

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Form Approved  
 OMB No. 0938-0463  
 Approval Expires 7-31-2027

Worksheet S Monday, May 18, 2026 at 11:47:08 AM

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

PART I - COST REPORT STATUS

- Date: \_\_\_\_\_ Time: \_\_\_\_\_
1. Electronically Prepared
  2. Manually Prepared [ Y ] \_\_\_\_\_
  3. If Amended, Number of times Report Resubmitted \_\_\_\_\_
  4. Medicare Utilization [ F ] \_\_\_\_\_
  5. Contractor: HCRIS Status Code \_\_\_\_\_
  6. Contractor: Cost Report Received Date \_\_\_\_\_
  7. Contractor: Contractor Number \_\_\_\_\_
  8. Contractor: Initial Cost Report For This CCN \_\_\_\_\_
  9. Contractor: Final Cost Report For This CCN \_\_\_\_\_
  10. Contractor: NPR Date \_\_\_\_\_
  11. Contractor: ADR Software Vendor Code \_\_\_\_\_
  12. Contractor: Reopening Number \_\_\_\_\_

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Meadow Lakes (31-5022) for the cost report period beginning January 1, 2025 and ending December 31, 2025, 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



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

- 2 |Printed Name \_\_\_\_\_
- 3 |Title \_\_\_\_\_
- 4 |Signature Date \_\_\_\_\_

PART III - SETTLEMENT SUMMARY

CMS #		Title XVIII			
		Title V	Part A	Part B	Title XIX
1	SNF	0	7,635	0	0
2	NF	0			0
3	ICF / IID				0
4	SNF-BASED HHA	0	0	0	0
100	Total	0	7,635	0	0

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

MEADOW LAKES  
 Provider CCN: 31-5022  
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Identification Data

SNF / SNF HEALTHCARE COMPLEX INFORMATION

1	ADDRESS LINE 1	STREET ADDRESS			P O BOX			
		300 Meadow Lakes						
2	ADDRESS LINE 2	CITY	STATE	ZIP CODE	COUNTY			
		EAST WINDSOR	NJ	08520	MERCER			
	COMPONENT TYPE	COMPONENT NAME	CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID	
3	1 SNF	2 Meadow Lakes	3 31-5022	4 45940	5 U	6 01/01/1967	7	
4	4 NF							
5	5 ICF / IID							
6	6 SNF-BASED HHA							
7	7 SNF-BASED HOSPICE							
8	8 OUTPATIENT REHAB (SP)							
9	COST REPORTING PERIOD	FROM	TO					
		01/01/2025	12/31/2025					
10	TYPE OF CONTROL	TOC CODE	SPECIFY OTHER					
		1	2	2 - Voluntary Nonprofit, Other				

SNF ORGANIZATION AND OPERATION

11	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?	1	No						
12	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?	1	No						
13	Non-contiguous component locat	COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE		
		1	2	3	4	5	6		
14	Did the SNF terminate participation in the Medicare Program? COL 2: Termination date. COL 3: Voluntary (V) or involuntary (I) termination.	Y/N	DATE	V OR I					
15	Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period?	1	2	3					
16	Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? Col 2: Number of HO/COs allocating costs to this SNF	No							
		Yes	1						
17	HO/CO ALLOCATING TO SN	HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP	HO/CO CCN	HO/CO CONTRACTOR #
		1	2	3	4	5	6	7	8
		SPRINGPOINT SENIOR LIVIN	4814 OUTLOOK DRIVE		WALL TOWNSHIP	NJ	07753	H48370	12301
18	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?	No							
19	Did this SNF operate a ventilator care unit?	No							

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Identification Data

SNF OWNED SERVICES		1	2		
20	Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493?	Yes	31D2189332		
21	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	No			
22	Did this SNF operate an institutional based ambulance service?	No			
		1			
23	Is this SNF 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, Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for	Yes			
24	Titles V & XIX patients?	No			
PROFESSIONAL SERVICES PURCHASED BY THE SNF		1	2		
29	Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization	Yes	No		
SNF-BASED HHA THERAPY COSTS		1	2		
31	Did the SNF-based HHA contract with outside suppliers for physical therapy services?	No			
32	Did the SNF-based HHA contract with outside suppliers for occupational therapy services?	No			
33	Did the SNF-based HHA contract with outside suppliers for speech therapy services?	No			
MEDICAL MALPRACTICE COST		1			
34	Is the SNF legally required to carry malpractice insurance?	Yes			
35	If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy.	1			
		PREMIUMS	PAID LOSSES	SELF INSURANCE	
		1	2	3	
36	If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3.	93,706		0	0
37	Are malpractice premiums and paid losses reported in other than the A&G cost center?	No			
LOWER OF COST OR CHARGE EXEMPTION		PART A	PART B		
		1	2		
40	Did the SNF qualify for an exemption from the application of the lower of costs or charges?	No	No		
41	Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges?	No	No		

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Identification Data

FINANCIAL STATEMENTS

	Y/N	A/C/R	DATE
	1	2	3
50	Yes	A	
51	No		

Were the financial statements prepared by a CPA? If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3  
 Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If 'Y', submit a reconciliation.

BAD DEBTS

	1
52	Yes
53	No
54	No

Is the SNF seeking reimbursement for Medicare bad debts?  
 If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period?  
 If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance?

PS&R REPORT DATA

	PART A	PART A	PART B	PART B
	Y/N	DATE	Y/N	DATE
	1	2	3	4
55	Yes	03/23/2026	Yes	03/23/2026
56	No		No	
57	No		No	
58	No		No	
59	No		No	
60	No		No	

Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 'Paid Claims Verified Current As Of date', if present, or the paid-through date. (see instruc  
 Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the 'Paid Claims Verified Current As Of date, if present, or the paid-through date. (see instru  
 If line 55 or 56 is Y, 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 line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?  
 If line 55 or 56 is Y, were adjustments made to PS&R data for other reasons? If Y, describe the other adjustment:  
 Is this cost report prepared using only the provider's records?

COST REPORT PREPARER CONTACT INFORMATION

	FIRST NAME	LAST NAME	TITLE
	1	2	3
70	Luca	Pasqualetti	Preparer
71	Zimmet Healthcare Services Group LLC		
	TELEPHONE NUMBER	EMAIL ADDRESS	
	1	2	
72	732-970-0733	costreports@zhealthcare.com	

PREPARER  
 EMPLOYER  
 CONTACT INFORMATION

MEADOW LAKES  
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Worksheet S-3 Part I Monday, May 18, 2026 at 11:47:08 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	SNF - FFS	60	21,900		1,634	758	7,875	17,338
2	SNF - HMO				1,367	5,704		
3	NF - FFS					0	0	0
4	NF - HMO					0		
5	ICF/IID							0
6	HOSPICE							0
7	TOTAL	60	21,900		3,001	6,462	7,875	17,338

CMS #	Component	Discharges					Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total
1	SNF - FFS		50	0	44	94		32.68	0.00	178.98	184.45
2	SNF - HMO		40	5		45		34.18	1,140.80		
3	NF - FFS			0	0	0			0.00	0.00	0.00
4	NF - HMO			0		0			0.00		
5	ICF/IID					0					0.00
6	HOSPICE					0					
7	TOTAL		90	5	44	139					

CMS #	Component	Admissions					FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Employed	Non-Paid
1	SNF - FFS	18	67	0	17	84	184.00	
2	SNF - HMO		56	1		57		
3	NF - FFS			0	0	0	0.00	
4	NF - HMO			0		0		
5	ICF/IID					0		
6	HOSPICE					0		
7	TOTAL	18	123	1	17	139	184.00	

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SNF Wage Index Information

PART II - SNF WAGE INDEX - DIRECT SALARIES

CMS #	Amount Reported 1	Reclass-ifications 2	Adjustments 3	Total 4	Paid Hours 5	Average Hourly Wage 6	
<b>SALARIES</b>							
1	TOTAL SALARY (SEE INSTRUCTIONS)	11,041,682	0	0	11,041,682	382,212.00	28.89
2	PHYSICIAN SALARIES-PART A	0	0	0	0	0.00	0.00
3	PHYSICIAN SALARIES-PART B	0	0	0	0	0.00	0.00
4	HOME OFFICE PERSONNEL	0	0	0	0	0.00	0.00
5	SUM OF LINES 2 THROUGH 4	0	0	0	0	0.00	0.00
6	REVISED WAGES (LINE 1 MINUS LINE 5)	11,041,682	0	0	11,041,682	382,212.00	28.89
7	HOME HEALTH AGENCY	0	0	0	0	0.00	0.00
8	HOSPICE	0	0	0	0	0.00	0.00
9	OTHER EXCLUDED AREAS	2,881,685	0	0	2,881,685	102,720.00	28.05
10	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THRO	2,881,685	0	0	2,881,685	102,720.00	28.05
11	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10	8,159,997	0	0	8,159,997	279,492.00	29.20
<b>OTHER WAGES AND RELATED COSTS</b>							
12	CONTRACT LABOR: PATIENT RELATED & MGMT	403,985	0	0	403,985	8,234.00	49.06
13	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	0	0	0	0	0.00	0.00
14	HOME OFFICE SALARIES AND WAGE RELATED COSTS	0	0	0	0	0.00	0.00
<b>WAGE RELATED COSTS</b>							
15	WAGE RELATED COSTS CORE (SEE PT. IV)	2,684,127	0	0	2,684,127	0.00	0.00
16	WAGE RELATED COSTS (EXCLUDED UNITS)	0	0	0	0	0.00	0.00
17	PHYSICIANS PART A - WRC	0	0	0	0	0.00	0.00
18	PHYSICIANS PART B - WRC	0	0	0	0	0.00	0.00
19	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUC	2,684,127	0	0	2,684,127	0.00	0.00

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STATISTICAL DATA

PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES

CMS #		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	TOTAL 4	PAID HOURS RELATED 5	AVERAGE HOURLY WAGE 6
1	EMPLOYEE BENEFITS DEPARTMENT	113,943	0	0	113,943	2,153	52.92
2	ADMINISTRATIVE AND GENERAL	576,760	0	0	576,760	8,930	64.59
3	PLANT OP, MAINT & REPAIRS	1,103,338	0	0	1,103,338	44,351	24.88
4	LAUNDRY AND LINEN SERVICE	57,868	0	0	57,868	2,695	21.47
5	HOUSEKEEPING	311,097	0	0	311,097	15,329	20.29
6	DIETARY	1,772,115	0	0	1,772,115	90,343	19.62
7	NURSING ADMINISTRATION	611,746	0	0	611,746	15,633	39.13
8	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0.00
9	PHARMACY	0	0	0	0	0	0.00
10	MEDICAL RECORDS	0	0	0	0	0	0.00
11	MEDICAL SOCIAL SERVICES	63,126	0	0	63,126	1,404	44.96
12	ACTIVITIES PROGRAM	307,886	0	0	307,886	14,385	21.40
13	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0.00
14	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0.00
15	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0.00
16	OTHER GENERAL SERVICE	0	0	0	0	0	0.00

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Worksheet S-3 Part IV Monday, May 18, 2026 at 11:47:08 AM

STATISTICAL DATA

PART IV - SNF WAGE RELATED COSTS

CMS #	Description	
	RETIREMENT COST	
1	401k EMPLOYER CONTRIBUTIONS	164,960
2	TAX SHELTERED ANNUITY 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	1,362,965
9	PRESCRIPTION DRUG PLAN	0
10	DENTAL, HEARING AND VISION PLANS	0
11	LIFE INSURANCE	0
12	ACCIDENTAL INSURANCE	0
13	DISABILITY INSURANCE	35,355
14	LONG-TERM CARE INSURANCE	0
15	WORKERS' COMPENSATION INSURANCE	266,112
16	RETIREMENT HEALTH CARE COST	0
	TAXES	
17	FICA - EMPLOYER'S PORTION ONLY	807,783
18	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	0
19	UNEMPLOYMENT INSURANCE	0
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	46,952
	OTHER	
21	EXECUTIVE DEFERRED COMPENSATION	0
22	DAY CARE COST AND ALLOWANCES	0
23	TUITION REIMBURSEMENT	0
		=====
24	TOTAL WAGE RELATED COST	2,684,127

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Worksheet S-3 Part V Monday, May 18, 2026 at 11:47:08 AM

STATISTICAL DATA

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES

CMS #	Amount Reported	Employee Wage-Related Costs	Adjusted Salaries (Col 1+ Col 2)	Paid Hours Related To Salary In Col 3	Average Hourly Wage (Col 3 ÷ Col 4)	
	1	2	3	4	5	
<b>DIRECT SALARIES</b>						
<b>NURSING EMPLOYEES</b>						
1	REGISTERED NURSE	808,572	196,556	1,005,128	12,946	77.64
2	LICENSED PRACTICAL NURSE	506,586	123,146	629,732	12,119	51.96
3	CERTIFIED NURSING ASSISTANT	1,312,288	319,005	1,631,293	46,901	34.78
4	TOTAL NURSING EXPENDITURES	2,627,446	638,707	3,266,153	71,966	45.38
<b>NURSING EMPLOYEES</b>						
5	PHYSICAL THERAPIST	202,091	49,126	251,217	3,677	68.32
6	PHYSICAL THERAPY ASSISTANT	29,923	7,274	37,197	875	42.51
7	OCCUPATIONAL THERAPIST	118,343	28,768	147,111	2,223	66.18
8	OCCUPATIONAL THERAPY ASSISTANT	58,597	14,244	72,841	1,678	43.41
9	SPEECH-LANGUAGE PATHOLOGIST	82,529	20,062	102,591	1,644	62.40
10	THERAPY AIDES AND STUDENTS	2,523	613	3,136	127	24.69
11	RESPIRATORY THERAPIST	0	0	0	0	0.00
12	OTHER MEDICAL STAFF	0	0	0	0	0.00
<b>CONTRACT LABOR</b>						
<b>NURSING EMPLOYEES</b>						
15	REGISTERED NURSE	89,166	21,675	110,841	1,301	85.20
16	LICENSED PRACTICAL NURSE	102,042	24,805	126,847	1,700	74.62
17	CERTIFIED NURSING ASSISTANT	212,777	51,724	264,501	5,233	50.54
18	TOTAL NURSING EXPENDITURES	403,985	98,204	502,189	8,234	60.99
<b>TECHNICAL / PROFESSIONAL EMPLOYEES</b>						
19	PHYSICAL THERAPIST	0	0	0	0	0.00
20	PHYSICAL THERAPY ASSISTANT	0	0	0	0	0.00
21	OCCUPATIONAL THERAPIST	0	0	0	0	0.00
22	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0	0.00
23	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0	0.00
24	THERAPY AIDES AND STUDENTS	0	0	0	0	0.00
25	RESPIRATORY THERAPIST	0	0	0	0	0.00
26	OTHER MEDICAL STAFF	0	0	0	0	0.00
<b>HOME OFFICE/CHAIN ORGANIZATION</b>						
<b>NURSING EMPLOYEES</b>						
29	REGISTERED NURSE	0	0	0	0	0.00
30	LICENSED PRACTICAL NURSE	0	0	0	0	0.00
31	CERTIFIED NURSING ASSISTANT	0	0	0	0	0.00
32	TOTAL NURSING EXPENDITURES	0	0	0	0	0.00
<b>TECHNICAL / PROFESSIONAL EMPLOYEES</b>						
33	PHYSICAL THERAPIST	0	0	0	0	0.00
34	PHYSICAL THERAPY ASSISTANT	0	0	0	0	0.00
35	OCCUPATIONAL THERAPIST	0	0	0	0	0.00
36	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0	0.00
37	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0	0.00
38	THERAPY AIDES AND STUDENTS	0	0	0	0	0.00
39	RESPIRATORY THERAPIST	0	0	0	0	0.00
40	OTHER MEDICAL STAFF	0	0	0	0	0.00



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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	SALARIES & WAGES 1	CONTRACT LABOR COSTS 2	LABOR SUBTOTAL 3	OTHER COSTS 4	SUBTOTAL 5	RECLASS- IFICATIONS 6	RECLASS. TRIAL BALANCE 7	ADJUST- MENTS 8	EXPENSES FOR COST ALLOCATION 9
76	OSP	0	0	0	0	0	0	0	0	0
	COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	0
89	SUBTOTALS	8,159,997	1,235,599	9,395,596	20,341,897	29,737,493	0	29,737,493	-2,135,362	27,602,131
	NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	0
93	Marketing	295,829	0	295,829	509,717	805,546	0	805,546	0	805,546
93.01	Residential Independent Living	2,444,379	0	2,444,379	359,662	2,804,041	0	2,804,041	0	2,804,041
93.02	Barber and Beauty Shop	0	0	0	63,435	63,435	0	63,435	0	63,435
93.03	Clinic	141,477	0	141,477	7,529	149,006	0	149,006	0	149,006
100	TOTAL	11,041,682	1,235,599	12,277,281	21,282,240	33,559,521	0	33,559,521	-2,135,362	31,424,159

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Reclassifications

EXPLANATION OF RECLASSIFICATION	CODE	COST CENTER	INCREASES			DECREASES			
			LINE#	SALARY	OTHER	COST CENTER	LINE	SALARY	OTHER
1	2	3	4	5	6	7	8	9	10
1 To reclass capital costs	A	CAPITAL RELATED - BU	1.00	0	227,963	ADMINISTRATIVE AND G	4.00	0	227,963
500 TOTAL RECLASSIFICATIONS				0	227,963			0	227,963

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

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RECONCILIATION OF CAPITAL COST CENTERS

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	Beginning	Acquisitions			Disposals	Ending	Fully
	Balance	Purchases	Donations	Total	and Retirements	Balance	Depreciated Assets
	1	2	3	4	5	6	7
1 Land	737,810	0	0	0	0	737,810	0
2 Land Improvements	0	0	0	0	0	0	0
3 Buildings & Fixtures	86,637,460	3,856,984	0	3,856,984	0	90,494,444	6,771,487
4 Building Improvements	0	0	0	0	0	0	0
5 Fixed Equipment	0	0	0	0	0	0	0
6 Movable Equipment	4,768,393	1,382,514	0	1,382,514	0	6,150,907	288,145
7 Subtotal	92,143,663	5,239,498	0	5,239,498	0	97,383,161	7,059,632
8 Reconciling Items	0	0	0	0	0	0	0
9 Total	92,143,663	5,239,498	0	5,239,498	0	97,383,161	7,059,632

PART II - RECONCILIATION OF CAPITAL COST CENTERS (SUMMARY OF CAPITAL)

DESCRIPTION	Depreciation	Lease	Interest	Insurance	Taxes	Other Capital Related Costs	Total
	1	2	3	4	5	6	7
1 CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	5,270,985	0	895,760	227,963	1,710,198	0	8,104,906
2 CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	25,342	59,769	0	0	0	0	85,111
3 TOTAL	5,296,327	59,769	895,760	227,963	1,710,198	0	8,190,017

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

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ADJUSTMENTS TO EXPENSES

DESCRIPTION OF ADJUSTMENT 1	BASIS 2	AMOUNT 3	WORKSHEET A		LINE NO. 5
			COST CENTER 4		
1 INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTE	B	-187,428	ADMINISTRATIVE AND GENERAL		4
2 TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS					
3 REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)					
4 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTE	B	-50,057	ADMINISTRATIVE AND GENERAL		4
5 TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)	B	10	ADMINISTRATIVE AND GENERAL		4
6 TELEVISION AND RADIO SERVICE (CMS PUB. 15-1, CHAPTER 21)	A	-170,999	ADMINISTRATIVE AND GENERAL		4
7 PARKING LOT (CMS PUB. 15-1, CHAPTER 21)					
8 REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTME	A82				
9 SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)					
10 RELATED ORGANIZATION AND HOME OFFICE TRANSACTIONS (CMS PUB.	A81	-517,633			
11 LAUNDRY AND LINEN SERVICE	B	-37,723	LAUNDRY AND LINEN SERVICE		6
12 REVENUE - EMPLOYEE MEALS					
13 COST OF MEALS - GUESTS	B	-346,171	LAUNDRY AND LINEN SERVICE		6
14 SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS	B				
15 SALE OF DRUGS TO OTHER THAN PATIENTS					
16 REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS					
17 VENDING MACHINES					
18 INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHAR					
19 INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO	B				
20 DEPRECIATION--BUILDINGS AND FIXTUES			CAPITAL RELATED - BUILDINGS		1
21 DEPRECIATION--MOVABLE EQUIPMENT			CAPITAL RELATED - MOVABLE EQ		2
22 SHORT TERM INPATIENT HOSPICE CARE					
23 HOSPICE NON-CORE CONTRACTED SERVICES					
25 Miscellaneous Income-Operating	B	-2,597	ADMINISTRATIVE AND GENERAL		4
26 Bad Debts	A	-382,010	ADMINISTRATIVE AND GENERAL		4
27 Realized Gain/Loss on Investment	B	-40,310	ADMINISTRATIVE AND GENERAL		4
28 Maintenance Income	B	-30,797	PLANT OP, MAINT & REPAIRS		5
29 Grounds Income	B	-7,494	PLANT OP, MAINT & REPAIRS		5
30 Other Income-Non-Operating	B	25,172	ADMINISTRATIVE AND GENERAL		4
31 Expenses from Contributed Funds	B	-10,722	ADMINISTRATIVE AND GENERAL		4
32 Alcoholic Beverages	A	-6,563	DIETARY		8
33 License Fees-Other	A	-125	ADMINISTRATIVE AND GENERAL		4
34 Christmas Gratuity Fund	A	-131,954	ADMINISTRATIVE AND GENERAL		4
35 Insurance Loss	A	-237,961	ADMINISTRATIVE AND GENERAL		4
		=====			
100 TOTAL		-2,135,362			

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet A-8-1 Monday, May 18, 2026 at 11:47:08 AM

RELATED ORGANIZATIONS AND HOME OFFICE COSTS

PART I - COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS

CMS #	WORKSHEET A COST CENTER		Expense Item	Line #	Amount	Amount	Net Adjustment
	Line#	Description		Part II	Allowable In Cost	Included in Wkst A col 9	
	1	4	ADMINISTRATIVE AND GENERAL	1	790,071	2,673,519	-1,883,448
	2	1	CAPITAL RELATED - BUILDINGS & FIXTURES	1	66,983	0	66,983
	3	2	CAPITAL RELATED - MOVABLE EQUIPMENT	1	25,342	0	25,342
	4	4	ADMINISTRATIVE AND GENERAL	1	1,273,490	0	1,273,490
100			TOTALS		2,155,886	2,673,519	-517,633

PART II - INTERRELATIONSHIP BETWEEN RELATED ORGANIZATIONS AND / OR HOME OFFICE

#	Interrelationship Indicator	Interrelationship Description (If Column 1=G)	Name	% of Ownership	----- Related Organization(s) -----			
					Name	MCR CCN or H/O#	% of Ownership	Type of Business
1	B		Springpoint Senior Living	100 %	Springpoint Senior Living	H4-8370	100 %	Home Office

MEADOW LAKES  
 Provider CCN: 31-5022  
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Provider-Based Physicians Adjustments

Wkst A Line No	Specialty/Physician Identifier	Total Professional Remuneration	Professional Component	Provider Component	RCE Amount	-----Actual Hours----- Professional Services	Provider Services	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
1	2	3	4	5	6	7	8	9	10
100	Total	0	0	0		0	0	0	0

Wkst A Line No	Specialty/Physician Identifier	Memberships & -----Continuing Ed----- Cost	Provider Component	Malpractice -----Insurance----- Cost	Provider Component	Adjusted RCE Limit	RCE Disallowance	Adjustment
1	2	12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0





MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

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ALLOCATION OF GENERAL SERVICES COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal	Adjustments	Total
	17	18	19	20	21
GENERAL SERVICE COST CENTERS					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	32,819				
18	0	5,399			
INPATIENT ROUTINE SERVICE COST CENTERS					
25	32,819	5,399	7,969,607	0	7,969,607
26	0	0	0	0	0
27	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
30	0	0	14,105	0	14,105
31	0	0	0	0	0
32	0	0	12,055	0	12,055
33	0	0	5,152	0	5,152
34	0	0	0	0	0
35	0	0	696,698	0	696,698
36	0	0	249,883	0	249,883
37	0	0	116,551	0	116,551
38	0	0	0	0	0
39	0	0	0	0	0
40	0	0	42,559	0	42,559
41	0	0	75,884	0	75,884
42	0	0	0	0	0
43	0	0	0	0	0
44	0	0	0	0	0
45	0	0	0	0	0
46	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60	0	0	0	0	0
61	0	0	0	0	0
62	0	0	0	0	0
63	0	0	0	0	0
OUTPATIENT REIMBURSABLE COST CENTERS					
70	0	0	0	0	0
71	0	0	0	0	0
72	0	0	0	0	0
73	0	0	0	0	0

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

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ALLOCATION OF GENERAL SERVICES COSTS

	Net Expenses For Cost Allocation	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	SubTotal 3A	A&G (Accum Cost)	PLANT OP, MAINT & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Patient Days)	HOUSE- KEEPING (Square Feet)
	0	1	2	3	3A	4	5	6	7
OUTPATIENT REIMBURSABLE COST CENTERS									
74 OPT	0	0	0	0	0	0	0	0	0
75 OOT	0	0	0	0	0	0	0	0	0
76 OSP	0	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80 PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	0
89 Subtotals	27,602,131	929,394	9,761	2,103,459	19,597,916	1,941,951	339,356	0	32,680
NONREIMBURSABLE COST CENTERS									
90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	0
91 NONPAID WORKERS	0	0	0	0	0	0	0	0	0
92 PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	0
93 Marketing	805,546	0	0	77,338	882,884	105,560	0	0	0
93.01 Residential Independent Living	2,804,041	5,672,941	59,572	639,029	9,175,583	1,097,060	3,749,269	0	370,687
93.02 Barber and Beauty Shop	63,435	9,646	101	0	73,182	8,750	6,375	0	630
93.03 Clinic	149,006	1,492,925	15,677	36,986	1,694,594	202,611	986,680	0	97,552
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	-318,658	0
100 TOTAL	31,424,159	8,104,906	85,111	2,856,812	31,424,159	3,355,932	5,081,680	-318,658	501,549

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

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ALLOCATION OF GENERAL SERVICES COSTS

	DIETARY (Meals Served) 8	NURSING ADMIN (Patient Days) 9	CENTRAL SERVICES & SUPPLY (Patient Days) 10	PHARMACY (Patient Days) 11	MEDICAL RECORDS (Patient Days) 12	MEDICAL SOCIAL SERVICES (Patient Days) 13	ACTIVITIES PROGRAM (Patient Days) 14	QUALITY & PERFORM IMPROV PGM (Patient Days) 15	TRAINING & IN-SERVICE EDUCATION (Patient Days) 16
OUTPATIENT REIMBURSABLE COST CENTERS									
74	OPT	0	0	0	0	0	0	0	0
75	OOT	0	0	0	0	0	0	0	0
76	OSP	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0
89	Subtotals	1,539,304	987,287	99,969	29,527	2,092	91,867	504,297	44,805
NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0
93	Marketing	0	0	0	0	0	0	0	0
93.01	Residential Independent Living	4,108,906	0	0	0	0	0	0	0
93.02	Barber and Beauty Shop	0	0	0	0	0	0	0	0
93.03	Clinic	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
100	TOTAL	5,648,210	987,287	99,969	29,527	2,092	91,867	504,297	44,805

MEADOW LAKES  
 Provider CCN: 31-5022  
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ALLOCATION OF GENERAL SERVICES COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal 19	Adjustments 20	Total 21
	17	18	19	20	21
OUTPATIENT REIMBURSABLE COST CENTERS					
74	OPT	0	0	0	0
75	OOT	0	0	0	0
76	OSP	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS					
80	PREVENTIVE VACCINES	0	0	0	0
89	Subtotals	32,819	5,399	9,182,494	0
NONREIMBURSABLE COST CENTERS					
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91	NONPAID WORKERS	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0
93	Marketing	0	988,444	0	988,444
93.01	Residential Independent Living	0	18,501,505	0	18,501,505
93.02	Barber and Beauty Shop	0	88,937	0	88,937
93.03	Clinic	0	2,981,437	0	2,981,437
98	Cross Foot Adjustments	0	0	0	0
99	Negative Cost Center	0	-318,658	0	-318,658
100	TOTAL	32,819	5,399	31,424,159	0





MEADOW LAKES  
 Provider CCN: 31-5022  
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ALLOCATION OF CAPITAL RELATED COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal	Adjustments	Total
	17	18	19	20	21
GENERAL SERVICE COST CENTERS					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	238				
18	0	39			
INPATIENT ROUTINE SERVICE COST CENTERS					
25	238	39	375,717	0	375,717
26	0	0	0	0	0
27	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
30	0	0	102	0	102
31	0	0	0	0	0
32	0	0	87	0	87
33	0	0	37	0	37
34	0	0	0	0	0
35	0	0	40,493	0	40,493
36	0	0	2,024	0	2,024
37	0	0	944	0	944
38	0	0	0	0	0
39	0	0	0	0	0
40	0	0	308	0	308
41	0	0	550	0	550
42	0	0	0	0	0
43	0	0	0	0	0
44	0	0	0	0	0
45	0	0	0	0	0
46	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60	0	0	0	0	0
61	0	0	0	0	0
62	0	0	0	0	0
63	0	0	0	0	0
OUTPATIENT REIMBURSABLE COST CENTERS					
70	0	0	0	0	0
71	0	0	0	0	0
72	0	0	0	0	0
73	0	0	0	0	0

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

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ALLOCATION OF CAPITAL RELATED COSTS

	Directly Assigned Capital Related Costs	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	SubTotal	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	A&G (Accum Cost)	PLANT OP, MAINT & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Patient Days)	HOUSE- KEEPING (Square Feet)
	0	1	2	2A	3	4	5	6	7
OUTPATIENT REIMBURSABLE COST CENTERS									
74	0	0	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	0	0	0	0	0	0	0	0	0
89	0	929,394	9,761	939,155	9,661	131,773	14,577	-870	1,161
NONREIMBURSABLE COST CENTERS									
90	0	0	0	0	0	0	0	0	0
91	0	0	0	0	0	0	0	0	0
92	0	0	0	0	0	0	0	0	0
93	0	0	0	0	355	7,164	0	0	0
93.01	0	5,672,941	59,572	5,732,513	2,936	74,451	161,052	-1,370	13,161
93.02	0	9,646	101	9,747	0	594	274	0	22
93.03	0	1,492,925	15,677	1,508,602	170	13,750	42,383	0	3,463
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
100	0	8,104,906	85,111	8,190,017	13,122	227,732	218,286	-2,240	17,807

MEADOW LAKES  
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ALLOCATION OF CAPITAL RELATED COSTS

	DIETARY (Meals Served)	NURSING ADMIN (Patient Days)	CENTRAL SERVICES & SUPPLY (Patient Days)	PHARMACY (Patient Days)	MEDICAL RECORDS (Patient Days)	MEDICAL SOCIAL SERVICES (Patient Days)	ACTIVITIES PROGRAM (Patient Days)	QUALITY & PERFORM IMPROV PGM (Patient Days)	TRAINING & IN-SERVICE EDUCATION (Patient Days)
	8	9	10	11	12	13	14	15	16
OUTPATIENT REIMBURSABLE COST CENTERS									
74	0	0	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	0	0	0	0	0	0	0	0	0
89	75,108	11,569	21,192	214	1,182	2,224	28,006	325	324
NONREIMBURSABLE COST CENTERS									
90	0	0	0	0	0	0	0	0	0
91	0	0	0	0	0	0	0	0	0
92	0	0	0	0	0	0	0	0	0
93	0	0	0	0	0	0	0	0	0
93.01	200,488	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
100	275,596	11,569	21,192	214	1,182	2,224	28,006	325	324

MEADOW LAKES  
 Provider CCN: 31-5022  
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ALLOCATION OF CAPITAL RELATED COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal 19	Adjustments 20	Total 21
OUTPATIENT REIMBURSABLE COST CENTERS					
74	OPT	0	0	0	0
75	OOT	0	0	0	0
76	OSP	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS					
80	PREVENTIVE VACCINES	0	0	0	0
89	Subtotals	238	420,262	0	420,262
NONREIMBURSABLE COST CENTERS					
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91	NONPAID WORKERS	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0
93	Marketing	0	7,519	0	7,519
93.01	Residential Independent Living	0	6,183,231	0	6,183,231
93.02	Barber and Beauty Shop	0	10,637	0	10,637
93.03	Clinic	0	1,568,368	0	1,568,368
98	Cross Foot Adjustments	0	0	0	0
99	Negative Cost Center	0	0	0	0
100	TOTAL	238	8,190,017	0	8,190,017





MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

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COST ALLOCATIONS - STATISTICAL BASES

OTHER  
 GENERAL  
 SERVICE COST  
 (Patient  
 Days)  
 18

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED - BUILDINGS & FIXTURES	
2	CAPITAL RELATED - MOVABLE EQUIPMENT	
3	EMPLOYEE BENEFITS DEPARTMENT	
4	ADMINISTRATIVE AND GENERAL	
5	PLANT OP, MAINT & REPAIRS	
6	LAUNDRY AND LINEN SERVICE	
7	HOUSEKEEPING	
8	DIETARY	
9	NURSING ADMINISTRATION	
10	CENTRAL SERVICES AND SUPPLY	
11	PHARMACY	
12	MEDICAL RECORDS	
13	MEDICAL SOCIAL SERVICES	
14	ACTIVITIES PROGRAM	
15	QA & PERFORMANCE IMPROVEMENT PROGRAM	
16	TRAINING AND IN-SERVICE EDUCATION	
17	PATIENT TRANSPORTATION PART A	
18	OTHER GENERAL SERVICE COST	17,338
	INPATIENT ROUTINE SERVICE COST CENTERS	
25	SKILLED NURSING FACILITY	17,338
26	NURSING FACILITY	0
27	ICF/IID	0
	ANCILLARY SERVICE COST CENTERS	
30	RADIOLOGY - DIAGNOSTIC	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0
32	LABORATORY	0
33	INTRAVENOUS THERAPY	0
34	RESPIRATORY THERAPY	0
35	PHYSICAL THERAPY	0
36	OCCUPATIONAL THERAPY	0
37	SPEECH LANGUAGE PATHOLOGIST	0
38	AUDIOLOGY	0
39	ELECTROCARDIOLOGY	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0
42	DRUGS: IV SOLUTIONS	0
43	DENTAL CARE	0
44	APPLIANCES AND EQUIPMENT	0
45	BLOOD AND BLOOD PRODUCTS	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0
	OUTPATIENT SERVICE COST CENTERS	
60	SCREENING & PREVENTIVE SERVICES	0
61	OUTPATIENT LABORATORY	0
62	PORTABLE X-RAY SERVICES	0
63	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0
	OUTPATIENT REIMBURSABLE COST CENTERS	
70	HOME HEALTH AGENCY	0
71	AMBULANCE	0
72	HOSPICE	0
73	CORF	0

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet B-1 Monday, May 18, 2026 at 11:47:08 AM

COST ALLOCATIONS - STATISTICAL BASES

	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	Reconcil- iation 4A	A&G (Accum Cost) 4	PLANT OP, MAINT & REPAIRS (Square Feet) 5	LAUNDRY & LINEN SERVICE (Patient Days) 6	HOUSE- KEEPING (Square Feet) 7	DIETARY (Meals Served) 8
	1	2	3						
OUTPATIENT REIMBURSABLE COST CENTERS									
74	0	0	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	0	0	0	0	0	0	0	0	0
89	70,140	70,140	8,046,054	0	16,526,611	38,751	10,267	37,744	52,617
NONREIMBURSABLE COST CENTERS									
90	0	0	0	0	0	0	0	0	0
91	0	0	0	0	0	0	0	0	0
92	0	0	0	0	0	0	0	0	0
93	0	0	295,829	0	882,884	0	0	0	0
93.01	428,129	428,129	2,444,379	0	9,175,583	428,129	16,157	428,129	140,452
93.02	728	728	0	0	73,182	728	0	728	0
93.03	112,669	112,669	141,477	0	1,694,594	112,669	0	112,669	0
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
102	8,104,906	85,111	2,856,812	0	3,355,932	5,081,680	-318,658	501,549	5,648,210
103	13.250542	0.139146	0.261428	0.000000	0.119563	8.757335	-12.059416	0.865829	29.254878
104	0	0	13,122	0	227,732	218,286	-2,240	17,807	275,596
105	0.000000	0.000000	0.001201	0.000000	0.008114	0.376176	-0.084771	0.030740	1.427448

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet B-1 Monday, May 18, 2026 at 11:47:08 AM

COST ALLOCATIONS - STATISTICAL BASES

	NURSING ADMIN (Patient Days) 9	CENTRAL SERVICES & SUPPLY (Patient Days) 10	PHARMACY (Patient Days) 11	MEDICAL RECORDS (Patient Days) 12	MEDICAL SOCIAL SERVICES (Patient Days) 13	ACTIVITIES PROGRAM (Patient Days) 14	QUALITY & PERFORM IMPROV PGM (Patient Days) 15	TRAINING & IN-SERVICE EDUCATION (Patient Days) 16	PATIENT TRANSPORT PART A (Patient Days) 17	
OUTPATIENT REIMBURSABLE COST CENTERS										
74	OPT	0	0	0	0	0	0	0	0	
75	OOT	0	0	0	0	0	0	0	0	
76	OSP	0	0	0	0	0	0	0	0	
COST REIMBURSED SERVICES COST CENTERS										
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	
89	Subtotal	17,338	17,338	17,338	17,338	17,338	17,338	17,338	17,338	
NONREIMBURSABLE COST CENTERS										
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	
91	NONPAID WORKERS	0	0	0	0	0	0	0	0	
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	
93	Marketing	0	0	0	0	0	0	0	0	
93.01	Residential Independent Living	0	0	0	0	0	0	0	0	
93.02	Barber and Beauty Shop	0	0	0	0	0	0	0	0	
93.03	Clinic	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	987,287	99,969	29,527	2,092	91,867	504,297	44,805	44,664	32,819
103	Unit Cost Multiplier per Bp1	56.943534	5.765890	1.703022	0.120660	5.298593	29.086227	2.584208	2.576076	1.892894
104	Cost to be Allocated per Bp2	11,569	21,192	214	1,182	2,224	28,006	325	324	238
105	Unit Cost Multiplier per Bp2	0.667263	1.222286	0.012343	0.068174	0.128273	1.615296	0.018745	0.018687	0.013727

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2025 to 12/31/2025

Worksheet B-1 Monday, May 18, 2026 at 11:47:08 AM

COST ALLOCATIONS - STATISTICAL BASES

	OTHER GENERAL SERVICE COST (Patient Days)
	18
OUTPATIENT REIMBURSABLE COST CENTERS	
74 OPT	0
75 OOT	0
76 OSP	0
COST REIMBURSED SERVICES COST CENTERS	
80 PREVENTIVE VACCINES	0
89 Subtotal	17,338
NONREIMBURSABLE COST CENTERS	
90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91 NONPAID WORKERS	0
92 PHYSICIAN PRIVATE OFFICES	0
93 Marketing	0
93.01 Residential Independent Living	0
93.02 Barber and Beauty Shop	0
93.03 Clinic	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
102 Cost to be Allocated per Bp1	5,399
103 Unit Cost Multiplier per Bp1	0.311397
104 Cost to be Allocated per Bp2	39
105 Unit Cost Multiplier per Bp2	0.002249

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2025 to 12/31/2025

Worksheet B-2 Monday, May 18, 2026 at 11:47:08 AM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet C Monday, May 18, 2026 at 11:47:08 AM

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

CMS #	COST CENTER	-----CHARGES-----			COST TO CHARGE RATIO	
		TOTAL COST	TOTAL CHARGES	RECLASS-IFICATIONS		RECLASSIFIED CHARGES
		1	2	3	4	5
INPATIENT ROUTINE NURSING COST CENTERS						
25	SKILLED NURSING FACILITY	7,969,607	10,098,188	-32,297	10,065,891	
26	NURSING FACILITY	0	0	0	0	
27	ICF/IID	0	0	0	0	
ANCILLARY SERVICE COST CENTERS						
30	RADIOLOGY - DIAGNOSTIC	14,105	9,566	-150	9,416	1.497982
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	
32	LABORATORY	12,055	8,301	0	8,301	1.452235
33	INTRAVENOUS THERAPY	5,152	0	4,602	4,602	1.119513
34	RESPIRATORY THERAPY	0	0	0	0	
35	PHYSICAL THERAPY	696,698	453,940	0	453,940	1.534780
36	OCCUPATIONAL THERAPY	249,883	375,825	0	375,825	0.664892
37	SPEECH LANGUAGE PATHOLOGIST	116,551	155,201	0	155,201	0.750968
38	AUDIOLOGY	0	0	0	0	
39	ELECTROCARDIOLOGY	0	0	150	150	0.000000
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	42,559	5,717	32,297	38,014	1.119561
41	DRUGS: DRUGS CHARGED TO PATIENTS	75,884	102,705	-4,602	98,103	0.773514
42	DRUGS: IV SOLUTIONS	0	0	0	0	
43	DENTAL CARE	0	0	0	0	
44	APPLIANCES AND EQUIPMENT	0	0	0	0	
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0	
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	
OUTPATIENT REIMBURSABLE COST CENTERS						
71	AMBULANCE	0	0	0	0	
COST REIMBURSED SERVICES COST CENTERS						
80	PREVENTIVE VACCINES	0	0	0	0	
100	TOTAL	9,182,494	11,209,443	0	11,209,443	

MEADOW LAKES

Provider CCN: 31-5022

Period from 1/1/2025 to 12/31/2025

Worksheet C-6

Monday, May 18, 2026 at 11:47:08 AM

Reclassifications

#	EXPLANATION OF RECLASSIFICATION	CODE	----- INCREASES -----			----- DECREASES -----		
			WORKSHEET C COST CENTER	WKST C LINE NO.	AMOUNT	WORKSHEET C COST CENTER	WKST C LINE NO.	AMOUNT
1	To Reclass I/V Therapy	A	INTRAVENOUS THERAPY	33.00	4,602	DRUGS: DRUGS CHARGED TO	41.00	4,602
2	To Reclass Electrocardiology	B	ELECTROCARDIOLOGY	39.00	150	RADIOLOGY - DIAGNOSTIC	30.00	150
3	To Reclass Medical Supplies Charged	C	MEDICAL SUPPLIES CHARGED	40.00	32,297	SKILLED NURSING FACILITY	25.00	32,297
500	TOTAL RECLASSIFICATIONS				37,049			37,049

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title V Monday, May 18, 2026 at 11:47:08 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS  
 Skilled Nursing Facility - Title V

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----		
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES
30	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0
32	LABORATORY	0	0	0	0	0	0
33	INTRAVENOUS THERAPY	0	0	0	0	0	0
34	RESPIRATORY THERAPY	0	0	0	0	0	0
35	PHYSICAL THERAPY	0	0	0	0	0	0
36	OCCUPATIONAL THERAPY	0	0	0	0	0	0
37	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0
38	AUDIOLOGY	0	0	0	0	0	0
39	ELECTROCARDIOLOGY	0	0	0	0	0	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0
42	DRUGS: IV SOLUTIONS	0	0	0	0	0	0
43	DENTAL CARE	0	0	0	0	0	0
44	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0
71	AMBULANCE	0	0	0	0	0	0
80	PREVENTIVE VACCINES	0	0	0	0	0	0
100	TOTAL	0	0	0	0	0	0

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title XIX Monday, May 18, 2026 at 11:47:08 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS  
 Skilled Nursing Facility - Title XIX

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----		
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES
30	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0
32	LABORATORY	0	0	0	0	0	0
33	INTRAVENOUS THERAPY	0	0	0	0	0	0
34	RESPIRATORY THERAPY	0	0	0	0	0	0
35	PHYSICAL THERAPY	0	0	0	0	0	0
36	OCCUPATIONAL THERAPY	0	0	0	0	0	0
37	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0
38	AUDIOLOGY	0	0	0	0	0	0
39	ELECTROCARDIOLOGY	0	0	0	0	0	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0
42	DRUGS: IV SOLUTIONS	0	0	0	0	0	0
43	DENTAL CARE	0	0	0	0	0	0
44	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0
71	AMBULANCE	0	0	0	0	0	0
80	PREVENTIVE VACCINES	0	0	0	0	0	0
100	TOTAL	0	0	0	0	0	0

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title XVIII Monday, May 18, 2026 at 11:47:08 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS  
 Skilled Nursing Facility - Title XVIII

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----			
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	
30	RADIOLOGY - DIAGNOSTIC	1.497982	3,407	0	0	5,104	0	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY		0	0	0	0	0	0
32	LABORATORY	1.452235	4,633	0	0	6,728	0	0
33	INTRAVENOUS THERAPY	1.119513	3,252	0	0	3,641	0	0
34	RESPIRATORY THERAPY		0	0	0	0	0	0
35	PHYSICAL THERAPY	1.534780	101,666	0	0	156,035	0	0
36	OCCUPATIONAL THERAPY	0.664892	133,437	0	0	88,721	0	0
37	SPEECH LANGUAGE PATHOLOGIST	0.750968	57,174	0	0	42,936	0	0
38	AUDIOLOGY		0	0	0	0	0	0
39	ELECTROCARDIOLOGY		150	0	0	0	0	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.119561	0	0	0	0	0	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0.773514	52,529	0	0	40,632	0	0
42	DRUGS: IV SOLUTIONS		0	0	0	0	0	0
43	DENTAL CARE		0	0	0	0	0	0
44	APPLIANCES AND EQUIPMENT		0	0	0	0	0	0
45	BLOOD AND BLOOD PRODUCTS		0	0	0	0	0	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE		0	0	0	0	0	0
71	AMBULANCE		0	0	0	0	0	0
80	PREVENTIVE VACCINES		0	0	0	0	0	0
100	TOTAL		356,248	0	0	343,797	0	0

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Monday, May 18, 2026 at 11:47:08 AM

Program: Title V  
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS #	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	0
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	0
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	0
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	0
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.000000
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	0
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	0.00
17	PROGRAM ROUTINE SERVICE COST	0
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	0
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	0
21	PER DIEM CAPITAL RELATED COSTS	0.00
22	PROGRAM CAPITAL RELATED COST	0
23	INPATIENT ROUTINE SERVICE COST	0
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	0
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	0

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Monday, May 18, 2026 at 11:47:08 AM

Program: Title XIX  
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS #	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	17,338
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	758
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,969,607
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	0
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.000000
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	7,969,607
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	459.66
17	PROGRAM ROUTINE SERVICE COST	348,422
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	348,422
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	375,717
21	PER DIEM CAPITAL RELATED COSTS	21.67
22	PROGRAM CAPITAL RELATED COST	16,426
23	INPATIENT ROUTINE SERVICE COST	331,996
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	331,996
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	16,426

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Monday, May 18, 2026 at 11:47:08 AM

Program: Title XVIII  
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS #	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	17,338
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	1,634
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,969,607
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	10,098,187
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.789212
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	7,969,607
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	459.66
17	PROGRAM ROUTINE SERVICE COST	751,084
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	751,084
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	375,717
21	PER DIEM CAPITAL RELATED COSTS	21.67
22	PROGRAM CAPITAL RELATED COST	35,409
23	INPATIENT ROUTINE SERVICE COST	715,675
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	715,675
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	0

MEADOW LAKES

Provider CCN: 31-5022

Period from 1/1/2025 to 12/31/2025

Worksheet E Part A Monday, May 18, 2026 at 11:47:09 AM

Calculation of Reimbursement Settlement - Medicare Part A

1	INPATIENT PPS AMOUNT	1,095,017
2	ALLOWABLE BAD DEBTS	11,987
3	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	11,987
4	REIMBURSABLE BAD DEBTS	7,792
5	TOTAL REIMBURSABLE COST	1,102,809
6	PRIMARY PAYER AMOUNTS	0
7	COINSURANCE	113,759
8		0
9	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0
10	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	156
11	SEQUESTRATION AMOUNT	19,625
12	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0
13	NET REIMBURSABLE COST	969,269
14	INTERIM PAYMENTS	961,634
15	TENTATIVE ADJUSTMENT	0
16	BALANCE DUE PROVIDER/PROGRAM	7,635
17	PROTESTED AMOUNTS	

MEADOW LAKES

Provider CCN: 31-5022

Period from 1/1/2025 to 12/31/2025

Worksheet E Part B Monday, May 18, 2026 at 11:47:09 AM

Calculation of Reimbursement Settlement - Medicare Part B

1	PART B ANCILLARY SERVICE COSTS	0
2	PREVENTIVE VACCINES	0
3	TOTAL REASONABLE COSTS	0
4	MEDICARE PART B ANCILLARY CHARGES	0
5	COST OF COVERED SERVICES	0
6	ALLOWABLE BAD DEBTS	0
7	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES	0
8	REIMBURSABLE BAD DEBTS	0
9	TOTAL REIMBURSABLE COST	0
10	PRIMARY PAYER AMOUNTS	0
11	COINSURANCE AND DEDUCTIBLES	0
12		0
13	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0
14	SEQUESTRATION AMOUNT	0
15	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0
16	NET REIMBURSABLE COST	0
17	INTERIM PAYMENTS	0
18	TENTATIVE ADJUSTMENT	0
19	BALANCE DUE PROVIDER/PROGRAM	0
20	PROTESTED AMOUNTS	0

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet E-1 Monday, May 18, 2026 at 11:47:09 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		961,634		0
2	Interim payments payable		0		0
3	RETROACTIVE LUMP SUM ADJUSTMENTS		0		0
3.01	Program to Provider		0		0
3.02	Program to Provider		0		0
3.03	Program to Provider		0		0
3.04	Program to Provider		0		0
3.05	Program to Provider		0		0
3.50	Provider to Program		0		0
3.51	Provider to Program		0		0
3.52	Provider to Program		0		0
3.53	Provider to Program		0		0
3.54	Provider to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		961,634		0
TO BE COMPLETED BY CONTRACTOR					
5	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS				
5.01	Program to Provider		0		0
5.02	Program to Provider		0		0
5.03	Program to Provider		0		0
5.50	Provider to Program		0		0
5.51	Provider to Program		0		0
5.52	Provider to Program		0		0
5.99	SUBTOTAL		0		0
6	CONTRACTOR: NET SETTLEMENT AMOUNT				
6.01	Program to Provider		0		0
6.02	Provider to Program		0		0
7	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		0		0
Name of Contractor: _____ Contractor Number: _____					
8	Name of Contractor/Number/Date of NPR		0		0

MEADOW LAKES

Provider CCN: 31-5022

Period from 1/1/2025 to 12/31/2025

Worksheet E-2 Monday, May 18, 2026 at 11:47:09 AM

Calculation of Reimbursement Settlement  
Title XIX SNF

CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER

CMS

#	COMPUTATION OF NET COST OF COVERED SERVICES	
1	INPATIENT ANCILLARY SERVICES	0
2	OUTPATIENT SERVICES	0
3	INPATIENT ROUTINE SERVICES	16,426
4	COST OF COVERED SERVICES	16,426
5	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0
6	SUBTOTAL	16,426
7	PRIMARY PAYOR AMOUNTS	0
8	TOTAL REASONABLE COST	16,426
	REASONABLE CHARGES	
9	INPATIENT ANCILLARY SERVICES CHARGES	0
10	OUTPATIENT SERVICES CHARGES	0
11	INPATIENT ROUTINE SERVICES CHARGES	0
12	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0
13	TOTAL REASONABLE CHARGES	0
	CUSTOMARY CHARGES	
14	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0
15	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0
16	RATIO OF LINE 14 TO LINE 15 (NOT TO EXCEED 1.000000)	0
17	TOTAL CUSTOMARY CHARGES	0
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	COST OF COVERED SERVICES	0
19	COST SHARING	0
20	SUBTOTAL	0
21	ALLOWABLE BAD DEBTS	0
22	SUBTOTAL	0
23		0
24	SUBTOTAL	0
25	INTERIM PAYMENTS	0
26	BALANCE DUE PROVIDER/PROGRAM (INDICATE OVERPAYMENT IN PARENTHESES)	0

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet G Monday, May 18, 2026 at 11:47:09 AM

BALANCE SHEET

CMS #	ASSETS	Amount
		1
	CURRENT ASSETS	
1	CASH ON HAND AND IN BANKS	3,981,797
2	TEMPORARY INVESTMENTS	0
3	NOTES RECEIVABLE	0
4	ACCOUNTS RECEIVABLE	1,570,501
5	OTHER RECEIVABLES	11,987
	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND	
6	ACCOUNTS RECEIVABLE	859,573
7	INVENTORY	0
8	PREPAID EXPENSES	443,062
9	OTHER CURRENT ASSETS	780,525
10	DUE FROM OTHER FUNDS	0
11	TOTAL CURRENT ASSETS	5,928,299
	FIXED ASSETS	
12	LAND	737,810
13	LAND IMPROVEMENTS	0
14	LESS: ACCUMULATED DEPRECIATION	0
15	BUILDINGS	90,494,444
16	LESS: ACCUMULATED DEPRECIATION	57,692,545
17	LEASEHOLD IMPROVEMENTS	0
18	LESS: ACCUMULATED DEPRECIATION	0
19	FIXED EQUIPMENT	0
20	LESS: ACCUMULATED DEPRECIATION	0
21	AUTOMOBILES AND TRUCKS	0
22	LESS: ACCUMULATED DEPRECIATION	0
23	MAJOR MOVABLE EQUIPMENT	6,150,907
24	LESS: ACCUMULATED DEPRECIATION	2,582,438
25	MINOR EQUIPMENT - DEPRECIABLE	0
26	MINOR EQUIPMENT - NONDEPRECIABLE	0
27	OTHER FIXED ASSETS	397,485
28	TOTAL FIXED ASSETS	37,505,663
	OTHER ASSETS	
29	INVESTMENTS	0
30	DEPOSITS ON LEASES	3,754,171
31	DUE FROM OWNERS/OFFICERS	0
32	OTHER ASSETS	1,536,797
33	TOTAL OTHER ASSETS	5,290,968
34	TOTAL ASSETS	48,724,930
	CURRENT LIABILITIES	
35	ACCOUNTS PAYABLE	831,777
36	SALARIES, WAGES & FEES PAYABLE	1,335,519
37	PAYROLL TAXES PAYABLE	0
38	NOTES & LOANS PAYABLE (SHORT TERM)	599,785
39	DEFERRED INCOME	0
40	ACCELERATED PAYMENTS	0
41	DUE TO OTHER FUNDS	0
42	OTHER CURRENT LIABILITIES	1,486,157
43	TOTAL CURRENT LIABILITIES	4,253,238
	LONG TERM LIABILITIES	
44	MORTGAGE PAYABLE	26,418,589
45	NOTES PAYABLE	0
46	UNSECURED LOANS	0
47	LOANS FROM OWNERS	0
48	OTHER LONG TERM LIABILITIES	52,906,155
49	TOTAL LONG TERM LIABILITIES	79,324,744
50	TOTAL LIABILITIES	83,577,982
	CAPITAL ACCOUNTS	
51	FUND BALANCES	-34,853,052
52	TOTAL LIABILITIES AND FUND BALANCES	48,724,930

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet G-2 Part I Monday, May 18, 2026 at 11:47:09 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

	INPATIENT					OUTPATIENT					TOTAL
	MEDICARE FFS 1	MEDICARE HMO 2	MEDICAID 3	MEDICAID HMO 4	OTHER 5	MEDICARE FFS 6	MEDICARE HMO 7	MEDICAID 8	MEDICAID HMO 9	OTHER 10	
GENERAL INPATIENT ROUTINE CARE SERVICES	961,567	804,445	454,317	3,418,764	4,459,094						10,098,187
1 SKILLED NURSING FACILITY	961,567	804,445	454,317	3,418,764	4,459,094						10,098,187
2 NURSING FACILITY	0	0	0	0	0						0
3 ICF/IID											0
4 TOTAL GENERAL INPATIENT CARE SERVICES	961,567	804,445	454,317	3,418,764	4,459,094						10,098,187
5 ANCILLARY SERVICES	411,759	328,079	0	2,166	27,878	263,778	77,595	0	0	0	1,111,255
6 HOME HEALTH AGENCY						0	0	0	0	0	0
7 AMBULANCE		0	0	0	0	0	0	0	0	0	0
8 HOSPICE	0	0	0	0	0	0	0	0	0	0	0
9 ALL OTHER REVENUES	0	0	0	0	0	0	0	0	0	0	0
10 TOTAL PATIENT REVENUES	1,373,326	1,132,524	454,317	3,420,930	4,486,972	263,778	77,595	0	0	0	11,209,442

MEADOW LAKES  
Provider CCN: 31-5022  
Period from 1/1/2025 to 12/31/2025

Worksheet G-2 Part II Monday, May 18, 2026 at 11:47:09 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description	
11	OPERATING EXPENSES	33,559,521
12	ADD (SPECIFY)	0
13	TOTAL ADDITIONS	0
		-----
14	DEDUCT (SPECIFY)	0
		-----
15	TOTAL DEDUCTIONS	0
		=====
16	TOTAL OPERATING EXPENSES	33,559,521

MEADOW LAKES  
 Provider CCN: 31-5022  
 Period from 1/1/2025 to 12/31/2025

Worksheet G-3 Monday, May 18, 2026 at 11:47:09 AM

Statement of Revenues and Expenses

CMS #	Description	
	Income From Services to Patients:	
1	TOTAL PATIENT REVENUES	11,209,442
2	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	3,615,499
3	NET PATIENT REVENUES	7,593,943
4	LESS: TOTAL OPERATING EXPENSES	33,559,521
5	NET INCOME FROM SERVICES TO PATIENTS	-25,965,578
	Other Income:	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	155,131
7	INCOME FROM INVESTMENTS	462,484
8	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	-10
9	REVENUE FROM TELEVISION AND RADIO SERVICES	0
10	PURCHASE DISCOUNTS	0
11	REBATES AND REFUNDS OF EXPENSES	0
12	PARKING LOT RECEIPTS	0
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	37,723
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	346,171
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, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	0
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	0
21	RENTAL OF VENDING MACHINES	640
22	RENTAL OF SKILLED NURSING SPACE	0
23	GOVERNMENTAL APPROPRIATIONS	0
24	OTHER MISCELLANEOUS REVENUE (SPECIFY _____)	-308,220
24.01	Assisted Living / ESP Income	3,423,094
24.02	General Service Revenue	792,604
24.03	Admin Effect FASB 158 Adoption	-70,722
24.04	Earned Entrance Fees	3,846,670
24.05	Residential Income	15,036,090
25	PHE FUNDING	0
26	TOTAL OTHER INCOME	23,721,655
27	TOTAL INCOME	-2,243,923
	Expenses:	
28	OTHER EXPENSES (SPECIFY _____)	0
29		0
30		0
31	TOTAL OTHER EXPENSES	0
32	NET INCOME (LOSS) FOR THE PERIOD	-2,243,923