

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

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

Worksheet S Wednesday, May 24, 2023 at 11:17:21 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 Village Point (31-5269) 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
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1		
-----		

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

- 2 |Printed name \_\_\_\_\_  
 3 |Title \_\_\_\_\_  
 4 |Signature date \_\_\_\_\_

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	-493	0	0
4	SNF-Based HHA	0	0	0	0
-----		-----			
100	Total	0	-493	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.

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet S-2 Part I Wednesday, May 24, 2023 at 11:17:21 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: 3 David Brainard Drive  
 2 City / State / Zip: MONROE TOWNSHIP NJ 08831  
 3 County / CBSA Code / Urban/Rural: Middlesex 35154 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	Village Point	31-5269	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 1,035,926  
 21 Declining Balance.  
 22 Sum of the Years' Digits  
 23 Sum of lines 20 through 22 1,035,926  
 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	98571		100000

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Y/N

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

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet S-2 Part II Wednesday, May 24, 2023 at 11:17:21 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	03/31/2023	Y 03/31/2023
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
<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

VILLAGE POINT  
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Worksheet S-3 Part I Wednesday, May 24, 2023 at 11:17:21 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	Skilled Nursing Facility	120	43,800	0	5,218	12,919	18,896	37,033
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	120	43,800	0	5,218	12,919	18,896	37,033

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
1	Skilled Nursing Facility	8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	209	15	152	376	0.00	24.97	861.27	98.49
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	209	15	152	376	0.00	24.97	861.27	98.49

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
1	Skilled Nursing Facility	17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	230	21	132	383	105.28	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	230	21	132	383	105.28	0

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Worksheet S-3 Part II Wednesday, May 24, 2023 at 11:17:21 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	7,347,341	0	7,347,341	230,821.00	31.83
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)	7,347,341	0	7,347,341	230,821.00	31.83
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	142,927	0	142,927	4,249.00	33.64
12	Subtotal Excluded salary (Sum of lines 7-11)	142,927	0	142,927	4,249.00	33.64
13	Total Adjusted Salaries (Line 6 - 12)	7,204,414	0	7,204,414	226,572.00	31.80
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	563,610	0	563,610	9,754.00	57.78
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	819,704	0	819,704	12,715.00	64.47
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	1,700,133	0	1,700,133		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	33,072	0	33,072		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,667,061	0	1,667,061		

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Worksheet S-3 Part III Wednesday, May 24, 2023 at 11:17:21 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	343,171	0	343,171	7,017	48.91
3	Plant Operation, Maint. & Repairs	61,220	0	61,220	3,079	19.88
4	Laundry & Linen Service	0	0	0	0	0.00
5	Housekeeping	117,493	0	117,493	6,826	17.21
6	Dietary	234,030	0	234,030	12,268	19.08
7	Nursing Administration	883,318	0	883,318	21,961	40.22
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	122,511	0	122,511	3,192	38.38
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	261,933	0	261,933	14,785	17.72
14	Total	2,023,676	0	2,023,676	69,128	29.27

VILLAGE POINT  
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Worksheet S-3 Part IV Wednesday, May 24, 2023 at 11:17:21 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	134,098
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)	765,844
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	180,207
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	537,710
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	82,274
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)	1,700,133
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

VILLAGE POINT  
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Worksheet S-3 Part V Wednesday, May 24, 2023 at 11:17:21 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)	922,658	213,498	1,136,156	19,076	59.56
2	Licensed Practical Nurses (LPNs)	1,514,991	350,560	1,865,551	40,252	46.35
3	Certified Nursing Assistants/Nursing Assistants/Aides	2,089,837	483,577	2,573,414	83,048	30.99
4	<b>Total Nursing (Sum of 1 - 3)</b>	<b>4,527,486</b>	<b>1,047,635</b>	<b>5,575,121</b>	<b>142,376</b>	<b>39.16</b>
5	Physical Therapists	210,476	48,703	259,179	4,062	63.81
6	Physical Therapy Assistants	91,470	21,166	112,636	2,524	44.63
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	202,621	46,885	249,506	4,139	60.28
9	Occupational Therapy Assistants	87,261	20,192	107,453	2,391	44.94
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	76,182	17,628	93,810	1,952	48.06
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)	82,034		82,034	1,130	72.60
15	Licensed Practical Nurses (LPNs)	81,327		81,327	1,134	71.72
16	Certified Nursing Assistants/Nursing Assistants/Aides	400,249		400,249	7,490	53.44
17	<b>Total Nursing (Sum of 14 - 16)</b>	<b>563,610</b>		<b>563,610</b>	<b>9,754</b>	<b>57.78</b>
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



VILLAGE POINT  
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Worksheet A Wednesday, May 24, 2023 at 11:17:21 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		1,779,131	1,779,131	-103,609	1,675,522	-126,237	1,549,285
2	Cap Rel Costs - Movable Equipment		60,343	60,343	137,541	197,884	20,353	218,237
3	Employee Benefits	0	1,871,670	1,871,670	0	1,871,670	0	1,871,670
4	Administrative & General	343,171	2,207,670	2,550,841	-33,932	2,516,909	-146,871	2,370,038
5	Plant Operation, Maint. & Repairs	61,220	641,919	703,139	0	703,139	0	703,139
6	Laundry & Linen Service	0	102,243	102,243	0	102,243	-60,002	42,241
7	Housekeeping	117,493	67,202	184,695	0	184,695	0	184,695
8	Dietary	234,030	1,083,616	1,317,646	0	1,317,646	-352,416	965,230
9	Nursing Administration	883,318	40,383	923,701	0	923,701	0	923,701
10	Central Services & Supply	0	449,471	449,471	-1,804	447,667	0	447,667
11	Pharmacy	0	16,055	16,055	0	16,055	0	16,055
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	122,511	853	123,364	0	123,364	0	123,364
15	Activities	261,933	30,274	292,207	0	292,207	0	292,207
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Skilled Nursing Facility	4,512,728	792,568	5,305,296	0	5,305,296	-17,543	5,287,753
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	52,615	52,615	-9,893	42,722	0	42,722
41	Laboratory	0	38,248	38,248	0	38,248	0	38,248
42	Intravenous Therapy	0	24,371	24,371	0	24,371	0	24,371
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	668,010	1,257	669,267	-366,065	303,202	0	303,202
45	Occupational Therapy	0	0	0	289,883	289,883	0	289,883
46	Speech Pathology	0	0	0	76,182	76,182	0	76,182
47	Electrocardiology	0	0	0	9,893	9,893	0	9,893
48	Medical Supplies Charged to Patients	0	0	0	1,804	1,804	0	1,804
49	Drugs Charged to Patients	0	183,126	183,126	0	183,126	0	183,126
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>7,204,414</b>	<b>9,443,015</b>	<b>16,647,429</b>	<b>0</b>	<b>16,647,429</b>	<b>-682,716</b>	<b>15,964,713</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	18,006	18,006	0	18,006	0	18,006
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	Marketing	142,927	74,712	217,639	0	217,639	0	217,639

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet A Wednesday, May 24, 2023 at 11:17:21 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
00	TOTAL	7,347,341	9,535,733	16,883,074	0	16,883,074	-682,716	16,200,358

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet A-6 Wednesday, May 24, 2023 at 11:17:21 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	1,804	Central Services & S	10.00	0	1,804
2	To reclass depreciation	B	Cap Rel Costs - Mova	2.00	0	137,541	Cap Rel Costs - Bldg	1.00	0	137,541
3	To reclass property insurance	C	Cap Rel Costs - Bldg	1.00	0	33,932	Administrative & Gen	4.00	0	33,932
4	To reclass OT costs	D	Occupational Therapy	45.00	289,883	0	Physical Therapy	44.00	289,883	0
5	To reclass ST costs	E	Speech Pathology	46.00	76,182	0	Physical Therapy	44.00	76,182	0
6	To reclassify EKG	F	Electrocardiology	47.00	0	9,893	Radiology	40.00	0	9,893
100	TOTAL RECLASSIFICATIONS				366,065	183,170			366,065	183,170

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet A-7 Wednesday, May 24, 2023 at 11:17:21 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	0	0	0	0	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	26,456,759	0	0	26,456,759	0
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	1,061,647	59,391	0	1,121,038	0
7	Subtotal	27,518,406	59,391	0	27,577,797	0
8	Reconciling Items	0	0	0	0	0
9	Total	27,518,406	59,391	0	27,577,797	0

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8 Wednesday, May 24, 2023 at 11:17:21 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	-2,740	Cap Rel Costs - Bldgs & Fixtures	1	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			
12	Adjustment resulting from transactions with related organizations	A81	-250,941			
13	Laundry and Linen service		0			
14	Revenue - Employee meals		0			
15	Cost of meals - Guests	B	-60,002	Laundry & Linen Service	6	
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			
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review	82	
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures	1	
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment	2	
25	Misc Income	B	-87	Administrative & General	4	
26	Bad debts	A	-347,082	Dietary	8	
27	Dining Special Events	B	-1,208	Dietary	8	
28	Contributions	B	-300	Administrative & General	4	
29	Employee Meals Income	B	-6	Dietary	8	
30	Incontinence Income	B	-17,543	Skilled Nursing Facility	30	
31	Promotions	A	-2,045	Dietary	8	
32	Promotions	A	-762	Administrative & General	4	
100	TOTAL		-682,716			

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-1 Wednesday, May 24, 2023 at 11:17:21 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	1,009,114	1,201,237	-192,123
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	39,067	0	39,067
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap MME	20,353	0	20,353
4	4	Administrative & General	Home Office - Interest Expense	46,401	0	46,401
5	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-162,564	0	-162,564
6	8	Dietary	Home Office - Dietician Services	0	2,075	-2,075
10		TOTALS		952,371	1,203,312	-250,941

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

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

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

----- Related Organization(s) -----						
Symbol	Name	Percentage of Ownership	Name	Percent of Ownership	Type of Business	
#	1	2	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:

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet A-8-2 Wednesday, May 24, 2023 at 11:17:21 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 14	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

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Wednesday, May 24, 2023 at 11:17:21 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	3	3A	4	5	6	7
1	Cap Rel Costs - Bldgs & Fixtures	1,549,285	1,549,285						
2	Cap Rel Costs - Movable Equipment	218,237		218,237					
3	Employee Benefits	1,871,670	0		1,871,670				
4	Administrative & General	2,370,038	29,467	4,151	87,420	2,491,076	2,491,076		
5	Plant Operation, Maint. & Repairs	703,139	22,958	3,234	15,595	744,926	135,358	880,284	
6	Laundry & Linen Service	42,241	0	0	0	42,241	7,675	0	49,916
7	Housekeeping	184,695	3,820	538	29,930	218,983	39,791	2,247	0
8	Dietary	965,230	55,272	7,786	59,617	1,087,905	197,680	32,505	0
9	Nursing Administration	923,701	23,365	3,291	225,017	1,175,374	213,574	13,740	0
10	Central Services & Supply	447,667	0	0	0	447,667	81,344	0	0
11	Pharmacy	16,055	0	0	0	16,055	2,917	0	0
12	Medical Records & Library	0	0	0	0	0	0	0	0
13	Social Service	123,364	0	0	31,209	154,573	28,087	0	0
15	Activities	292,207	38,947	5,486	66,725	403,365	73,294	22,904	0
	ANCILLARY SERVICE COST CENTERS								
30	Skilled Nursing Facility	5,287,753	1,362,296	191,897	1,149,578	7,991,524	1,452,121	801,150	49,916
31	Nursing Facility	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS								
40	Radiology	42,722	0	0	0	42,722	7,763	0	0
41	Laboratory	38,248	0	0	0	38,248	6,950	0	0
42	Intravenous Therapy	24,371	0	0	0	24,371	4,428	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	303,202	0	0	76,918	380,120	69,070	0	0
45	Occupational Therapy	289,883	3,803	536	73,845	368,067	66,880	2,236	0
46	Speech Pathology	76,182	1,592	224	19,407	97,405	17,699	936	0
47	Electrocardiology	9,893	0	0	0	9,893	1,798	0	0
48	Medical Supplies Charged to Patients	1,804	0	0	0	1,804	328	0	0
49	Drugs Charged to Patients	183,126	0	0	0	183,126	33,275	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS								
51	Support Surfaces	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0
89	Subtotals	15,964,713	1,541,520	217,143	1,835,261	15,919,445	2,440,032	875,718	49,916
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	18,006	7,765	1,094	0	26,865	4,882	4,566	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0
95.01	Marketing	217,639	0	0	36,409	254,048	46,162	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0
100	TOTAL	16,200,358	1,549,285	218,237	1,871,670	16,200,358	2,491,076	880,284	49,916



VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Wednesday, May 24, 2023 at 11:17:21 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	
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	1,327,753								
9	Nursing Administration	0	1,406,773							
10	Central Services & Supply	0	0	529,011						
11	Pharmacy	0	0	0	18,972					
12	Medical Records & Library	0	0	0	0	0				
13	Social Service	0	0	0	0	182,660				
15	Activities	0	0	0	0	0	506,372			
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	1,327,753	1,406,773	529,011	18,972	0	182,660	506,372	14,504,416	0
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS									
40	Radiology	0	0	0	0	0	0	0	50,485	0
41	Laboratory	0	0	0	0	0	0	0	45,198	0
42	Intravenous Therapy	0	0	0	0	0	0	0	28,799	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0	0	0	449,190	0
45	Occupational Therapy	0	0	0	0	0	0	0	437,848	0
46	Speech Pathology	0	0	0	0	0	0	0	116,318	0
47	Electrocardiology	0	0	0	0	0	0	0	11,691	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	2,132	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	216,401	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS									
51	Support Surfaces	0	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	1,327,753	1,406,773	529,011	18,972	0	182,660	506,372	15,862,478	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0	37,670	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01	Marketing	0	0	0	0	0	0	0	300,210	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	1,327,753	1,406,773	529,011	18,972	0	182,660	506,372	16,200,358	0

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part I Wednesday, May 24, 2023 at 11:17:21 AM

COST ALLOCATION - GENERAL SERVICE 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	14,504,416
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	50,485
41 Laboratory	45,198
42 Intravenous Therapy	28,799
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	449,190
45 Occupational Therapy	437,848
46 Speech Pathology	116,318
47 Electrocardiology	11,691
48 Medical Supplies Charged to Patients	2,132
49 Drugs Charged to Patients	216,401
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	15,862,478
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	37,670
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Marketing	300,210
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	16,200,358

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Wednesday, May 24, 2023 at 11:17:21 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	
1	Cap Rel Costs - Bldgs & Fixtures	0	0							
2	Cap Rel Costs - Movable Equipment	0	0	0						
3	Employee Benefits	0	0	0	0					
4	Administrative & General	0	29,467	4,151	33,618	33,618				
5	Plant Operation, Maint. & Repairs	0	22,958	3,234	26,192	0	1,827	28,019		
6	Laundry & Linen Service	0	0	0	0	104	0	104		
7	Housekeeping	0	3,820	538	4,358	537	72	0	4,967	
8	Dietary	0	55,272	7,786	63,058	0	2,668	1,035	184	
9	Nursing Administration	0	23,365	3,291	26,656	0	2,882	437	78	
10	Central Services & Supply	0	0	0	0	1,098	0	0	0	
11	Pharmacy	0	0	0	0	39	0	0	0	
12	Medical Records & Library	0	0	0	0	0	0	0	0	
13	Social Service	0	0	0	0	379	0	0	0	
15	Activities	0	38,947	5,486	44,433	0	989	729	130	
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	0	1,362,296	191,897	1,554,193	0	19,596	25,500	104	4,531
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	0	105	0	0	0	0
41	Laboratory	0	0	0	0	94	0	0	0	0
42	Intravenous Therapy	0	0	0	0	60	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	932	0	0	0	0
45	Occupational Therapy	0	3,803	536	4,339	903	71	0	13	
46	Speech Pathology	0	1,592	224	1,816	239	30	0	5	
47	Electrocardiology	0	0	0	0	24	0	0	0	
48	Medical Supplies Charged to Patients	0	0	0	0	4	0	0	0	
49	Drugs Charged to Patients	0	0	0	0	449	0	0	0	
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	0	0	0	0	
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	
71	Ambulance	0	0	0	0	0	0	0	0	
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	
89	Subtotals	0	1,541,520	217,143	1,758,663	0	32,929	27,874	104	4,941
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	
91	Barber and Beauty Shop	0	7,765	1,094	8,859	66	145	0	26	
92	Physicians Private Offices	0	0	0	0	0	0	0	0	
93	Nonpaid Workers	0	0	0	0	0	0	0	0	
94	Patients Laundry	0	0	0	0	0	0	0	0	
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	
95.01	Marketing	0	0	0	0	623	0	0	0	
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	
99	Negative Cost Center	0	0	0	0	0	0	0	0	
100	TOTAL	0	1,549,285	218,237	1,767,522	0	33,618	28,019	104	4,967

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Wednesday, May 24, 2023 at 11:17:21 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
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	66,945								
9 Nursing Administration	0	30,053							
10 Central Services & Supply	0	0	1,098						
11 Pharmacy	0	0	0	39					
12 Medical Records & Library	0	0	0	0	0				
13 Social Service	0	0	0	0	0	379			
15 Activities	0	0	0	0	0	0	46,281		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	66,945	30,053	1,098	39	0	379	46,281	1,748,719	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	105	0
41 Laboratory	0	0	0	0	0	0	0	94	0
42 Intravenous Therapy	0	0	0	0	0	0	0	60	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0	0	932	0
45 Occupational Therapy	0	0	0	0	0	0	0	5,326	0
46 Speech Pathology	0	0	0	0	0	0	0	2,090	0
47 Electrocardiology	0	0	0	0	0	0	0	24	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	4	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	449	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	66,945	30,053	1,098	39	0	379	46,281	1,757,803	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	9,096	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01 Marketing	0	0	0	0	0	0	0	623	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	66,945	30,053	1,098	39	0	379	46,281	1,767,522	0

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B Part II Wednesday, May 24, 2023 at 11:17:21 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	1,748,719
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	105
41 Laboratory	94
42 Intravenous Therapy	60
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	932
45 Occupational Therapy	5,326
46 Speech Pathology	2,090
47 Electrocardiology	24
48 Medical Supplies Charged to Patients	4
49 Drugs Charged to Patients	449
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	1,757,803
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	9,096
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Marketing	623
98 Cross Foot Adjustments	
99 Negative Cost Center	
100 TOTAL	1,767,522



VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Wednesday, May 24, 2023 at 11:17:21 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	37,033				
10	Central Services & Supply	0	37,033			
11	Pharmacy	0	0	37,033		
12	Medical Records & Library	0	0	0	37,033	
13	Social Service	0	0	0	0	37,033
15	Activities	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	37,033	37,033	37,033	37,033	37,033
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	37,033	37,033	37,033	37,033	37,033
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	Marketing	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Wednesday, May 24, 2023 at 11:17:21 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	
102	Cost to be Allocated per Bp1	1,549,285	218,237	1,871,670	0	2,491,076	880,284	49,916	261,021	1,327,753
103	Unit Cost Multiplier per Bp1	17.687113	2.491461	0.254741	0.000000	0.181707	10.401560	1.347879	3.092153	11.871897
104	Cost to be Allocated per Bp2	0	0	0	0	33,618	28,019	104	4,967	66,945
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.002452	0.331076	0.002808	0.058841	0.598578



VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet B-1 Wednesday, May 24, 2023 at 11:17:21 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	
102	Cost to be Allocated per Bp1	1,406,773	529,011	18,972	0	182,660	506,372
103	Unit Cost Multiplier per Bp1	37.987012	14.284854	0.512300	0.000000	4.932358	13.673534
104	Cost to be Allocated per Bp2	30,053	1,098	39	0	379	46,281
105	Unit Cost Multiplier per Bp2	0.811519	0.029649	0.001053	0.000000	0.010234	1.249723

VILLAGE POINT  
Provider CCN: 31-5269  
Period from 1/1/2022 to 12/31/2022

Worksheet B-2                      Wednesday, May 24, 2023 at 11:17:21 AM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet C Wednesday, May 24, 2023 at 11:17:21 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	50,485	78,923	0.639674
41	Laboratory	45,198	76,496	0.590854
42	Intravenous Therapy	28,799	24,371	1.181691
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	449,190	672,959	0.667485
45	Occupational Therapy	437,848	650,821	0.672763
46	Speech Pathology	116,318	224,216	0.518777
47	Electrocardiology	11,691	9,893	1.181745
48	Medical Supplies Charged to Patients	2,132	2,706	0.787879
49	Drugs Charged to Patients	216,401	262,763	0.823560
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	1,358,062	2,003,148	

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part I Wednesday, May 24, 2023 at 11:17:21 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	0.639674	18,655	0	11,933	0
41	Laboratory	0.590854	20,207	0	11,939	0
42	Intravenous Therapy	1.181691	23,451	0	27,712	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.667485	463,879	0	309,632	0
45	Occupational Therapy	0.672763	460,989	0	310,136	0
46	Speech Pathology	0.518777	146,738	0	76,124	0
47	Electrocardiology	1.181745	9,893	0	11,691	0
48	Medical Supplies Charged to Patients	0.787879	0	0	0	0
49	Drugs Charged to Patients	0.823560	177,402	0	146,101	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>1,321,214</b>	<b>0</b>	<b>905,268</b>	<b>0</b>

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet D Part II Wednesday, May 24, 2023 at 11:17:21 AM

Skilled Nursing Facility  
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.823560
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	0.000000	11,933	0
41	Laboratory	0	0	0	11,939	0
42	Intravenous Therapy	0	0	0	27,712	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0
44	Physical Therapy	0	0	0	309,632	0
45	Occupational Therapy	0	0	0	310,136	0
46	Speech Pathology	0	0	0	76,124	0
47	Electrocardiology	0	0	0	11,691	0
48	Medical Supplies Charged to Patients	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	146,101	0
50	Dental Care - Title XIX only	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0
	=====	=====	=====	=====	=====	
100	TOTAL	0	0		905,268	0

VILLAGE POINT  
Provider CCN: 31-5269  
Period from 1/1/2022 to 12/31/2022

Worksheet D-1 Wednesday, May 24, 2023 at 11:17:21 AM

Nursing Facility  
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	37,033
2	Private room days	0
3	Inpatient days incl. Program prvt.	5,218
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	14,504,416
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	2,546,384
7	General Inpatient routine service RCC	5.696084
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	14,504,416
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	391.66
17	Program routine service cost	2,043,682
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,043,682
20	Capital related cost allocated to inpati	1,748,719
21	Per diem capital related costs	47.22
22	Program capital related cost	246,394
23	Inpatient routine service cost	1,797,288
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,797,288
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

VILLAGE POINT  
Provider CCN: 31-5269  
Period from 1/1/2022 to 12/31/2022

Worksheet D-1                      Wednesday, May 24, 2023 at 11:17:21 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)	37,033
2	Program inpatient days (see instructions)	5,218
3	Total Nursing & Allied Health costs ( see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.140901
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet E Wednesday, May 24, 2023 at 11:17:21 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)	3,273,497
2	Nursing and Allied Health Education Activities (pass through payments)	0
		-----
3	Subtotal	3,273,497
4	Primary payor amounts	0
5	Coinsurance	362,743
6	Reimbursable bad debts (From your records)	42,684
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	17,983
8	Adjusted reimbursable bad debts. (See instructions)	27,745
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0
		-----
11	Subtotal	2,938,499
12	Interim payments (See instructions)	2,901,764
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	36,879
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	349
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	-493
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



VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet E-1 Wednesday, May 24, 2023 at 11:17:21 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		2,873,875		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider	06/17/2022	27,889		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		27,889		0
4	TOTAL INTERIM PAYMENTS		2,901,764		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

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet G Wednesday, May 24, 2023 at 11:17:21 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	-4,029,168	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,873,178	0	0	0
5	Other receivables	94,239	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	440,200	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	287,841	0	0	0
9	Other current assets	150,813	0	0	0
10	Due from other funds	0	0	0	0
11	<b>TOTAL CURRENT ASSETS</b>	<b>-2,063,297</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FIXED ASSETS</b>					
12	Land	0	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	26,456,759	0	0	0
16	Less: Accumulated depreciation	4,001,275	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	1,121,038	0	0	0
24	Less: Accumulated depreciation	623,960	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	<b>TOTAL FIXED ASSETS</b>	<b>22,952,562</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	672,393	0	0	0
33	<b>TOTAL OTHER ASSETS</b>	<b>672,393</b>	<b>0</b>	<b>0</b>	<b>0</b>
34	<b>TOTAL ASSETS</b>	<b>21,561,658</b>	<b>0</b>	<b>0</b>	<b>0</b>

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet G Wednesday, May 24, 2023 at 11:17:21 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	98,214	0	0	0
36	Salaries, wages & fees payable	485,638	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	1,099,506	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	658,735	0	0	0
43	<b>TOTAL CURRENT LIABILITIES</b>	<b>2,342,093</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM LIABILITIES</b>					
44	Mortgage payable	24,630,000	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	-242,176	0	0	0
49		0	0	0	0
50	<b>TOTAL LONG TERM LIABILITIES</b>	<b>24,387,824</b>	<b>0</b>	<b>0</b>	<b>0</b>
51	<b>TOTAL LIABILITIES</b>	<b>26,729,917</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	-5,168,259			
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>-5,168,259</b>	<b>0</b>	<b>0</b>	<b>0</b>
60	<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>21,561,658</b>	<b>0</b>	<b>0</b>	<b>0</b>

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet G-1 Wednesday, May 24, 2023 at 11:17:21 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		-4716661		0		0		0
2 Net income (loss)		-451598						
3 Total		-5168259		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	0		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		0		0		0		0
11 Subtotal		-5168259		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	0		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		0		0		0		0
19 Fund balances - ending		-5168259		0		0		0

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part I Wednesday, May 24, 2023 at 11:17:21 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	17,822,403		17,822,403
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	17,822,403		17,822,403
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,876,753	0	1,876,753
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	19,699,156	0	19,699,156

VILLAGE POINT  
Provider CCN: 31-5269  
Period from 1/1/2022 to 12/31/2022

Worksheet G-2 Part II      Wednesday, May 24, 2023 at 11:17:21 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		16,883,074
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		16,883,074
			=====

VILLAGE POINT  
 Provider CCN: 31-5269  
 Period from 1/1/2022 to 12/31/2022

Worksheet G-3 Wednesday, May 24, 2023 at 11:17:21 AM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		19,699,156
2	Less: contractual allowances and ...		5,167,998
3	Net Patient Revenues (Line 1 - 2)		14,531,158
4	Less: total operating expenses		16,883,074
5	Net income from service to patients (Line 3 - 4)		-2,351,916
	Other Income:		
6	Contributions, donations, bequests, etc.	0	
7	Income from investments	2,740	
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	6,949	
14	Revenue from meals sold to employees and guests	61,216	
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	24,649	
24.01	Other Income	141,589	
24.02	Temporary Restricted -	0	
24.03	Net Assets Released	6,595	
24.04	Chg in Derivative Inst	1,227,545	
24.05	PPP Forgiveness	0	
24.06		0	
24.50	COVID-19 PHE Funding	429,035	
			-----
25	Total other income		1,900,318
			-----
26	Total		-451,598
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		-451,598
			=====