

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Form Approved
 OMB No. 0938-0463
 Approval Expires 7-31-2027

Worksheet S Wednesday, May 20, 2026 at 9:55:11 AM

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

PART I - COST REPORT STATUS

- Date: _____ Time: _____
1. Electronically Prepared
 2. Manually Prepared [Y]
 3. If Amended, Number of times Report Resubmitted
 4. Medicare Utilization [F]
 5. Contractor: HCRIS Status Code _____
 6. Contractor: Cost Report Received Date _____
 7. Contractor: Contractor Number _____
 8. Contractor: Initial Cost Report For This CCN _____
 9. Contractor: Final Cost Report For This CCN _____
 10. Contractor: NPR Date _____
 11. Contractor: ADR Software Vendor Code _____
 12. Contractor: Reopening Number _____

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, 2025 and ending December 31, 2025, 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



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

CMS #		Title XVIII				Title XIX
		Title V	Part A	Part B	Part C	
1	SNF	0	0	0	0	
2	NF	0			0	
3	ICF / IID				0	
4	SNF-BASED HHA	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 1/1/2025 to 12/31/2025

Worksheet S-2 Wednesday, May 20, 2026 at 9:55:11 AM

Identification Data

SNF / SNF HEALTHCARE COMPLEX INFORMATION

1	ADDRESS LINE 1	STREET ADDRESS			P O BOX			
		40 Riverside Ave						
2	ADDRESS LINE 2	CITY	STATE	ZIP CODE	COUNTY			
		RED BANK	NJ	07701	MONMOUTH			
	COMPONENT TYPE	COMPONENT NAME	CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID	
3	1 SNF	The Atrium at Navesink Harbo	31-5515	35154	U	01/01/1967		
4	2 NF							
5	3 ICF / IID							
6	4 SNF-BASED HHA							
7	5 SNF-BASED HOSPICE							
8	6 OUTPATIENT REHAB (SP)							
9	COST REPORTING PERIOD	FROM	TO					
		01/01/2025	12/31/2025					
10	TYPE OF CONTROL	TOC CODE	SPECIFY OTHER					
		1	2	2 - Voluntary Nonprofit, Other				

SNF ORGANIZATION AND OPERATION

11	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?	1	No						
12	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?	1	No						
13	Non-contiguous component locat	COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE		
		1	2	3	4	5	6		
14	Did the SNF terminate participation in the Medicare Program? COL 2: Termination date. COL 3: Voluntary (V) or involuntary (I) termination.	Y/N	DATE	V OR I					
15	Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period?	1	2	3					
16	Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? Col 2: Number of HO/COs allocating costs to this SNF	No							
		Yes	1						
17	HO/CO ALLOCATING TO SN	HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP	HO/CO CCN	HO/CO CONTRACTOR #
		1	2	3	4	5	6	7	8
		Springpoint Senior Livin	4814 OUTLOOK DRIVE		WALL TOWNSHIP	NJ	07753	H48370	12301
18	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?	No							
19	Did this SNF operate a ventilator care unit?	No							

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SNF OWNED SERVICES		1	2		
20	Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493?	Yes	31D2188854		
21	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	No			
22	Did this SNF operate an institutional based ambulance service?	No			
		1			
23	Is this SNF 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, Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for	Yes			
24	Titles V & XIX patients?	No			
PROFESSIONAL SERVICES PURCHASED BY THE SNF		1	2		
29	Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization	Yes	No		
SNF-BASED HHA THERAPY COSTS		1	2		
31	Did the SNF-based HHA contract with outside suppliers for physical therapy services?	No			
32	Did the SNF-based HHA contract with outside suppliers for occupational therapy services?	No			
33	Did the SNF-based HHA contract with outside suppliers for speech therapy services?	No			
MEDICAL MALPRACTICE COST		1			
34	Is the SNF legally required to carry malpractice insurance?	No			
35	If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy.	1			
		PREMIUMS	PAID LOSSES	SELF INSURANCE	
		1	2	3	
36	If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3.	51,400	0	100,000	
37	Are malpractice premiums and paid losses reported in other than the A&G cost center?	No			
LOWER OF COST OR CHARGE EXEMPTION		PART A	PART B		
		1	2		
40	Did the SNF qualify for an exemption from the application of the lower of costs or charges?	No	No		
41	Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges?	No	No		

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Identification Data

FINANCIAL STATEMENTS

	Y/N	A/C/R	DATE
	1	2	3
50	Yes	A	
51	No		

Were the financial statements prepared by a CPA? If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3

Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If 'Y', submit a reconciliation.

BAD DEBTS

	1
52	Yes
53	No
54	No

Is the SNF seeking reimbursement for Medicare bad debts?

If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period?

If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance?

PS&R REPORT DATA

	PART A	PART A	PART B	PART B
	Y/N	DATE	Y/N	DATE
	1	2	3	4
55	Yes	03/23/2026	Yes	03/23/2026
56	No		No	
57	No		No	
58	No		No	
59	No		No	
60	No		No	

Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 'Paid Claims Verified Current As Of date', if present, or the paid-through date. (see instruc

Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the 'Paid Claims Verified Current As Of date, if present, or the paid-through date. (see instru

If line 55 or 56 is Y, 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 line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?

If line 55 or 56 is Y, were adjustments made to PS&R data for other reasons? If Y, describe the other adjustment:

Is this cost report prepared using only the provider's records?

COST REPORT PREPARER CONTACT INFORMATION

	FIRST NAME	LAST NAME	TITLE
	1	2	3
70	Luca	Pasqualetti	Preparer
71	Zimmet Healthcare Services Group LLC		
	TELEPHONE NUMBER	EMAIL ADDRESS	
	1	2	
72	732-970-0733	costreports@zhealthcare.com	

PREPARER

EMPLOYER

CONTACT INFORMATION

THE ATRIUM AT NAVESINK HARBOR
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Worksheet S-3 Part I Wednesday, May 20, 2026 at 9:55:11 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
1	SNF - FFS	43	15,695	3	2,215	182	8,485	13,757
2	SNF - HMO				461	2,414		
3	NF - FFS					0	0	0
4	NF - HMO					0		
5	ICF/IID							0
6	HOSPICE							0
7	TOTAL	43	15,695		2,676	2,596	8,485	13,757

CMS #	Component	Discharges					Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total
1	SNF - FFS	8	64	2	40	106	13	34.61	91.00	212.13	129.78
2	SNF - HMO		18	0		18		25.61	0.00		
3	NF - FFS			0	0	0			0.00	0.00	0.00
4	NF - HMO			0		0			0.00		
5	ICF/IID					0					0.00
6	HOSPICE					0					
7	TOTAL		82	2	40	124					

CMS #	Component	Admissions					FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Employed	Non-Paid
1	SNF - FFS	18	73	2	20	95	81.00	24
2	SNF - HMO		26	0		26		
3	NF - FFS			0	0	0	0.00	
4	NF - HMO			0		0		
5	ICF/IID					0		
6	HOSPICE					0		
7	TOTAL							

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Worksheet S-3 Part II Wednesday, May 20, 2026 at 9:55:11 AM

SNF Wage Index Information

PART II - SNF WAGE INDEX - DIRECT SALARIES

CMS #	Amount Reported 1	Reclass- ifications 2	Adjustments 3	Total 4	Paid Hours 5	Average Hourly Wage 6	
	SALARIES						
1	TOTAL SALARY (SEE INSTRUCTIONS)	5,553,652	0	0	5,553,652	169,272.00	32.81
2	PHYSICIAN SALARIES-PART A	0	0	0	0	0.00	0.00
3	PHYSICIAN SALARIES-PART B	0	0	0	0	0.00	0.00
4	HOME OFFICE PERSONNEL	0	0	0	0	0.00	0.00
5	SUM OF LINES 2 THROUGH 4	0	0	0	0	0.00	0.00
6	REVISED WAGES (LINE 1 MINUS LINE 5)	5,553,652	0	0	5,553,652	169,272.00	32.81
7	HOME HEALTH AGENCY	0	0	0	0	0.00	0.00
8	HOSPICE	0	0	0	0	0.00	0.00
9	OTHER EXCLUDED AREAS	1,606,263	0	0	1,606,263	55,101.00	29.15
10	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THRO	1,606,263	0	0	1,606,263	55,101.00	29.15
11	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10	3,947,389	0	0	3,947,389	114,171.00	34.57
	OTHER WAGES AND RELATED COSTS						
12	CONTRACT LABOR: PATIENT RELATED & MGMT	178,978	0	0	178,978	4,299.00	41.63
13	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	0	0	0	0	0.00	0.00
14	HOME OFFICE SALARIES AND WAGE RELATED COSTS	0	0	0	0	0.00	0.00
	WAGE RELATED COSTS						
15	WAGE RELATED COSTS CORE (SEE PT. IV)	1,220,159	0	0	1,220,159	0.00	0.00
16	WAGE RELATED COSTS (EXCLUDED UNITS)	0	0	0	0	0.00	0.00
17	PHYSICIANS PART A - WRC	0	0	0	0	0.00	0.00
18	PHYSICIANS PART B - WRC	0	0	0	0	0.00	0.00
19	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUC	1,220,159	0	0	1,220,159	0.00	0.00

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Worksheet S-3 Part III Wednesday, May 20, 2026 at 9:55:11 AM

STATISTICAL DATA

PART III - SNF WAGE INDEX - OVERHEAD COST - DIRECT SALARIES

CMS #		AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	TOTAL	PAID HOURS RELATED	AVERAGE HOURLY WAGE
		1	2	3	4	5	6
1	EMPLOYEE BENEFITS DEPARTMENT	36,981	0	0	36,981	970	38.12
2	ADMINISTRATIVE AND GENERAL	348,445	0	0	348,445	5,144	67.74
3	PLANT OP, MAINT & REPAIRS	379,149	0	0	379,149	13,825	27.42
4	LAUNDRY AND LINEN SERVICE	39,683	0	0	39,683	2,180	18.20
5	HOUSEKEEPING	89,605	0	0	89,605	5,400	16.59
6	DIETARY	0	0	0	0	0	0.00
7	NURSING ADMINISTRATION	391,857	0	0	391,857	7,842	49.97
8	CENTRAL SERVICES AND SUPPLY	0	0	0	0	0	0.00
9	PHARMACY	0	0	0	0	0	0.00
10	MEDICAL RECORDS	0	0	0	0	0	0.00
11	MEDICAL SOCIAL SERVICES	74,226	0	0	74,226	2,080	35.69
12	ACTIVITIES PROGRAM	198,234	0	0	198,234	8,320	23.83
13	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0.00
14	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0.00
15	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0.00
16	OTHER GENERAL SERVICE	0	0	0	0	0	0.00

THE ATRIUM AT NAVESINK HARBOR
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Worksheet S-3 Part IV Wednesday, May 20, 2026 at 9:55:11 AM

STATISTICAL DATA

PART IV - SNF WAGE RELATED COSTS

CMS #	Description	
	RETIREMENT COST	
1	401k EMPLOYER CONTRIBUTIONS	83,588
2	TAX SHELTERED ANNUITY 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	555,277
9	PRESCRIPTION DRUG PLAN	0
10	DENTAL, HEARING AND VISION PLANS	0
11	LIFE INSURANCE	0
12	ACCIDENTAL INSURANCE	0
13	DISABILITY INSURANCE	20,684
14	LONG-TERM CARE INSURANCE	0
15	WORKERS' COMPENSATION INSURANCE	130,065
16	RETIREMENT HEALTH CARE COST	0
	TAXES	
17	FICA - EMPLOYER'S PORTION ONLY	407,685
18	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	0
19	UNEMPLOYMENT INSURANCE	0
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	22,860
	OTHER	
21	EXECUTIVE DEFERRED COMPENSATION	0
22	DAY CARE COST AND ALLOWANCES	0
23	TUITION REIMBURSEMENT	0
		=====
24	TOTAL WAGE RELATED COST	1,220,159

THE ATRIUM AT NAVESINK HARBOR
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Worksheet S-3 Part V Wednesday, May 20, 2026 at 9:55:11 AM

STATISTICAL DATA

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES

CMS #	Amount Reported	Employee Wage-Related Costs	Adjusted Salaries (Col 1+ Col 2)	Paid Hours Related To Salary In Col 3	Average Hourly Wage (Col 3 ÷ Col 4)	
	1	2	3	4	5	
DIRECT SALARIES						
NURSING EMPLOYEES						
1	REGISTERED NURSE	449,946	98,855	548,801	9,588	57.24
2	LICENSED PRACTICAL NURSE	694,248	152,529	846,777	17,017	49.76
3	CERTIFIED NURSING ASSISTANT	818,902	179,916	998,818	33,661	29.67
4	TOTAL NURSING EXPENDITURES	1,963,096	431,300	2,394,396	60,266	39.73
NURSING EMPLOYEES						
5	PHYSICAL THERAPIST	217,307	47,743	265,050	3,990	66.43
6	PHYSICAL THERAPY ASSISTANT	79,192	17,399	96,591	1,868	51.71
7	OCCUPATIONAL THERAPIST	94,696	20,805	115,501	1,728	66.84
8	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0	0.00
9	SPEECH-LANGUAGE PATHOLOGIST	34,918	7,672	42,590	559	76.19
10	THERAPY AIDES AND STUDENTS	0	0	0	0	0.00
11	RESPIRATORY THERAPIST	0	0	0	0	0.00
12	OTHER MEDICAL STAFF	0	0	0	0	0.00
CONTRACT LABOR						
NURSING EMPLOYEES						
15	REGISTERED NURSE	44,237	9,719	53,956	688	78.42
16	LICENSED PRACTICAL NURSE	22,456	4,934	27,390	427	64.15
17	CERTIFIED NURSING ASSISTANT	112,285	24,669	136,954	3,184	43.01
18	TOTAL NURSING EXPENDITURES	178,978	39,322	218,300	4,299	50.78
TECHNICAL / PROFESSIONAL EMPLOYEES						
19	PHYSICAL THERAPIST	0	0	0	0	0.00
20	PHYSICAL THERAPY ASSISTANT	0	0	0	0	0.00
21	OCCUPATIONAL THERAPIST	0	0	0	0	0.00
22	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0	0.00
23	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0	0.00
24	THERAPY AIDES AND STUDENTS	0	0	0	0	0.00
25	RESPIRATORY THERAPIST	0	0	0	0	0.00
26	OTHER MEDICAL STAFF	0	0	0	0	0.00
HOME OFFICE/CHAIN ORGANIZATION						
NURSING EMPLOYEES						
29	REGISTERED NURSE	0	0	0	0	0.00
30	LICENSED PRACTICAL NURSE	0	0	0	0	0.00
31	CERTIFIED NURSING ASSISTANT	0	0	0	0	0.00
32	TOTAL NURSING EXPENDITURES	0	0	0	0	0.00
TECHNICAL / PROFESSIONAL EMPLOYEES						
33	PHYSICAL THERAPIST	0	0	0	0	0.00
34	PHYSICAL THERAPY ASSISTANT	0	0	0	0	0.00
35	OCCUPATIONAL THERAPIST	0	0	0	0	0.00
36	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0	0.00
37	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0	0.00
38	THERAPY AIDES AND STUDENTS	0	0	0	0	0.00
39	RESPIRATORY THERAPIST	0	0	0	0	0.00
40	OTHER MEDICAL STAFF	0	0	0	0	0.00

THE ATRIUM AT NAVESINK HARBOR
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Worksheet A Wednesday, May 20, 2026 at 9:55:11 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	SALARIES & WAGES 1	CONTRACT LABOR COSTS 2	LABOR SUBTOTAL 3	OTHER COSTS 4	SUBTOTAL 5	RECLASS- IFICATIONS 6	RECLASS. TRIAL BALANCE 7	ADJUST- MENTS 8	EXPENSES FOR COST ALLOCATION 9
76	OSP	0	0	0	0	0	0	0	0	0
	COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	0
89	SUBTOTALS	3,947,389	1,676,286	5,623,675	11,161,228	16,784,903	0	16,784,903	-1,458,172	15,326,731
	NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	0
93	Marketing	387,116	0	387,116	449,476	836,592	0	836,592	0	836,592
93.01	Residential Independent Living	832,394	0	832,394	385,081	1,217,475	0	1,217,475	0	1,217,475
93.02	Barber and Beauty Shop	0	0	0	35,225	35,225	0	35,225	0	35,225
93.03	Clinic	386,753	0	386,753	32,415	419,168	0	419,168	0	419,168
100	TOTAL	5,553,652	1,676,286	7,229,938	12,063,425	19,293,363	0	19,293,363	-1,458,172	17,835,191

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Worksheet A-6 Wednesday, May 20, 2026 at 9:55:11 AM

Reclassifications

EXPLANATION OF RECLASSIFICATION	CODE	COST CENTER	INCREASES			DECREASES			
			LINE#	SALARY	OTHER	COST CENTER	LINE	SALARY	OTHER
1	2	3	4	5	6	7	8	9	10
1 To reclass capital costs	A	CAPITAL RELATED - BU	1.00	0	159,963	ADMINISTRATIVE AND G	4.00	0	159,963
500 TOTAL RECLASSIFICATIONS				0	159,963			0	159,963

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RECONCILIATION OF CAPITAL COST CENTERS

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	Beginning Balance	Purchases	Acquisitions Donations	Total	Disposals and Retirements	Ending Balance	Fully 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	67,433,299	1,252,961	0	1,252,961	0	68,686,260	452,240
4 Building Improvements	0	0	0	0	0	0	0
5 Fixed Equipment	0	0	0	0	0	0	0
6 Movable Equipment	3,502,933	922,790	0	922,790	0	4,425,723	886,123
7 Subtotal	78,211,981	2,175,751	0	2,175,751	0	80,387,732	1,338,363
8 Reconciling Items	0	0	0	0	0	0	0
9 Total	78,211,981	2,175,751	0	2,175,751	0	80,387,732	1,338,363

PART II - RECONCILIATION OF CAPITAL COST CENTERS (SUMMARY OF CAPITAL)

DESCRIPTION	Depreciation	Lease	Interest	Insurance	Taxes	Other Capital Related Costs	Total
	1	2	3	4	5	6	7
1 CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	2,540,259	0	964,799	159,963	807,688	0	4,472,709
2 CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	14,448	57,061	0	0	0	0	71,509
3 TOTAL	2,554,707	57,061	964,799	159,963	807,688	0	4,544,218

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

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ADJUSTMENTS TO EXPENSES

DESCRIPTION OF ADJUSTMENT 1	BASIS 2	AMOUNT 3	WORKSHEET A		LINE NO. 5
			COST CENTER 4		
INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTE TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)	B	-217,285	ADMINISTRATIVE AND GENERAL		4
RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTE TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)					
TELEVISION AND RADIO SERVICE (CMS PUB. 15-1, CHAPTER 21) PARKING LOT (CMS PUB. 15-1, CHAPTER 21)	A	-53,589	ADMINISTRATIVE AND GENERAL		4
REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTME SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)	A82				
RELATED ORGANIZATION AND HOME OFFICE TRANSACTIONS (CMS PUB. LAUNDRY AND LINEN SERVICE	A81	-571,443			
REVENUE - EMPLOYEE MEALS COST OF MEALS - GUESTS	B	-8,527	LAUNDRY AND LINEN SERVICE		6
SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS SALE OF DRUGS TO OTHER THAN PATIENTS	B	-204,531	DIETARY		8
REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS VENDING MACHINES					
INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHAR INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO					
DEPRECIATION--BUILDINGS AND FIXTUES			CAPITAL RELATED - BUILDINGS		1
DEPRECIATION--MOVABLE EQUIPMENT			CAPITAL RELATED - MOVABLE EQ		2
SHORT TERM INPATIENT HOSPICE CARE HOSPICE NON-CORE CONTRACTED SERVICES					
Maintenance Income	B	-3,072	ADMINISTRATIVE AND GENERAL		4
Maintenance Income	B	-12,908	ADMINISTRATIVE AND GENERAL		4
Expenses from Contributed Funds	B	-9,205	ADMINISTRATIVE AND GENERAL		4
Bad Debts	A	-68,047	ADMINISTRATIVE AND GENERAL		4
Employment Advertising	A	-1,585	ADMINISTRATIVE AND GENERAL		4
Employee Gifts/Events	A	-168,486	ADMINISTRATIVE AND GENERAL		4
Special Events	A	-25,173	ADMINISTRATIVE AND GENERAL		4
Programs & Special Events	A	-125	ADMINISTRATIVE AND GENERAL		4
Miscellaneous - Non-Operating	A	-22,121	ADMINISTRATIVE AND GENERAL		4
Contributions	A	-3,679	ADMINISTRATIVE AND GENERAL		4
Alcoholic Beverages	A	-6,586	DIETARY		8
Promotions	A	-5,373	ADMINISTRATIVE AND GENERAL		4
Realized Gain/Loss on Investment	A	-76,407	ADMINISTRATIVE AND GENERAL		4
License Fees-Other	A	-30	ADMINISTRATIVE AND GENERAL		4
		=====			
100 TOTAL		-1,458,172			

THE ATRIUM AT NAVESINK HARBOR
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 Period from 1/1/2025 to 12/31/2025

Worksheet A-8-1 Wednesday, May 20, 2026 at 9:55:11 AM

RELATED ORGANIZATIONS AND HOME OFFICE COSTS

PART I - COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS

CMS #	WORKSHEET A COST CENTER		Expense Item	Line #	Amount	Amount	Net Adjustment
	Line#	Description		Part II	Allowable In Cost	Included in Wkst A col 9	
	1	2	3	4	5	6	7
1	4	ADMINISTRATIVE AND GENERAL	Home Office - Operational	1	450,427	1,800,535	-1,350,108
2	1	CAPITAL RELATED - BUILDINGS & FIXTURES	Home Office - Depreciation Building	1	38,188	0	38,188
3	2	CAPITAL RELATED - MOVABLE EQUIPMENT	Home Office - Cap M&E Depreciation	1	14,448	0	14,448
4	4	ADMINISTRATIVE AND GENERAL	Home Office - Salaries and Wages	1	726,029	0	726,029
100		TOTALS			1,229,092	1,800,535	-571,443

PART II - INTERRELATIONSHIP BETWEEN RELATED ORGANIZATIONS AND / OR HOME OFFICE

#	Interrelationship Indicator	Interrelationship Description (If Column 1=G)	Name	% of Ownership	----- Related Organization(s) -----			
					Name	MCR CCN or H/O#	% of Ownership	Type of Business
1	B		Springpoint Senior Living	100 %	Springpoint Senior Living	H4-8370	100 %	Home Office

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Worksheet A-8-2 Wednesday, May 20, 2026 at 9:55:11 AM

Provider-Based Physicians Adjustments

Wkst A Line No	Specialty/Physician Identifier	Total Professional Remuneration	Professional Component	Provider Component	RCE Amount	-----Actual Hours-----		Unadjusted RCE Limit	5% of Unadjusted RCE Limit
						Professional Services	Provider Services		
1	2	3	4	5	6	7	8	9	10
100	Total	0	0	0	0	0	0	0	0

Wkst A Line No	Specialty/Physician Identifier	Memberships & -----Continuing Ed-----		Malpractice -----Insurance-----		Adjusted RCE Limit	RCE Disallowance	RCE Adjustment
		Cost	Provider Component	Cost	Provider Component			
1	2	12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0

THE ATRIUM AT NAVESINK HARBOR
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Worksheet B Part I Wednesday, May 20, 2026 at 9:55:11 AM

ALLOCATION OF GENERAL SERVICES COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal	Adjustments	Total
	17	18	19	20	21
GENERAL SERVICE COST CENTERS					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
25					
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27					
30					
31					
32					
33					
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38					
39					
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41					
42					
43					
44					
45					
46					
60					
61					
62					
63					
70					
71					
72					
73					

THE ATRIUM AT NAVESINK HARBOR
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 Period from 1/1/2025 to 12/31/2025

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ALLOCATION OF GENERAL SERVICES COSTS

	Net Expenses For Cost Allocation	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	SubTotal 3A	A&G (Accum Cost)	PLANT OP, MAINT & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Patient Days)	HOUSE- KEEPING (Square Feet)
	0	1	2	3	3A	4	5	6	7
OUTPATIENT REIMBURSABLE COST CENTERS									
74 OPT	0	0	0	0	0	0	0	0	0
75 OOT	0	0	0	0	0	0	0	0	0
76 OSP	0	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80 PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	0
89 Subtotals	15,326,731	697,395	11,150	925,981	11,110,696	1,008,494	277,128	103,065	20,394
NONREIMBURSABLE COST CENTERS									
90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	0
91 NONPAID WORKERS	0	0	0	0	0	0	0	0	0
92 PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	0
93 Marketing	836,592	0	0	91,669	928,261	99,812	0	0	0
93.01 Residential Independent Living	1,217,475	3,743,612	59,852	197,110	5,218,049	561,076	1,819,161	75,154	136,469
93.02 Barber and Beauty Shop	35,225	9,341	149	0	44,715	4,808	4,539	0	341
93.03 Clinic	419,168	22,361	358	91,583	533,470	57,362	10,866	0	815
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	17,835,191	4,472,709	71,509	1,306,343	17,835,191	1,731,552	2,111,694	178,219	158,019

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

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ALLOCATION OF GENERAL SERVICES COSTS

	DIETARY (Meals Served) 8	NURSING ADMIN (Patient Days) 9	CENTRAL SERVICES & SUPPLY (Patient Days) 10	PHARMACY (Patient Days) 11	MEDICAL RECORDS (Patient Days) 12	MEDICAL SOCIAL SERVICES (Patient Days) 13	ACTIVITIES PROGRAM (Patient Days) 14	QUALITY & PERFORM IMPROV PGM (Patient Days) 15	TRAINING & IN-SERVICE EDUCATION (Patient Days) 16
OUTPATIENT REIMBURSABLE COST CENTERS									
74	OPT	0	0	0	0	0	0	0	0
75	OOT	0	0	0	0	0	0	0	0
76	OSP	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0
89	Subtotals	1,198,199	595,524	94,997	17,282	23,087	104,575	325,600	31,494
NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0
93	Marketing	0	0	0	0	0	0	0	0
93.01	Residential Independent Living	1,504,338	0	0	0	0	0	0	0
93.02	Barber and Beauty Shop	0	0	0	0	0	0	0	0
93.03	Clinic	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0
100	TOTAL	2,702,537	595,524	94,997	17,282	23,087	104,575	325,600	31,494

THE ATRIUM AT NAVESINK HARBOR
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ALLOCATION OF GENERAL SERVICES COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal 19	Adjustments 20	Total 21
	17	18	19	20	21
OUTPATIENT REIMBURSABLE COST CENTERS					
74	OPT	0	0	0	0
75	OOT	0	0	0	0
76	OSP	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS					
80	PREVENTIVE VACCINES	0	0	0	0
89	Subtotals	236	6,835,955	0	6,835,955
NONREIMBURSABLE COST CENTERS					
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91	NONPAID WORKERS	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0
93	Marketing	0	1,028,073	0	1,028,073
93.01	Residential Independent Living	0	9,314,247	0	9,314,247
93.02	Barber and Beauty Shop	0	54,403	0	54,403
93.03	Clinic	0	602,513	0	602,513
98	Cross Foot Adjustments	0	0	0	0
99	Negative Cost Center	0	0	0	0
100	TOTAL	236	17,835,191	0	17,835,191

THE ATRIUM AT NAVESINK HARBOR
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Worksheet B Part II Wednesday, May 20, 2026 at 9:55:11 AM

ALLOCATION OF CAPITAL RELATED COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal	Adjustments	Total
	17	18	19	20	21
GENERAL SERVICE COST CENTERS					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	0				
18	0	0			
INPATIENT ROUTINE SERVICE COST CENTERS					
25	0	0	511,697	0	511,697
26	0	0	0	0	0
27	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
30	0	0	15	0	15
31	0	0	0	0	0
32	0	0	1	0	1
33	0	0	4	0	4
34	0	0	0	0	0
35	0	0	8,691	0	8,691
36	0	0	8,297	0	8,297
37	0	0	4,126	0	4,126
38	0	0	0	0	0
39	0	0	0	0	0
40	0	0	14	0	14
41	0	0	54	0	54
42	0	0	0	0	0
43	0	0	0	0	0
44	0	0	0	0	0
45	0	0	0	0	0
46	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
60	0	0	0	0	0
61	0	0	0	0	0
62	0	0	0	0	0
63	0	0	0	0	0
OUTPATIENT REIMBURSABLE COST CENTERS					
70	0	0	0	0	0
71	0	0	0	0	0
72	0	0	0	0	0
73	0	0	0	0	0

THE ATRIUM AT NAVESINK HARBOR
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ALLOCATION OF CAPITAL RELATED COSTS

	Directly Assigned Capital Related Costs	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	SubTotal	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	A&G (Accum Cost)	PLANT OP, MAINT & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Patient Days)	HOUSE- KEEPING (Square Feet)
	0	1	2	2A	3	4	5	6	7
OUTPATIENT REIMBURSABLE COST CENTERS									
74	0	0	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	0	0	0	0	0	0	0	0	0
89	0	697,395	11,150	708,545	2,523	8,422	14,868	2,866	862
NONREIMBURSABLE COST CENTERS									
90	0	0	0	0	0	0	0	0	0
91	0	0	0	0	0	0	0	0	0
92	0	0	0	0	0	0	0	0	0
93	0	0	0	0	250	834	0	0	0
93.01	0	3,743,612	59,852	3,803,464	537	4,686	97,600	2,089	5,764
93.02	0	9,341	149	9,490	0	40	244	0	14
93.03	0	22,361	358	22,719	249	479	583	0	34
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
100	0	4,472,709	71,509	4,544,218	3,559	14,461	113,295	4,955	6,674

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ALLOCATION OF CAPITAL RELATED COSTS

	DIETARY (Meals Served) 8	NURSING ADMIN (Patient Days) 9	CENTRAL SERVICES & SUPPLY (Patient Days) 10	PHARMACY (Patient Days) 11	MEDICAL RECORDS (Patient Days) 12	MEDICAL SOCIAL SERVICES (Patient Days) 13	ACTIVITIES PROGRAM (Patient Days) 14	QUALITY & PERFORM IMPROV PGM (Patient Days) 15	TRAINING & IN-SERVICE EDUCATION (Patient Days) 16
OUTPATIENT REIMBURSABLE COST CENTERS									
74	OPT	0	0	0	0	0	0	0	0
75	OOT	0	0	0	0	0	0	0	0
76	OSP	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0
89	Subtotals	49,577	6,379	8,706	14	14,636	2,163	17,039	17
NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0
93	Marketing	0	0	0	0	0	0	0	0
93.01	Residential Independent Living	62,243	0	0	0	0	0	0	0
93.02	Barber and Beauty Shop	0	0	0	0	0	0	0	0
93.03	Clinic	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0
100	TOTAL	111,820	6,379	8,706	14	14,636	2,163	17,039	17

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ALLOCATION OF CAPITAL RELATED COSTS

	PATIENT TRANSPORT PART A (Patient Days)	OTHER GENERAL SERVICE COST (Patient Days)	SubTotal 19	Adjustments 20	Total 21
OUTPATIENT REIMBURSABLE COST CENTERS					
74	OPT	0	0	0	0
75	OOT	0	0	0	0
76	OSP	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS					
80	PREVENTIVE VACCINES	0	0	0	0
89	Subtotals	0	532,899	0	532,899
NONREIMBURSABLE COST CENTERS					
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0
91	NONPAID WORKERS	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0
93	Marketing	0	1,084	0	1,084
93.01	Residential Independent Living	0	3,976,383	0	3,976,383
93.02	Barber and Beauty Shop	0	9,788	0	9,788
93.03	Clinic	0	24,064	0	24,064
98	Cross Foot Adjustments	0	0	0	0
99	Negative Cost Center	0	0	0	0
100	TOTAL	0	4,544,218	0	4,544,218

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COST ALLOCATIONS - STATISTICAL BASES

OTHER
 GENERAL
 SERVICE COST
 (Patient
 Days)
 18

	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED - BUILDINGS & FIXTURES	
2	CAPITAL RELATED - MOVABLE EQUIPMENT	
3	EMPLOYEE BENEFITS DEPARTMENT	
4	ADMINISTRATIVE AND GENERAL	
5	PLANT OP, MAINT & REPAIRS	
6	LAUNDRY AND LINEN SERVICE	
7	HOUSEKEEPING	
8	DIETARY	
9	NURSING ADMINISTRATION	
10	CENTRAL SERVICES AND SUPPLY	
11	PHARMACY	
12	MEDICAL RECORDS	
13	MEDICAL SOCIAL SERVICES	
14	ACTIVITIES PROGRAM	
15	QA & PERFORMANCE IMPROVEMENT PROGRAM	
16	TRAINING AND IN-SERVICE EDUCATION	
17	PATIENT TRANSPORTATION PART A	
18	OTHER GENERAL SERVICE COST	13,757
	INPATIENT ROUTINE SERVICE COST CENTERS	
25	SKILLED NURSING FACILITY	13,757
26	NURSING FACILITY	0
27	ICF/IID	0
	ANCILLARY SERVICE COST CENTERS	
30	RADIOLOGY - DIAGNOSTIC	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0
32	LABORATORY	0
33	INTRAVENOUS THERAPY	0
34	RESPIRATORY THERAPY	0
35	PHYSICAL THERAPY	0
36	OCCUPATIONAL THERAPY	0
37	SPEECH LANGUAGE PATHOLOGIST	0
38	AUDIOLOGY	0
39	ELECTROCARDIOLOGY	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0
42	DRUGS: IV SOLUTIONS	0
43	DENTAL CARE	0
44	APPLIANCES AND EQUIPMENT	0
45	BLOOD AND BLOOD PRODUCTS	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0
	OUTPATIENT SERVICE COST CENTERS	
60	SCREENING & PREVENTIVE SERVICES	0
61	OUTPATIENT LABORATORY	0
62	PORTABLE X-RAY SERVICES	0
63	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0
	OUTPATIENT REIMBURSABLE COST CENTERS	
70	HOME HEALTH AGENCY	0
71	AMBULANCE	0
72	HOSPICE	0
73	CORF	0

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COST ALLOCATIONS - STATISTICAL BASES

	CRC- B&F (Square Feet)	CRC- ME (Square Feet)	EMPLOYEE BENEFITS DEPARTMENT (Gross Salaries)	Reconcil- iation 4A	A&G (Accum Cost) 4	PLANT OP, MAINT & REPAIRS (Square Feet) 5	LAUNDRY & LINEN SERVICE (Patient Days) 6	HOUSE- KEEPING (Square Feet) 7	DIETARY (Meals Served) 8
	1	2	3						
OUTPATIENT REIMBURSABLE COST CENTERS									
74	OPT	0	0	0	0	0	0	0	0
75	OOT	0	0	0	0	0	0	0	0
76	OSP	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0
89	Subtotal	35,835	35,835	3,910,408	0	9,379,144	29,304	10,882	41,601
NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0
93	Marketing	0	0	387,116	0	928,261	0	0	0
93.01	Residential Independent Living	192,362	192,362	832,394	0	5,218,049	192,362	7,935	52,230
93.02	Barber and Beauty Shop	480	480	0	0	44,715	480	480	0
93.03	Clinic	1,149	1,149	386,753	0	533,470	1,149	1,149	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0
102	Cost to be Allocated per Bp1	4,472,709	71,509	1,306,343	0	1,731,552	2,111,694	178,219	2,702,537
103	Unit Cost Multiplier per Bp1	19.461284	0.311144	0.236799	0.000000	0.107526	9.456969	9.471170	0.709436
104	Cost to be Allocated per Bp2	0	0	3,559	0	14,461	113,295	4,955	6,674
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000645	0.000000	0.000898	0.507378	0.263326	1.191717

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet B-1 Wednesday, May 20, 2026 at 9:55:11 AM

COST ALLOCATIONS - STATISTICAL BASES

	NURSING ADMIN (Patient Days) 9	CENTRAL SERVICES & SUPPLY (Patient Days) 10	PHARMACY (Patient Days) 11	MEDICAL RECORDS (Patient Days) 12	MEDICAL SOCIAL SERVICES (Patient Days) 13	ACTIVITIES PROGRAM (Patient Days) 14	QUALITY & PERFORM IMPROV PGM (Patient Days) 15	TRAINING & IN-SERVICE EDUCATION (Patient Days) 16	PATIENT TRANSPORT PART A (Patient Days) 17
OUTPATIENT REIMBURSABLE COST CENTERS									
74	OPT	0	0	0	0	0	0	0	0
75	OOT	0	0	0	0	0	0	0	0
76	OSP	0	0	0	0	0	0	0	0
COST REIMBURSED SERVICES COST CENTERS									
80	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0
89	Subtotal	13,757	13,757	13,757	13,757	13,757	13,757	13,757	13,757
NONREIMBURSABLE COST CENTERS									
90	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0
91	NONPAID WORKERS	0	0	0	0	0	0	0	0
92	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0
93	Marketing	0	0	0	0	0	0	0	0
93.01	Residential Independent Living	0	0	0	0	0	0	0	0
93.02	Barber and Beauty Shop	0	0	0	0	0	0	0	0
93.03	Clinic	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0
102	Cost to be Allocated per Bp1	595,524	94,997	17,282	23,087	104,575	325,600	21,264	31,494
103	Unit Cost Multiplier per Bp1	43.288798	6.905357	1.256233	1.678200	7.601585	23.667951	1.545686	2.289307
104	Cost to be Allocated per Bp2	6,379	8,706	14	14,636	2,163	17,039	17	26
105	Unit Cost Multiplier per Bp2	0.463691	0.632841	0.001018	1.063895	0.157229	1.238569	0.001236	0.001890

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet B-1 Wednesday, May 20, 2026 at 9:55:11 AM

COST ALLOCATIONS - STATISTICAL BASES

	OTHER GENERAL SERVICE COST (Patient Days)
	18
OUTPATIENT REIMBURSABLE COST CENTERS	
74 OPT	0
75 OOT	0
76 OSP	0
COST REIMBURSED SERVICES COST CENTERS	
80 PREVENTIVE VACCINES	0
89 Subtotal	13,757
NONREIMBURSABLE COST CENTERS	
90 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0
91 NONPAID WORKERS	0
92 PHYSICIAN PRIVATE OFFICES	0
93 Marketing	0
93.01 Residential Independent Living	0
93.02 Barber and Beauty Shop	0
93.03 Clinic	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
102 Cost to be Allocated per Bp1	0
103 Unit Cost Multiplier per Bp1	0.000000
104 Cost to be Allocated per Bp2	0
105 Unit Cost Multiplier per Bp2	0.000000

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet B-2 Wednesday, May 20, 2026 at 9:55:11 AM

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 1/1/2025 to 12/31/2025

Worksheet C Wednesday, May 20, 2026 at 9:55:11 AM

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

CMS #	COST CENTER	-----CHARGES-----			COST TO CHARGE RATIO	
		TOTAL COST	TOTAL CHARGES	RECLASS-IFICATIONS		RECLASSIFIED CHARGES
		1	2	3	4	5
INPATIENT ROUTINE NURSING COST CENTERS						
25	SKILLED NURSING FACILITY	6,061,751	7,531,597	0	7,531,597	
26	NURSING FACILITY	0	0	0	0	
27	ICF/IID	0	0	0	0	
ANCILLARY SERVICE COST CENTERS						
30	RADIOLOGY - DIAGNOSTIC	18,235	16,846	0	16,846	1.082453
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	
32	LABORATORY	1,183	113	13,727	13,840	0.085477
33	INTRAVENOUS THERAPY	5,540	0	5,002	5,002	1.107557
34	RESPIRATORY THERAPY	0	0	0	0	
35	PHYSICAL THERAPY	467,932	313,608	0	313,608	1.492092
36	OCCUPATIONAL THERAPY	142,540	234,019	0	234,019	0.609096
37	SPEECH LANGUAGE PATHOLOGIST	54,243	100,061	0	100,061	0.542099
38	AUDIOLOGY	0	0	0	0	
39	ELECTROCARDIOLOGY	0	0	0	0	
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,428	41,916	0	41,916	0.415784
41	DRUGS: DRUGS CHARGED TO PATIENTS	67,103	112,257	-18,729	93,528	0.717464
42	DRUGS: IV SOLUTIONS	0	0	0	0	
43	DENTAL CARE	0	0	0	0	
44	APPLIANCES AND EQUIPMENT	0	0	0	0	
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0	
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	
OUTPATIENT REIMBURSABLE COST CENTERS						
71	AMBULANCE	0	0	0	0	
COST REIMBURSED SERVICES COST CENTERS						
80	PREVENTIVE VACCINES	0	0	0	0	
100	TOTAL	6,835,955	8,350,417	0	8,350,417	

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet C-6 Wednesday, May 20, 2026 at 9:55:11 AM

Reclassifications

#	EXPLANATION OF RECLASSIFICATION	----- INCREASES -----			----- DECREASES -----			
		WORKSHEET C CODE COST CENTER	WKST C LINE NO.	AMOUNT	WORKSHEET C COST CENTER	WKST C LINE NO.	AMOUNT	
1	To Reclass I/V Therapy	A	INTRAVENOUS THERAPY	33.00	5,002	DRUGS: DRUGS CHARGED TO	41.00	5,002
2	To Reclass Laboratory	B	LABORATORY	32.00	13,727	DRUGS: DRUGS CHARGED TO	41.00	13,727
500	TOTAL RECLASSIFICATIONS				18,729			18,729

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title V Wednesday, May 20, 2026 at 9:55:11 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS
 Skilled Nursing Facility - Title V

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----		
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES
30	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0
32	LABORATORY	0	0	0	0	0	0
33	INTRAVENOUS THERAPY	0	0	0	0	0	0
34	RESPIRATORY THERAPY	0	0	0	0	0	0
35	PHYSICAL THERAPY	0	0	0	0	0	0
36	OCCUPATIONAL THERAPY	0	0	0	0	0	0
37	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0
38	AUDIOLOGY	0	0	0	0	0	0
39	ELECTROCARDIOLOGY	0	0	0	0	0	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0
42	DRUGS: IV SOLUTIONS	0	0	0	0	0	0
43	DENTAL CARE	0	0	0	0	0	0
44	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0
71	AMBULANCE	0	0	0	0	0	0
80	PREVENTIVE VACCINES	0	0	0	0	0	0
100	TOTAL	0	0	0	0	0	0

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title XIX Wednesday, May 20, 2026 at 9:55:11 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS
 Skilled Nursing Facility - Title XIX

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----		
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES
30	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0
31	RADIOLOGY - THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0
32	LABORATORY	0	0	0	0	0	0
33	INTRAVENOUS THERAPY	0	0	0	0	0	0
34	RESPIRATORY THERAPY	0	0	0	0	0	0
35	PHYSICAL THERAPY	0	0	0	0	0	0
36	OCCUPATIONAL THERAPY	0	0	0	0	0	0
37	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0
38	AUDIOLOGY	0	0	0	0	0	0
39	ELECTROCARDIOLOGY	0	0	0	0	0	0
40	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0
41	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0
42	DRUGS: IV SOLUTIONS	0	0	0	0	0	0
43	DENTAL CARE	0	0	0	0	0	0
44	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0
45	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0
46	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0
71	AMBULANCE	0	0	0	0	0	0
80	PREVENTIVE VACCINES	0	0	0	0	0	0
100	TOTAL	0	0	0	0	0	0

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet D SNF Title XVIII Wednesday, May 20, 2026 at 9:55:11 AM

APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS
 Skilled Nursing Facility - Title XVIII

CMS #	RATIO OF COST TO CHARGES	-----HEALTHCARE CHARGES-----			-----HEALTHCARE COSTS-----		
		INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES
30	1.082453	12,191	0	0	13,196	0	0
31		0	0	0	0	0	0
32	0.085477	13,614	0	0	1,164	0	0
33	1.107557	2,051	0	0	2,272	0	0
34		0	0	0	0	0	0
35	1.492092	160,362	0	0	239,275	0	0
36	0.609096	149,271	0	0	90,920	0	0
37	0.542099	48,074	0	0	26,061	0	0
38		0	0	0	0	0	0
39		0	0	0	0	0	0
40	0.415784	436	0	0	181	0	0
41	0.717464	87,675	0	0	62,904	0	0
42		0	0	0	0	0	0
43		0	0	0	0	0	0
44		0	0	0	0	0	0
45		0	0	0	0	0	0
46		0	0	0	0	0	0
71		0	0	0	0	0	0
80		0	0	0	0	0	0
100	TOTAL	473,674	0	0	435,973	0	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Wednesday, May 20, 2026 at 9:55:11 AM

Program: Title V
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS

#	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	0
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	0
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	0
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	0
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.000000
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	0
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	0.00
17	PROGRAM ROUTINE SERVICE COST	0
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	0
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	0
21	PER DIEM CAPITAL RELATED COSTS	0.00
22	PROGRAM CAPITAL RELATED COST	0
23	INPATIENT ROUTINE SERVICE COST	0
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	0
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Wednesday, May 20, 2026 at 9:55:11 AM

Program: Title XIX
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS #	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	13,757
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	182
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,061,751
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	0
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.000000
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	6,061,751
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	440.63
17	PROGRAM ROUTINE SERVICE COST	80,195
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	80,195
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	511,697
21	PER DIEM CAPITAL RELATED COSTS	37.20
22	PROGRAM CAPITAL RELATED COST	6,770
23	INPATIENT ROUTINE SERVICE COST	73,425
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	73,425
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	6,770

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet D-1 Wednesday, May 20, 2026 at 9:55:11 AM

Program: Title XVIII
Component: Skilled Nursing Facility

COMPUTATION OF INPATIENT ROUTINE COSTS

CMS #	INPATIENT DAYS	AMOUNT
1	INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	13,757
2	PRIVATE ROOM DAYS	0
3	PROGRAM INPATIENT DAYS, INCLUDING PRIVATE ROOM DAYS	2,215
4	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0
5	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,061,751
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
6	GENERAL INPATIENT ROUTINE SERVICE CHARGES	7,531,597
7	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.804843
8	PRIVATE ROOM CHARGES	0
9	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00
10	SEMI-PRIVATE ROOM CHARGES	0
11	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00
12	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00
13	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00
14	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0
15	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	6,061,751
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	
16	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	440.63
17	PROGRAM ROUTINE SERVICE COST	975,995
18	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0
19	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	975,995
20	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	511,697
21	PER DIEM CAPITAL RELATED COSTS	37.20
22	PROGRAM CAPITAL RELATED COST	82,398
23	INPATIENT ROUTINE SERVICE COST	893,597
24	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0
25	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	893,597
26	PER DIEM LIMITATION	0.00
27	INPATIENT ROUTINE SERVICE COST LIMITATION	0
28	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet E Part A Wednesday, May 20, 2026 at 9:55:11 AM

Calculation of Reimbursement Settlement - Medicare Part A

1	INPATIENT PPS AMOUNT	1,624,983
2	ALLOWABLE BAD DEBTS	0
3	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	
4	REIMBURSABLE BAD DEBTS	0
5	TOTAL REIMBURSABLE COST	1,624,983
6	PRIMARY PAYER AMOUNTS	0
7	COINSURANCE	199,863
8		0
9	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0
10	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	0
11	SEQUESTRATION AMOUNT	28,502
12	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0
13	NET REIMBURSABLE COST	1,396,618
14	INTERIM PAYMENTS	1,396,618
15	TENTATIVE ADJUSTMENT	0
16	BALANCE DUE PROVIDER/PROGRAM	0
17	PROTESTED AMOUNTS	0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet E Part B Wednesday, May 20, 2026 at 9:55:11 AM

Calculation of Reimbursement Settlement - Medicare Part B

1	PART B ANCILLARY SERVICE COSTS	0
2	PREVENTIVE VACCINES	0
3	TOTAL REASONABLE COSTS	0
4	MEDICARE PART B ANCILLARY CHARGES	0
5	COST OF COVERED SERVICES	0
6	ALLOWABLE BAD DEBTS	0
7	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES	0
8	REIMBURSABLE BAD DEBTS	0
9	TOTAL REIMBURSABLE COST	0
10	PRIMARY PAYER AMOUNTS	0
11	COINSURANCE AND DEDUCTIBLES	0
12		0
13	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0
14	SEQUESTRATION AMOUNT	0
15	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0
16	NET REIMBURSABLE COST	0
17	INTERIM PAYMENTS	0
18	TENTATIVE ADJUSTMENT	0
19	BALANCE DUE PROVIDER/PROGRAM	0
20	PROTESTED AMOUNTS	0

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet E-1 Wednesday, May 20, 2026 at 9:55:11 AM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		1,396,618		0
2	Interim payments payable		0		0
3	RETROACTIVE LUMP SUM ADJUSTMENTS		0		0
3.01	Program to Provider		0		0
3.02	Program to Provider		0		0
3.03	Program to Provider		0		0
3.04	Program to Provider		0		0
3.05	Program to Provider		0		0
3.50	Provider to Program		0		0
3.51	Provider to Program		0		0
3.52	Provider to Program		0		0
3.53	Provider to Program		0		0
3.54	Provider to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		1,396,618		0
TO BE COMPLETED BY CONTRACTOR					
5	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS				
5.01	Program to Provider		0		0
5.02	Program to Provider		0		0
5.03	Program to Provider		0		0
5.50	Provider to Program		0		0
5.51	Provider to Program		0		0
5.52	Provider to Program		0		0
5.99	SUBTOTAL		0		0
6	CONTRACTOR: NET SETTLEMENT AMOUNT				
6.01	Program to Provider		0		0
6.02	Provider to Program		0		0
7	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		0		0
Name of Contractor: _____ Contractor Number: _____					
8	Name of Contractor/Number/Date of NPR		0		0

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet E-2 Wednesday, May 20, 2026 at 9:55:11 AM

Calculation of Reimbursement Settlement
Title XIX SNF

CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER

CMS

#	COMPUTATION OF NET COST OF COVERED SERVICES	
1	INPATIENT ANCILLARY SERVICES	0
2	OUTPATIENT SERVICES	0
3	INPATIENT ROUTINE SERVICES	6,770
4	COST OF COVERED SERVICES	6,770
5	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0
6	SUBTOTAL	6,770
7	PRIMARY PAYOR AMOUNTS	0
8	TOTAL REASONABLE COST	6,770
	REASONABLE CHARGES	
9	INPATIENT ANCILLARY SERVICES CHARGES	0
10	OUTPATIENT SERVICES CHARGES	0
11	INPATIENT ROUTINE SERVICES CHARGES	0
12	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0
13	TOTAL REASONABLE CHARGES	0
	CUSTOMARY CHARGES	
14	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0
15	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0
16	RATIO OF LINE 14 TO LINE 15 (NOT TO EXCEED 1.000000)	0
17	TOTAL CUSTOMARY CHARGES	0
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	COST OF COVERED SERVICES	0
19	COST SHARING	0
20	SUBTOTAL	0
21	ALLOWABLE BAD DEBTS	0
22	SUBTOTAL	0
23	SUBTOTAL	0
24	SUBTOTAL	0
25	INTERIM PAYMENTS	0
26	BALANCE DUE PROVIDER/PROGRAM (INDICATE OVERPAYMENT IN PARENTHESES)	0

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet G Wednesday, May 20, 2026 at 9:55:11 AM

BALANCE SHEET

CMS #	ASSETS	Amount
	CURRENT ASSETS	1
1	CASH ON HAND AND IN BANKS	3,163,351
2	TEMPORARY INVESTMENTS	5,093,063
3	NOTES RECEIVABLE	0
4	ACCOUNTS RECEIVABLE	770,796
5	OTHER RECEIVABLES	12,948
	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND	
6	ACCOUNTS RECEIVABLE	193,550
7	INVENTORY	0
8	PREPAID EXPENSES	272,594
9	OTHER CURRENT ASSETS	1,851,047
10	DUE FROM OTHER FUNDS	0
11	TOTAL CURRENT ASSETS	10,970,249
	FIXED ASSETS	
12	LAND	7,275,749
13	LAND IMPROVEMENTS	0
14	LESS: ACCUMULATED DEPRECIATION	0
15	BUILDINGS	68,686,260
16	LESS: ACCUMULATED DEPRECIATION	31,401,231
17	LEASEHOLD IMPROVEMENTS	0
18	LESS: ACCUMULATED DEPRECIATION	0
19	FIXED EQUIPMENT	0
20	LESS: ACCUMULATED DEPRECIATION	0
21	AUTOMOBILES AND TRUCKS	0
22	LESS: ACCUMULATED DEPRECIATION	0
23	MAJOR MOVABLE EQUIPMENT	4,425,723
24	LESS: ACCUMULATED DEPRECIATION	2,398,009
25	MINOR EQUIPMENT - DEPRECIABLE	0
26	MINOR EQUIPMENT - NONDEPRECIABLE	0
27	OTHER FIXED ASSETS	433,594
28	TOTAL FIXED ASSETS	47,022,086
	OTHER ASSETS	
29	INVESTMENTS	0
30	DEPOSITS ON LEASES	2,022,902
31	DUE FROM OWNERS/OFFICERS	0
32	OTHER ASSETS	-18,250,510
33	TOTAL OTHER ASSETS	-16,227,608
34	TOTAL ASSETS	41,764,727
	CURRENT LIABILITIES	
35	ACCOUNTS PAYABLE	794,029
36	SALARIES, WAGES & FEES PAYABLE	456,299
37	PAYROLL TAXES PAYABLE	0
38	NOTES & LOANS PAYABLE (SHORT TERM)	637,973
39	DEFERRED INCOME	0
40	ACCELERATED PAYMENTS	0
41	DUE TO OTHER FUNDS	0
42	OTHER CURRENT LIABILITIES	706,116
43	TOTAL CURRENT LIABILITIES	2,594,417
	LONG TERM LIABILITIES	
44	MORTGAGE PAYABLE	27,951,452
45	NOTES PAYABLE	0
46	UNSECURED LOANS	0
47	LOANS FROM OWNERS	0
48	OTHER LONG TERM LIABILITIES	45,945,852
49	TOTAL LONG TERM LIABILITIES	73,897,304
50	TOTAL LIABILITIES	76,491,721
	CAPITAL ACCOUNTS	
51	FUND BALANCES	-34,726,994
52	TOTAL LIABILITIES AND FUND BALANCES	41,764,727

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet G-2 Part I Wednesday, May 20, 2026 at 9:55:11 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

	INPATIENT					OUTPATIENT					TOTAL
	MEDICARE FFS 1	MEDICARE HMO 2	MEDICAID 3	MEDICAID HMO 4	OTHER 5	MEDICARE FFS 6	MEDICARE HMO 7	MEDICAID 8	MEDICAID HMO 9	OTHER 10	
GENERAL INPATIENT ROUTINE CARE SERVICES	1,217,025	252,497	104,439	1,440,663	4,516,973						7,531,597
1 SKILLED NURSING FACILITY	1,217,025	252,497	104,439	1,440,663	4,516,973						7,531,597
2 NURSING FACILITY	0	0	0	0	0						0
3 ICF/IID											0
4 TOTAL GENERAL INPATIENT CARE SERVICES	1,217,025	252,497	104,439	1,440,663	4,516,973						7,531,597
5 ANCILLARY SERVICES	519,416	112,057	0	0	59,144	89,890	36,659	0	0	1,427	818,593
6 HOME HEALTH AGENCY						0	0	0	0	0	0
7 AMBULANCE		0	0	0	0	0	0	0	0	0	0
8 HOSPICE	0	0	0	0	0	0	0	0	0	0	0
9 ALL OTHER REVENUES	0	0	0	0	0	0	0	0	0	0	0
10 TOTAL PATIENT REVENUES	1,736,441	364,554	104,439	1,440,663	4,576,117	89,890	36,659	0	0	1,427	8,350,190

THE ATRIUM AT NAVESINK HARBOR
Provider CCN: 31-5515
Period from 1/1/2025 to 12/31/2025

Worksheet G-2 Part II Wednesday, May 20, 2026 at 9:55:11 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description	
11	OPERATING EXPENSES	19,293,363
12	ADD (SPECIFY)	0
13	TOTAL ADDITIONS	0

14	DEDUCT (SPECIFY)	0

15	TOTAL DEDUCTIONS	0
		=====
16	TOTAL OPERATING EXPENSES	19,293,363

THE ATRIUM AT NAVESINK HARBOR
 Provider CCN: 31-5515
 Period from 1/1/2025 to 12/31/2025

Worksheet G-3 Wednesday, May 20, 2026 at 9:55:11 AM

Statement of Revenues and Expenses

CMS #	Description	
	Income From Services to Patients:	
1	TOTAL PATIENT REVENUES	8,350,190
2	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	1,635,678
3	NET PATIENT REVENUES	6,714,512
4	LESS: TOTAL OPERATING EXPENSES	19,293,363
5	NET INCOME FROM SERVICES TO PATIENTS	-12,578,851
	Other Income:	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	118,400
7	INCOME FROM INVESTMENTS	738,655
8	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	0
9	REVENUE FROM TELEVISION AND RADIO SERVICES	0
10	PURCHASE DISCOUNTS	0
11	REBATES AND REFUNDS OF EXPENSES	0
12	PARKING LOT RECEIPTS	0
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	8,527
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	204,530
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, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	0
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	0
21	RENTAL OF VENDING MACHINES	0
22	RENTAL OF SKILLED NURSING SPACE	0
23	GOVERNMENTAL APPROPRIATIONS	0
24	OTHER MISCELLANEOUS REVENUE (SPECIFY _____)	-405,310
24.01	Barber/Beauty Shop Income	0
24.02	General Service Revenue	226,284
24.03	Incontinence Income	0
24.04	Earned Entrance Fees	3,503,193
24.05	Residential Income	9,224,175
25	PHE FUNDING	0
26	TOTAL OTHER INCOME	13,618,454
27	TOTAL INCOME	1,039,603
	Expenses:	
28	OTHER EXPENSES (SPECIFY _____)	0
29		0
30		0
31	TOTAL OTHER EXPENSES	0
32	NET INCOME (LOSS) FOR THE PERIOD	1,039,603