

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

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

Worksheet S Sunday, June 2, 2024 at 5:23:08 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: _____
- Manually prepared cost report 2. Manually prepared cost report
3. If this is an amended report enter the number of times the provider resubmitted this cost report
- 3.01 No Medicare Utilization. Enter "Y" for yes or leave blank for no.
- Contractor 4. Cost Report Status 6. Contractor No. _____
- Manually prepared cost report 1] As Submitted 7. First Cost Report Processed by Contractor
- 2] Settled without audit 8. Last Cost Report Processed by Contractor
- 3] Settled with audit 9. NPR Date: _____
- 4] Reopened 10. If line 4, column 1 is "4": Enter number of times reopened: _____
- 5] Amended 11. Contractor Vendor Code _____
5. Date Received _____ 12. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Allegria at the Fountains (31-5297) for the cost report period beginning January 1, 2023 and ending December 31, 2023, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	
	1	2
1 _____	<input type="checkbox"/>	<input type="checkbox"/>
2 Printed name _____		
3 Title _____		
4 Signature date _____		

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

PART III - SETTLEMENT SUMMARY

CMS #		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	6,114	0	0
100	Total	0	6,114	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.

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

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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: 114 Hayes Mill Road
 2 City / State / Zip: ATCO NJ 08004
 3 County / CBSA Code / Urban/Rural: Camden 15804 Urban

Payment System
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Allegria at the Fountains	31-5297	03/24/1998			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2023	12/31/2023				
15	Type of Control (See Instructions)		4				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 137,130
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 137,130
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

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

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

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

Premiums Paid Losses Self Insurance

41 List malpractice premiums and paid losses Y/N

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

Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column
 43 1. N
 If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name
 44 and address of the home office on lines 45-47.

45 Name / Contractor Name / Contractor Number

46 Street / PO Box

47 City / State / Zip

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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.			
				N
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 04/09/2024		Y 04/09/2024
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.			
		N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.			
		N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			
		N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?			
		N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.			
		N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	1		2
		Marinela	Shqina	Preparer
20	Employer.	Zimmet Healthcare Services Group LLC		
21	Telephone number/Email address.	732-970-0733	costreports@zhealthcare.com	3

ALLEGRIA AT THE FOUNTAINS
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 Period from 1/1/2023 to 12/31/2023

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Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	60	21,900	0	3,007	7,357	7,627	17,991
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	60	21,900	0	3,007	7,357	7,627	17,991

CMS #	Component	Discharges					Average Length of Stay			
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	103	52	147	302	0.00	29.19	141.48	59.57
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	103	52	147	302	0.00	29.19	141.48	59.57

CMS #	Component	Admissions					FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	125	42	136	303	167.41	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	125	42	136	303	167.41	0

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Worksheet S-3 Part II Sunday, June 2, 2024 at 5:23:08 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #	Description	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	8,695,273	0	8,695,273	348,206.00	24.97
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)	8,695,273	0	8,695,273	348,206.00	24.97
7	Other Long Term Care	75,363	0	75,363	2,055.00	36.67
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	4,687,293	0	4,687,293	205,270.00	22.83
12	Subtotal Excluded salary (Sum of lines 7-11)	4,762,656	0	4,762,656	207,325.00	22.97
13	Total Adjusted Salaries (Line 6 - 12)	3,932,617	0	3,932,617	140,881.00	27.91
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	88,120	0	88,120	1,479.00	59.58
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	1,229,402	0	1,229,402		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	673,380	0	673,380		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	556,022	0	556,022		

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Worksheet S-3 Part III Sunday, June 2, 2024 at 5:23:08 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	833,962	0	833,962	20,804	40.09
3	Plant Operation, Maint. & Repairs	511,754	0	511,754	22,873	22.37
4	Laundry & Linen Service	66,481	0	66,481	4,289	15.50
5	Housekeeping	76,506	0	76,506	4,529	16.89
6	Dietary	175,545	0	175,545	10,471	16.76
7	Nursing Administration	73,776	0	73,776	1,817	40.60
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	0	0	0	0	0.00
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	95,628	0	95,628	5,112	18.71
14	Total	1,833,652	0	1,833,652	69,895	26.23

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Worksheet S-3 Part IV Sunday, June 2, 2024 at 5:23:08 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	0
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)	109,522
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	-1,416
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	213,963
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	907,333
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	1,229,402
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Sunday, June 2, 2024 at 5:23:08 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)	660,412	93,374	753,786	16,406	45.95
2	Licensed Practical Nurses (LPNs)	568,821	80,424	649,245	17,485	37.13
3	Certified Nursing Assistants/Nursing Assistants/Aides	589,796	83,390	673,186	30,381	22.16
4	Total Nursing (Sum of 1 - 3)	1,819,029	257,188	2,076,217	64,272	32.30
5	Physical Therapists	101,773	14,389	116,162	2,386	48.68
6	Physical Therapy Assistants	0	0	0	0	0.00
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	164,965	23,324	188,289	4,089	46.05
9	Occupational Therapy Assistants	0	0	0	0	0.00
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	13,198	1,866	15,064	239	63.03
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)	5,040		5,040	59	85.42
15	Licensed Practical Nurses (LPNs)	934		934	17	54.94
16	Certified Nursing Assistants/Nursing Assistants/Aides	2,475		2,475	67	36.94
17	Total Nursing (Sum of 14 - 16)	8,449		8,449	143	59.08
18	Physical Therapists	36,579		36,579	523	69.94
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	36,920		36,920	738	50.03
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	6,173		6,173	75	82.31
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		5,609,265	5,609,265	0	5,609,265	-1,189,551	4,419,714
2	Cap Rel Costs - Movable Equipment		53,892	53,892	0	53,892	0	53,892
3	Employee Benefits	0	1,296,635	1,296,635	0	1,296,635	0	1,296,635
4	Administrative & General	833,962	2,020,366	2,854,328	0	2,854,328	-1,305,773	1,548,555
5	Plant Operation, Maint. & Repairs	511,754	1,482,706	1,994,460	0	1,994,460	6,182	2,000,642
6	Laundry & Linen Service	66,481	8,887	75,368	0	75,368	-750	74,618
7	Housekeeping	76,506	52,919	129,425	0	129,425	0	129,425
8	Dietary	175,545	730,680	906,225	0	906,225	-11,754	894,471
9	Nursing Administration	73,776	9,516	83,292	0	83,292	0	83,292
10	Central Services & Supply	0	105,314	105,314	-6,825	98,489	0	98,489
11	Pharmacy	0	23,737	23,737	0	23,737	0	23,737
12	Medical Records & Library	0	475	475	0	475	0	475
13	Social Service	0	0	0	0	0	0	0
15	Activities	95,628	26,161	121,789	0	121,789	0	121,789
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	1,819,029	8,647	1,827,676	0	1,827,676	0	1,827,676
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	75,363	0	75,363	0	75,363	0	75,363
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	11	11	6,825	6,836	0	6,836
41	Laboratory	0	2,136	2,136	0	2,136	0	2,136
42	Intravenous Therapy	0	750	750	0	750	0	750
43	Oxygen (Inhalation) Therapy	0	7,427	7,427	0	7,427	0	7,427
44	Physical Therapy	101,773	45,195	146,968	0	146,968	0	146,968
45	Occupational Therapy	164,965	36,920	201,885	0	201,885	0	201,885
46	Speech Pathology	13,198	6,173	19,371	0	19,371	0	19,371
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	146,498	146,498	0	146,498	0	146,498
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	4,007,980	11,674,310	15,682,290	0	15,682,290	-2,501,646	13,180,644
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	23,215	23,215	0	23,215	-7,059	16,156
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	ILF	2,140,841	114,691	2,255,532	0	2,255,532	0	2,255,532

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Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified	Adjust-	Net
						Trial Balance 5	ments to Expenses 6	Expenses for Cost Allocation 7
95.02	ALF	2,546,452	132,360	2,678,812	0	2,678,812	0	2,678,812
100	TOTAL	8,695,273	11,944,576	20,639,849	0	20,639,849	-2,508,705	18,131,144

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet A-6 Sunday, June 2, 2024 at 5:23:08 PM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	COST CENTER	Increases			Decreases			
				LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass radiology costs	A	Radiology	40.00	0	6,825	Central Services & S	10.00	0	6,825
100	TOTAL RECLASSIFICATIONS				0	6,825			0	6,825

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet A-7 Sunday, June 2, 2024 at 5:23:08 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully		
		Balances	Purchase	and Donation	Retirements	Balance	Depreciated Assets	
		1	2	3	4	5	6	7
1	Land	0	0	0	0	0	0	0
2	Land Improvements	0	0	0	0	0	0	0
3	Buildings & Fixtures	0	0	0	0	0	0	0
4	Building Improvements	0	72,175	0	72,175	0	72,175	0
5	Fixed Equipment	0	18,278	0	18,278	0	18,278	0
6	Movable Equipment	0	27,605	0	27,605	0	27,605	0
7	Subtotal	0	118,058	0	118,058	0	118,058	0
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	0	118,058	0	118,058	0	118,058	0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8 Sunday, June 2, 2024 at 5:23:08 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	A	-3,128	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			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	-1,069,871			
12	Laundry and Linen service		0			
13	Revenue - Employee meals		0			
14	Cost of meals - Guests		0			
15	Sale of medical supplies to other than patients		0			
16	Sale of drugs to other than patients		0			
17	Sale of medical records and abstracts		0			
18	Vending machines	B	-1,043	Dietary		8
19	Income from imposition of interest, finance or penalty charges		0			
20	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
21	Utilization review -- physicians' compensation		0	Utilization Review		82
22	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
23	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
24	Grill / Cafe / Bistro Income	B	-10,711	Dietary		8
25	Beauty and Barber Shop	B	-7,059	Barber and Beauty Shop		91
26	Laundry	B	-750	Laundry & Linen Service		6
27	Interest Income	B	-888	Administrative & General		4
28	Other Non-Patient Related Rev.	B	-23,897	Administrative & General		4
29	Marketing Salaries	A	-49,310	Administrative & General		4
30	Marketing Bonus	A	-10,600	Administrative & General		4
31	Marketing Supplies	A	-294	Administrative & General		4
32	Marketing Contracted Services	B	-1,000	Administrative & General		4
33	Admin Meals & Entertainment	A	-302	Administrative & General		4
34	Admin Gifts & Flowers	A	-21	Administrative & General		4
35	Medicare A 35% WO Medicare Bad Debt	A	-7,901	Administrative & General		4
36	Bad Debt Allowance	A	-111,251	Administrative & General		4
37	Bad Debt Balance Adjustments	B	-56,568	Administrative & General		4
38	Prior Owner WO Bad Debt	B	-24,555	Administrative & General		4
39	Interest Expense	A	-3,128	Cap Rel Costs - Bldgs & Fixtures		1
40	Marketing Supplies	A	-2,628	Administrative & General		4
41	Marketing Contracted Services	A	-45,125	Administrative & General		4
42	Marketing Referral Fees	A	-7,250	Administrative & General		4
43	Marketing Advertising	A	-7,022	Administrative & General		4
44	Admin Meals & Entertainment	A	-8,885	Administrative & General		4
45	Admin Gifts & Flowers	A	-20	Administrative & General		4
46	Admin Management Fees	A	-767,574	Administrative & General		4
47	Other Nonoperating Expense	A	-180	Administrative & General		4
48	Other Nonoperating Expense	B	-6,134	Administrative & General		4
49	Other Nonoperating Expense	A	-281,610	Administrative & General		4
50			=====			
100	TOTAL		-2,508,705			

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-1 Sunday, June 2, 2024 at 5:23:08 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	Included in Wkst A col 5	
	1	2	3	4	5	6
1	1	Cap Rel Costs - Bldgs & Fixtures	Realty - Building and RE Taxes	4,188,576	5,371,871	-1,183,295
2	4	Administrative & General	Realty - Adming and General	107,242	0	107,242
3	5	Plant Operation, Maint. & Repairs	Realty - Plant Ops	6,182	0	6,182
4	4	Administrative & General	Management fees	779,420	779,420	0
10		TOTALS		5,081,420	6,151,291	-1,069,871

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

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

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

#	Symbol	Name	----- Related Organization(s) -----			
			Percentage of Ownership	Name	Percent of Ownership	Type of Business
1	A	SamuelÂ Tennenbaum	50%	Fountains Propco LLC	50%	Realty
2	A	Avraham Satt	50%	Fountains Propco LLC	50%	Realty
3	A	SamuelÂ Tennenbaum	50%	Management company	50%	Mgt fees
4	A	Avraham Satt	50%	Management company	50%	Mgt fees

- 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:

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-2 Sunday, June 2, 2024 at 5:23:08 PM

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation	Profess- ional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
		3	4	5	6	7	8	9
100	Total	0	0	0		0	0	0

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance	Provider Component Share of Col 14	Adjusted RCE Limit	RCE Dis- allowance	Adjustment
		12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Sunday, June 2, 2024 at 5:23:08 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
<hr/>	
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	3,326,915
31 Nursing Facility	0
33 Other Long Term Care	1,465,294
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	7,584
41 Laboratory	2,370
42 Intravenous Therapy	832
43 Oxygen (Inhalation) Therapy	8,240
44 Physical Therapy	191,206
45 Occupational Therapy	263,712
46 Speech Pathology	25,861
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	2,862
49 Drugs Charged to Patients	162,525
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	5,457,401
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	62,564
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 ILF	7,803,279
95.02 ALF	4,807,900
98 Cross Foot Adjustments	0
99 Negative Cost Center	0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

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COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Patient Days) 6	House- keeping (Square Feet) 7
100 TOTAL	18,131,144	4,419,714	53,892	1,296,635	18,131,144	1,787,993	2,393,795	93,780	225,394

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Sunday, June 2, 2024 at 5:23:08 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)	SubTotal	Adjustments
	8	9	10	11	12	13	15	16	17
100 TOTAL	1,242,737	104,609	109,264	26,334	527	12,571	150,933	18,131,144	0

ALLEGRIA AT THE FOUNTAINS
Provider CCN: 31-5297
Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Sunday, June 2, 2024 at 5:23:08 PM

COST ALLOCATION - GENERAL SERVICE COSTS

		Total
		18
100	<hr/> TOTAL	<hr/> 18,131,144

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Sunday, June 2, 2024 at 5:23:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
<hr/>	
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	204,452
31 Nursing Facility	0
33 Other Long Term Care	340,189
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	48
41 Laboratory	15
42 Intravenous Therapy	5
43 Oxygen (Inhalation) Therapy	52
44 Physical Therapy	7,979
45 Occupational Therapy	9,110
46 Speech Pathology	1,470
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	1,728
49 Drugs Charged to Patients	1,031
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	566,079
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	27,066
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
95.01 ILF	3,004,771
95.02 ALF	875,690
98 Cross Foot Adjustments	
99 Negative Cost Center	

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Sunday, June 2, 2024 at 5:23:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal 2A	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen & Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	2A	3	4	5	6	7
100 TOTAL	0	4,419,714	53,892	4,473,606	0	115,078	95,971	595	43,646

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Sunday, June 2, 2024 at 5:23:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served)	Nursing Adminis- tration (Patient Days)	Central Services & Supply (Patient Days)	Pharmacy (Patient Days)	Medical Records & Library (Patient Days)	Social Service (Patient Days)	Activities SERVICE (Patient Days)	SubTotal	Adjustments
	8	9	10	11	12	13	15	16	17
100 TOTAL	140,132	664	693	167	3	7,589	958	4,473,606	0

ALLEGRIA AT THE FOUNTAINS
Provider CCN: 31-5297
Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Sunday, June 2, 2024 at 5:23:08 PM

ALLOCATION OF CAPITAL - RELATED COSTS

		Total
		18
100	<u>TOTAL</u>	<u>4,473,606</u>

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Sunday, June 2, 2024 at 5:23:08 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	17,991				
10	Central Services & Supply	0	22,581			
11	Pharmacy	0	0	17,991		
12	Medical Records & Library	0	0	0	17,991	
13	Social Service	0	0	0	0	17,991
15	Activities	0	0	0	0	0
						52,399
	ANCILLARY SERVICE COST CENTERS					
30	Skilled Nursing Facility	17,991	17,991	17,991	17,991	17,991
31	Nursing Facility	0	0	0	0	0
33	Other Long Term Care	0	4,590	0	0	0
						34,408
	OTHER REIMBURSABLE COST CENTERS					
40	Radiology	0	0	0	0	0
41	Laboratory	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0
45	Occupational Therapy	0	0	0	0	0
46	Speech Pathology	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS					
51	Support Surfaces	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS					
60	Clinic	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0
71	Ambulance	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0
89	Subtotal	17,991	22,581	17,991	17,991	17,991
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0
95.01	ILF	0	0	0	0	0
95.02	ALF	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Sunday, June 2, 2024 at 5:23:08 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	4,419,714	53,892	1,296,635	0	1,787,993	2,393,795	93,780	225,394	1,242,737
103	Unit Cost Multiplier per Bp1	11.725681	0.142978	0.149120	0.000000	0.109403	6.641608	3.915821	0.631474	7.905603
104	Cost to be Allocated per Bp2	0	0	0	0	115,078	95,971	595	43,646	140,132
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.007041	0.266273	0.024844	0.122281	0.891442

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Sunday, June 2, 2024 at 5:23:08 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	0
102 Cost to be Allocated per Bp1	104,609	109,264	26,334	527	12,571	150,933
103 Unit Cost Multiplier per Bp1	5.814518	4.838758	1.463732	0.029292	0.698738	2.880456
104 Cost to be Allocated per Bp2	664	693	167	3	7,589	958
105 Unit Cost Multiplier per Bp2	0.036907	0.030690	0.009282	0.000167	0.421822	0.018283

ALLEGRIA AT THE FOUNTAINS
Provider CCN: 31-5297
Period from 1/1/2023 to 12/31/2023

Worksheet B-2 Sunday, June 2, 2024 at 5:23:08 PM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet C Sunday, June 2, 2024 at 5:23:08 PM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	7,584	6,837	1.109258
41	Laboratory	2,370	2,136	1.109551
42	Intravenous Therapy	832	750	1.109333
43	Oxygen (Inhalation) Therapy	8,240	7,427	1.109465
44	Physical Therapy	191,206	599,469	0.318959
45	Occupational Therapy	263,712	797,510	0.330669
46	Speech Pathology	25,861	155,959	0.165819
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	2,862	0	0.000000
49	Drugs Charged to Patients	162,525	156,854	1.036155
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	300	0.000000
100	TOTAL	665,192	1,727,242	

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part I Sunday, June 2, 2024 at 5:23:08 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of cost to charges 1	Health Care Program Charges		Health Care Program Cost	
			Part A 2	Part B 3	Part A 4	Part B 5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	1.109258	6,215	0	6,894	0
41	Laboratory	1.109551	1,473	0	1,634	0
42	Intravenous Therapy	1.109333	345	0	383	0
43	Oxygen (Inhalation) Therapy	1.109465	0	0	0	0
44	Physical Therapy	0.318959	231,386	0	73,803	0
45	Occupational Therapy	0.330669	299,905	0	99,169	0
46	Speech Pathology	0.165819	57,365	0	9,512	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	0.000000	0	0	0	0
49	Drugs Charged to Patients	1.036155	90,076	0	93,333	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	TOTAL		686,765	0	284,728	0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part II Sunday, June 2, 2024 at 5:23:08 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.036155
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	0	0.000000	6,894	0
41	Laboratory	0	0	1,634	0
42	Intravenous Therapy	0	0	383	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	73,803	0
45	Occupational Therapy	0	0	99,169	0
46	Speech Pathology	0	0	9,512	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	93,333	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	284,728	0

ALLEGRIA AT THE FOUNTAINS
Provider CCN: 31-5297
Period from 1/1/2023 to 12/31/2023

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Nursing Facility
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	17,991
2	Private room days	0
3	Inpatient days incl. Program prvt.	3,007
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	3,326,915
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	1,465,486
7	General Inpatient routine service RCC	2.270179
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	3,326,915
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	184.92
17	Program routine service cost	556,054
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	556,054
20	Capital related cost allocated to inpati	204,452
21	Per diem capital related costs	11.36
22	Program capital related cost	34,160
23	Inpatient routine service cost	521,894
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	521,894
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

ALLEGRIA AT THE FOUNTAINS
Provider CCN: 31-5297
Period from 1/1/2023 to 12/31/2023

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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)	17,991
2	Program inpatient days (see instructions)	3,007
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.167139
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet E Sunday, June 2, 2024 at 5:23:08 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)	1,980,677
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	1,980,677
4	Primary payor amounts	0
5	Coinsurance	297,800
6	Reimbursable bad debts (From your records)	9,600
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	0
8	Adjusted reimbursable bad debts. (See instructions)	6,240
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	1,689,117
12	Interim payments (See instructions)	1,649,220
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)	125
14.99	Sequestration adjustment (See instructions)	33,658
15	Balance due provider/program	6,114
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

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet E-1 Sunday, June 2, 2024 at 5:23:08 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		1,649,220		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		1,649,220		0

TO BE COMPLETED BY CONTRACTOR

5	Items Below for INTERMEDIARIES:				
5.01	Settlement ... to Provider		0		0
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	Settlement ... to Program		0		0
5.99	SUBTOTAL		0		0
6.01	Net settlement ... to Provider		0		0
6.50	Net settlement ... to Program		0		0
7	TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: _____ Contractor Number: _____
 8 Name of Contractor/Number 0 0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet G Sunday, June 2, 2024 at 5:23:08 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	39,763	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,423,416	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	362,325	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	734,643	0	0	0
9	Other current assets	802,792	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	3,638,289	0	0	0
FIXED ASSETS					
12	Land	0	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	0	0	0	0
16	Less: Accumulated depreciation	0	0	0	0
17	Leasehold improvements	72,175	0	0	0
18	Less: Accumulated amortization	3,037	0	0	0
19	Fixed equipment	18,278	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	27,605	0	0	0
24	Less: Accumulated depreciation	722	0	0	0
25	Minor equipment depreciable	2,569	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	TOTAL FIXED ASSETS	116,868	0	0	0
OTHER ASSETS					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	1,897,365	0	0	0
33	TOTAL OTHER ASSETS	1,897,365	0	0	0
34	TOTAL ASSETS	5,652,522	0	0	0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet G Sunday, June 2, 2024 at 5:23:08 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT LIABILITIES					
35	Accounts payable	2,951,193	0	0	0
36	Salaries, wages & fees payable	403,565	0	0	0
37	Payroll taxes payable	-2,806	0	0	0
38	Notes & loans payable (short term)	0	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	350,459	0	0	0
43	TOTAL CURRENT LIABILITIES	3,702,411	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	0	0	0	0
45	Notes payable	1,665,476	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	0	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	1,665,476	0	0	0
51	TOTAL LIABILITIES	5,367,887	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	284,635			
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	284,635	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	5,652,522	0	0	0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

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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		1611406		0		0		0
2 Net income (loss)		-1622626						
3 Total		-11220		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	295855		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		295855		0		0		0
11 Subtotal		284635		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	0		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		0		0		0		0
19 Fund balances - ending		284635		0		0		0

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part I Sunday, June 2, 2024 at 5:23:08 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	7,748,478		7,748,478
2	Nursing Facility	11,415,065		11,415,065
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	19,163,543		19,163,543
	ALL OTHER CARE SERVICES			
6	Ancillary services	1,717,929	0	1,717,929
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	20,881,472	0	20,881,472

ALLEGRIA AT THE FOUNTAINS
Provider CCN: 31-5297
Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part II Sunday, June 2, 2024 at 5:23:08 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		20,639,849
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		20,639,849

ALLEGRIA AT THE FOUNTAINS
 Provider CCN: 31-5297
 Period from 1/1/2023 to 12/31/2023

Worksheet G-3 Sunday, June 2, 2024 at 5:23:08 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		20,881,472
2	Less: contractual allowances and ...		2,651,516
3	Net Patient Revenues (Line 1 - 2)		18,229,956
4	Less: total operating expenses		20,639,849
5	Net income from service to patients (Line 3 - 4)		-2,409,893
	Other Income:		
6	Contributions, donations, bequests, etc.	0	
7	Income from investments	888	
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	750	
14	Revenue from meals sold to employees and guests	10,741	
15	Revenue from rental of living quarters	0	
	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	1,043	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	7,059	
24.01	Other Income	23,897	
24.02		0	
24.03		0	
24.04		0	
24.05	PPP Forgiveness	742,889	
24.06		0	
24.50	COVID-19 PHE Funding	0	

25	Total other income		787,267

26	Total		-1,622,626
27	Other Expenses (specify)	0	
28		0	
29		0	
29.01		0	

30	Total other expenses		0

31	Net income (or loss) for the period		-1,622,626
			=====