

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

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

Worksheet S Thursday, May 8, 2025 at 3:23:38 PM

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, 2024 and ending December 31, 2024, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
CMS #		1	2	3	4
1	SNF	0	11,903	0	0
100	Total	0	11,903	0	0

ECR Encryption Information:

PI Encryption Information:

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

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part I Thursday, May 8, 2025 at 3:23:38 PM

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 Brainerd 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)	01/01/2024	12/31/2024				
15	Type of Control (See Instructions)		2				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20	Straight Line	1,009,723
21	Declining Balance.	
22	Sum of the Years' Digits	
23	Sum of lines 20 through 22	1,009,723
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
27	Did you cease to participate in the Medicare program at the end of the period to which this cost report applies (See PRM 15-1, Chapter 1)?	N
28	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports?	N

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

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

Y/N

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

	Premiums	Paid Losses	Self Insurance	
41	List malpractice premiums and paid losses	97093	0	100000

Y/N

42	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N
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43	Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column 1.	Yes
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44	If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name and address of the home office on lines 45-47.	H48370
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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 1/1/2024 to 12/31/2024

Worksheet S-2 Part II Thursday, May 8, 2025 at 3:23:38 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

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

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part I Thursday, May 8, 2025 at 3:23:38 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
		1	2	Title V	Title XVIII	Title XIX	Other	
1	Skilled Nursing Facility	120	43,920	0	6,677	11,739	19,346	37,762
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	43,920	0	6,677	11,739	19,346	37,762

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
		0	262	16	194	472	0.00	25.48	733.69	80.00
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	262	16	194	472	0.00	25.48	733.69	80.00

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	289	17	173	479	113.93	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	289	17	173	479	113.93	0

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Worksheet S-3 Part II Thursday, May 8, 2025 at 3:23:38 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Amount	Reclass. of Salaries from Wkst. A-6	Adjusted Salaries	Paid Hours Related to Salary	Average Hourly Wage
		Reported 1	2	3	4	5
1	Total Salary	7,790,631	0	7,790,631	236,978.00	32.87
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)	7,790,631	0	7,790,631	236,978.00	32.87
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	208,009	0	208,009	6,948.00	29.94
12	Subtotal Excluded salary (Sum of lines 7-11)	208,009	0	208,009	6,948.00	29.94
13	Total Adjusted Salaries (Line 6 - 12)	7,582,622	0	7,582,622	230,030.00	32.96
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	409,876	0	409,876	9,820.00	41.74
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	742,177	0	742,177	11,090.00	66.92
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	1,554,674	0	1,554,674		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	41,510	0	41,510		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,513,164	0	1,513,164		

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Worksheet S-3 Part III Thursday, May 8, 2025 at 3:23:38 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass. of Salaries from Wkst. A-6 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	329,658	0	329,658	4,616	71.42
3	Plant Operation, Maint. & Repairs	77,870	0	77,870	3,039	25.62
4	Laundry & Linen Service	0	0	0	0	0.00
5	Housekeeping	244,802	0	244,802	14,245	17.19
6	Dietary	0	0	0	0	0.00
7	Nursing Administration	552,672	0	552,672	14,098	39.20
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	179,287	0	179,287	4,200	42.69
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	251,350	0	251,350	13,209	19.03
14	Total	1,635,639	0	1,635,639	53,407	30.63

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Worksheet S-3 Part IV Thursday, May 8, 2025 at 3:23:38 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	116,267
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)	569,650
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)	13,890
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	239,525
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	567,871
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	47,471
	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)	1,554,674
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Thursday, May 8, 2025 at 3:23:38 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
	DIRECT SALARIES					
	NURSING OCCUPATIONS					
1	Registered Nurses (RNs)	1,315,811	262,579	1,578,390	23,707	66.58
2	Licensed Practical Nurses (LPNs)	1,246,920	248,831	1,495,751	33,009	45.31
3	Certified Nursing Assistants/Nursing Assistants/Aides	2,539,393	506,753	3,046,146	101,177	30.11
4	Total Nursing (Sum of 1 - 3)	5,102,124	1,018,163	6,120,287	157,893	38.76
5	Physical Therapists	363,744	72,588	436,332	7,408	58.90
6	Physical Therapy Assistants	139,387	27,816	167,203	3,704	45.14
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	178,808	35,682	214,490	3,703	57.92
9	Occupational Therapy Assistants	81,462	16,256	97,718	2,146	45.53
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	81,458	16,256	97,714	1,768	55.27
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
	CONTRACT LABOR					
	NURSING OCCUPATIONS					
14	Registered Nurses (RNs)	38,537		38,537	583	66.10
15	Licensed Practical Nurses (LPNs)	126,424		126,424	2,449	51.62
16	Certified Nursing Assistants/Nursing Assistants/Aides	244,915		244,915	6,787	36.09
17	Total Nursing (Sum of 14 - 16)	409,876		409,876	9,819	41.74
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
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs - Bldgs & Fixtures		2,594,574	2,594,574	53,754	2,648,328	-16,105	2,632,223
2	Cap Rel Costs - Movable Equipment		64,000	64,000	0	64,000	15,259	79,259
3	Employee Benefits	0	1,581,031	1,581,031	0	1,581,031	0	1,581,031
4	Administrative & General	329,658	2,020,111	2,349,769	-53,754	2,296,015	-17,040	2,278,975
5	Plant Operation, Maint. & Repairs	77,870	833,546	911,416	0	911,416	0	911,416
6	Laundry & Linen Service	0	98,951	98,951	0	98,951	-31,030	67,921
7	Housekeeping	244,802	77,478	322,280	0	322,280	0	322,280
8	Dietary	0	1,580,911	1,580,911	0	1,580,911	-54,580	1,526,331
9	Nursing Administration	552,672	57,346	610,018	-7,316	602,702	0	602,702
10	Central Services & Supply	0	16,466	16,466	0	16,466	0	16,466
11	Pharmacy	0	13,524	13,524	0	13,524	0	13,524
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	179,287	549	179,836	0	179,836	0	179,836
15	Other General Service Cost	251,350	22,994	274,344	0	274,344	0	274,344
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Skilled Nursing Facility	5,102,124	664,822	5,766,946	0	5,766,946	0	5,766,946
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS							
40	Radiology	0	56,840	56,840	0	56,840	0	56,840
41	Laboratory	0	42,028	42,028	0	42,028	0	42,028
42	Intravenous Therapy	0	30,493	30,493	0	30,493	0	30,493
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	503,131	168,106	671,237	0	671,237	0	671,237
45	Occupational Therapy	260,270	0	260,270	0	260,270	0	260,270
46	Speech Pathology	81,458	0	81,458	0	81,458	0	81,458
47	Electrocardiology	0	0	0	7,316	7,316	0	7,316
48	Medical Supplies Charged to Patients	0	67,636	67,636	0	67,636	0	67,636
49	Drugs Charged to Patients	0	252,530	252,530	0	252,530	0	252,530
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
	OUTPATIENT SERVICE COST CENTERS							
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS							
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	73,915	73,915	0	73,915	0	73,915
74	Other Reimbursable Cost	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS							
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	7,582,622	10,317,851	17,900,473	0	17,900,473	-103,496	17,796,977
	NONREIMBURSABLE COST CENTERS							
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	13,596	13,596	0	13,596	0	13,596
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	46,928	18,018	64,946	0	64,946	0	64,946

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified	Adjust-	Net
						Trial Balance 5	ments to Expenses 6	Expenses for Cost Allocation 7
95.02	Marketing	161,081	113,894	274,975	0	274,975	0	274,975
100	TOTAL	7,790,631	10,463,359	18,253,990	0	18,253,990	-103,496	18,150,494

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet A-6 Thursday, May 8, 2025 at 3:23:38 PM

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 capital costs	A	Cap Rel Costs - Bldg	1.00	0	53,754	Administrative & Gen	4.00	0	53,754	
2	To reclassify EKG	A	Electrocardiology	47.00	0	7,316	Nursing Administrati	9.00	0	7,316	
100	TOTAL RECLASSIFICATIONS				0	61,070			0	61,070	

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet A-7 Thursday, May 8, 2025 at 3:23:38 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	-----	Acquisitions	-----	Disposals	and	Ending	Fully
		Balances	Purchase	Donation	Total	Retirements		Balance	Depreciated
		1	2	3	4	5		6	7
1	Land	0	0	0	0	0		0	0
2	Land Improvements	0	0	0	0	0		0	0
3	Buildings & Fixtures	26,477,432	28,149	0	28,149	0		26,505,581	0
4	Building Improvements	0	0	0	0	0		0	0
5	Fixed Equipment	0	0	0	0	0		0	0
6	Movable Equipment	1,149,346	61,645	0	61,645	0		1,210,991	0
7	Subtotal	27,626,778	89,794	0	89,794	0		27,716,572	0
8	Reconciling Items	0	0	0	0	0		0	0
9	Total	27,626,778	89,794	0	89,794	0		27,716,572	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet A-8 Thursday, May 8, 2025 at 3:23:38 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment	Amount	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
				Cost Center		
		1	2	3		4
1	Investment income on restricted funds	B	-54,305	Cap Rel Costs - Bldgs & Fixtures		1
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	753,653			
13	Laundry and Linen service	B	-31,030	Laundry & Linen Service		6
14	Revenue - Employee meals	B	-52,892	Dietary		8
15	Cost of meals - Guests	B	-1,688	Dietary		8
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Bad Debts	A	-638,047	Administrative & General		4
26	Fines & Penalties	A	-55,185	Administrative & General		4
27	Miscellaneous Income-Operating	B	-292	Administrative & General		4
28	Expenses from Contributed Funds	B	-23,710	Administrative & General		4
			=====			
100	TOTAL		-103,496			

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet A-8-1 Thursday, May 8, 2025 at 3:23:38 PM

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

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

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Amount Included in Wkst A col 5	(col 4 - 5)
	1	2	3	4	5	6
1	4	Administrative & General	Home Office - Operational	489,304	531,287	-41,983
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	38,293	0	38,293
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	15,259	0	15,259
4	4	Administrative & General	Home Office - Salaries and Wages	742,177	0	742,177
5	1	Cap Rel Costs - Bldgs & Fixtures	Interest Income	-93	0	-93
10		TOTALS		1,284,940	531,287	753,653

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

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

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

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

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

Provider CCN: 31-5269

Period from 1/1/2024 to 12/31/2024

Worksheet A-8-2

Thursday, May 8, 2025 at 3:23:38 PM

Provider-Based Physicians Adjustments

100

100

COST ALLOCATION - GENERAL SERVICE COSTS

		Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1	Cap Rel Costs - Bldgs & Fixtures	2,632,223	2,632,223							
2	Cap Rel Costs - Movable Equipment	79,259		79,259						
3	Employee Benefits	1,581,031	0	0	1,581,031					
4	Administrative & General	2,278,975	50,064	1,507	66,901	2,397,447	2,397,447			
5	Plant Operation, Maint. & Repairs	911,416	39,005	1,174	15,803	967,398	147,227	1,114,625		
6	Laundry & Linen Service	67,921	0	0	0	67,921	10,337	0	78,258	
7	Housekeeping	322,280	6,491	195	49,680	378,646	57,626	2,845	0	439,117
8	Dietary	1,526,331	93,907	2,828	0	1,623,066	247,013	41,158	0	16,256
9	Nursing Administration	602,702	39,696	1,195	112,159	755,752	115,017	17,398	0	6,872
10	Central Services & Supply	16,466	0	0	0	16,466	2,506	0	0	0
11	Pharmacy	13,524	0	0	0	13,524	2,058	0	0	0
12	Medical Records & Library	0	0	0	0	0	0	0	0	0
13	Social Service	179,836	0	0	36,385	216,221	32,906	0	0	0
15	Other General Service Cost	274,344	66,171	1,992	51,009	393,516	59,889	29,002	0	11,455
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	5,766,946	2,314,531	69,695	1,035,425	9,186,597	1,398,107	1,014,423	78,258	400,664
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	56,840	0	0	0	56,840	8,650	0	0	0
41	Laboratory	42,028	0	0	0	42,028	6,396	0	0	0
42	Intravenous Therapy	30,493	0	0	0	30,493	4,641	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	671,237	0	0	102,105	773,342	117,694	0	0	0
45	Occupational Therapy	260,270	6,461	195	52,819	319,745	48,662	2,832	0	1,118
46	Speech Pathology	81,458	2,705	81	16,531	100,775	15,337	1,185	0	468
47	Electrocardiology	7,316	0	0	0	7,316	1,113	0	0	0
48	Medical Supplies Charged to Patients	67,636	0	0	0	67,636	10,293	0	0	0
49	Drugs Charged to Patients	252,530	0	0	0	252,530	38,432	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS									
51	Support Surfaces	0	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	73,915	0	0	0	73,915	11,249	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	17,796,977	2,619,031	78,862	1,538,817	17,741,174	2,335,153	1,108,843	78,258	436,833
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	13,596	13,192	397	0	27,185	4,137	5,782	0	2,284
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01	Residential	64,946	0	0	9,524	74,470	11,334	0	0	0
95.02	Marketing	274,975	0	0	32,690	307,665	46,823	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 8, 2025 at 3:23:38 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	15,678,124
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	65,490
41 Laboratory	48,424
42 Intravenous Therapy	35,134
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	891,036
45 Occupational Therapy	372,357
46 Speech Pathology	117,765
47 Electrocardiology	8,429
48 Medical Supplies Charged to Patients	77,929
49 Drugs Charged to Patients	290,962
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	85,164
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	17,670,814
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	39,388
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	85,804
95.02 Marketing	354,488
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

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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	18,150,494	2,632,223	79,259	1,581,031	18,150,494	2,397,447	1,114,625	78,258	439,117

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 8, 2025 at 3:23:38 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	1,927,493	895,039	18,972	15,582	0	249,127	493,862	18,150,494	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 8, 2025 at 3:23:38 PM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 18,150,494

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:23:38 PM

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	0				
4 Administrative & General	0	50,064	1,507	51,571	0	51,571			
5 Plant Operation, Maint. & Repairs	0	39,005	1,174	40,179	0	3,167	43,346		
6 Laundry & Linen Service	0	0	0	0	0	222	0	222	
7 Housekeeping	0	6,491	195	6,686	0	1,240	111	0	8,037
8 Dietary	0	93,907	2,828	96,735	0	5,314	1,601	0	298
9 Nursing Administration	0	39,696	1,195	40,891	0	2,474	677	0	126
10 Central Services & Supply	0	0	0	0	0	54	0	0	0
11 Pharmacy	0	0	0	0	0	44	0	0	0
12 Medical Records & Library	0	0	0	0	0	0	0	0	0
13 Social Service	0	0	0	0	0	708	0	0	0
15 Other General Service Cost	0	66,171	1,992	68,163	0	1,288	1,128	0	210
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	2,314,531	69,695	2,384,226	0	30,073	39,448	222	7,332
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	186	0	0	0
41 Laboratory	0	0	0	0	0	138	0	0	0
42 Intravenous Therapy	0	0	0	0	0	100	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	2,532	0	0	0
45 Occupational Therapy	0	6,461	195	6,656	0	1,047	110	0	20
46 Speech Pathology	0	2,705	81	2,786	0	330	46	0	9
47 Electrocardiology	0	0	0	0	0	24	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	221	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	827	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	242	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	0	2,619,031	78,862	2,697,893	0	50,231	43,121	222	7,995
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	13,192	397	13,589	0	89	225	0	42
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01 Residential	0	0	0	0	0	244	0	0	0
95.02 Marketing	0	0	0	0	0	1,007	0	0	0
98 Cross Foot Adjustments		0	0		0	0	0	0	0
99 Negative Cost Center		0	0		0	0	0	0	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

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ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	2,681,012
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	186
41 Laboratory	138
42 Intravenous Therapy	100
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	2,532
45 Occupational Therapy	7,833
46 Speech Pathology	3,171
47 Electrocardiology	24
48 Medical Supplies Charged to Patients	221
49 Drugs Charged to Patients	827
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	242
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	2,696,286
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	13,945
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	244
95.02 Marketing	1,007
98 Cross Foot Adjustments	
99 Negative Cost Center	

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:23:38 PM

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	2,632,223	79,259	2,711,482	0	51,571	43,346	222	8,037

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:23:38 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	103,948	44,168	54	44	0	708	70,789	2,711,482	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:23:38 PM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 2,711,482

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 8, 2025 at 3:23:38 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8
1	Cap Rel Costs - Bldgs & Fixtures	87,594							
2	Cap Rel Costs - Movable Equipment		87,594						
3	Employee Benefits	0	7,790,631						
4	Administrative & General	1,666	329,658	-2,397,447	15,753,047				
5	Plant Operation, Maint. & Repairs	1,298	77,870	0	967,398	84,630			
6	Laundry & Linen Service	0	0	0	67,921	0	37,762		
7	Housekeeping	216	244,802	0	378,646	216	0	84,414	
8	Dietary	3,125	0	0	1,623,066	3,125	0	3,125	113,286
9	Nursing Administration	1,321	552,672	0	755,752	1,321	0	1,321	0
10	Central Services & Supply	0	0	0	16,466	0	0	0	0
11	Pharmacy	0	0	0	13,524	0	0	0	0
12	Medical Records & Library	0	0	0	0	0	0	0	0
13	Social Service	0	179,287	0	216,221	0	0	0	0
15	Other General Service Cost	2,202	251,350	0	393,516	2,202	0	2,202	0
	ANCILLARY SERVICE COST CENTERS								
30	Skilled Nursing Facility	77,022	5,102,124	0	9,186,597	77,022	37,762	77,022	113,286
31	Nursing Facility	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS								
40	Radiology	0	0	0	56,840	0	0	0	0
41	Laboratory	0	0	0	42,028	0	0	0	0
42	Intravenous Therapy	0	0	0	30,493	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	0	503,131	0	773,342	0	0	0	0
45	Occupational Therapy	215	260,270	0	319,745	215	0	215	0
46	Speech Pathology	90	81,458	0	100,775	90	0	90	0
47	Electrocardiology	0	0	0	7,316	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	67,636	0	0	0	0
49	Drugs Charged to Patients	0	0	0	252,530	0	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	73,915	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0
89	Subtotal	87,155	7,582,622	-2,397,447	15,343,727	84,191	37,762	83,975	113,286
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	439	439	0	27,185	439	0	439	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0
95.01	Residential	0	46,928	0	74,470	0	0	0	0
95.02	Marketing	0	161,081	0	307,665	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 8, 2025 at 3:23:38 PM

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	37,762					
10 Central Services & Supply	0	37,762				
11 Pharmacy	0	0	37,762			
12 Medical Records & Library	0	0	0	6,585,629		
13 Social Service	0	0	0	179,287	37,762	
15 Other General Service Cost	0	0	0	251,350	0	37,762
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	37,762	37,762	37,762	5,102,124	37,762	37,762
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	503,131	0	0
45 Occupational Therapy	0	0	0	260,270	0	0
46 Speech Pathology	0	0	0	81,458	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	37,762	37,762	37,762	6,377,620	37,762	37,762
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
95.01 Residential	0	0	0	46,928	0	0
95.02 Marketing	0	0	0	161,081	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 8, 2025 at 3:23:38 PM

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	2,632,223	79,259	1,581,031	0	2,397,447	1,114,625	78,258	439,117	1,927,493
103	Unit Cost Multiplier per Bp1	30.050266	0.904845	0.202940	0.000000	0.152189	13.170566	2.072401	5.201945	17.014397
104	Cost to be Allocated per Bp2	0	0	0	0	51,571	43,346	222	8,037	103,948
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.003274	0.512182	0.005879	0.095209	0.917571

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 8, 2025 at 3:23:38 PM

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	895,039	18,972	15,582	0	249,127	493,862
103 Unit Cost Multiplier per Bp1	23.702108	0.502410	0.412637	0.000000	6.597294	13.078280
104 Cost to be Allocated per Bp2	44,168	54	44	0	708	70,789
105 Unit Cost Multiplier per Bp2	1.169641	0.001430	0.001165	0.000000	0.018749	1.874609

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet B-2 Thursday, May 8, 2025 at 3:23:38 PM

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 1/1/2024 to 12/31/2024

Worksheet C Thursday, May 8, 2025 at 3:23:38 PM

Ratio of Cost of Charges
for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total 1	Total Charges 2	Ratio 3
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	65,490	56,840	1.152182
41	Laboratory	48,424	42,028	1.152184
42	Intravenous Therapy	35,134	30,493	1.152199
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	891,036	845,884	1.053378
45	Occupational Therapy	372,357	636,686	0.584836
46	Speech Pathology	117,765	155,993	0.754938
47	Electrocardiology	8,429	7,316	1.152132
48	Medical Supplies Charged to Patients	77,929	67,636	1.152182
49	Drugs Charged to Patients	290,962	365,137	0.796857
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	85,164	73,915	1.152188
100	TOTAL	1,992,690	2,281,928	

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet D Part I Thursday, May 8, 2025 at 3:23:38 PM

Skilled Nursing Facility
Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

Cost Center Description		Ratio of	----- Health Care -----	----- Health Care -----	
		cost to	---- Program Charges ---	----- Program Cost -----	
		charges	Part A	Part B	Part A
		1	2	3	4
					5
CMS #	ANCILLARY SERVICE COST CENTERS				
40	Radiology	1.152182	18,635	0	21,471
41	Laboratory	1.152184	30,635	0	35,297
42	Intravenous Therapy	1.152199	18,497	0	21,312
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0
44	Physical Therapy	1.053378	551,687	0	581,135
45	Occupational Therapy	0.584836	463,923	0	271,319
46	Speech Pathology	0.754938	110,049	0	83,080
47	Electrocardiology	1.152132	7,316	0	8,429
48	Medical Supplies Charged to Patients	1.152182	6,452	0	7,434
49	Drugs Charged to Patients	0.796857	261,108	0	208,066
50	Dental Care - Title XIX only	0.000000	0	0	0
51	Support Surfaces	0.000000	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60	Clinic	0.000000	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0
71	Ambulance	1.152188	0	0	0
		-----	-----	-----	-----
100	TOTAL		1,468,302	0	1,237,543
			=====	=====	=====

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet D Part II Thursday, May 8, 2025 at 3:23:38 PM

Skilled Nursing Facility
Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.796857
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18 1	Nursing & Allied Health (From Wkst B Part I, Col 14) 2	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1) 3	Program Part A Cost (From Wkst D Part I, Col 4) 4	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4) 5
40 Radiology	0	0	0.000000	21,471	0
41 Laboratory	0	0	0	35,297	0
42 Intravenous Therapy	0	0	0	21,312	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0
44 Physical Therapy	0	0	0	581,135	0
45 Occupational Therapy	0	0	0	271,319	0
46 Speech Pathology	0	0	0	83,080	0
47 Electrocardiology	0	0	0	8,429	0
48 Medical Supplies Charged to Patients	0	0	0	7,434	0
49 Drugs Charged to Patients	0	0	0	208,066	0
50 Dental Care - Title XIX only	0	0	0	0	0
51 Support Surfaces	0	0	0	0	0
	=====	=====	=====	=====	=====
100 TOTAL	0	0		1,237,543	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Thursday, May 8, 2025 at 3:23:38 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS	#	DESCRIPTION	AMOUNT
	1	Inpatient days incl. private	37,762
	2	Private room days	0
	3	Inpatient days incl. Program prvt.	6,677
	4	Med. nec. Program prvt. room days	0
	5	Total general Inpatient routine svc.s co	15,678,124
		PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
	6	General Inpatient routine service charge	3,709,588
	7	General Inpatient routine service RCC	4.226379
	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	15,678,124
		PROGRAM INPATIENT ROUTINE SERVICE COSTS	
	16	Adjusted general Inpatient per diem cost	415.18
	17	Program routine service cost	2,772,157
	18	Med. nec. program prvt. room cost	0
	19	Total program general Inpatient cost	2,772,157
	20	Capital related cost allocated to inpati	2,681,012
	21	Per diem capital related costs	71.00
	22	Program capital related cost	474,067
	23	Inpatient routine service cost	2,298,090
	24	Aggregate charges to beneficiaries for e	0
	25	Total program routine service costs for	2,298,090
	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 1/1/2024 to 12/31/2024

Worksheet D-1 Thursday, May 8, 2025 at 3:23:38 PM

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)	37,762
2	Program inpatient days (see instructions)	6,677
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.176818
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet E Thursday, May 8, 2025 at 3:23:38 PM

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)	4,607,729
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	4,607,729
4	Primary payor amounts	0
5	Coinsurance	490,212
6	Reimbursable bad debts (From your records)	18,684
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	16,848
8	Adjusted reimbursable bad debts. (See instructions)	12,145
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	4,129,662
12	Interim payments (See instructions)	4,035,166
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)	243
14.99	Sequestration adjustment (See instructions)	82,350
15	Balance due provider/program	11,903
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 1/1/2024 to 12/31/2024

Worksheet E-1 Thursday, May 8, 2025 at 3:23:38 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A --- Mo/Day/Year 1	Amount 2	----- Part B ----- Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		4,035,166		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		4,035,166		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 1/1/2024 to 12/31/2024

Worksheet G Thursday, May 8, 2025 at 3:23:38 PM

BALANCE SHEET

		General	Specific	Endowment	Plant
CMS	ASSETS (omit cents)	Fund	Purpose	Fund	Fund
#		1	2	3	4
	CURRENT ASSETS				
1	Cash on hand and in banks	-773,640	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	1,980,364	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	785,000	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	247,271	0	0	0
9	Other current assets	143,590	0	0	0
10	Due from other funds	0	0	0	0
		-----	-----	-----	-----
11	TOTAL CURRENT ASSETS	812,585	0	0	0
	FIXED ASSETS				
12	Land	0	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	26,505,581	0	0	0
16	Less: Accumulated depreciation	5,802,554	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	1,210,991	0	0	0
24	Less: Accumulated depreciation	835,852	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	TOTAL FIXED ASSETS	21,078,166	0	0	0
	OTHER ASSETS				
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	4,328,573	0	0	0
		-----	-----	-----	-----
33	TOTAL OTHER ASSETS	4,328,573	0	0	0
		-----	-----	-----	-----
34	TOTAL ASSETS	26,219,324	0	0	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet G Thursday, May 8, 2025 at 3:23:38 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
CURRENT LIABILITIES					
35	Accounts payable	437,159	0	0	0
36	Salaries, wages & fees payable	586,763	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	63,000	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	383,220	0	0	0
43	TOTAL CURRENT LIABILITIES	1,470,142	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	22,937,000	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	3,047,335	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	25,984,335	0	0	0
51	TOTAL LIABILITIES	27,454,477	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	-1,235,153			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	TOTAL FUND BALANCES	-1,235,153	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	26,219,324	0	0	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet G-1 Thursday, May 8, 2025 at 3:23:38 PM

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		-288570		0		0		0
2	Net income (loss)		-950009						
			-----		-----		-----		-----
3	Total		-1238579		0		0		0
4	Additions (Credit adjustments)	0		0		0		0	
5	Temporary Restricted - Contributions	10360		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		10360		0		0		0
11	Subtotal		-1228219		0		0		0
12	Deductions (Debit adjustments)	0		0		0		0	
13	Prior Period Activity	6934		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		6934		0		0		0
19	Fund balances - ending		-1235153		0		0		0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part I Thursday, May 8, 2025 at 3:23:38 PM

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	20,154,950		20,154,950
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
	-----	-----	-----	-----
5	Total general Inpatient care services	20,154,950		20,154,950
	ALL OTHER CARE SERVICES			
6	Ancillary services	2,119,944	0	2,119,944
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
	-----	-----	-----	-----
13		0	0	0
	=====	=====	=====	=====
14	Total Patient Revenues	22,274,894	0	22,274,894

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part II Thursday, May 8, 2025 at 3:23:38 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description	
1	Operating Expenses	18,253,990
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	----- 18,253,990 =====

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2024 to 12/31/2024

Worksheet G-3 Thursday, May 8, 2025 at 3:23:38 PM

Statement of Revenues and Expenses

CMS #	Description	
1	Total Patient Revenues	22,274,894
2	Less: contractual allowances and ...	5,288,083
3	Net Patient Revenues (Line 1 - 2)	16,986,811
4	Less: total operating expenses	18,253,990
5	Net income from service to patients (Line 3 - 4)	-1,267,179
	Other Income:	
6	Contributions, donations, bequests, etc.	150,000
7	Income from investments	54,305
	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	31,030
14	Revenue from meals sold to employees and guests	54,580
15	Revenue from rental of living quarters	0
	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	19,763
24.01	Miscellaneous Income	-292
24.02	Other Income	576
24.03	Guest House Income	273
24.04	Restricted Funds/Contributions	6,935
24.50	COVID-19 PHE Funding	0

25	Total other income	317,170

26	Total	-950,009
27	Other Expenses (specify)	0
28		0
29		0

30	Total other expenses	0

31	Net income (or loss) for the period	-950,009
		=====