revenue from sale of medical and surgical supplies to other	· ·	
16	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	
	Other Income	27,737	
	? Temporary Restricted -	141,761	
24.02	• •	19,042	
	FV of Derivative Inst	245,261	
	Guest House Income	30,438	
24.00	5 FASB 158 Adoption	-5 4 ,787 0	
24.50	COVID-19 PHE Funding	U	
25	Total other income		1 462 657
25	Total other income		1,463,657
26	Total		-2,482,523
27	Other Expenses (specify)	0	-2,462,525
28	Net Change In FV of Derivative Inst	147,610	
29	Net Change in FV OI Derivative inst	147,610	
29.01		0	
29.01		U	
30	Total other expenses		147,610
30	Total office evbeliges		147,610
31	Net income (or loss) for the period		-2,630,133
J±	net income (or 1000) for the period		-2,030,133