

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

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

Worksheet S Tuesday, May 23, 2023 at 6:27:31 AM

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

PART I - COST REPORT STATUS

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Springpoint at Meadow Lakes (31-5022) for the cost report period beginning January 1, 2022 and ending December 31, 2022, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	
	1	2
1 _____	_____	_____
2 Printed name _____		
3 Title _____		
4 Signature date _____		

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.

PART III - SETTLEMENT SUMMARY

CMS #	Description	Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	7,024	0	0
4	SNF-Based HHA	0	0	0	0
100	Total	0	7,024	0	0

ECR Encryption Information: _____
 PI Encryption Information: _____

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

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet S-2 Part I Tuesday, May 23, 2023 at 6:27:31 AM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS

#

1 Street / P.O. Box: 300 Etra Road
 2 City / State / Zip: HIGHTSTOWN NJ 07814
 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	Springpoint at 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)	01/01/2022	12/31/2022				
15	Type of Control (See Instructions)		2				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? No

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 4,817,732
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 4,817,732
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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

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

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

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	92354	0	100000

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

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

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

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

SPRINGPOINT AT MEADOW LAKES
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 Period from 1/1/2022 to 12/31/2022

Worksheet S-2 Part II Tuesday, May 23, 2023 at 6:27:31 AM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	Y		
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
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	03/31/2023	Y 03/31/2023
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	Connor Pliskin	2	3
20	Employer.	Zimmet Healthcare		Preparer
21	Telephone number/Email address.	732-970-0733		costreports@zhealthcare.com

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
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Worksheet S-3 Part I Tuesday, May 23, 2023 at 6:27:31 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	60	21,900	0	1,157	5,787	6,958	13,902
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	60	21,900	0	1,157	5,787	6,958	13,902

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	47	4	81	132	0.00	24.62	1,446.75	105.32
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	47	4	81	132	0.00	24.62	1,446.75	105.32

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	63	9	67	139	171.66	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	63	9	67	139	171.66	0

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Worksheet S-3 Part II Tuesday, May 23, 2023 at 6:27:31 AM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	9,164,130	0	9,164,130	357,051.00	25.67
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)	9,164,130	0	9,164,130	357,051.00	25.67
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	2,280,453	0	2,280,453	85,821.00	26.57
12	Subtotal Excluded salary (Sum of lines 7-11)	2,280,453	0	2,280,453	85,821.00	26.57
13	Total Adjusted Salaries (Line 6 - 12)	6,883,677	0	6,883,677	271,230.00	25.38
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	296,464	0	296,464	6,949.00	42.66
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	1,350,905	0	1,350,905	20,955.00	64.47
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,304,448	0	2,304,448		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	573,452	0	573,452		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,730,996	0	1,730,996		

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Worksheet S-3 Part III Tuesday, May 23, 2023 at 6:27:31 AM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	558,535	0	558,535	11,299	49.43
3	Plant Operation, Maint. & Repairs	1,023,457	0	1,023,457	45,602	22.44
4	Laundry & Linen Service	46,856	0	46,856	2,611	17.95
5	Housekeeping	757,388	0	757,388	39,113	19.36
6	Dietary	1,564,787	0	1,564,787	81,942	19.10
7	Nursing Administration	419,519	0	419,519	11,234	37.34
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	119,063	0	119,063	3,601	33.06
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	208,971	0	208,971	11,286	18.52
14	Total	4,698,576	0	4,698,576	206,688	22.73

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Worksheet S-3 Part IV Tuesday, May 23, 2023 at 6:27:31 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	137,978
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)	1,268,104
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	160,113
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	670,053
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	68,200
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)	2,304,448
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Tuesday, May 23, 2023 at 6:27:31 AM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
DIRECT SALARIES						
NURSING OCCUPATIONS						
1	Registered Nurses (RNs)	526,818	132,431	659,249	10,985	60.01
2	Licensed Practical Nurses (LPNs)	595,571	149,715	745,286	16,775	44.43
3	Certified Nursing Assistants/Nursing Assistants/Aides	612,921	154,076	766,997	27,987	27.41
4	Total Nursing (Sum of 1 - 3)	1,735,310	436,222	2,171,532	55,747	38.95
5	Physical Therapists	98,040	24,645	122,685	1,731	70.88
6	Physical Therapy Assistants	74,473	18,721	93,194	1,835	50.79
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	108,152	27,187	135,339	1,770	76.46
9	Occupational Therapy Assistants	69,468	17,463	86,931	1,778	48.89
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	102,725	25,823	128,548	1,681	76.47
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)	3,888		3,888	49	79.35
15	Licensed Practical Nurses (LPNs)	68,590		68,590	1,257	54.57
16	Certified Nursing Assistants/Nursing Assistants/Aides	223,987		223,987	5,643	39.69
17	Total Nursing (Sum of 14 - 16)	296,465		296,465	6,949	42.66
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

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Worksheet A Tuesday, May 23, 2023 at 6:27:31 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		7,451,320	7,451,320	-319,735	7,131,585	-205,455	6,926,130
2	Cap Rel Costs - Movable Equipment		62,569	62,569	448,213	510,782	33,543	544,325
3	Employee Benefits	0	2,307,739	2,307,739	0	2,307,739	0	2,307,739
4	Administrative & General	558,535	3,355,456	3,913,991	-128,478	3,785,513	-594,587	3,190,926
5	Plant Operation, Maint. & Repairs	1,023,457	2,382,157	3,405,614	0	3,405,614	-66,237	3,339,377
6	Laundry & Linen Service	46,856	35,692	82,548	0	82,548	-21,204	61,344
7	Housekeeping	0	0	0	0	0	0	0
7.01	Housekeep Residential Medical	535,073	76,349	611,422	0	611,422	-12,912	598,510
7.02	Housekeep Medical Residential	222,315	36,984	259,299	0	259,299	0	259,299
8	Dietary	1,564,787	1,552,039	3,116,826	0	3,116,826	-248,067	2,868,759
9	Nursing Administration	419,519	46,676	466,195	0	466,195	0	466,195
10	Central Services & Supply	0	126,508	126,508	-2,499	124,009	0	124,009
11	Pharmacy	0	10,882	10,882	0	10,882	0	10,882
12	Medical Records & Library	0	100	100	0	100	0	100
13	Social Service	119,063	1,613	120,676	0	120,676	0	120,676
15	Activities	208,971	20,428	229,399	0	229,399	0	229,399
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,732,244	505,335	2,237,579	0	2,237,579	-14,139	2,223,440
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	5,190	5,190	-207	4,983	0	4,983
41	Laboratory	0	8,555	8,555	0	8,555	0	8,555
42	Intravenous Therapy	0	0	0	1,393	1,393	0	1,393
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	452,857	2,252	455,109	-280,345	174,764	0	174,764
45	Occupational Therapy	0	0	0	177,620	177,620	0	177,620
46	Speech Pathology	0	0	0	102,725	102,725	0	102,725
47	Electrocardiology	0	0	0	207	207	0	207
48	Medical Supplies Charged to Patients	0	0	0	2,499	2,499	0	2,499
49	Drugs Charged to Patients	0	51,152	51,152	-1,393	49,759	0	49,759
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	13,019	13,019	0	13,019	0	13,019
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	6,883,677	18,052,015	24,935,692	0	24,935,692	-1,129,058	23,806,634
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	49,641	49,641	0	49,641	0	49,641
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0

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Worksheet A Tuesday, May 23, 2023 at 6:27:31 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
95.01	Residential	1,945,411	207,822	2,153,233	0	2,153,233	0	2,153,233
95.02	Marketing	335,042	596,667	931,709	0	931,709	0	931,709
00	TOTAL	9,164,130	18,906,145	28,070,275	0	28,070,275	-1,129,058	26,941,217

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet A-6 Tuesday, May 23, 2023 at 6:27:31 AM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases				
			COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass med supply sold	A	Medical Supplies Cha	48.00	0	2,499	Central Services & S	10.00	0	2,499
2	To reclass depreciation	B	Cap Rel Costs - Mova	2.00	0	448,213	Cap Rel Costs - Bldg	1.00	0	448,213
3	To reclass property insurance	C	Cap Rel Costs - Bldg	1.00	0	128,478	Administrative & Gen	4.00	0	128,478
4	To reclassify EKG	D	Electrocardiology	47.00	0	207	Radiology	40.00	0	207
5	To reclass OT costs	E	Occupational Therapy	45.00	177,620	0	Physical Therapy	44.00	177,620	0
6	To reclass ST costs	F	Speech Pathology	46.00	102,725	0	Physical Therapy	44.00	102,725	0
7	To reclass IV Therapy cost	G	Intravenous Therapy	42.00	0	1,393	Drugs Charged to Pat	49.00	0	1,393
100	TOTAL RECLASSIFICATIONS				280,345	580,790			280,345	580,790

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet A-7 Tuesday, May 23, 2023 at 6:27:31 AM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	737,810	0	0	737,810	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	84,558,064	2,437,819	0	86,995,883	3,196,579
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	3,864,216	604,165	0	4,468,381	772,601
7	Subtotal	89,160,090	3,041,984	0	92,202,074	3,969,180
8	Reconciling Items	0	0	0	0	0
9	Total	89,160,090	3,041,984	0	92,202,074	3,969,180

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8 Tuesday, May 23, 2023 at 6:27:31 AM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-26	Administrative & General	4	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	-602,113			
12	Laundry and Linen service	B	-21,204	Laundry & Linen Service	6	
14	Revenue - Employee meals	B	-10,091	Dietary	8	
15	Cost of meals - Guests	B	-11,253	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	Residential Meal Income	B	-75,839	Dietary	8	
26	Incontinence Income	B	-14,139	Skilled Nursing Facility	30	
27	Miscellaneous Income	B	-4,169	Administrative & General	4	
28	Nutritional Supplement Income	B	-1,171	Dietary	8	
29	Bad debts	A	-104,653	Administrative & General	4	
30	Maintenance Income	B	-66,237	Plant Operation, Maint. & Repairs	5	
31	Housekeeping Income	B	-12,912	Housekeep Residential		
Medical	7.01					
32	Other Dining Income	B	-72,837	Dietary	8	
33	Other Dining Income	B	-54,017	Dietary	8	
34	Investment inc	B	-78,397	Cap Rel Costs - Bldgs & Fixtures	1	
100	TOTAL		-1,129,058			

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-1 Tuesday, May 23, 2023 at 6:27:31 AM

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

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

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Included in Wkst A col 5	
1	4	Administrative & General	Home Office - Operational	1,663,059	2,148,798	-485,739
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	64,383	0	64,383
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap MME	33,543	0	33,543
4	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Interest Expense	76,471	0	76,471
5	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-267,912	0	-267,912
6	8	Dietary	Home Office - Dietician Services	0	22,859	-22,859
10		TOTALS		1,569,544	2,171,657	-602,113

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

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

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

Symbol #	Name	----- Related Organization(s) -----			
		Percentage of Ownership	Name	Percent of Ownership	Type of Business
1	B	0%	Springpoint Senior 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:

SPRINGPOINT AT MEADOW LAKES
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 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-2 Tuesday, May 23, 2023 at 6:27:31 AM

Provider-Based Physicians Adjustments

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

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

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:27:31 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	6,926,130	6,926,130							
2 Cap Rel Costs - Movable Equipment	544,325		544,325						
3 Employee Benefits	2,307,739	11,097	872	2,319,708					
4 Administrative & General	3,190,926	191,999	15,089	141,381	3,539,395	3,539,395			
5 Plant Operation, Maint. & Repairs	3,339,377	152,334	11,972	259,067	3,762,750	569,102	4,331,852		
6 Laundry & Linen Service	61,344	0	0	11,861	73,205	11,072	0	84,277	
7 Housekeeping	0	11,403	896	0	12,299	1,860	7,517	0	21,676
7.01 Housekeep Residential									
Medical	598,510	0	0	135,442	733,952	111,006	0	0	0
7.02 Housekeep Medical									
Residential	259,299	0	0	56,274	315,573	47,729	0	0	0
8 Dietary	2,868,759	191,829	15,076	396,093	3,471,757	525,082	126,466	0	634
9 Nursing Administration	466,195	3,035	238	106,192	575,660	87,065	2,001	0	10
10 Central Services & Supply	124,009	16,883	1,327	0	142,219	21,510	11,131	0	56
11 Pharmacy	10,882	0	0	0	10,882	1,646	0	0	0
12 Medical Records & Library	100	962	76	0	1,138	172	635	0	3
13 Social Service	120,676	1,223	96	30,138	152,133	23,009	806	0	4
15 Activities	229,399	19,782	1,555	52,897	303,633	45,923	13,042	0	65
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	2,223,440	164,789	12,951	438,482	2,839,662	429,482	108,640	41,069	545
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	4,983	0	0	0	4,983	754	0	0	0
41 Laboratory	8,555	0	0	0	8,555	1,294	0	0	0
42 Intravenous Therapy	1,393	0	0	0	1,393	211	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	174,764	28,886	2,270	43,668	249,588	37,749	19,044	0	95
45 Occupational Therapy	177,620	0	0	44,961	222,581	33,664	0	0	0
46 Speech Pathology	102,725	0	0	26,003	128,728	19,469	0	0	0
47 Electrocardiology	207	0	0	0	207	31	0	0	0
48 Medical Supplies Charged to Patients	2,499	0	0	0	2,499	378	0	0	0
49 Drugs Charged to Patients	49,759	0	0	0	49,759	7,526	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	13,019	0	0	0	13,019	1,969	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	23,806,634	794,222	62,418	1,742,459	16,615,570	1,977,703	289,282	41,069	1,412
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	49,641	8,243	648	0	58,532	8,853	5,435	0	27
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	2,153,233	6,123,665	481,259	492,440	9,250,597	1,399,097	4,037,135	43,208	20,237
95.02 Marketing	931,709	0	0	84,809	1,016,518	153,742	0	0	0

SPRINGPOINT AT MEADOW LAKES
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 Period from 1/1/2022 to 12/31/2022

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COST ALLOCATION - GENERAL SERVICE COSTS

	SubTotal	Adjustments	Total
	16	17	18
1 Cap Rel Costs - Bldgs & Fixtures			
2 Cap Rel Costs - Movable Equipment			
3 Employee Benefits			
4 Administrative & General			
5 Plant Operation, Maint. & Repairs			
6 Laundry & Linen Service			
7 Housekeeping			
7.01 Housekeep Residential			
Medical			
7.02 Housekeep Medical			
Residential			
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	6,042,283	0	6,042,283
31 Nursing Facility	0	0	0
33 Other Long Term Care	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40 Radiology	5,737	0	5,737
41 Laboratory	9,849	0	9,849
42 Intravenous Therapy	1,604	0	1,604
43 Oxygen (Inhalation) Therapy	0	0	0
44 Physical Therapy	330,566	0	330,566
45 Occupational Therapy	256,245	0	256,245
46 Speech Pathology	148,197	0	148,197
47 Electrocardiology	238	0	238
48 Medical Supplies Charged to Patients	2,877	0	2,877
49 Drugs Charged to Patients	57,285	0	57,285
50 Dental Care - Title XIX only	0	0	0
SPECIAL PURPOSE COST CENTERS			
51 Support Surfaces	0	0	0
52 Other Ancillary Service Cost Center	0	0	0
NON-REIMBURSABLE COST CENTERS			
60 Clinic	0	0	0
63 Other Outpatient Service Cost	0	0	0
70 Home Health Agency Cost	0	0	0
71 Ambulance	14,988	0	14,988
74 Other Reimbursable Cost	0	0	0
84 Other Special Purpose Cost	0	0	0
89 Subtotals	6,869,869	0	6,869,869
90 Gift, Flower, Coffee Shops & Canteen	0	0	0
91 Barber and Beauty Shop	79,722	0	79,722
92 Physicians Private Offices	0	0	0
93 Nonpaid Workers	0	0	0
94 Patients Laundry	0	0	0
95 Other Non Reimbursable Cost	0	0	0
95.01 Residential	18,821,366	0	18,821,366
95.02 Marketing	1,170,260	0	1,170,260

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COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	26,941,217	6,926,130	544,325	2,319,708	26,941,217	3,539,395	4,331,852	84,277	21,676

SPRINGPOINT AT MEADOW LAKES
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COST ALLOCATION - GENERAL SERVICE COSTS

	House-keeping (Square Feet) 7.01	House-keeping (Square Feet) 7.02	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	
99	Negative Cost Center	0	0	0	0	0	0	0	0	
100	TOTAL	844,958	363,302	4,283,917	667,267	188,996	12,528	2,751	176,972	379,160

SPRINGPOINT AT MEADOW LAKES
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COST ALLOCATION - GENERAL SERVICE COSTS

	SubTotal	Adjustments	Total
	16	17	18
98	<hr/>	<hr/>	<hr/>
Cross Foot Adjustments	0	0	0
99	0	0	0
Negative Cost Center			
100	26,941,217	0	26,941,217
TOTAL			

SPRINGPOINT AT MEADOW LAKES
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 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:27:31 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1 Cap Rel Costs - Bldgs & Fixtures	0	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	11,097	872	11,969	11,969				
4 Administrative & General	0	191,999	15,089	207,088	729	207,817			
5 Plant Operation, Maint. & Repairs	0	152,334	11,972	164,306	1,337	33,423	199,066		
6 Laundry & Linen Service	0	0	0	0	61	650	0	711	
7 Housekeeping	0	11,403	896	12,299	0	109	345	0	12,753
7.01 Housekeep Residential Medical	0	0	0	0	699	6,517	0	0	0
7.02 Housekeep Medical Residential	0	0	0	0	290	2,802	0	0	0
8 Dietary	0	191,829	15,076	206,905	2,044	30,829	5,814	0	374
9 Nursing Administration	0	3,035	238	3,273	548	5,112	92	0	6
10 Central Services & Supply	0	16,883	1,327	18,210	0	1,263	511	0	33
11 Pharmacy	0	0	0	0	0	97	0	0	0
12 Medical Records & Library	0	962	76	1,038	0	10	29	0	2
13 Social Service	0	1,223	96	1,319	155	1,351	37	0	2
15 Activities	0	19,782	1,555	21,337	273	2,696	599	0	38
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	164,789	12,951	177,740	2,263	25,216	4,992	346	320
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	44	0	0	0
41 Laboratory	0	0	0	0	0	76	0	0	0
42 Intravenous Therapy	0	0	0	0	0	12	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	28,886	2,270	31,156	225	2,216	875	0	56
45 Occupational Therapy	0	0	0	0	232	1,977	0	0	0
46 Speech Pathology	0	0	0	0	134	1,143	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	22	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	442	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	116	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	794,222	62,418	856,640	8,990	116,125	13,294	346	831
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	8,243	648	8,891	0	520	250	0	16
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	6,123,665	481,259	6,604,924	2,541	82,145	185,522	365	11,906
95.02 Marketing	0	0	0	0	438	9,027	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

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ALLOCATION OF CAPITAL - RELATED COSTS

	SubTotal	Adjustments	Total
	16	17	18
1 Cap Rel Costs - Bldgs & Fixtures			
2 Cap Rel Costs - Movable Equipment			
3 Employee Benefits			
4 Administrative & General			
5 Plant Operation, Maint. & Repairs			
6 Laundry & Linen Service			
7 Housekeeping			
7.01 Housekeep Residential Medical			
7.02 Housekeep Medical Residential			
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	331,446	0	331,446
31 Nursing Facility	0	0	0
33 Other Long Term Care	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40 Radiology	44	0	44
41 Laboratory	76	0	76
42 Intravenous Therapy	12	0	12
43 Oxygen (Inhalation) Therapy	0	0	0
44 Physical Therapy	34,733	0	34,733
45 Occupational Therapy	2,209	0	2,209
46 Speech Pathology	1,277	0	1,277
47 Electrocardiology	2	0	2
48 Medical Supplies Charged to Patients	22	0	22
49 Drugs Charged to Patients	442	0	442
50 Dental Care - Title XIX only	0	0	0
SPECIAL PURPOSE COST CENTERS			
51 Support Surfaces	0	0	0
52 Other Ancillary Service Cost Center	0	0	0
NON-REIMBURSABLE COST CENTERS			
60 Clinic	0	0	0
63 Other Outpatient Service Cost	0	0	0
70 Home Health Agency Cost	0	0	0
71 Ambulance	116	0	116
74 Other Reimbursable Cost	0	0	0
84 Other Special Purpose Cost	0	0	0
89 Subtotals	370,379	0	370,379
90 Gift, Flower, Coffee Shops & Canteen	0	0	0
91 Barber and Beauty Shop	9,736	0	9,736
92 Physicians Private Offices	0	0	0
93 Nonpaid Workers	0	0	0
94 Patients Laundry	0	0	0
95 Other Non Reimbursable Cost	0	0	0
95.01 Residential	7,080,875	0	7,080,875
95.02 Marketing	9,465	0	9,465

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:27:31 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)	
	0	1	2	2A	3	4	5	6	7	
98	Cross Foot Adjustments	0	0		0	0	0	0	0	
99	Negative Cost Center	0	0		0	0	0	0	0	
100	TOTAL	0	6,926,130	544,325	7,470,455	11,969	207,817	199,066	711	12,753

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:27:31 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	House-keeping (Square Feet) 7.01	House-keeping (Square Feet) 7.02	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	7,216	3,092	247,326	9,053	20,137	97	1,086	2,873	25,083

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:27:31 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	SubTotal	Adjustments	Total
	16	17	18
98		0	
99		0	
100		0	
Cross Foot Adjustments		0	
Negative Cost Center		0	
TOTAL	7,470,455	0	7,470,455

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:27:31 AM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	House- keeping (Square Feet) 7.01
1	Cap Rel Costs - Bldgs & Fixtures	611,666							
2	Cap Rel Costs - Movable Equipment		611,666						
3	Employee Benefits	980	9,164,130						
4	Administrative & General	16,956	16,956	558,535	-3,539,395	23,401,822			
5	Plant Operation, Maint. & Repairs	13,453	13,453	1,023,457	0	3,762,750	580,277		
6	Laundry & Linen Service	0	0	46,856	0	73,205	0	28,528	
7	Housekeeping	1,007	1,007	0	0	12,299	1,007	0	579,270
7.01	Housekeep Residential Medical	0	0	535,073	0	733,952	0	0	540,798
7.02	Housekeep Medical Residential	0	0	222,315	0	315,573	0	0	0
8	Dietary	16,941	16,941	1,564,787	0	3,471,757	16,941	0	16,941
9	Nursing Administration	268	268	419,519	0	575,660	268	0	268
10	Central Services & Supply	1,491	1,491	0	0	142,219	1,491	0	1,491
11	Pharmacy	0	0	0	0	10,882	0	0	0
12	Medical Records & Library	85	85	0	0	1,138	85	0	85
13	Social Service	108	108	119,063	0	152,133	108	0	108
15	Activities	1,747	1,747	208,971	0	303,633	1,747	0	1,747
ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	14,553	14,553	1,732,244	0	2,839,662	14,553	13,902	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	4,983	0	0	0
41	Laboratory	0	0	0	0	8,555	0	0	0
42	Intravenous Therapy	0	0	0	0	1,393	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	2,551	2,551	172,512	0	249,588	2,551	0	2,551
45	Occupational Therapy	0	0	177,620	0	222,581	0	0	0
46	Speech Pathology	0	0	102,725	0	128,728	0	0	0
47	Electrocardiology	0	0	0	0	207	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	2,499	0	0	0
49	Drugs Charged to Patients	0	0	0	0	49,759	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	13,019	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	6,883,677	-3,539,395	13,076,175	38,751	13,902	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	58,532	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	1,945,411	0	9,250,597	540,798	14,626	540,798

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:27:31 AM

COST ALLOCATION - STATISTICAL BASIS

	House-keeping (Square Feet) 7.02	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1 Cap Rel Costs - Bldgs & Fixtures								
2 Cap Rel Costs - Movable Equipment								
3 Employee Benefits								
4 Administrative & General								
5 Plant Operation, Maint. & Repairs								
6 Laundry & Linen Service								
7 Housekeeping								
7.01 Housekeep Residential Medical								
7.02 Housekeep Medical Residential	38,472							
8 Dietary	16,941	170,351						
9 Nursing Administration	268	0	13,902					
10 Central Services & Supply	1,491	0	0	13,902				
11 Pharmacy	0	0	0	0	13,902			
12 Medical Records & Library	85	0	0	0	0	13,902		
13 Social Service	108	0	0	0	0	0	13,902	
15 Activities	1,747	0	0	0	0	0	0	13,902
ANCILLARY SERVICE COST CENTERS								
30 Skilled Nursing Facility	14,553	42,063	13,902	13,902	13,902	13,902	13,902	13,902
31 Nursing Facility	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
40 Radiology	0	0	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44 Physical Therapy	2,551	0	0	0	0	0	0	0
45 Occupational Therapy	0	0	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
51 Support Surfaces	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS								
60 Clinic	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0
89 Subtotal	37,744	42,063	13,902	13,902	13,902	13,902	13,902	13,902
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	728	0	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0
95.01 Residential	0	128,288	0	0	0	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:27:31 AM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Patient Days) 6	House- keeping (Square Feet) 7	House- keeping (Square Feet) 7.01
95.02 Marketing	0	0	335,042	0	1,016,518	0	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
102 Cost to be Allocated per Bp1	6,926,130	544,325	2,319,708	0	3,539,395	4,331,852	84,277	21,676	844,958
103 Unit Cost Multiplier per Bp1	11.323386	0.889906	0.253129	0.000000	0.151244	7.465145	2.954185	0.037420	1.562428
104 Cost to be Allocated per Bp2	0	0	11,969	0	207,817	199,066	711	12,753	7,216
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.001306	0.000000	0.008880	0.343053	0.024923	0.022016	0.013343

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:27:31 AM

COST ALLOCATION - STATISTICAL BASIS

	House-keeping (Square Feet)	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)
	7.02	8	9	10	11	12	13	15
95.02 Marketing	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	363,302	4,283,917	667,267	188,996	12,528	2,751	176,972	379,160
103 Unit Cost Multiplier per Bp1	9.443283	25.147589	47.997914	13.594878	0.901165	0.197885	12.729967	27.273774
104 Cost to be Allocated per Bp2	3,092	247,326	9,053	20,137	97	1,086	2,873	25,083
105 Unit Cost Multiplier per Bp2	0.080370	1.451861	0.651201	1.448497	0.006977	0.078118	0.206661	1.804273

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2022 to 12/31/2022

Worksheet B-2 Tuesday, May 23, 2023 at 6:27:31 AM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet C Tuesday, May 23, 2023 at 6:27:31 AM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	5,737	5,190	1.105395
41	Laboratory	9,849	12,387	0.795108
42	Intravenous Therapy	1,604	1,393	1.151472
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	330,566	629,773	0.524897
45	Occupational Therapy	256,245	404,070	0.634160
46	Speech Pathology	148,197	180,813	0.819615
47	Electrocardiology	238	207	1.149758
48	Medical Supplies Charged to Patients	2,877	2,499	1.151261
49	Drugs Charged to Patients	57,285	58,589	0.977743
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	14,988	13,019	1.151240
100	TOTAL	827,586	1,307,940	

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part I Tuesday, May 23, 2023 at 6:27:31 AM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	1.105395	3,156	0	3,489	0
41	Laboratory	0.795108	5,571	0	4,430	0
42	Intravenous Therapy	1.151472	1,393	0	1,604	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.524897	81,931	0	43,005	0
45	Occupational Therapy	0.634160	113,219	0	71,799	0
46	Speech Pathology	0.819615	55,882	0	45,802	0
47	Electrocardiology	1.149758	207	0	238	0
48	Medical Supplies Charged to Patients	1.151261	0	0	0	0
49	Drugs Charged to Patients	0.977743	35,913	0	35,114	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	1.151240	0	0	0	0
100	TOTAL		297,272	0	205,481	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part II Tuesday, May 23, 2023 at 6:27:31 AM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.977743
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	0	0	3,489	0
41	Laboratory	0	0	4,430	0
42	Intravenous Therapy	0	0	1,604	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	43,005	0
45	Occupational Therapy	0	0	71,799	0
46	Speech Pathology	0	0	45,802	0
47	Electrocardiology	0	0	238	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	35,114	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	205,481	0

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2022 to 12/31/2022

Worksheet D-1 Tuesday, May 23, 2023 at 6:27:31 AM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	13,902
2	Private room days	0
3	Inpatient days incl. Program prvt.	1,157
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	6,042,283
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	564,890
7	General Inpatient routine service RCC	10.696389
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	6,042,283
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	434.63
17	Program routine service cost	502,867
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	502,867
20	Capital related cost allocated to inpati	331,446
21	Per diem capital related costs	23.84
22	Program capital related cost	27,583
23	Inpatient routine service cost	475,284
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	475,284
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2022 to 12/31/2022

Worksheet D-1 Tuesday, May 23, 2023 at 6:27:31 AM

Computation of Inpatient Routine Costs

Part II - Calculation of Inpatient Nursing & Allied Health Cost for PPS Pass-through
Skilled Nursing Facility
Title XVIII

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	13,902
2	Program inpatient days (see instructions)	1,157
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.083225
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet E Tuesday, May 23, 2023 at 6:27:31 AM

Calculation of Reimbursement Settlement
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	724,129
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	724,129
4	Primary payor amounts	0
5	Coinsurance	42,596
6	Reimbursable bad debts (From your records)	10,945
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	10,388
8	Adjusted reimbursable bad debts. (See instructions)	7,114
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	688,647
12	Interim payments (See instructions)	673,779
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)	90
14.99	Sequestration adjustment (See instructions)	7,754
15	Balance due provider/program	7,024
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

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

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

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

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

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet E-1 Tuesday, May 23, 2023 at 6:27:31 AM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ----		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		673,779		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		673,779		0

TO BE COMPLETED BY CONTRACTOR

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

Name of Contractor: _____ Contractor Number: _____

8 Name of Contractor/Number 0 0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet G Tuesday, May 23, 2023 at 6:27:31 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	7,098,539	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,409,250	0	0	0
5	Other receivables	-380,735	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	0	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	540,199	0	0	0
9	Other current assets	372,358	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	9,039,611	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	86,995,883	0	0	0
16	Less: Accumulated depreciation	49,806,607	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	4,468,381	0	0	0
24	Less: Accumulated depreciation	2,406,851	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	582,402	0	0	0
28	TOTAL FIXED ASSETS	40,571,018	0	0	0
OTHER ASSETS					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	4,980,646	0	0	0
33	TOTAL OTHER ASSETS	4,980,646	0	0	0
34	TOTAL ASSETS	54,591,275	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet G Tuesday, May 23, 2023 at 6:27:32 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
CURRENT LIABILITIES					
35	Accounts payable	594,574	0	0	0
36	Salaries, wages & fees payable	907,705	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	545,307	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	1,146,251	0	0	0
43	TOTAL CURRENT LIABILITIES	3,193,837	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	26,679,002	0	0	0
45	Notes payable	1,515,686	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	50,287,368	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	78,482,056	0	0	0
51	TOTAL LIABILITIES	81,675,893	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	-27,084,618			
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	-27,084,618	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	54,591,275	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet G-1 Tuesday, May 23, 2023 at 6:27:32 AM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		-23925866		0		0		0
2 Net income (loss)		-2898455						
3 Total		-26824321		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	-260297		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		-260297		0		0		0
11 Subtotal		-27084618		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	0		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		0		0		0		0
19 Fund balances - ending		-27084618		0		0		0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part I Tuesday, May 23, 2023 at 6:27:32 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	6,531,699		6,531,699
2	Nursing Facility	0		0
4	Other Long Term Care	18,050,790		18,050,790
		-----	-----	-----
5	Total general Inpatient care services	24,582,489		24,582,489
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,118,083	0	1,118,083
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	25,700,572	0	25,700,572

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part II Tuesday, May 23, 2023 at 6:27:32 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		28,070,275
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		28,070,275

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2022 to 12/31/2022

Worksheet G-3 Tuesday, May 23, 2023 at 6:27:32 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		25,700,572
2	Less: contractual allowances and ...		2,423,989
3	Net Patient Revenues (Line 1 - 2)		23,276,583
4	Less: total operating expenses		28,070,275
5	Net income from service to patients (Line 3 - 4)		-4,793,692
	Other Income:		
6	Contributions, donations, bequests, etc.	52,620	
7	Income from investments	-477,251	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	21,204	
14	Revenue from meals sold to employees and guests	225,209	
15	Revenue from rental of living quarters	0	
	Revenue from sale of medical and surgical supplies to other than patients	0	
16	Revenue from sale of drugs to other than patients	0	
17	Revenue from sale of medical records and abstracts	0	
18	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	496	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	73,324	
24.01	Other Income	97,457	
24.02	Temporary Restricted -	0	
24.03	Net Assets Released	220,644	
24.04	FV of Derivative Inst	1,556,607	
24.05	PPP Forgiveness	53,484	
24.06		0	
24.50	COVID-19 PHE Funding	0	

25	Total other income		1,823,794

26	Total		-2,969,898
27	Other Expenses (specify)	0	
28	FASB 158 Adoption	-71,443	
29		0	
29.01		0	

30	Total other expenses		-71,443

31	Net income (or loss) for the period		-2,898,455
			=====