

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

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

Worksheet S Tuesday, May 23, 2023 at 6:48:14 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 Springpoint at Denville (31-5329) for the cost report period beginning January 1, 2022 and ending December 31, 2022, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX
1		2

1		
2		
3		
4		

2	Printed name _____	
3	Title _____	
4	Signature date _____	

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

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
#		1	2	3	4
1	SNF	0	14,548	0	0
4	SNF-Based HHA	0	0	0	0
-----		-----			
100	Total	0	14,548	0	0
		=====			

 ECR Encryption Information: PI Encryption Information:

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

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet S-2 Part I Tuesday, May 23, 2023 at 6:48:14 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 07814
 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 CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Springpoint at Denville	31-5329	01/01/1967			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)		01/01/2022	12/31/2022			
15	Type of Control (See Instructions)			2			

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 3,974,301
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 3,974,301
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE

LOWER OF COSTS OR CHARGES, ENTER 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

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

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

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	141801		100000

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

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

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

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

SPRINGPOINT AT DENVERVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet S-2 Part II Tuesday, May 23, 2023 at 6:48:14 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		
UNAPPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	03/30/2023	Y 03/30/2023
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	1	2	3
20	Employer.	Sandy Richek		Preparer
21	Telephone number/Email address.	Zimmet Healthcare Services Group LLC 7329700733		costreports@zhealthcare.com

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
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Worksheet S-3 Part I Tuesday, May 23, 2023 at 6:48:14 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	84	30,660	0	3,413	1,108	11,806	16,327
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	84	30,660	0	3,413	1,108	11,806	16,327

CMS #	Component	Discharges					Average Length of Stay			
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	105	3	78	186	0.00	32.50	369.33	87.78
2	Nursing Facility	0		0	0	0	0.00		0.00	0.00
4	Home Health Agency Cost					0				0.00
5	Other Long Term Care				0	0				0.00
8	Total	0	105	3	78	186	0.00	32.50	369.33	87.78

CMS #	Component	Admissions					FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	123	0	62	185	147.46	0
2	Nursing Facility	0		0	0	0	0.00	0
4	Home Health Agency Cost					0	0.00	0
5	Other Long Term Care				0	0	0.00	0
8	Total	0	123	0	62	185	147.46	0

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Worksheet S-3 Part II Tuesday, May 23, 2023 at 6:48:14 AM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Amount Reported	Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
			from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	9,189,954	0	9,189,954	306,717.00	29.96
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	9,189,954	0	9,189,954	306,717.00	29.96
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	1,924,627	0	1,924,627	68,257.00	28.20
12	Subtotal Excluded salary (Sum of lines 7-11)	1,924,627	0	1,924,627	68,257.00	28.20
13	Total Adjusted Salaries (Line 6 - 12)	7,265,327	0	7,265,327	238,460.00	30.47
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	187,408	0	187,408	3,951.00	47.43
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	1,400,759	0	1,400,759	21,729.00	64.46
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,241,769	0	2,241,769		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	469,488	0	469,488		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,772,281	0	1,772,281		

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Worksheet S-3 Part III Tuesday, May 23, 2023 at 6:48:14 AM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	576,255	0	576,255	10,191	56.55
3	Plant Operation, Maint. & Repairs	835,831	0	835,831	32,374	25.82
4	Laundry & Linen Service	17,748	0	17,748	1,200	14.79
5	Housekeeping	410,861	0	410,861	23,386	17.57
6	Dietary	719,213	0	719,213	39,380	18.26
7	Nursing Administration	483,297	0	483,297	14,748	32.77
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	196,140	0	196,140	5,925	33.10
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	132,418	0	132,418	6,833	19.38
14	Total	3,371,763	0	3,371,763	134,037	25.16

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Worksheet S-3 Part IV Tuesday, May 23, 2023 at 6:48:14 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	154,968
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	1,197,238
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	156,268
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	669,278
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	64,017
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	2,241,769
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Tuesday, May 23, 2023 at 6:48:14 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)	1,294,431	315,759	1,610,190	24,592	65.48
2	Licensed Practical Nurses (LPNs)	631,549	154,058	785,607	17,919	43.84
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,016,097	247,864	1,263,961	40,508	31.20
4	Total Nursing (Sum of 1 - 3)	2,942,077	717,681	3,659,758	83,019	44.08
5	Physical Therapists	436,876	106,570	543,446	8,398	64.71
6	Physical Therapy Assistants	137,774	33,608	171,382	3,862	44.38
7	Physical Therapy Aides	17,012	4,150	21,162	1,048	20.19
8	Occupational Therapists	197,461	48,168	245,629	3,728	65.89
9	Occupational Therapy Assistants	73,651	17,966	91,617	2,149	42.63
10	Occupational Therapy Aides	17,011	4,150	21,161	1,048	20.19
11	Speech Therapists	71,831	17,522	89,353	1,171	76.30
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)	35,837		35,837	474	75.61
15	Licensed Practical Nurses (LPNs)	63,015		63,015	1,155	54.56
16	Certified Nursing Assistants/Nursing Assistants/Aides	88,556		88,556	2,322	38.14
17	Total Nursing (Sum of 14 - 16)	187,408		187,408	3,951	47.43
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

SPRINGPOINT AT DENVILLE
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Worksheet A Tuesday, May 23, 2023 at 6:48:14 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		6,216,025	6,216,025	-521,664	5,694,361	-887,669	4,806,692
2	Cap Rel Costs - Movable Equipment		130,291	130,291	703,361	833,652	34,781	868,433
3	Employee Benefits	0	2,247,591	2,247,591	0	2,247,591	0	2,247,591
4	Administrative & General	576,255	3,659,898	4,236,153	-181,697	4,054,456	-764,732	3,289,724
5	Plant Operation, Maint. & Repairs	835,831	2,364,871	3,200,702	0	3,200,702	-44,055	3,156,647
6	Laundry & Linen Service	17,748	90,451	108,199	0	108,199	-30,099	78,100
7	Housekeeping	410,861	826,895	1,237,756	0	1,237,756	-7,792	1,229,964
8	Dietary	719,213	2,271,756	2,990,969	0	2,990,969	-150,646	2,840,323
9	Nursing Administration	483,297	60,382	543,679	0	543,679	0	543,679
10	Central Services & Supply	0	336,561	336,561	-7,662	328,899	0	328,899
11	Pharmacy	0	8,525	8,525	0	8,525	0	8,525
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	196,140	4,906	201,046	0	201,046	-46,422	154,624
15	Activities	132,418	37,690	170,108	0	170,108	0	170,108
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	2,941,947	279,298	3,221,245	0	3,221,245	-20,803	3,200,442
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	14,838	14,838	-1,915	12,923	0	12,923
41	Laboratory	0	90,715	90,715	0	90,715	0	90,715
42	Intravenous Therapy	0	4,030	4,030	0	4,030	0	4,030
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	951,617	94,764	1,046,381	-359,954	686,427	0	686,427
45	Occupational Therapy	0	0	0	288,123	288,123	0	288,123
46	Speech Pathology	0	0	0	71,831	71,831	0	71,831
47	Electrocardiology	0	0	0	1,915	1,915	0	1,915
48	Medical Supplies Charged to Patients	0	0	0	7,662	7,662	0	7,662
49	Drugs Charged to Patients	0	104,207	104,207	0	104,207	0	104,207
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	7,265,327	18,843,694	26,109,021	0	26,109,021	-1,917,437	24,191,584
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	93,053	93,053	0	93,053	0	93,053
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/AL	1,552,086	346,525	1,898,611	0	1,898,611	0	1,898,611

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Worksheet A Tuesday, May 23, 2023 at 6:48:14 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
95.02	Marketing	372,541	648,018	1,020,559	0	1,020,559	0	1,020,559
00	TOTAL	9,189,954	19,931,290	29,121,244	0	29,121,244	-1,917,437	27,203,807

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet A-6 Tuesday, May 23, 2023 at 6:48:14 AM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases				
			COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass med supply sold	A	Medical Supplies Cha	48.00	0	7,662	Central Services & S	10.00	0	7,662
2	To reclassify depreciation	B	Cap Rel Costs - Mova	2.00	0	703,361	Cap Rel Costs - Bldg	1.00	0	703,361
3	To reclassify property insurance	C	Cap Rel Costs - Bldg	1.00	0	181,697	Administrative & Gen	4.00	0	181,697
4	To reclass OT costs	E	Occupational Therapy	45.00	288,123	0	Physical Therapy	44.00	288,123	0
5	To reclass ST costs	F	Speech Pathology	46.00	71,831	0	Physical Therapy	44.00	71,831	0
6	To reclassify EKG	G	Electrocardiology	47.00	0	1,915	Radiology	40.00	0	1,915
100	TOTAL RECLASSIFICATIONS				359,954	894,635			359,954	894,635

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet A-7 Tuesday, May 23, 2023 at 6:48:14 AM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	13,299,679	0	0	13,299,679	0
2	Land Improvements	1,842,207	160,454	0	2,002,661	0
3	Buildings & Fixtures	65,695,502	3,772,238	0	69,467,740	294,434
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	8,288,483	385,864	0	8,674,347	658,494
7	Subtotal	89,125,871	4,318,556	0	93,444,427	952,928
8	Reconciling Items	0	0	0	0	0
9	Total	89,125,871	4,318,556	0	93,444,427	952,928

SPRINGPOINT AT DENVERVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8 Tuesday, May 23, 2023 at 6:48:14 AM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-124	Administrative & General	4	4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	-608,312			
12	Laundry and Linen service	B	-30,099	Laundry & Linen Service		6
14	Revenue - Employee meals	B	-7,484	Dietary		8
15	Cost of meals - Guests	B	-43,641	Dietary		8
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
21	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	Incontinence Income	B	-20,803	Skilled Nursing Facility		30
26	Miscellaneous Income	B	-629,805	Cap Rel Costs - Bldgs & Fixtures		1
27	Miscellaneous Income	B	-14,575	Plant Operation, Maint. & Repairs		5
28	Bad debts	A	-248,918	Administrative & General		4
29	Maintenance Income	B	-28,480	Plant Operation, Maint. & Repairs		5
30	Housekeeping Income	B	-7,792	Housekeeping		7
31	Other Dining Income	B	-55,729	Dietary		8
32	Other Dining Income	B	-43,792	Dietary		8
33	Contribution From Fdn	B	-46,422	Social Service		13
34	Other Income	B	-1,000	Plant Operation, Maint. & Repairs		5
35	Investment inc	B	-126,118	Cap Rel Costs - Bldgs & Fixtures		1
36	Promotions	A	-3,899	Administrative & General		4
37	Expenses from Contributed Funds	A	-444	Administrative & General		4
			=====			
100	TOTAL		-1,917,437			

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-1 Tuesday, May 23, 2023 at 6:48:14 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	
1	4	Administrative & General	Home Office - Operational	1,724,432	2,235,779	-511,347
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	66,759	0	66,759
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	34,781	0	34,781
4	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Interest Expense	79,294	0	79,294
5	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-277,799	0	-277,799
10		TOTALS		1,627,467	2,235,779	-608,312

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

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

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

Symbol	Name	----- Related Organization(s) -----			
		Percentage of Ownership	Name	Percent of Ownership	Type of Business
# 1	B	0%	Springpoint Senior Living	100%	Home Office

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

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-2 Tuesday, May 23, 2023 at 6:48:14 AM

Provider-Based Physicians Adjustments

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

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

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:48:14 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 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	8,053,491
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	14,799
41 Laboratory	103,887
42 Intravenous Therapy	4,615
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	971,292
45 Occupational Therapy	417,422
46 Speech Pathology	102,398
47 Electrocardiology	2,193
48 Medical Supplies Charged to Patients	8,774
49 Drugs Charged to Patients	119,338
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	9,798,209
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	106,564
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	16,025,854
95.02 Marketing	1,273,180
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:48:14 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	27,203,807	4,806,692	868,433	2,249,670	27,203,807	3,449,119	4,074,509	149,608	1,587,434

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:48:14 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	3,839,578	758,108	376,654	9,763	16,524	238,009	282,076	27,203,807	0

SPRINGPOINT AT DENVER
Provider CCN: 31-5329
Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Tuesday, May 23, 2023 at 6:48:14 AM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 27,203,807

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:48:14 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
<hr/>	
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 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	460,213
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	10
41 Laboratory	70
42 Intravenous Therapy	3
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	10,012
45 Occupational Therapy	3,539
46 Speech Pathology	85
47 Electrocardiology	1
48 Medical Supplies Charged to Patients	6
49 Drugs Charged to Patients	81
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	474,020
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	72
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	5,200,085
95.02 Marketing	948
98 Cross Foot Adjustments	
99 Negative Cost Center	

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:48:14 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	2A	3	4	5	6	7
100 TOTAL	0	4,806,692	868,433	5,675,125	2,079	18,460	199,608	30,334	36,058

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:48:14 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	186,495	623	256	7	7,892	3,043	24,137	5,675,125	0

SPRINGPOINT AT DENVER
Provider CCN: 31-5329
Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Tuesday, May 23, 2023 at 6:48:14 AM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 5,675,125

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:48:14 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	16,327				
10	Central Services & Supply	0	16,327			
11	Pharmacy	0	0	16,327		
12	Medical Records & Library	0	0	0	16,327	
13	Social Service	0	0	0	0	16,327
15	Activities	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	16,327	16,327	16,327	16,327	16,327
31	Nursing Facility	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS					
40	Radiology	0	0	0	0	0
41	Laboratory	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0
45	Occupational Therapy	0	0	0	0	0
46	Speech Pathology	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS					
51	Support Surfaces	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS					
60	Clinic	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0
71	Ambulance	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0
89	Subtotal	16,327	16,327	16,327	16,327	16,327
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0
95.01	Residential/AL	0	0	0	0	0
95.02	Marketing	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:48:14 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	
102	Cost to be Allocated per Bp1	4,806,692	868,433	2,249,670	0	3,449,119	4,074,509	149,608	1,587,434	3,839,578
103	Unit Cost Multiplier per Bp1	16.004808	2.891615	0.244797	0.000000	0.145197	14.106408	4.724861	5.559897	21.612309
104	Cost to be Allocated per Bp2	0	0	2,079	0	18,460	199,608	30,334	36,058	186,495
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000226	0.000000	0.000777	0.691065	0.957996	0.126291	1.049748

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Tuesday, May 23, 2023 at 6:48:14 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	758,108	376,654	9,763	16,524	238,009	282,076
103 Unit Cost Multiplier per Bp1	46.432780	23.069394	0.597967	1.012066	14.577632	17.276658
104 Cost to be Allocated per Bp2	623	256	7	7,892	3,043	24,137
105 Unit Cost Multiplier per Bp2	0.038158	0.015680	0.000429	0.483371	0.186378	1.478349

SPRINGPOINT AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2022 to 12/31/2022

Worksheet B-2 Tuesday, May 23, 2023 at 6:48:14 AM

Post Step Down Adjustments

Worksheet B

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

Worksheet has no records.

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet C Tuesday, May 23, 2023 at 6:48:14 AM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	14,799	22,257	0.664914
41	Laboratory	103,887	181,430	0.572601
42	Intravenous Therapy	4,615	4,030	1.145161
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	971,292	1,111,736	0.873671
45	Occupational Therapy	417,422	580,341	0.719270
46	Speech Pathology	102,398	164,479	0.622560
47	Electrocardiology	2,193	1,915	1.145170
48	Medical Supplies Charged to Patients	8,774	7,662	1.145132
49	Drugs Charged to Patients	119,338	125,742	0.949070
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	1,744,718	2,199,592	

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part I Tuesday, May 23, 2023 at 6:48:14 AM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of cost to charges 1	Health Care Program Charges		Health Care Program Cost	
			Part A 2	Part B 3	Part A 4	Part B 5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	0.664914	5,018	0	3,337	0
41	Laboratory	0.572601	7,505	0	4,297	0
42	Intravenous Therapy	1.145161	3,245	0	3,716	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.873671	267,995	0	234,139	0
45	Occupational Therapy	0.719270	277,323	0	199,470	0
46	Speech Pathology	0.622560	83,175	0	51,781	0
47	Electrocardiology	1.145170	1,915	0	2,193	0
48	Medical Supplies Charged to Patients	1.145132	0	0	0	0
49	Drugs Charged to Patients	0.949070	96,938	0	92,001	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	TOTAL		743,114	0	590,934	0

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part II Tuesday, May 23, 2023 at 6:48:14 AM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.949070
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	0	0	3,337	0
41	Laboratory	0	0	4,297	0
42	Intravenous Therapy	0	0	3,716	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	234,139	0
45	Occupational Therapy	0	0	199,470	0
46	Speech Pathology	0	0	51,781	0
47	Electrocardiology	0	0	2,193	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	92,001	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	590,934	0

SPRINGPOINT AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2022 to 12/31/2022

Worksheet D-1 Tuesday, May 23, 2023 at 6:48:14 AM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	16,327
2	Private room days	0
3	Inpatient days incl. Program prvt.	3,413
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	8,053,491
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,678,889
7	General Inpatient routine service RCC	4.796917
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	8,053,491
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	493.26
17	Program routine service cost	1,683,496
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	1,683,496
20	Capital related cost allocated to inpati	460,213
21	Per diem capital related costs	28.19
22	Program capital related cost	96,212
23	Inpatient routine service cost	1,587,284
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,587,284
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

SPRINGPOINT AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2022 to 12/31/2022

Worksheet D-1 Tuesday, May 23, 2023 at 6:48:14 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)	16,327
2	Program inpatient days (see instructions)	3,413
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.209040
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

SPRINGPOINT AT DENVERVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet E Tuesday, May 23, 2023 at 6:48:14 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)	2,188,886
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	2,188,886
4	Primary payor amounts	469
5	Coinsurance	309,450
6	Reimbursable bad debts (From your records)	22,668
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	4,474
8	Adjusted reimbursable bad debts. (See instructions)	14,734
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,893,701
12	Interim payments (See instructions)	1,852,572
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)	186
14.99	Sequestration adjustment (See instructions)	26,395
15	Balance due provider/program	14,548
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

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

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

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

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

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet E-1 Tuesday, May 23, 2023 at 6:48:14 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		1,852,572		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		1,852,572		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

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet G Tuesday, May 23, 2023 at 6:48:14 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	-1,474,129	0	0	0
2	Temporary investments	3,794,783	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,706,455	0	0	0
5	Other receivables	413,362	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	673,300	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	575,396	0	0	0
9	Other current assets	212,049	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	5,554,616	0	0	0
FIXED ASSETS					
12	Land	13,299,679	0	0	0
13	Land improvements	2,002,661	0	0	0
14	Less: Accumulated depreciation	842,952	0	0	0
15	Buildings	69,467,740	0	0	0
16	Less: Accumulated depreciation	15,097,524	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	8,674,347	0	0	0
24	Less: Accumulated depreciation	4,104,487	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	690,869	0	0	0
28	TOTAL FIXED ASSETS	74,090,333	0	0	0
OTHER ASSETS					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	29,950,263	0	0	0
33	TOTAL OTHER ASSETS	29,950,263	0	0	0
34	TOTAL ASSETS	109,595,212	0	0	0

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet G Tuesday, May 23, 2023 at 6:48:14 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
CURRENT LIABILITIES					
35	Accounts payable	890,183	0	0	0
36	Salaries, wages & fees payable	583,061	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	784,529	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	1,452,681	0	0	0
43	TOTAL CURRENT LIABILITIES	3,710,454	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	39,509,483	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	64,831,865	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	104,341,348	0	0	0
51	TOTAL LIABILITIES	108,051,802	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	1,543,410			
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	1,543,410	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	109,595,212	0	0	0

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet G-1 Tuesday, May 23, 2023 at 6:48:14 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		2158522		0		0		0
2 Net income (loss)		-608824						
3 Total		1549698		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Foundation Resident Activity Fund - net	5000		0		0		0	
6 Employee Appreciation Fund - net	117580		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		122580		0		0		0
11 Subtotal		1672278		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Foundation Resident Activity Fund - net	5000		0		0		0	
14 Employee Appreciation Fund - net	123868		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		128868		0		0		0
19 Fund balances - ending		1543410		0		0		0

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part I Tuesday, May 23, 2023 at 6:48:14 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	8,582,671		8,582,671
2	Nursing Facility	0		0
4	Other Long Term Care	16,640,203		16,640,203
		-----	-----	-----
5	Total general Inpatient care services	25,222,874		25,222,874
	ALL OTHER CARE SERVICES			
6	Ancillary services	2,009,904	0	2,009,904
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	27,232,778	0	27,232,778

SPRINGPOINT AT DENVILLE
Provider CCN: 31-5329
Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part II Tuesday, May 23, 2023 at 6:48:14 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		29,121,244
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		29,121,244

SPRINGPOINT AT DENVILLE
 Provider CCN: 31-5329
 Period from 1/1/2022 to 12/31/2022

Worksheet G-3 Tuesday, May 23, 2023 at 6:48:14 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		27,232,778
2	Less: contractual allowances and ...		3,191,488
3	Net Patient Revenues (Line 1 - 2)		24,041,290
4	Less: total operating expenses		29,121,244
5	Net income from service to patients (Line 3 - 4)		-5,079,954
	Other Income:		
6	Contributions, donations, bequests, etc.	646,250	
7	Income from investments	-802,294	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	30,099	
14	Revenue from meals sold to employees and guests	150,646	
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	100,706	
24.01	Other Income	830,463	
24.02		0	
24.03	Net Assets Released (cont.)	128,869	
24.04	Net Chg FV of Der Instrr	3,386,391	
24.05	PPP Forgiveness	0	
24.06		0	
24.50	COVID-19 PHE Funding	0	
25	Total other income		4,471,130
26	Total		-608,824
27	Other Expenses (specify)	0	
28		0	
29		0	
29.01		0	
30	Total other expenses		0
31	Net income (or loss) for the period		-608,824