

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

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

Worksheet S Sunday, May 4, 2025 at 1:08:33 AM

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

PART I - COST REPORT STATUS

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Oaks at Denville (31-5329) for the cost report period beginning January 1, 2024 and ending December 31, 2024, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

PART III - SETTLEMENT SUMMARY

		Title XVIII			
CMS #		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	12,812	0	0
100	Total	0	12,812	0	0

ECR Encryption Information:

PI Encryption Information:

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

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part I Sunday, May 4, 2025 at 1:08:33 AM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS

#

1	Street / P.O. Box:	21 Pocono Road		
2	City / State / Zip:	DENVILLE	NJ	07834
3	County / CBSA Code / Urban/Rural:	Morris	35084	Urban

Payment System
P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS	COMPONENT	COMPONENT NAME	PROVIDER	DATE	
#	0	1	2	CERTIFIED	V XVIII XIX
4	SNF	Oaks at Denville	31-5329	01/01/1967	4 5 6
5	Nursing Facility				P
7	SNF-Based HHA				
11	SNF-Based OLTC				
13	Other				
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2024	12/31/2024		
15	Type of Control (See Instructions)		2		

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16	Is this a distinct part skilled nursing facility that meets the requirements?	N
17	Is this a composite distinct part skilled nursing facility that meets the requirements?	N
18	Are there any costs included in Worksheet A which resulted from transactions with related organizations?	Yes

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20	Straight Line	4,531,395
21	Declining Balance.	
22	Sum of the Years' Digits	
23	Sum of lines 20 through 22	4,531,395
24	If depreciation is funded, enter the balance as of the end of the period.	
25	Were there any disposal of capital assets during the cost reporting period? (Y/N)	Yes
26	Was accelerated depreciation claimed on any assets in the current or any prior cost report applies?	N
27	Did you cease to participate in the Medicare program at the end of the period to which this cost report applies (See PRM 15-1, Chapter 1)?	N
28	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports?	N

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

	Part A	Part B	Other
	No	No	
29	Skilled Nursing Facility		
30	Nursing Facility		
32	SNF-Based HHA		
36	SNF-Based OLTC		Y/N
37	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients?		N
38	Are you legally-required to carry malpractice insurance?		N
39	Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If policy is "occurrence", enter 2.		1
40	What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		
41	List malpractice premiums and paid losses	Premiums Paid Losses	Self Insurance
		139675 0	100000
	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.		Y/N
42	Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column 1.		N
43	If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name and address of the home office on lines 45-47.		Yes
44	Name / Contractor Name / Contractor Number		H48370
45	SPRINGPOINT SENIOR LIVING	NOVITAS	
46	Street / PO Box	12301	
47	4814 OUTLOOK DRIVE		
	City / State / Zip		
	WALL TOWNSHIP	NJ	07753

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part II Sunday, May 4, 2025 at 1:08:33 AM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

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

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part I Sunday, May 4, 2025 at 1:08:33 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
		1	2	Title V	Title XVIII	Title XIX	Other	
1	Skilled Nursing Facility	84	30,744	0	7,150	2,266	12,142	21,558
2	Nursing Facility	0	0	0		0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	84	30,744	0	7,150	2,266	12,142	21,558

CMS #	Component	Discharges				Average Length of Stay			
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX
1	Skilled Nursing Facility	8	9	10	11	12	13	14	15
		0	244	4	229	477	0.00	29.30	566.50
2	Nursing Facility	0		0	0	0	0.00		0.00
4	Home Health Agency Cost					0			0.00
5	Other Long Term Care				0	0			0.00
8	Total	0	244	4	229	477	0.00	29.30	566.50

CMS #	Component	Admissions				FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Paid
		17	18	19	20	21	22
1	Skilled Nursing Facility	0	286	1	197	484	151.64
2	Nursing Facility	0		0	0	0	0.00
4	Home Health Agency Cost					0	0.00
5	Other Long Term Care				0	0	0.00
8	Total	0	286	1	197	484	151.64

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part II Sunday, May 4, 2025 at 1:08:33 AM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries	
		1	2	3	4
1	Total Salary	10,728,830	0	10,728,830	315,406.00
2	Physician salaries - Part A	0	0	0	0.00
3	Physician salaries - Part B	0	0	0	0.00
4	Home office personnel	0	0	0	0.00
5	Sum of lines 2 through 4	0	0	0	0.00
6	Revised wages (line 1 - 5)	10,728,830	0	10,728,830	315,406.00
7	Other Long Term Care	0	0	0	0.00
8	Home Health Agency	0	0	0	0.00
9	CMHC	0	0	0	0.00
10	Hospice	0	0	0	0.00
11	Other Excluded Areas	2,579,776	0	2,579,776	92,771.00
		-----	-----	-----	-----
12	Subtotal Excluded salary (Sum of lines 7-11)	2,579,776	0	2,579,776	92,771.00
		=====	=====	=====	=====
13	Total Adjusted Salaries (Line 6 - 12)	8,149,054	0	8,149,054	222,635.00
	OTHER WAGES AND RELATED COSTS				
14	Contract Labor: Patient Related & Mgmt	1,200,272	0	1,200,272	26,273.00
15	Contract Labor: Physician services - Part A	0	0	0	0.00
16	Home office salaries & wage related costs	1,310,657	0	1,310,657	19,585.00
	WAGE RELATED COSTS				
17	Wage related costs (See Part IV)	1,957,616	0	1,957,616	
18	Wage related costs (See Part IV)	0	0	0	
19	Wage related costs (excluded units)	470,714	0	470,714	
20	Physicians Part A - WRC	0	0	0	
21	Physicians Part B - WRC	0	0	0	
		-----	-----	-----	-----
22	Total Adjusted Wage Related cost	1,486,902	0	1,486,902	

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part III Sunday, May 4, 2025 at 1:08:33 AM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass. of Salaries from Wkst. A-6 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	617,379	0	617,379	10,487	58.87
3	Plant Operation, Maint. & Repairs	899,815	0	899,815	32,574	27.62
4	Laundry & Linen Service	50,955	0	50,955	2,711	18.80
5	Housekeeping	415,357	0	415,357	21,518	19.30
6	Dietary	0	0	0	0	0.00
7	Nursing Administration	669,894	0	669,894	17,175	39.00
8	Central Services & Supply	0	0	0	0	0.00
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	0	0	0	0	0.00
11	Social Service	156,419	0	156,419	4,243	36.87
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	221,817	0	221,817	9,719	22.82
14	Total	3,031,636	0	3,031,636	98,427	30.80

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part IV Sunday, May 4, 2025 at 1:08:33 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	147,495
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	729,339
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	19,999
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	229,808
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	773,776
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	57,199
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
	=====	
24	Total Wage Related Cost (Lines 1-23)	1,957,616
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part V Sunday, May 4, 2025 at 1:08:33 AM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
	DIRECT SALARIES					
	NURSING OCCUPATIONS					
1	Registered Nurses (RNs)	1,736,354	316,821	2,053,175	31,138	65.94
2	Licensed Practical Nurses (LPNs)	573,816	104,700	678,516	14,077	48.20
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,432,636	261,403	1,694,039	52,025	32.56
4	Total Nursing (Sum of 1 - 3)	3,742,806	682,924	4,425,730	97,240	45.51
5	Physical Therapists	695,641	126,929	822,570	11,767	69.90
6	Physical Therapy Assistants	133,563	24,370	157,933	3,392	46.56
7	Physical Therapy Aides	43,894	8,009	51,903	2,143	24.22
8	Occupational Therapists	236,810	43,209	280,019	3,925	71.34
9	Occupational Therapy Assistants	175,899	32,095	207,994	4,387	47.41
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	88,805	16,204	105,009	1,351	77.73
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
	CONTRACT LABOR					
	NURSING OCCUPATIONS					
14	Registered Nurses (RNs)	240,296		240,296	3,652	65.80
15	Licensed Practical Nurses (LPNs)	382,451		382,451	6,652	57.49
16	Certified Nursing Assistants/Nursing Assistants/Aides	577,525		577,525	15,970	36.16
17	Total Nursing (Sum of 14 - 16)	1,200,272		1,200,272	26,274	45.68
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet A Sunday, May 4, 2025 at 1:08:33 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs - Bldgs & Fixtures		6,610,892	6,610,892	227,992	6,838,884	-665,584	6,173,300
2	Cap Rel Costs - Movable Equipment		212,019	212,019	0	212,019	26,946	238,965
3	Employee Benefits	0	2,004,082	2,004,082	0	2,004,082	0	2,004,082
4	Administrative & General	617,379	4,848,958	5,466,337	-227,992	5,238,345	-1,329,002	3,909,343
5	Plant Operation, Maint. & Repairs	899,815	2,759,297	3,659,112	0	3,659,112	-18,327	3,640,785
6	Laundry & Linen Service	50,955	120,384	171,339	0	171,339	-23,702	147,637
7	Housekeeping	415,357	147,817	563,174	0	563,174	0	563,174
8	Dietary	0	3,325,948	3,325,948	0	3,325,948	-210,426	3,115,522
9	Nursing Administration	669,894	120,660	790,554	-13,160	777,394	0	777,394
10	Central Services & Supply	0	8,263	8,263	0	8,263	0	8,263
11	Pharmacy	0	17,576	17,576	0	17,576	0	17,576
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	156,419	3,461	159,880	0	159,880	0	159,880
15	Other General Service Cost	221,817	6,005	227,822	0	227,822	0	227,822
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Skilled Nursing Facility	3,742,806	1,461,356	5,204,162	0	5,204,162	0	5,204,162
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS							
40	Radiology	0	78,711	78,711	0	78,711	0	78,711
41	Laboratory	0	43,959	43,959	0	43,959	0	43,959
42	Intravenous Therapy	0	30,255	30,255	0	30,255	0	30,255
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	873,098	96,702	969,800	0	969,800	0	969,800
45	Occupational Therapy	412,709	0	412,709	0	412,709	0	412,709
46	Speech Pathology	88,805	0	88,805	0	88,805	0	88,805
47	Electrocardiology	0	0	0	13,160	13,160	0	13,160
48	Medical Supplies Charged to Patients	0	70,137	70,137	0	70,137	0	70,137
49	Drugs Charged to Patients	0	247,800	247,800	0	247,800	0	247,800
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
	OUTPATIENT SERVICE COST CENTERS							
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS							
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS							
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	8,149,054	22,214,282	30,363,336	0	30,363,336	-2,220,095	28,143,241
	NONREIMBURSABLE COST CENTERS							
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	117,112	117,112	0	117,112	0	117,112
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
95.01	Residential	2,153,878	518,077	2,671,955	0	2,671,955	0	2,671,955

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet A Sunday, May 4, 2025 at 1:08:33 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified	Adjust-	Net
						Trial Balance 5	ments to Expenses 6	Expenses for Cost Allocation 7
95.02	Marketing	425,898	537,834	963,732	0	963,732	0	963,732
100	TOTAL	10,728,830	23,387,305	34,116,135	0	34,116,135	-2,220,095	31,896,040

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet A-6 Sunday, May 4, 2025 at 1:08:33 AM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases		
			COST CENTER	LINE	NON-SALARY	COST CENTER	LINE	NON-SALARY
			1	2	3	4	5	6
1	To reclass capital costs	A	Cap Rel Costs - Bldg	1.00	0	227,992	Administrative & Gen	4.00
2	To reclassify EKG	A	Electrocardiology	47.00	0	13,160	Nursing Administrati	9.00
TOTAL RECLASSIFICATIONS					0	241,152		0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet A-7 Sunday, May 4, 2025 at 1:08:33 AM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	-----	Acquisitions	-----	Disposals	and	Ending	Fully
		Balances	Purchase	Donation	Total	Retirements		Balance	Depreciated
		1	2	3	4	5		6	Assets
1	Land	13,299,679	0	0	0	0		13,299,679	0
2	Land Improvements	2,036,541	0	0	0	0		2,036,541	0
3	Buildings & Fixtures	71,328,494	3,970,489	0	3,970,489	228,819		75,070,164	0
4	Building Improvements	0	0	0	0	0		0	0
5	Fixed Equipment	0	0	0	0	0		0	0
6	Movable Equipment	8,358,421	334,573	0	334,573	657,997		8,034,997	0
7	Subtotal	95,023,135	4,305,062	0	4,305,062	886,816		98,441,381	0
8	Reconciling Items	0	0	0	0	0		0	0
9	Total	95,023,135	4,305,062	0	4,305,062	886,816		98,441,381	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet A-8 Sunday, May 4, 2025 at 1:08:33 AM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment	Amount	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
				Cost Center		
		1	2	3		4
1	Investment income on restricted funds	B	-48,943	Cap Rel Costs - Bldgs & Fixtures		1
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	-457,591			
13	Laundry and Linen service	B	-23,702	Laundry & Linen Service		6
14	Revenue - Employee meals	B	-41,517	Dietary		8
15	Cost of meals - Guests	B	-168,909	Dietary		8
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts	B	-1,072	Administrative & General		4
19	Vending machines		0			
	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Miscellaneous Income-Operating	B	-684,100	Cap Rel Costs - Bldgs & Fixtures		1
26	Maintenance Income	B	-5,588	Plant Operation, Maint. & Repairs		5
27	Bad Debts	A	-773,468	Administrative & General		4
28	Miscellaneous Income-Operating	B	-12,739	Plant Operation, Maint. & Repairs		5
29	Miscellaneous Income-Operating	B	-982	Administrative & General		4
30	Expenses from Contributed Funds	B	-1,484	Administrative & General		4
			=====			
100	TOTAL		-2,220,095			

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet A-8-1 Sunday, May 4, 2025 at 1:08:33 AM

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

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

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Amount Included in Wkst A col 5	
				4	5	(col 4 - 5) 6
1	4	Administrative & General	Home Office - Operational	864,094	2,726,747	-1,862,653
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	67,624	0	67,624
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	26,946	0	26,946
4	4	Administrative & General	Home Office - Salaries and Wages	1,310,657	0	1,310,657
5	1	Cap Rel Costs - Bldgs & Fixtures	Interest Income	-165	0	-165
10		TOTALS		2,269,156	2,726,747	-457,591

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

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

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

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

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

Provider CCN: 31-5329

Worksheet A-8-2 Sunday, May 4, 2025 at 1:08:33 AM

Total Remuneration 3	Professional Component 4	Provider Component 5	RCE Amount 6	Physician/ Provider Component Hours 7	Unadjusted RCE Limit 8	5% of Unadjusted RCE Limit 9
0	0	0		0	0	0

100

100

COST ALLOCATION - GENERAL SERVICE COSTS

		Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1	Cap Rel Costs - Bldgs & Fixtures	6,173,300	6,173,300							
2	Cap Rel Costs - Movable Equipment	238,965		238,965						
3	Employee Benefits	2,004,082	2,261	88	2,006,431					
4	Administrative & General	3,909,343	19,939	772	115,458	4,045,512	4,045,512			
5	Plant Operation, Maint. & Repairs	3,640,785	213,918	8,281	168,277	4,031,261	585,573	4,616,834		
6	Laundry & Linen Service	147,637	31,737	1,229	9,529	190,132	27,618	24,679	242,429	
7	Housekeeping	563,174	36,629	1,418	77,677	678,898	98,615	28,483	0	805,996
8	Dietary	3,115,522	191,698	7,421	0	3,314,641	481,478	149,067	0	26,327
9	Nursing Administration	777,394	0	0	125,279	902,673	131,120	0	0	0
10	Central Services & Supply	8,263	0	0	0	8,263	1,200	0	0	0
11	Pharmacy	17,576	0	0	0	17,576	2,553	0	0	0
12	Medical Records & Library	0	8,222	318	0	8,540	1,241	6,394	0	1,129
13	Social Service	159,880	2,960	115	29,252	192,207	27,920	2,302	0	407
15	Other General Service Cost	227,822	24,954	966	41,483	295,225	42,884	19,405	0	3,427
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	5,204,162	367,917	14,240	699,954	6,286,273	913,133	286,097	242,429	50,528
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS									
40	Radiology	78,711	0	0	0	78,711	11,433	0	0	0
41	Laboratory	43,959	0	0	0	43,959	6,385	0	0	0
42	Intravenous Therapy	30,255	0	0	0	30,255	4,395	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	969,800	9,620	372	163,281	1,143,073	166,040	7,481	0	1,321
45	Occupational Therapy	412,709	3,330	129	77,182	493,350	71,663	2,589	0	457
46	Speech Pathology	88,805	0	0	16,608	105,413	15,312	0	0	0
47	Electrocardiology	13,160	0	0	0	13,160	1,912	0	0	0
48	Medical Supplies Charged to Patients	70,137	0	0	0	70,137	10,188	0	0	0
49	Drugs Charged to Patients	247,800	0	0	0	247,800	35,995	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS									
51	Support Surfaces	0	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	28,143,241	913,185	35,349	1,523,980	22,197,059	2,636,658	526,497	242,429	83,596
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	117,112	0	0	0	117,112	17,011	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01	Residential	2,671,955	5,260,115	203,616	402,803	8,538,489	1,240,284	4,090,337	0	722,400
95.02	Marketing	963,732	0	0	79,648	1,043,380	151,559	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

[illegible]

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Sunday, May 4, 2025 at 1:08:33 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	13,398,725
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	90,144
41 Laboratory	50,344
42 Intravenous Therapy	34,650
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	1,321,383
45 Occupational Therapy	569,699
46 Speech Pathology	121,078
47 Electrocardiology	15,072
48 Medical Supplies Charged to Patients	80,325
49 Drugs Charged to Patients	283,795
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	15,965,215
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	134,123
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	14,600,070
95.02 Marketing	1,196,632
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Sunday, May 4, 2025 at 1:08:33 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
100 TOTAL	31,896,040	6,173,300	238,965	2,006,431	31,896,040	4,045,512	4,616,834	242,429	805,996

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Sunday, May 4, 2025 at 1:08:33 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	3,971,513	1,033,793	9,463	20,129	17,304	223,458	361,823	31,896,040	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Sunday, May 4, 2025 at 1:08:33 AM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 31,896,040

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Sunday, May 4, 2025 at 1:08:33 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1 Cap Rel Costs - Bldgs & Fixtures	0	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	2,261	88	2,349	2,349				
4 Administrative & General	0	19,939	772	20,711	135	20,846			
5 Plant Operation, Maint. & Repairs	0	213,918	8,281	222,199	197	3,015	225,411		
6 Laundry & Linen Service	0	31,737	1,229	32,966	11	142	1,205	34,324	
7 Housekeeping	0	36,629	1,418	38,047	91	508	1,391	0	40,037
8 Dietary	0	191,698	7,421	199,119	0	2,479	7,278	0	1,308
9 Nursing Administration	0	0	0	0	147	675	0	0	0
10 Central Services & Supply	0	0	0	0	0	6	0	0	0
11 Pharmacy	0	0	0	0	0	13	0	0	0
12 Medical Records & Library	0	8,222	318	8,540	0	6	312	0	56
13 Social Service	0	2,960	115	3,075	34	144	112	0	20
15 Other General Service Cost	0	24,954	966	25,920	49	221	947	0	170
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	367,917	14,240	382,157	820	4,717	13,970	34,324	2,510
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	59	0	0	0
41 Laboratory	0	0	0	0	0	33	0	0	0
42 Intravenous Therapy	0	0	0	0	0	23	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	9,620	372	9,992	191	855	365	0	66
45 Occupational Therapy	0	3,330	129	3,459	90	369	126	0	23
46 Speech Pathology	0	0	0	0	19	79	0	0	0
47 Electrocardiology	0	0	0	0	0	10	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	52	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	185	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	0	913,185	35,349	948,534	1,784	13,591	25,706	34,324	4,153
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	88	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01 Residential	0	5,260,115	203,616	5,463,731	472	6,387	199,705	0	35,884
95.02 Marketing	0	0	0	0	93	780	0	0	0
98 Cross Foot Adjustments		0	0		0	0	0	0	0
99 Negative Cost Center		0	0		0	0	0	0	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Sunday, May 4, 2025 at 1:08:33 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	681,033
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	59
41 Laboratory	33
42 Intravenous Therapy	23
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	13,257
45 Occupational Therapy	4,912
46 Speech Pathology	280
47 Electrocardiology	10
48 Medical Supplies Charged to Patients	52
49 Drugs Charged to Patients	185
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	699,844
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	88
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	5,710,588
95.02 Marketing	1,745
98 Cross Foot Adjustments	
99 Negative Cost Center	

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Sunday, May 4, 2025 at 1:08:33 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
100 TOTAL	0	6,173,300	238,965	6,412,265	2,349	20,846	225,411	34,324	40,037

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Sunday, May 4, 2025 at 1:08:33 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	210,184	822	6	13	8,914	3,705	27,761	6,412,265	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Sunday, May 4, 2025 at 1:08:33 AM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 6,412,265

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8
1	Cap Rel Costs - Bldgs & Fixtures	300,328							
2	Cap Rel Costs - Movable Equipment		300,328						
3	Employee Benefits	110	110	10,728,830					
4	Administrative & General	970	970	617,379	-4,045,512	27,850,528			
5	Plant Operation, Maint. & Repairs	10,407	10,407	899,815	0	4,031,261	288,841		
6	Laundry & Linen Service	1,544	1,544	50,955	0	190,132	1,544	21,558	
7	Housekeeping	1,782	1,782	415,357	0	678,898	1,782	0	285,515
8	Dietary	9,326	9,326	0	0	3,314,641	9,326	0	9,326
9	Nursing Administration	0	0	669,894	0	902,673	0	0	0
10	Central Services & Supply	0	0	0	0	8,263	0	0	0
11	Pharmacy	0	0	0	0	17,576	0	0	0
12	Medical Records & Library	400	400	0	0	8,540	400	0	400
13	Social Service	144	144	156,419	0	192,207	144	0	144
15	Other General Service Cost	1,214	1,214	221,817	0	295,225	1,214	0	1,214
	ANCILLARY SERVICE COST CENTERS								
30	Skilled Nursing Facility	17,899	17,899	3,742,806	0	6,286,273	17,899	21,558	17,899
31	Nursing Facility	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS								
40	Radiology	0	0	0	0	78,711	0	0	0
41	Laboratory	0	0	0	0	43,959	0	0	0
42	Intravenous Therapy	0	0	0	0	30,255	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	468	468	873,098	0	1,143,073	468	0	468
45	Occupational Therapy	162	162	412,709	0	493,350	162	0	162
46	Speech Pathology	0	0	88,805	0	105,413	0	0	0
47	Electrocardiology	0	0	0	0	13,160	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	70,137	0	0	0
49	Drugs Charged to Patients	0	0	0	0	247,800	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS								
51	Support Surfaces	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0
89	Subtotal	44,426	44,426	8,149,054	-4,045,512	18,151,547	32,939	21,558	29,613
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	117,112	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0
95.01	Residential	255,902	255,902	2,153,878	0	8,538,489	255,902	0	255,902
95.02	Marketing	0	0	425,898	0	1,043,380	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Sunday, May 4, 2025 at 1:08:33 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1 Cap Rel Costs - Bldgs & Fixtures						
2 Cap Rel Costs - Movable Equipment						
3 Employee Benefits						
4 Administrative & General						
5 Plant Operation, Maint. & Repairs						
6 Laundry & Linen Service						
7 Housekeeping						
8 Dietary						
9 Nursing Administration	21,558					
10 Central Services & Supply	0	21,558				
11 Pharmacy	0	0	21,558			
12 Medical Records & Library	0	0	0	4,354,182		
13 Social Service	0	0	0	156,419	21,558	
15 Other General Service Cost	0	0	0	221,817	0	21,558
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	21,558	21,558	21,558	21,558	21,558	21,558
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	873,098	0	0
45 Occupational Therapy	0	0	0	412,709	0	0
46 Speech Pathology	0	0	0	88,805	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51 Support Surfaces	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60 Clinic	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0
89 Subtotal	21,558	21,558	21,558	1,774,406	21,558	21,558
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
95.01 Residential	0	0	0	2,153,878	0	0
95.02 Marketing	0	0	0	425,898	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Sunday, May 4, 2025 at 1:08:33 AM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	6,173,300	238,965	2,006,431	0	4,045,512	4,616,834	242,429	805,996	3,971,513
103 Unit Cost Multiplier per Bp1	20.555193	0.795680	0.187013	0.000000	0.145258	15.983998	11.245431	2.822955	61.408186
104 Cost to be Allocated per Bp2	0	0	2,349	0	20,846	225,411	34,324	40,037	210,184
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000219	0.000000	0.000748	0.780398	1.592170	0.140227	3.249899

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Sunday, May 4, 2025 at 1:08:33 AM

COST ALLOCATION - STATISTICAL BASIS

		Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
99	Negative Cost Center	0	0	0	0	0	0
102	Cost to be Allocated per Bp1	1,033,793	9,463	20,129	17,304	223,458	361,823
103	Unit Cost Multiplier per Bp1	47.954031	0.438955	0.933714	0.003974	10.365433	16.783700
104	Cost to be Allocated per Bp2	822	6	13	8,914	3,705	27,761
105	Unit Cost Multiplier per Bp2	0.038130	0.000278	0.000603	0.002047	0.171862	1.287735

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet B-2 Sunday, May 4, 2025 at 1:08:33 AM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet C Sunday, May 4, 2025 at 1:08:33 AM

Ratio of Cost of Charges
for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total 1	Total Charges 2	Ratio 3
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	90,144	78,711	1.145253
41	Laboratory	50,344	44,005	1.144052
42	Intravenous Therapy	34,650	30,255	1.145265
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	1,321,383	1,337,734	0.987777
45	Occupational Therapy	569,699	919,203	0.619775
46	Speech Pathology	121,078	239,935	0.504628
47	Electrocardiology	15,072	13,161	1.145202
48	Medical Supplies Charged to Patients	80,325	70,137	1.145259
49	Drugs Charged to Patients	283,795	377,043	0.752686
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	2,566,490	3,110,184	

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet D Part I Sunday, May 4, 2025 at 1:08:33 AM

Skilled Nursing Facility
Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

Cost Center Description		Ratio of	----- Health Care -----	----- Health Care -----	
		cost to	---- Program Charges ---	----- Program Cost -----	
		charges	Part A	Part B	Part A
		1	2	3	4
					5
CMS #	ANCILLARY SERVICE COST CENTERS				
40	Radiology	1.145253	19,385	0	22,201
41	Laboratory	1.144052	31,498	0	36,035
42	Intravenous Therapy	1.145265	20,220	0	23,157
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0
44	Physical Therapy	0.987777	521,474	0	515,100
45	Occupational Therapy	0.619775	531,878	0	329,645
46	Speech Pathology	0.504628	145,073	0	73,208
47	Electrocardiology	1.145202	13,160	0	15,071
48	Medical Supplies Charged to Patients	1.145259	0	0	0
49	Drugs Charged to Patients	0.752686	237,316	0	178,624
50	Dental Care - Title XIX only	0.000000	0	0	0
51	Support Surfaces	0.000000	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0
	OUTPATIENT SERVICE COST CENTERS				
60	Clinic	0.000000	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0
71	Ambulance	0.000000	0	0	0
100	TOTAL		1,520,004	0	1,193,041

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet D Part II Sunday, May 4, 2025 at 1:08:33 AM

Skilled Nursing Facility
Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.752686
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18 1	Nursing & Allied Health (From Wkst B Part I, Col 14) 2	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1) 3	Program Part A Cost (From Wkst D Part I, Col 4) 4	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4) 5
40 Radiology	0	0	0.000000	22,201	0
41 Laboratory	0	0	0	36,035	0
42 Intravenous Therapy	0	0	0	23,157	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0
44 Physical Therapy	0	0	0	515,100	0
45 Occupational Therapy	0	0	0	329,645	0
46 Speech Pathology	0	0	0	73,208	0
47 Electrocardiology	0	0	0	15,071	0
48 Medical Supplies Charged to Patients	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	178,624	0
50 Dental Care - Title XIX only	0	0	0	0	0
51 Support Surfaces	0	0	0	0	0
	=====	=====	=====	=====	=====
100 TOTAL	0	0		1,193,041	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Sunday, May 4, 2025 at 1:08:33 AM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS	#	DESCRIPTION	AMOUNT
	1	Inpatient days incl. private	21,558
	2	Private room days	0
	3	Inpatient days incl. Program prvt.	7,150
	4	Med. nec. Program prvt. room days	0
	5	Total general Inpatient routine svc.s co	13,398,725
		PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
	6	General Inpatient routine service charge	4,077,110
	7	General Inpatient routine service RCC	3.286329
	8	Private room charges	0
	9	Avg. private room per diem charge	0.00
	10	Semi-private room charges	0
	11	Avg. semi-private room per diem charge	0.00
	12	Avg. private room charge diff.	0.00
	13	Avg. private room cost diff.	0.00
	14	Private room cost diff. adjustment	0
	15	General Inpatient routine service cost n	13,398,725
		PROGRAM INPATIENT ROUTINE SERVICE COSTS	
	16	Adjusted general Inpatient per diem cost	621.52
	17	Program routine service cost	4,443,868
	18	Med. nec. program prvt. room cost	0
	19	Total program general Inpatient cost	4,443,868
	20	Capital related cost allocated to inpati	681,033
	21	Per diem capital related costs	31.59
	22	Program capital related cost	225,869
	23	Inpatient routine service cost	4,217,999
	24	Aggregate charges to beneficiaries for e	0
	25	Total program routine service costs for	4,217,999
	26	Per diem limitation	0.00
	27	I/p routine service cost limitation	0
	28	Reimbursable Inpatient routine service c	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Sunday, May 4, 2025 at 1:08:33 AM

Computation of Inpatient Routine Costs

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

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	0
2	Program inpatient days (see instructions)	0
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.000000
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet E Sunday, May 4, 2025 at 1:08:33 AM

Calculation of Reimbursement Settlement
Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	5,146,717
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	5,146,717
4	Primary payor amounts	0
5	Coinsurance	609,144
6	Reimbursable bad debts (From your records)	20,113
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	17,390
8	Adjusted reimbursable bad debts. (See instructions)	13,073
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	4,550,646
12	Interim payments (See instructions)	4,446,822
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	261
14.99	Sequestration adjustment (See instructions)	90,751
15	Balance due provider/program	12,812
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

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

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

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

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

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet E-1 Sunday, May 4, 2025 at 1:08:33 AM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		4,446,822		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		4,446,822		0

TO BE COMPLETED BY CONTRACTOR

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

Name of Contractor: _____ Contractor Number: _____
8 Name of Contractor/Number 0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet G Sunday, May 4, 2025 at 1:08:33 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT ASSETS				
1	Cash on hand and in banks	-5,725,313	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	4,272,465	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and accounts receivable	1,264,300	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	467,320	0	0	0
9	Other current assets	215,367	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	-2,034,461	0	0	0
	FIXED ASSETS				
12	Land	13,299,679	0	0	0
13	Land improvements	2,036,541	0	0	0
14	Less: Accumulated depreciation	1,182,099	0	0	0
15	Buildings	75,070,164	0	0	0
16	Less: Accumulated depreciation	21,600,477	0	0	0
17	Leasehold improvements	0	0	0	0
18	Less: Accumulated amortization	0	0	0	0
19	Fixed equipment	0	0	0	0
20	Less: Accumulated depreciation	0	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	8,034,996	0	0	0
24	Less: Accumulated depreciation	4,287,530	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	160,547	0	0	0
28	TOTAL FIXED ASSETS	71,531,821	0	0	0
	OTHER ASSETS				
29	Investments	0	0	0	0
30	Deposits on leases	3,226,574	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	27,466,363	0	0	0
33	TOTAL OTHER ASSETS	30,692,937	0	0	0
34	TOTAL ASSETS	100,190,297	0	0	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet G Sunday, May 4, 2025 at 1:08:33 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT LIABILITIES				
35	Accounts payable	1,155,886	0	0	0
36	Salaries, wages & fees payable	758,449	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	825,618	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	812,726	0	0	0
		-----	-----	-----	-----
43	TOTAL CURRENT LIABILITIES	3,552,679	0	0	0
	LONG TERM LIABILITIES				
44	Mortgage payable	36,166,794	0	0	0
45	Notes payable	2,616,954	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	62,955,335	0	0	0
49		0	0	0	0
		-----	-----	-----	-----
50	TOTAL LONG TERM LIABILITIES	101,739,083	0	0	0
		-----	-----	-----	-----
51	TOTAL LIABILITIES	105,291,762	0	0	0
	CAPITAL ACCOUNTS				
52	General fund balance	-5,101,465			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
		-----	-----	-----	-----
59	TOTAL FUND BALANCES	-5,101,465	0	0	0
		-----	-----	-----	-----
60	TOTAL LIABILITIES & FUND BALANCES	100,190,297	0	0	0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet G-1 Sunday, May 4, 2025 at 1:08:33 AM

STATEMENT OF CHANGES IN FUND BALANCES

		----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
		1	2	3	4	5	6	7	8
1	Fund balances - beginning		-2189847		0		0		0
2	Net income (loss)		-2910616						
3	Total		-5100463		0		0		0
4	Additions (Credit adjustments)	0		0		0		0	
5	Temporary Restricted - Contributions	128894		0		0		0	
6		0		0		0		0	
7		0		0		0		0	
8		0		0		0		0	
9		0		0		0		0	
10	Total Additions		128894		0		0		0
11	Subtotal		-4971569		0		0		0
12	Deductions (Debit adjustments)	0		0		0		0	
13	Prior Period Activity	129896		0		0		0	
14		0		0		0		0	
15		0		0		0		0	
16		0		0		0		0	
17		0		0		0		0	
18	Total deductions		129896		0		0		0
19	Fund balances - ending		-5101465		0		0		0

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part I Sunday, May 4, 2025 at 1:08:33 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	12,934,558		12,934,558
2	Nursing Facility	0		0
4	Other Long Term Care	16,945,792		16,945,792
		-----	-----	-----
5	Total general Inpatient care services	29,880,350		29,880,350
	ALL OTHER CARE SERVICES			
6	Ancillary services	2,986,583	0	2,986,583
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0	0	0
		=====	=====	=====
14	Total Patient Revenues	32,866,933	0	32,866,933

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part II Sunday, May 4, 2025 at 1:08:33 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses	34,116,135	
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	

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

14	Total Deductions	0	

15	Total Operating Expenses	34,116,135	=====

OAKS AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2024 to 12/31/2024

Worksheet G-3 Sunday, May 4, 2025 at 1:08:33 AM

Statement of Revenues and Expenses

CMS #	Description	
1	Total Patient Revenues	32,866,933
2	Less: contractual allowances and ...	3,931,333
3	Net Patient Revenues (Line 1 - 2)	28,935,600
4	Less: total operating expenses	34,116,135
5	Net income from service to patients (Line 3 - 4)	-5,180,535
	Other Income:	
6	Contributions, donations, bequests, etc.	152,573
7	Income from investments	210,756
8	Revenues from communications (Telephone and Internet service)	62,809
9	Revenues from television and radio service	0
10	Purchase discounts	0
11	Rebates and refunds of expenses	0
12	Parking lot receipts	0
13	Revenue from laundry and linen service	23,702
14	Revenue from meals sold to employees and guests	210,425
15	Revenue from rental of living quarters	0
16	Revenue from sale of medical and surgical supplies to other than patients	0
17	Revenue from sale of drugs to other than patients	0
18	Revenue from sale of medical records and abstracts	0
19	Tuition (fees, sales of textbooks, uniforms, etc)	0
20	Revenue from gifts, flowers, coffee shops, canteen	0
21	Rental of vending machines	0
22	Rental of skilled nursing space	0
23	Government appropriations	0
24	Barber & Beauty	120,462
24.01	Miscellaneous Income	698,894
24.02	Other Income	233,840
24.03	Grounds Income	5,588
24.04	Restricted Funds/Contributions	129,894
24.05	Guest House Income	43,178
24.06	Net Change In FV of Derivative Inst	377,798
24.50	COVID-19 PHE Funding	
25	Total other income	2,269,919
26	Total	-2,910,616
27	Other Expenses (specify)	0
28		0
29		0
30	Total other expenses	0
31	Net income (or loss) for the period	-2,910,616