

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

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

Worksheet S Thursday, May 5, 2022 at 2:50:36 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 Springpoint at Meadow Lakes (31-5022) for the cost report period beginning January 1, 2021 and ending December 31, 2021, 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 OF ADMINISTRATOR	CHECKBOX	
	1	2
1 _____	<input type="checkbox"/>	<input type="checkbox"/>
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 #		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	11,885	0	0
100	Total	0	11,885	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 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Thursday, May 5, 2022 at 2:50:36 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 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)		01/01/2021	12/31/2021			
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
 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 4,714,985
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 4,714,985
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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

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

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

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	87597		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
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Thursday, May 5, 2022 at 2:50:36 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	03/30/2022	Y 03/30/2022
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	2	3
	Sandy Richek			Preparer
20	Employer.			
	Zimmet Healthcare Services Group LLC			
21	Telephone number/Email address.			
	732 970-0733 costreports@zhealthcare.com			

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part I Thursday, May 5, 2022 at 2:50:36 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
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	60	21,900	0	1,585	755	12,205	14,545
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	1,585	755	12,205	14,545

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	60	0	94	154	0.00	26.42	0.00	94.45
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	60	0	94	154	0.00	26.42	0.00	94.45

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	75	0	78	153	178.82	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	75	0	78	153	178.82	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part II Thursday, May 5, 2022 at 2:50:36 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	5
1	Total Salary	9,103,880	0	9,103,880	371,949.00	24.48
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)	9,103,880	0	9,103,880	371,949.00	24.48
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	2,173,488	0	2,173,488	87,000.00	24.98
12	Subtotal Excluded salary (Sum of lines 7-11)	2,173,488	0	2,173,488	87,000.00	24.98
13	Total Adjusted Salaries (Line 6 - 12)	6,930,392	0	6,930,392	284,949.00	24.32
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	53,160	0	53,160	1,039.00	51.16
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	1,422,475	0	1,422,475	19,420.00	73.25
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,476,530	0	2,476,530		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	591,254	0	591,254		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,885,276	0	1,885,276		

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part III Thursday, May 5, 2022 at 2:50:36 PM

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	586,416	0	586,416	10,621	55.21
3	Plant Operation, Maint. & Repairs	1,018,040	0	1,018,040	45,511	22.37
4	Laundry & Linen Service	45,592	0	45,592	2,581	17.66
5	Housekeeping	698,105	0	698,105	39,054	17.88
6	Dietary	1,525,779	0	1,525,779	82,891	18.41
7	Nursing Administration	482,367	0	482,367	14,215	33.93
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	108,298	0	108,298	3,582	30.23
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	187,144	0	187,144	11,396	16.42
14	Total	4,651,741	0	4,651,741	209,851	22.17

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part IV Thursday, May 5, 2022 at 2:50:36 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	119,222
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)	1,476,813
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	170,475
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	659,761
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	50,259
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)	2,476,530
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part V Thursday, May 5, 2022 at 2:50:36 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)	543,819	147,935	691,754	11,759	58.83
2	Licensed Practical Nurses (LPNs)	575,842	156,646	732,488	17,634	41.54
3	Certified Nursing Assistants/Nursing Assistants/Aides	699,591	190,310	889,901	34,418	25.86
4	Total Nursing (Sum of 1 - 3)	1,819,252	494,891	2,314,143	63,811	36.27
5	Physical Therapists	87,281	23,743	111,024	1,959	56.67
6	Physical Therapy Assistants	74,240	20,196	94,436	2,355	40.10
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	124,131	33,767	157,898	2,554	61.82
9	Occupational Therapy Assistants	71,091	19,339	90,430	2,295	39.40
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	102,604	27,911	130,515	2,125	61.42
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)	0	0	0	0	0.00
15	Licensed Practical Nurses (LPNs)	30,059	0	30,059	465	64.64
16	Certified Nursing Assistants/Nursing Assistants/Aides	23,101	0	23,101	574	40.25
17	Total Nursing (Sum of 14 - 16)	53,160	0	53,160	1,039	51.16
18	Physical Therapists	0	0	0	0	0.00
19	Physical Therapy Assistants	0	0	0	0	0.00
20	Physical Therapy Aides	0	0	0	0	0.00
21	Occupational Therapists	0	0	0	0	0.00
22	Occupational Therapy Assistants	0	0	0	0	0.00
23	Occupational Therapy Aides	0	0	0	0	0.00
24	Speech Therapists	0	0	0	0	0.00
25	Respiratory Therapists	0	0	0	0	0.00
26	Other Medical Staff	0	0	0	0	0.00

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet A Thursday, May 5, 2022 at 2:50:36 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		7,288,390	7,288,390	-255,652	7,032,738	-125,234	6,907,504
2	Cap Rel Costs - Movable Equipment		52,972	52,972	409,620	462,592	45,688	508,280
3	Employee Benefits	0	2,465,687	2,465,687	0	2,465,687	0	2,465,687
4	Administrative & General	586,416	3,351,499	3,937,915	-153,968	3,783,947	-624,576	3,159,371
5	Plant Operation, Maint. & Repairs	1,018,040	2,240,091	3,258,131	0	3,258,131	-24,920	3,233,211
6	Laundry & Linen Service	45,592	39,299	84,891	0	84,891	-20,082	64,809
7	Housekeeping	0	0	0	0	0	0	0
7.01	Housekeeping - Residential	503,402	89,073	592,475	0	592,475	-13,105	579,370
7.02	Housekeeping - Medical	194,703	42,807	237,510	0	237,510	0	237,510
8	Dietary	1,525,779	1,199,406	2,725,185	0	2,725,185	-226,192	2,498,993
9	Nursing Administration	482,367	46,873	529,240	0	529,240	0	529,240
10	Central Services & Supply	0	565,861	565,861	-2,694	563,167	0	563,167
11	Pharmacy	0	16,961	16,961	0	16,961	0	16,961
12	Medical Records & Library	0	825	825	0	825	0	825
13	Social Service	108,298	1,792	110,090	0	110,090	-49,633	60,457
15	Activities	187,144	16,391	203,535	0	203,535	0	203,535
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,819,302	271,999	2,091,301	0	2,091,301	-20,542	2,070,759
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	6,601	6,601	-67	6,534	0	6,534
41	Laboratory	0	19,600	19,600	0	19,600	0	19,600
42	Intravenous Therapy	0	1,861	1,861	7,769	9,630	0	9,630
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	459,349	1,918	461,267	-297,826	163,441	0	163,441
45	Occupational Therapy	0	0	0	195,222	195,222	0	195,222
46	Speech Pathology	0	0	0	102,604	102,604	0	102,604
47	Electrocardiology	0	0	0	67	67	0	67
48	Medical Supplies Charged to Patients	0	0	0	2,694	2,694	0	2,694
49	Drugs Charged to Patients	0	74,834	74,834	-7,769	67,065	0	67,065
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	17,039	17,039	0	17,039	0	17,039
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	6,930,392	17,811,779	24,742,171	0	24,742,171	-1,058,596	23,683,575
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	45,443	45,443	0	45,443	0	45,443
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

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet A Thursday, May 5, 2022 at 2:50:36 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
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
95.01	Residential/AL	1,871,658	196,807	2,068,465	0	2,068,465	0	2,068,465
95.02	Marketing	301,830	492,808	794,638	0	794,638	0	794,638
00	TOTAL	9,103,880	18,546,837	27,650,717	0	27,650,717	-1,058,596	26,592,121

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet A-6 Thursday, May 5, 2022 at 2:50:36 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 med supply sold	A	Medical Supplies Cha	48.00	0	2,694	Central Services & S	10.00	0	2,694
2	To reclass depreciation	B	Cap Rel Costs - Mova	2.00	0	409,620	Cap Rel Costs - Bldg	1.00	0	409,620
3	To reclass property insurance	C	Cap Rel Costs - Bldg	1.00	0	153,968	Administrative & Gen	4.00	0	153,968
4	To reclassify EKG	D	Electrocardiology	47.00	0	67	Radiology	40.00	0	67
5	To reclass OT costs	E	Occupational Therapy	45.00	195,222	0	Physical Therapy	44.00	195,222	0
6	To reclass ST costs	F	Speech Pathology	46.00	102,604	0	Physical Therapy	44.00	102,604	0
7	To reclass IV Therapy cost	G	Intravenous Therapy	42.00	0	7,769	Drugs Charged to Pat	49.00	0	7,769
100	TOTAL RECLASSIFICATIONS				297,826	574,118			297,826	574,118

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet A-7 Thursday, May 5, 2022 at 2:50:36 PM

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	124,079,406	1,367,735	40,889,077	84,558,064	42,410,569
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	7,103,837	731,225	3,970,846	3,864,216	4,365,441
7	Subtotal	131,921,053	2,098,960	44,859,923	89,160,090	46,776,010
8	Reconciling Items	0	0	0	0	0
9	Total	131,921,053	2,098,960	44,859,923	89,160,090	46,776,010

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Thursday, May 5, 2022 at 2:50:36 PM

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	-115	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	-556,600			
12	Laundry and Linen service	B	-20,082	Laundry & Linen Service	6	
13	Revenue - Employee meals	B	-6,591	Dietary	8	
14	Cost of meals - Guests	B	-4,701	Dietary	8	
15	Sale of medical supplies to other than patients		0			
16	Sale of drugs to other than patients		0			
17	Sale of medical records and abstracts		0			
18	Vending machines		0			
19	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
21	Utilization review -- physicians' compensation		0	Utilization Review	82	
22	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures	1	
23	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment	2	
24	Residential Meal Income	B	-43,136	Dietary	8	
25	Incontinence Income	B	-20,542	Skilled Nursing Facility	30	
26	Miscellaneous Income	B	-4,634	Administrative & General	4	
27	Nutritional Supplement Income	B	-2,450	Dietary	8	
28	Bad debts	A	-92,470	Administrative & General	4	
29	Maintenance Income	B	-24,920	Plant Operation, Maint. & Repairs	5	
30	Housekeeping Income	B	-13,105	Housekeeping - Residential	7.01	
31	Other Dining Income	B	-43,642	Dietary	8	
32	Other Dining Income	B	-87,254	Dietary	8	
33	Contribution From Foundation	B	-49,633	Social Service	13	
34	Investment inc	B	-88,721	Cap Rel Costs - Bldgs & Fixtures	1	
35						
100	TOTAL		-1,058,596			

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Thursday, May 5, 2022 at 2:50:36 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	Included in Wkst A col 5	
	1	2	3	4	5	6
1	4	Administrative & General	Home Office - Operational	1,662,920	2,190,277	-527,357
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	69,210	0	69,210
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap MME	45,688	0	45,688
4	4	Administrative & General	Home Office - Interest Expense	77,511	0	77,511
5	4	Administrative & General	Home Office - Investment Income	-77,511	0	-77,511
6	8	Dietary	Home Office - Dietician Services	0	38,418	-38,418
7	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-105,723	0	-105,723
10		TOTALS		1,672,095	2,228,695	-556,600

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	Percent of Ownership	Type of Business
1	B		0%	100%	Springpoint Senior Living 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
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-2 Thursday, May 5, 2022 at 2:50:36 PM

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 15	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 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:50:36 PM

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 (Pounds of Laundry) 6	House- keeping (Square Feet) 7
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	6,907,504	6,907,504							
2 Cap Rel Costs - Movable Equipment	508,280		508,280						
3 Employee Benefits	2,465,687	11,067	814	2,477,568					
4 Administrative & General	3,159,371	191,482	14,089	159,590	3,524,532	3,524,532			
5 Plant Operation, Maint. & Repairs	3,233,211	151,924	11,179	277,053	3,673,367	561,250	4,234,617		
6 Laundry & Linen Service	64,809	0	0	12,408	77,217	11,798	0	89,015	
7 Housekeeping	0	11,372	837	0	12,209	1,865	7,349	0	21,423
7.01 Housekeeping - Residential	579,370	0	0	136,998	716,368	109,455	0	0	0
7.02 Housekeeping - Medical	237,510	0	0	52,987	290,497	44,386	0	0	0
8 Dietary	2,498,993	191,314	14,078	415,232	3,119,617	476,653	123,627	0	627
9 Nursing Administration	529,240	3,027	223	131,273	663,763	101,418	1,956	0	10
10 Central Services & Supply	563,167	16,838	1,239	0	581,244	88,809	10,881	0	55
11 Pharmacy	16,961	0	0	0	16,961	2,592	0	0	0
12 Medical Records & Library	825	960	71	0	1,856	284	620	0	3
13 Social Service	60,457	1,220	90	29,473	91,240	13,941	788	0	4
15 Activities	203,535	19,729	1,452	50,930	275,646	42,117	12,749	0	65
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	2,070,759	164,346	12,093	495,114	2,742,312	419,003	106,202	43,949	538
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	6,534	0	0	0	6,534	998	0	0	0
41 Laboratory	19,600	0	0	0	19,600	2,995	0	0	0
42 Intravenous Therapy	9,630	0	0	0	9,630	1,471	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	163,441	28,808	2,120	43,958	238,327	36,414	18,616	0	94
45 Occupational Therapy	195,222	0	0	53,128	248,350	37,946	0	0	0
46 Speech Pathology	102,604	0	0	27,923	130,527	19,943	0	0	0
47 Electrocardiology	67	0	0	0	67	10	0	0	0
48 Medical Supplies Charged to Patients	2,694	0	0	0	2,694	412	0	0	0
49 Drugs Charged to Patients	67,065	0	0	0	67,065	10,247	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	17,039	0	0	0	17,039	2,603	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	23,683,575	792,087	58,285	1,886,067	16,526,662	1,986,610	282,788	43,949	1,396
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	45,443	8,221	605	0	54,269	8,292	5,313	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/AL	2,068,465	6,107,196	449,390	509,360	9,134,411	1,395,665	3,946,516	45,066	20,000
95.02 Marketing	794,638	0	0	82,141	876,779	133,965	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:50:36 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	SubTotal	Adjustments	Total
	16	17	18
1 Cap Rel Costs - Bldgs & Fixtures			
2 Cap Rel Costs - Movable Equipment			
3 Employee Benefits			
4 Administrative & General			
5 Plant Operation, Maint. & Repairs			
6 Laundry & Linen Service			
7 Housekeeping			
7.01 Housekeeping - Residential			
7.02 Housekeeping - Medical			
8 Dietary			
9 Nursing Administration			
10 Central Services & Supply			
11 Pharmacy			
12 Medical Records & Library			
13 Social Service			
15 Activities			
ANCILLARY SERVICE COST CENTERS			
30 Skilled Nursing Facility	6,350,221	0	6,350,221
31 Nursing Facility	0	0	0
33 Other Long Term Care	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40 Radiology	7,532	0	7,532
41 Laboratory	22,595	0	22,595
42 Intravenous Therapy	11,101	0	11,101
43 Oxygen (Inhalation) Therapy	0	0	0
44 Physical Therapy	315,656	0	315,656
45 Occupational Therapy	286,296	0	286,296
46 Speech Pathology	150,470	0	150,470
47 Electrocardiology	77	0	77
48 Medical Supplies Charged to Patients	3,106	0	3,106
49 Drugs Charged to Patients	77,312	0	77,312
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	19,642	0	19,642
74 Other Reimbursable Cost	0	0	0
84 Other Special Purpose Cost	0	0	0
89 Subtotals	7,244,008	0	7,244,008
90 Gift, Flower, Coffee Shops & Canteen	0	0	0
91 Barber and Beauty Shop	74,238	0	74,238
92 Physicians Private Offices	0	0	0
93 Nonpaid Workers	0	0	0
94 Patients Laundry	0	0	0
95 Other Non Reimbursable Cost	0	0	0
95.01 Residential/AL	18,263,131	0	18,263,131
95.02 Marketing	1,010,744	0	1,010,744

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:50:36 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 (Pounds of Laundry) 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	26,592,121	6,907,504	508,280	2,477,568	26,592,121	3,524,532	4,234,617	89,015	21,423

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:50:36 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	House-keeping Residential (Square Feet)	House-keeping Medical (Square Feet)	Dietary (Meals Served)	Nursing Administration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities (Patient Days)
	7.01	7.02	8	9	10	11	12	13	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	825,823	334,883	3,867,988	769,480	693,968	19,553	3,503	106,913	345,784

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 2:50:36 PM

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	26,592,121	0	26,592,121
TOTAL			

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:50:36 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 (Pounds of Laundry) 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	11,067	814	11,881	11,881				
4 Administrative & General	0	191,482	14,089	205,571	765	206,336			
5 Plant Operation, Maint. & Repairs	0	151,924	11,179	163,103	1,329	32,856	197,288		
6 Laundry & Linen Service	0	0	0	0	59	691	0	750	
7 Housekeeping	0	11,372	837	12,209	0	109	342	0	12,660
7.01 Housekeeping - Residential	0	0	0	0	657	6,408	0	0	0
7.02 Housekeeping - Medical	0	0	0	0	254	2,598	0	0	0
8 Dietary	0	191,314	14,078	205,392	1,991	27,905	5,760	0	370
9 Nursing Administration	0	3,027	223	3,250	629	5,937	91	0	6
10 Central Services & Supply	0	16,838	1,239	18,077	0	5,199	507	0	33
11 Pharmacy	0	0	0	0	0	152	0	0	0
12 Medical Records & Library	0	960	71	1,031	0	17	29	0	2
13 Social Service	0	1,220	90	1,310	141	816	37	0	2
15 Activities	0	19,729	1,452	21,181	244	2,466	594	0	38
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	164,346	12,093	176,439	2,375	24,530	4,948	370	318
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	58	0	0	0
41 Laboratory	0	0	0	0	0	175	0	0	0
42 Intravenous Therapy	0	0	0	0	0	86	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	28,808	2,120	30,928	211	2,132	867	0	56
45 Occupational Therapy	0	0	0	0	255	2,221	0	0	0
46 Speech Pathology	0	0	0	0	134	1,168	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	24	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	600	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	152	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	792,087	58,285	850,372	9,044	116,301	13,175	370	825
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	8,221	605	8,826	0	485	248	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/AL	0	6,107,196	449,390	6,556,586	2,443	81,707	183,865	380	11,819
95.02 Marketing	0	0	0	0	394	7,843	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:50:36 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	SubTotal	Adjustments	Total
	16	17	18
1 Cap Rel Costs - Bldgs & Fixtures			
2 Cap Rel Costs - Movable Equipment			
3 Employee Benefits			
4 Administrative & General			
5 Plant Operation, Maint. & Repairs			
6 Laundry & Linen Service			
7 Housekeeping			
7.01 Housekeeping - Residential			
7.02 Housekeeping - Medical			
8 Dietary			
9 Nursing Administration			
10 Central Services & Supply			
11 Pharmacy			
12 Medical Records & Library			
13 Social Service			
15 Activities			
ANCILLARY SERVICE COST CENTERS			
30 Skilled Nursing Facility	333,126	0	333,126
31 Nursing Facility	0	0	0
33 Other Long Term Care	0	0	0
OTHER REIMBURSABLE COST CENTERS			
40 Radiology	58	0	58
41 Laboratory	175	0	175
42 Intravenous Therapy	86	0	86
43 Oxygen (Inhalation) Therapy	0	0	0
44 Physical Therapy	34,383	0	34,383
45 Occupational Therapy	2,476	0	2,476
46 Speech Pathology	1,302	0	1,302
47 Electrocardiology	1	0	1
48 Medical Supplies Charged to Patients	24	0	24
49 Drugs Charged to Patients	600	0	600
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	152	0	152
74 Other Reimbursable Cost	0	0	0
84 Other Special Purpose Cost	0	0	0
89 Subtotals	372,383	0	372,383
90 Gift, Flower, Coffee Shops & Canteen	0	0	0
91 Barber and Beauty Shop	9,629	0	9,629
92 Physicians Private Offices	0	0	0
93 Nonpaid Workers	0	0	0
94 Patients Laundry	0	0	0
95 Other Non Reimbursable Cost	0	0	0
95.01 Residential/AL	7,025,535	0	7,025,535
95.02 Marketing	8,237	0	8,237

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:50:36 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 (Pounds of Laundry)	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	6,907,504	508,280	7,415,784	11,881	206,336	197,288	750	12,660

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:50:36 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	House- keeping Residential (Square Feet)	House- keeping Medical (Square Feet)	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities (Patient Days)	
	7.01	7.02	8	9	10	11	12	13	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	7,065	2,852	242,673	9,933	23,927	152	1,085	2,314	24,653

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 2:50:36 PM

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	7,415,784	0	7,415,784

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 2:50:36 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 (Pounds of Laundry) 6	House- keeping (Square Feet) 7	House- keeping Residential (Square Feet) 7.01
1	Cap Rel Costs - Bldgs & Fixtures	611,666							
2	Cap Rel Costs - Movable Equipment		611,666						
3	Employee Benefits	980	980						
4	Administrative & General	16,956	16,956	586,416	-3,524,532	23,067,589			
5	Plant Operation, Maint. & Repairs	13,453	13,453	1,018,040	0	3,673,367	580,277		
6	Laundry & Linen Service	0	0	45,592	0	77,217	0	29,460	
7	Housekeeping	1,007	1,007	0	0	12,209	1,007	0	579,270
7.01	Housekeeping - Residential	0	0	503,402	0	716,368	0	0	540,798
7.02	Housekeeping - Medical	0	0	194,703	0	290,497	0	0	0
8	Dietary	16,941	16,941	1,525,779	0	3,119,617	16,941	0	16,941
9	Nursing Administration	268	268	482,367	0	663,763	268	0	268
10	Central Services & Supply	1,491	1,491	0	0	581,244	1,491	0	1,491
11	Pharmacy	0	0	0	0	16,961	0	0	0
12	Medical Records & Library	85	85	0	0	1,856	85	0	85
13	Social Service	108	108	108,298	0	91,240	108	0	108
15	Activities	1,747	1,747	187,144	0	275,646	1,747	0	1,747
ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	14,553	14,553	1,819,302	0	2,742,312	14,553	14,545	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	6,534	0	0	0
41	Laboratory	0	0	0	0	19,600	0	0	0
42	Intravenous Therapy	0	0	0	0	9,630	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	2,551	2,551	161,523	0	238,327	2,551	0	2,551
45	Occupational Therapy	0	0	195,222	0	248,350	0	0	0
46	Speech Pathology	0	0	102,604	0	130,527	0	0	0
47	Electrocardiology	0	0	0	0	67	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	2,694	0	0	0
49	Drugs Charged to Patients	0	0	0	0	67,065	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	17,039	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	6,930,392	-3,524,532	13,002,130	38,751	14,545	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	54,269	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/AL	540,798	540,798	1,871,658	0	9,134,411	540,798	14,915	540,798

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 2:50:36 PM

COST ALLOCATION - STATISTICAL BASIS

	House-keeping Medical (Square Feet)	Dietary (Meals Served)	Nursing Administration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities (Patient Days)
	7.02	8	9	10	11	12	13	15
1 Cap Rel Costs - Bldgs & Fixtures								
2 Cap Rel Costs - Movable Equipment								
3 Employee Benefits								
4 Administrative & General								
5 Plant Operation, Maint. & Repairs								
6 Laundry & Linen Service								
7 Housekeeping								
7.01 Housekeeping - Residential								
7.02 Housekeeping - Medical	38,472							
8 Dietary	16,941	175,443						
9 Nursing Administration	268	0	14,545					
10 Central Services & Supply	1,491	0	0	14,545				
11 Pharmacy	0	0	0	0	14,545			
12 Medical Records & Library	85	0	0	0	0	14,545		
13 Social Service	108	0	0	0	0	0	14,545	
15 Activities	1,747	0	0	0	0	0	0	14,545
ANCILLARY SERVICE COST CENTERS								
30 Skilled Nursing Facility	14,553	44,103	14,545	14,545	14,545	14,545	14,545	14,545
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	44,103	14,545	14,545	14,545	14,545	14,545	14,545
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/AL	0	131,340	0	0	0	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 2:50:36 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 (Pounds of Laundry) 6	House- keeping (Square Feet) 7	House- keeping Residential (Square Feet) 7.01
95.02 Marketing	0	0	301,830	0	876,779	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	6,907,504	508,280	2,477,568	0	3,524,532	4,234,617	89,015	21,423	825,823
103 Unit Cost Multiplier per Bp1	11.292934	0.830976	0.272144	0.000000	0.152792	7.297579	3.021555	0.036983	1.527045
104 Cost to be Allocated per Bp2	0	0	11,881	0	206,336	197,288	750	12,660	7,065
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.001305	0.000000	0.008945	0.339989	0.025458	0.021855	0.013064

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 2:50:36 PM

COST ALLOCATION - STATISTICAL BASIS

	House- keeping Medical (Square Feet) 7.02	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities (Patient Days) 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	334,883	3,867,988	769,480	693,968	19,553	3,503	106,913	345,784
103 Unit Cost Multiplier per Bp1	8.704590	22.046978	52.903403	47.711791	1.344311	0.240839	7.350498	23.773393
104 Cost to be Allocated per Bp2	2,852	242,673	9,933	23,927	152	1,085	2,314	24,653
105 Unit Cost Multiplier per Bp2	0.074132	1.383201	0.682915	1.645033	0.010450	0.074596	0.159092	1.694947

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Thursday, May 5, 2022 at 2:50:36 PM

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 1/1/2021 to 12/31/2021

Worksheet C Thursday, May 5, 2022 at 2:50:36 PM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	7,532	6,833	1.102298
41	Laboratory	22,595	27,977	0.807628
42	Intravenous Therapy	11,101	9,630	1.152752
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	315,656	496,828	0.635343
45	Occupational Therapy	286,296	496,267	0.576899
46	Speech Pathology	150,470	193,192	0.778862
47	Electrocardiology	77	101	0.762376
48	Medical Supplies Charged to Patients	3,106	4,041	0.768622
49	Drugs Charged to Patients	77,312	103,197	0.749169
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	19,642	17,039	1.152767
100	TOTAL	893,787	1,355,105	

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Thursday, May 5, 2022 at 2:50:36 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of cost to charges 1	Health Care Program Charges		Health Care Program Cost	
			Part A 2	Part B 3	Part A 4	Part B 5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	1.102298	4,254	0	4,689	0
41	Laboratory	0.807628	15,764	0	12,731	0
42	Intravenous Therapy	1.152752	9,630	0	11,101	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.635343	110,068	0	69,931	0
45	Occupational Therapy	0.576899	145,472	0	83,923	0
46	Speech Pathology	0.778862	61,099	0	47,588	0
47	Electrocardiology	0.762376	101	0	77	0
48	Medical Supplies Charged to Patients	0.768622	0	0	0	0
49	Drugs Charged to Patients	0.749169	53,985	0	40,444	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	1.152767	0	0	0	0
100	TOTAL		400,373	0	270,484	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Thursday, May 5, 2022 at 2:50:36 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.749169
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	4,689	0
41	Laboratory	0	0	12,731	0
42	Intravenous Therapy	0	0	11,101	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	69,931	0
45	Occupational Therapy	0	0	83,923	0
46	Speech Pathology	0	0	47,588	0
47	Electrocardiology	0	0	77	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	40,444	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	270,484	0

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Thursday, May 5, 2022 at 2:50:36 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	14,545
2	Private room days	0
3	Inpatient days incl. Program prvt.	1,585
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	6,350,221
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	739,568
7	General Inpatient routine service RCC	8.586392
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	6,350,221
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	436.59
17	Program routine service cost	691,995
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	691,995
20	Capital related cost allocated to inpati	333,126
21	Per diem capital related costs	22.90
22	Program capital related cost	36,297
23	Inpatient routine service cost	655,698
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	655,698
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 1/1/2021 to 12/31/2021

Worksheet D-1 Thursday, May 5, 2022 at 2:50:36 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)	14,545
2	Program inpatient days (see instructions)	1,585
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.108972
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 1/1/2021 to 12/31/2021

Worksheet E Thursday, May 5, 2022 at 2:50:36 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)	1,063,486
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	1,063,486
4	Primary payor amounts	0
5	Coinsurance	82,177
6	Reimbursable bad debts (From your records)	18,285
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	12,125
8	Adjusted reimbursable bad debts. (See instructions)	11,885
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	993,194
12	Interim payments (See instructions)	981,309
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)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	11,885
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 1/1/2021 to 12/31/2021

Worksheet E-1 Thursday, May 5, 2022 at 2:50:36 PM

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		981,309		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		981,309		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 1/1/2021 to 12/31/2021

Worksheet G Thursday, May 5, 2022 at 2:50:36 PM

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	9,357,330	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,226,190	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	341,294	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	544,728	0	0	0
9	Other current assets	27,637	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	10,814,591	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	84,558,064	0	0	0
16	Less: Accumulated depreciation	45,437,088	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	3,864,216	0	0	0
24	Less: Accumulated depreciation	1,958,638	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	539,885	0	0	0
28	TOTAL FIXED ASSETS	42,304,249	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	5,507,863	0	0	0
33	TOTAL OTHER ASSETS	5,507,863	0	0	0
34	TOTAL ASSETS	58,626,703	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet G Thursday, May 5, 2022 at 2:50:36 PM

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	933,169	0	0	0
36	Salaries, wages & fees payable	937,520	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	513,971	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	1,237,907	0	0	0
43	TOTAL CURRENT LIABILITIES	3,622,567	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	27,221,408	0	0	0
45	Notes payable	1,608,731	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	50,099,863	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	78,930,002	0	0	0
51	TOTAL LIABILITIES	82,552,569	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	-23,925,866			
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	-23,925,866	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	58,626,703	0	0	0

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Thursday, May 5, 2022 at 2:50:36 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		-21345279		0		0		0
2 Net income (loss)		-2575379						
3 Total		-23920658		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Temporary Contribution	116056		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		116056		0		0		0
11 Subtotal		-23804602		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Temporary Contribution	121264		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		121264		0		0		0
19 Fund balances - ending		-23925866		0		0		0

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Thursday, May 5, 2022 at 2:50:36 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	6,744,977		6,744,977
2	Nursing Facility	0		0
4	Other Long Term Care	17,948,112		17,948,112
		-----	-----	-----
5	Total general Inpatient care services	24,693,089		24,693,089
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,328,335	0	1,328,335
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
14	Total Patient Revenues	26,021,424	0	26,021,424

SPRINGPOINT AT MEADOW LAKES
Provider CCN: 31-5022
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Thursday, May 5, 2022 at 2:50:36 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		27,650,717
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		27,650,717

SPRINGPOINT AT MEADOW LAKES
 Provider CCN: 31-5022
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Thursday, May 5, 2022 at 2:50:36 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		26,021,424
2	Less: contractual allowances and ...		2,478,974
3	Net Patient Revenues (Line 1 - 2)		23,542,450
4	Less: total operating expenses		27,650,717
5	Net income from service to patients (Line 3 - 4)		-4,108,267
	Other Income:		
6	Contributions, donations, bequests, etc.	115,996	
7	Income from investments	312,014	
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	20,082	
14	Revenue from meals sold to employees and guests	187,773	
15	Revenue from rental of living quarters	0	
16	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	64,712	
24.01	Other Income	69,201	
24.02	Temporary Restricted -	0	
24.03	Net Assets Released	110,264	
24.04	Net Chg in FV Derivative	68,471	
24.05	FEMA Monies	641,081	
24.50	COVID-19 PHE Funding	19,270	
25	Total other income		1,608,864
26	Total		-2,499,403
27	Other Expenses (specify)	0	
28	Admin Effect FASB 158 Adoption	75,976	
29		0	
30	Total other expenses		75,976
31	Net income (or loss) for the period		-2,575,379