

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

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

Worksheet S Wednesday, May 29, 2024 at 12:21:37 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: \_\_\_\_\_
- Manually prepared cost report 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. \_\_\_\_\_
- Manually prepared cost report 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 The Atrium At Navesink Harbor (31-5515) for the cost report period beginning January 1, 2023 and ending December 31, 2023, 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   _____	<input type="checkbox"/>	<input type="checkbox"/>
2  Printed name _____		
3  Title _____		
4  Signature date _____		

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

PART III - SETTLEMENT SUMMARY

CMS #		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	1,101	0	0
100	Total	0	1,101	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.

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part I Wednesday, May 29, 2024 at 12:21:37 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: 40 Riverside Ave  
 2 City / State / Zip: RED BANK NJ 07701  
 3 County / CBSA Code / Urban/Rural: Monmouth 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	The Atrium At Navesink Harbor	31-5515	01/01/1967			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)		01/01/2023	12/31/2023			
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 2,964,860  
 21 Declining Balance.  
 22 Sum of the Years' Digits  
 23 Sum of lines 20 through 22 2,964,860  
 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) Yes  
 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			

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  
 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	48899	0	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

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

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

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

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part II Wednesday, May 29, 2024 at 12:21:37 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	Y		
<b>FINANCIAL DATA AND REPORTS</b>				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
<b>BAD DEBTS</b>				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
<b>PS&amp;R DATA</b>				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	04/16/2024	Y 04/16/2024
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
<b>COST REPORT PREPARER CONTACT INFORMATION</b>				
19	First name/Last name/Title	1	William Hartung	2
20	Employer.		Zimmet Healthcare Services Group LLC	3
21	Telephone number/Email address.		732-970-0733	costreports@zhealthcare.com

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part I Wednesday, May 29, 2024 at 12:21:37 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
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	43	15,695	0	2,243	1,397	8,749	12,389
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	43	15,695	0	2,243	1,397	8,749	12,389

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	83	2	64	149	0.00	27.02	698.50	83.15
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	83	2	64	149	0.00	27.02	698.50	83.15

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	101	1	49	151	79.18	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	101	1	49	151	79.18	0

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part II Wednesday, May 29, 2024 at 12:21:37 PM

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	4,855,415	0	4,855,415	164,684.00	29.48
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)	4,855,415	0	4,855,415	164,684.00	29.48
7	Other Long Term Care	0	0	0	0.00	
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	1,185,280	0	1,185,280	47,741.00	24.83
12	Subtotal Excluded salary (Sum of lines 7-11)	1,185,280	0	1,185,280	47,741.00	24.83
13	Total Adjusted Salaries (Line 6 - 12)	3,670,135	0	3,670,135	116,943.00	31.38
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	227,708	0	227,708	4,381.00	51.98
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	675,396	0	675,396	10,810.00	62.48
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	988,836	0	988,836		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	241,390	0	241,390		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	747,446	0	747,446		

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part III Wednesday, May 29, 2024 at 12:21:37 PM

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	388,690	0	388,690	6,418	60.56
3	Plant Operation, Maint. & Repairs	340,411	0	340,411	14,318	23.78
4	Laundry & Linen Service	34,003	0	34,003	2,092	16.25
5	Housekeeping	91,980	0	91,980	5,561	16.54
6	Dietary	0	0	0	0	0.00
7	Nursing Administration	333,797	0	333,797	7,818	42.70
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	80,862	0	80,862	2,648	30.54
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	199,695	0	199,695	8,991	22.21
14	Total	1,469,438	0	1,469,438	47,846	30.71

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part IV Wednesday, May 29, 2024 at 12:21:37 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	78,349
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)	448,971
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	93,824
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	350,819
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	16,873
	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)	988,836
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-3 Part V Wednesday, May 29, 2024 at 12:21:37 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	
<b>DIRECT SALARIES</b>						
<b>NURSING OCCUPATIONS</b>						
1	Registered Nurses (RNs)	628,288	127,955	756,243	14,689	51.48
2	Licensed Practical Nurses (LPNs)	376,005	76,576	452,581	11,526	39.27
3	Certified Nursing Assistants/Nursing Assistants/Aides	803,974	163,734	967,708	34,851	27.77
4	<b>Total Nursing (Sum of 1 - 3)</b>	<b>1,808,267</b>	<b>368,265</b>	<b>2,176,532</b>	<b>61,066</b>	<b>35.64</b>
5	Physical Therapists	201,214	40,978	242,192	3,987	60.75
6	Physical Therapy Assistants	72,418	14,748	87,166	1,809	48.18
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	85,216	17,355	102,571	1,683	60.95
9	Occupational Therapy Assistants	0	0	0	0	43.64
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	33,582	6,839	40,421	552	73.23
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
<b>CONTRACT LABOR</b>						
<b>NURSING OCCUPATIONS</b>						
14	Registered Nurses (RNs)	38,351		38,351	404	94.93
15	Licensed Practical Nurses (LPNs)	78,613		78,613	1,121	70.13
16	Certified Nursing Assistants/Nursing Assistants/Aides	110,744		110,744	2,857	38.76
17	<b>Total Nursing (Sum of 14 - 16)</b>	<b>227,708</b>		<b>227,708</b>	<b>4,382</b>	<b>51.96</b>
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00



THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet A Wednesday, May 29, 2024 at 12:21:37 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
<b>GENERAL SERVICE COST CENTERS</b>								
1	Cap Rel Costs - Bldgs & Fixtures		4,799,976	4,799,976	0	4,799,976	56,035	4,856,011
2	Cap Rel Costs - Movable Equipment		31,473	31,473	0	31,473	2,550	34,023
3	Employee Benefits	0	1,022,815	1,022,815	0	1,022,815	0	1,022,815
4	Administrative & General	388,690	2,449,702	2,838,392	0	2,838,392	-822,122	2,016,270
5	Plant Operation, Maint. & Repairs	340,411	1,271,997	1,612,408	0	1,612,408	-19,862	1,592,546
6	Laundry & Linen Service	34,003	142,655	176,658	0	176,658	-8,047	168,611
7	Housekeeping	91,980	22,870	114,850	0	114,850	-15,194	99,656
8	Dietary	0	2,148,845	2,148,845	0	2,148,845	-137,337	2,011,508
9	Nursing Administration	333,797	33,631	367,428	-171	367,257	0	367,257
10	Central Services & Supply	0	65,875	65,875	-33,197	32,678	0	32,678
11	Pharmacy	0	5,455	5,455	0	5,455	0	5,455
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	80,862	-415	80,447	0	80,447	0	80,447
15	Activities	199,695	2,185	201,880	0	201,880	0	201,880
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30	Skilled Nursing Facility	1,808,267	257,787	2,066,054	0	2,066,054	0	2,066,054
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>								
40	Radiology	0	10,311	10,311	0	10,311	0	10,311
41	Laboratory	0	33,541	33,541	0	33,541	0	33,541
42	Intravenous Therapy	0	4,224	4,224	0	4,224	0	4,224
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	392,430	44,204	436,634	-118,798	317,836	0	317,836
45	Occupational Therapy	0	0	0	85,216	85,216	0	85,216
46	Speech Pathology	0	0	0	33,582	33,582	0	33,582
47	Electrocardiology	0	0	0	171	171	0	171
48	Medical Supplies Charged to Patients	0	0	0	33,197	33,197	0	33,197
49	Drugs Charged to Patients	0	68,956	68,956	0	68,956	0	68,956
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	<b>SUBTOTALS</b>	<b>3,670,135</b>	<b>12,416,087</b>	<b>16,086,222</b>	<b>0</b>	<b>16,086,222</b>	<b>-943,977</b>	<b>15,142,245</b>
<b>NONREIMBURSABLE COST CENTERS</b>								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	37,292	37,292	0	37,292	0	37,292
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	995,704	585,300	1,581,004	0	1,581,004	0	1,581,004

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet A      Wednesday, May 29, 2024 at 12:21:37 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
95.02	Marketing	189,576	442,227	631,803	0	631,803	0	631,803
100	TOTAL	4,855,415	13,480,906	18,336,321	0	18,336,321	-943,977	17,392,344

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-6 Wednesday, May 29, 2024 at 12:21:38 PM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Increases			Decreases					
		Code	COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass OT costs	A	Occupational Therapy	45.00	85,216	0	Physical Therapy	44.00	85,216	0
2	To reclass ST costs	B	Speech Pathology	46.00	33,582	0	Physical Therapy	44.00	33,582	0
3	To reclass med supply sold	C	Medical Supplies Cha	48.00	0	33,197	Central Services & S	10.00	0	33,197
4	To reclass EKG costs	D	Electrocardiology	47.00	0	171	Nursing Administrati	9.00	0	171
100	TOTAL RECLASSIFICATIONS				118,798	33,368			118,798	33,368

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-7 Wednesday, May 29, 2024 at 12:21:38 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals		Ending	Fully	
		Balances	Purchase	Donation	Total	Retirements	Balance	Depreciated Assets
		1	2	3	4	5	6	7
1	Land	7,275,749	0	0	0	0	7,275,749	0
2	Land Improvements	0	0	0	0	0	0	0
3	Buildings & Fixtures	69,995,829	297,954	0	297,954	192,613	70,101,170	3,191,743
4	Building Improvements	0	0	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0	0	0
6	Movable Equipment	4,427,923	368,989	0	368,989	552,857	4,244,055	882,201
7	Subtotal	81,699,501	666,943	0	666,943	745,470	81,620,974	4,073,944
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	81,699,501	666,943	0	666,943	745,470	81,620,974	4,073,944

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8 Wednesday, May 29, 2024 at 12:21:38 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.
				1	2	
1	Investment income on restricted funds	B	-206,958		Administrative & General	4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	-430,395			
12	Laundry and Linen service	B	-8,047		Laundry & Linen Service	6
14	Revenue - Employee meals		0			
15	Cost of meals - Guests	B	-98,568		Dietary	8
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
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	Miscellaneous Income-Operating	B	-396		Cap Rel Costs - Bldgs & Fixtures	1
26	Miscellaneous Income-Operating	B	-1,739		Administrative & General	4
27	Residential Meal Income	B	-38,769		Dietary	8
28	Employee Meals Income	B	-13,506		Housekeeping	7
29	Housekeeping Income	B	-1,688		Housekeeping	7
30	Maintenance Income	B	-19,862		Plant Operation, Maint. & Repairs	5
31	Contributions	A	-500		Administrative & General	4
32	Fines & Penalties	A	-82,560		Administrative & General	4
33	Expenses from Contributed Funds	A	-26,725		Administrative & General	4
34	Bad Debts	A	-14,264		Administrative & General	4
			=====			
100	TOTAL		-943,977			

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-1 Wednesday, May 29, 2024 at 12:21:38 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	
	1	2	3	4	5	6
1	4	Administrative & General	Home Office - Operational	446,542	1,611,314	-1,164,772
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	56,808	0	56,808
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	2,550	0	2,550
4	4	Administrative & General	Home Office - Salaries and Wages	675,396	0	675,396
5	1	Cap Rel Costs - Bldgs & Fixtures	Interest Income	-377	0	-377
10		TOTALS		1,180,919	1,611,314	-430,395

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

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

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-2 Wednesday, May 29, 2024 at 12:21:38 PM

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







THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Wednesday, May 29, 2024 at 12:21:38 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
<hr/>	
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	7,158,354
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	11,738
41 Laboratory	38,181
42 Intravenous Therapy	4,808
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	441,261
45 Occupational Therapy	131,107
46 Speech Pathology	53,106
47 Electrocardiology	195
48 Medical Supplies Charged to Patients	37,790
49 Drugs Charged to Patients	78,496
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	7,955,036
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	58,758
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	8,613,707
95.02 Marketing	764,843
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I      Wednesday, May 29, 2024 at 12:21:38 PM

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	17,392,344	4,856,011	34,023	1,026,645	17,392,344	2,113,776	2,031,197	207,986	146,244

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I      Wednesday, May 29, 2024 at 12:21:38 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)	SubTotal	Adjustments
	8	9	10	11	12	13	15	16	17
100 TOTAL	2,473,256	507,856	51,638	6,210	24,462	114,439	305,733	17,392,344	0

THE ATRIUM AT NAVESINK HARBOR  
Provider CCN: 31-5515  
Period from 1/1/2023 to 12/31/2023

Worksheet B Part I      Wednesday, May 29, 2024 at 12:21:38 PM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 17,392,344





THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Wednesday, May 29, 2024 at 12:21:38 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
<hr/>	
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	619,712
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	11
41 Laboratory	34
42 Intravenous Therapy	4
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	9,351
45 Occupational Therapy	8,923
46 Speech Pathology	4,443
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	34
49 Drugs Charged to Patients	71
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	642,583
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	10,539
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	4,236,075
95.02 Marketing	837
98 Cross Foot Adjustments	
99 Negative Cost Center	



THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II      Wednesday, May 29, 2024 at 12:21:38 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal 2A	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen & Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	2A	3	4	5	6	7
100 TOTAL	0	4,856,011	34,023	4,890,034	3,830	15,627	121,906	5,362	7,185

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II      Wednesday, May 29, 2024 at 12:21:38 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)	SubTotal	Adjustments
	8	9	10	11	12	13	15	16	17
100 TOTAL	120,193	6,793	9,332	6	15,752	2,352	18,347	4,890,034	0

THE ATRIUM AT NAVESINK HARBOR  
Provider CCN: 31-5515  
Period from 1/1/2023 to 12/31/2023

Worksheet B Part II      Wednesday, May 29, 2024 at 12:21:38 PM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 4,890,034



THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Wednesday, May 29, 2024 at 12:21:38 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	12,389				
10	Central Services & Supply	0	12,389			
11	Pharmacy	0	0	12,389		
12	Medical Records & Library	0	0	0	12,389	
13	Social Service	0	0	0	0	12,389
15	Activities	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	12,389	12,389	12,389	12,389	12,389
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	12,389	12,389	12,389	12,389	12,389
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0
95.01	Residential	0	0	0	0	0
95.02	Marketing	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Wednesday, May 29, 2024 at 12:21:38 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	
102	Cost to be Allocated per Bp1	4,856,011	34,023	1,026,645	0	2,113,776	2,031,197	207,986	146,244	2,473,256
103	Unit Cost Multiplier per Bp1	21.129076	0.148038	0.211443	0.000000	0.138349	9.096473	16.787957	0.656571	66.544408
104	Cost to be Allocated per Bp2	0	0	3,830	0	15,627	121,906	5,362	7,185	120,193
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000789	0.000000	0.001023	0.545941	0.432803	0.032257	3.233863

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Wednesday, May 29, 2024 at 12:21:38 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	507,856	51,638	6,210	24,462	114,439	305,733
103 Unit Cost Multiplier per Bp1	40.992493	4.168052	0.501251	1.974494	9.237146	24.677779
104 Cost to be Allocated per Bp2	6,793	9,332	6	15,752	2,352	18,347
105 Unit Cost Multiplier per Bp2	0.548309	0.753249	0.000484	1.271450	0.189846	1.480910

THE ATRIUM AT NAVESINK HARBOR  
Provider CCN: 31-5515  
Period from 1/1/2023 to 12/31/2023

Worksheet B-2                      Wednesday, May 29, 2024 at 12:21:38 PM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.



THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet C Wednesday, May 29, 2024 at 12:21:38 PM

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	11,738	8,324	1.410139
41	Laboratory	38,181	33,541	1.138338
42	Intravenous Therapy	4,808	4,224	1.138258
43	Oxygen (Inhalation) Therapy	0	2,728	0.000000
44	Physical Therapy	441,261	372,999	1.183009
45	Occupational Therapy	131,107	264,824	0.495072
46	Speech Pathology	53,106	94,165	0.563968
47	Electrocardiology	195	171	1.140351
48	Medical Supplies Charged to Patients	37,790	33,197	1.138356
49	Drugs Charged to Patients	78,496	85,280	0.920450
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	796,682	899,453	

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part I Wednesday, May 29, 2024 at 12:21:38 PM

Skilled Nursing Facility  
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
<b>ANCILLARY SERVICE COST CENTERS</b>						
40	Radiology	1.410139	5,666	0	7,990	0
41	Laboratory	1.138338	20,520	0	23,359	0
42	Intravenous Therapy	1.138258	2,498	0	2,843	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	1.183009	180,422	0	213,441	0
45	Occupational Therapy	0.495072	163,361	0	80,875	0
46	Speech Pathology	0.563968	45,215	0	25,500	0
47	Electrocardiology	1.140351	171	0	195	0
48	Medical Supplies Charged to Patients	1.138356	1,040	0	1,184	0
49	Drugs Charged to Patients	0.920450	62,201	0	57,253	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	<b>TOTAL</b>		<b>481,094</b>	<b>0</b>	<b>412,640</b>	<b>0</b>

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part II Wednesday, May 29, 2024 at 12:21:38 PM

Skilled Nursing Facility  
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.920450
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	7,990	0
41	Laboratory	0	0	23,359	0
42	Intravenous Therapy	0	0	2,843	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	213,441	0
45	Occupational Therapy	0	0	80,875	0
46	Speech Pathology	0	0	25,500	0
47	Electrocardiology	0	0	195	0
48	Medical Supplies Charged to Patients	0	0	1,184	0
49	Drugs Charged to Patients	0	0	57,253	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	412,640	0

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Wednesday, May 29, 2024 at 12:21:38 PM

Nursing Facility  
 Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	12,389
2	Private room days	0
3	Inpatient days incl. Program prvt.	2,243
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	7,158,354
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,069,112
7	General Inpatient routine service RCC	6.695607
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	7,158,354
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	577.80
17	Program routine service cost	1,296,005
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	1,296,005
20	Capital related cost allocated to inpati	619,712
21	Per diem capital related costs	50.02
22	Program capital related cost	112,195
23	Inpatient routine service cost	1,183,810
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,183,810
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

THE ATRIUM AT NAVESINK HARBOR  
Provider CCN: 31-5515  
Period from 1/1/2023 to 12/31/2023

Worksheet D-1                      Wednesday, May 29, 2024 at 12:21:38 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)	12,389
2	Program inpatient days (see instructions)	2,243
3	Total Nursing & Allied Health costs ( see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.181048
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet E Wednesday, May 29, 2024 at 12:21:38 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)	1,523,650
2	Nursing and Allied Health Education Activities (pass through payments)	0
		-----
3	Subtotal	1,523,650
4	Primary payor amounts	0
5	Coinsurance	182,600
6	Reimbursable bad debts (From your records)	1,728
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	1,728
8	Adjusted reimbursable bad debts. (See instructions)	1,123
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0
		-----
11	Subtotal	1,342,173
12	Interim payments (See instructions)	1,314,229
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)	22
14.99	Sequestration adjustment (See instructions)	26,821
15	Balance due provider/program	1,101
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

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet E-1 Wednesday, May 29, 2024 at 12:21:38 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		1,314,229		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		1,314,229		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

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet G Wednesday, May 29, 2024 at 12:21:38 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	7,871,356	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	799,422	0	0	0
5	Other receivables	18,441	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	61,859	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	64,868	0	0	0
9	Other current assets	0	0	0	0
10	Due from other funds	0	0	0	0
11	<b>TOTAL CURRENT ASSETS</b>	<b>8,692,228</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FIXED ASSETS</b>					
12	Land	7,275,749	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	70,101,170	0	0	0
16	Less: Accumulated depreciation	30,880,459	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	4,244,055	0	0	0
24	Less: Accumulated depreciation	2,742,280	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	7,500	0	0	0
28	<b>TOTAL FIXED ASSETS</b>	<b>48,005,735</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER ASSETS</b>					
29	Investments	0	0	0	0
30	Deposits on leases	2,219,809	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	2,547,077	0	0	0
33	<b>TOTAL OTHER ASSETS</b>	<b>4,766,886</b>	<b>0</b>	<b>0</b>	<b>0</b>
34	<b>TOTAL ASSETS</b>	<b>61,464,849</b>	<b>0</b>	<b>0</b>	<b>0</b>



THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet G Wednesday, May 29, 2024 at 12:21:38 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
<b>CURRENT LIABILITIES</b>					
35	Accounts payable	701,609	0	0	0
36	Salaries, wages & fees payable	317,736	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	590,578	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	126,210	0	0	0
43	<b>TOTAL CURRENT LIABILITIES</b>	<b>1,736,133</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM LIABILITIES</b>					
44	Mortgage payable	27,845,631	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	20,126,358	0	0	0
48	Other long term liabilities	47,720,323	0	0	0
49		0	0	0	0
50	<b>TOTAL LONG TERM LIABILITIES</b>	<b>95,692,312</b>	<b>0</b>	<b>0</b>	<b>0</b>
51	<b>TOTAL LIABILITIES</b>	<b>97,428,445</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	-35,963,596			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	<b>TOTAL FUND BALANCES</b>	<b>-35,963,596</b>	<b>0</b>	<b>0</b>	<b>0</b>
60	<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>61,464,849</b>	<b>0</b>	<b>0</b>	<b>0</b>

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-1 Wednesday, May 29, 2024 at 12:21:38 PM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -	----- ENDOWMENT FUND -----	----- PLANT FUND -----
	1	2	3	5	7
			4	6	8
1 Fund balances - beginning		-35806762	0	0	0
2 Net income (loss)		-28540			
3 Total		-35835302	0	0	0
4 Additions (Credit adjustments)	0		0	0	0
5 Temp Rest - Contributions	3223		0	0	0
6 Prior Period Adjustment	48398		0	0	0
7	0		0	0	0
8	0		0	0	0
9	0		0	0	0
10 Total Additions		51621	0	0	0
11 Subtotal		-35783681	0	0	0
12 Deductions (Debit adjustments)	0		0	0	0
13 Temp Rest - Unrealized Loss	179915		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		179915	0	0	0
19 Fund balances - ending		-35963596	0	0	0

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part I Wednesday, May 29, 2024 at 12:21:38 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	6,040,848		6,040,848
2	Nursing Facility	0		0
4	Other Long Term Care	10,955,018		10,955,018
		-----	-----	-----
5	Total general Inpatient care services	16,995,866		16,995,866
	ALL OTHER CARE SERVICES			
6	Ancillary services	871,670	0	871,670
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	17,867,536	0	17,867,536

THE ATRIUM AT NAVESINK HARBOR  
Provider CCN: 31-5515  
Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part II      Wednesday, May 29, 2024 at 12:21:38 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		18,336,321
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		18,336,321
			=====

THE ATRIUM AT NAVESINK HARBOR  
 Provider CCN: 31-5515  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-3 Wednesday, May 29, 2024 at 12:21:38 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		17,867,536
2	Less: contractual allowances and ...		1,136,170
3	Net Patient Revenues (Line 1 - 2)		16,731,366
4	Less: total operating expenses		18,336,321
5	Net income from service to patients (Line 3 - 4)		-1,604,955
	Other Income:		
6	Contributions, donations, bequests, etc.	126,410	
7	Income from investments	914,409	
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	8,047	
14	Revenue from meals sold to employees and guests	150,843	
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	52,240	
24.01	Other Income	27,932	
24.02	Residential Ancillary Services	222,325	
24.03	Gain/Loss on Sale of Assets	759	
24.04	Temporary Restricted Funds	253,365	
24.05	PPP Forgiveness	0	
24.06		0	
24.50	COVID-19 PHE Funding	0	
25	Total other income		1,756,330
26	Total		151,375
27	Other Expenses (specify)	0	
28	Temp Restricted - Unrealized Loss	179,915	
29		0	
29.01		0	
30	Total other expenses		179,915
31	Net income (or loss) for the period		-28,540