

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED

OMB NO. 0938-0463

Expires: 12/31/2021

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet S  
Parts I, II & III  
Date/Time Prepared:  
11/1/2024 11:13 am

**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 3.01 <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.	Date: 11/1/2024 Time: 11:13 am
Contractor use only	4. <input checked="" type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended 5. Date Received: _____	6. Contractor No. _____ 7. <input type="checkbox"/> First Cost Report for this Provider CCN 8. <input type="checkbox"/> Last Cost Report for this Provider CCN 9. NPR Date: _____ 10. <input type="checkbox"/> If line 4, column 1 is "4": Enter number of times reopened 11. Contractor Vendor Code _____ 4 12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.

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

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 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 SPRING HILLS MATAWAN ( 315463 ) for the cost reporting period beginning 01/01/2024 and ending 02/29/2024 and 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	ELECTRONIC SIGNATURE STATEMENT	
1	<i>Henny Grunfeld</i>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Henny Grunfeld		2
3	Signatory Title	FINANCE SUPERVISOR		3
4	Date	(Dated when report is electronica		4

Cost Center Description		Title XVIII		Title XIX	
		Title V	Part A	Part B	
		1.00	2.00	3.00	4.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00	SKILLED NURSING FACILITY	0	6,625	141	0
2.00	NURSING FACILITY	0			0
3.00	ICF/IID				0
4.00	SNF - BASED HHA I	0	0	0	4.00
5.00	SNF - BASED RHC I	0		0	5.00
6.00	SNF - BASED FQHC I	0		0	6.00
7.00	SNF - BASED CMHC I	0		0	7.00
100.00	TOTAL	0	6,625	141	0

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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 and review the information collection is estimated 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 the 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.

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider No.: 315463		Period: From 01/01/2024 To 02/29/2024		Worksheet S-2 Part I Date/Time Prepared: 11/1/2024 11:13 am		
1.00		2.00		3.00						
Skilled Nursing Facility and Skilled Nursing Facility Complex Address:										
1.00	Street: 38 FRENEAU AVENUE		PO Box:						1.00	
2.00	City: MATAWAN		State: NJ		Zip Code: 07747				2.00	
3.00	County: MONMOUTH		CBSA Code: 35154		Urban/Rural: U				3.00	
3.01			CBSA Code:						3.01	
			Component Name		Provider CCN	Date Certified	Payment System (P, O, or N)			
							V	XVIII	XIX	
			1.00		2.00	3.00	4.00	5.00	6.00	
SNF and SNF-Based Component Identification:										
4.00	SNF		SPRING HILLS MATAWAN		315463	01/03/2000	N	P	N	
5.00	Nursing Facility									
6.00	ICF/IID									
7.00	SNF-Based HHA									
8.00	SNF-Based RHC									
9.00	SNF-Based FQHC									
10.00	SNF-Based CMHC									
11.00	SNF-Based OLTC									
12.00	SNF-Based HOSPICE									
13.00	SNF-Based CORF									
						From:	To:			
						1.00	2.00			
14.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2024	02/29/2024		14.00	
15.00	Type of Control (See Instructions)					4		15.00		
						Y/N				
						1.00				
Type of Freestanding Skilled Nursing Facility										
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	16.00	
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	17.00	
18.00	Are there any costs included in worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete worksheet A-8-1.							Y	18.00	
Miscellaneous Cost Reporting Information										
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.00	
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.01	
Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.										
20.00	Straight Line							331,538	20.00	
21.00	Declining Balance							0	21.00	
22.00	Sum of the Year's Digits							0	22.00	
23.00	Sum of line 20 through 22							331,538	23.00	
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	24.00	
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	25.00	
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	26.00	
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	27.00	
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	28.00	
							Part A	Part B	Other	
							1.00	2.00	3.00	
If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.										
29.00	Skilled Nursing Facility							N	N	
30.00	Nursing Facility									N
31.00	ICF/IID									
32.00	SNF-Based HHA							N	N	
33.00	SNF-Based RHC									
34.00	SNF-Based FQHC									
35.00	SNF-Based CMHC								N	
36.00	SNF-Based OLTC									
						Y/N				
						1.00	2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)					Y			37.00	
38.00	Are you legally-required to carry malpractice insurance? (Y/N)					N			38.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.								39.00	
					Premiums	Paid Losses	Self Insurance			
					1.00	2.00	3.00			
41.00	List malpractice premiums and paid losses:					0	0	0		
									41.00	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider No.: 315463	Period: From 01/01/2024 To 02/29/2024	Worksheet S-2 Part I Date/Time Prepared: 11/1/2024 11:13 am
				Y/N
				1.00
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N 42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N 43.00
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.			44.00
1.00		2.00		3.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.				
45.00	Name:	Contractor's Name:	Contractor's Number:	45.00
46.00	Street:	PO Box:		46.00
47.00	City:	State:	Zip Code:	47.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet S-2  
Part II  
Date/Time Prepared:  
11/1/2024 11:13 am

		Y/N	Date	
		1.00	2.00	
<b>General Instruction:</b> For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy) <b>Completed by All Skilled Nursing Facilities</b> <b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) 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? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "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	C	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N	6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N		7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N		8.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y	9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N	10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N	11.00
<b>Bed Complement</b>				
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N	12.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
<b>PS&amp;R Data</b>				
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	10/08/2024	Y
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N
15.00	If line 13 or 14 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 "Y", see Instructions.	N		N
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N



SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet S-2  
Part II  
Date/Time Prepared:  
11/1/2024 11:13 am

		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHRIS	GUILBAULT	19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES		20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	CHRIS.GUILBAULT@HCRNJ.NET	21.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet S-2  
Part II  
Date/Time Prepared:  
11/1/2024 11:13 am

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
13.00	was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	10/08/2024		13.00
14.00	was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.			14.00
15.00	If line 13 or 14 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 "Y", see Instructions.			15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:			17.00
18.00	was the cost report prepared only using the provider's records? If "Y" see Instructions.			18.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PREPARER		19.00
20.00	Enter the employer/company name of the cost report preparer.			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			21.00

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX STATISTICAL DATA

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet S-3  
Part I  
Date/Time Prepared:  
11/1/2024 11:13 am

Component		Number of Beds	Bed Days Available	Inpatient Days/Visits			
				Title V	Title XVIII	Title XIX	
				1.00	2.00	3.00	
1.00	SKILLED NURSING FACILITY	130	7,800	0	864	3,988	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	130	7,800	0	864	3,988	8.00
Component		Inpatient Days/Visits		Discharges			
		Other	Total	Title V	Title XVIII	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
1.00	SKILLED NURSING FACILITY	589	5,441	0	23	20	1.00
2.00	NURSING FACILITY	0	0	0		0	2.00
3.00	ICF/IID	0	0			0	3.00
4.00	HOME HEALTH AGENCY COST	0	0				4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	589	5,441	0	23	20	8.00
Component		Discharges		Average Length of Stay			
		Other	Total	Title V	Title XVIII	Title XIX	
		11.00	12.00	13.00	14.00	15.00	
1.00	SKILLED NURSING FACILITY	12	55	0.00	37.57	199.40	1.00
2.00	NURSING FACILITY	0	0	0.00		0.00	2.00
3.00	ICF/IID	0	0			0.00	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0	0				5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0	0	0.00	0.00	0.00	7.00
8.00	Total (Sum of lines 1-7)	12	55	0.00	37.57	199.40	8.00
Component		Average Length of Stay	Admissions				
		Total	Title V	Title XVIII	Title XIX		Other
		16.00	17.00	18.00	19.00		20.00
1.00	SKILLED NURSING FACILITY	98.93	0	23	19	11	1.00
2.00	NURSING FACILITY	0.00	0		0	0	2.00
3.00	ICF/IID	0.00			0	0	3.00
4.00	HOME HEALTH AGENCY COST						4.00
5.00	Other Long Term Care	0.00				0	5.00
6.00	SNF-Based CMHC						6.00
7.00	HOSPICE	0.00	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	98.93	0	23	19	11	8.00
Component		Admissions	Full Time Equivalent				
		Total	Employees on Payroll	Nonpaid workers			
		21.00	22.00	23.00			
1.00	SKILLED NURSING FACILITY	53	82.70	0.00		1.00	
2.00	NURSING FACILITY	0	0.00	0.00		2.00	
3.00	ICF/IID	0	0.00	0.00		3.00	
4.00	HOME HEALTH AGENCY COST		0.00	0.00		4.00	
5.00	Other Long Term Care	0	0.00	0.00		5.00	
6.00	SNF-Based CMHC		0.00	0.00		6.00	
7.00	HOSPICE	0	0.00	0.00		7.00	
8.00	Total (Sum of lines 1-7)	53	82.70	0.00		8.00	

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/1/2024 11:13 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - DIRECT SALARIES</b>						
<b>SALARIES</b>						
1.00	Total salaries (See Instructions)	910,086	0	910,086	28,317.00	32.14 1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00 2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00 3.00
4.00	Home office personnel	0	0	0	0.00	0.00 4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00 5.00
6.00	Revised wages (line 1 minus line 5)	910,086	0	910,086	28,317.00	32.14 6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00 7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00 8.00
9.00	CMHC	0	0	0	0.00	0.00 9.00
10.00	HOSPICE	0	0	0	0.00	0.00 10.00
11.00	Other excluded areas	0	0	0	0.00	0.00 11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00 12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	910,086	0	910,086	28,317.00	32.14 13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
14.00	Contract Labor: Patient Related & Mgmt	532,393	0	532,393	10,863.00	49.01 14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00 15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00 16.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs core (See Part IV)	162,465	0	162,465		
18.00	Wage-related costs other (See Part IV)	0	0	0		
19.00	Wage related costs (excluded units)	0	0	0		
20.00	Physician Part A - WRC	0	0	0		
21.00	Physician Part B - WRC	0	0	0		
22.00	Total Adjusted Wage Related cost (see instructions)	162,465	0	162,465		

## SNF WAGE INDEX INFORMATION

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet S-3  
Part III  
Date/Time Prepared:  
11/1/2024 11:13 am

	Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - OVERHEAD COST - DIRECT SALARIES</b>						
1.00 Employee Benefits	0	0	0	0.00	0.00	1.00
2.00 Administrative & General	112,528	0	112,528	2,319.00	48.52	2.00
3.00 Plant Operation, Maintenance & Repairs	23,953	0	23,953	632.00	37.90	3.00
4.00 Laundry & Linen Service	1,073	0	1,073	81.00	13.25	4.00
5.00 Housekeeping	69,084	0	69,084	3,299.00	20.94	5.00
6.00 Dietary	111,277	0	111,277	4,818.00	23.10	6.00
7.00 Nursing Administration	129,394	0	129,394	2,122.00	60.98	7.00
8.00 Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00 Pharmacy	0	0	0	0.00	0.00	9.00
10.00 Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00 Social Service	15,995	0	15,995	314.00	50.94	11.00
12.00 Nursing and Allied Health Ed. Act.						12.00
13.00 Other General Service	21,639	0	21,639	1,253.00	17.27	13.00
14.00 Total (sum lines 1 thru 13)	484,943	0	484,943	14,838.00	32.68	14.00

SNF WAGE RELATED COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet S-3  
Part IV  
Date/Time Prepared:  
11/1/2024 11:13 am

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	45,205	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,926	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	10,874	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	67,564	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	34,697	19.00
20.00	State or Federal Unemployment Taxes	2,199	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	162,465	24.00
		Amount Reported	
		1.00	
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

## SNF REPORTING OF DIRECT CARE EXPENDITURES

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet S-3  
Part V  
Date/Time Prepared:  
11/1/2024 11:13 am

Occupational Category		Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	39,985	7,109	47,094	1,017.00	46.31	1.00
2.00	Licensed Practical Nurses (LPNs)	179,926	31,991	211,917	4,501.00	47.08	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	205,233	36,490	241,723	7,961.00	30.36	3.00
4.00	Total Nursing (sum of lines 1 through 3)	425,144	75,590	500,734	13,479.00	37.15	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	3,437		3,437	50.00	68.74	14.00
15.00	Licensed Practical Nurses (LPNs)	100,172		100,172	1,561.00	64.17	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	293,127		293,127	7,884.00	37.18	16.00
17.00	Total Nursing (sum of lines 14 through 16)	396,736		396,736	9,495.00	41.78	17.00
18.00	Physical Therapists	52,854		52,854	515.00	102.63	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	56,162		56,162	574.00	97.84	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	26,640		26,640	280.00	95.14	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet S-7

Date/Time Prepared:  
11/1/2024 11:13 am

		Group	Days	
		1.00	2.00	
1.00		RUX		1.00
2.00		RUL		2.00
3.00		RVX		3.00
4.00		RVL		4.00
5.00		RHX		5.00
6.00		RHL		6.00
7.00		RMX		7.00
8.00		RML		8.00
9.00		RLX		9.00
10.00		RUC		10.00
11.00		RUB		11.00
12.00		RUA		12.00
13.00		RVC		13.00
14.00		RVB		14.00
15.00		RVA		15.00
16.00		RHC		16.00
17.00		RHB		17.00
18.00		RHA		18.00
19.00		RMC		19.00
20.00		RMB		20.00
21.00		RMA		21.00
22.00		RLB		22.00
23.00		RLA		23.00
24.00		ES3		24.00
25.00		ES2		25.00
26.00		ES1		26.00
27.00		HE2		27.00
28.00		HE1		28.00
29.00		HD2		29.00
30.00		HD1		30.00
31.00		HC2		31.00
32.00		HC1		32.00
33.00		HB2		33.00
34.00		HB1		34.00
35.00		LE2		35.00
36.00		LE1		36.00
37.00		LD2		37.00
38.00		LD1		38.00
39.00		LC2		39.00
40.00		LC1		40.00
41.00		LB2		41.00
42.00		LB1		42.00
43.00		CE2		43.00
44.00		CE1		44.00
45.00		CD2		45.00
46.00		CD1		46.00
47.00		CC2		47.00
48.00		CC1		48.00
49.00		CB2		49.00
50.00		CB1		50.00
51.00		CA2		51.00
52.00		CA1		52.00
53.00		SE3		53.00
54.00		SE2		54.00
55.00		SE1		55.00
56.00		SSC		56.00
57.00		SSB		57.00
58.00		SSA		58.00
59.00		IB2		59.00
60.00		IB1		60.00
61.00		IA2		61.00
62.00		IA1		62.00
63.00		BB2		63.00
64.00		BB1		64.00
65.00		BA2		65.00
66.00		BA1		66.00
67.00		PE2		67.00
68.00		PE1		68.00
69.00		PD2		69.00
70.00		PD1		70.00
71.00		PC2		71.00
72.00		PC1		72.00
73.00		PB2		73.00
74.00		PB1		74.00
75.00		PA2		75.00



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet S-7

Date/Time Prepared:  
11/1/2024 11:13 am

		Group	Days	
		1.00	2.00	
76.00		PA1		76.00
99.00		AAA		99.00
100.00	TOTAL			100.00
		Expenses	Percentage	Y/N
		1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)				
101.00	Staffing			101.00
102.00	Recruitment			102.00
103.00	Retention of employees			103.00
104.00	Training			104.00
105.00	OTHER (SPECIFY)			105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)			106.00

## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet A

Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons Increase/Decre ase (Fr wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		635,147	635,147	0	635,147	1.00
3.00	00300	EMPLOYEE BENEFITS	0	161,804	161,804	0	161,804	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	112,528	351,905	464,433	0	464,433	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	23,953	59,901	83,854	0	83,854	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,073	5,252	6,325	0	6,325	6.00
7.00	00700	HOUSEKEEPING	69,084	4,889	73,973	0	73,973	7.00
8.00	00800	DIETARY	111,277	58,260	169,537	0	169,537	8.00
9.00	00900	NURSING ADMINISTRATION	129,394	10,787	140,181	0	140,181	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	15,995	300	16,295	0	16,295	13.00
15.00	01500	PATIENT ACTIVITIES	21,639	4,133	25,772	0	25,772	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	425,143	476,520	901,663	0	901,663	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	6,749	6,749	0	6,749	40.00
41.00	04100	LABORATORY	0	14,318	14,318	0	14,318	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	53,493	53,493	0	53,493	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	55,290	55,290	0	55,290	45.00
46.00	04600	SPEECH PATHOLOGY	0	26,640	26,640	0	26,640	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	39,436	39,436	0	39,436	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60.00	06000	CLINIC	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC						62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	3,076	3,076	0	3,076	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	910,086	1,967,900	2,877,986	0	2,877,986	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
100.00		TOTAL	910,086	1,967,900	2,877,986	0	2,877,986	100.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet A

Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description			Adjustments to Expenses (Fr wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	340,711	975,858	1.00
3.00	00300	EMPLOYEE BENEFITS	0	161,804	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	-57,887	406,546	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	0	83,854	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	6,325	6.00
7.00	00700	HOUSEKEEPING	0	73,973	7.00
8.00	00800	DIETARY	0	169,537	8.00
9.00	00900	NURSING ADMINISTRATION	0	140,181	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	10.00
11.00	01100	PHARMACY	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	16,295	13.00
15.00	01500	PATIENT ACTIVITIES	0	25,772	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	-925	900,738	30.00
31.00	03100	NURSING FACILITY	0	0	31.00
32.00	03200	ICF/IID	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	0	6,749	40.00
41.00	04100	LABORATORY	0	14,318	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	53,493	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	55,290	45.00
46.00	04600	SPEECH PATHOLOGY	0	26,640	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	39,436	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	61.00
62.00	06200	FQHC			62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00	07000	HOME HEALTH AGENCY COST	0	0	70.00
71.00	07100	AMBULANCE	0	3,076	71.00
73.00	07300	CMHC	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES	0	0	80.00
81.00	08100	INTEREST EXPENSE	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	82.00
83.00	08300	HOSPICE	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	281,899	3,159,885	89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	94.00
100.00		TOTAL	281,899	3,159,885	100.00

Health Financial Systems		SPRING HILLS MATAWAN		In Lieu of Form CMS-2540-10		
RECLASSIFICATIONS		Provider No.: 315463		Period: From 01/01/2024 To 02/29/2024	Worksheet A-6  Date/Time Prepared: 11/1/2024 11:13 am	
		Increases				
		Cost Center	Line #	Salary	Non Salary	
		2.00	3.00	4.00	5.00	
100.00	TOTALS					
		Total Reclassifications (Sum of columns 4 and 5 must equal sum of columns 8 and 9)		0	0 100.00	

Health Financial Systems		SPRING HILLS MATAWAN		In Lieu of Form CMS-2540-10		
RECLASSIFICATIONS		Provider No.: 315463	Period: From 01/01/2024 To 02/29/2024	Worksheet A-6 Date/Time Prepared: 11/1/2024 11:13 am		
		Decreases				
		Cost Center	Line #	Salary	Non Salary	
		6.00	7.00	8.00	9.00	
100.00	TOTALS					
				0	0	100.00

## RECONCILIATION OF CAPITAL COSTS CENTERS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet A-7

Date/Time Prepared:  
11/1/2024 11:13 am

Description		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	133,726	1,758	0	1,758	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	147,894	7,277	0	7,277	0	6.00
7.00	Subtotal (sum of lines 1-6)	281,620	9,035	0	9,035	0	7.00
8.00	Reconciling Items	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	281,620	9,035	0	9,035	0	9.00
Description		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	135,484	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	155,171	0				6.00
7.00	Subtotal (sum of lines 1-6)	290,655	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	290,655	0				9.00

## ADJUSTMENTS TO EXPENSES

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet A-8

Date/Time Prepared:  
11/1/2024 11:13 am

Description (1)		(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		
				Cost Center	Line No.	
		1.00	2.00	3.00	4.00	
1.00	Investment income on restricted funds (chapter 2)	B	-1,800	CAP REL COSTS - BLDGS & FIXTURES	1.00	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00	3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		0.00	4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	5.00
6.00	Television and radio service (chapter 21)		0		0.00	6.00
7.00	Parking lot (chapter 21)		0		0.00	7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0			8.00
9.00	Home office cost (chapter 21)		0		0.00	9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00	11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	324,754			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Revenue - Employee meals		0		0.00	14.00
15.00	Cost of meals - Guests		0		0.00	15.00
16.00	Sale of medical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	vending machines		0		0.00	19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00	22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00	23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00	24.00
25.00	PSYCH FEES	A	-925	SKILLED NURSING FACILITY	30.00	25.00
25.01	BAD DEBT	A	-36,600	ADMINISTRATIVE & GENERAL	4.00	25.01
25.03	PROMOTION & MARKETING	A	-2,660	ADMINISTRATIVE & GENERAL	4.00	25.03
25.05	FINES & PENALTIES	A	-5	ADMINISTRATIVE & GENERAL	4.00	25.05
25.07	CORPORATE TAX	A	-865	ADMINISTRATIVE & GENERAL	4.00	25.07
100.00	Total (sum of lines 1 through 99) (Transfer to worksheet A, col. 6, line 100)		281,899			100.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME  
OFFICE COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
11/1/2024 11:13 am

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		1.00	CAP REL COSTS - BLDGS & FIXTURES	REALTY	1.00
2.00		4.00	ADMINISTRATIVE & GENERAL	REALTY ADMIN COSTS	2.00
3.00		4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT	3.00
4.00		0.00			4.00
5.00		0.00			5.00
6.00		0.00			6.00
7.00		0.00			7.00
8.00		0.00			8.00
9.00		0.00			9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to worksheet A-8, column 3, line 12.				10.00
		Amount Allowable In Cost	Amount Included in wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
		4.00	5.00	6.00	
PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		909,178	566,667	342,511	1.00
2.00		930	0	930	2.00
3.00		107,590	126,277	-18,687	3.00
4.00		0	0	0	4.00
5.00		0	0	0	5.00
6.00		0	0	0	6.00
7.00		0	0	0	7.00
8.00		0	0	0	8.00
9.00		0	0	0	9.00
10.00	TOTALS (sum of lines 1-9). Transfer column 6, line 100 to worksheet A-8, column 3, line 12.	1,017,698	692,944	324,754	10.00



STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME  
OFFICE COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet A-8-1  
Parts I-II  
Date/Time Prepared:  
11/1/2024 11:13 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	B	ATLAS MANAGEMENT	0.00	1.00
2.00	B	ATLAS MANAGEMENT	0.00	2.00
3.00			0.00	3.00
4.00			0.00	4.00
5.00			0.00	5.00
6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:		0.00	100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- 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.

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	ATLAS HEALTHCARE LLC	100.00	MANAGEMENT	1.00
2.00	38 FENEAU AVENUE REALTY LLC	100.00	REALTY	2.00
3.00		0.00		3.00
4.00		0.00		4.00
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:	0.00		100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- 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.

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet B  
Part I  
Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDGS & FIXTURES				
		0	1.00	3.00	3A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	975,858	975,858			1.00
3.00	00300	EMPLOYEE BENEFITS	161,804	0	161,804		3.00
4.00	00400	ADMINISTRATIVE & GENERAL	406,546	33,764	20,006	460,316	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	83,854	58,431	4,259	146,544	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	6,325	20,653	191	27,169	6.00
7.00	00700	HOUSEKEEPING	73,973	5,179	12,282	91,434	7.00
8.00	00800	DIETARY	169,537	31,519	19,784	220,840	8.00
9.00	00900	NURSING ADMINISTRATION	140,181	9,107	23,005	172,293	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	10,370	0	10,370	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	16,295	2,331	2,844	21,470	13.00
15.00	01500	PATIENT ACTIVITIES	25,772	7,553	3,847	37,172	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	900,738	716,734	75,586	1,693,058	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	6,749	0	0	6,749	40.00
41.00	04100	LABORATORY	14,318	0	0	14,318	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	53,493	24,009	0	77,502	44.00
45.00	04500	OCCUPATIONAL THERAPY	55,290	28,271	0	83,561	45.00
46.00	04600	SPEECH PATHOLOGY	26,640	9,323	0	35,963	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	39,436	0	0	39,436	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	3,076	0	0	3,076	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	3,159,885	957,244	161,804	3,141,271	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	18,614	0	18,614	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	3,159,885	975,858	161,804	3,159,885	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet B  
Part I  
Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	171,532				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	4,009	35,811			6.00
7.00	00700	HOUSEKEEPING	1,005	0	108,030		7.00
8.00	00800	DIETARY	6,118	0	3,969	268,584	8.00
9.00	00900	NURSING ADMINISTRATION	1,768	0	1,147	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	2,013	0	1,306	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	452	0	294	0	13.00
15.00	01500	PATIENT ACTIVITIES	1,466	0	951	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	139,129	35,811	90,261	268,584	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	4,661	0	3,024	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	5,488	0	3,560	0	45.00
46.00	04600	SPEECH PATHOLOGY	1,810	0	1,174	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC	0	0	0	0	62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	167,919	35,811	105,686	268,584	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	3,613	0	2,344	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	171,532	35,811	108,030	268,584	100.00

## COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet B  
Part I  
Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	
		10.00	11.00	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	15,457				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	25,877	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	0	0	0	25,877	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	15,457	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	15,457	0	0	25,877	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0				98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	15,457	0	0	25,877	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet B  
Part I  
Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		Subtotal	Post Stepdown Adjustments	Total	
		16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES			1.00
3.00	00300	EMPLOYEE BENEFITS			3.00
4.00	00400	ADMINISTRATIVE & GENERAL			4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS			5.00
6.00	00600	LAUNDRY & LINEN SERVICE			6.00
7.00	00700	HOUSEKEEPING			7.00
8.00	00800	DIETARY			8.00
9.00	00900	NURSING ADMINISTRATION			9.00
10.00	01000	CENTRAL SERVICES & SUPPLY			10.00
11.00	01100	PHARMACY			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY			12.00
13.00	01300	SOCIAL SERVICE			13.00
15.00	01500	PATIENT ACTIVITIES			15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	SKILLED NURSING FACILITY	2,791,925	0	2,791,925
31.00	03100	NURSING FACILITY	0	0	0
32.00	03200	ICF/IID	0	0	0
33.00	03300	OTHER LONG TERM CARE	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	04000	RADIOLOGY	7,900	0	7,900
41.00	04100	LABORATORY	16,759	0	16,759
42.00	04200	INTRAVENOUS THERAPY	0	0	0
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0
44.00	04400	PHYSICAL THERAPY	98,402	0	98,402
45.00	04500	OCCUPATIONAL THERAPY	106,857	0	106,857
46.00	04600	SPEECH PATHOLOGY	45,079	0	45,079
47.00	04700	ELECTROCARDIOLOGY	0	0	0
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
49.00	04900	DRUGS CHARGED TO PATIENTS	61,617	0	61,617
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0
51.00	05100	SUPPORT SURFACES	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	06000	CLINIC	0	0	0
61.00	06100	RURAL HEALTH CLINIC	0	0	0
62.00	06200	FQHC			
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00	07000	HOME HEALTH AGENCY COST	0	0	0
71.00	07100	AMBULANCE	3,601	0	3,601
73.00	07300	CMHC	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES			
81.00	08100	INTEREST EXPENSE			
82.00	08200	UTILIZATION REVIEW - SNF			
83.00	08300	HOSPICE	0	0	0
89.00		SUBTOTALS (sum of lines 1-84)	3,132,140	0	3,132,140
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0
91.00	09100	BARBER AND BEAUTY SHOP	27,745	0	27,745
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0
93.00	09300	NONPAID WORKERS	0	0	0
94.00	09400	PATIENTS LAUNDRY	0	0	0
98.00		Cross Foot Adjustments	0	0	0
99.00		Negative Cost Centers	0	0	0
100.00		TOTAL	3,159,885	0	3,159,885

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet B  
Part II  
Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		0	1.00	2A	3.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
3.00	00300	0	0	0	0		3.00
4.00	00400	0	33,764	33,764	0	33,764	4.00
5.00	00500	0	58,431	58,431	0	1,833	5.00
6.00	00600	0	20,653	20,653	0	340	6.00
7.00	00700	0	5,179	5,179	0	1,144	7.00
8.00	00800	0	31,519	31,519	0	2,762	8.00
9.00	00900	0	9,107	9,107	0	2,155	9.00
10.00	01000	0	10,370	10,370	0	130	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	2,331	2,331	0	269	13.00
15.00	01500	0	7,553	7,553	0	465	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	716,734	716,734	0	21,175	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	0	0	0	0	84	40.00
41.00	04100	0	0	0	0	179	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	24,009	24,009	0	969	44.00
45.00	04500	0	28,271	28,271	0	1,045	45.00
46.00	04600	0	9,323	9,323	0	450	46.00
47.00	04700	0	0	0	0	0	47.00
48.00	04800	0	0	0	0	0	48.00
49.00	04900	0	0	0	0	493	49.00
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
62.00	06200						62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	38	71.00
73.00	07300	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000						80.00
81.00	08100						81.00
82.00	08200						82.00
83.00	08300	0	0	0	0	0	83.00
89.00		0	957,244	957,244	0	33,531	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	18,614	18,614	0	233	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	09300	0	0	0	0	0	93.00
94.00	09400	0	0	0	0	0	94.00
98.00							98.00
99.00							99.00
100.00		0	975,858	975,858	0	33,764	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet B  
Part II  
Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	60,264				5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,409	22,402			6.00
7.00	00700	HOUSEKEEPING	353	0	6,676		7.00
8.00	00800	DIETARY	2,150	0	245	36,676	8.00
9.00	00900	NURSING ADMINISTRATION	621	0	71	0	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	707	0	81	0	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	159	0	18	0	13.00
15.00	01500	PATIENT ACTIVITIES	515	0	59	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	48,880	22,402	5,577	36,676	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1,637	0	187	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	1,928	0	220	0	45.00
46.00	04600	SPEECH PATHOLOGY	636	0	73	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	58,995	22,402	6,531	36,676	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	1,269	0	145	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	60,264	22,402	6,676	36,676	100.00

## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet B  
Part II  
Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE PATIENT ACTIVITIES	
		10.00	11.00	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	00300	EMPLOYEE BENEFITS					3.00
4.00	00400	ADMINISTRATIVE & GENERAL					4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	00600	LAUNDRY & LINEN SERVICE					6.00
7.00	00700	HOUSEKEEPING					7.00
8.00	00800	DIETARY					8.00
9.00	00900	NURSING ADMINISTRATION					9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	11,288				10.00
11.00	01100	PHARMACY	0	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0		12.00
13.00	01300	SOCIAL SERVICE	0	0	0	2,777	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	8,592	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	0	0	0	2,777	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11,288	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	11,288	0	0	2,777	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0			98.00
99.00		Negative Cost Centers	0	0	0	0	99.00
100.00		TOTAL	11,288	0	0	2,777	100.00



## ALLOCATION OF CAPITAL RELATED COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet B  
Part II  
Date/Time Prepared:  
11/1/2024 11:13 am

	Cost Center Description		Subtotal	Post Step-Down Adjustments	Total	
			16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	00300	EMPLOYEE BENEFITS				3.00
4.00	00400	ADMINISTRATIVE & GENERAL				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	00600	LAUNDRY & LINEN SERVICE				6.00
7.00	00700	HOUSEKEEPING				7.00
8.00	00800	DIETARY				8.00
9.00	00900	NURSING ADMINISTRATION				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY				10.00
11.00	01100	PHARMACY				11.00
12.00	01200	MEDICAL RECORDS & LIBRARY				12.00
13.00	01300	SOCIAL SERVICE				13.00
15.00	01500	PATIENT ACTIVITIES				15.00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	SKILLED NURSING FACILITY	874,767	0	874,767	30.00
31.00	03100	NURSING FACILITY	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	33.00
	ANCILLARY SERVICE COST CENTERS					
40.00	04000	RADIOLOGY	84	0	84	40.00
41.00	04100	LABORATORY	179	0	179	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	26,802	0	26,802	44.00
45.00	04500	OCCUPATIONAL THERAPY	31,464	0	31,464	45.00
46.00	04600	SPEECH PATHOLOGY	10,482	0	10,482	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	11,781	0	11,781	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	51.00
	OUTPATIENT SERVICE COST CENTERS					
60.00	06000	CLINIC	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00	06200	FQHC				62.00
	OTHER REIMBURSABLE COST CENTERS					
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00	07100	AMBULANCE	38	0	38	71.00
73.00	07300	CMHC	0	0	0	73.00
	SPECIAL PURPOSE COST CENTERS					
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	08100	INTEREST EXPENSE				81.00
82.00	08200	UTILIZATION REVIEW - SNF				82.00
83.00	08300	HOSPICE	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	955,597	0	955,597	89.00
	NONREIMBURSABLE COST CENTERS					
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	20,261	0	20,261	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	94.00
98.00		Cross Foot Adjustments	0	0	0	98.00
99.00		Negative Cost Centers	0	0	0	99.00
100.00		TOTAL	975,858	0	975,858	100.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet B-1

Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	
		BLDGS & FIXTURES (SQUARE FEET)					
		1.00	3.00	4A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES	90,436				1.00
3.00	00300	EMPLOYEE BENEFITS	0	910,086			3.00
4.00	00400	ADMINISTRATIVE & GENERAL	3,129	112,528	-460,316	2,699,569	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	5,415	23,953	0	146,544	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	1,914	1,073	0	27,169	6.00
7.00	00700	HOUSEKEEPING	480	69,084	0	91,434	7.00
8.00	00800	DIETARY	2,921	111,277	0	220,840	8.00
9.00	00900	NURSING ADMINISTRATION	844	129,394	0	172,293	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	961	0	0	10,370	10.00
11.00	01100	PHARMACY	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	216	15,995	0	21,470	13.00
15.00	01500	PATIENT ACTIVITIES	700	21,639	0	37,172	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	SKILLED NURSING FACILITY	66,422	425,143	0	1,693,058	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	04000	RADIOLOGY	0	0	0	6,749	40.00
41.00	04100	LABORATORY	0	0	0	14,318	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	2,225	0	0	77,502	44.00
45.00	04500	OCCUPATIONAL THERAPY	2,620	0	0	83,561	45.00
46.00	04600	SPEECH PATHOLOGY	864	0	0	35,963	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	39,436	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	06000	CLINIC	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	61.00
62.00	06200	FQHC					62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	3,076	71.00
73.00	07300	CMHC	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES					80.00
81.00	08100	INTEREST EXPENSE					81.00
82.00	08200	UTILIZATION REVIEW - SNF					82.00
83.00	08300	HOSPICE	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	88,711	910,086	-460,316	2,680,955	89.00
<b>NONREIMBURSABLE COST CENTERS</b>							
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	1,725	0	0	18,614	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	94.00
98.00		Cross Foot Adjustments					98.00
99.00		Negative Cost Centers					99.00
102.00		Cost to be allocated (per wkst. B, Part I)	975,858	161,804		460,316	102.00
103.00		Unit cost multiplier (wkst. B, Part I)	10.790592	0.177790		0.170515	103.00
104.00		Cost to be allocated (per wkst. B, Part II)		0		33,764	104.00
105.00		Unit cost multiplier (wkst. B, Part II)		0.000000		0.012507	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet B-1

Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300	EMPLOYEE BENEFITS						3.00
4.00	00400	ADMINISTRATIVE & GENERAL						4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00	00600	LAUNDRY & LINEN SERVICE	5,441					6.00
7.00	00700	HOUSEKEEPING	0	79,498				7.00
8.00	00800	DIETARY	0	2,921	16,323			8.00
9.00	00900	NURSING ADMINISTRATION	0	844	0	22,974		9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	961	0	0	39,436	10.00
11.00	01100	PHARMACY	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	0	216	0	0	0	13.00
15.00	01500	PATIENT ACTIVITIES	0	700	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	SKILLED NURSING FACILITY	5,441	66,422	16,323	22,974	0	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
40.00	04000	RADIOLOGY	0	0	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	2,225	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	2,620	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	864	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	0	39,436	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60.00	06000	CLINIC	0	0		0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	61.00
62.00	06200	FQHC						62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
73.00	07300	CMHC	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES						80.00
81.00	08100	INTEREST EXPENSE						81.00
82.00	08200	UTILIZATION REVIEW - SNF						82.00
83.00	08300	HOSPICE	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	5,441	77,773	16,323	22,974	39,436	89.00
<b>NONREIMBURSABLE COST CENTERS</b>								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	1,725	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	94.00
98.00		Cross Foot Adjustments						98.00
99.00		Negative Cost Centers						99.00
102.00		Cost to be allocated (per Wkst. B, Part I)	35,811	108,030	268,584	204,587	15,457	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	6.581695	1.358902	16.454328	8.905154	0.391952	103.00
104.00		Cost to be allocated (per Wkst. B, Part II)	22,402	6,676	36,676	11,954	11,288	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	4.117258	0.083977	2.246891	0.520327	0.286236	105.00

## COST ALLOCATION - STATISTICAL BASIS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet B-1

Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE PATIENT ACTIVITIES (PATIENT CENSUS)	
		11.00	12.00	13.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	00300	EMPLOYEE BENEFITS				3.00
4.00	00400	ADMINISTRATIVE & GENERAL				4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	00600	LAUNDRY & LINEN SERVICE				6.00
7.00	00700	HOUSEKEEPING				7.00
8.00	00800	DIETARY				8.00
9.00	00900	NURSING ADMINISTRATION				9.00
10.00	01000	CENTRAL SERVICES & SUPPLY				10.00
11.00	01100	PHARMACY	0			11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0		12.00
13.00	01300	SOCIAL SERVICE	0	0	5,441	13.00
15.00	01500	PATIENT ACTIVITIES	0	0	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	SKILLED NURSING FACILITY	0	0	5,441	30.00
31.00	03100	NURSING FACILITY	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	0	0	0	40.00
41.00	04100	LABORATORY	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	0	0	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	0	0	45.00
46.00	04600	SPEECH PATHOLOGY	0	0	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	0	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	06000	CLINIC		0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	61.00
62.00	06200	FQHC				62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	71.00
73.00	07300	CMHC	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	08100	INTEREST EXPENSE				81.00
82.00	08200	UTILIZATION REVIEW - SNF				82.00
83.00	08300	HOSPICE	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	0	0	5,441	89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	94.00
98.00		Cross Foot Adjustments				98.00
99.00		Negative Cost Centers				99.00
102.00		Cost to be allocated (per wkst. B, Part I)	0	0	25,877	102.00
103.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	4.755927	103.00
104.00		Cost to be allocated (per wkst. B, Part II)	0	0	2,777	104.00
105.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.510384	105.00

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet C

Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description			Total (from wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
			1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	04000	RADIOLOGY	7,900	0	0.000000	40.00
41.00	04100	LABORATORY	16,759	4,550	3.683297	41.00
42.00	04200	INTRAVENOUS THERAPY	0	4,496	0.000000	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	04400	PHYSICAL THERAPY	98,402	81,900	1.201490	44.00
45.00	04500	OCCUPATIONAL THERAPY	106,857	80,849	1.321686	45.00
46.00	04600	SPEECH PATHOLOGY	45,079	57,188	0.788260	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	61,617	40,171	1.533868	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	05100	SUPPORT SURFACES	0	0	0.000000	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	06000	CLINIC	0	0	0.000000	60.00
61.00	06100	RURAL HEALTH CLINIC				61.00
62.00	06200	FQHC				62.00
71.00	07100	AMBULANCE	3,601	0	0.000000	71.00
100.00		Total	340,215	269,154		100.00

## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet D  
Part I  
Date/Time Prepared:  
11/1/2024 11:13 am

Title XVIII (1)

Skilled Nursing  
Facility

PPS

			Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
				Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
			1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST								
ANCILLARY SERVICE COST CENTERS								
40.00	04000	RADIOLOGY	0.000000	0	0	0	0	40.00
41.00	04100	LABORATORY	3.683297	0	0	0	0	41.00
42.00	04200	INTRAVENOUS THERAPY	0.000000	4,496	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	04400	PHYSICAL THERAPY	1.201490	26,614	0	31,976	0	44.00
45.00	04500	OCCUPATIONAL THERAPY	1.321686	24,691	0	32,634	0	45.00
46.00	04600	SPEECH PATHOLOGY	0.788260	25,842	0	20,370	0	46.00
47.00	04700	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	1.533868	32,568	0	49,955	0	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	05100	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	CLINIC	0.000000	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC						61.00
62.00	06200	FQHC						62.00
71.00	07100	AMBULANCE (2)	0.000000		0		0	71.00
100.00		Total (Sum of lines 40 - 71)		114,211	0	134,935	0	100.00

(1) For title V and XIX use columns 1, 2, and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Provider No.: 315463		Period: From 01/01/2024 To 02/29/2024		worksheet D Parts II-III Date/Time Prepared: 11/1/2024 11:13 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description								1.00	
PART II - APPORTIONMENT OF VACCINE COST									
1.00		Drugs charged to patients - ratio of cost to charges (From worksheet C, column 3, line 49)						1.533868	1.00
2.00		Program vaccine charges (From your records, or the PS&R)						552	2.00
3.00		Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to worksheet E, Part I, line 18)						847	3.00
Cost Center Description			Total Cost (From wkst. 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)		
			1.00	2.00	3.00	4.00	5.00		
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH									
ANCILLARY SERVICE COST CENTERS									
40.00	04000	RADIOLOGY	7,900	0	0.000000	0	0	40.00	
41.00	04100	LABORATORY	16,759	0	0.000000	0	0	41.00	
42.00	04200	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00	
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	0	43.00	
44.00	04400	PHYSICAL THERAPY	98,402	0	0.000000	31,976	0	44.00	
45.00	04500	OCCUPATIONAL THERAPY	106,857	0	0.000000	32,634	0	45.00	
46.00	04600	SPEECH PATHOLOGY	45,079	0	0.000000	20,370	0	46.00	
47.00	04700	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00	
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00	
49.00	04900	DRUGS CHARGED TO PATIENTS	61,617	0	0.000000	49,955	0	49.00	
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00	
51.00	05100	SUPPORT SURFACES	0	0	0.000000	0	0	51.00	
100.00		Total (Sum of lines 40 - 52)	336,614	0		134,935	0	100.00	

COMPUTATION OF INPATIENT ROUTINE COSTS		Provider No.: 315463	Period: From 01/01/2024 To 02/29/2024	Worksheet D-1 Parts I-II Date/Time Prepared: 11/1/2024 11:13 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
<b>PART I CALCULATION OF INPATIENT ROUTINE COSTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		5,441	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		864	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		2,791,925	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		2,410,444	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.158262	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		0	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		0.00	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		2,791,925	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		513.13	16.00
17.00	Program routine service cost (Line 3 times line 16)		443,344	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		443,344	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		874,767	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		160.77	21.00
22.00	Program capital related cost (Line 3 times line 21)		138,905	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		304,439	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		304,439	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to worksheet E, Part II, line 4) (See instructions)			28.00
(1) Lines 26 and 27 are not applicable for title XVIII, but may be used for title V and or title XIX				
			1.00	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
1.00	Total SNF inpatient days		5,441	1.00
2.00	Program inpatient days (see instructions)		864	2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)		0	3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)		0.158794	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII		Provider No.: 315463	Period: From 01/01/2024 To 02/29/2024	Worksheet E Part I Date/Time Prepared: 11/1/2024 11:13 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT</b>				
1.00	Inpatient PPS amount (See Instructions)		802,581	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)		0	2.00
3.00	Subtotal ( Sum of lines 1 and 2)		802,581	3.00
4.00	Primary payor amounts		4,500	4.00
5.00	Coinsurance		126,684	5.00
6.00	Allowable bad debts (From your records)		27,659	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)		17,978	8.00
9.00	Recovery of bad debts - for statistical records only		0	9.00
10.00	Utilization review		0	10.00
11.00	Subtotal (See instructions)		689,375	11.00
12.00	Interim payments (See instructions)		668,962	12.00
13.00	Tentative adjustment		0	13.00
14.00	OTHER adjustment (See instructions)		0	14.00
14.50	Demonstration payment adjustment amount before sequestration		0	14.50
14.55	Demonstration payment adjustment amount after sequestration		0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)		360	14.75
14.99	Sequestration amount (see instructions)		13,428	14.99
15.00	Balance due provider/program (see Instructions)		6,625	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)		0	16.00
<b>PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY</b>				
17.00	Ancillary services Part B		0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)		847	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)		847	19.00
20.00	Medicare Part B ancillary charges (See instructions)		552	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)		552	21.00
22.00	Primary payor amounts		0	22.00
23.00	Coinsurance and deductibles		0	23.00
24.00	Allowable bad debts (From your records)		0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)		0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)		0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)		552	25.00
26.00	Interim payments (See instructions)		400	26.00
27.00	Tentative adjustment		0	27.00
28.00	Other Adjustments (See instructions) Specify		0	28.00
28.50	Demonstration payment adjustment amount before sequestration		0	28.50
28.55	Demonstration payment adjustment amount after sequestration		0	28.55
28.99	Sequestration amount (see instructions)		11	28.99
29.00	Balance due provider/program (see instructions)		141	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2		0	30.00

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet E-1

Date/Time Prepared:  
11/1/2024 11:13 am

Title XVIII

Skilled Nursing  
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		668,962		400	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		668,962		400	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		6,625		141	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		675,587		541	7.00
			Contractor Name		Contractor Number	
			1.00		2.00	
8.00	Name of Contractor					8.00

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet G

Date/Time Prepared:  
11/1/2024 11:13 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	562,879	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	4,168,510	0	0	0	4.00
5.00	Other receivables	379,028	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-110,487	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	85,020	0	0	0	8.00
9.00	Other current assets	5,803	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	5,090,753	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	135,484	0	0	0	17.00
18.00	Less: Accumulated Amortization	-11,270	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	155,170	0	0	0	23.00
24.00	Less: Accumulated depreciation	-33,126	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	246,258	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	195,755	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	11,474	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	207,229	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	5,544,240	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	961,812	0	0	0	35.00
36.00	Salaries, wages, and fees payable	235,061	0	0	0	36.00
37.00	Payroll taxes payable	8,099	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	769,197	0	0	0	39.00
40.00	Accelerated payments	0	0	0	0	40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	4,883,029	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	6,857,198	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	6,857,198	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-1,312,958	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-1,312,958	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	5,544,240	0	0	0	60.00

## STATEMENT OF CHANGES IN FUND BALANCES

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet G-1

Date/Time Prepared:  
11/1/2024 11:13 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-932,135		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-380,823				2.00
3.00	Total (sum of line 1 and line 2)		-1,312,958		0		3.00
4.00	Additions (credit adjustments)						4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 5 - 9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-1,312,958		0		11.00
12.00	Deductions (debit adjustments)						12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 13 - 17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-1,312,958		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments)						4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 5 - 9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments)						12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 13 - 17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)	0		0			19.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024Worksheet G-2  
Parts I-II  
Date/Time Prepared:  
11/1/2024 11:13 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	2,410,444		2,410,444	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	2,410,444		2,410,444	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	269,153	0	269,153	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	ROUTINE CHARGES / BED HOLD	7,480	0	7,480	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to worksheet G-3, Line 1)	2,687,077	0	2,687,077	14.00
Cost Center Description					
			1.00	2.00	
<b>PART II - OPERATING EXPENSES</b>					
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			2,877,986	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			2,877,986	15.00

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider No.: 315463

Period:  
From 01/01/2024  
To 02/29/2024

Worksheet G-3

Date/Time Prepared:  
11/1/2024 11:13 am

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	2,687,077	1.00
2.00	Less: contractual allowances and discounts on patients accounts	191,836	2.00
3.00	Net patient revenues (Line 1 minus line 2)	2,495,241	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	2,877,986	4.00
5.00	Net income from service to patients (Line 3 minus 4)	-382,745	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,800	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC	122	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	1,922	25.00
26.00	Total (Line 5 plus line 25)	-380,823	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	0	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	-380,823	31.00

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0463  
EXPIRES: 12/31/2021

SPRING HILLS MATAWAN

Provider CCN: 315463

Period:

From: 03/01/2024

To: 12/31/2024

Run Date Time: 3/20/2025 3:10 pm

MCRIF32

Version: 10.23.179.0



SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Worksheet S  
Parts I, II & III

**PART I - COST REPORT STATUS**

Provider use only:	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report.		
	3.01. <input type="checkbox"/> No Medicare Utilization. Enter "Y" for yes or leave blank for no.		
Contractor use only:	4. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Contractor No.: _____	
	5. Date Received: _____	7. <input type="checkbox"/> First Cost Report for this Provider CCN	
		8. <input type="checkbox"/> Last Cost Report for this Provider CCN	
		9. NPR Date: _____	
		10. If line 4, column 1 is "4": Enter number of times reopened _____ 0	
		11. Contractor Vendor Code: 4	
		12. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	

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

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 REPORT WERE PROVIDED 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 SPRING HILLS MATAWAN, 315463 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 03/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.


	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	<i>Henny Grunfeld</i>	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	HENNY GRUNFELD		2
3	Signatory Title	FINANCE SUPERVISOR		3
4	Signature Date	(Dated when report is electronically signed.)		4

**PART III - SETTLEMENT SUMMARY**

Cost Center Description		Title XVIII				
		Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	14,475	1,387	0	1.00
2.00	NURSING FACILITY	0			0	2.00
3.00	ICF/IID				0	3.00
4.00	SNF - BASED HHA I	0	0	0		4.00
5.00	SNF - BASED RHC I	0		0		5.00
6.00	SNF - BASED FQHC I	0		0		6.00
7.00	SNF - BASED CMHC I	0		0		7.00
100.00	TOTAL	0	14,475	1,387	0	100.00

The above amounts represent "due to" or "due from" the applicable Program for the element of the above complex indicated.

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 202 hours per response, including the time to review instructions, search existing data 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.

SPRING HILLS MATAWAN		Period:	Run Date Time:	3/20/2025 3:10 pm	
Provider CCN: 315463		From: 03/01/2024	MCRIF32	2540-10	
		To: 12/31/2024	Version:	10.23.179.0	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

**Worksheet S-2**  
**Part I**  
**PPS**

<b>Skilled Nursing Facility and Skilled Nursing Facility Complex Address:</b>									
1.00	Street:	38 FRENEAU AVENUE	P.O. Box:						1.00
2.00	City:	MATAWAN	State:	NJ	ZIP Code:	07747			2.00
3.00	County:	MONMOUTH	CBSA Code:	35154	Urban / Rural:	U			3.00
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)								3.01
<b>SNF and SNF-Based Component Identification:</b>									
	Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
					V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00		
4.00	SNF	SPRING HILLS MATAWAN	315463	01/03/2000	N	P	N	4.00	
5.00	Nursing Facility							5.00	
6.00	ICF/IID							6.00	
7.00	SNF-Based HHA							7.00	
8.00	SNF-Based RHC							8.00	
9.00	SNF-Based FQHC							9.00	
10.00	SNF-Based CMHC							10.00	
11.00	SNF-Based OLTC							11.00	
12.00	SNF-Based HOSPICE							12.00	
13.00	SNF-Based CORF							13.00	
			From:	To:					
			1.00	2.00					
14.00	Cost Reporting Period (mm/dd/yyyy)		03/01/2024		12/31/2024			14.00	
15.00	Type of Control (See Instructions)	4 - Proprietary, Corporation						15.00	
							Y/N		
							1.00		
<b>Type of Freestanding Skilled Nursing Facility</b>									
16.00	Is this a distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							Y	16.00
17.00	Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?							N	17.00
18.00	Are there any costs included in Worksheet A that resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? If yes, complete Worksheet A-8-1.							Y	18.00
<b>Miscellaneous Cost Reporting Information</b>									
19.00	If this is a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.00
19.01	If line 19 is yes, does this cost report meet your contractor's criteria for filing a low Medicare utilization cost report, indicate with a "Y", for yes, or "N" for no.							N	19.01
<b>Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.</b>									
20.00	Straight Line							1,670,383	20.00
21.00	Declining Balance							0	21.00
22.00	Sum of the Year's Digits							0	22.00
23.00	Sum of line 20 through 22							1,670,383	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.							0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)							N	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)							N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)							N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)							N	28.00
			Part A	Part B	Other				
			1.00	2.00	3.00				
<b>If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.</b>									
29.00	Skilled Nursing Facility		N	N				29.00	
30.00	Nursing Facility				N			30.00	
31.00	ICF/IID							31.00	
32.00	SNF-Based HHA		N	N				32.00	
33.00	SNF-Based RHC							33.00	
34.00	SNF-Based FQHC							34.00	
35.00	SNF-Based CMHC			N				35.00	
36.00	SNF-Based OLTC							36.00	
			Y/N						
			1.00			2.00			
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)							Y	37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)							N	38.00



SPRING HILLS MATAWAN

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATAWorksheet S-2  
Part I  
PPS

			Y/N		
			1.00	2.00	
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.				39.00
		Premiums	Paid Losses	Self Insurance	
		1.00	2.00	3.00	
41.00	List malpractice premiums and paid losses:	0	0	0	41.00
				Y/N	
				1.00	
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.			N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?			N	43.00
				Provider CCN	
				1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.				44.00
If this facility is part of a chain organization, enter the name and address of the home office on the lines below.					
45.00	Name:	Contractor Name:	Contractor Number:		45.00
46.00	Street:	P.O. Box:			46.00
47.00	City:	State:	ZIP Code:		47.00

SPRING HILLS MATAWAN	Period: From: 03/01/2024 To: 12/31/2024	Run Date Time: 3/20/2025 3:10 pm MCRIF32 Version: 10.23.179.0	
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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2  
Part II  
PPS

General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)							
Completed by All Skilled Nursing Facilities							
Provider Organization and Operation							
		Y/N	Date				
		1.00	2.00				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is "Y", enter the date of the change in column 2. (see instructions)	Y	03/01/2024	1.00			
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) 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? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "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	C				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N				6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N					7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N					8.00
		Y/N					
		1.00					
Bad Debts							
9.00	Is the provider seeking reimbursement for bad debts? (Y/N) see instructions.		Y				9.00
10.00	If line 9 is "Y", did the provider's bad debt collection policy change during this cost reporting period? If "Y", submit copy.		N				10.00
11.00	If line 9 is "Y", are patient deductibles and/or coinsurance waived? If "Y", see instructions.		N				11.00
Bed Complement							
12.00	Have total beds available changed from prior cost reporting period? If "Y", see instructions.		N				12.00
		Description	Part A Y/N	Date	Part B Y/N	Date	
		0	1.00	2.00	3.00	4.00	
PS&R Data							
13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	02/24/2025	Y	02/24/2025		13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N			14.00
15.00	If line 13 or 14 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 "Y", see Instructions.	N		N			15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N			16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N			17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N			18.00
		1.00	2.00	3.00			
Cost Report Preparer Contact Information							
19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHRIS	GUILBAULT	PREPARER			19.00
20.00	Enter the employer/company name of the cost report preparer.	HEALTH CARE RESOURCES					20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	609-987-1440	CHRIS.GUILBAULT@HCRNJ.NET				21.00

SPRING HILLS MATAWAN

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX STATISTICAL DATA

**Worksheet S-3**  
**Part I**  
**PPS**

				Inpatient Days/Visits					Discharges					
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	130	39,780	0	5,832	20,381	2,798	29,011	0	142	178	215	535	1.00
2.00	NURSING FACILITY	0	0	0		0	0	0	0		0	0	0	2.00
3.00	ICF/IID	0	0			0	0	0			0	0	0	3.00
4.00	HOME HEALTH AGENCY COST			0	0	0	0	0						4.00
5.00	Other Long Term Care	0	0				0	0				0	0	5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Total (Sum of lines 1-7)	130	39,780	0	5,832	20,381	2,798	29,011	0	142	178	215	535	8.00
		Average Length of Stay				Admissions					Full Time Equivalent			
	Component	Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers		
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00		
1.00	SKILLED NURSING FACILITY	0.00	41.07	114.50	54.23	0	231	182	132	545	84.70	0.00		1.00
2.00	NURSING FACILITY	0.00		0.00	0.00	0		0	0	0	0.00	0.00		2.00
3.00	ICF/IID			0.00	0.00			0	0	0	0.00	0.00		3.00
4.00	HOME HEALTH AGENCY COST										0.00	0.00		4.00
5.00	Other Long Term Care				0.00				0	0	0.00	0.00		5.00
6.00	SNF-Based CMHC										0.00	0.00		6.00
7.00	HOSPICE	0.00	0.00	0.00	0.00	0	0	0	0	0	0.00	0.00		7.00
8.00	Total (Sum of lines 1-7)	0.00	41.07	114.50	54.23	0	231	182	132	545	84.70	0.00		8.00

SPRING HILLS MATAWAN

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## SNF WAGE INDEX INFORMATION

## Worksheet S-3

## Part II

## PPS

## PART II - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SALARIES</b>							
1.00	Total salaries (See Instructions)	5,075,876	0	5,075,876	147,777.00	34.35	1.00
2.00	Physician salaries-Part A	0	0	0	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	0	0.00	0.00	3.00
4.00	Home office personnel	0	0	0	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	0	0	0	0.00	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	5,075,876	0	5,075,876	147,777.00	34.35	6.00
7.00	Other Long Term Care	0	0	0	0.00	0.00	7.00
8.00	HOME HEALTH AGENCY COST	0	0	0	0.00	0.00	8.00
9.00	CMHC	0	0	0	0.00	0.00	9.00
10.00	HOSPICE	0	0	0	0.00	0.00	10.00
11.00	Other excluded areas	0	0	0	0.00	0.00	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	0	0	0	0.00	0.00	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	5,075,876	0	5,075,876	147,777.00	34.35	13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
14.00	Contract Labor: Patient Related & Mgmt	2,109,000	0	2,109,000	50,596.00	41.68	14.00
15.00	Contract Labor: Physician services-Part A	0	0	0	0.00	0.00	15.00
16.00	Home office salaries & wage related costs	0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs core (See Part IV)	773,403	0	773,403			17.00
18.00	Wage-related costs other (See Part IV)	0	0	0			18.00
19.00	Wage related costs (excluded units)	0	0	0			19.00
20.00	Physician Part A - WRC	0	0	0			20.00
21.00	Physician Part B - WRC	0	0	0			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	773,403	0	773,403			22.00

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## SNF WAGE INDEX INFORMATION

## Worksheet S-3

## Part III

## PPS

## PART III - OVERHEAD COST - DIRECT SALARIES

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	580,754	0	580,754	10,710.00	54.23	2.00
3.00	Plant Operation, Maintenance & Repairs	82,383	0	82,383	2,975.00	27.69	3.00
4.00	Laundry & Linen Service	0	0	0	0.00	0.00	4.00
5.00	Housekeeping	317,313	0	317,313	16,191.00	19.60	5.00
6.00	Dietary	553,901	0	553,901	24,027.00	23.05	6.00
7.00	Nursing Administration	583,359	0	583,359	10,490.00	55.61	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	78,525	0	78,525	1,571.00	49.98	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	93,391	0	93,391	4,684.00	19.94	13.00
14.00	Total (sum lines 1 thru 13)	2,289,626	0	2,289,626	70,648.00	32.41	14.00

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## SNF WAGE RELATED COSTS

**Worksheet S-3**  
**Part IV**  
**PPS**

PART IV - WAGE RELATED COSTS			
			Amount Reported
			1.00
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	2,788	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	173,997	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	8,746	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	Workers' Compensation Insurance	81,567	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	385,650	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	116,408	19.00
20.00	State or Federal Unemployment Taxes	4,247	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)	<b>773,403</b>	24.00
			Amount Reported
			1.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

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## SNF REPORTING OF DIRECT CARE EXPENDITURES

**Worksheet S-3**  
**Part V**  
**PPS**

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	273,510	0	273,510	5,044.00	54.22	1.00
2.00	Licensed Practical Nurses (LPNs)	1,154,421	0	1,154,421	26,734.00	43.18	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,358,320	0	1,358,320	45,350.00	29.95	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,786,251	0	2,786,251	77,128.00	36.13	4.00
5.00	Physical Therapists	0	0	0	0.00	0.00	5.00
6.00	Physical Therapy Assistants	0	0	0	0.00	0.00	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	0	0	0	0.00	0.00	8.00
9.00	Occupational Therapy Assistants	0	0	0	0.00	0.00	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	0	0	0	0.00	0.00	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	1,085		1,085	17.00	63.82	14.00
15.00	Licensed Practical Nurses (LPNs)	280,520		280,520	5,561.00	50.44	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,087,273		1,087,273	35,454.00	30.67	16.00
17.00	Total Nursing (sum of lines 14 through 16)	1,368,878		1,368,878	41,032.00	33.36	17.00
18.00	Physical Therapists	296,353		296,353	3,875.00	76.48	18.00
19.00	Physical Therapy Assistants	0		0	0.00	0.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	273,749		273,749	3,644.00	75.12	21.00
22.00	Occupational Therapy Assistants	0		0	0.00	0.00	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	170,020		170,020	2,045.00	83.14	24.00
25.00	Respiratory Therapists	0		0	0.00	0.00	25.00
26.00	Other Medical Staff	0		0	0.00	0.00	26.00

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## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

## Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
1.00	RUX		1.00
2.00	RUL		2.00
3.00	RVX		3.00
4.00	RVL		4.00
5.00	RHX		5.00
6.00	RHL		6.00
7.00	RMX		7.00
8.00	RML		8.00
9.00	RLX		9.00
10.00	RUC		10.00
11.00	RUB		11.00
12.00	RUA		12.00
13.00	RVC		13.00
14.00	RVB		14.00
15.00	RVA		15.00
16.00	RHC		16.00
17.00	RHB		17.00
18.00	RHA		18.00
19.00	RMC		19.00
20.00	RMB		20.00
21.00	RMA		21.00
22.00	RLB		22.00
23.00	RLA		23.00
24.00	ES3		24.00
25.00	ES2		25.00
26.00	ES1		26.00
27.00	HE2		27.00
28.00	HE1		28.00
29.00	HD2		29.00
30.00	HD1		30.00
31.00	HC2		31.00
32.00	HC1		32.00
33.00	HB2		33.00
34.00	HB1		34.00
35.00	LE2		35.00
36.00	LE1		36.00
37.00	LD2		37.00
38.00	LD1		38.00
39.00	LC2		39.00
40.00	LC1		40.00
41.00	LB2		41.00
42.00	LB1		42.00
43.00	CE2		43.00
44.00	CE1		44.00
45.00	CD2		45.00
46.00	CD1		46.00
47.00	CC2		47.00
48.00	CC1		48.00
49.00	CB2		49.00
50.00	CB1		50.00
51.00	CA2		51.00
52.00	CA1		52.00
53.00	SE3		53.00
54.00	SE2		54.00
55.00	SE1		55.00
56.00	SSC		56.00
57.00	SSB		57.00



SPRING HILLS MATAWAN

Provider CCN: 315463

Period:  
From: 03/01/2024  
To: 12/31/2024Run Date Time: 3/20/2025 3:10 pm  
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## PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

## Worksheet S-7

PPS

	Group	Days	
	1.00	2.00	
58.00	SSA		58.00
59.00	IB2		59.00
60.00	IB1		60.00
61.00	IA2		61.00
62.00	IA1		62.00
63.00	BB2		63.00
64.00	BB1		64.00
65.00	BA2		65.00
66.00	BA1		66.00
67.00	PE2		67.00
68.00	PE1		68.00
69.00	PD2		69.00
70.00	PD1		70.00
71.00	PC2		71.00
72.00	PC1		72.00
73.00	PB2		73.00
74.00	PB1		74.00
75.00	PA2		75.00
76.00	PA1		76.00
99.00	AAA		99.00
100.00			100.00
		Expenses	Percentage
		1.00	2.00
			Y/N
			3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 101 through 106: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 1, column 3. Indicate in column 3 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (If column 2 is zero, enter N/A in column 3) (See instructions)			
101.00	Staffing		101.00
102.00	Recruitment		102.00
103.00	Retention of employees		103.00
104.00	Training		104.00
105.00	OTHER (SPECIFY)		105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)		106.00

SPRING HILLS MATAWAN				Period:	Run Date Time:	3/20/2025 3:10 pm
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## RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

## Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		3,222,994	3,222,994	0	3,222,994	1,065,233	4,288,227	1.00
3.00	00300	EMPLOYEE BENEFITS	0	820,832	820,832	0	820,832	0	820,832	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	580,754	1,910,133	2,490,887	0	2,490,887	-345,470	2,145,417	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	82,383	329,359	411,742	0	411,742	0	411,742	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	23,768	23,768	0	23,768	0	23,768	6.00
7.00	00700	HOUSEKEEPING	317,313	33,298	350,611	0	350,611	0	350,611	7.00
8.00	00800	DIETARY	553,901	306,781	860,682	0	860,682	0	860,682	8.00
9.00	00900	NURSING ADMINISTRATION	583,359	66,370	649,729	0	649,729	0	649,729	9.00
10.00	01000	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	0	10.00
11.00	01100	PHARMACY	0	0	0	0	0	0	0	11.00
12.00	01200	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	12.00
13.00	01300	SOCIAL SERVICE	78,525	1,500	80,025	0	80,025	0	80,025	13.00
15.00	01500	PATIENT ACTIVITIES	93,391	35,676	129,067	0	129,067	0	129,067	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	03000	SKILLED NURSING FACILITY	2,786,250	1,804,207	4,590,457	0	4,590,457	-103,354	4,487,103	30.00
31.00	03100	NURSING FACILITY	0	0	0	0	0	0	0	31.00
32.00	03200	ICF/IID	0	0	0	0	0	0	0	32.00
33.00	03300	OTHER LONG TERM CARE	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	04000	RADIOLOGY	0	38,918	38,918	0	38,918	0	38,918	40.00
41.00	04100	LABORATORY	0	59,715	59,715	0	59,715	0	59,715	41.00
42.00	04200	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	42.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	665	665	0	665	0	665	43.00
44.00	04400	PHYSICAL THERAPY	0	365,055	365,055	0	365,055	0	365,055	44.00
45.00	04500	OCCUPATIONAL THERAPY	0	287,330	287,330	0	287,330	0	287,330	45.00
46.00	04600	SPEECH PATHOLOGY	0	186,107	186,107	0	186,107	0	186,107	46.00
47.00	04700	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	47.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	261,793	261,793	0	261,793	0	261,793	49.00
50.00	05000	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	50.00
51.00	05100	SUPPORT SURFACES	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	06000	CLINIC	0	0	0	0	0	0	0	60.00
61.00	06100	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	61.00
62.00	06200	FQHC								62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	07000	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	21,295	21,295	0	21,295	0	21,295	71.00
73.00	07300	CMHC	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	08000	MALPRACTICE PREMIUMS & PAID LOSSES		0	0	0	0	0	0	80.00
81.00	08100	INTEREST EXPENSE		0	0	0	0	0	0	81.00
82.00	08200	UTILIZATION REVIEW - SNF	0	0	0	0	0	0	0	82.00
83.00	08300	HOSPICE	0	0	0	0	0	0	0	83.00
89.00		SUBTOTALS (sum of lines 1-84)	5,075,876	9,775,796	14,851,672	0	14,851,672	616,409	15,468,081	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	91.00
92.00	09200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	92.00
93.00	09300	NONPAID WORKERS	0	0	0	0	0	0	0	93.00
94.00	09400	PATIENTS LAUNDRY	0	0	0	0	0	0	0	94.00
100.00		TOTAL	5,075,876	9,775,796	14,851,672	0	14,851,672	616,409	15,468,081	100.00

RECLASSIFICATIONS

Worksheet A-6

PPS

	Increases				Decreases					
	Cost Center	Line #	Salary	Non Salary	Cost Center	Line #	Salary	Non Salary		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
100.00	TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))		0	0			0	0	100.00	
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. (2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.										

RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

			Acquisitions						
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
1.00	Land	0	0	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	0	0	3.00
4.00	Building Improvements	135,484	63,558	0	63,558	0	199,042	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	0	0	5.00
6.00	Movable Equipment	155,170	91,346	0	91,346	0	246,516	0	6.00
7.00	Subtotal (sum of lines 1-6)	290,654	154,904	0	154,904	0	445,558	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	290,654	154,904	0	154,904	0	445,558	0	9.00

SPRING HILLS MATAWAN

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## ADJUSTMENTS TO EXPENSES

## Worksheet A-8

PPS


	Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line No.
				3.00	4.00
1.00	Investment income on restricted funds (chapter 2)	B	-5,962	CAP REL COSTS - BLDGS & FIXTURES	1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		3.00
4.00	Rental of provider space by suppliers (chapter 8)		0		4.00
5.00	Telephone services (pay stations excluded) (chapter 21)		0		5.00
6.00	Television and radio service (chapter 21)		0		6.00
7.00	Parking lot (chapter 21)		0		7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0		8.00
9.00	Home office cost (chapter 21)		0		9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	976,126		12.00
13.00	Laundry and linen service		0		13.00
14.00	Revenue - Employee meals		0		14.00
15.00	Cost of meals - Guests		0		15.00
16.00	Sale of medical supplies to other than patients		0		16.00
17.00	Sale of drugs to other than patients		0		17.00
18.00	Sale of medical records and abstracts	B	-27	ADMINISTRATIVE & GENERAL	4.00
19.00	Vending machines		0		19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	82.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00
25.00			0		25.00
25.01	BAD DEBT	A	-212,600	ADMINISTRATIVE & GENERAL	4.00
25.02	MISC INCOME	B	-103,354	SKILLED NURSING FACILITY	30.00
25.03	PROMOTION & MARKETING	A	-27,670	ADMINISTRATIVE & GENERAL	4.00
25.04	DONATIONS	A	-1,205	ADMINISTRATIVE & GENERAL	4.00
25.05	FINES & PENALTIES	A	-5,727	ADMINISTRATIVE & GENERAL	4.00
25.06	RESIDENT REIMBURSEMENT	A	-2,597	ADMINISTRATIVE & GENERAL	4.00
25.07	CORPORATE TAX	A	-200	ADMINISTRATIVE & GENERAL	4.00
25.09	OTHER REV - CREDIT CARD CASH BACK	B	-375	ADMINISTRATIVE & GENERAL	4.00
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		616,409		100.00

(1) Description - All chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

SPRING HILLS MATAWAN		Period:	Run Date Time:	
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND  
HOME OFFICE COSTSWorksheet A-8-1  
Parts I & II  
PPS**PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

	Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	1.00	CAP REL COSTS - BLDGS & FIXTURES	REALTY	3,904,528	2,833,333	1,071,195	1.00
2.00	4.00	ADMINISTRATIVE & GENERAL	REALTY ADMIN COSTS	7,360	0	7,360	2.00
3.00	4.00	ADMINISTRATIVE & GENERAL	MANAGEMENT	611,102	713,531	-102,429	3.00
4.00	0.00			0	0	0	4.00
5.00	0.00			0	0	0	5.00
6.00	0.00			0	0	0	6.00
7.00	0.00			0	0	0	7.00
8.00	0.00			0	0	0	8.00
9.00	0.00			0	0	0	9.00
10.00	<b>TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.</b>			<b>4,522,990</b>	<b>3,546,864</b>	<b>976,126</b>	10.00

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	Type of Business	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	B	ATLAS MANAGEMENT	0.00	ATLAS HEALTHCARE LLC	100.00	MANAGEMENT	1.00
2.00	B	ATLAS MANAGEMENT	0.00	38 FENEAU AVENUE REALTY LLC	100.00	REALTY	2.00
3.00			0.00		0.00		3.00
4.00			0.00		0.00		4.00
5.00			0.00		0.00		5.00
6.00			0.00		0.00		6.00
7.00			0.00		0.00		7.00
8.00			0.00		0.00		8.00
9.00			0.00		0.00		9.00
10.00			0.00		0.00		10.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- 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 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 (financial or non-financial) specify:

SPRING HILLS MATAWAN

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## COST ALLOCATION - GENERAL SERVICE COSTS

## Worksheet B

## Part I

## PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	4,288,227	4,288,227							1.00
3.00	EMPLOYEE BENEFITS	820,832	0	820,832						3.00
4.00	ADMINISTRATIVE & GENERAL	2,145,417	148,369	93,915	2,387,701	2,387,701				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	411,742	256,764	13,322	681,828	124,462	806,290			5.00
6.00	LAUNDRY & LINEN SERVICE	23,768	90,757	0	114,525	20,906	18,845	154,276		6.00
7.00	HOUSEKEEPING	350,611	22,760	51,313	424,684	77,522	4,726	0	506,932	7.00
8.00	DIETARY	860,682	138,506	89,572	1,088,760	198,743	28,760	0	18,626	8.00
9.00	NURSING ADMINISTRATION	649,729	40,020	94,336	784,085	143,128	8,310	0	5,382	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	45,568	0	45,568	8,318	9,462	0	6,128	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	80,025	10,242	12,698	102,965	18,795	2,127	0	1,377	13.00
15.00	PATIENT ACTIVITIES	129,067	33,192	15,102	177,361	32,376	6,892	0	4,464	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	4,487,103	3,149,549	450,574	8,087,226	1,476,246	653,974	154,276	423,551	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	38,918	0	0	38,918	7,104	0	0	0	40.00
41.00	LABORATORY	59,715	0	0	59,715	10,900	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	665	0	0	665	121	0	0	0	43.00
44.00	PHYSICAL THERAPY	365,055	105,503	0	470,558	85,896	21,907	0	14,188	44.00
45.00	OCCUPATIONAL THERAPY	287,330	124,233	0	411,563	75,127	25,796	0	16,707	45.00
46.00	SPEECH PATHOLOGY	186,107	40,969	0	227,076	41,451	8,507	0	5,509	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	261,793	0	0	261,793	47,788	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	21,295	0	0	21,295	3,887	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	15,468,081	4,206,432	820,832	15,386,286	2,372,770	789,306	154,276	495,932	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	81,795	0	81,795	14,931	16,984	0	11,000	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00

SPRING HILLS MATAWAN			Period:	Run Date Time:	3/20/2025 3:10 pm
Provider CCN: 315463			From: 03/01/2024	MCRIF32	2540-10
			To: 12/31/2024	Version:	10.23.179.0



COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B  
Part I  
PPS

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFTTS	Subtotal	ADMINISTRA TIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
100.00	TOTAL	15,468,081	4,288,227	820,832	15,468,081	2,387,701	806,290	154,276	506,932	100.00



SPRING HILLS MATAWAN

Provider CCN: 315463

Period:  
From: 03/01/2024  
To: 12/31/2024Run Date Time: 3/20/2025 3:10 pm  
MCRIF32  
Version: 2540-10  
10.23.179.0

## COST ALLOCATION - GENERAL SERVICE COSTS

Worksheet B  
Part I  
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	
		8.00	9.00	10.00	11.00	12.00	13.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	1,334,889								8.00
9.00	NURSING ADMINISTRATION	0	940,905							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	69,476						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	125,264			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	221,093		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	1,334,889	940,905	0	0	0	125,264	221,093	13,417,424	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	0	46,022	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	70,615	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	786	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	592,549	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	529,193	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	282,543	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	69,476	0	0	0	0	379,057	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	25,182	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	1,334,889	940,905	69,476	0	0	125,264	221,093	15,343,371	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	124,710	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0				0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	1,334,889	940,905	69,476	0	0	125,264	221,093	15,468,081	100.00

SPRING HILLS MATAWAN		Period:	Run Date Time:
Provider CCN: 315463		From: 03/01/2024	3/20/2025 3:10 pm
		To: 12/31/2024	MCRIF32 Version: 10.23.179.0



## COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	Post Stepdown Adjustments	Total		
		17.00	18.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	EMPLOYEE BENEFITS				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	CENTRAL SERVICES & SUPPLY				10.00
11.00	PHARMACY				11.00
12.00	MEDICAL RECORDS & LIBRARY				12.00
13.00	SOCIAL SERVICE				13.00
15.00	PATIENT ACTIVITIES				15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	SKILLED NURSING FACILITY	0	13,417,424		30.00
31.00	NURSING FACILITY	0	0		31.00
32.00	ICF/IID	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0		33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	0	46,022		40.00
41.00	LABORATORY	0	70,615		41.00
42.00	INTRAVENOUS THERAPY	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	786		43.00
44.00	PHYSICAL THERAPY	0	592,549		44.00
45.00	OCCUPATIONAL THERAPY	0	529,193		45.00
46.00	SPEECH PATHOLOGY	0	282,543		46.00
47.00	ELECTROCARDIOLOGY	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	379,057		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0		50.00
51.00	SUPPORT SURFACES	0	0		51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	CLINIC	0	0		60.00
61.00	RURAL HEALTH CLINIC	0	0		61.00
62.00	FQHC				62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00	HOME HEALTH AGENCY COST	0	0		70.00
71.00	AMBULANCE	0	25,182		71.00
73.00	CMHC	0	0		73.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
80.00	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	INTEREST EXPENSE				81.00
82.00	UTILIZATION REVIEW - SNF				82.00
83.00	HOSPICE	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	15,343,371		89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	124,710		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0		92.00
93.00	NONPAID WORKERS	0	0		93.00
94.00	PATIENT'S LAUNDRY	0	0		94.00
98.00	Cross Foot Adjustments	0	0		98.00
99.00	Negative Cost Centers	0	0		99.00
100.00	TOTAL	0	15,468,081		100.00

SPRING HILLS MATAWAN		Period:	Run Date Time:
Provider CCN: 315463		From: 03/01/2024	3/20/2025 3:10 pm
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## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II  
PPS

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	148,369	148,369	0	148,369				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	256,764	256,764	0	7,734	264,498			5.00
6.00	LAUNDRY & LINEN SERVICE	0	90,757	90,757	0	1,299	6,182	98,238		6.00
7.00	HOUSEKEEPING	0	22,760	22,760	0	4,817	1,550	0	29,127	7.00
8.00	DIETARY	0	138,506	138,506	0	12,350	9,434	0	1,070	8.00
9.00	NURSING ADMINISTRATION	0	40,020	40,020	0	8,894	2,726	0	309	9.00
10.00	CENTRAL SERVICES & SUPPLY	0	45,568	45,568	0	517	3,104	0	352	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	0	10,242	10,242	0	1,168	698	0	79	13.00
15.00	PATIENT ACTIVITIES	0	33,192	33,192	0	2,012	2,261	0	256	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	0	3,149,549	3,149,549	0	91,730	214,533	98,238	24,337	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	441	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	677	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	8	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	105,503	105,503	0	5,338	7,186	0	815	44.00
45.00	OCCUPATIONAL THERAPY	0	124,233	124,233	0	4,668	8,462	0	960	45.00
46.00	SPEECH PATHOLOGY	0	40,969	40,969	0	2,576	2,791	0	317	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,970	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	242	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	4,206,432	4,206,432	0	147,441	258,927	98,238	28,495	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	81,795	81,795	0	928	5,571	0	632	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments							0	0	98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	4,288,227	4,288,227	0	148,369	264,498	98,238	29,127	100.00

SPRING HILLS MATAWAN

Provider CCN: 315463

Period:

From: 03/01/2024

To: 12/31/2024

Run Date Time: 3/20/2025 3:10 pm

MCRIF32

Version: 10.23.179.0



## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II  
PPS

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	
		8.00	9.00	10.00	11.00	12.00	13.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	161,360								8.00
9.00	NURSING ADMINISTRATION	0	51,949							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	0	49,541						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0				12.00
13.00	SOCIAL SERVICE	0	0	0	0	0	12,187			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	0	37,721		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	161,360	51,949	0	0	0	12,187	37,721	3,841,604	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	0	0	0	441	40.00
41.00	LABORATORY	0	0	0	0	0	0	0	677	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	8	43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	118,842	44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	138,323	45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0	0	46,653	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	49,541	0	0	0	0	52,511	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	242	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	161,360	51,949	49,541	0	0	12,187	37,721	4,199,301	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	88,926	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments	0	0	0	0			0	0	98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	161,360	51,949	49,541	0	0	12,187	37,721	4,288,227	100.00

SPRING HILLS MATAWAN

Provider CCN: 315463

Period:

From: 03/01/2024

To: 12/31/2024

Run Date Time:

MCRIF32

Version:

3/20/2025 3:10 pm

2540-10

10.23.179.0



## ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B  
Part II  
PPS

	Cost Center Description	Post Step-Down Adjustments	Total		
		17.00	18.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS - BLDGS & FIXTURES				1.00
3.00	EMPLOYEE BENEFITS				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	CENTRAL SERVICES & SUPPLY				10.00
11.00	PHARMACY				11.00
12.00	MEDICAL RECORDS & LIBRARY				12.00
13.00	SOCIAL SERVICE				13.00
15.00	PATIENT ACTIVITIES				15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	SKILLED NURSING FACILITY	0	3,841,604		30.00
31.00	NURSING FACILITY	0	0		31.00
32.00	ICF/IID	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0		33.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	0	441		40.00
41.00	LABORATORY	0	677		41.00
42.00	INTRAVENOUS THERAPY	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	8		43.00
44.00	PHYSICAL THERAPY	0	118,842		44.00
45.00	OCCUPATIONAL THERAPY	0	138,323		45.00
46.00	SPEECH PATHOLOGY	0	46,653		46.00
47.00	ELECTROCARDIOLOGY	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	52,511		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0		50.00
51.00	SUPPORT SURFACES	0	0		51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	CLINIC	0	0		60.00
61.00	RURAL HEALTH CLINIC	0	0		61.00
62.00	FQHC				62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
70.00	HOME HEALTH AGENCY COST	0	0		70.00
71.00	AMBULANCE	0	242		71.00
73.00	CMHC	0	0		73.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
80.00	MALPRACTICE PREMIUMS & PAID LOSSES				80.00
81.00	INTEREST EXPENSE				81.00
82.00	UTILIZATION REVIEW - SNF				82.00
83.00	HOSPICE	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	0	4,199,301		89.00
<b>NONREIMBURSABLE COST CENTERS</b>					
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	88,926		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0		92.00
93.00	NONPAID WORKERS	0	0		93.00
94.00	PATIENTS LAUNDRY	0	0		94.00
98.00	Cross Foot Adjustments	0	0		98.00
99.00	Negative Cost Centers	0	0		99.00
100.00	TOTAL	0	4,288,227		100.00

SPRING HILLS MATAWAN

Provider CCN: 315463

Period:

From: 03/01/2024

To: 12/31/2024

Run Date Time: 3/20/2025 3:10 pm

MCRIF32

Version:

2540-10

10.23.179.0



## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	90,436								1.00
3.00	EMPLOYEE BENEFITS	0	5,075,876							3.00
4.00	ADMINISTRATIVE & GENERAL	3,129	580,754	-2,387,701	13,080,380					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	5,415	82,383	0	681,828	81,892				5.00
6.00	LAUNDRY & LINEN SERVICE	1,914	0	0	114,525	1,914	29,011			6.00
7.00	HOUSEKEEPING	480	317,313	0	424,684	480	0	79,498		7.00
8.00	DIETARY	2,921	553,901	0	1,088,760	2,921	0	2,921	87,033	8.00
9.00	NURSING ADMINISTRATION	844	583,359	0	784,085	844	0	844	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	961	0	0	45,568	961	0	961	0	10.00
11.00	PHARMACY	0	0	0	0	0	0	0	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	0	0	12.00
13.00	SOCIAL SERVICE	216	78,525	0	102,965	216	0	216	0	13.00
15.00	PATIENT ACTIVITIES	700	93,391	0	177,361	700	0	700	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	66,422	2,786,250	0	8,087,226	66,422	29,011	66,422	87,033	30.00
31.00	NURSING FACILITY	0	0	0	0	0	0	0	0	31.00
32.00	ICF/IID	0	0	0	0	0	0	0	0	32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0	0	0	33.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	38,918	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	59,715	0	0	0	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	665	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	2,225	0	0	470,558	2,225	0	2,225	0	44.00
45.00	OCCUPATIONAL THERAPY	2,620	0	0	411,563	2,620	0	2,620	0	45.00
46.00	SPEECH PATHOLOGY	864	0	0	227,076	864	0	864	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	261,793	0	0	0	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	0	0	61.00
62.00	FQHC									62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>										
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	21,295	0	0	0	0	71.00
73.00	CMHC	0	0	0	0	0	0	0	0	73.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
80.00	MALPRACTICE PREMIUMS & PAID LOSSES									80.00
81.00	INTEREST EXPENSE									81.00
82.00	UTILIZATION REVIEW - SNF									82.00
83.00	HOSPICE	0	0	0	0	0	0	0	0	83.00
89.00	SUBTOTALS (sum of lines 1-84)	88,711	5,075,876	-2,387,701	12,998,585	80,167	29,011	77,773	87,033	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	BARBER AND BEAUTY SHOP	1,725	0	0	81,795	1,725	0	1,725	0	91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0	0	0	94.00
98.00	Cross Foot Adjustments									98.00

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	4,288,227	820,832		2,387,701	806,290	154,276	506,932	1,334,889	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	47.417256	0.161712		0.182541	9.845772	5.317845	6.376664	15.337734	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		148,369	264,498	98,238	29,127	161,360	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.011343	3.229839	3.386233	0.366387	1.854009	105.00

SPRING HILLS MATAWAN

Provider CCN: 315463

Period:

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## COST ALLOCATION - STATISTICAL BASIS

## Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRA TION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PATIENT ACTIVITIES (PATIENT CENSUS)		
		9.00	10.00	11.00	12.00	13.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>									
1.00	CAP REL COSTS - BLDGS & FIXTURES								1.00
3.00	EMPLOYEE BENEFITS								3.00
4.00	ADMINISTRATIVE & GENERAL								4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS								5.00
6.00	LAUNDRY & LINEN SERVICE								6.00
7.00	HOUSEKEEPING								7.00
8.00	DIETARY								8.00
9.00	NURSING ADMINISTRATION	118,159							9.00
10.00	CENTRAL SERVICES & SUPPLY	0	261,793						10.00
11.00	PHARMACY	0	0	0					11.00
12.00	MEDICAL RECORDS & LIBRARY	0	0	0	0				12.00
13.00	SOCIAL SERVICE	0	0	0	0	29,011			13.00
15.00	PATIENT ACTIVITIES	0	0	0	0	0	29,011		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	SKILLED NURSING FACILITY	118,159	0	0	0	29,011	29,011		30.00
31.00	NURSING FACILITY	0	0	0	0	0	0		31.00
32.00	ICF/IID	0	0	0	0	0	0		32.00
33.00	OTHER LONG TERM CARE	0	0	0	0	0	0		33.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
40.00	RADIOLOGY	0	0	0	0	0	0		40.00
41.00	LABORATORY	0	0	0	0	0	0		41.00
42.00	INTRAVENOUS THERAPY	0	0	0	0	0	0		42.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	0	0		46.00
47.00	ELECTROCARDIOLOGY	0	0	0	0	0	0		47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	261,793	0	0	0	0		49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0	0	0	0		50.00
51.00	SUPPORT SURFACES	0	0	0	0	0	0		51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
60.00	CLINIC	0	0		0	0	0		60.00
61.00	RURAL HEALTH CLINIC	0	0	0	0	0	0		61.00
62.00	FQHC								62.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
70.00	HOME HEALTH AGENCY COST	0	0	0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0		71.00
73.00	CMHC	0	0	0	0	0	0		73.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
80.00	MALPRACTICE PREMIUMS & PAID LOSSES								80.00
81.00	INTEREST EXPENSE								81.00
82.00	UTILIZATION REVIEW - SNF								82.00
83.00	HOSPICE	0	0	0	0	0	0		83.00
89.00	SUBTOTALS (sum of lines 1-84)	118,159	261,793	0	0	29,011	29,011		89.00
<b>NONREIMBURSABLE COST CENTERS</b>									
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0		91.00
92.00	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	0		92.00
93.00	NONPAID WORKERS	0	0	0	0	0	0		93.00
94.00	PATIENTS LAUNDRY	0	0	0	0	0	0		94.00
98.00	Cross Foot Adjustments								98.00
99.00	Negative Cost Centers								99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	940,905	69,476	0	0	125,264	221,093		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	7.963041	0.265385	0.000000	0.000000	4.317810	7.621006		103.00



SPRING HILLS MATAWAN		Period:	Run Date Time:	3/20/2025 3:10 pm	
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Provider CCN:	315463				

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

									PPS
104.00	Cost to be allocated (per Wkst. B, Part II)	51,949	49,541	0	0	12,187	37,721		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.439653	0.189237	0.000000	0.000000	0.420082	1.300231		105.00

SPRING HILLS MATAWAN

Provider CCN: 315463

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## RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

## Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	46,022	0	0.000000	40.00
41.00	LABORATORY	70,615	42,398	1.665527	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	42.00
43.00	OXYGEN (INHALATION) THERAPY	786	0	0.000000	43.00
44.00	PHYSICAL THERAPY	592,549	489,643	1.210165	44.00
45.00	OCCUPATIONAL THERAPY	529,193	454,134	1.165279	45.00
46.00	SPEECH PATHOLOGY	282,543	456,764	0.618575	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	48.00
49.00	DRUGS CHARGED TO PATIENTS	379,057	210,917	1.797186	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	CLINIC	0	0	0.000000	60.00
61.00	RURAL HEALTH CLINIC				61.00
62.00	FQHC				62.00
71.00	AMBULANCE	25,182	0	0.000000	71.00
100.00	Total	1,925,947	1,653,856		100.00

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## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

## Worksheet D

## Part I

## PPS


Title XVIII

Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	0.000000	0	0	0	0	40.00
41.00	LABORATORY	1.665527	41,521	0	69,154	0	41.00
42.00	INTRAVENOUS THERAPY	0.000000	0	0	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1.210165	229,198	0	277,367	0	44.00
45.00	OCCUPATIONAL THERAPY	1.165279	207,285	0	241,545	0	45.00
46.00	SPEECH PATHOLOGY	0.618575	235,687	0	145,790	0	46.00
47.00	ELECTROCARDIOLOGY	0.000000	0	0	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.797186	204,133	0	366,865	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0.000000	0		0		50.00
51.00	SUPPORT SURFACES	0.000000	0	0	0	0	51.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	CLINIC	0.000000	0	0	0	0	60.00
61.00	RURAL HEALTH CLINIC						61.00
62.00	FQHC						62.00
71.00	AMBULANCE (2)	0.000000		0		0	71.00
100.00	Total (Sum of lines 40 - 71)		917,824	0	1,100,721	0	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.

(2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

SPRING HILLS MATAWAN		Period:	Run Date Time:	
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## APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

## Worksheet D

## Parts II-III

Title XVIII

Skilled Nursing Facility

PPS

PART II - APPORTIONMENT OF VACCINE COST							
					1.00		
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)				1.797186		1.00
2.00	Program vaccine charges (From your records, or the PS&R)				5,442		2.00
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)				9,780		3.00
PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH							
	Cost Center Description	Total Cost (From Wkst. 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)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
40.00	RADIOLOGY	46,022	0	0.000000	0	0	40.00
41.00	LABORATORY	70,615	0	0.000000	69,154	0	41.00
42.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	42.00
43.00	OXYGEN (INHALATION) THERAPY	786	0	0.000000	0	0	43.00
44.00	PHYSICAL THERAPY	592,549	0	0.000000	277,367	0	44.00
45.00	OCCUPATIONAL THERAPY	529,193	0	0.000000	241,545	0	45.00
46.00	SPEECH PATHOLOGY	282,543	0	0.000000	145,790	0	46.00
47.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	47.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	379,057	0	0.000000	366,865	0	49.00
50.00	DENTAL CARE - TITLE XIX ONLY	0	0	0.000000	0	0	50.00
51.00	SUPPORT SURFACES	0	0	0.000000	0	0	51.00
100.00	Total (Sum of lines 40 - 52)	1,900,765	0		1,100,721	0	100.00

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## COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1


Part I

PPS

Title XVIII

Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS		
	1.00	
<b>INPATIENT DAYS</b>		
1.00	Inpatient days including private room days	29,011 1.00
2.00	Private room days	0 2.00
3.00	Inpatient days including private room days applicable to the Program	5,832 3.00
4.00	Medically necessary private room days applicable to the Program	0 4.00
5.00	Total general inpatient routine service cost	13,417,424 5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>		
6.00	General inpatient routine service charges	13,741,222 6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)	0.976436 7.00
8.00	Enter private room charges from your records	0 8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)	0.00 9.00
10.00	Enter semi-private room charges from your records	0 10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)	0.00 11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)	0.00 12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)	0.00 13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)	0 14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)	13,417,424 15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>		
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)	462.49 16.00
17.00	Program routine service cost (Line 3 times line 16)	2,697,242 17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)	0 18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)	2,697,242 19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)	3,841,604 20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)	132.42 21.00
22.00	Program capital related cost (Line 3 times line 21)	772,273 22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)	1,924,969 23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)	0 24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)	1,924,969 25.00
26.00	Enter the per diem limitation (1)	
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)	
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)	
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>		
	1.00	
1.00	Total SNF inpatient days	29,011 1.00
2.00	Program inpatient days (see instructions)	5,832 2.00
3.00	Total nursing & allied health costs. (see instructions)(Do not complete for titles V or XIX)	0 3.00
4.00	Nursing & allied health ratio. (line 2 divided by line 1)	0.201027 4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0 5.00

SPRING HILLS MATAWAN	Period:	Run Date Time:	3/20/2025 3:10 pm	
Provider CCN: 315463	From: 03/01/2024	MCRIF32	<b>2540-10</b>	
	To: 12/31/2024	Version:	10.23.179.0	

## CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

## Worksheet E

## Part I

Title XVIII

Skilled Nursing Facility


PPS

**PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT**

		1.00	
1.00	Inpatient PPS amount (See Instructions)	5,260,388	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	<b>5,260,388</b>	3.00
4.00	Primary payor amounts	1,350	4.00
5.00	Coinsurance	900,660	5.00
6.00	Allowable bad debts (From your records)	339,652	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	153,407	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	220,774	8.00
9.00	Recovery of bad debts - for statistical records only	0	9.00
10.00	Utilization review	0	10.00
11.00	Subtotal (See instructions)	<b>4,579,152</b>	11.00
12.00	Interim payments (See instructions)	4,473,094	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	4,415	14.75
14.99	Sequestration amount (see instructions)	87,168	14.99
15.00	Balance due provider/program (see Instructions)	<b>14,475</b>	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

**PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES - TITLE XVIII ONLY**

17.00	Ancillary services Part B	0	17.00
18.00	Vaccine cost (From Wkst D, Part II, line 3)	9,780	18.00
19.00	Total reasonable costs (Sum of lines 17 and 18)	<b>9,780</b>	19.00
20.00	Medicare Part B ancillary charges (See instructions)	5,442	20.00
21.00	Cost of covered services (Lesser of line 19 or line 20)	5,442	21.00
22.00	Primary payor amounts	0	22.00
23.00	Coinsurance and deductibles	0	23.00
24.00	Allowable bad debts (From your records)	0	24.00
24.01	Allowable Bad debts for dual eligible beneficiaries (see instructions)	0	24.01
24.02	Adjusted reimbursable bad debts (see instructions)	0	24.02
25.00	Subtotal (Sum of lines 21 and 24, minus lines 22 and 23)	<b>5,442</b>	25.00
26.00	Interim payments (See instructions)	3,946	26.00
27.00	Tentative adjustment	0	27.00
28.00	Other Adjustments (See instructions) Specify	0	28.00
28.50	Demonstration payment adjustment amount before sequestration	0	28.50
28.55	Demonstration payment adjustment amount after sequestration	0	28.55
28.99	Sequestration amount (see instructions)	109	28.99
29.00	Balance due provider/program (see instructions)	<b>1,387</b>	29.00
30.00	Protested amounts (Nonallowable cost report items) in accordance with CMS Pub.15-2, section 115.2	0	30.00

SPRING HILLS MATAWAN	Period:	Run Date Time:	3/20/2025 3:10 pm	
Provider CCN: 315463	From: 03/01/2024	MCRIF32	<b>2540-10</b>	
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## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

## Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,405,755		3,946	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	07/03/2024	67,339		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		67,339		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		4,473,094		3,946	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		14,475		1,387	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,487,569		5,333	7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

(1) On lines 3, 5, and 6, where an amount is due "Provider to Program", show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

SPRING HILLS MATAWAN		Period:	Run Date Time:	3/20/2025 3:10 pm
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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	554,782	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	6,544,999	0	0	0	4.00
5.00	Other receivables	0	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-197,866	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	61,523	0	0	0	8.00
9.00	Other current assets	29,068	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	6,992,506	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Less: Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Less Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	199,042	0	0	0	17.00
18.00	Less: Accumulated Amortization	-25,451	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	246,516	0	0	0	23.00
24.00	Less: Accumulated depreciation	-68,265	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	0	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	351,842	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	0	0	0	0	29.00
30.00	Deposits on leases	141,853	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	609,886	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	751,739	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	8,096,087	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	799,825	0	0	0	35.00
36.00	Salaries, wages, and fees payable	482,617	0	0	0	36.00
37.00	Payroll taxes payable	35,709	0	0	0	37.00
38.00	Notes & loans payable (Short term)	0	0	0	0	38.00
39.00	Deferred income	971,742	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	7,671,610	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	9,961,503	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	0	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	0	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	0	0	0	0	50.00



SPRING HILLS MATAWAN	Period:	Run Date Time:	3/20/2025 3:10 pm
Provider CCN: 315463	From: 03/01/2024	MCRIF32	2540-10
	To: 12/31/2024	Version:	10.23.179.0



BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the "General Fund" column only)

Worksheet G

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	9,961,503	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-1,865,416				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	-1,865,416	0	0	0	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	8,096,087	0	0	0	60.00
( ) = contra amount						

SPRING HILLS MATAWAN

Provider CCN: 315463

Period:

From: 03/01/2024

To: 12/31/2024

Run Date Time: 3/20/2025 3:10 pm

MCRIF32

Version: 10.23.179.0




## STATEMENT OF CHANGES IN FUND BALANCES

## Worksheet G-1

PPS

		General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period		-1,312,957		0		0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 31)		-552,457							2.00
3.00	Total (sum of line 1 and line 2)		-1,865,414		0		0		0	3.00
4.00	Additions (credit adjustments)									4.00
5.00		0		0		0		0		5.00
6.00		0		0		0		0		6.00
7.00		0		0		0		0		7.00
8.00		0		0		0		0		8.00
9.00		0		0		0		0		9.00
10.00	Total additions (sum of line 5 - 9)		0		0		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-1,865,414		0		0		0	11.00
12.00	Deductions (debit adjustments)									12.00
13.00	ROUNDING	2		0		0		0		13.00
14.00		0		0		0		0		14.00
15.00		0		0		0		0		15.00
16.00		0		0		0		0		16.00
17.00		0		0		0		0		17.00
18.00	Total deductions (sum of lines 13 - 17)		2		0		0		0	18.00
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)		-1,865,416		0		0		0	19.00

SPRING HILLS MATAWAN	Period:	Run Date Time:	3/20/2025 3:10 pm	
Provider CCN: 315463	From: 03/01/2024	MCRIF32	2540-10	
	To: 12/31/2024	Version:	10.23.179.0	

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2  
Part I  
PPS

PART I - PATIENT REVENUES					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	13,741,222		13,741,222	1.00
2.00	NURSING FACILITY	0		0	2.00
3.00	ICF/IID	0		0	3.00
4.00	OTHER LONG TERM CARE	0		0	4.00
5.00	Total general inpatient care services (Sum of lines 1 - 4)	13,741,222		13,741,222	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	1,653,856	0	1,653,856	6.00
7.00	CLINIC		0	0	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	ROUTINE CHARGES / BED HOLD	31,292	0	31,292	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	15,426,370	0	15,426,370	14.00
<b>PART II - OPERATING EXPENSES</b>					
		1.00	2.00		
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)		14,851,672		1.00
2.00	Add (Specify)	0			2.00
3.00		0			3.00
4.00		0			4.00
5.00		0			5.00
6.00		0			6.00
7.00		0			7.00
8.00	Total Additions (Sum of lines 2 - 7)		0		8.00
9.00	Deduct (Specify)	0			9.00
10.00		0			10.00
11.00		0			11.00
12.00		0			12.00
13.00		0			13.00
14.00	Total Deductions (Sum of lines 9 - 13)		0		14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)		14,851,672		15.00

SPRING HILLS MATAWAN		Period:	Run Date Time:	3/20/2025 3:10 pm
Provider CCN: 315463		From: 03/01/2024	MCRIF32	<b>2540-10</b>
		To: 12/31/2024	Version:	10.23.179.0



## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

## Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	15,426,370	1.00
2.00	Less: contractual allowances and discounts on patients accounts	1,236,873	2.00
3.00	Net patient revenues (Line 1 minus line 2)	14,189,497	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	14,851,672	4.00
5.00	Net income from service to patients (Line 3 minus 4)	<b>-662,175</b>	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,962	7.00
8.00	Revenues from communications ( Telephone and Internet service)	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	27	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NON PATIENT REVENUE	103,729	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	<b>109,718</b>	25.00
26.00	Total (Line 5 plus line 25)	<b>-552,457</b>	26.00
27.00	Other expenses (specify)	0	27.00
28.00		0	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	<b>0</b>	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	<b>-552,457</b>	31.00

**GARDENVIEW OPCO LLC,  
MATAWAN SNF OPERATIONS LLC,  
WOODBURY SNF OPERATIONS LLC,  
SEWELL SNF OPERATIONS LLC,  
WEST DEPTFORD SNF OPERATIONS LLC,  
CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
CINNAMINSON NURSING LLC,  
CRANBURY SNF OPERATIONS LLC,  
MAYWOOD SNF OPERATIONS LLC,  
HAZEL STREET OPERATIONS, LLC,  
MYSTIC MEADOWS SNF LLC,  
AND WAYNE SNF OPCO LLC**

**COMBINED FINANCIAL STATEMENTS  
AND  
SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2024**



## Combined Financial Statements and Supplementary Information

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

DECEMBER 31, 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Members of  
Gardenview Opco LLC, Matawan SNF Operations LLC,  
Woodbury SNF Operations LLC, Sewell SNF Operations LLC,  
West Deptford SNF Operations LLC, Cranford SNF LLC,  
Rivers Edge SNF LLC, Cinnaminson Nursing LLC,  
Cranbury SNF Operations LLC, Maywood SNF Operations LLC,  
Hazel Street Operations, LLC, Mystic Meadows SNF LLC,  
and Wayne SNF Opco LLC

### Opinion

We have audited the accompanying combined financial statements of Gardenview Opco LLC, Matawan SNF Operations LLC, Woodbury SNF Operations LLC, Sewell SNF Operations LLC, West Deptford SNF Operations LLC, Cranford SNF LLC, Rivers Edge SNF LLC, Cinnaminson Nursing LLC, Cranbury SNF Operations LLC, Maywood SNF Operations LLC, Hazel Street Operations, LLC, Mystic Meadows SNF LLC, and Wayne SNF Opco LLC (New Jersey limited liability companies and collectively, the "Company" or "Companies"), which comprise the combined balance sheet as of December 31, 2024, and the related combined statements of income, changes in members' equity, and cash flows for the year then ended, and the related notes to the combined financial statements.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the Companies as of December 31, 2024, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Combined Financial Statements section of our report. We are required to be independent of the Companies and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Companies' ability to continue as a going concern within one year after the date that the combined financial statements are available to be issued.

### **Auditor's Responsibilities for the Audit of the Combined Financial Statements**

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Companies' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Companies' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*Pease Bell CPAs, LLC*

Cleveland, Ohio  
June 19, 2025



**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 ST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF L  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINED BALANCE SHEET**

**DECEMBER 31, 2024**

**ASSETS**

**CURRENT ASSETS**

Cash	\$ 18,157,698
Resident trust funds	487,246
Resident accounts receivable, net of allowance for credit losses of \$8,086,350	42,952,471
Investment portfolio	4,183,256
Other receivables	5,553,445
Prepaid expenses and other current assets	3,973,526

<b>TOTAL CURRENT ASSETS</b>	75,307,642
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<b>PROPERTY AND EQUIPMENT, NET</b>	9,218,560
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**OTHER ASSETS**

Deposits	780,393
Escrow deposits	1,212,116
Advances receivable - affiliates	16,643,200
Advances receivable - members	360,941
Operating lease right-of-use assets, net	237,512,161

<b>TOTAL OTHER ASSETS</b>	256,508,811
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<b>\$ 341,035,013</b>
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See notes to combined financial statements.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 EAST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LI  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINED BALANCE SHEET**

**DECEMBER 31, 2024**

**LIABILITIES AND MEMBERS' EQUITY**

**CURRENT LIABILITIES**

Lines of credit	\$ 13,014,451
Current maturities of operating lease liabilities	21,234,047
Resident trust funds liability	487,246
Accounts payable	9,613,050
Accrued payroll and related costs	6,251,963
Accrued expenses	1,534,192
Accounts payable - related parties	1,387,406
Current maturities of note payable - Paycheck Protection Program	42,498

**TOTAL CURRENT LIABILITIES** 53,564,853

**LONG-TERM LIABILITIES**

Operating lease liabilities, net of current maturities	224,066,446
Advances payable - affiliates	18,408,111
Advances payable - members	6,770,365
Security deposit liability	142,656

**TOTAL LONG-TERM LIABILITIES** 249,387,578

**TOTAL LIABILITIES** 302,952,431

**MEMBERS' EQUITY**

38,082,582

\$ 341,035,013

See notes to combined financial statements.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINED STATEMENT OF INCOME**

**YEAR ENDED DECEMBER 31, 2024**

**REVENUES**

Net resident service revenues	\$ 249,274,746
Other revenue	642,183
Lease revenue	200,840

<b>TOTAL REVENUES</b>	<b>250,117,769</b>
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**OPERATING EXPENSES**

Nursing	93,530,706
Lease expense - facilities	37,928,696
General and administrative	31,121,520
Ancillary services	20,714,186
Dietary	15,794,391
Management fee	12,723,253
Housekeeping and laundry	7,547,310
Bed tax assessment	6,609,878
Provision for expected credit losses	3,858,303
Facility maintenance	3,831,495
Activities	3,044,896
Social services	1,718,382
Depreciation and amortization	1,143,905

<b>TOTAL OPERATING EXPENSES</b>	<b>239,566,921</b>
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<b>INCOME FROM OPERATIONS</b>	<b>10,550,848</b>
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**OTHER INCOME (EXPENSE)**

Interest expense, net	(1,094,798)
Other expense	(125,035)
Dividends on investments	39,482
Realized and unrealized gains on investment portfolio	950,566

<b>TOTAL OTHER INCOME (EXPENSE)</b>	<b>(229,785)</b>
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<b>NET INCOME</b>	<b>\$ 10,321,063</b>
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See notes to combined financial statements.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE  
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINED STATEMENT OF CHANGES IN MEMBERS' EQUITY**

**YEAR ENDED DECEMBER 31, 2024**

<b>BALANCE - DECEMBER 31, 2023</b>	\$ 33,267,919
Net income	10,321,063
Distributions	<u>(5,506,400)</u>
<b>BALANCE - DECEMBER 31, 2024</b>	<u><u>\$ 38,082,582</u></u>

See notes to combined financial statements.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINED STATEMENT OF CASH FLOWS**

**YEAR ENDED DECEMBER 31, 2024**

**CASH FLOWS FROM OPERATING ACTIVITIES**

Net income	\$ 10,321,063
Adjustments to reconcile net income to net cash and restricted cash provided by operating activities:	
Depreciation and amortization	1,143,905
Realized and unrealized gains on investment portfolio	(950,566)
Provision for expected credit losses	3,858,303
Changes in operating assets and liabilities:	
Resident accounts receivable	(8,947,348)
Other receivables	800,124
Prepaid expenses and other current assets	284,750
Deposits	(151,655)
Operating lease right-of-use assets and liabilities, net	2,161,814
Resident trust funds liability	98,470
Accounts payable	799,344
Accounts payable - related parties	525,720
Accrued expenses	(899,245)
Accrued payroll and related costs	(363,258)
Security deposits liability	(136,300)

**NET CASH AND RESTRICTED CASH PROVIDED BY  
OPERATING ACTIVITIES**

8,545,121

**CASH FLOWS FROM INVESTING ACTIVITIES**

Purchases of property and equipment	(3,019,266)
Purchases of portfolio investments	(1,185,936)
Proceeds from sale of portfolio investments	1,190,549
Advances to affiliates	(116,959)

**NET CASH AND RESTRICTED CASH USED IN  
INVESTING ACTIVITIES**

(3,131,612)

**CASH FLOWS FROM FINANCING ACTIVITIES**

Net repayments on lines of credit	(550,260)
Net repayments of note payable	(93,005)
Advances from affiliates	187,775
Advances from members	7,508,741
Member distributions	(5,506,400)

**NET CASH AND RESTRICTED CASH PROVIDED BY  
FINANCING ACTIVITIES**

1,546,851

**NET INCREASE IN CASH AND RESTRICTED CASH**

6,960,360

**CASH AND RESTRICTED CASH AT BEGINNING OF YEAR**

12,896,700

**CASH AND RESTRICTED CASH AT END OF YEAR**

\$ 19,857,060

See notes to combined financial statements.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS LLC, WOODBURY SNF OPERATIONS LLC, SEWELL SNF OPERATIONS LLC, WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC, CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC, MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC, MYSTIC MEADOWS SNF LLC, AND WAYNE SNF OPCO LLC**

**NOTES TO COMBINED FINANCIAL STATEMENTS**

**DECEMBER 31, 2024**

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Description of entities:** Gardenview Opco LLC, Matawan SNF Operations LLC, Woodbury SNF Operations LLC, Sewell SNF Operations LLC, West Deptford SNF Operations LLC, Cranford SNF LLC, Rivers Edge SNF LLC, Cinnaminson Nursing LLC, Cranbury SNF Operations LLC, Maywood SNF Operations LLC, Hazel Street Operations, LLC, Mystic Meadows SNF LLC and Wayne SNF Opco LLC (collectively, the “Company” or the “Companies”) are registered to do business in the state of New Jersey. The Companies operate thirteen skilled nursing facilities (the “Facilities”) located in the state of New Jersey with a combined capacity of 1,951 beds (including 54 ventilator beds) as detailed below.

<b><u>Legal Name of Entity</u></b>	<b><u>DBA Name of Entity</u></b>	<b><u>Facility Location</u></b>	<b><u>Licensed Beds</u></b>
Gardenview Opco LLC	Cedar Grove Respiratory and Nursing Center	Williamstown, NJ	180
Matawan SNF Operations LLC	Meadowbrook Respiratory and Nursing Center	Matawan, NJ	130
Woodbury SNF Operations LLC	Atlas Post Acute at Woodbury Country Club	Woodbury, NJ	124
Sewell SNF Operations LLC	Atlas Rehabilitation and Healthcare at Washington Township	Sewell, NJ	120
West Deptford SNF Operations LLC	Atlas Rehabilitation and Healthcare at West Deptford	West Deptford, NJ	156
Cranford SNF LLC	Birchwood Rehabilitation and Healthcare Center	Cranford, NJ	200
Rivers Edge SNF LLC	Waterfront Rehabilitation and Healthcare Center	Raritan, NJ	138
Cinnaminson Nursing LLC	Wynwood Rehabilitation and Healthcare Center	Cinnaminson, NJ	114

Cranbury SNF Operations LLC	The Elms Rehab and Healthcare Center of Cranbury	Cranbury, NJ	120
Maywood SNF Operations LLC	Atlas Rehabilitation and Healthcare at Maywood	Maywood, NJ	120
Hazel Street Operations LLC	Atlas Healthcare at Daughters of Miriam	Clifton, NJ	210
Mystic Meadows SNF LLC	Mystic Meadows Rehabilitation and Nursing Center	Little Egg Harbor Twp, NJ	130
Wayne SNF Opco LLC	Atrium Post Acute Care of Wayne	Wayne, NJ	209

**Transfer of operations:** On various dates during the years 2019 through 2023, the Companies assumed the Facilities' operating licenses, Medicare and Medicaid provider numbers and agreements, and certain other Facility contracts from unrelated former operators of the Facilities. No value was assigned to these intangible assets. The Companies, at their sole discretion, hired the existing employees and commenced operations as of the date of transfer. Also, subsequent to the transfer of operations, certain accounts receivable of the Companies were collected by the former operators and certain receivables of the former operators were collected by the Companies. The net amount due to the Companies from the former operators is \$2,796,663 at December 31, 2024 and is reported within other receivables in the accompanying combined balance sheet.

Effective January 1, 2025, the operations associated with the Wayne SNF Opco LLC Facility were transferred to a new unrelated operator. As a result, Wayne SNF Opco LLC ceased operations on January 1, 2025. The net amount due from the Company to the new operator (primarily related to payroll in 2024 paid by the new operator) is \$441,580 at December 31, 2024 and is reported within accounts payable in the accompanying combined balance sheet.

**Basis of presentation:** The accompanying combined financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Principles of combination:** The accompanying combined financial statements include the accounts of the Companies, which are affiliated through common ownership. All significant transactions between the Companies have been eliminated in the combination.

**Limited liability companies:** As limited liability companies, no member, director, manager, agent, or employee of the Companies are personally liable for the debts, obligations, or liabilities of the Companies whether arising in contract, tort, or otherwise, or for the acts or omissions of any other member, director, manager, agent, or employee of the Companies, unless the individual has signed a specific personal guarantee.

**Variable interest entities:** The Company follows Financial Accounting Standards Board (“FASB”) Accounting Standards Update (“ASU”) No. 2018-17 “*Targeted Improvements to Related Party Guidance for Variable Interest Entities*”, which allows a private company to elect, under certain circumstances, not to consolidate certain variable interest entities. Accordingly, the Company does not consolidate its affiliated lessors and its management companies, which are commonly-controlled entities that own/lease several of the skilled nursing facilities land and buildings to the Company (see Note 6) and manage the operations of the Facilities (see Note 7), respectively. Additionally, the Company does not consolidate Sewell SNF Realty LLC and West Deptford SNF Realty LLC, which are commonly-controlled entities that have entered into a purchase option agreement to purchase the respective facilities’ real estate from unrelated property owners (see Note 6).

Cranford SNF LLC, Rivers Edge SNF LLC, and Mystic Meadows SNF LLC lease their facilities from unrelated lessors (see Note 6).

**Concentrations of credit risk:** Financial instruments that potentially subject the Company to credit risk consist of cash deposits and accounts receivable. Cash deposits are maintained with high-quality financial institutions and the composition and maturities of temporary cash and investments, if any, are regularly monitored by management. The Company controls credit risk associated with accounts receivable through its monitoring procedures and by establishing an allowance for credit losses when considered necessary.

The Company’s operations are located in New Jersey and are economically dependent on the residents living in that geographic area. See Note 10 regarding concentrations in resident service revenues and resident accounts receivable.

**Cash and cash equivalents:** The Company considers all highly-liquid investments with an initial maturity of three months or less to be cash equivalents. As of December 31, 2024, there were no cash equivalents held. Cash, which consists of checking and savings accounts at various financial institutions, may exceed the federal insurance limit from time to time; however, management does not believe that the Company is exposed to any substantial risk.

**Resident funds held in trust:** Resident trust funds consist of funds held in trust for residents’ personal needs. These funds are maintained in cash accounts separate from the Companies’ operating cash accounts and a corresponding liability is recorded in current liabilities in the accompanying combined balance sheet. These restricted cash accounts are included in cash and restricted cash in the accompanying combined statement of cash flows.

**Escrow deposits:** The Companies’ escrow deposits consist of capital expenditure, real estate tax and insurance reserves which are held and maintained by the unaffiliated lessors (see Note 6) on behalf of the Companies. These reserves are maintained at an amount considered by the Company to be adequate and in compliance with the lease agreements. Use of the reserves is restricted as defined in the lease agreements. These restricted cash reserves are included in cash and restricted cash in the accompanying combined statement of cash flows.



**Resident accounts receivable:** Resident accounts receivable represents amounts due from payors for amounts billed for resident services provided. The Company provides an allowance for credit losses that is estimated utilizing current accounts receivable aging reports, historical collections data and other factors. In addition, the Company monitors collections and payments from payors and maintains an allowance based upon applying an expected credit loss rate to receivables based on the historical loss rate from similar payors adjusted for current conditions, including any specific payor collection issues identified, and forecasts of economic conditions. Management monitors these factors and determines the estimated provision for credit losses. Historical credit losses have generally resulted from uncollectible private balances, some uncollectible coinsurance and deductibles, and other factors. Receivables that are deemed to be uncollectible are written-off. The allowance for credit losses is assessed by management, with changes in estimated losses being recorded in the combined statement of income in the period identified. It is reasonably possible that the Company's estimate of the allowance for credit losses will change in the near term. At December 31, 2024, the allowance for credit losses totaled \$8,086,350, which management believes is adequate.

Management believes that the historical loss information it has compiled is a reasonable basis on which to determine the expected credit losses for receivables because the composition of receivables as of December 31, 2024 is consistent with that used in developing the historical credit-loss percentages (i.e., the similar risk characteristics of its payors and its credit policies has not changed significantly over time). Changes to the historical loss rate have not been material to the combined financial statements. Management developed its estimate based on its analysis of historical losses and assessment of future expected losses.

The following table provides a reconciliation of the changes in the allowance for credit losses for 2024:

Allowance for credit losses – beginning of year	\$	5,310,680
Additional provision for expected credit losses		3,858,303
Write-offs of receivables		<u>(1,082,633)</u>
Allowance for credit losses – end of year	\$	<u>8,086,350</u>

**Net resident service revenues:** Net resident service revenues and the corresponding accounts receivable, are reported on an accrual basis as services are performed at their estimated net realizable amounts from residents, third-party payors, and others for services rendered.

The Company records revenues for inpatient services and the related receivables in the accounting records at the Company's established billing rates in the period the related services are rendered. The provision for contractual adjustments, which represents the difference between the established billing rates and predetermined reimbursement rates, is deducted from gross revenues to determine net revenues. These predetermined reimbursement rates may be based on a provider's actual costs subject to program ceilings and other limitations or on established rates based on acuity and services provided as determined by the federal and state-funded programs. Services provided to Medicare beneficiaries are based on clinical, diagnostic, and other factors. Services provided to Medicaid beneficiaries are paid at determined rates per day. The Company is exposed to the risk of changes in Medicare and Medicaid reimbursement rates.

Amounts earned under federal and state programs with respect to nursing home patients are subject to review by the third-party payors which may result in retroactive adjustments. In the opinion of management, adequate provision has been made for any adjustments that may result from such reviews. Retroactive adjustments, if any, are recorded when objectively determinable, generally within three years of the close of a reimbursement year depending upon the timing of appeals and third-party settlement reviews or audits, and final settlements are reported in operations in the year of settlement.

The Company records revenues for rehabilitation services and other ancillary services and the related receivables at the time services or products are provided or delivered to the customer. Upon delivery of services or products, the Company has no additional performance obligation to the customer.

The Company follows Accounting Standards Codification ("ASC") 606 for all contracts. The amount of revenue recognized reflects the consideration to which the Company expects to be entitled to receive in exchange for these services. ASC 606 requires companies to exercise judgment and recognize revenue in accordance with the standard's core principle by applying the following five steps:

Step 1: Identify the contract with a customer.

Step 2: Identify the performance obligations in the contract.

Step 3: Determine the transaction price.

Step 4: Allocate the transaction price to the performance obligations in the contract.

Step 5: Recognize revenue when (or as) the entity satisfies a performance obligation.

Performance obligations are promises made in a contract to transfer a distinct good or service to the customer. A contract's transaction price is allocated to each distinct performance obligation and recognized as revenue when, or as, the performance obligation is satisfied. The Company has concluded that its contracts with patients and residents represent a bundle of distinct services that are substantially the same, with the same pattern of transfer to the customer. Accordingly, the promise to provide quality care is accounted for as a single performance obligation with revenue recognized at a point-in-time as services are provided.

The Company performs analyses using the application of the portfolio approach as a practical expedient to group patient contracts with similar characteristics, such that revenue for a given portfolio would not be materially different than if it were evaluated on a contract-by-contract basis. These analyses incorporated consideration of reimbursements at varying rates from Medicaid, Medicare, Managed Care, Hospice, Veterans Affairs, and Private Pay for services provided. It was determined that the contracts are not materially different within the following groups: Medicaid, Medicare, Managed Care, Hospice, Veterans Affairs, and Private Pay.

In order to determine the transaction price, the Company estimates the amount of variable consideration at the beginning of the contract using the expected value method. The estimates consider (i) payor type, (ii) historical payment trends, (iii) the maturity of the portfolio, and (iv) geographic payment trends throughout a class of similar payors. The Company typically enters into agreements with third-party payors that provide for payments at amounts different from the established billing charges. These arrangement terms provide for subsequent settlement and cash flows that may occur well after the service is provided. The Company adjusts the estimates of variable consideration such that it is probable that a significant reversal of previously recognized revenue will not occur throughout the life of the contract. Changes in the Company's expectation of the amount it will receive from the patient or third-party payors will be recorded in revenue unless there is a specific event that suggests the patient or third-party payor no longer has the ability and intent to pay the amount due and, therefore, the changes in its estimate of variable consideration better represent an impairment, or credit loss. These estimates are re-assessed each reporting period, and any amounts allocated to a satisfied performance obligation are recognized as revenue or a reduction of revenue in the period in which the transaction price changes. The Company satisfies its performance obligation by providing quality of care services to its patients and residents on a daily basis until termination of the contract. The performance obligation is recognized on a daily basis, for which the services are provided. For these contracts, the Company has the right to consideration from the customer in an amount that directly corresponds with the value to the customer of the Company's performance to date. Therefore, the Company recognizes revenue based on the amount billable to the customer in accordance with the practical expedient in ASC 606-10-55-18. Additionally, because the Company applied ASC 606 using certain practical expedients, the Company elected not to disclose the aggregate amount of the transaction price for unsatisfied, or partially unsatisfied, performance obligations for all contracts with an original expected length of one year or less.

#### *Disaggregation of Revenues and Accounts Receivable*

The Company disaggregates revenue from contracts with customers by payor type. The Company notes that disaggregation of revenue into these categories achieves the disclosure objectives to depict how the nature, amount, timing and uncertainty of revenue and cash flows are affected by economic factors. The payment terms and conditions within the Company's revenue-generating contracts vary by contract type and payor source. Payments are generally received within 30 to 90 days after billing.

**Property and equipment:** Property and equipment owned by the Company is stated at cost. Maintenance and repairs are expensed, while expenditures for renewals which prolong the lives of the assets are capitalized. For financial reporting purposes, depreciation and amortization of property and equipment is provided for by using the straight-line method based on the estimated service lives of the assets as follows:

Leasehold improvements	10 years
Furniture, fixtures, and equipment	5-15 years

The cost of assets sold or retired and the related amounts of accumulated depreciation and amortization are removed from the accounts in the year of disposal. Any resulting profit or loss is reflected in current operations.

As described in Note 6, the Companies lease the nursing home Facilities, and most of the furniture and equipment needed to operate the Facilities, from various lessors, some of which are related to the Companies through common ownership and some of which are unrelated.

Construction-in-process is stated at cost, which includes the cost of construction and other direct costs attributable to the construction. No provision for depreciation is made on construction-in-progress until such time as the relevant assets are completed and placed into service.

Leasehold improvements associated with facilities leased from unrelated lessors are amortized using the straight-line method over the shorter of the remaining lease term, including renewal options that we are reasonably certain to exercise, or the estimated useful life of the improvement. Leasehold improvements associated with facilities leased from related lessors are amortized using the straight-line method over the useful life of the improvements as determined by the common control group, regardless of the lease term.

**Impairment of long-lived assets:** The Company assesses the impairment of long-lived assets whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. The Company assesses the fair value of the assets based on the undiscounted future cash flow that the assets are expected to generate and recognizes an impairment loss when estimated undiscounted future cash flow expected to result from the use of the asset plus net proceeds expected from disposition of the asset, if any, are less than the carrying amount of the asset. When the Company identifies an impairment, it reduces the carrying amount of the asset to its estimated fair value based on a discounted cash flow approach or, when available and appropriate, to comparable market values. Based on the Company's evaluation there is no impairment of these assets at December 31, 2024.

**Investment portfolio:** The Company's investment portfolio includes publicly traded equity securities and investments in mutual funds being held to provide the Company an additional source of funds, as necessary, in the future and to collateralize one of the Company's revolving lines of credit (see Note 4). The investment portfolio is classified as a current asset.

The securities in the investment portfolio described above are reported at their fair values (as determined by quoted market prices) as of the combined balance sheet date with changes in the fair values of the securities included in other income. Gains and losses resulting from the sale or disposal of securities are determined using the specific identification method and are included in earnings.

The Company's cash included in the investment portfolio totaled \$23,965 at December 31, 2024 and is held in deposit accounts with the investment's broker. These amounts are included in cash in the combined balance sheet. The deposit account balances do not exceed federal bank depository insurance limits.

**Compensated absences:** Employees of the Company are entitled to paid vacation days depending on job classification, length of service, and hours worked. At December 31, 2024 the total amount accrued for compensated absences was \$1,739,099 and is included in accrued payroll and related costs in the accompanying combined balance sheet.

**Security deposit liability:** The former operator of the Hazel Street Operations, LLC's Facility collected refundable security deposits from residents upon occupancy. Hazel Street Operations, LLC assumed this liability when operations transferred in 2022. Hazel Street Operations, LLC has discontinued the practice of collecting security deposits from residents upon occupancy and refunds previously collected security deposits when a resident leaves the Facility.

**Advertising costs:** The Company expenses advertising costs as incurred. Advertising costs for 2024 totaled approximately \$677,987 and are included in general and administrative expenses in the combined statement of income.

**Income taxes:** The Company is taxed under provisions of the Internal Revenue Code which provide for the Company's net income or loss to be included in the individual tax returns of the members for federal tax purposes. Accordingly, no provision for federal taxes has been recorded in the accompanying combined financial statements. Local income taxes are accrued at statutory rates, as applicable.

The Company pays income taxes at the entity level on taxable income in the state of New Jersey per the state's Pass-Through Entity Tax ("PTET") regulations. PTET election removes certain state and local income tax deduction limitations related to the members personal federal income taxes. The Company has determined these payments are made exclusively on behalf of the members and therefore the Company includes the payments within member distributions. Accordingly, no provision for state taxes has been recorded in the accompanying combined financial statements. PTET payments included in member distributions totaled approximately \$1,243,000 in 2024.

**Member distributions:** In accordance with the Companies' operating agreements, the Companies generally make distributions to fund the members' respective income tax liabilities resulting from the taxable income from the Companies. Other discretionary distributions may also be made.

**Recording of insured claims:** When applicable, the Company records anticipated insurance claims liabilities and related insurance recoveries for medical malpractice claims and similar contingent liabilities in the accompanying combined balance sheet on a gross basis. Any estimated insurance recovery provided under the existing policy is reflected as a receivable on the same basis as the liability, subject to the need for a valuation allowance for uncollectible accounts. No such receivables or liabilities have been recorded as of December 31, 2024.

**Use of estimates:** The preparation of combined financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant estimates relate to variable consideration for net resident service revenue recognition, assessing the expected credit losses of resident accounts receivable, legal and professional liabilities and receivables for related insurance recoveries, depreciation, asset valuations and useful lives. These estimates may be adjusted as more current information becomes available, and any adjustments could be material.

**Combined statement of cash flows:** Interest paid during 2024 totaled \$1,193,911.

The following table provides a reconciliation of cash and restricted cash reported within the combined balance sheet that sum to the total of the same such amounts shown on the combined statement of cash flows.

Cash	\$ 18,157,698
Restricted cash – resident trust funds	487,246
Escrow deposits	<u>1,212,116</u>
Total cash and restricted cash	
shown in statement of cash flows	<u>\$ 19,857,060</u>

**Fair value measurements:** Inputs used to derive the fair value of assets and liabilities are analyzed and assigned a Level 1, 2 or 3 priority in accordance with accounting principles generally accepted in the United States of America, with Level 1 being the highest and Level 3 being the lowest in the hierarchy. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs are observable in active markets. Level 3 inputs are based on valuations derived from valuation techniques in which one or more significant inputs are unobservable.

**Leases:** The Company determines whether an agreement contains a lease at inception based on the Company's right to obtain substantially all of the economic benefits from the use of the identified asset and its right to direct the use of the identified asset. Operating leases are included in operating lease right-of-use ("ROU") assets, current maturities of operating lease liabilities, and long-term operating lease liabilities in the accompanying combined balance sheet. Finance leases, when applicable, are included in property and equipment, current maturities of finance lease liability, and long-term finance lease liability in the accompanying combined balance sheet.

ROU assets represent the Company's right to use an underlying asset for the lease term and operating lease liabilities represent its obligation to make lease payments arising from the lease. Operating lease ROU assets and liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. Lease payments are discounted using the rate implicit in the lease or, if not readily available, the Company's incremental borrowing rate based on information available at lease commencement. The incremental borrowing rate for a lease is the rate of interest the Company would have to pay on a collateralized basis to borrow an amount equal to the lease payments for the asset under similar terms. The operating lease ROU assets are increased by any prepaid lease payments and initial direct costs and reduced by any lease incentives. The lease terms may include options to extend or terminate the lease when it is reasonably certain that the Company will exercise such options. Variable lease payments that depend on an index or a rate are included in the determination of ROU assets and lease liabilities using the index or rate at the lease commencement date. Variable lease payments that do not depend on an index or rate or resulting from changes in an index or rate subsequent to the lease commencement date, are recorded as lease expense in the period in which the obligation for the payment is incurred. Lease expense for operating lease payments is recognized on a straight-line basis over the lease term and is included in operating expenses in the accompanying combined statement of income. For finance leases, the lessee recognizes interest expense and amortization of the ROU asset. The Company's leases do not contain any residual value guarantees or material restrictive covenants.

The Company elected the short-term lease practical expedient, which allows the Company to not record an operating lease ROU asset and operating lease liability for any lease with a term of twelve months or less at lease commencement, and also elected the single component practical expedient for all asset classes, which allows the Company to include both lease and non-lease components associated with a lease as a single lease component when determining the value of the operating lease ROU asset and operating lease liability.

**Change in accounting principle:** In March 2023, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2023-01, *Leases (Topic 842): Common Control Arrangements*. The ASU is effective for fiscal years beginning after December 15, 2023, although early adoption is permitted. The Company did not early adopt the ASU.

This ASU modifies the guidance for related party arrangements between entities under common control ("common control arrangements"), introducing a practical expedient for private companies. The expedient allows these entities to use the written terms and conditions of a common control arrangement to determine whether a lease exists and, if so, to classify and account for that lease without evaluating the legal enforceability of the terms and conditions required under ASC Topic 842. This practical expedient may be adopted on a prospective basis for all new or modified arrangements from the adoption date or retrospectively to the beginning of the period in which the entity first applied ASC 842.

In addition to the practical expedient, the ASU amends the guidance in ASC 842 related to accounting for leasehold improvements under common control arrangements. The ASU requires that leasehold improvements be amortized by the lessee over the useful life of the leasehold improvements as determined by the common control group, regardless of the lease term, provided the lessee controls the use of the underlying leased asset. If the lessee no longer controls the use of the underlying asset, the ASU requires that the leasehold improvements be accounted for as a transfer of equity between the lessee and the lessor. This amendment may be adopted on a prospective basis for all new and existing leasehold improvements as of the adoption date, or retrospectively to the beginning of the period in which the entity first applied ASC 842.

The Company adopted both provisions of this ASU effective January 1, 2024, applying them retrospectively to January 1, 2022, the date the Company first applied ASC 842. There was no cumulative effect on members' equity as a result of the adoption. The adoption of the ASU did not result in a change to the Company's lease accounting policy or leasehold improvement amortization policy. See Note 6 for further disclosures regarding the Company's lease arrangements.

**Subsequent events:** In preparing these combined financial statements, management has evaluated events and transactions for potential recognition or disclosure through June 19, 2025, the date the combined financial statements were available to be issued.

## **NOTE 2 – PROPERTY AND EQUIPMENT**

Property and equipment at December 31, 2024 consists of the following:

Leasehold improvements	\$	7,301,205
Furniture, fixtures, and equipment		<u>3,144,502</u>
		10,445,707
Less - accumulated depreciation and amortization		<u>2,689,192</u>
		7,756,515
Construction-in-process		<u>1,462,045</u>
	\$	<u>9,218,560</u>

Depreciation and amortization expense totaled \$1,143,905 in 2024.

Construction-in-process consists of costs incurred for various Facilities improvements by the Company. These projects have not yet been completed and placed into service as of December 31, 2024. No provision for depreciation is recorded on construction-in-process until such time as the relevant assets are completed and placed in service.

### NOTE 3 – INVESTMENT PORTFOLIO

The Company's investment portfolio at December 31, 2024 is summarized as follows:

	<u>Shares</u>	<u>Carrying Value</u>
Mutual fund securities	3,707	\$ 1,162,549
Equity securities	22,878	3,019,958
Options	7	<u>749</u>
		<u>\$ 4,183,256</u>

The Company's investment portfolio appreciated in value as follows in 2024:

Net gain recognized during the year on securities	\$ 950,567
Less: realized gain recognized during year on securities sold	<u>81,928</u>
Unrealized gain recognized during year on securities still held	<u>\$ 868,639</u>

Unrealized gains on investments totaled \$868,639 for 2024, which are included along with \$81,928 of realized gains for a net change in fair value of investments of \$950,567 in the accompanying combined statement of income. Dividend income from investments totaled \$39,482 for 2024. These amounts are presented in other income (expense) in the accompanying combined statement of income.

The cost basis of the securities held in the investment portfolio totaled \$2,695,930 at December 31, 2024. The securities collateralize one of the revolving lines of credit (see Note 4). The underlying investments are valued at quoted market values. Therefore, they have been classified as Level 1 investments.

Mutual funds securities have an average yield of 1.05% and equity securities an average yield of 0.75%.

### NOTE 4 – REVOLVING LINES OF CREDIT

Gardenview Opco LLC has a \$2,000,000 revolving line of credit agreement with a financial institution under which Gardenview Opco LLC may borrow, subject to certain borrowing base limitations. The line of credit is secured by the investment portfolio (see Note 3) and is guaranteed by the members and certain affiliated entities of Gardenview Opco LLC. The interest rate at December 31, 2024 was 5.38%. The line of credit remains active if the collateral investment portfolio is in excess of the outstanding balance. The outstanding balance on the line of credit at December 31, 2024 totaled \$1,731,741.



In addition, Gardenview Opco, LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC have a \$7,000,000 revolving line of credit agreement with a financial institution under which Gardenview Opco, LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC may borrow, subject to certain borrowing base limitations. Until January 28, 2025, the maximum availability under the line was \$7,000,000 at which time it was reduced to \$4,500,000 through an amendment of the agreement and the establishment of an additional \$2,500,000 line of credit as described in Note 12. Borrowings under the line incur interest at the one-month Secured Overnight Financing Rate (“SOFR”) (4.55% at December 31, 2024) plus an applicable base rate margin of 3.25%. The rate at December 31, 2024 was 7.80%. The line of credit is scheduled to mature December 22, 2025. The outstanding balance on the line of credit at December 31, 2024 totaled \$6,261,351. The line of credit is secured by the assets of Gardenview Opco, LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC and is guaranteed by their members. The agreement contains certain restrictions and financial covenants. As of December 31, 2024, Gardenview Opco, LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC were not in compliance with certain financial covenants. However, on January 28, 2025, this line of credit agreement was amended (see Note 12).

Sewell SNF Operations LLC and West Deptford SNF Operations LLC have a \$4,500,000 revolving line of credit agreement with a financial institution under which they may borrow, subject to certain borrowing base limitations. The line of credit matures in August 2025. Borrowings under the line bear interest at the one-month Secured Overnight Financing Rate (4.34% at December 31, 2024) plus an applicable base rate margin of 3.00%. The interest rate at December 31, 2024 was 7.34%. The outstanding balance on the line of credit at December 31, 2024 is \$3,520,609. The line of credit is secured by the assets of Sewell SNF Operations LLC and West Deptford SNF Operations LLC and is guaranteed by their member. The loan agreement contains certain restrictions with which Sewell SNF Operations LLC and West Deptford SNF Operations LLC were in compliance at December 31, 2024.

Cranford SNF LLC and Rivers Edge SNF LLC have available a \$4,500,000 bank demand revolving line of credit under which they may borrow, subject to certain borrowing base limitations. The line of credit matures in May 2027. Borrowings under the line bear interest at the greater of the Prime Rate (7.50% at December 31, 2024) plus 2.0%; or 5.50%. The interest rate at December 31, 2024 is 9.50%. There is no outstanding balance on the line of credit at December 31, 2024. Borrowings are collateralized by substantially all assets of Cranford SNF LLC and Rivers Edge SNF LLC and are guaranteed by their members. The line of credit agreement contains certain restrictions and financial covenants with which Cranford SNF LLC and Rivers Edge SNF LLC were in compliance at December 31, 2024.

Cinnaminson Nursing LLC has a \$2,000,000 revolving line of credit agreement with a financial institution under which it may borrow, subject to certain borrowing base limitations. The line of credit matures in July 2026. Borrowings under the line bear interest at the one-month Secured Overnight Financing Rate (4.56% at December 31, 2024), subject to a minimum rate of 1.25%, plus an applicable base rate margin of 4.25%. The interest rate at December 31, 2024 was 8.81%. The outstanding balance on the line of credit at December 31, 2024 is \$750. Cinnaminson Nursing LLC is assessed a monthly unused line fee equal to the borrowing commitment less the average outstanding daily balance during the previous month multiplied by .03%. In addition, the Cinnaminson Nursing LLC is charged a collateral management fee equal to the average outstanding daily balance during the previous month multiplied by .04%. The line of credit is secured by the assets of Cinnaminson Nursing LLC and is guaranteed by its member. The agreement contains certain restrictions and financial covenants with which Cinnaminson Nursing LLC was in compliance at December 31, 2024.

Cranbury SNF Operations LLC entered into a line of credit agreement in September 2022. The line of credit has a total availability of \$1,500,000 under which it may borrow, subject to certain borrowing limitations. Borrowings under the line bear interest, payable monthly at the Prime Rate (7.50% at December 31, 2024) plus an applicable margin of 0.50% per annum with a minimum of 3.75%. The interest rate at December 31, 2024 was 8.0%. There was no outstanding balance on the line of credit at December 31, 2024. Borrowings are collateralized by substantially all assets of Cranbury SNF Operations LLC and are guaranteed by certain individual members of Cranbury SNF Operations LLC's sole member holding company. The agreement contains certain restrictions and financial covenants. As of December 31, 2024, Cranbury SNF Operations LLC is in compliance with the financial covenants.

Maywood SNF Operations LLC has a \$1,500,000 revolving line of credit agreement with a financial institution under which it may borrow, subject to certain borrowing base limitations. The line of credit matures in December 2026. The maturity date may be extended for an additional two years. Borrowings under the line bear interest at the one-month Secured Overnight Financing Rate (4.34% at December 31, 2024), plus an applicable base rate margin of 3.00%. The interest rate at December 31, 2024 was 7.34%. Maywood SNF Operations LLC was not drawn on the line of credit at December 31, 2024. The line of credit is secured by the assets of Maywood SNF Operations LLC and is guaranteed by its the members. The agreement contains certain restrictions and financial covenants with which Maywood SNF Operations LLC was in compliance at December 31, 2024.

Hazel Street Operations, LLC had an agreement for a \$2,500,000 line of credit which was scheduled to mature in November 2024. Borrowings under the line bore interest at the greater of the Prime Rate plus 1.75% or 5.50%. In September 2024, Hazel Street Operations, LLC fully repaid the line of credit and entered into a new line of credit agreement with another financial institution with a total availability of \$1,500,000. The line of credit matures on September 6, 2025. Borrowings under the line bear interest at the greater of the adjusted one-month Secured Overnight Financing Rate or 0.25% (4.60% at December 31, 2024) plus 3.25%. The rate in effect at December 31, 2024 was 7.85%. The outstanding balance on the line of credit is \$1,500,000 at December 31, 2024. The loan agreement contains certain restrictions and financial covenants with which Hazel Street Operations, LLC was in compliance at December 31, 2024.

#### **NOTE 5 – NOTES PAYABLE**

**Note payable – Paycheck Protection Program:** During 2020, Cinnaminson Nursing LLC received loan proceeds in the amount of \$865,330 under the Small Business Administration's Paycheck Protection Program (the "Program") pursuant to the CARES Act, which was signed into law on March 27, 2020. Under the Program, all or a portion of the loan and accrued interest may be forgiven in accordance with the Program requirements. There are no payments of interest or principal amortization due on the loan until a final determination is made that any portion of the loan will not be forgiven. Any amounts not forgiven under the Program will be payable in equal installments of principal plus any interest owed.

During 2021, the Company applied for and received partial forgiveness of the loan. During 2022, the Company began making principal and interest payments on the unforgiven portion of the loan, which totaled \$246,442. The loan matures in April 2025 and bears interest at 1% annually. The balance of the loan is \$42,498 at December 31, 2024. Interest expense in 2024 was \$826. Principal payments in 2025 are \$42,498.

**Gardenview Mortgage note payable:** Gardenview Opco LLC, Matawan SNF Operations LLC, and Woodbury SNF Operations LLC together with their affiliated lessors, Meadow Heights Realty, LLC, 38 Freneau Avenue Realty LLC, and 467 Cooper Street Realty Urban Renewal, LLC entered into a mortgage note payable in September 2022 in the amount of \$117,955,265, in connection with the acquisition of the assets of 38 Freneau Avenue Realty LLC and 467 Cooper Street Realty Urban Renewal, LLC and the refinancing of Meadow Heights Realty, LLC's existing notes payable. The loan is carried on the financial statements of the lessors and, as of December 31, 2024, had an outstanding balance of \$116,860,518. As of December 31, 2024, the Companies do not have an outstanding balance on the mortgage loan payable. However, as co-borrowers, the Companies are contingently liable as guarantors with respect to the mortgage indebtedness of the lessors. Should the lessors be in default on their debt payments, the Companies may be obligated to perform under the guarantee by primarily making the required payments, including late fees and penalties.

Fifty percent of the mortgage note payable (\$58,977,633) is subject to an interest rate swap agreement (the "swap portion"). Interest only payments at the swap interest rate of 7.22% are due monthly on the swap portion through March 2024. Beginning in April 2024, principal and interest payments at the swap rate are due monthly through September 2026. Beginning in October 2026, principal and interest payments based on a 25-year amortization schedule are due monthly through March 2029, at which time all unpaid principal and interest of the swap portion are due.

The portion of the mortgage note payable not subject to the interest rate swap agreement totaled \$58,977,633 (the "non-swap portion"). Interest only payments are based on the one-month SOFR rate (4.55% at December 31, 2024) plus an applicable base rate margin of 3.25% which are due monthly on the non-swap portion through March 2024. Beginning in April 2024, principal and interest payments based on a 25-year amortization schedule are due monthly through March 2029, at which time all unpaid principal and interest on the non-swap portion are due. The interest rate at December 31, 2024 on the non-swap portion was 7.80%.

Future principal payments required on the mortgage note payable at December 31, 2024 are \$1,830,240 in 2025, \$1,944,262 in 2026, \$2,091,473 in 2027, \$2,226,198 in 2028, and \$108,768,345 in 2029. The affiliated lessors have a one-year extension option on the note.

The mortgage note payable is secured by all assets of Gardenview Opco LLC, Matawan SNF Operations LLC, Woodbury SNF Operations LLC, and the affiliated lessors, and is guaranteed by the Company's members. The Company anticipates that the affiliated lessors will extend the note's maturity. The mortgage note payable contains certain restrictions and financial covenants. As of December 31, 2024, the Company was not in compliance with certain financial covenants. However, on January 28, 2025, the Company amended and restated its mortgage note payable (see Note 12).

**Cranbury SNF Operations LLC mortgage note payable:** Cranbury SNF Operations LLC and its affiliated lessor entered into a mortgage loan in September 2022 to refinance the mortgage note used to finance the lessor's purchase of the Facility in 2021. The total mortgage note commitment is \$30,160,000. The loan is carried on the financial statements of the lessor and, as of December 31, 2024, had an outstanding balance of \$29,145,781. As of December 31, 2024, Cranbury SNF Operations LLC does not have an outstanding balance on the mortgage loan payable. However, as a co-borrower, Cranbury SNF Operations LLC is contingently liable as a guarantor with respect to the mortgage indebtedness of the lessor. Should the lessor be in default on its debt payments, Cranbury SNF Operations LLC may be obligated to perform under the guarantee by primarily making the required payments, including late fees and penalties. The mortgage note matures in September 2025 and contains an option for two 1-year renewals. The mortgage note payable bears interest at the Secured Overnight Financing Rate ("SOFR"), as defined in the mortgage loan payable agreement, plus a margin of 3.25%. The interest rate at December 31, 2024 is 7.80%. The note agreement requires monthly interest payments for the first year and monthly principal plus interest payments (based on a 25-year amortization schedule) through the note's maturity date at which time the remaining interest and principal balance are due. Borrowings are collateralized by substantially all the assets of Cranbury SNF Operations LLC and its affiliated lessor and are guaranteed by certain members of the Company. The mortgage note agreement contains certain restrictions and financial covenants. As of December 31, 2024, Cranbury SNF Operations LLC is in compliance with these restrictions and financial covenants.

**Maywood SNF Operations LLC mortgage note payable:** Maywood SNF Operations LLC and its affiliated lessor, Maywood SNF Realty LLC, entered into a mortgage loan in December 2023 to refinance the mortgage note used to finance the lessor's purchase of the Facility in 2020. The total mortgage note commitment is \$41,000,000. The loan is carried on the financial statements of the lessor and, as of December 31, 2024, had an outstanding balance of \$41,000,000. As of December 31, 2024, Maywood SNF Operations LLC does not have an outstanding balance on the mortgage loan payable. However, as a co-borrower, Maywood SNF Operations LLC is contingently liable as a guarantor with respect to the mortgage indebtedness of the lessor. Should the lessor be in default on its debt payments, Maywood SNF Operations LLC may be obligated to perform under the guarantee by primarily making the required payments, including late fees and penalties. The mortgage note matures in December 2026 and contains an option for two 1-year renewals.

A portion of the mortgage note payable (\$36,000,000) is subject to SOFR interest rate swap agreements (the "swap portion"). Interest only payments at the swap interest rate of 7.18% on \$18,000,000 and 7.28% on the other \$18,000,000 are due monthly through maturity. The non-swap portion of the mortgage note payable bears interest at the Secured Overnight Financing Rate ("SOFR"), as defined in the mortgage loan payable agreement, plus a margin of 3.10%. The interest rate at December 31, 2024 is 7.47%. The note agreement requires monthly interest only payments through the note's maturity date at which time the remaining interest and principal balance are due. Borrowings are collateralized by substantially all the assets of Maywood SNF Operations LLC and Maywood SNF Realty LLC and are guaranteed by certain members of the Company. The mortgage note agreement contains certain restrictions and financial covenants. As of December 31, 2024, Maywood SNF Operations LLC is in compliance with these restrictions and financial covenants.

**Hazel Street Operations LLC mortgage note payable:** Hazel Street Operations LLC and its affiliated lessor entered into a mortgage loan in September 2024 to refinance the mortgage note used to finance the lessor's purchase of the Facility in 2022. The total mortgage note commitment is \$39,000,000. The loan is carried on the financial statements of the lessor and, as of December 31, 2024, had an outstanding balance of \$39,000,000. As of December 31, 2024, Hazel Street Operations LLC does not have an outstanding balance on the mortgage loan payable. However, as a co-borrower, Hazel Street Operations LLC is contingently liable as a guarantor with respect to the mortgage indebtedness of the lessor. Should the lessor be in default on its debt payments, Hazel Street Operations LLC may be obligated to perform under the guarantee by primarily making the required payments, including late fees and penalties. The mortgage note matures in September 2027 and contains an option for one 1-year renewal. The mortgage note payable bears interest at the greater of the adjusted one-month Secured Overnight Financing Rate or 0.25% (4.60% at December 31, 2024) plus 3.25%. The rate in effect at December 31, 2024 was 7.85%. The note agreement requires monthly interest payments for the first year and monthly principal plus interest payments (based on a 25-year amortization schedule) through the note's maturity date at which time the remaining interest and principal balance are due. Borrowings are collateralized by substantially all the assets of Hazel Street Operations LLC and the affiliated lessor and are guaranteed by the members of the Company. The mortgage note agreement contains certain restrictions and financial covenants. As of December 31, 2024, Hazel Street Operations LLC is in compliance with these restrictions and financial covenants.

#### **NOTE 6 – OPERATING LEASES**

**Gardenview Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC:** Gardenview Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC lease the Facilities from Meadow Heights Realty, LLC, 38 Freneau Avenue Realty LLC, and 467 Cooper Street Realty Urban Renewal, LLC, related entities, under ten-year lease agreements. The leases are accounted for as operating leases and expire in August 2032. The leases require total combined annual payments of \$12,400,000 in year one, which increase 1.5% annually throughout the term of the leases. Prepaid lease expense totaled \$748,670 at December 31, 2024 and is included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	\$ 13,271,375
Variable lease expense	-
	<hr/>
Total operating lease expense	<u>\$ 13,271,375</u>

The leases are on a triple-net basis; therefore, Gardenview Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC are responsible for the payment of property taxes, insurance, maintenance, and various other use and occupancy costs.

Future minimum lease payments under the noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	\$ 12,822,695
2026	13,015,036
2027	13,210,261
2028	13,408,415
2029	13,609,542
Thereafter	<u>38,468,102</u>
Total minimum lease payments	104,534,051
Less: imputed interest	<u>21,797,904</u>
Present value of minimum lease payments	<u>\$ 82,736,147</u>

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	\$ 12,633,197
Weighted average remaining lease term (years)	7.75
Weighted average discount rate	6.25%

**Sewell SNF Operations LLC and West Deptford SNF Operations LLC**: Sewell SNF Operations LLC and West Deptford SNF Operations LLC lease the Facilities, and substantially all the furniture and equipment needed to operate the Facilities, via a master leasing arrangement with an unrelated lessor. The lease is accounted for as an operating lease with a twenty-year lease term and expires in 2043. The combined monthly base lease payments were \$416,243 in 2024. The base lease payments vary according to a lease payment schedule for the first five years of the lease and then increase 3% annually beginning in lease year six until the lease expires. Prepaid lease expense is \$516,653 at December 31, 2024 and is included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	\$ 5,917,901
Variable lease expense	<u>10,867</u>
Total operating lease expense	<u>\$ 5,928,768</u>

The lease is on a triple net basis; therefore, Sewell SNF Operations LLC and West Deptford SNF Operations LLC are responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Sewell SNF Operations LLC and West Deptford SNF Operations LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	\$ 5,118,039
2026	4,781,680
2027	4,880,712
2028	5,027,133
2029	5,177,947
Thereafter	<u>83,929,339</u>
Total minimum lease payments	108,914,850
Less: imputed interest	<u>51,365,728</u>
Present value of minimum lease payments	<u>\$ 57,549,122</u>

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	\$ 4,984,043
Weighted average remaining lease term (years)	18.08
Weighted average discount rate	7.31%

In 2023, Sewell SNF Realty LLC and West Deptford SNF Realty LLC (the Propcos) entered into a purchase option agreement to purchase the Facilities from the lessor for \$53,130,000. The option is available during year four of the lease agreement (January 25, 2026 through January 24, 2027). The Propcos were required to deposit \$5,255,258 with the title company. In September 2023, in connection with another lease agreement between the lessor and other related parties, the required deposit was decreased by \$3,000,000. During 2023, Sewell SNF Operations LLC and West Deptford SNF Operations LLC remitted \$2,255,258 on behalf of the Propcos related to this deposit and recorded such amount as advances receivable from the Propcos, which is included in advances receivable – affiliates on the accompanying combined balance sheet.

As described in Note 1, the Company does not consolidate the financial statements of the Propcos. The Company's exposure to loss represents the potential loss of assets by the Company relating to the Propcos. As of December 31, 2024, the advances to the Propcos represent the Company's maximum exposure to loss related to the Propcos. Management of the Company expects the risk of loss to be remote.

The lease requires Sewell SNF Operations LLC and West Deptford SNF Operations LLC to deposit \$350 (which will be increased by 3% every year) per licensed bed in a capital reserve escrow with the lessor or expend out of its own resources on Facility improvements during each lease year. The escrow totaled \$129,431 at December 31, 2024. The Company was in compliance with this requirement.

The lease agreement contains certain restrictions and financial reporting requirements. As of December 31, 2024, Sewell SNF Operations LLC and West Deptford SNF Operations LLC were in compliance with the restrictions and financial reporting requirements.

**Cranford SNF LLC and Rivers Edge SNF LLC:** Cranford SNF LLC and Rivers Edge SNF LLC lease the skilled nursing facilities, and substantially all the furniture and equipment needed to operate the facilities, via a master leasing arrangement with an unrelated lessor. The individual Facility leases are accounted for as operating leases with an initial twenty-year lease term and collectively expire in 2041. The combined monthly base lease payments ranged from \$309,067 to \$313,704 in 2024. The base lease payments increase 1.5% on the commencement date anniversary until the lease expires. Prepaid lease payments totaled \$120,641 at December 31, 2024 which is included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	\$ 4,162,258
Variable lease expense	<u>33,333</u>
Total operating lease expense	<u>\$ 4,195,591</u>

The lease is on a triple net basis; therefore, Cranford SNF LLC and Rivers Edge SNF LLC are responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Cranford SNF LLC and Rivers Edge SNF LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

<u>Year ending December 31,</u>	<u>Amount</u>
2025	\$ 3,802,088
2026	3,859,116
2027	3,917,004
2028	3,975,756
2029	4,035,396
Thereafter	<u>50,183,416</u>
Total minimum lease payments	69,772,776
Less: imputed interest	<u>25,218,788</u>
Present value of minimum lease payments	<u>\$ 44,553,988</u>

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	\$ 3,745,900
Weighted average remaining lease term (years)	16.33
Weighted average discount rate	5.75%

The lease agreement contains certain restrictions, financial reporting requirements and financial ratio covenants. As of December 31, 2024, Cranford SNF LLC and Rivers Edge SNF LLC were in compliance with the financial covenants.



As part of the transfer of operations agreement, Cranford SNF LLC has assumed an agreement to lease a portion of its Facility to an unrelated third party. The agreement expires in August 2027 and requires annual lease payments of \$200,840 and certain additional charges for maintenance and janitorial services. Lease revenue totaled \$200,840 in 2024.

**Cinnaminson Nursing LLC**: Cinnaminson Nursing LLC leases the Facility from Spectrum Propco Realty LLC, a related entity. The lease is accounted for as an operating lease and expires in June 2030. The lease contains three ten-year renewal options. The monthly lease payment was \$200,000 through October 2024 and \$165,000 from November 2024 and through the expiration date. Prepaid lease payments totaled \$179,789 at December 31, 2024 and are included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	\$ 2,330,000
Variable lease expense	-
Total operating lease expense	<u>\$ 2,330,000</u>

The lease is on a triple net basis; therefore, Cinnaminson Nursing LLC is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Cinnaminson Nursing LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

<u>Year ending December 31,</u>	<u>Amount</u>
2025	\$ 1,980,000
2026	1,980,000
2027	1,980,000
2028	1,980,000
2029	1,980,000
Thereafter	<u>990,000</u>
Total minimum lease payments	10,890,000
Less: imputed interest	<u>1,468,272</u>
Present value of minimum lease payments	<u>\$ 9,421,728</u>

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	\$ 2,330,000
Weighted average remaining lease term (years)	5.5
Weighted average discount rate	5.50%

**Cranbury SNF Operations LLC**: Cranbury SNF Operations LLC leases the Facility from Cranbury SNF Realty LLC, a related entity. The lease is accounted for as an operating lease and expires in August 2031 with four 5-year renewal options. These renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Annual lease payment increases are 2.5% through the expiration date. Prepaid lease payments totaled \$247,034 at December 31, 2024 which is included in prepaid expenses and other current assets in the accompanying combined balance sheet. The lease is on a triple-net basis; therefore, Cranbury SNF Operations LLC is responsible for the payment of property taxes, insurance, maintenance, and various other use and occupancy costs.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	\$ 2,688,812
Variable lease expense	<u>219,288</u>
Total operating lease expense	<u>\$ 2,908,100</u>

Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

<u>Year ending December 31,</u>	<u>Amount</u>
2025	\$ 2,606,076
2026	2,671,232
2027	2,738,012
2028	2,806,460
2029	2,876,620
Thereafter	<u>4,946,724</u>
Total minimum lease payments	18,645,124
Less: imputed interest	<u>2,614,283</u>
Present value of minimum lease payments	<u>\$ 16,030,841</u>

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	\$ 2,542,512
Weighted average remaining lease term (years)	6.67
Weighted average discount rate	4.59%

**Maywood SNF Operations LLC**: Maywood SNF Operations LLC leases the Facility from Maywood SNF Realty LLC, a related entity. The lease is accounted for as an operating lease and expires in December 2030. The lease contains three ten-year renewal options. The monthly lease payment was \$240,000 through November 2023 at which point the lease was amended to increase the monthly lease payment to \$300,000 through the expiration date. Maywood SNF Operations LLC is subject to additional lease payments under certain circumstances defined in the agreement. Prepaid lease payments totaled \$325,161 at December 31, 2024 and are included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	\$ 3,600,000
Variable lease expense	<u>5,242</u>
Total operating lease expense	<u>\$ 3,605,242</u>

The lease is on a triple net basis; therefore, Maywood SNF Operations LLC is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Maywood SNF Operations LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

<u>Year ending December 31,</u>	<u>Amount</u>
2025	\$ 3,600,000
2026	3,600,000
2027	3,600,000
2028	3,600,000
2029	3,600,000
Thereafter	<u>3,600,000</u>
Total minimum lease payments	21,600,000
Less: imputed interest	<u>3,153,612</u>
Present value of minimum lease payments	<u>\$ 18,446,388</u>

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	\$ 3,600,000
Weighted average remaining lease term (years)	6.00
Weighted average discount rate	5.50%

**Hazel Street Operations LLC**: Hazel Street Operations LLC leases the Facility from 155 Hazel Street LLC, a related entity. The lease is accounted for as an operating lease and expires in June 2027. The monthly lease payment is \$300,000 for the first year of the lease and increases by 3% from the previous year on each lease commencement anniversary date. Prepaid lease payments totaled \$318,270 at December 31, 2024 and are included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	\$ 3,766,711
Variable lease expense	<u>-</u>
Total operating lease expense	<u>\$ 3,766,711</u>

The lease is on a triple net basis; therefore, Hazel Street Operations LLC is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Hazel Street Operations LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

<u>Year ending December 31,</u>	<u>Amount</u>
2025	\$ 3,879,074
2026	3,995,449
2027	<u>1,935,877</u>
Total minimum lease payments	9,810,400
Less: imputed interest	<u>731,523</u>
Present value of minimum lease payments	<u>\$ 9,078,877</u>

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	\$ 3,766,092
Weighted average remaining lease term (years)	2.5
Weighted average discount rate	6.50%

**Mystic Meadows SNF LLC**: Mystic Meadows SNF LLC leases the Facility from an unrelated lessor. The lease is accounted for as an operating lease and expires in April 2029. The monthly lease payment is \$150,000 for the first year of the lease and increases by 1.5% from the previous year on each lease commencement anniversary date. Prepaid lease payments totaled \$189,278 at December 31, 2024 and are included in prepaid expenses and other current assets in the accompanying combined balance sheet.

The following table summarizes the components of the lease expense recognized for the year ended December 31, 2024:

Operating lease expense	\$ 1,906,242
Variable lease expense	<u>16,667</u>
Total operating lease expense	<u>\$ 1,922,909</u>

The lease is on a triple net basis; therefore, Mystic Meadows SNF LLC is responsible for all expenses related to the insurance and real estate taxes incurred on the property. Repairs and maintenance and utilities are also paid by Mystic Meadows SNF LLC.

Renewal options are included in the calculation of the right-to-use asset and lease liability only if they are reasonably certain of exercise. Future minimum lease payments under noncancelable leases with initial or remaining lease terms in excess of one year as of December 31, 2024 are as follows:

Year ending December 31,	Amount
2025	\$ 1,901,043
2026	1,929,559
2027	1,958,502
2028	1,987,880
2029	665,908
	<hr/>
Total minimum lease payments	8,442,892
Less: imputed interest	959,490
	<hr/>
Present value of minimum lease payments	<u>\$ 7,483,402</u>

The following table presents other supplemental lease information at December 31, 2024:

Cash paid for amounts included in the measurement of lease liabilities	\$ 1,872,949
Weighted average remaining lease term (years)	4.33
Weighted average discount rate	5.75%

The Company does not have any material leases that have been signed but have yet to commence as of December 31, 2024.

## NOTE 7 – RELATED PARTY TRANSACTIONS

**Advances receivable - affiliates:** The Company has made advances to various entities affiliated with the Company through common ownership in order to accommodate certain cash flow needs of the affiliated entities. The advances are non-interest bearing and totaled \$16,643,200 as of December 31, 2024. These amounts are classified as advances receivable - affiliates in the accompanying combined balance sheet. Management does not expect to fully collect the balance within twelve months of the balance sheet date; therefore, these amounts advanced to affiliates have been classified as a long-term asset in the accompanying combined balance sheet.

**Advances payable - affiliates:** The Company has received cash advances from various entities affiliated with the Company through common ownership in order to accommodate certain cash flow needs of the Company. The advances are non-interest bearing and totaled \$18,408,111 as of December 31, 2024. Management does not expect to fully repay the balance within twelve months of the balance sheet date; therefore, these advances from affiliates have been classified as a non-current liability in the accompanying combined balance sheet.

**Advances receivable - members:** The Company has made cash advances to certain members of the Company. The advances are non-interest bearing and totaled \$360,941 as of December 31, 2024. Management does not expect to fully collect the balance within twelve months of the balance sheet date; therefore, these advances to members have been classified as a non-current asset in the accompanying combined balance sheet.

**Advances payable - members:** The Company has received cash from certain members of the Company in order to accommodate certain cash flow needs of the Company. The advances are non-interest bearing and totaled \$6,770,365 as of December 31, 2024. Management does not expect to fully repay the balance within twelve months of the balance sheet date; therefore, these advances from members have been classified as a non-current liability in the accompanying combined balance sheet.

**Management fees:** The Companies have agreements to purchase management services from entities related to the Companies through common ownership. Under the terms of the agreements, the Companies are generally required to pay 5% of revenues in exchange for the management services and to reimburse the management companies for the actual cost of managerial services. Management fees incurred and reimbursed costs under these agreements totaled \$12,723,253 in 2024. Management fees payable totaled \$1,387,406 at December 31, 2024 and are presented as accounts payable – related parties in the accompanying combined balance sheet.

As described in Note 1, the Companies do not consolidate the financial statements of the management companies. The Companies' exposure to loss represents the potential loss of assets by the Companies relating to the non-consolidated management companies. As of December 31, 2024, the Companies' maximum exposure to loss related to the management companies is not significant.

**Facility leases:** As described in Note 6, some of the Companies lease their facilities from entities related through common ownership. As described in Note 1, the Companies do not consolidate the financial statements of these related lessors. The Companies' exposure to loss represents the potential loss of assets by the Companies relating to the non-consolidated lessors. As of December 31, 2024, the Companies' maximum exposure to loss related to those lessors is not significant.

## **NOTE 8 – COMMITMENTS AND CONTINGENCIES**

**Legal actions and claims:** The Company, at times, may be party to various legal actions and claims arising in the ordinary course of its business. The Company's management believes that the ultimate disposition of these matters will not have a material adverse effect on the Company's combined financial position or results of operations.

**Professional liability insurance:** The Companies have general and professional liability insurance policies ("GL/PL"), with coverage on a claims-made basis. The GL/PL coverage, on a per facility basis, has a limit of \$1,000,000 per occurrence and a \$3,000,000 annual aggregate. These policies are renewed annually.

There is currently no pending medical malpractice litigation against the Company, nor is management aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits. Based on a review of historical claims experience, management has determined that no liability is necessary at December 31, 2024. As such, the Company has not recorded anticipated insurance claims liabilities and related insurance recoveries for medical malpractice claims and similar contingent liabilities as of year-end. The cost of this insurance policy represents the Company's costs for premiums and any claims for the year, which is charged to operations as a current expense.

**Self-insured health care plan:** The Company self-insures its employer provided health care insurance. The Company has entered into an agreement with an unrelated third-party broker to administer its self-insured plan. Claims in excess of certain limits are covered by a stop-loss policy. Monthly premiums paid by the Company per employee, as determined by the broker, are based on historical data and are expected to partially cover all claims both incurred and reported during a typical year and claims incurred but not yet reported, in addition to all costs associated with administering the Plan. The Company records an estimated accrual, when appropriate, if the Company has determined that claims incurred will exceed the amount of premiums paid or reflects a prepaid health insurance premium asset when premiums paid are determined to exceed the total estimate of claims for the year. The administrator of the plan then adjusts the subsequent year per employee premium taking into account any estimated over or underpayment into the insurance claims fund. At December 31, 2024, the Company recorded an accrued liability of \$754,272 to account for claims incurred but not reported as of December 31, 2024. The related liability is included in accrued payroll and related costs in the accompanying combined balance sheet.

**Collective bargaining agreements:** At December 31, 2024, a significant portion of the Company's Facilities labor force is covered by collective bargaining agreements.

## **NOTE 9 – EMPLOYEE BENEFIT PLAN**

The Company sponsors a 401(k) profit-sharing plan covering substantially all employees of the Company. Participants may elect to defer a portion of their annual compensation by contributing to the 401(k) plan, subject to plan provisions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. In accordance with the plan agreement, the Company may make discretionary matching contributions. Employer contribution expense totaled \$32,998 in 2024 and is reported within general and administrative expense in the accompanying combined statement of income.

## **NOTE 10 – CONCENTRATIONS**

**Medicare and Medicaid:** Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. All of the Company's 1,951 beds are designated for care of patients in New Jersey's Medicaid program.

The following table summarizes net resident service revenues with customers by payor source for 2024:

Medicare	\$ 94,603,289	38.0%
Medicaid	106,684,832	42.8%
Managed Medicare	22,060,597	8.8%
Private Pay	18,386,584	7.4%
Other	<u>7,539,444</u>	<u>3.0%</u>
Total	<u>\$ 249,274,746</u>	<u>100.0%</u>

The Company grants credit, without collateral, to its patients, most of whom are local residents and insured under third-party payor agreements. Receivables from residents and third-party payors at December 31, 2024 are summarized in the following table:

Medicare	\$ 10,758,325	25.0%
Medicaid	14,629,471	34.0%
Managed Medicare	8,142,179	19.0%
Private Pay	15,884,131	37.0%
Other	<u>1,624,715</u>	<u>3.8%</u>
	51,038,821	118.8%
Less: allowance for credit losses	<u>8,086,350</u>	<u>18.8%</u>
Total	<u>\$ 42,952,471</u>	<u>100.0%</u>

The Company's future profitable operation is largely dependent on the laws and regulations governing the Medicare and Medicaid programs. The Company does not expect any changes in the near term in the laws and regulations governing the Medicare and Medicaid programs that could unfavorably impact the Company's results of operations. The Company believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegation of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

#### *Medicare Reimbursement*

For Medicare reimbursement, the Patient Driven Payment Model (PDPM) is used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for classifying SNF residents in a covered Medicare Part A stay. Under PDPM, payments are derived primarily from resident characteristics. The model separately identifies and adjusts five different case-mix components for the varied needs and characteristics of a resident's care and then combines these with a non-case-mix component to determine the full SNF PPS Per Diem rate for that resident. Every patient gets classified into one case-mix group in each of the five components. Based on that case-mix group and their associated case-mix index, each component then contributes to the total Per Diem payment.

#### *New Jersey Medicaid Reimbursement*

The Medicaid reimbursement system for nursing facilities in the State of New Jersey (the "State") is a managed care reimbursement model. Under this model, the State provides funding to managed care organizations ("MCOs") to coordinate all healthcare services, including long-term care services, for Medicaid beneficiaries. In turn, the MCOs will reimburse nursing facilities for services rendered to Medicaid beneficiaries admitted to nursing facilities. The reimbursement received by the nursing facilities is negotiated between the MCOs and the nursing facilities.



The Centers for Medicare and Medicaid Services (“CMS”) approved a State Plan implementing a provider assessment (the “Assessment”) charged to the state’s nursing homes. The Assessment requires all nonexempt New Jersey nursing homes to pay a fee to the Department of Health and Social Services (“DHSS”) based upon all non-Medicare days. Assessment fees were applied to each non-Medicare census day at a rate of \$14.67 per day. Assessment fees are paid on a quarterly basis. Assessment fees totaled \$6,609,878 in 2024 and are included in operating expenses in the accompanying combined statement of income. Assessment fees payable totaled \$1,687,637 at December 31, 2024 and are included in accounts payable in the accompanying combined balance sheet.

#### **NOTE 11 – MEMBERS’ EQUITY**

The Companies have one class of membership units, for which the respective rights, preferences, and privileges are defined in the operating agreements, except for Hazel Street Operations, LLC.

Under the terms of Hazel Street Operations, LLC’s Operating Agreement, distributions are allocated to the Members in the following priorities:

- First, to Group A Members, pro rata, in an amount equal to the accrued but unpaid Preferred Return (which is defined in the Operating Agreement as an amount equal to a 12% per annum, non-compounded, cumulative return on the Class A Members’ Class A unreturned capital contribution balance); then
- Second, to Group A and B members, pro rata, in accordance with their respective membership interests.

Hazel Street Operations, LLC did not pay any distributions in 2024.

Profits and losses are allocated pro rata to Group A and Group B members after consideration of certain special allocation provisions.

#### **NOTE 12 – SUBSEQUENT EVENTS**

On January 28, 2025, the affiliated lessors of the Gardenvue Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC facilities, Meadow Heights Realty, LLC, 38 Freneau Avenue Realty LLC, and 467 Cooper Street Realty Urban Renewal, LLC, refinanced a portion of their conventional mortgage with a HUD-insured mortgage. In connection therewith, the mortgage note payable was amended and restated to remove 467 Cooper Street Realty Urban Renewal, LLC and Woodbury SNF Operations LLC as borrowers. As a result, the note payable balance decreased to \$73,368,650. The other terms of the mortgage note payable agreement remained unchanged.

Also on January 28, 2025, Gardenvue Opco LLC, Matawan SNF Operations LLC and Woodbury SNF Operations LLC amended their \$7,000,000 revolving line of credit to exclude Woodbury SNF Operations LLC as a borrower and the line of credit was decreased to \$4,500,000. Woodbury SNF Operations LLC also entered into a \$2,500,000 revolving line of credit agreement under which it may borrow, subject to certain borrowing base limitations. The Woodbury SNF Operations LLC line of credit incurs interest at SOFR plus 3.25% and matures on January 28, 2026.

### **NOTE 13 – UNION SETTLEMENT**

The union associated with the workforce of Rivers Edge SNF LLC and Cranford SNF LLC filed a claim in July 2020 against the former operators demanding certain vacation pay it believes is owed to employees covered by the collective bargaining agreement. As a result of subsequent litigation, the former operator has agreed to remit payment for unpaid vacation wages through September 2020. A calculation of the amount owed was not completed as of April 30, 2021, the date operations transferred. As part of the operations transfer agreement, (i) Rivers Edge SNF LLC and Cranford SNF LLC agreed to remit payment for the claims amount (once calculated) and (ii) the former operator paid Rivers Edge SNF LLC and Cranford SNF LLC \$900,000. If the total claim plus legal fees is less than \$900,000, Rivers Edge SNF LLC and Cranford SNF LLC will reimburse the net amount to the former operator. If the total claim plus legal fees is more than the \$900,000, Rivers Edge SNF LLC and Cranford SNF LLC will incur the additional expense. Rivers Edge SNF LLC and Cranford SNF LLC paid approximately \$38,000 of claims during 2024. Rivers Edge SNF LLC and Cranford SNF LLC and its legal counsel estimate the \$317,038 of remaining potential claims liability reported within accrued expenses in the accompanying combined balance sheet at December 21, 2024 is an accurate estimate of anticipated remaining claims plus legal fees. As such, no reduction of liability or additional liability has been recorded in 2024.

## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Members of

Gardenview Opco LLC, Matawan SNF Operations LLC,  
Woodbury SNF Operations LLC, Sewell SNF Operations LLC,  
West Deptford SNF Operations LLC, Cranford SNF LLC,  
Rivers Edge SNF LLC, Cinnaminson Nursing LLC,  
Cranbury SNF Operations LLC, Maywood SNF Operations LLC,  
Hazel Street Operations, LLC, Mystic Meadows SNF LLC,  
and Wayne SNF Opco LLC

We have audited the combined financial statements of Gardenview Opco LLC, Matawan SNF Operations LLC, Woodbury SNF Operations LLC, Sewell SNF Operations LLC, West Deptford SNF Operations LLC, Cranford SNF LLC, Rivers Edge SNF LLC, Cinnaminson Nursing LLC, Cranbury SNF Operations LLC, Maywood SNF Operations LLC, Hazel Street Operations, LLC, Mystic Meadows SNF LLC, and Wayne SNF Opco LLC (collectively, the "Company" or the "Companies") as of and for the year ended December 31, 2024, and our report thereon dated June 19, 2025, which expressed an unmodified opinion on those combined financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary information included in the accompanying combining schedules on pages 38 through 48 is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

*Pease Bell CPAs, LLC*

Cleveland, Ohio  
June 19, 2025

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINING BALANCE SHEET**

**DECEMBER 31, 2024**

**ASSETS**

		Matawan SNF Operations LLC	
<b>CURRENT ASSETS</b>			
Cash	\$	554,782	
Resident trust funds		28,987	
Resident accounts receivable, net		4,439,984	
Investment portfolio		-	
Other receivables		506,820	
Prepaid expenses and other current assets		314,334	
<b>TOTAL CURRENT ASSETS</b>		5,844,907	
<b>PROPERTY AND EQUIPMENT, NET</b>		961,728	
<b>OTHER ASSETS</b>			
Deposits		10,295	
Escrow deposits		-	
Advances receivable - affiliates		1,077,559	
Advances receivable - members		-	
Operating lease right-of-use assets, net		21,921,584	
<b>TOTAL OTHER ASSETS</b>		23,009,438	
	\$	29,816,073	

See independent auditor's report on supplementary information.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINING BALANCE SHEET**

**DECEMBER 31, 2024**

**ASSETS**

**CURRENT ASSETS**

Cash  
Resident trust funds  
Resident accounts receivable, net  
Investment portfolio  
Other receivables  
Prepaid expenses and other current assets

**TOTAL CURRENT ASSETS**

**PROPERTY AND EQUIPMENT, NET**

**OTHER ASSETS**

Deposits  
Escrow deposits  
Advances receivable - affiliates  
Advances receivable - members  
Operating lease right-of-use assets, net

**TOTAL OTHER ASSETS**

See independent auditor's report on supplementary information.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINING BALANCE SHEET**

**DECEMBER 31, 2024**

**ASSETS**

		<u>Eliminations</u>	<u>Total</u>
<b>CURRENT ASSETS</b>			
Cash		\$ -	\$ 18,157,698
Resident trust funds		-	487,246
Resident accounts receivable, net		-	42,952,471
Investment portfolio		-	4,183,256
Other receivables		-	5,553,445
Prepaid expenses and other current assets		-	3,973,526
		<u>-</u>	<u>75,307,642</u>
<b>TOTAL CURRENT ASSETS</b>		-	75,307,642
<b>PROPERTY AND EQUIPMENT, NET</b>		-	9,218,560
<b>OTHER ASSETS</b>			
Deposits		-	780,393
Escrow deposits		-	1,212,116
Advances receivable - affiliates		(9,575,249)	16,643,200
Advances receivable - members		-	360,941
Operating lease right-of-use assets, net		-	237,512,161
		<u>(9,575,249)</u>	<u>256,508,811</u>
<b>TOTAL OTHER ASSETS</b>		<u>(9,575,249)</u>	<u>256,508,811</u>
		<u>\$ (9,575,249)</u>	<u>\$ 341,035,013</u>

See independent auditor's report on supplementary information.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINING BALANCE SHEET**

**DECEMBER 31, 2024**

**LIABILITIES AND MEMBERS' EQUITY (DEFICIT)**

	<u>Matawan SNF Operations LLC</u>	
<b>CURRENT LIABILITIES</b>		
Lines of credit	\$ -	
Current maturities of operating lease liabilities	2,177,728	
Resident trust funds liability	28,987	
Accounts payable	542,107	
Accrued payroll and related costs	582,201	
Accrued expenses	317,591	
Accounts payable - related parties	156,992	
Current maturities of note payable - Paycheck Protection Program	-	
<b>TOTAL CURRENT LIABILITIES</b>	<b>3,805,606</b>	
<b>LONG-TERM LIABILITIES</b>		
Operating lease liabilities, net of current maturities	20,507,989	
Advances payable - affiliates	9,130,053	
Advances payable - members	-	
Security deposit liability	-	
<b>TOTAL LONG-TERM LIABILITIES</b>	<b>29,638,042</b>	
<b>TOTAL LIABILITIES</b>	<b>33,443,648</b>	
<b>MEMBERS' EQUITY (DEFICIT)</b>	<b>(3,627,575)</b>	
	<b>\$ 29,816,073</b>	

See independent auditor's report on supplementary information.

**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINING BALANCE SHEET**

**DECEMBER 31, 2024**

**LIABILITIES AND MEMBERS' EQUITY (DEFICIT)**

**CURRENT LIABILITIES**

Lines of credit  
Current maturities of operating lease liabilities  
Resident trust funds liability  
Accounts payable  
Accrued payroll and related costs  
Accrued expenses  
Accounts payable - related parties  
Current maturities of note payable - Paycheck  
Protection Program

**TOTAL CURRENT LIABILITIES**

**LONG-TERM LIABILITIES**

Operating lease liabilities, net of current maturities  
Advances payable - affiliates  
Advances payable - members  
Security deposit liability

**TOTAL LONG-TERM LIABILITIES**

**TOTAL LIABILITIES**

**MEMBERS' EQUITY (DEFICIT)**

See independent auditor's report on supplementary information.



**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINING BALANCE SHEET**

**DECEMBER 31, 2024**

**LIABILITIES AND MEMBERS' EQUITY (DEFICIT)**

	Eliminations	Total
<b>CURRENT LIABILITIES</b>		
Lines of credit	\$ -	\$ 13,014,451
Current maturities of operating lease liabilities	-	21,234,047
Resident trust funds liability	-	487,246
Accounts payable	-	9,613,050
Accrued payroll and related costs	-	6,251,963
Accrued expenses	-	1,534,192
Accounts payable - related parties	-	1,387,406
Current maturities of note payable - Paycheck Protection Program	-	42,498
<b>TOTAL CURRENT LIABILITIES</b>	-	53,564,853
<b>LONG-TERM LIABILITIES</b>		
Operating lease liabilities, net of current maturities	-	224,066,446
Advances payable - affiliates	(9,575,249)	18,408,111
Advances payable - members	-	6,770,365
Security deposit liability	-	142,656
<b>TOTAL LONG-TERM LIABILITIES</b>	(9,575,249)	249,387,578
<b>TOTAL LIABILITIES</b>	(9,575,249)	302,952,431
<b>MEMBERS' EQUITY (DEFICIT)</b>	-	38,082,582
	<u>\$ (9,575,249)</u>	<u>\$ 341,035,013</u>

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING STATEMENT OF INCOME

YEAR ENDED DECEMBER 31, 2024

	Matawan SNF Operations LLC	
<b>REVENUES</b>		
Net resident service revenues	\$ 16,250,773	
Other revenue	136,918	
Lease revenue	-	
<b>TOTAL REVENUES</b>	<b>16,387,691</b>	
<b>OPERATING EXPENSES</b>		
Nursing	6,964,186	
Lease expense - facilities	3,638,925	
General and administrative	2,214,232	
Ancillary services	1,510,946	
Dietary	1,071,235	
Management fee	839,809	
Housekeeping and laundry	518,877	
Bed tax assessment	387,640	
Provision for expected credit losses	21,297	
Facility maintenance	219,453	
Activities	156,595	
Social services	111,079	
Depreciation and amortization	56,648	
<b>TOTAL OPERATING EXPENSES</b>	<b>17,710,922</b>	
<b>INCOME FROM OPERATIONS</b>	<b>(1,323,231)</b>	
<b>OTHER INCOME (EXPENSE)</b>		
Interest expense, net	7,160	
Other expense	(29,159)	
Dividends on investments	-	
Realized and unrealized gains on investment portfolio	-	
<b>TOTAL OTHER INCOME (EXPENSE)</b>	<b>(21,999)</b>	
<b>NET INCOME (LOSS)</b>	<b>\$ (1,345,230)</b>	

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GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING STATEMENT OF INCOME

YEAR ENDED DECEMBER 31, 2024

**REVENUES**

Net resident service revenues  
 Other revenue  
 Lease revenue

**TOTAL REVENUES**

**OPERATING EXPENSES**

Nursing  
 Lease expense - facilities  
 General and administrative  
 Ancillary services  
 Dietary  
 Management fee  
 Housekeeping and laundry  
 Bed tax assessment  
 Provision for expected credit losses  
 Facility maintenance  
 Activities  
 Social services  
 Depreciation and amortization

**TOTAL OPERATING EXPENSES**

**INCOME FROM OPERATIONS**

**OTHER INCOME (EXPENSE)**

Interest expense, net  
 Other expense  
 Dividends on investments  
 Realized and unrealized gains on  
 investment portfolio

**TOTAL OTHER INCOME (EXPENSE)**

**NET INCOME (LOSS)**

See independent auditor's report on supplementary information.

GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC

COMBINING STATEMENT OF INCOME

YEAR ENDED DECEMBER 31, 2024

	Eliminations	Total
<b>REVENUES</b>		
Net resident service revenues	\$ -	\$ 249,274,746
Other revenue	-	642,183
Lease revenue	-	200,840
<b>TOTAL REVENUES</b>	-	250,117,769
<b>OPERATING EXPENSES</b>		
Nursing	-	93,530,706
Lease expense - facilities	-	37,928,696
General and administrative	-	31,121,520
Ancillary services	-	20,714,186
Dietary	-	15,794,391
Management fee	-	12,723,253
Housekeeping and laundry	-	7,547,310
Bed tax assessment	-	6,609,878
Provision for expected credit losses	-	3,858,303
Facility maintenance	-	3,831,495
Activities	-	3,044,896
Social services	-	1,718,382
Depreciation and amortization	-	1,143,905
<b>TOTAL OPERATING EXPENSES</b>	-	239,566,921
<b>INCOME FROM OPERATIONS</b>		10,550,848
<b>OTHER INCOME (EXPENSE)</b>		
Interest expense, net		(1,094,798)
Other expense	-	(125,035)
Dividends on investments	-	39,482
Realized and unrealized gains on investment portfolio	-	950,566
<b>TOTAL OTHER INCOME (EXPENSE)</b>	-	(229,785)
<b>NET INCOME (LOSS)</b>	\$ -	\$ 10,321,063

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**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINING STATISTICAL INFORMATION**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

	Matawan SNF Operations LLC	
<b>RESIDENT DAYS</b>		
Medicaid	24,317	
Medicare	6,736	
HMO	1,935	
Private	1,589	
Hospice	229	
Veterans	-	
<b>TOTAL RESIDENT DAYS</b>	<b>34,806</b>	
<b>TOTAL AVAILABLE DAYS</b>	<b>47,580</b>	
<b>OCCUPANCY</b>	<b>73%</b>	

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**GARDENVIEW OPCO LLC, MATAWAN SNF OPERATIONS, LLC,  
 WOODBURY SNF OPERATIONS, LLC, SEWELL SNF OPERATIONS LLC,  
 WEST DEPTFORD SNF OPERATIONS LLC, CRANFORD SNF LLC, RIVERS EDGE SNF LLC,  
 CINNAMINSON NURSING LLC, CRANBURY SNF OPERATIONS LLC,  
 MAYWOOD SNF OPERATIONS LLC, HAZEL STREET OPERATIONS, LLC,  
 MYSTIC MEADOWS SNF LLC, and WAYNE SNF OPCO LLC**

**COMBINING STATISTICAL INFORMATION**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

		<u>Combined</u>
<b>RESIDENT DAYS</b>		
Medicaid		372,206
Medicare		112,702
HMO		48,992
Private		45,995
Hospice		14,845
Veterans		<u>8,437</u>
<b>TOTAL RESIDENT DAYS</b>		<u>603,177</u>
<b>TOTAL AVAILABLE DAYS</b>		<u><u>714,066</u></u>
<b>OCCUPANCY</b>		<u><u>84%</u></u>

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