

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

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

Worksheet S Saturday, May 3, 2025 at 11:52:47 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, 2024 and ending December 31, 2024, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX
1		2
1		I have read and agree with the above certification statement.
		I certify that I intend my electronic signature on this
		certification statement to be the legally binding equivalent
		of my original signature.
2	Printed name _____	
3	Title _____	
4	Signature date _____	

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
CMS #		1	2	3	4
1	SNF	0	3,379	0	0
100	Total	0	3,379	0	0

ECR Encryption Information:

PI Encryption Information:

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

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part I Saturday, May 3, 2025 at 11:52:47 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)	01/01/2024	12/31/2024				
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?	N

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20	Straight Line	5,150,064
21	Declining Balance.	
22	Sum of the Years' Digits	
23	Sum of lines 20 through 22	5,150,064
24	If depreciation is funded, enter the balance as of the end of the period.	
25	Were there any disposal of capital assets during the cost reporting period? (Y/N)	Yes
26	Was accelerated depreciation claimed on any assets in the current or any prior cost report applies?	N
27	Did you cease to participate in the Medicare program at the end of the period to which this cost report applies (See PRM 15-1, Chapter 1)?	N
28	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports?	N

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

	Part A No	Part B No	Other	
29	Skilled Nursing Facility			
30	Nursing Facility			
32	SNF-Based HHA			
36	SNF-Based OLTC		Y/N	
37	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients?		N	
38	Are you legally-required to carry malpractice insurance?		N	
39	Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If policy is "occurrence", enter 2.		1	
40	What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			
41	List malpractice premiums and paid losses	Premiums 90969	Paid Losses 0	Self Insurance 100000
42	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			Y/N
43	Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column 1.			N
44	If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name and address of the home office on lines 45-47.			Yes
45	Name / Contractor Name / Contractor Number			H48370
46	SPRINGPOINT SENIOR LIVING	NOVITAS	12301	
47	Street / PO Box			
	4814 OUTLOOK DRIVE			
47	City / State / Zip			
	WALL TOWNSHIP	NJ	07753	

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part II Saturday, May 3, 2025 at 11:52:47 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	Y		
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
APPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	03/31/2025	Y 03/31/2025
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last Name/Title	1 Luca	2 Pasqualetti	3 Preparer
20	Employer.	Zimmet Healthcare Services Group LLC		
21	Telephone number/Email address.	732-970-0733	costreports@zhealthcare.com	

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part I Saturday, May 3, 2025 at 11:52:47 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
		1	2	Title V	Title XVIII	Title XIX	Other	
1	Skilled Nursing Facility	60	21,960	0	1,874	6,293	9,027	17,194
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	21,960	0	1,874	6,293	9,027	17,194

CMS #	Component	Discharges				Average Length of Stay			
		Title V	Title XVIII	Title XIX	Other	Title V	Title XVIII	Title XIX	Total
1	Skilled Nursing Facility	8	9	10	11	12	13	14	15
2	Nursing Facility	0	54	6	76	136	0.00	34.70	1,048.83
4	Home Health Agency Cost	0		0	0	0	0.00	0.00	0.00
5	Other Long Term Care				0	0			0.00
8	Total	0	54	6	76	136	0.00	34.70	1,048.83

CMS #	Component	Admissions				FTE	
		Title V	Title XVIII	Title XIX	Other	Paid	Non-Paid
1	Skilled Nursing Facility	17	18	19	20	21	22
2	Nursing Facility	0	71	5	65	141	180.07
4	Home Health Agency Cost	0		0	0	0	0.00
5	Other Long Term Care				0	0	0.00
8	Total	0	71	5	65	141	180.07

MEADOW LAKES
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Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part II Saturday, May 3, 2025 at 11:52:47 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6 Adjusted Salaries		
		1	2	3	4
1	Total Salary	10,500,924	0	10,500,924	374,537.00
2	Physician salaries - Part A	0	0	0	0.00
3	Physician salaries - Part B	0	0	0	0.00
4	Home office personnel	0	0	0	0.00
5	Sum of lines 2 through 4	0	0	0	0.00
6	Revised wages (line 1 - 5)	10,500,924	0	10,500,924	374,537.00
7	Other Long Term Care	0	0	0	0.00
8	Home Health Agency	0	0	0	0.00
9	CMHC	0	0	0	0.00
10	Hospice	0	0	0	0.00
11	Other Excluded Areas	2,702,717	0	2,702,717	101,225.00
		-----	-----	-----	-----
12	Subtotal Excluded salary (Sum of lines 7-11)	2,702,717	0	2,702,717	101,225.00
		=====	=====	=====	=====
13	Total Adjusted Salaries (Line 6 - 12)	7,798,207	0	7,798,207	273,312.00
	OTHER WAGES AND RELATED COSTS				
14	Contract Labor: Patient Related & Mgmt	505,006	0	505,006	10,176.00
15	Contract Labor: Physician services - Part A	0	0	0	0.00
16	Home office salaries & wage related costs	1,216,911	0	1,216,911	18,184.00
	WAGE RELATED COSTS				
17	Wage related costs (See Part IV)	2,463,235	0	2,463,235	
18	Wage related costs (See Part IV)	0	0	0	
19	Wage related costs (excluded units)	633,985	0	633,985	
20	Physicians Part A - WRC	0	0	0	
21	Physicians Part B - WRC	0	0	0	
		-----	-----	-----	-----
22	Total Adjusted Wage Related cost	1,829,250	0	1,829,250	

MEADOW LAKES
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Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part III Saturday, May 3, 2025 at 11:52:47 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass. of Salaries from Wkst. A-6 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	669,437	0	669,437	11,339	59.04
3	Plant Operation, Maint. & Repairs	1,101,785	0	1,101,785	46,192	23.85
4	Laundry & Linen Service	39,733	0	39,733	2,010	19.77
5	Housekeeping	347,552	0	347,552	17,071	20.36
6	Dietary	1,826,253	0	1,826,253	91,481	19.96
7	Nursing Administration	550,731	0	550,731	14,356	38.36
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	65,166	0	65,166	1,872	34.81
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	287,242	0	287,242	13,394	21.45
14	Total	4,887,899	0	4,887,899	197,715	24.72

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part IV Saturday, May 3, 2025 at 11:52:47 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	146,620
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)	1,219,321
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)	23,479
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	268,721
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	764,038
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	41,056
	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)	2,463,235
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part V Saturday, May 3, 2025 at 11:52:47 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
	DIRECT SALARIES					
	NURSING OCCUPATIONS					
1	Registered Nurses (RNs)	780,435	183,069	963,504	12,723	75.73
2	Licensed Practical Nurses (LPNs)	499,460	117,160	616,620	11,852	52.03
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,085,315	254,586	1,339,901	40,066	33.44
4	Total Nursing (Sum of 1 - 3)	2,365,210	554,815	2,920,025	64,641	45.17
5	Physical Therapists	265,288	62,229	327,517	4,786	68.43
6	Physical Therapy Assistants	38,725	9,084	47,809	941	50.81
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	101,390	23,783	125,173	1,857	67.41
9	Occupational Therapy Assistants	58,080	13,624	71,704	1,724	41.59
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	81,615	19,145	100,760	1,647	61.18
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)	105,845		105,845	1,392	76.04
15	Licensed Practical Nurses (LPNs)	142,304		142,304	2,386	59.64
16	Certified Nursing Assistants/Nursing Assistants/Aides	256,857		256,857	6,398	40.15
17	Total Nursing (Sum of 14 - 16)	505,006		505,006	10,176	49.63
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 1/1/2024 to 12/31/2024

Worksheet A Saturday, May 3, 2025 at 11:52:47 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs - Bldgs & Fixtures		7,741,328	7,741,328	206,623	7,947,951	62,635	8,010,586
2	Cap Rel Costs - Movable Equipment		67,594	67,594	0	67,594	25,019	92,613
3	Employee Benefits	0	2,507,646	2,507,646	0	2,507,646	0	2,507,646
4	Administrative & General	669,437	4,073,162	4,742,599	-206,623	4,535,976	-1,208,782	3,327,194
5	Plant Operation, Maint. & Repairs	1,101,785	2,751,986	3,853,771	0	3,853,771	-70,820	3,782,951
6	Laundry & Linen Service	39,733	62,562	102,295	0	102,295	-38,919	63,376
7	Housekeeping	347,552	31,659	379,211	0	379,211	0	379,211
8	Dietary	1,826,253	2,116,275	3,942,528	0	3,942,528	-337,716	3,604,812
9	Nursing Administration	550,731	70,488	621,219	-148	621,071	0	621,071
10	Central Services & Supply	0	511	511	0	511	0	511
11	Pharmacy	0	12,954	12,954	0	12,954	0	12,954
12	Medical Records & Library	0	1,350	1,350	0	1,350	0	1,350
13	Social Service	65,166	0	65,166	0	65,166	0	65,166
15	Other General Service Cost	287,242	15,454	302,696	0	302,696	0	302,696
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Skilled Nursing Facility	2,365,210	647,987	3,013,197	0	3,013,197	0	3,013,197
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS							
40	Radiology	0	9,166	9,166	0	9,166	0	9,166
41	Laboratory	0	8,370	8,370	0	8,370	0	8,370
42	Intravenous Therapy	0	7,719	7,719	0	7,719	0	7,719
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	304,013	175,313	479,326	0	479,326	0	479,326
45	Occupational Therapy	159,470	0	159,470	0	159,470	0	159,470
46	Speech Pathology	81,615	0	81,615	0	81,615	0	81,615
47	Electrocardiology	0	0	0	148	148	0	148
48	Medical Supplies Charged to Patients	0	35,101	35,101	0	35,101	0	35,101
49	Drugs Charged to Patients	0	70,837	70,837	0	70,837	0	70,837
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
	OUTPATIENT SERVICE COST CENTERS							
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS							
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	32,100	32,100	0	32,100	0	32,100
74	Other Reimbursable Cost	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS							
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	7,798,207	20,439,562	28,237,769	0	28,237,769	-1,568,583	26,669,186
	NONREIMBURSABLE COST CENTERS							
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	59,938	59,938	0	59,938	0	59,938
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	2,400,028	307,940	2,707,968	0	2,707,968	0	2,707,968

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet A Saturday, May 3, 2025 at 11:52:47 PM

Reclassification and Adjustment of Trial Balance of Expenses

					Reclassified	Adjust-	Net
		Salaries	Other	Total	Reclassi-	ments to	Expenses
CMS	COST CENTER DESCRIPTION	1	2	3	fications	Expenses	for Cost
#					4	6	Allocation
95.02	Marketing	302,689	440,509	743,198	0	0	743,198
100	TOTAL	10,500,924	21,247,949	31,748,873	0	-1,568,583	30,180,290

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet A-6 Saturday, May 3, 2025 at 11:52:47 PM

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 capital costs	A	Cap Rel Costs - Bldg	1.00	0	206,623	Administrative & Gen	4.00	0	206,623
2	To reclassify EKG	A	Electrocardiology	47.00	0	148	Nursing Administrati	9.00	0	148
100	TOTAL RECLASSIFICATIONS				0	206,771			0	206,771

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet A-7 Saturday, May 3, 2025 at 11:52:47 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	-----	Acquisitions	-----	Disposals	and	Ending	Fully
		Balances	Purchase	Donation	Total	Retirements	Balance	Balance	Depreciated
		1	2	3	4	5	6	7	Assets
1	Land	737,810	0	0	0	0	737,810	0	0
2	Land Improvements	0	0	0	0	0	0	0	0
3	Buildings & Fixtures	86,150,030	3,118,907	0	3,118,907	2,631,477	86,637,460	2,350,957	
4	Building Improvements	0	0	0	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0	0	0	0
6	Movable Equipment	4,417,598	1,086,227	0	1,086,227	735,431	4,768,394	29,033	
7	Subtotal	91,305,438	4,205,134	0	4,205,134	3,366,908	92,143,664	2,379,990	
8	Reconciling Items	0	0	0	0	0	0	0	
9	Total	91,305,438	4,205,134	0	4,205,134	3,366,908	92,143,664	2,379,990	

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet A-8 Saturday, May 3, 2025 at 11:52:47 PM

Adjustments to Expenses

CMS #	Description	Basis for		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		Adjustment	Amount	Cost Center		
		1	2	3		4
1	Investment income on restricted funds	B	-249,620	Administrative & General		4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	-446,510			
12	Laundry and Linen service	B	-38,919	Laundry & Linen Service		6
14	Revenue - Employee meals	B	-20,192	Dietary		8
15	Cost of meals - Guests	B	-317,524	Dietary		8
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Miscellaneous Income-Operating	B	-4,548	Administrative & General		4
26	Bad Debts	A	-329,294	Administrative & General		4
27	Realized Gain/Loss on Investment	B	-54,414	Administrative & General		4
28	Maintenance Income	B	-37,160	Plant Operation, Maint. & Repairs		5
29	Grounds Income	B	-33,660	Plant Operation, Maint. & Repairs		5
30	Other Income-Non-Operating	B	-15,885	Administrative & General		4
31	Expenses from Contributed Funds	B	-20,857	Administrative & General		4
			=====			
100	TOTAL		-1,568,583			

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet A-8-1 Saturday, May 3, 2025 at 11:52:47 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	2	3	4	5	(col 4 - 5) 6
1	4	Administrative & General	Home Office - Operational	802,289	2,553,364	-1,751,075
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	62,787	0	62,787
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	25,019	0	25,019
4	4	Administrative & General	Home Office - Salaries and Wages	1,216,911	0	1,216,911
5	1	Cap Rel Costs - Bldgs & Fixtures	Interest Income	-152	0	-152
10		TOTALS		2,106,854	2,553,364	-446,510

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

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

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

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

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

Provider CCN: 31-5022

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

Worksheet A-8-2

Saturday, May 3, 2025 at 11:52:47 PM

Provider-Based Physicians Adjustments

100100

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Saturday, May 3, 2025 at 11:52:47 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	11,022,481
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	10,452
41 Laboratory	9,544
42 Intravenous Therapy	8,802
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	692,218
45 Occupational Therapy	225,645
46 Speech Pathology	115,483
47 Electrocardiology	169
48 Medical Supplies Charged to Patients	40,024
49 Drugs Charged to Patients	80,773
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	36,603
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	12,242,194
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	86,080
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	16,921,422
95.02 Marketing	930,594
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Saturday, May 3, 2025 at 11:52:47 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
100 TOTAL	30,180,290	8,010,586	92,613	2,520,628	30,180,290	3,712,516	4,818,358	83,140	551,102

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Saturday, May 3, 2025 at 11:52:47 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	5,022,991	865,455	36,905	14,771	3,610	94,838	466,619	30,180,290	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Saturday, May 3, 2025 at 11:52:47 PM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 30,180,290

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Saturday, May 3, 2025 at 11:52:47 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1 Cap Rel Costs - Bldgs & Fixtures	0	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	12,834	148	12,982	12,982				
4 Administrative & General	0	222,063	2,568	224,631	827	225,458			
5 Plant Operation, Maint. & Repairs	0	176,185	2,037	178,222	1,362	35,994	215,578		
6 Laundry & Linen Service	0	0	0	0	49	621	0	670	
7 Housekeeping	0	13,188	152	13,340	430	4,054	374	0	18,198
8 Dietary	0	221,865	2,565	224,430	2,257	36,358	6,293	0	533
9 Nursing Administration	0	3,510	41	3,551	681	6,447	100	0	8
10 Central Services & Supply	0	19,527	226	19,753	0	173	554	0	47
11 Pharmacy	0	0	0	0	0	110	0	0	0
12 Medical Records & Library	0	1,113	13	1,126	0	21	32	0	3
13 Social Service	0	1,414	16	1,430	81	701	40	0	3
15 Other General Service Cost	0	22,879	265	23,144	355	3,363	649	0	55
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	190,591	2,203	192,794	2,926	32,145	5,407	670	457
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	78	0	0	0
41 Laboratory	0	0	0	0	0	71	0	0	0
42 Intravenous Therapy	0	0	0	0	0	66	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	33,409	386	33,795	376	4,992	948	0	80
45 Occupational Therapy	0	0	0	0	197	1,684	0	0	0
46 Speech Pathology	0	0	0	0	101	862	0	0	0
47 Electrocardiology	0	0	0	0	0	1	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	299	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	603	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	273	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	0	918,578	10,620	929,198	9,642	128,916	14,397	670	1,186
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	9,534	110	9,644	0	593	270	0	23
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01 Residential	0	7,082,474	81,883	7,164,357	2,966	89,000	200,911	0	16,989
95.02 Marketing	0	0	0	0	374	6,949	0	0	0
98 Cross Foot Adjustments		0	0		0	0	0	0	0
99 Negative Cost Center		0	0		0	0	0	0	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Saturday, May 3, 2025 at 11:52:47 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	565,636
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	78
41 Laboratory	71
42 Intravenous Therapy	66
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	40,289
45 Occupational Therapy	1,933
46 Speech Pathology	990
47 Electrocardiology	1
48 Medical Supplies Charged to Patients	299
49 Drugs Charged to Patients	603
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	273
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	610,239
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	10,530
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	7,475,008
95.02 Marketing	7,422
98 Cross Foot Adjustments	
99 Negative Cost Center	

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Saturday, May 3, 2025 at 11:52:47 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	2A	3	4	5	6	7
100 TOTAL	0	8,010,586	92,613	8,103,199	12,982	225,458	215,578	670	18,198

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Saturday, May 3, 2025 at 11:52:47 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	269,871	10,787	20,527	110	1,182	2,276	27,660	8,103,199	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Saturday, May 3, 2025 at 11:52:47 PM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 8,103,199

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	10,500,924					
4	Administrative & General	16,956	16,956	669,437	-3,712,516	26,467,774			
5	Plant Operation, Maint. & Repairs	13,453	13,453	1,101,785	0	4,225,644	580,277		
6	Laundry & Linen Service	0	0	39,733	0	72,913	0	17,194	
7	Housekeeping	1,007	1,007	347,552	0	475,977	1,007	0	579,270
8	Dietary	16,941	16,941	1,826,253	0	4,267,614	16,941	0	16,941
9	Nursing Administration	268	268	550,731	0	756,819	268	0	268
10	Central Services & Supply	1,491	1,491	0	0	20,264	1,491	0	1,491
11	Pharmacy	0	0	0	0	12,954	0	0	0
12	Medical Records & Library	85	85	0	0	2,476	85	0	85
13	Social Service	108	108	65,166	0	82,238	108	0	108
15	Other General Service Cost	1,747	1,747	287,242	0	394,789	1,747	0	1,747
	ANCILLARY SERVICE COST CENTERS								
30	Skilled Nursing Facility	14,553	14,553	2,365,210	0	3,773,732	14,553	17,194	14,553
31	Nursing Facility	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS								
40	Radiology	0	0	0	0	9,166	0	0	0
41	Laboratory	0	0	0	0	8,370	0	0	0
42	Intravenous Therapy	0	0	0	0	7,719	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	2,551	2,551	304,013	0	586,096	2,551	0	2,551
45	Occupational Therapy	0	0	159,470	0	197,749	0	0	0
46	Speech Pathology	0	0	81,615	0	101,206	0	0	0
47	Electrocardiology	0	0	0	0	148	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	35,101	0	0	0
49	Drugs Charged to Patients	0	0	0	0	70,837	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS								
51	Support Surfaces	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	32,100	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0
89	Subtotal	70,140	70,140	7,798,207	-3,712,516	15,133,912	38,751	17,194	37,744
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	728	728	0	0	69,582	728	0	728
92	Physicians Private Offices	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0
95.01	Residential	540,798	540,798	2,400,028	0	10,448,425	540,798	0	540,798
95.02	Marketing	0	0	302,689	0	815,855	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Saturday, May 3, 2025 at 11:52:47 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1 Cap Rel Costs - Bldgs & Fixtures						
2 Cap Rel Costs - Movable Equipment						
3 Employee Benefits						
4 Administrative & General						
5 Plant Operation, Maint. & Repairs						
6 Laundry & Linen Service						
7 Housekeeping						
8 Dietary						
9 Nursing Administration	17,194					
10 Central Services & Supply	0	17,194				
11 Pharmacy	0	0	17,194			
12 Medical Records & Library	0	0	0	3,617,417		
13 Social Service	0	0	0	65,166	17,194	
15 Other General Service Cost	0	0	0	287,242	0	17,194
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	17,194	17,194	17,194	17,194	17,194	17,194
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	304,013	0	0
45 Occupational Therapy	0	0	0	159,470	0	0
46 Speech Pathology	0	0	0	81,615	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	17,194	17,194	17,194	914,700	17,194	17,194
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	2,400,028	0	0
95.02 Marketing	0	0	0	302,689	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Saturday, May 3, 2025 at 11:52:47 PM

COST ALLOCATION - STATISTICAL BASIS

		Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
102	Cost to be Allocated per Bp1	8,010,586	92,613	2,520,628	0	3,712,516	4,818,358	83,140	551,102	5,022,991
103	Unit Cost Multiplier per Bp1	13.096340	0.151411	0.240039	0.000000	0.140266	8.303548	4.835408	0.951373	97.378756
104	Cost to be Allocated per Bp2	0	0	12,982	0	225,458	215,578	670	18,198	269,871
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.001236	0.000000	0.008518	0.371509	0.038967	0.031415	5.231883

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Saturday, May 3, 2025 at 11:52:47 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
99	Negative Cost Center	0	0	0	0	0
102	Cost to be Allocated per Bp1	865,455	36,905	14,771	3,610	94,838
103	Unit Cost Multiplier per Bp1	50.334710	2.146388	0.859079	0.000998	5.515761
104	Cost to be Allocated per Bp2	10,787	20,527	110	1,182	2,276
105	Unit Cost Multiplier per Bp2	0.627370	1.193847	0.006398	0.000327	0.132372
						1.608701

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet B-2 Saturday, May 3, 2025 at 11:52:47 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 1/1/2024 to 12/31/2024

Worksheet C Saturday, May 3, 2025 at 11:52:47 PM

Ratio of Cost of Charges
for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total 1	Total Charges 2	Ratio 3
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	10,452	9,166	1.140301
41	Laboratory	9,544	8,370	1.140263
42	Intravenous Therapy	8,802	7,719	1.140303
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	692,218	780,406	0.886997
45	Occupational Therapy	225,645	382,359	0.590139
46	Speech Pathology	115,483	175,351	0.658582
47	Electrocardiology	169	148	1.141892
48	Medical Supplies Charged to Patients	40,024	35,101	1.140252
49	Drugs Charged to Patients	80,773	94,858	0.851515
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	36,603	32,100	1.140280
100	TOTAL	1,219,713	1,525,578	

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet D Part I Saturday, May 3, 2025 at 11:52:47 PM

Skilled Nursing Facility
Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

Cost Center Description		Ratio of	----- Health Care -----	----- Health Care -----	
		cost to	---- Program Charges ---	----- Program Cost -----	
		charges	Part A	Part B	Part A
		1	2	3	4
					5
CMS #	ANCILLARY SERVICE COST CENTERS				
40	Radiology	1.140301	2,912	0	3,321
41	Laboratory	1.140263	5,306	0	6,050
42	Intravenous Therapy	1.140303	6,124	0	6,983
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0
44	Physical Therapy	0.886997	118,822	0	105,395
45	Occupational Therapy	0.590139	158,897	0	93,771
46	Speech Pathology	0.658582	79,373	0	52,274
47	Electrocardiology	1.141892	148	0	169
48	Medical Supplies Charged to Patients	1.140252	420	0	479
49	Drugs Charged to Patients	0.851515	58,829	0	50,094
50	Dental Care - Title XIX only	0.000000	0	0	0
51	Support Surfaces	0.000000	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60	Clinic	0.000000	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0
71	Ambulance	1.140280	0	0	0
100	TOTAL		430,831	0	318,536

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet D Part II Saturday, May 3, 2025 at 11:52:47 PM

Skilled Nursing Facility
Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.851515
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18 1	Nursing & Allied Health (From Wkst B Part I, Col 14) 2	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1) 3	Program Part A Cost (From Wkst D Part I, Col 4) 4	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4) 5
40	Radiology	0	0.000000	3,321	0
41	Laboratory	0	0	6,050	0
42	Intravenous Therapy	0	0	6,983	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	105,395	0
45	Occupational Therapy	0	0	93,771	0
46	Speech Pathology	0	0	52,274	0
47	Electrocardiology	0	0	169	0
48	Medical Supplies Charged to Patients	0	0	479	0
49	Drugs Charged to Patients	0	0	50,094	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	318,536	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Saturday, May 3, 2025 at 11:52:47 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS	#	DESCRIPTION	AMOUNT
	1	Inpatient days incl. private	17,194
	2	Private room days	0
	3	Inpatient days incl. Program prvt.	1,874
	4	Med. nec. Program prvt. room days	0
	5	Total general Inpatient routine svc.s co	11,022,481
		PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
	6	General Inpatient routine service charge	1,056,880
	7	General Inpatient routine service RCC	10.429264
	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	11,022,481
		PROGRAM INPATIENT ROUTINE SERVICE COSTS	
	16	Adjusted general Inpatient per diem cost	641.07
	17	Program routine service cost	1,201,365
	18	Med. nec. program prvt. room cost	0
	19	Total program general Inpatient cost	1,201,365
	20	Capital related cost allocated to inpati	565,636
	21	Per diem capital related costs	32.90
	22	Program capital related cost	61,655
	23	Inpatient routine service cost	1,139,710
	24	Aggregate charges to beneficiaries for e	0
	25	Total program routine service costs for	1,139,710
	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 1/1/2024 to 12/31/2024

Worksheet D-1 Saturday, May 3, 2025 at 11:52:47 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)	17,194
2	Program inpatient days (see instructions)	1,874
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.108992
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet E Saturday, May 3, 2025 at 11:52:47 PM

Calculation of Reimbursement Settlement
Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	1,236,116
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	1,236,116
4	Primary payor amounts	7,640
5	Coinsurance	146,472
6	Reimbursable bad debts (From your records)	5,304
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	5,304
8	Adjusted reimbursable bad debts. (See instructions)	3,448
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,085,452
12	Interim payments (See instructions)	1,060,364
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)	69
14.99	Sequestration adjustment (See instructions)	21,640
15	Balance due provider/program	3,379
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

Provider CCN: 31-5022

Worksheet E-1

Saturday, May 3, 2025 at 11:52:47 PM

----- Inpatient Part A --- ----- Part B -----

TO BE COMPLETED BY CONTRACTOR

Name of Contractor: _____ Contractor Number: _____

8 Name of Contractor/Number 0 0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet G Saturday, May 3, 2025 at 11:52:47 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT ASSETS				
1	Cash on hand and in banks	5,748,570	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,537,205	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and accounts receivable	609,422	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	510,372	0	0	0
9	Other current assets	1,171,368	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	8,358,093	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	86,637,460	0	0	0
16	Less: Accumulated depreciation	53,106,336	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	4,768,393	0	0	0
24	Less: Accumulated depreciation	1,978,891	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	572,403	0	0	0
28	TOTAL FIXED ASSETS	37,630,839	0	0	0
	OTHER ASSETS				
29	Investments	0	0	0	0
30	Deposits on leases	3,522,632	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	1,180,149	0	0	0
33	TOTAL OTHER ASSETS	4,702,781	0	0	0
34	TOTAL ASSETS	50,691,713	0	0	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet G Saturday, May 3, 2025 at 11:52:47 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT LIABILITIES				
35	Accounts payable	1,626,855	0	0	0
36	Salaries, wages & fees payable	1,234,252	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	577,924	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	790,042	0	0	0
43	TOTAL CURRENT LIABILITIES	4,229,073	0	0	0
	LONG TERM LIABILITIES				
44	Mortgage payable	25,545,493	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	53,542,043	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	79,087,536	0	0	0
51	TOTAL LIABILITIES	83,316,609	0	0	0
	CAPITAL ACCOUNTS				
52	General fund balance	-32,624,896			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	TOTAL FUND BALANCES	-32,624,896	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	50,691,713	0	0	0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet G-1 Saturday, May 3, 2025 at 11:52:47 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		-29831547		0		0		0
2	Net income (loss)		-2807422						
3	Total		-32638969		0		0		0
4	Additions (Credit adjustments)	0		0		0		0	
5	Temporary Restricted - Contributions	166393		0		0		0	
6		0		0		0		0	
7		0		0		0		0	
8		0		0		0		0	
9		0		0		0		0	
10	Total Additions		166393		0		0		0
11	Subtotal		-32472576		0		0		0
12	Deductions (Debit adjustments)	0		0		0		0	
13	Prior Period Activity	152320		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		152320		0		0		0
19	Fund balances - ending		-32624896		0		0		0

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part I Saturday, May 3, 2025 at 11:52:47 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	9,195,809		9,195,809
2	Nursing Facility	0		0
4	Other Long Term Care	20,374,445		20,374,445
		-----	-----	-----
5	Total general Inpatient care services	29,570,254		29,570,254
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,116,892	0	1,116,892
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0	0	0
		=====	=====	=====
14	Total Patient Revenues	30,687,146	0	30,687,146

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part II Saturday, May 3, 2025 at 11:52:47 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses	31,748,873	
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	

8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	

14	Total Deductions		0

15	Total Operating Expenses	31,748,873	=====

MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2024 to 12/31/2024

Worksheet G-3 Saturday, May 3, 2025 at 11:52:47 PM

Statement of Revenues and Expenses

CMS #	Description	
1	Total Patient Revenues	30,687,146
2	Less: contractual allowances and ...	3,341,067
3	Net Patient Revenues (Line 1 - 2)	27,346,079
4	Less: total operating expenses	31,748,873
5	Net income from service to patients (Line 3 - 4)	-4,402,794
	Other Income:	
6	Contributions, donations, bequests, etc.	133,616
7	Income from investments	440,627
	Revenues from communications (Telephone and Internet service)	3,330
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	38,919
14	Revenue from meals sold to employees and guests	337,716
15	Revenue from rental of living quarters	0
	Revenue from sale of medical and surgical supplies to other than patients	0
17	Revenue from sale of drugs to other than patients	0
18	Revenue from sale of medical records and abstracts	0
19	Tuition (fees, sales of textbooks, uniforms, etc)	0
20	Revenue from gifts, flowers, coffee shops, canteen	0
21	Rental of vending machines	607
22	Rental of skilled nursing space	0
23	Government appropriations	0
24	Barber & Beauty	84,440
24.01	Miscellaneous Income	4,548
24.02	Other Income	131,180
24.03	Grounds Income	86,867
24.04	Restricted Funds/Contributions	152,321
24.05	Guest House Income	35,906
24.06	Net Change In FV of Derivative Inst	145,295
24.50	COVID-19 PHE Funding	
25	Total other income	1,595,372
26	Total	-2,807,422
27	Other Expenses (specify)	0
28		0
29		0
30	Total other expenses	0
31	Net income (or loss) for the period	-2,807,422