

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

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

Worksheet S Thursday, May 8, 2025 at 3:11:08 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

Provider 1. ☐ Electronically prepared cost report; Date: _____ Time: _____
use only 2. ☒ Manually prepared cost report
3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report
3.01 ☐ No Medicare Utilization. Enter "Y" for yes or leave blank for no.
Contractor 4. ☐ Cost Report Status 6. Contractor No. _____
use only [1] As Submitted 7. ☐ First Cost Report Processed by Contractor
[2] Settled without audit 8. ☐ Last Cost Report Processed by Contractor
[3] Settled with audit 9. ☐ NPR Date: _____
[4] Reopened 10. ☐ If line 4, column 1 is "4": Enter number of times reopened: ____
[5] Amended 11. Contractor Vendor Code _____
5. Date Received _____ 12. ☐ Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by The Atrium at Navesink Harbor (31-5515) for the cost report period beginning January 1, 2024 and ending December 31, 2024, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
CMS #		1	2	3	4
1	SNF	0	0	0	0
100	Total	0	0	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 1/1/2024 to 12/31/2024

Worksheet S-2 Part I Thursday, May 8, 2025 at 3:11:08 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	
#	0	1	2	CERTIFIED	V XVIII XIX
4	SNF	The Atrium at Navesink Harbor	31-5515	01/01/1967	4 5 6
5	Nursing Facility				P
7	SNF-Based HHA				
11	SNF-Based OLT				
13	Other				
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2024	12/31/2024		
15	Type of Control (See Instructions)		2		

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20	Straight Line	2,943,332
21	Declining Balance.	
22	Sum of the Years' Digits	
23	Sum of lines 20 through 22	2,943,332
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
27	Did you cease to participate in the Medicare program at the end of the period to which this cost report applies (See PRM 15-1, Chapter 1)?	N
28	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports?	N

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

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

Y/N

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

	Premiums	Paid Losses	Self Insurance
41	48899	0	100000

Y/N

42	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.	N
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43	Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column 1.	Yes
----	--	-----

44	If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name and address of the home office on lines 45-47.	H48370
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45	Name / Contractor Name / Contractor Number	
46	SPRINGPOINT SENIOR LIVING	NOVITAS
47	Street / PO Box	12301
48	4814 OUTLOOK DRIVE	
49	City / State / Zip	
50	WALL TOWNSHIP	NJ
51		07753

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet S-2 Part II Thursday, May 8, 2025 at 3:11:08 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

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

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part I Thursday, May 8, 2025 at 3:11:08 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
		1	2	Title V 3	Title XVIII 4	Title XIX 5	Other 6	
1	Skilled Nursing Facility	43	15,738	0	1,957	1,862	10,022	13,841
2	Nursing Facility	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	15,738	0	1,957	1,862	10,022	13,841

CMS #	Component	Discharges					Average Length of Stay			
		Title V 8	Title XVIII 9	Title XIX 10	Other 11	Total 12	Title V 13	Title XVIII 14	Title XIX 15	Total 16
1	Skilled Nursing Facility	0	57	1	69	127	0.00	34.33	1,862.00	108.98
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	57	1	69	127	0.00	34.33	1,862.00	108.98

CMS #	Component	Admissions					FTE	
		Title V 17	Title XVIII 18	Title XIX 19	Other 20	Total 21	Paid 22	Non-Paid 23
1	Skilled Nursing Facility	0	70	2	58	130	79.80	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	70	2	58	130	79.80	0

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

Worksheet S-3 Part II Thursday, May 8, 2025 at 3:11:08 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	5,242,759	0	5,242,759	165,977.00	31.59
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)	5,242,759	0	5,242,759	165,977.00	31.59
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	1,422,232	0	1,422,232	51,976.00	27.36
		-----	-----	-----	-----	-----
12	Subtotal Excluded salary (Sum of lines 7-11)	1,422,232	0	1,422,232	51,976.00	27.36
		=====	=====	=====	=====	=====
13	Total Adjusted Salaries (Line 6 - 12)	3,820,527	0	3,820,527	114,001.00	33.51
	OTHER WAGES AND RELATED COSTS					
14	Contract Labor: Patient Related & Mgmt	266,011	0	266,011	6,069.00	43.83
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	731,466	0	731,466	10,930.00	66.92
	WAGE RELATED COSTS					
17	Wage related costs (See Part IV)	1,050,872	0	1,050,872		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	285,076	0	285,076		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
		-----	-----	-----	-----	-----
22	Total Adjusted Wage Related cost	765,796	0	765,796		

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

Worksheet S-3 Part III Thursday, May 8, 2025 at 3:11:08 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass. of Salaries from Wkst. A-6 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	403,744	0	403,744	6,312	63.96
3	Plant Operation, Maint. & Repairs	373,978	0	373,978	14,596	25.62
4	Laundry & Linen Service	37,598	0	37,598	2,214	16.98
5	Housekeeping	97,653	0	97,653	5,795	16.85
6	Dietary	0	0	0	0	0.00
7	Nursing Administration	373,299	0	373,299	7,383	50.56
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	71,023	0	71,023	2,080	34.15
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	184,030	0	184,030	8,003	23.00
14	Total	1,541,325	0	1,541,325	46,383	33.23

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

Worksheet S-3 Part IV Thursday, May 8, 2025 at 3:11:08 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	85,979
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)	411,047
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)	11,612
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	132,558
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	379,287
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	30,389
	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)	1,050,872
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet S-3 Part V Thursday, May 8, 2025 at 3:11:08 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
	DIRECT SALARIES					
	NURSING OCCUPATIONS					
1	Registered Nurses (RNs)	615,630	123,398	739,028	12,636	58.49
2	Licensed Practical Nurses (LPNs)	447,746	89,747	537,493	10,830	49.63
3	Certified Nursing Assistants/Nursing Assistants/Aides	819,448	164,252	983,700	36,391	27.03
4	Total Nursing (Sum of 1 - 3)	1,882,824	377,397	2,260,221	59,857	37.76
5	Physical Therapists	211,754	42,445	254,199	3,909	65.03
6	Physical Therapy Assistants	71,514	14,334	85,848	1,752	49.00
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	87,364	17,511	104,875	1,675	62.61
9	Occupational Therapy Assistants	0	0	0	0	0.00
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	25,746	5,161	30,907	426	72.55
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)	15,138		15,138	213	71.07
15	Licensed Practical Nurses (LPNs)	115,094		115,094	1,954	58.90
16	Certified Nursing Assistants/Nursing Assistants/Aides	135,778		135,778	3,902	34.80
17	Total Nursing (Sum of 14 - 16)	266,010		266,010	6,069	43.83
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

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Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet A Thursday, May 8, 2025 at 3:11:08 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
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs - Bldgs & Fixtures		4,771,018	4,771,018	144,590	4,915,608	-191,580	4,724,028
2	Cap Rel Costs - Movable Equipment		23,384	23,384	0	23,384	15,039	38,423
3	Employee Benefits	0	1,075,303	1,075,303	0	1,075,303	0	1,075,303
4	Administrative & General	403,744	2,737,145	3,140,889	-144,590	2,996,299	-814,238	2,182,061
5	Plant Operation, Maint. & Repairs	373,978	1,510,976	1,884,954	0	1,884,954	-68,855	1,816,099
6	Laundry & Linen Service	37,598	158,721	196,319	0	196,319	-6,039	190,280
7	Housekeeping	97,653	30,006	127,659	0	127,659	0	127,659
8	Dietary	0	2,252,144	2,252,144	0	2,252,144	-157,173	2,094,971
9	Nursing Administration	373,299	50,011	423,310	-7,213	416,097	0	416,097
10	Central Services & Supply	0	7,284	7,284	0	7,284	0	7,284
11	Pharmacy	0	6,151	6,151	0	6,151	0	6,151
12	Medical Records & Library	0	0	0	0	0	0	0
13	Social Service	71,023	-2,183	68,840	0	68,840	0	68,840
15	Other General Service Cost	184,030	0	184,030	0	184,030	0	184,030
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Skilled Nursing Facility	1,882,824	357,848	2,240,672	0	2,240,672	0	2,240,672
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	20,180	20,180	0	20,180	0	20,180
41	Laboratory	0	9,499	9,499	5,867	15,366	0	15,366
42	Intravenous Therapy	0	8,012	8,012	0	8,012	0	8,012
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	283,268	45,553	328,821	0	328,821	0	328,821
45	Occupational Therapy	87,364	0	87,364	0	87,364	0	87,364
46	Speech Pathology	25,746	0	25,746	0	25,746	0	25,746
47	Electrocardiology	0	0	0	1,346	1,346	0	1,346
48	Medical Supplies Charged to Patients	0	21,791	21,791	0	21,791	0	21,791
49	Drugs Charged to Patients	0	66,663	66,663	0	66,663	0	66,663
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	3,820,527	13,149,506	16,970,033	0	16,970,033	-1,222,846	15,747,187
	NONREIMBURSABLE COST CENTERS							
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	39,803	39,803	0	39,803	0	39,803
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	1,119,545	447,329	1,566,874	0	1,566,874	0	1,566,874

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet A Thursday, May 8, 2025 at 3:11:08 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified	Adjust-	Net
						Trial Balance 5	ments to Expenses 6	Expenses for Cost Allocation 7
95.02	Marketing	302,687	426,130	728,817	0	728,817	0	728,817
100	TOTAL	5,242,759	14,062,768	19,305,527	0	19,305,527	-1,222,846	18,082,681

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet A-6 Thursday, May 8, 2025 at 3:11:08 PM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases		
			COST CENTER	LINE	NON-SALARY	COST CENTER	LINE	NON-SALARY
			1	2	3	4	5	6
1	To reclassify lab costs	A	Laboratory	41.00	0	5,867	Nursing Administrati	9.00
2	To reclassify EKG	A	Electrocardiology	47.00	0	1,346	Nursing Administrati	9.00
3	To reclass capital costs	A	Cap Rel Costs - Bldg	1.00	0	144,590	Administrative & Gen	4.00
TOTAL RECLASSIFICATIONS					0	151,803		0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet A-7 Thursday, May 8, 2025 at 3:11:08 PM

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
				5		7
1	Land	7,275,749	0	0	7,275,749	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	70,101,170	1,314,417	3,982,287	67,433,300	0
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	4,244,055	517,763	1,258,885	3,502,933	0
7	Subtotal	81,620,974	1,832,180	5,241,172	78,211,982	0
8	Reconciling Items	0	0	0	0	0
9	Total	81,620,974	1,832,180	5,241,172	78,211,982	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet A-8 Thursday, May 8, 2025 at 3:11:08 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment	Amount	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
				Cost Center		
		1	2	3		4
1	Investment income on restricted funds	B	-228,959	Cap Rel Costs - Bldgs & Fixtures		1
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	-460,386			
13	Laundry and Linen service	B	-6,039	Laundry & Linen Service		6
14	Revenue - Employee meals	B	-47,442	Dietary		8
15	Cost of meals - Guests	B	-109,731	Dietary		8
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Maintenance Income	B	-68,855	Plant Operation, Maint. & Repairs		5
26	Fines & Penalties	A	-4,066	Administrative & General		4
27	Bad Debts	A	-256,566	Administrative & General		4
28	Miscellaneous Income-Operating	B	-270	Cap Rel Costs - Bldgs & Fixtures		1
29	Miscellaneous Income-Operating	B	-2,429	Administrative & General		4
30	Expenses from Contributed Funds	B	-38,103	Administrative & General		4
			=====			
100	TOTAL		-1,222,846			

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet A-8-1 Thursday, May 8, 2025 at 3:11:08 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	482,243	1,726,783	-1,244,540
2	1	Cap Rel Costs - Bldgs & Fixtures	Home Office - Cap Building	37,740	0	37,740
3	2	Cap Rel Costs - Movable Equipment	Home Office - Cap M&E	15,039	0	15,039
4	4	Administrative & General	Home Office - Salaries and Wages	731,466	0	731,466
5	1	Cap Rel Costs - Bldgs & Fixtures	Interest Income	-91	0	-91
10		TOTALS		1,266,397	1,726,783	-460,386

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

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

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

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

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

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance	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

COST ALLOCATION - GENERAL SERVICE COSTS

		Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1	Cap Rel Costs - Bldgs & Fixtures	4,724,028	4,724,028							
2	Cap Rel Costs - Movable Equipment			38,423						
3	Employee Benefits	1,075,303	3,700	30	1,079,033					
4	Administrative & General	2,182,061	14,799	120	83,096	2,280,076	2,280,076			
5	Plant Operation, Maint. & Repairs	1,816,099	115,744	941	76,970	2,009,754	289,977	2,299,731		
6	Laundry & Linen Service	190,280	4,851	39	7,738	202,908	29,277	2,431	234,616	
7	Housekeeping	127,659	6,578	53	20,098	154,388	22,276	3,296	0	179,960
8	Dietary	2,094,971	110,996	903	0	2,206,870	318,418	55,615	0	4,363
9	Nursing Administration	416,097	5,714	46	76,830	498,687	71,953	2,863	0	225
10	Central Services & Supply	7,284	8,736	71	0	16,091	2,322	4,377	0	343
11	Pharmacy	6,151	0	0	0	6,151	887	0	0	0
12	Medical Records & Library	0	14,799	120	0	14,919	2,153	7,415	0	582
13	Social Service	68,840	2,055	17	14,618	85,530	12,341	1,030	0	81
15	Other General Service Cost	184,030	16,855	137	37,876	238,898	34,469	8,445	0	663
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	2,240,672	411,200	3,347	387,511	3,042,730	439,018	206,031	234,616	16,162
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	20,180	0	0	0	20,180	2,912	0	0	0
41	Laboratory	15,366	0	0	0	15,366	2,217	0	0	0
42	Intravenous Therapy	8,012	0	0	0	8,012	1,156	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	328,821	8,222	67	58,301	395,411	57,052	4,120	0	323
45	Occupational Therapy	87,364	8,222	67	17,981	113,634	16,396	4,120	0	323
46	Speech Pathology	25,746	4,111	33	5,299	35,189	5,077	2,060	0	162
47	Electrocardiology	1,346	0	0	0	1,346	194	0	0	0
48	Medical Supplies Charged to Patients	21,791	0	0	0	21,791	3,144	0	0	0
49	Drugs Charged to Patients	66,663	0	0	0	66,663	9,618	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	15,747,187	736,582	5,991	786,318	11,434,594	1,320,857	301,803	234,616	23,227
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	39,803	9,866	80	0	49,749	7,178	4,944	0	

COST ALLOCATION - GENERAL SERVICE COSTS

[illegible]

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 8, 2025 at 3:11:08 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	7,512,408
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	23,092
41 Laboratory	17,583
42 Intravenous Therapy	9,168
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	460,308
45 Occupational Therapy	135,522
46 Speech Pathology	42,797
47 Electrocardiology	1,540
48 Medical Supplies Charged to Patients	24,935
49 Drugs Charged to Patients	76,281
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	8,303,634
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	62,259
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	8,807,893
95.02 Marketing	908,895
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 8, 2025 at 3:11:08 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	18,082,681	4,724,028	38,423	1,079,033	18,082,681	2,280,076	2,299,731	234,616	179,960

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 8, 2025 at 3:11:08 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	2,585,266	573,728	23,133	7,038	25,069	99,835	284,685	18,082,681	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part I Thursday, May 8, 2025 at 3:11:08 PM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 18,082,681

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:11:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
1 Cap Rel Costs - Bldgs & Fixtures	0	0							
2 Cap Rel Costs - Movable Equipment	0	0	0						
3 Employee Benefits	0	3,700	30	3,730	3,730				
4 Administrative & General	0	14,799	120	14,919	287	15,206			
5 Plant Operation, Maint. & Repairs	0	115,744	941	116,685	266	1,933	118,884		
6 Laundry & Linen Service	0	4,851	39	4,890	27	195	126	5,238	
7 Housekeeping	0	6,578	53	6,631	69	149	170	0	7,019
8 Dietary	0	110,996	903	111,899	0	2,123	2,875	0	170
9 Nursing Administration	0	5,714	46	5,760	265	480	148	0	9
10 Central Services & Supply	0	8,736	71	8,807	0	15	226	0	13
11 Pharmacy	0	0	0	0	0	6	0	0	0
12 Medical Records & Library	0	14,799	120	14,919	0	14	383	0	23
13 Social Service	0	2,055	17	2,072	50	82	53	0	3
15 Other General Service Cost	0	16,855	137	16,992	131	230	437	0	26
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	0	411,200	3,347	414,547	1,343	2,932	10,651	5,238	630
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	19	0	0	0
41 Laboratory	0	0	0	0	0	15	0	0	0
42 Intravenous Therapy	0	0	0	0	0	8	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44 Physical Therapy	0	8,222	67	8,289	201	380	213	0	13
45 Occupational Therapy	0	8,222	67	8,289	62	109	213	0	13
46 Speech Pathology	0	4,111	33	4,144	18	34	106	0	6
47 Electrocardiology	0	0	0	0	0	1	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	21	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	64	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	736,582	5,991	742,573	2,719	8,810	15,601	5,238	906
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	9,866	80	9,946	0	48	256	0	15
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01 Residential	0	3,977,580	32,352	4,009,932	796	5,587	103,027	0	6,098
95.02 Marketing	0	0	0	0	215	761	0	0	0
98 Cross Foot Adjustments		0	0		0	0	0	0	0
99 Negative Cost Center		0	0		0	0	0	0	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:11:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Other General Service Cost	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	590,189
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	19
41 Laboratory	15
42 Intravenous Therapy	8
43 Oxygen (Inhalation) Therapy	0
44 Physical Therapy	11,178
45 Occupational Therapy	9,328
46 Speech Pathology	4,497
47 Electrocardiology	1
48 Medical Supplies Charged to Patients	21
49 Drugs Charged to Patients	64
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	615,320
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	10,265
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 Residential	4,133,666
95.02 Marketing	3,200
98 Cross Foot Adjustments	
99 Negative Cost Center	

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:11:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	2A	3	4	5	6	7
100 TOTAL	0	4,724,028	38,423	4,762,451	3,730	15,206	118,884	5,238	7,019

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:11:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
100 TOTAL	117,067	6,662	9,061	6	15,339	2,782	19,168	4,762,451	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B Part II Thursday, May 8, 2025 at 3:11:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 4,762,451

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8
1	Cap Rel Costs - Bldgs & Fixtures	229,826							
2	Cap Rel Costs - Movable Equipment		229,826						
3	Employee Benefits	180	180	5,242,759					
4	Administrative & General	720	720	403,744	-2,280,076	15,802,605			
5	Plant Operation, Maint. & Repairs	5,631	5,631	373,978	0	2,009,754	223,295		
6	Laundry & Linen Service	236	236	37,598	0	202,908	236	13,841	
7	Housekeeping	320	320	97,653	0	154,388	320	0	222,739
8	Dietary	5,400	5,400	0	0	2,206,870	5,400	0	5,400
9	Nursing Administration	278	278	373,299	0	498,687	278	0	278
10	Central Services & Supply	425	425	0	0	16,091	425	0	425
11	Pharmacy	0	0	0	0	6,151	0	0	0
12	Medical Records & Library	720	720	0	0	14,919	720	0	720
13	Social Service	100	100	71,023	0	85,530	100	0	100
15	Other General Service Cost	820	820	184,030	0	238,898	820	0	820
	ANCILLARY SERVICE COST CENTERS								
30	Skilled Nursing Facility	20,005	20,005	1,882,824	0	3,042,730	20,005	13,841	20,005
31	Nursing Facility	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS								
40	Radiology	0	0	0	0	20,180	0	0	0
41	Laboratory	0	0	0	0	15,366	0	0	0
42	Intravenous Therapy	0	0	0	0	8,012	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0
44	Physical Therapy	400	400	283,268	0	395,411	400	0	400
45	Occupational Therapy	400	400	87,364	0	113,634	400	0	400
46	Speech Pathology	200	200	25,746	0	35,189	200	0	200
47	Electrocardiology	0	0	0	0	1,346	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	21,791	0	0	0
49	Drugs Charged to Patients	0	0	0	0	66,663	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS								
51	Support Surfaces	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0
89	Subtotal	35,835	35,835	3,820,527	-2,280,076	9,154,518	29,304	13,841	28,748
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	480	480	0	0	49,749	480	0	480
92	Physicians Private Offices	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0
95.01	Residential	193,511	193,511	1,119,545	0	5,807,224	193,511	0	193,511
95.02	Marketing	0	0	302,687	0	791,114	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 8, 2025 at 3:11:08 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	13,841					
10 Central Services & Supply	0	13,841				
11 Pharmacy	0	0	13,841			
12 Medical Records & Library	0	0	0	2,087,504		
13 Social Service	0	0	0	71,023	13,841	
15 Other General Service Cost	0	0	0	184,030	0	13,841
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	13,841	13,841	13,841	13,841	13,841	13,841
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	283,268	0	0
45 Occupational Therapy	0	0	0	87,364	0	0
46 Speech Pathology	0	0	0	25,746	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51 Support Surfaces	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60 Clinic	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0
89 Subtotal	13,841	13,841	13,841	665,272	13,841	13,841
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
95.01 Residential	0	0	0	1,119,545	0	0
95.02 Marketing	0	0	0	302,687	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 8, 2025 at 3:11:08 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	4,724,028	38,423	1,079,033	0	2,280,076	2,299,731	234,616	179,960	2,585,266
103	Unit Cost Multiplier per Bp1	20.554802	0.167183	0.205814	0.000000	0.144285	10.299071	16.950798	0.807941	62.261060
104	Cost to be Allocated per Bp2	0	0	3,730	0	15,206	118,884	5,238	7,019	117,067
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000711	0.000000	0.000962	0.532408	0.378441	0.031512	2.819329

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B-1 Thursday, May 8, 2025 at 3:11:08 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
102	Cost to be Allocated per Bp1	573,728	23,133	7,038	25,069	99,835
103	Unit Cost Multiplier per Bp1	41.451340	1.671339	0.508489	0.012009	7.212990
104	Cost to be Allocated per Bp2	6,662	9,061	6	15,339	2,782
105	Unit Cost Multiplier per Bp2	0.481324	0.654649	0.000433	0.007348	0.200997
						1.384871

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet B-2 Thursday, May 8, 2025 at 3:11:08 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 1/1/2024 to 12/31/2024

Worksheet C Thursday, May 8, 2025 at 3:11:08 PM

Ratio of Cost of Charges
for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total 1	Total Charges 2	Ratio 3
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	23,092	20,180	1.144301
41	Laboratory	17,583	15,366	1.144280
42	Intravenous Therapy	9,168	8,012	1.144284
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	460,308	341,902	1.346316
45	Occupational Therapy	135,522	237,683	0.570180
46	Speech Pathology	42,797	73,279	0.584028
47	Electrocardiology	1,540	1,346	1.144131
48	Medical Supplies Charged to Patients	24,935	33,539	0.743463
49	Drugs Charged to Patients	76,281	81,793	0.932610
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	791,226	813,100	

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet D Part I Thursday, May 8, 2025 at 3:11:08 PM

Skilled Nursing Facility
Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

Cost Center Description		Ratio of	----- Health Care -----	----- Health Care -----	
		cost to	---- Program Charges ---	----- Program Cost -----	
		charges	Part A	Part B	Part A
		1	2	3	4
					5
CMS #	ANCILLARY SERVICE COST CENTERS				
40	Radiology	1.144301	9,356	0	10,706
41	Laboratory	1.144280	15,366	0	17,583
42	Intravenous Therapy	1.144284	5,047	0	5,775
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0
44	Physical Therapy	1.346316	153,735	0	206,976
45	Occupational Therapy	0.570180	133,019	0	75,845
46	Speech Pathology	0.584028	41,210	0	24,068
47	Electrocardiology	1.144131	1,346	0	1,540
48	Medical Supplies Charged to Patients	0.743463	2,394	0	1,780
49	Drugs Charged to Patients	0.932610	52,246	0	48,725
50	Dental Care - Title XIX only	0.000000	0	0	0
51	Support Surfaces	0.000000	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60	Clinic	0.000000	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0
71	Ambulance	0.000000	0	0	0
100	TOTAL		413,719	0	392,998

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet D Part II Thursday, May 8, 2025 at 3:11:08 PM

Skilled Nursing Facility
Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.932610
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18 1	Nursing & Allied Health (From Wkst B Part I, Col 14) 2	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1) 3	Program Part A Cost (From Wkst D Part I, Col 4) 4	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4) 5
40 Radiology	0	0	0.000000	10,706	0
41 Laboratory	0	0	0	17,583	0
42 Intravenous Therapy	0	0	0	5,775	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0
44 Physical Therapy	0	0	0	206,976	0
45 Occupational Therapy	0	0	0	75,845	0
46 Speech Pathology	0	0	0	24,068	0
47 Electrocardiology	0	0	0	1,540	0
48 Medical Supplies Charged to Patients	0	0	0	1,780	0
49 Drugs Charged to Patients	0	0	0	48,725	0
50 Dental Care - Title XIX only	0	0	0	0	0
51 Support Surfaces	0	0	0	0	0
	=====	=====	=====	=====	=====
100 TOTAL	0	0		392,998	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet D-1 Thursday, May 8, 2025 at 3:11:08 PM

Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS	#	DESCRIPTION	AMOUNT
	1	Inpatient days incl. private	13,841
	2	Private room days	0
	3	Inpatient days incl. Program prvt.	1,957
	4	Med. nec. Program prvt. room days	0
	5	Total general Inpatient routine svc.s co	7,512,408
		PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
	6	General Inpatient routine service charge	998,099
	7	General Inpatient routine service RCC	7.526716
	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	7,512,408
		PROGRAM INPATIENT ROUTINE SERVICE COSTS	
	16	Adjusted general Inpatient per diem cost	542.76
	17	Program routine service cost	1,062,181
	18	Med. nec. program prvt. room cost	0
	19	Total program general Inpatient cost	1,062,181
	20	Capital related cost allocated to inpati	590,189
	21	Per diem capital related costs	42.64
	22	Program capital related cost	83,446
	23	Inpatient routine service cost	978,735
	24	Aggregate charges to beneficiaries for e	0
	25	Total program routine service costs for	978,735
	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 1/1/2024 to 12/31/2024

Worksheet D-1 Thursday, May 8, 2025 at 3:11:08 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)	13,841
2	Program inpatient days (see instructions)	1,957
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.141392
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 1/1/2024 to 12/31/2024

Worksheet E Thursday, May 8, 2025 at 3:11:08 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)	1,318,140
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	1,318,140
4	Primary payor amounts	0
5	Coinsurance	169,728
6	Reimbursable bad debts (From your records)	0
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	0
8	Adjusted reimbursable bad debts. (See instructions)	0
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,148,412
12	Interim payments (See instructions)	1,125,444
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)	22,968
15	Balance due provider/program	0
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 1/1/2024 to 12/31/2024

Worksheet E-1 Thursday, May 8, 2025 at 3:11:08 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		1,125,444		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		1,125,444		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

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet G Thursday, May 8, 2025 at 3:11:08 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT ASSETS				
1	Cash on hand and in banks	11,365,039	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	774,383	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and accounts receivable	204,608	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	245,362	0	0	0
9	Other current assets	1,749,285	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	13,929,461	0	0	0
	FIXED ASSETS				
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	67,433,299	0	0	0
16	Less: Accumulated depreciation	29,359,014	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	3,502,933	0	0	0
24	Less: Accumulated depreciation	1,952,943	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	8,615	0	0	0
28	TOTAL FIXED ASSETS	46,908,639	0	0	0
	OTHER ASSETS				
29	Investments	0	0	0	0
30	Deposits on leases	1,978,629	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	-18,810,591	0	0	0
33	TOTAL OTHER ASSETS	-16,831,962	0	0	0
34	TOTAL ASSETS	44,006,138	0	0	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet G Thursday, May 8, 2025 at 3:11:08 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
	CURRENT LIABILITIES				
35	Accounts payable	798,298	0	0	0
36	Salaries, wages & fees payable	433,716	0	0	0
37	Payroll taxes payable	0	0	0	0
38	Notes & loans payable (short term)	614,428	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	589,740	0	0	0
43	TOTAL CURRENT LIABILITIES	2,436,182	0	0	0
	LONG TERM LIABILITIES				
44	Mortgage payable	27,231,202	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	50,096,923	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	77,328,125	0	0	0
51	TOTAL LIABILITIES	79,764,307	0	0	0
	CAPITAL ACCOUNTS				
52	General fund balance	-35,758,169			
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	-35,758,169	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	44,006,138	0	0	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet G-1 Thursday, May 8, 2025 at 3:11:08 PM

STATEMENT OF CHANGES IN FUND BALANCES

		----- GENERAL FUND -----	SPECIFIC PURPOSE FUND -	----- ENDOWMENT FUND -----	----- PLANT FUND -----				
		1	2	3	4	5	6	7	8
1	Fund balances - beginning		-35963596		0		0		0
2	Net income (loss)		239141						
3	Total		-35724455		0		0		0
4	Additions (Credit adjustments)	0		0		0		0	
5	Temporary Restricted - Contributions	108355		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		108355		0		0		0
11	Subtotal		-35616100		0		0		0
12	Deductions (Debit adjustments)	0		0		0		0	
13	Prior Period Activity	142069		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		142069		0		0		0
19	Fund balances - ending		-35758169		0		0		0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part I Thursday, May 8, 2025 at 3:11:08 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	7,097,494		7,097,494
2	Nursing Facility	0		0
4	Other Long Term Care	11,523,103		11,523,103
		-----	-----	-----
5	Total general Inpatient care services	18,620,597		18,620,597
	ALL OTHER CARE SERVICES			
6	Ancillary services	788,163	0	788,163
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0	0	0
		=====	=====	=====
14	Total Patient Revenues	19,408,760	0	19,408,760

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet G-2 Part II Thursday, May 8, 2025 at 3:11:08 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description	
1	Operating Expenses	19,305,527
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	19,305,527
		=====

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2024 to 12/31/2024

Worksheet G-3 Thursday, May 8, 2025 at 3:11:08 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues	19,408,760	
2	Less: contractual allowances and ...	1,525,434	
3	Net Patient Revenues (Line 1 - 2)	17,883,326	
4	Less: total operating expenses	19,305,527	
5	Net income from service to patients (Line 3 - 4)	-1,422,201	
	Other Income:		
6	Contributions, donations, bequests, etc.	112,579	
7	Income from investments	688,127	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	6,039	
14	Revenue from meals sold to employees and guests	157,173	
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	48,598	
24.01	Miscellaneous Income	2,699	
24.02	Other Income	218,047	
24.03	Grounds Income	68,855	
24.04	Restricted Funds/Contributions	142,069	
24.05	Fitness Center Income	65	
24.06	Net Change In FV of Derivative Inst	217,091	
24.50	COVID-19 PHE Funding		
25	Total other income	1,661,342	
26	Total	239,141	
27	Other Expenses (specify)	0	
28		0	
29		0	
30	Total other expenses	0	
31	Net income (or loss) for the period	239,141	