

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

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

Worksheet S Thursday, May 5, 2022 at 10:36:38 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, 2021 and ending December 31, 2021, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OF ADMINISTRATOR		CHECKBOX
1		2
1		

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	-5,698	0	0
100	Total	0	-5,698	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 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Thursday, May 5, 2022 at 10:36:38 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)		01/01/2021	12/31/2021			
15	Type of Control (See Instructions)			2			

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 1,031,515
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 1,031,515
 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	93878		100000

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

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

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

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

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Thursday, May 5, 2022 at 10:36:38 AM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	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		
UNAPPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	03/30/2022	Y 03/30/2022
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
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
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part I Thursday, May 5, 2022 at 10:36:38 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	120	43,800	0	4,945	656	28,309	33,910
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	4,945	656	28,309	33,910

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	170	0	175	345	0.00	29.09	0.00	98.29
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	170	0	175	345	0.00	29.09	0.00	98.29

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	196	0	166	362	114.84	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	196	0	166	362	114.84	0

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Worksheet S-3 Part II Thursday, May 5, 2022 at 10:36:38 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	7,289,089	0	7,289,089	238,872.00	30.51
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)	7,289,089	0	7,289,089	238,872.00	30.51
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	148,236	0	148,236	4,281.00	34.63
12	Subtotal Excluded salary (Sum of lines 7-11)	148,236	0	148,236	4,281.00	34.63
13	Total Adjusted Salaries (Line 6 - 12)	7,140,853	0	7,140,853	234,591.00	30.44
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	303,355	0	303,355	9,526.00	31.84
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	836,805	0	836,805	11,424.00	73.25
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	1,853,919	0	1,853,919		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	37,703	0	37,703		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	1,816,216	0	1,816,216		

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Worksheet S-3 Part III Thursday, May 5, 2022 at 10:36:38 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	279,334	0	279,334	6,855	40.75
3	Plant Operation, Maint. & Repairs	48,624	0	48,624	2,383	20.40
4	Laundry & Linen Service	0	0	0	0	0.00
5	Housekeeping	113,229	0	113,229	8,249	13.73
6	Dietary	417,011	0	417,011	24,404	17.09
7	Nursing Administration	630,968	0	630,968	17,788	35.47
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	129,235	0	129,235	4,080	31.68
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	248,489	0	248,489	15,504	16.03
14	Total	1,866,890	0	1,866,890	79,263	23.55

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Worksheet S-3 Part IV Thursday, May 5, 2022 at 10:36:38 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	106,272
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	1,062,719
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	157,460
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	525,106
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	2,362
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)	1,853,919
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Thursday, May 5, 2022 at 10:36:38 AM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
DIRECT SALARIES						
NURSING OCCUPATIONS						
1	Registered Nurses (RNs)	1,340,569	340,962	1,681,531	27,677	60.76
2	Licensed Practical Nurses (LPNs)	1,385,614	352,419	1,738,033	35,694	48.69
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,952,387	496,573	2,448,960	76,542	31.99
4	Total Nursing (Sum of 1 - 3)	4,678,570	1,189,954	5,868,524	139,913	41.94
5	Physical Therapists	117,574	29,904	147,478	2,573	57.32
6	Physical Therapy Assistants	146,351	37,223	183,574	4,096	44.82
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	181,279	46,107	227,386	4,476	50.80
9	Occupational Therapy Assistants	76,203	19,382	95,585	2,359	40.52
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	69,510	17,679	87,189	1,911	45.62
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)	2,721		2,721	41	66.37
15	Licensed Practical Nurses (LPNs)	18,785		18,785	400	46.96
16	Certified Nursing Assistants/Nursing Assistants/Aides	281,849		281,849	9,085	31.02
17	Total Nursing (Sum of 14 - 16)	303,355		303,355	9,526	31.84
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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 Period from 1/1/2021 to 12/31/2021

Worksheet A Thursday, May 5, 2022 at 10:36:38 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		1,715,498	1,715,498	-90,720	1,624,778	-562,247	1,062,531
2	Cap Rel Costs - Movable Equipment		46,007	46,007	133,141	179,148	26,877	206,025
3	Employee Benefits	0	1,857,853	1,857,853	0	1,857,853	0	1,857,853
4	Administrative & General	279,334	2,189,337	2,468,671	-42,421	2,426,250	-101,238	2,325,012
5	Plant Operation, Maint. & Repairs	48,624	553,546	602,170	0	602,170	0	602,170
6	Laundry & Linen Service	0	89,375	89,375	0	89,375	-44,422	44,953
7	Housekeeping	113,229	72,067	185,296	0	185,296	0	185,296
8	Dietary	417,011	682,325	1,099,336	0	1,099,336	-361,614	737,722
9	Nursing Administration	630,968	40,433	671,401	0	671,401	0	671,401
10	Central Services & Supply	0	895,453	895,453	-1,947	893,506	0	893,506
11	Pharmacy	0	8,660	8,660	0	8,660	0	8,660
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	129,235	578	129,813	0	129,813	0	129,813
15	Activities	248,489	32,646	281,135	0	281,135	0	281,135
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	4,683,046	495,918	5,178,964	0	5,178,964	-2,121	5,176,843
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	56,268	56,268	-544	55,724	0	55,724
41	Laboratory	0	57,358	57,358	0	57,358	0	57,358
42	Intravenous Therapy	0	27,678	27,678	0	27,678	0	27,678
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	590,917	591	591,508	-326,991	264,517	0	264,517
45	Occupational Therapy	0	0	0	257,481	257,481	0	257,481
46	Speech Pathology	0	0	0	69,510	69,510	0	69,510
47	Electrocardiology	0	0	0	544	544	0	544
48	Medical Supplies Charged to Patients	0	0	0	1,947	1,947	0	1,947
49	Drugs Charged to Patients	0	149,115	149,115	0	149,115	0	149,115
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	7,140,853	8,970,706	16,111,559	0	16,111,559	-1,044,765	15,066,794
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	9,584	9,584	0	9,584	0	9,584
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	148,236	72,956	221,192	0	221,192	0	221,192

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Worksheet A Thursday, May 5, 2022 at 10:36:38 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	7,289,089	9,053,246	16,342,335	0	16,342,335	-1,044,765	15,297,570

VILLAGE POINT
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Worksheet A-6 Thursday, May 5, 2022 at 10:36:38 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	1,947	Central Services & S	10.00	0	1,947
2	To reclass depreciation	B	Cap Rel Costs - Mova	2.00	0	133,141	Cap Rel Costs - Bldg	1.00	0	133,141
3	To reclass property insurance	C	Cap Rel Costs - Bldg	1.00	0	42,421	Administrative & Gen	4.00	0	42,421
4	To reclass OT costs	D	Occupational Therapy	45.00	257,481	0	Physical Therapy	44.00	257,481	0
5	To reclass ST costs	E	Speech Pathology	46.00	69,510	0	Physical Therapy	44.00	69,510	0
6	To reclass EKG	F	Electrocardiology	47.00	0	544	Radiology	40.00	0	544
100	TOTAL RECLASSIFICATIONS				326,991	178,053			326,991	178,053

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet A-7 Thursday, May 5, 2022 at 10:36:38 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	26,456,419	340	0	26,456,759	0
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	983,159	78,488	0	1,061,647	82,397
7	Subtotal	27,439,578	78,828	0	27,518,406	82,397
8	Reconciling Items	0	0	0	0	0
9	Total	27,439,578	78,828	0	27,518,406	82,397

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Thursday, May 5, 2022 at 10:36:38 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	-15,767	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	-159,759			
13	Laundry and Linen service		0			
14	Revenue - Employee meals		0			
15	Cost of meals - Guests	B	-44,422	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	Construction Settlement	B	-525,000	Cap Rel Costs - Bldgs & Fixtures	1	
26	Bad debts	A	-297,389	Dietary	8	
27	Investment inc	B	-4	Administrative & General	4	
28	Misc Income	B	-108	Administrative & General	4	
29	Employee Meals Income	B	-195	Dietary	8	
30	Incontinence Income	B	-2,121	Skilled Nursing Facility	30	
100	TOTAL		<u>-1,044,765</u>			

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Thursday, May 5, 2022 at 10:36:38 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	2	3	4	5	6
1	4	Administrative & General	Home Office - Operational	978,253	1,079,379	-101,126
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	40,714	0	40,714
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap MME	26,877	0	26,877
4	4	Administrative & General	Home Office - Interest Expense	45,598	0	45,598
5	4	Administrative & General	Home Office - Investment Income	-45,598	0	-45,598
6	8	Dietary	Home Office - Dietician Services	0	64,030	-64,030
7	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Investment Income	-62,194	0	-62,194
10		TOTALS		983,650	1,143,409	-159,759

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

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

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

#	Symbol	Name	----- Related Organization(s) -----		
			Percentage of Ownership	Percent of Ownership	Type of Business
1	B		0%	100%	Springpoint Senior Living 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 1/1/2021 to 12/31/2021

Worksheet A-8-2 Thursday, May 5, 2022 at 10:36:38 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 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 10:36:38 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	1,062,531	1,062,531							
2 Cap Rel Costs - Movable Equipment	206,025		206,025						
3 Employee Benefits	1,857,853	0		1,857,853					
4 Administrative & General	2,325,012	20,209	3,919	71,197	2,420,337	2,420,337			
5 Plant Operation, Maint. & Repairs	602,170	15,745	3,053	12,393	633,361	119,043	752,404		
6 Laundry & Linen Service	44,953	0	0	0	44,953	8,449	0	53,402	
7 Housekeeping	185,296	2,620	508	28,860	217,284	40,840	1,920	0	260,044
8 Dietary	737,722	37,907	7,350	106,288	889,267	167,142	27,783	0	9,627
9 Nursing Administration	671,401	16,024	3,107	160,822	851,354	160,016	11,744	0	4,069
10 Central Services & Supply	893,506	0	0	0	893,506	167,939	0	0	0
11 Pharmacy	8,660	0	0	0	8,660	1,628	0	0	0
12 Medical Records & Library	0	0	0	0	0	0	0	0	0
13 Social Service	129,813	0	0	32,940	162,753	30,590	0	0	0
15 Activities	281,135	26,711	5,179	63,335	376,360	70,739	19,577	0	6,783
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	5,176,843	934,290	181,158	1,193,621	7,485,912	1,407,011	684,766	53,402	237,274
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	55,724	0	0	0	55,724	10,474	0	0	0
41 Laboratory	57,358	0	0	0	57,358	10,781	0	0	0
42 Intravenous Therapy	27,678	0	0	0	27,678	5,202	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	264,517	0	0	67,270	331,787	62,361	0	0	0
45 Occupational Therapy	257,481	2,608	506	65,627	326,222	61,315	1,911	0	662
46 Speech Pathology	69,510	1,092	212	17,717	88,531	16,640	800	0	277
47 Electrocardiology	544	0	0	0	544	102	0	0	0
48 Medical Supplies Charged to Patients	1,947	0	0	0	1,947	366	0	0	0
49 Drugs Charged to Patients	149,115	0	0	0	149,115	28,027	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	15,066,794	1,057,206	204,992	1,820,070	15,022,653	2,368,665	748,501	53,402	258,692
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	9,584	5,325	1,033	0	15,942	2,996	3,903	0	1,352
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	221,192	0	0	37,783	258,975	48,676	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
100 TOTAL	15,297,570	1,062,531	206,025	1,857,853	15,297,570	2,420,337	752,404	53,402	260,044

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

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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	1,093,819								
9	Nursing Administration	0	1,027,183							
10	Central Services & Supply	0	0	1,061,445						
11	Pharmacy	0	0	0	10,288					
12	Medical Records & Library	0	0	0	0	0				
13	Social Service	0	0	0	0	193,343				
15	Activities	0	0	0	0	0	473,459			
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	1,093,819	1,027,183	1,061,445	10,288	0	193,343	473,459	13,727,902	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	66,198	0
41	Laboratory	0	0	0	0	0	0	0	68,139	0
42	Intravenous Therapy	0	0	0	0	0	0	0	32,880	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0	0	0	394,148	0
45	Occupational Therapy	0	0	0	0	0	0	0	390,110	0
46	Speech Pathology	0	0	0	0	0	0	0	106,248	0
47	Electrocardiology	0	0	0	0	0	0	0	646	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	2,313	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	177,142	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	1,093,819	1,027,183	1,061,445	10,288	0	193,343	473,459	14,965,726	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	24,193	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	307,651	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	1,093,819	1,027,183	1,061,445	10,288	0	193,343	473,459	15,297,570	0

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Thursday, May 5, 2022 at 10:36:38 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	13,727,902
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	66,198
41 Laboratory	68,139
42 Intravenous Therapy	32,880
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	394,148
45 Occupational Therapy	390,110
46 Speech Pathology	106,248
47 Electrocardiology	646
48 Medical Supplies Charged to Patients	2,313
49 Drugs Charged to Patients	177,142
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	14,965,726
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	24,193
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Marketing	307,651
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	15,297,570

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 10:36:38 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	0				
4 Administrative & General	0	20,209	3,919	24,128	0	24,128			
5 Plant Operation, Maint. & Repairs	0	15,745	3,053	18,798	0	1,187	19,985		
6 Laundry & Linen Service	0	0	0	0	0	84	0	84	
7 Housekeeping	0	2,620	508	3,128	0	407	51	0	3,586
8 Dietary	0	37,907	7,350	45,257	0	1,666	738	0	133
9 Nursing Administration	0	16,024	3,107	19,131	0	1,595	312	0	56
10 Central Services & Supply	0	0	0	0	0	1,674	0	0	0
11 Pharmacy	0	0	0	0	0	16	0	0	0
12 Medical Records & Library	0	0	0	0	0	0	0	0	0
13 Social Service	0	0	0	0	0	305	0	0	0
15 Activities	0	26,711	5,179	31,890	0	705	520	0	94
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	934,290	181,158	1,115,448	0	14,028	18,188	84	3,271
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	104	0	0	0
41 Laboratory	0	0	0	0	0	107	0	0	0
42 Intravenous Therapy	0	0	0	0	0	52	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	622	0	0	0
45 Occupational Therapy	0	2,608	506	3,114	0	611	51	0	9
46 Speech Pathology	0	1,092	212	1,304	0	166	21	0	4
47 Electrocardiology	0	0	0	0	0	1	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	4	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	279	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	0	1,057,206	204,992	1,262,198	0	23,613	19,881	84	3,567
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	5,325	1,033	6,358	0	30	104	0	19
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	485	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
100 TOTAL	0	1,062,531	206,025	1,268,556	0	24,128	19,985	84	3,586

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 10:36:38 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	47,794								
9	Nursing Administration	0	21,094							
10	Central Services & Supply	0	0	1,674						
11	Pharmacy	0	0	0	16					
12	Medical Records & Library	0	0	0	0	0				
13	Social Service	0	0	0	0	305				
15	Activities	0	0	0	0	0	33,209			
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	47,794	21,094	1,674	16	0	305	33,209	1,255,111	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	104	0
41	Laboratory	0	0	0	0	0	0	0	107	0
42	Intravenous Therapy	0	0	0	0	0	0	0	52	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0	0	0	622	0
45	Occupational Therapy	0	0	0	0	0	0	0	3,785	0
46	Speech Pathology	0	0	0	0	0	0	0	1,495	0
47	Electrocardiology	0	0	0	0	0	0	0	1	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	279	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	47,794	21,094	1,674	16	0	305	33,209	1,261,560	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	6,511	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	485	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	47,794	21,094	1,674	16	0	305	33,209	1,268,556	0

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Thursday, May 5, 2022 at 10:36:38 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	1,255,111
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	104
41 Laboratory	107
42 Intravenous Therapy	52
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	622
45 Occupational Therapy	3,785
46 Speech Pathology	1,495
47 Electrocardiology	1
48 Medical Supplies Charged to Patients	4
49 Drugs Charged to Patients	279
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	1,261,560
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	6,511
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Marketing	485
98 Cross Foot Adjustments	
99 Negative Cost Center	
100 TOTAL	1,268,556

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 10:36:38 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	33,910				
10	Central Services & Supply	0	33,910			
11	Pharmacy	0	0	33,910		
12	Medical Records & Library	0	0	0	33,910	
13	Social Service	0	0	0	0	33,910
15	Activities	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	33,910	33,910	33,910	33,910	33,910
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	33,910	33,910	33,910	33,910	33,910
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 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 10:36:38 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	1,062,531	206,025	1,857,853	0	2,420,337	752,404	53,402	260,044	1,093,819
103	Unit Cost Multiplier per Bp1	12.130180	2.352045	0.254881	0.000000	0.187955	8.890512	1.574816	3.080579	10.567074
104	Cost to be Allocated per Bp2	0	0	0	0	24,128	19,985	84	3,586	47,794
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.001874	0.236146	0.002477	0.042481	0.461724

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Thursday, May 5, 2022 at 10:36:38 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	1,027,183	1,061,445	10,288	0	193,343	473,459
103	Unit Cost Multiplier per Bp1	30.291448	31.301828	0.303391	0.000000	5.701651	13.962224
104	Cost to be Allocated per Bp2	21,094	1,674	16	0	305	33,209
105	Unit Cost Multiplier per Bp2	0.622058	0.049366	0.000472	0.000000	0.008994	0.979328

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Thursday, May 5, 2022 at 10:36:38 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 1/1/2021 to 12/31/2021

Worksheet C Thursday, May 5, 2022 at 10:36:38 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	66,198	83,586	0.791975
41	Laboratory	68,139	64,341	1.059029
42	Intravenous Therapy	32,880	27,678	1.187947
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	394,148	611,148	0.644931
45	Occupational Therapy	390,110	653,477	0.596976
46	Speech Pathology	106,248	235,164	0.451804
47	Electrocardiology	646	544	1.187500
48	Medical Supplies Charged to Patients	2,313	2,920	0.792123
49	Drugs Charged to Patients	177,142	239,612	0.739287
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	1,237,824	1,918,470	

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Thursday, May 5, 2022 at 10:36:38 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
ANCILLARY SERVICE COST CENTERS						
40	Radiology	0.791975	34,953	0	27,682	0
41	Laboratory	1.059029	47,652	0	50,465	0
42	Intravenous Therapy	1.187947	13,967	0	16,592	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.644931	409,925	0	264,373	0
45	Occupational Therapy	0.596976	441,306	0	263,449	0
46	Speech Pathology	0.451804	165,290	0	74,679	0
47	Electrocardiology	1.187500	544	0	646	0
48	Medical Supplies Charged to Patients	0.792123	0	0	0	0
49	Drugs Charged to Patients	0.739287	169,015	0	124,951	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	TOTAL		1,282,652	0	822,837	0

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Thursday, May 5, 2022 at 10:36:38 AM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.739287
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	0.000000	27,682	0
41	Laboratory	0	0	50,465	0
42	Intravenous Therapy	0	0	16,592	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	264,373	0
45	Occupational Therapy	0	0	263,449	0
46	Speech Pathology	0	0	74,679	0
47	Electrocardiology	0	0	646	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	124,951	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	822,837	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Thursday, May 5, 2022 at 10:36:38 AM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	33,910
2	Private room days	0
3	Inpatient days incl. Program prvt.	4,945
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	13,727,902
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	2,405,376
7	General Inpatient routine service RCC	5.707175
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	13,727,902
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	404.83
17	Program routine service cost	2,001,884
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,001,884
20	Capital related cost allocated to inpati	1,255,111
21	Per diem capital related costs	37.01
22	Program capital related cost	183,014
23	Inpatient routine service cost	1,818,870
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,818,870
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 1/1/2021 to 12/31/2021

Worksheet D-1 Thursday, May 5, 2022 at 10:36:38 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)	33,910
2	Program inpatient days (see instructions)	4,945
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.145827
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2021 to 12/31/2021

Worksheet E Thursday, May 5, 2022 at 10:36:38 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)	3,252,797
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	3,252,797
4	Primary payor amounts	0
5	Coinsurance	353,378
6	Reimbursable bad debts (From your records)	43,451
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	43,451
8	Adjusted reimbursable bad debts. (See instructions)	28,243
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	2,927,662
12	Interim payments (See instructions)	2,933,360
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	-5,698
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 1/1/2021 to 12/31/2021

Worksheet E-1 Thursday, May 5, 2022 at 10:36:38 AM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year	Amount	Mo/Day/Year	Amount
		1	2	3	4
1	Total interim payments paid to provider		2,899,419		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider	06/07/2021	33,941		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		33,941		0
4	TOTAL INTERIM PAYMENTS		2,933,360		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 1/1/2021 to 12/31/2021

Worksheet G Thursday, May 5, 2022 at 10:36:38 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	-3,547,409	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,225,164	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	605,431	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	262,727	0	0	0
9	Other current assets	559,759	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	-1,105,190	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	26,456,759	0	0	0
16	Less: Accumulated depreciation	3,102,889	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	1,061,647	0	0	0
24	Less: Accumulated depreciation	486,420	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	23,929,097	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	2,749,457	0	0	0
33	TOTAL OTHER ASSETS	2,749,457	0	0	0
34	TOTAL ASSETS	25,573,364	0	0	0

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet G Thursday, May 5, 2022 at 10:36:38 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT LIABILITIES					
35	Accounts payable	206,108	0	0	0
36	Salaries, wages & fees payable	467,959	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	885,417	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	1,941,850	0	0	0
43	TOTAL CURRENT LIABILITIES	3,501,334	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	25,960,333	0	0	0
45	Notes payable	1,506	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	826,852	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	26,788,691	0	0	0
51	TOTAL LIABILITIES	30,290,025	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	-4,716,661			
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	-4,716,661	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	25,573,364	0	0	0

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Thursday, May 5, 2022 at 10:36:38 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		-3528232		0		0		0
2 Net income (loss)		-1188429						
3 Total		-4716661		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		-4716661		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		-4716661		0		0		0

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Thursday, May 5, 2022 at 10:36:38 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	16,283,858		16,283,858
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	16,283,858		16,283,858
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,858,311	0	1,858,311
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
14	Total Patient Revenues	18,142,169	0	18,142,169

VILLAGE POINT
Provider CCN: 31-5269
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Thursday, May 5, 2022 at 10:36:38 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		16,342,335
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		16,342,335

VILLAGE POINT
 Provider CCN: 31-5269
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Thursday, May 5, 2022 at 10:36:38 AM

Statement of Revenues and Expenses

CMS #	Description	
1	Total Patient Revenues	18,142,169
2	Less: contractual allowances and ...	4,803,099
3	Net Patient Revenues (Line 1 - 2)	13,339,070
4	Less: total operating expenses	16,342,335
5	Net income from service to patients (Line 3 - 4)	-3,003,265
	Other Income:	
6	Contributions, donations, bequests, etc.	41,685
7	Income from investments	15,771
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	0
14	Revenue from meals sold to employees and guests	44,617
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	13,343
24.01	Other Income	528,647
24.02	Temporary Restricted -	0
24.03	Net Assets Released	10,408
24.04	Chg in Derivative Inst	550,997
24.05	FEMA Monies	571,910
24.06		0
24.50	COVID-19 PHE Funding	37,458

25	Total other income	1,814,836

26	Total	-1,188,429
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	-1,188,429
		=====