

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Form Approved  
 OMB No. 0938-0463  
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Worksheet S Wednesday, May 4, 2022 at 9:56:31 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, 2021 and ending December 31, 2021, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OF ADMINISTRATOR		CHECKBOX
1		2
-----		
1	_____	
2	_____	
3	_____	
4	_____	

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	40,525	0	0
100	Total	0	40,525	0	0

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

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Wednesday, May 4, 2022 at 9:56:31 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)		01/01/2021	12/31/2021			
15	Type of Control (See Instructions)			2			

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N  
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N  
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? 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 3,740,607  
 21 Declining Balance.  
 22 Sum of the Years' Digits  
 23 Sum of lines 20 through 22 3,740,607  
 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	135049	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 DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Wednesday, May 4, 2022 at 9:56:31 AM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	Y		
<b>FINANCIAL DATA AND REPORTS</b>				
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		
<b>UNAPPROVED EDUCATIONAL ACTIVITIES</b>				
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		
<b>BAD DEBTS</b>				
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		
<b>PS&amp;R DATA</b>				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	03/30/2022	Y 03/30/2022
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
<b>COST REPORT PREPARER CONTACT INFORMATION</b>				
19	First name/Last name/Title	1	Sandy Richek	2
20	Employer.		Zimmet Healthcare Services Group LLC	3
21	Telephone number/Email address.		732 970-0733	costreports@zhealthcare.com

SPRINGPOINT AT DENVILLE  
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Worksheet S-3 Part I Wednesday, May 4, 2022 at 9:56:31 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	6,055	104	11,237	17,396
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	6,055	104	11,237	17,396

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	183	1	119	303	0.00	33.09	104.00	57.41
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	183	1	119	303	0.00	33.09	104.00	57.41

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	207	0	90	297	161.74	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	207	0	90	297	161.74	0

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Worksheet S-3 Part II Wednesday, May 4, 2022 at 9:56:31 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	9,270,041	0	9,270,041	336,427.00	27.55
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)	9,270,041	0	9,270,041	336,427.00	27.55
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	1,899,161	0	1,899,161	69,930.00	27.16
12	Subtotal Excluded salary (Sum of lines 7-11)	1,899,161	0	1,899,161	69,930.00	27.16
13	Total Adjusted Salaries (Line 6 - 12)	7,370,880	0	7,370,880	266,497.00	27.66
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	47,615	0	47,615	1,271.00	37.46
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	1,482,278	0	1,482,278	20,236.00	73.25
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,639,385	0	2,639,385		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	540,733	0	540,733		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	2,098,652	0	2,098,652		

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Worksheet S-3 Part III Wednesday, May 4, 2022 at 9:56:31 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	478,683	0	478,683	9,539	50.18
3	Plant Operation, Maint. & Repairs	811,140	0	811,140	32,462	24.99
4	Laundry & Linen Service	17,516	0	17,516	1,157	15.14
5	Housekeeping	565,245	0	565,245	34,668	16.30
6	Dietary	977,806	0	977,806	51,689	18.92
7	Nursing Administration	490,081	0	490,081	14,765	33.19
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	186,245	0	186,245	5,817	32.02
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	154,881	0	154,881	8,293	18.68
14	Total	3,681,597	0	3,681,597	158,390	23.24

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Worksheet S-3 Part IV Wednesday, May 4, 2022 at 9:56:31 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	127,898
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)	1,610,690
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	186,365
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	663,591
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	50,841
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)	2,639,385
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Wednesday, May 4, 2022 at 9:56:31 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	
<b>DIRECT SALARIES</b>						
<b>NURSING OCCUPATIONS</b>						
1	Registered Nurses (RNs)	1,194,519	340,106	1,534,625	24,896	61.64
2	Licensed Practical Nurses (LPNs)	554,790	157,961	712,751	16,693	42.70
3	Certified Nursing Assistants/Nursing Assistants/Aides	894,801	254,770	1,149,571	43,914	26.18
4	<b>Total Nursing (Sum of 1 - 3)</b>	<b>2,644,110</b>	<b>752,837</b>	<b>3,396,947</b>	<b>85,503</b>	<b>39.73</b>
5	Physical Therapists	471,371	134,210	605,581	8,964	67.56
6	Physical Therapy Assistants	123,013	35,025	158,038	3,403	46.44
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	247,137	70,365	317,502	4,445	71.43
9	Occupational Therapy Assistants	80,795	23,004	103,799	2,493	41.64
10	Occupational Therapy Aides	29,145	8,298	37,443	1,783	21.00
11	Speech Therapists	93,810	26,710	120,520	1,511	79.76
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
<b>CONTRACT LABOR</b>						
<b>NURSING OCCUPATIONS</b>						
14	Registered Nurses (RNs)	0	0	0	0	0.00
15	Licensed Practical Nurses (LPNs)	6,030	0	6,030	144	41.88
16	Certified Nursing Assistants/Nursing Assistants/Aides	41,585	0	41,585	1,127	36.90
17	<b>Total Nursing (Sum of 14 - 16)</b>	<b>47,615</b>	<b>0</b>	<b>47,615</b>	<b>1,271</b>	<b>37.46</b>
18	Physical Therapists	0	0	0	0	0.00
19	Physical Therapy Assistants	0	0	0	0	0.00
20	Physical Therapy Aides	0	0	0	0	0.00
21	Occupational Therapists	0	0	0	0	0.00
22	Occupational Therapy Assistants	0	0	0	0	0.00
23	Occupational Therapy Aides	0	0	0	0	0.00
24	Speech Therapists	0	0	0	0	0.00
25	Respiratory Therapists	0	0	0	0	0.00
26	Other Medical Staff	0	0	0	0	0.00

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Worksheet A Wednesday, May 4, 2022 at 9:56:31 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
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs - Bldgs & Fixtures		5,981,455	5,981,455	-614,885	5,366,570	-585,827	4,780,743
2	Cap Rel Costs - Movable Equipment		130,507	130,507	807,609	938,116	47,608	985,724
3	Employee Benefits	0	2,642,617	2,642,617	0	2,642,617	0	2,642,617
4	Administrative & General	478,683	3,783,392	4,262,075	-192,724	4,069,351	-859,742	3,209,609
5	Plant Operation, Maint. & Repairs	811,140	2,709,173	3,520,313	0	3,520,313	-216,782	3,303,531
6	Laundry & Linen Service	17,516	108,822	126,338	0	126,338	-26,169	100,169
7	Housekeeping	565,245	405,262	970,507	0	970,507	-4,017	966,490
8	Dietary	977,806	1,444,171	2,421,977	0	2,421,977	-131,052	2,290,925
9	Nursing Administration	490,081	57,382	547,463	0	547,463	0	547,463
10	Central Services & Supply	0	853,644	853,644	-2,328	851,316	0	851,316
11	Pharmacy	0	7,383	7,383	0	7,383	0	7,383
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	186,245	2,624	188,869	0	188,869	-44,865	144,004
15	Activities	154,881	28,993	183,874	0	183,874	0	183,874
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Skilled Nursing Facility	2,644,010	125,173	2,769,183	0	2,769,183	-2,985	2,766,198
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>								
40	Radiology	0	21,583	21,583	-7,482	14,101	0	14,101
41	Laboratory	0	32,177	32,177	0	32,177	0	32,177
42	Intravenous Therapy	0	13,008	13,008	0	13,008	0	13,008
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	1,045,273	91,943	1,137,216	-450,888	686,328	0	686,328
45	Occupational Therapy	0	0	0	357,078	357,078	0	357,078
46	Speech Pathology	0	0	0	93,810	93,810	0	93,810
47	Electrocardiology	0	0	0	7,482	7,482	0	7,482
48	Medical Supplies Charged to Patients	0	0	0	2,328	2,328	0	2,328
49	Drugs Charged to Patients	0	182,096	182,096	0	182,096	0	182,096
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
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
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	<b>SUBTOTALS</b>	<b>7,370,880</b>	<b>18,621,405</b>	<b>25,992,285</b>	<b>0</b>	<b>25,992,285</b>	<b>-1,823,831</b>	<b>24,168,454</b>
<b>NONREIMBURSABLE COST CENTERS</b>								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	68,148	68,148	0	68,148	0	68,148
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	1,470,182	342,496	1,812,678	0	1,812,678	0	1,812,678

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet A Wednesday, May 4, 2022 at 9:56:31 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	428,979	531,299	960,278	0	960,278	0	960,278
00	TOTAL	9,270,041	19,563,348	28,833,389	0	28,833,389	-1,823,831	27,009,558

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet A-6 Wednesday, May 4, 2022 at 9:56:31 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	2,328	Central Services & S	10.00	0	2,328
2	To reclassify depreciation	B	Cap Rel Costs - Mova	2.00	0	807,609	Cap Rel Costs - Bldg	1.00	0	807,609
3	To reclassify property insurance	C	Cap Rel Costs - Bldg	1.00	0	192,724	Administrative & Gen	4.00	0	192,724
4	To reclass OT costs	D	Occupational Therapy	45.00	357,078	0	Physical Therapy	44.00	357,078	0
5	To reclass ST costs	E	Speech Pathology	46.00	93,810	0	Physical Therapy	44.00	93,810	0
6	To reclassify EKG	F	Electrocardiology	47.00	0	7,482	Radiology	40.00	0	7,482
100	TOTAL RECLASSIFICATIONS				450,888	1,010,143			450,888	1,010,143

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet A-7 Wednesday, May 4, 2022 at 9:56:31 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	1,825,832	16,375	0	1,842,207	0
3	Buildings & Fixtures	63,575,158	2,120,344	0	65,695,502	91,088
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	8,121,847	279,285	112,649	8,288,483	620,481
7	Subtotal	86,822,516	2,416,004	112,649	89,125,871	711,569
8	Reconciling Items	0	0	0	0	0
9	Total	86,822,516	2,416,004	112,649	89,125,871	711,569

SPRINGPOINT AT DENVERVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Wednesday, May 4, 2022 at 9:56:31 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	-302	Administrative & General		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	-423,085			
12	Laundry and Linen service	B	-26,169	Laundry & Linen Service		6
13	Revenue - Employee meals	B	-6,323	Dietary		8
14	Cost of meals - Guests	B	-28,107	Dietary		8
15	Sale of medical supplies to other than patients		0			
16	Sale of drugs to other than patients		0			
17	Sale of medical records and abstracts		0			
18	Vending machines		0			
19	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
21	Utilization review -- physicians' compensation		0	Utilization Review		82
22	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
23	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
24	Incontinence Income	B	-2,985	Skilled Nursing Facility		30
25	Miscellaneous Income	B	-508,390	Cap Rel Costs - Bldgs & Fixtures		1
26	Miscellaneous Income	B	-227	Administrative & General		4
27	Bad Debts	A	-315,402	Administrative & General		4
28	Maintenance Income	B	-31,269	Plant Operation, Maint. & Repairs		5
29	Housekeeping Income	B	-4,017	Housekeeping		7
30	Other Dining Income	B	-50,957	Dietary		8
31	Other Dining Income	B	-45,665	Dietary		8
32	Contribution From Fdn	B	-44,865	Social Service		13
33	Other Income	B	-185,513	Plant Operation, Maint. & Repairs		5
34	Investment Inc	B	-149,557	Cap Rel Costs - Bldgs & Fixtures		1
35	Miscellaneous Income	B	-998	Administrative & General		4
36						
100	TOTAL		-1,823,831			

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Wednesday, May 4, 2022 at 9:56:31 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	Included in Wkst A col 5	
1	4	Administrative & General	Home Office - Operational	1,732,832	2,165,478	-432,646
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	72,120	0	72,120
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	47,608	0	47,608
4	4	Administrative & General	Home Office - Interest Expense	80,770	0	80,770
5	4	Administrative & General	Home Office - Investment Income	-80,770	0	-80,770
6	4	Administrative & General	Home Office - Investment Income	-110,167	0	-110,167
10		TOTALS		1,742,393	2,165,478	-423,085

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	Percent	Type	
			of	of	of	
			Ownership	Ownership	Business	
			3 4	5	6	
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 1/1/2021 to 12/31/2021

Worksheet A-8-2 Wednesday, May 4, 2022 at 9:56:31 AM

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation	Profess- ional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
1	2	3	4	5	6	7	8	9
100	Total	0	0	0		0	0	0

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance Col 14	Provider Component Share of Col 15	Adjusted RCE Limit	RCE Dis- allowance	Adjustment
10	11	12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0





SPRINGPOINT AT DENVERVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Wednesday, May 4, 2022 at 9:56:31 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	8,176,517
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	16,108
41 Laboratory	36,756
42 Intravenous Therapy	14,859
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	997,101
45 Occupational Therapy	530,978
46 Speech Pathology	137,732
47 Electrocardiology	8,547
48 Medical Supplies Charged to Patients	2,659
49 Drugs Charged to Patients	208,009
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	10,129,266
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	77,846
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	15,565,711
95.02 Marketing	1,236,735
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I      Wednesday, May 4, 2022 at 9:56:31 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	27,009,558	4,780,743	985,724	2,644,729	27,009,558	3,364,802	4,266,248	176,802	1,353,646

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I      Wednesday, May 4, 2022 at 9:56:31 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)	SubTotal	Adjustments
	8	9	10	11	12	13	15	16	17
100 TOTAL	3,322,111	785,087	972,463	8,434	16,577	231,163	310,830	27,009,558	0

SPRINGPOINT AT DENVILLE  
Provider CCN: 31-5329  
Period from 1/1/2021 to 12/31/2021

Worksheet B Part I      Wednesday, May 4, 2022 at 9:56:31 AM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 27,009,558





SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Wednesday, May 4, 2022 at 9:56:31 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 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	472,499
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	11
41 Laboratory	25
42 Intravenous Therapy	10
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	10,196
45 Occupational Therapy	3,693
46 Speech Pathology	116
47 Electrocardiology	6
48 Medical Supplies Charged to Patients	2
49 Drugs Charged to Patients	144
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	486,702
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	54
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential/AL	5,278,756
95.02 Marketing	955
98 Cross Foot Adjustments	
99 Negative Cost Center	

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II      Wednesday, May 4, 2022 at 9:56:31 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	4,780,743	985,724	5,766,467	2,112	18,734	202,963	30,842	36,517

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II      Wednesday, May 4, 2022 at 9:56:31 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)	SubTotal	Adjustments
	8	9	10	11	12	13	15	16	17
100 TOTAL	189,210	656	674	6	8,018	3,084	24,552	5,766,467	0

SPRINGPOINT AT DENVER  
Provider CCN: 31-5329  
Period from 1/1/2021 to 12/31/2021

Worksheet B Part II      Wednesday, May 4, 2022 at 9:56:31 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
100	<hr/> TOTAL
	5,766,467



SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Wednesday, May 4, 2022 at 9:56:31 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	17,396					
10 Central Services & Supply	0	17,396				
11 Pharmacy	0	0	17,396			
12 Medical Records & Library	0	0	0	17,396		
13 Social Service	0	0	0	0	17,396	
15 Activities	0	0	0	0	0	17,396
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	17,396	17,396	17,396	17,396	17,396	17,396
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	0	0	0
45 Occupational Therapy	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	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	17,396	17,396	17,396	17,396	17,396	17,396
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/AL	0	0	0	0	0	0
95.02 Marketing	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Wednesday, May 4, 2022 at 9:56:31 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	4,780,743	985,724	2,644,729	0	3,364,802	4,266,248	176,802	1,353,646	3,322,111
103 Unit Cost Multiplier per Bp1	15.918406	3.282158	0.285299	0.000000	0.142306	14.770230	5.527826	4.741068	19.049894
104 Cost to be Allocated per Bp2	0	0	2,112	0	18,734	202,963	30,842	36,517	189,210
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000228	0.000000	0.000792	0.702681	0.964295	0.127899	1.084982

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Wednesday, May 4, 2022 at 9:56:31 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	785,087	972,463	8,434	16,577	231,163	310,830
103 Unit Cost Multiplier per Bp1	45.130317	55.901529	0.484824	0.952920	13.288285	17.867901
104 Cost to be Allocated per Bp2	656	674	6	8,018	3,084	24,552
105 Unit Cost Multiplier per Bp2	0.037710	0.038745	0.000345	0.460911	0.177282	1.411359

SPRINGPOINT AT DENVILLE  
Provider CCN: 31-5329  
Period from 1/1/2021 to 12/31/2021

Worksheet B-2                      Wednesday, May 4, 2022 at 9:56:31 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 1/1/2021 to 12/31/2021

Worksheet C Wednesday, May 4, 2022 at 9:56:31 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	16,108	32,375	0.497544
41	Laboratory	36,756	64,354	0.571153
42	Intravenous Therapy	14,859	13,008	1.142297
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	997,101	1,268,854	0.785828
45	Occupational Therapy	530,978	744,653	0.713054
46	Speech Pathology	137,732	262,346	0.525001
47	Electrocardiology	8,547	7,482	1.142342
48	Medical Supplies Charged to Patients	2,659	2,328	1.142182
49	Drugs Charged to Patients	208,009	255,570	0.813902
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	1,952,749	2,650,970	

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Wednesday, May 4, 2022 at 9:56:31 AM

Skilled Nursing Facility  
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
<b>ANCILLARY SERVICE COST CENTERS</b>						
40	Radiology	0.497544	7,411	0	3,687	0
41	Laboratory	0.571153	22,300	0	12,737	0
42	Intravenous Therapy	1.142297	6,231	0	7,118	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.785828	479,379	0	376,709	0
45	Occupational Therapy	0.713054	472,493	0	336,913	0
46	Speech Pathology	0.525001	163,175	0	85,667	0
47	Electrocardiology	1.142342	7,482	0	8,547	0
48	Medical Supplies Charged to Patients	1.142182	0	0	0	0
49	Drugs Charged to Patients	0.813902	187,820	0	152,867	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	<b>TOTAL</b>		<b>1,346,291</b>	<b>0</b>	<b>984,245</b>	<b>0</b>

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Wednesday, May 4, 2022 at 9:56:31 AM

Skilled Nursing Facility  
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.813902
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	3,687	0
41	Laboratory	0	0	12,737	0
42	Intravenous Therapy	0	0	7,118	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	376,709	0
45	Occupational Therapy	0	0	336,913	0
46	Speech Pathology	0	0	85,667	0
47	Electrocardiology	0	0	8,547	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	152,867	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	984,245	0

SPRINGPOINT AT DENVILLE  
Provider CCN: 31-5329  
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Wednesday, May 4, 2022 at 9:56:31 AM

Nursing Facility  
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	17,396
2	Private room days	0
3	Inpatient days incl. Program prvt.	6,055
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	8,176,517
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	2,839,795
7	General Inpatient routine service RCC	2,879,263
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	8,176,517
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	470.02
17	Program routine service cost	2,845,971
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,845,971
20	Capital related cost allocated to inpati	472,499
21	Per diem capital related costs	27.16
22	Program capital related cost	164,454
23	Inpatient routine service cost	2,681,517
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	2,681,517
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 1/1/2021 to 12/31/2021

Worksheet D-1 Wednesday, May 4, 2022 at 9:56:31 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)	17,396
2	Program inpatient days (see instructions)	6,055
3	Total Nursing & Allied Health costs ( see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.348069
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

SPRINGPOINT AT DENVERVILLE  
Provider CCN: 31-5329  
Period from 1/1/2021 to 12/31/2021

Worksheet E Wednesday, May 4, 2022 at 9:56:31 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)	3,963,355
2	Nursing and Allied Health Education Activities (pass through payments)	0
		-----
3	Subtotal	3,963,355
4	Primary payor amounts	0
5	Coinsurance	506,230
6	Reimbursable bad debts (From your records)	62,346
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	34,238
8	Adjusted reimbursable bad debts. (See instructions)	40,525
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0
		-----
11	Subtotal	3,497,650
12	Interim payments (See instructions)	3,457,125
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	40,525
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 1/1/2021 to 12/31/2021

Worksheet E-1 Wednesday, May 4, 2022 at 9:56:31 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		3,457,125		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		3,457,125		0

TO BE COMPLETED BY CONTRACTOR

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

Name of Contractor: \_\_\_\_\_ Contractor Number: \_\_\_\_\_

8 Name of Contractor/Number \_\_\_\_\_ 0 \_\_\_\_\_ 0

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet G Wednesday, May 4, 2022 at 9:56:31 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	6,989,011	0	0	0
2	Temporary investments	4,278,241	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,987,911	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	465,300	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	533,054	0	0	0
9	Other current assets	29,494	0	0	0
10	Due from other funds	0	0	0	0
11	<b>TOTAL CURRENT ASSETS</b>	<b>13,352,411</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FIXED ASSETS</b>					
12	Land	13,299,679	0	0	0
13	Land improvements	1,842,207	0	0	0
14	Less: Accumulated depreciation	681,806	0	0	0
15	Buildings	65,695,502	0	0	0
16	Less: Accumulated depreciation	11,987,731	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	8,288,483	0	0	0
24	Less: Accumulated depreciation	3,401,126	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	604,413	0	0	0
28	<b>TOTAL FIXED ASSETS</b>	<b>73,659,621</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER ASSETS</b>					
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	30,249,133	0	0	0
33	<b>TOTAL OTHER ASSETS</b>	<b>30,249,133</b>	<b>0</b>	<b>0</b>	<b>0</b>
34	<b>TOTAL ASSETS</b>	<b>117,261,165</b>	<b>0</b>	<b>0</b>	<b>0</b>

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet G Wednesday, May 4, 2022 at 9:56:31 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
<b>CURRENT LIABILITIES</b>					
35	Accounts payable	1,043,212	0	0	0
36	Salaries, wages & fees payable	653,427	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	740,936	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	1,029,204	0	0	0
43	<b>TOTAL CURRENT LIABILITIES</b>	<b>3,466,779</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM LIABILITIES</b>					
44	Mortgage payable	38,559,278	0	0	0
45	Notes payable	1,837,047	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	71,239,539	0	0	0
49		0	0	0	0
50	<b>TOTAL LONG TERM LIABILITIES</b>	<b>111,635,864</b>	<b>0</b>	<b>0</b>	<b>0</b>
51	<b>TOTAL LIABILITIES</b>	<b>115,102,643</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	2,158,522			
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	<b>TOTAL FUND BALANCES</b>	<b>2,158,522</b>	<b>0</b>	<b>0</b>	<b>0</b>
60	<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>117,261,165</b>	<b>0</b>	<b>0</b>	<b>0</b>

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Wednesday, May 4, 2022 at 9:56:31 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		5414373		0		0		0
2 Net income (loss)		-3261306						
3 Total		2153067		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Fund Balance Unrestricted	0		0		0		0	
6 Fdn Resident Activity Fd	5000		0		0		0	
7 Employee Apprec Fd	118839		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		123839		0		0		0
11 Subtotal		2276906		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Fund Bal Temp Restricted	0		0		0		0	
14 Fdn Resident Activity Fd	5000		0		0		0	
15 Employee Apprec Fd	113384		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		118384		0		0		0
19 Fund balances - ending		2158522		0		0		0

SPRINGPOINT AT DENVILLE  
Provider CCN: 31-5329  
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I      Wednesday, May 4, 2022 at 9:56:31 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	8,608,642		8,608,642
2	Nursing Facility	0		0
4	Other Long Term Care	15,157,706		15,157,706
		-----	-----	-----
5	Total general Inpatient care services	23,766,348		23,766,348
	ALL OTHER CARE SERVICES			
6	Ancillary services	2,580,491	0	2,580,491
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
14	Total Patient Revenues	26,346,839	0	26,346,839

SPRINGPOINT AT DENVERVILLE  
Provider CCN: 31-5329  
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II                      Wednesday, May 4, 2022 at 9:56:31 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		28,833,389
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		28,833,389
			=====

SPRINGPOINT AT DENVILLE  
 Provider CCN: 31-5329  
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Wednesday, May 4, 2022 at 9:56:31 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		26,346,839
2	Less: contractual allowances and ...		3,076,671
3	Net Patient Revenues (Line 1 - 2)		23,270,168
4	Less: total operating expenses		28,833,389
5	Net income from service to patients (Line 3 - 4)		-5,563,221
	Other Income:		
6	Contributions, donations, bequests, etc.		
7	Income from investments	104,067	
8	Revenues from communications (Telephone and Internet service)	529,372	
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	26,169	
14	Revenue from meals sold to employees and guests	131,052	
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	71,349	
24.01	Other Income	734,927	
24.02	Temporary Restricted -	0	
24.03	Net Asset Released (cont)	118,384	
24.04	Casualty Insurance	75,992	
24.05	FEMA Monies	580,733	
24.06		0	
24.50	COVID-19 PHE Funding	41,082	
			-----
25	Total other income		2,413,127
			-----
26	Total		-3,150,094
27	Other Expenses (specify)	0	
28	Net Chg Fv of Der Instr	111,212	
29		0	
29.01		0	
			-----
30	Total other expenses		111,212
			-----
31	Net income (or loss) for the period		-3,261,306
			=====