State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	25 East Lindsley F	Road Operatior	ns LLC dba Arbo	r Glen Center						
Medicare Provider ID:	31-5036									
NPI:	1689858078									
Reporting Period:	From:	01/01/2023	To:	12/31/2023						
Worksheet:	Schedule S - Atte	station								

A. Attesta	tion					
l,	Orrin	Jaroslawicz ,		NJ	Finance	
		(Name)		(Admin	istrative Title)	
of		25 East Lindsley Road	Operatio	ns LLC dba Arbor Glen C	Center	
			(Name of	Facility)		
	Cedar Grove	,	NJ	do certify tha	t I have examir	ied the
	(City/Town)		(State)			
attached r	eport for the co	st report period beginning		01/01/23	and ending	12/31/2023
and to the	e best of my know	wledge and belief, it is a true and co	orrect stat	ement of the informati	ion required.	
]	
		Signature of Authorized Representative of	Facility			Date (mm/dd/yyyy)
		NJ Finance]	
		Title			-	

Provider Name	26 East Linddon Prod Car	State of New Jerse Department of Human Nursing Facility Cost F				
Medicaid Provider Number 4	25 East Lindsley Road Operations LLC dba 4476603		Medicare Provider Numbe	er 31-5036		
NPI: 1	1689858078 From:	1/1/2023	Ta:	12/31/202	2	
Worksheet:	Schedule S-1 - Facility Information	1/1/2025	10.	12/51/202	5	
A. General Facility Information						
Medicaid NF Provider Number	4476603			NPI Number:	1689858078	
Medicaid SCNF - AIDS Provider Number	4470005			in manual series	1005050070	
Medicaid SCNF - BMGT Provider Number Mediciad SCNF - Pediatric Provider Number						
Medicaid SCNF - TBI/Coma Provider Number Medicaid SCNF - Ventilator Provider Number						
Medicaid SCNF - Young Adult Provider Number						
Behavioral Health Nursing Facilities Medicare SNF Provider Number	31-5036					
Department of Health License Number	060706					
Cost Report Period	From:	1/1/2023	To:	12/31/2023	Date Completed:	
Facility Name as Shown on Certification		25 East	Lindsley Road Operations	LLC dba Arbor Glen Center		
B. Physical Address						
Street Address: City:	Cedar Grov	10	25 E Lindsley State:	Road	ZIP:	21286
Contact Person:	Rick Fink		Phone:	410-494-7657	Ext:	
Contact Person Email:	rick.fink@genesis	ncc.com	Fax:	410-337-6831	Ext:	
C. Mailing Address						
Address:			101 East State			
City:	Kennett Squ	are	State:	PA	ZIP:	19348
D. Home Office / Management Company						
Home Office / Management Company Name:			Genesis Healt	hcare		
Address: City:	Kennett Squ	are	101 East State State:		ZIP:	19348
	Kennett Squa	ne	State.	FA	ZIF.	19546
E. Facility Operation and Ownership						
Has the provider changed ownership immediately prior to the	beginning of the cost reporting period?					Y/N: No
Operator(s)Provide names and addresses of any person who	directly or indirectly, beneficially owns a	iny interest in the buidling on wh	ich the provider is located.	Add subsequent rows as neede	J.	
Operator Name: Address:						
City:			State:		ZIP:	
Operator Name:						
Address:			State:		ZIP:	
City:					_	
Owner(s)Provide names and addresses of any person who, d part by the land on which or building in which the facility is loc						
Owner Name:						
Address: City:			State:		ZIP:	
Owner Name:						
Address:					210	
City:			State:		ZIP:	
Lessor(s)/Lessee(s)Provide names and addresses of any personant the facility is located. Add subsequent rows as needed.	on who, directly or indirectly, has any int	erest as a lessor or lessee in any	lease or sublease of the la	nd on which or the building in wh	lich	
Lessor Name:						
Address: City:			State:		ZIP:	
Lessee Name:						
Address:					_	
City:					_	
· · · ·			State:		ZIP:	
Mortgage or Security Interest All entities with at least a 5% r	mortgage, deed of trust, or other security	interest in the provider must be			ZIP:	
Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address:	mortgage, deed of trust, or other security	interest in the provider must be	e reported.			
Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address:	mortgage, deed of trust, or other security	r interest in the provider must be			ZIP: ZIP: ZIP:	
Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name:	mortgage, deed of trust, or other security	r interest in the provider must be	e reported.			
Mortgage or Security Interest – All entities with at least a 5% r Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address:	mortgage, deed of trust, or other security	/ interest in the provider must be	e reported.			
Mortgage or Security Interest All entities with at least a 5% r Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City:			e reported. State: State: State:		ZIP:	
Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Partnership-All general partnership Interests—regardless of tt Partner Name:			e reported. State: State: State:		ZIP:	
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Mortgage or Security Interest All entities with at least a 5% r Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Partnership-All general partnership Interests—regardless of t Partner Name: Address: City:			e reported. State: State: partner.		ZIP: ZIP:	
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Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: Entity wit Mortgage or Security Interest Name: Address: City: PartnershipAll general partnership Interests regardless of t1 Partner Name: Address: City: Partner Name: Address: City: Eed Type X Nursing Facility (Place an "X" in all that apply) Bed Type X Nursing Facility - AIDS Special Care Nursing Facility - AIDS Special Care Nursing Facility - AIDS Special Care Nursing Facility - AEDS Special Care Nursing Facility - Pediatric	he percentage—must be reported. Provin	de name and addresses for each	e reported. State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP: ZIP: ZIP:	on Date
Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Partner Name: Address: City: Partner Name: Address: City: Partner Name: Address: City: Entity (Interest Name: Address: Entity (Interest Name: Address: Entity (Interest Name: Entity (Interest Name	he percentage—must be reported. Provin	de name and addresses for each	e reported. State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP: ZIP: ZIP:	Sin Date
Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: Entity wit Mortgage or Security Interest Name: Address: City: Partner Name: Address: City: Partner Name: Address: City: Entity Name: Address: City: Entity Partner Name: Address: City: Entity Partner Name: Address: City: Entity Of Facility (Place an "X" in all that apply) Entity Partner Name: X Nursing Facility - AIDS Special Care Nursing Facility - AIDS Special Care Nursing Facility - AIDS Special Care Nursing Facility - MMGT Special Care Nursing Facility - Ventilator Special Care Nursing Facility - Ventilator	he percentage—must be reported. Provin	de name and addresses for each	e reported. State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP: ZIP: ZIP:	on Date
Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Partnership-All general partnership Interests—regardless of 11 Partner Name: Address: City: Partner Name: Address: City: E Type of Facility (Place an "X" in all that apply) Bed Type X Nursing Facility AlDS Special Care Nursing Facility Young Adult Behavioral Health Nursing Facility Young Adult Behavioral Living/Recentual	he percentage—must be reported. Provin	de name and addresses for each	e reported. State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP: ZIP: ZIP:	on Date
Morgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Partner Name: Address: City: Partner Name: Address: City: Partner Name: Address: City: Entity with Mortgage or Security Interests—regardless of t Partner Name: Address: City: F. Type of Facility (Place an "X" in all that apply) Entity Partner Sing Facility - AIDS Special Care Nursing Facility - AIDS Special Care Nursing Facility - Pediatric Special Care Nursing Facility - Pediatric Special Care Nursing Facility - Ventilator Special Care Nursing Facility - Ventila	he percentage—must be reported. Provin	de name and addresses for each mber of Beds Certified Jointly 122	e reported. State: partner. State: State: Number of Beds 122		ZIP: ZIP: ZIP: ZIP: ZIP:	on Date
Mortgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: Entity wit Mortgage or Security Interest Name: Address: Entity wit Mortgage or Security Interest Name: Address: City: PartnershipAll general partnership Interestsregardless of ti Address: City: Partner Name: Address: City: F. Type of Facility (Place an "X" in all that apply) Bed Type X Nursing Facility Special Care Nursing Facility - AIDS Special Care Nursing Facility - AIDS Special Care Nursing Facility - AIDS Special Care Nursing Facility - MMGT Special Care Nursing Facility - Netlation Special Care Nursing Facility - Ventilator Special Care Nursing Facility - Mdt Behavioral Health Nursing Facility - Mdt Behavioral Health Nursing Facility - Mdt Behavioral Health Nursing Facility - Total	he percentage—must be reported. Provin	de name and addresses for each	e reported. State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP: ZIP: ZIP:	2
Morgage or Security Interest All entities with at least a 5% Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Partner Name: Address: City: Partner Name: Address: City: Partner Name: Address: City: Entity with Mortgage or Security Interests—regardless of t Partner Name: Address: City: Partner Name: Address: City: Entity with Mortgage or Security Interests—regardless of t Partner Name: Address: City: Entity with Mortgage or Security Interests Entity: Partner Name: Address: City: Entity Security Interest Name: Address: City: Entity Interest Name: Address: Entity Interest Name: Address:	he percentage—must be reported. Provin	de name and addresses for each mber of Beds Certified Jointly 122 122 122	e reported. State: partner. State: Number of Beds 122 Number of L22	4476603	ZIP: ZIP: ZIP: ZIP: ZIP:	an Date

	State of New Jense Department of Human S																												
	Numing Facility Cost Re																												
Provider Name:	25 East Lindsley Road Operations																												
Medicald Provider Number	6476603		Medicare Provider Numb	ar.	21-5026																								
NP:	1689858078																												
Reporting Period	Fram:	1/1/2023			Ta:	12/31/2023																							
Worksheet:	Schedule S-2 - Nursing Facility Days																												
worksheet:	Decas																												
	January 20	0	Februar	- 2022	1	Warch 2023	4.0	oril 2023		w 2023		une 2023	July 2023	_	Aurust 2023	Septembe	- 2022	October	2022	No. of	mber 2023	0	mber 2023				Fiscal Year Total		
Numing Facility	1000172		Davs by Payor -IPrivate							Davs by Payor - Semi-			vate Davs by Payor - Se											(Delunte)	Dana ha Danasa - C	emi-Revenue for Day			ivenue + Ancillary Reve
Harting Facility	Days by Payor - (Private Rooms)		Rooms)	Private Red Roome						Private Red Rooms)			ms) Private Red Room								Private Red Rooms)								 Contractual Allowance
1 Medicald (Sum Lines 2 and 2)	141	2.154	1	20 1.93		45 2.114	151	2.149		2,350	16	2 2.407	192 2.3	97 1	2,292	176	2,254	194	2,298	190	2,230	215	2.255			042 5 15.143.1			7.812
2 New Jersey (Sum 2.05 through 2.05)	141	2,154		20 1,92		46 2,114	151	2,145	192	2,350	16	2 2,407	193 2,3	97 1	2,293	176	2,254	194	2,298	190	2,210	215	2,255			042 \$15,143,191	\$29,089.00	-\$7,359,527.68 \$	7,812,792,1
2.01 Routine Fee For Service	9	220		2 20	04	1 181		225	26	270	3	0 294	22 2	17	21 186	54	297	62	229	30	200	65	177	34		609 \$ 1,527,7			
2.02 Ni FamilyCare	121	1769	1	18 1.61	10 1	45 1.922	146	1.783	149	1.925	12	5 1.923	136 1.5	80 1	146 2.002	120	1.923	122	2.020	150	1.922	129	2.020	1.6	1 22	202 \$ 12,662.50			6.522.)
2.03 Hospice	1	160		11	13	96		114	17	150		7 190	20 1	24	155		150		134		8	21	21		2 1,	500 \$ 818,2			422,3
2.04 Respite (State Walver Program)		5				15	5	2		5		10	34	74	50		14		15		27		25	-		221 \$ 124,9	0 \$ 240	\$ (60,720) \$	а,
2.05 Therapeutic Daw Below Beneficiary 24 Day Annual 2.05 Pending Medicald Days														-	-					_					0	0			
2.00 Perung milurus Days																			_					1	9	9		-	
3 Medicald Out of State (Sum Lines 3.01 through 3.02)				0	0	a a	0					0	0	6	0 0		6	0	0	0	0				0	0 5		s . s	
3.01 Routine Fee For Service				-	-							-	-	-	-	-	-	-	-	-	-				0	0	-		
2.02 Managed Care																									0	0		5	
2.03 Hospice							_																		0	0		5	
4 Private Pay and Third-Party Insurance	2	110		59 13	×	92 245	8	22	41	174	8	1 %	6 1	21 1	128 154	129	142	102	115	119	G	Q	105	9	9 1	727 S 1.072.44	2	5	1.072.
5 Medicare (Sum 5.01 through 5.03)	156	403	5	42 21	16 1	24 245	67	254	92	251	6	7 219	68 2	42	59 344	70	255	91	222	95	165	121	460	1,30	4 4	164 \$ 2,362,45	5 5 2,323,051		2,887,1
5.01 Part A Fee for Service (Full Payment & Co ins Davd)	105	260	3	.03 11	S2 .	229	22	167	22	210	11	0 121	12 1	40	25 220	-41	275	24	213	61	268	95	243	73	1 2	C41 S 2.125 S	H S 1.468.911	\$ (1.136.807) \$	2.458.
5.02 Part C (Medicare Managed Care)	43	143		39 24	64	28 156	24	187	8	111	5	7 88	55 3	19	24 114	22	80	7	120	31	117	26	117	4	3 1,	516 \$ 1,236,3	11 \$ 854,140	\$ (661,029) \$	1,429,/
5.03 Institutional Special Needs Plans (1-SNPs)															_										0	0		1 2	
Medicaid days transitioned to Medicare by the 2023 5.04 public health emergency 1125 waiver																													
5.05 Part A Fee for Service Housing Days					-										-									-	4	0			
2.53 Part A Per la arried Protect days																									9	9		-	
6 Tricare and CHAMPUS																									0	0		5	
7 Other Governmenal Payors																									0	0		5	
1 Charity Care																									0	0		5	
9 All Other Days not listed above		217		25	96	217	-	210		246		211	2	17	217		197		196		190		177		0 2,	471 \$ 1,509,3	17 \$ 188,974	\$ (791,403) \$	906,8
																			_										
10 Bed Holds and Non-Reimbursable Therapeutic Leave (Sum of Lines 10.01 through 10.07)		27		0 4	40	e 6	0	55		20		0 49	0	18	0 28	0	21		22	0	20				0	186 5	. \$.	18 - 1	
10.01 Medicald NJ Bed Holds		17			0	0				16					14		24		22		10					141 1			
10.02 Ni Medicaid/Ni FamilyCare Therapeutic Days Over		47			-					20							21				20				0	0		5	
10.02 Medicaid Out of State Red Holds																									0	0		5	
10.04 Private Pay Bed Holds																									٥	0		5	
10.05 All Other Bed Holds																									٥	0		5	
11 Pre-Elebility Medical Expenses (PEME)																									-			_	
								2.000		2.147										224		400			0	0 521.087.275	52,541,113,65	-59.948.766.30 5	12.679
12 Total																													

					State of	New Jersey																State	of New Jers	ey							
				Depa	rtment o	f Human Se	vices															Departmen	nt of Human	Services							
				Nur	rsing Faci	lity Cost Rep	ort															Nursing F	acility Cost I	Report							
Provider Name:			25 East Lindsley R	load Operation	ns LLC db	a Arbor Gler	Center									Provider Name:			25 East Linds	ley Road Oper	ations LLC	dba Arbor Glen	Center								
Medicaid Provider Number			4476603	M	edicare P	rovider Nun	ber 31-!	5036								Medicaid Provider Number			4476603			Medicare Provi	der Number	3:	1-5036						
NPI:			1689858078													NPI:			1689858078												
Reporting Period:				1/1/2023 To	: :	12/31/2023										Reporting Period:			From:	1/1/2023	To:	12/31/202	3								
Worksheet:			Schedule S-10 - C	ensus												Worksheet:			Schedule S-1	0 - Census											
A. Nursing Facility Census																A. Nursing Facility Census															
Report in-house days	bed hold da	ays, and th	ierapeutic leave da	iys.												Report in-house days,	bed hold d	ays, and th	erapeutic leav	e days.											
	N	ursing Faci	lity (S-2)		sc	NF - AIDS (S	3)		SCNE	BMGT (S-4)	_	SCN	F - Pediat	ric (S-5)	- 1	Name	sc	NF - TBI/C	oma (S-6)	7 1	sc	NF - Ventilator	(5-7)		SCNE - Y	oung Adult	(5-8)	Behavioral H	ealth Nursi	e Facility (S-9)	Assisted Liv
Name			d Operations LLC				-/									NJ Medicaid Provider ID											(/			8 · · · · · · /	
NJ Medicaid Provider ID	4476603																														
						Semi-				Semi-			Semi-					Semi-								Semi-			Semi-		
	1 Bed	2 Beds	Total	F	Private	Private	Total	Р	rivate F	Private T	otal	Private	Private	Total			Private	Private	Total		Private	Semi-Private	Total		Private	Private	Total	Private	Private	Total	Total
Beds	12	110	122				-				-					Beds			-								-			-	
		Semi-				Semi-				Semi-			Semi-		-			Semi-								Semi-			Semi-		
	Private	Private		P	Private	Private	Total	P	rivate P	Private T	otal	Private	Private	e Total			Private	Private			Private	Semi-Private	Total		Private	Private	Total		Private		
Census (Days)	Days	Days	Total Days	_	Days	Days	Days		Days	Days E	ays	Days	Days	Days	_	Census (Days)	Days	Days	Total Days		Days	Days	Days	_	Days	Days	Days	Private Days	Days	Total Days	TOTAL
Medicaid/NJ FamilyCare	1,966		27,277								-					Medicaid/NJ FamilyCare	-					-			-		-	-		-	
Medicaid/NJ FamilyCare - Hospice	62		1,572		-		-				-	· ·	-		- 1	Medicaid/NJ FamilyCare - Hospice	· ·		-			-			-			-		-	
Medicaid/NJ FamilyCare - Respite	19		240			-	-			-	-	-	-		- 1	Medicaid/NJ FamilyCare - Respite	-	-	-	_	-	-			-	-	-	-	-	-	
Medicaid/NJ FamilyCare - Therapeutic			-								-			· ·	- 1	Medicaid/NJ FamilyCare - Therapeutic	· ·										-			-	
Pending Medicaid Days		-	-		•						-	· ·	-		- 1	Pending Medicaid Days	· ·			-	-		-		-	-	-		-	-	
Pre-Eligibility Medical Expenses (PEME)											-		-	· ·	- 1	Pre-Eligibility Medical Expenses (PEME)		· ·		-	-	-			-	-	-	-	-	-	
Out of State Medicaid		-	-		•		-			-	-	· ·	-		- 1	Out of State Medicaid	· ·			-	-	-	-		-	-	-		-	-	
Out of State Medicaid - Hospice Medicare	-	4.164	- 5.328	-	•			- H			· ·		-		- 1	Out of State Medicaid - Hospice	· ·					-			-	-			-		
	1,164	4,164	5,328	- F	•				-		<u>.</u>			-	- 1	Medicare	-	-		- +	-				-	-	-		-	-	
Tricare Private	- 989		2.716	- F	· ·						÷		-		- 1	Tricare Private	-									-	-		-	-	
Other	- 989	2.471	2,716	- F				-	-	-	-		-		- 1	Other				- +					-	-		-		-	
Other Total Patient Days for Per Day Cost				- F									-	-	- 1	Other Total Patient Days for Per Day Cost		-					-			-					
	4,200	35,404	39,604		•			- H		-	· ·	· ·	· ·	- ·	- 1	Total Patient Days for Per Day Cost Medicaid Bed Holds	· ·									-					
Medicaid Bed Holds Medicaid Unreimburable Therapeutic Leave				- F	•				_				-	-	- 1	Medicaid Bed Holds Medicaid Unreimburable Therapeutic Leave	-	-		- +	-		-							-	
Medicaid Unreimburable Therapeutic Leave Private Bed Holds		-		-	•			- H		-		· ·			- 1	Medicaid Unreimburable Therapeutic Leave Private Bed Holds	· ·								-	-					
rivate Bed Holds M Other Bed Holds	-	-	-	- F	•			- H		-	-		-	-	- 1			-	-	- +		-			-		-	-	-	-	
Il Other Bed Holds otal Patient Days Including Bed Hold	-	35.790	- 39,990	-	•						-		-		- 1	All Other Bed Holds Total Patient Days Including Bed Hold	· ·								-	-					
	4,200			- F	•			- H				· ·			- 1		· ·			- +	•						-				
Maximum Bed Days Available	4,380	40,150	44,530											-		Maximum Bed Days Available				1			-		-		-		-		

State of New Jersey Department of Human Services										
Nursing Facility Cost Report										
Provider Name:	25 East Lindsley Road Op	perations LLC	dba Arboı	r Glen Center						
Medicaid Provider Number	4476603		Medicare	Provider Number	31-5036					
NPI:	1689858078									
Reporting Period:	From:	1/1/2023	To:	12/31/2023						
Worksheet:	Norksheet: Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)									

Facilities	Long-Term Care Reporting Classification is:		
		Number of	Related Revenue Received Or Accrued
		Patient Days	Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	5,328	\$3,887,650
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	386	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	2,716	\$1,072,402
Line 4	Medicaid (Except Therapeutic and Bedhold)	28,849	\$7,748,294
Line 5	Respite Days	240	\$64,459
Line 6	Other Non-Medicare Days	2,471	\$906,818
Line 7	Assessed Days and Revenue	34,276	\$ 9,791,973
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 502,828.92	
Line 10	Penalty and Interest Due	\$-	
Line 11	Total Amount Due	\$ 502,828.92	

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State of New Jersey Department of Human Services Nursing Facility Cost Report									
Provider Name:	25 East Lindsley Road Op	erations LLC	dba Arbor (Glen Center					
Medicaid Provider Number	4476603		Medicare P	Provider Number	31-5036				
NPI:	1689858078								
Reporting Period:	From:	1/1/2023	To:	12/31/2023					
Worksheet:	Worksheet: Schedule S-11 Part II - Nursing Home Assessment Information per Submitted NHA-100 - Nursing Facility								

Facilities	Long-Term Care Reporting Classification is:		
			Related Revenue
		Number of	Received Or Accrued
		Patient Days	Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	5,328	\$3,887,650
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	386	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	2,716	\$1,072,402
Line 4	Medicaid (Except Therapeutic and Bedhold)	28,849	\$7,748,294
Line 5	Respite Days	240	\$64,459
Line 6	Other Non-Medicare Days	2,471	\$906,818
Line 7	Assessed Days and Revenue	34,276	\$ 9,791,973
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 502,828.92	
Line 10	Penalty and Interest Due	\$-	
Line 11	Total Amount Due	\$ 502,828.92	

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State of New Jersey Department of Human Services											
Nursing Facility Cost Report											
Provider Name:	25 East Lindsley Roa	ad Operations LLC dba Arl	oor Glen Center								
Medicare Provider ID:	31-5036										
NPI:	1689858078										
Reporting Period:	From:	1/1/2023 To:	12/31/2023								
Worksheet: Schedule S-12 - Additional Information											

A. Associated Individuals

Provide the names and addresses of following associated individuals with the facility. If any the facility or person named in any of the following items is a partnership, include the name and address of each partner. If any corporation named in response to any of the following items is a limited liability company, include the name and address of each member.

Any person who owns or operates a related party to the facility or who is a principal, a member of the board of trustees, or a member of the board of directors of the facility. Add subsequent rows as needed.

or a member of the board	of directors of the facility. Add subsequent rows as he	eded.
Name:		
Address:		
City:	State:	ZIP:
Name:		
Address:		
City:	State:	ZIP:
Name:		
Address:		
City:	State:	ZIP:
City:	State:	ZIP:

Any person who has an ownership interest of 5% or more in a private equity fund that is invested in the NF.

Add subsequent row	s as needed.	
Name:		
Address:		
City:	State:	ZIP:
Name:		
Address:		
City:	State:	ZIP:

For corporations that do not have shares traded on a national securities exchange or a commercial bank, savings bank, or S&L, the name and address of each officer, director, principal shareholder, and controlling person of such a corporation. Add subsequent rows as needed.

Name:		
Address:		
City:	State:	ZIF

Address:		
City:	State:	ZIP:

For corporations that do have shares traded or which is a bank or S&L, the name and address of the principal executive officers and each director, principal shareholder and controlling person of said corporation.

Add subsequent row	as needed.	
Name:		
Address:		
City:	State:	ZIP:
Name:		
-		
Address:		
City:	State:	ZIP:

Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations IN vestment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street Square State: PA ZIP: 1934						
Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations Investment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street						
GEN Operations I LLC GEN Operations II LLC FC-GEN Operations Investment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street						
GEN Operations II LLC FC-GEN Operations Investment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street						
FC-GEN Operations Investment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street						
SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street						
Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street						
Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street						
HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street						
ZAC Properties XI LLC 101 East State Street						
101 East State Street						
Square State: PA ZIP: 1934						
Arnold Whitman						
3820 Mansell Road Suite 280						
retta State: GA ZIP: 3002						
ett						

Address:	1617 JFK Boulevard Suite 545							
City:	Philadelphia	State:	PA	ZIP:	19103			
Name:		Welltower Inc.						
Address:		4500 Dorr Stre	et					
City:	Toledo	State:	ОН	ZIP:	43615			
	Toledo			ZIP:	43			

	Nursing Facility Department of Human Services Nursing Facility Cost Report													
Provider Name:		25 East Lindsley Road	d Operations LLC dba	Arbor Glen Center										
Medicaid Provider Nun	mber	0				Medicare Provider Num	ber		31-5036					
NPI:		1689858078												
Reporting Period:		From:		1/1/2023					To:	12/31/2023				
Worksheet:		Schedule S-13 - Aver	age Length of Stay											
Average Length of Stay	v	Number of Beds (Column 1)	Bed Days Available (Column 2)	Inpatient Days (Column 3)	Discharges (Column 4)	Average Length of Stay (FORM CMS-2540-10) (Column 5)		Admissions (Column 7)	Medicaid Only (Column 8)	Dual Eligible (Column 9)	Medicare Only (Column 10)	Medicare Part A & B (Column 11)	Part C (Medicare Advantage) (Column 12)	Total Population (Column 13)
1	Nursing Facility (S-2)	39,604	14,455,460	39,990	257	155.6031128	425.4255319	270	80		14		5	94
2	SCNF - AIDS (S-3)	0	0			0	0							0
3	SCNF - BMGT (S-4)	0	0			0	0							0
4	SCNF - Pediatric (S-5)	0	0			0	0							0
5	SCNF - TBI/Coma (S-6)	0	0			0	0							0
6	SCNF - Ventilator (S-7)	0	0			0	0							0
7	SCNF - Young Adult (S-8)	0	0			0	0							0
8	Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
9 Tota	tal (sum of lines 1-8)		14,455,460	39,990	257	156	425	270	80	0	14	0	5	94

			State of New Je epartment of Huma	rsey						
Provider Name:	25 East Lindsley P	toad Operations LLC	Nursing Facility Cos	t Report						
Medicare Provider ID: NPI:	31-5036 1689858078									
Reporting Period: Worksheet:	From: Schedule A - Tota	l Expense	1/1/2023	To:	_	12/31/2023				
	A. Employee and Contract Labor Hours (Schedule A-1 through A-3)	B. Non- Managerial Wages (Schedule A-1 and Schedule A-3)	C. Managerial Salaries and Benefits (Schedule A-2)	D. Contracted Employees (Schedule A-1 and Schedule A-3)		Supplies & Other	F. Total	G. Adjustment for Related Parties (See Schedule A-4)	H. Adjustment for Income Offsets (See Schedule A-8)	I. Adjusted Total
A. Direct Routine Patient Care Costs 1 Direct Care - Nursing Facility	143,388		2.5	\$ 7,433		Scher			\$ -	\$ 4,514,723
2 Direct Care - SCNF AIDS 3 Direct Care - SCNF BMGT	-	s - s -		\$ - \$ -					s - s -	\$ - \$ -
4 Direct Care - SCNF PEDIATRIC 5 Direct Care - SCNF TBI/COMA		\$ - \$ -		s - s -		-	5 -	ş -	<u>s</u> -	\$ - \$ -
6 Direct Care - SCNF VENTILATOR 7 Direct Care - SCNF YOUNG ADULT 8 Direct Care - Behavioral Health Nursing Facility		s - s -		s - s -			5 -	s - s -	<u>s</u> -	\$ - \$ -
9 Direct Care - Behavioral Health Nursing Facility 9 Direct Care - OTHER SPECIFY 10 Total Direct Patient Care Costs - Direct Reported		\$ - \$ - \$ 4,507,290		\$ - \$ 7,433			5 4,514,723	s - s -	\$ - \$ - \$ -	\$ - \$ 4,514,723
B. Routine Patient Care Costs - Not Directly Reported	145,500	9 4,507,250		,,						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11 Routine Medical Supplies 12 OTC Drugs					\$ \$	152,946 18,467	\$ 18,467	ş -	\$ - \$ -	\$ 152,946 \$ 18,467
13 Enteral Feeding (Product and Supplies) 14 Incontinency Products					\$	7,285 57,858	57,858	s - s -	s - s -	\$ 7,285 \$ 57,858
15 Total Patient Care Costs - Not Directly Reported C. Patient Ancillary Costs					5	236,556	\$ 236,556	\$ -	\$ -	\$ 236,556
16 Radiology 17 Laboratory		\$ - \$ -		<u>\$</u> - \$-	\$ \$	16,872 15,108	5 16,872 5 15,108	\$ - \$ -	s - s -	\$ 16,872 \$ 15,108
18 Intravenous Therapy 19 Oxygen Therapy	414.00	\$ - \$ -		\$ - \$ 19,882	\$ \$	22,503 10,041	5 22,503 5 29,923	s - s -	s - s -	\$ 22,503 \$ 29,923
20 Physical Therapy 21 Occupational Therapy	5,699.00 27,701.00	\$ - \$ -		\$ 283,384 \$ 300,600	\$ \$	1,070 648	5 284,454 5 301,248	\$ - \$ -	\$ - \$ -	\$ 284,454 \$ 301,248
22 Speech Therapy 23 Electro cardiology	2,363.00	\$ - \$ -		\$ 184,832 \$ -	\$ \$		5 -	ş -	\$ - \$ -	\$ 184,832 \$ -
24 Medical Supplies Charged to Patients 25 Prescription Drugs (not OTC) 26 Pharmacy Non-Formulary					\$	182,015			<u>\$</u> - \$-	\$ - \$ 182,015
26 Pharmacy Non-Formulary 27 Support Surfaces 28 Ambulance					s c	17,777 56,458	5 17,777 5 56,458	s - s - s -	<u>s</u> - s -	\$ 17,777 \$ 56,458
29 Dental 30 Physicians		s -	1	s -	s	15.861	s -	s - s -	<u>s</u> - s -	\$ - \$ 15.861
31 Other - Patient Ancillary Costs 32 Total Patient Ancillary Costs		s - \$ -		\$ - \$ 788,698	\$ \$	1,196 339,549	\$ 1,196 \$ 1,128,247	s - s -	s - \$ -	\$ 1,196 \$ 1,128,247
E. Nursing Administration										
33 Director of Nursing, ADON, Supervisors 34 Inservice Education	8,668.00	\$ 251,841 \$ -	\$ 251,841 \$ -	\$ -			503,682	s - s -	s - s -	\$ 503,682 \$ -
35 MDS Coordinator 36 Staffing Coordinator 37 Infection Control	-	s - s -	s - s -	\$ - \$ - \$ -			- 	s - s - s -	\$ - \$ -	\$ - \$ -
38 Medical Records/EMR 39 Nursing License Fees	2,118.74		\$ -	\$ -				\$ -	<u>s</u> - s -	\$ 41,888 \$ -
40 Other - Nursing Administration 41 Total Nursing Administration	5,897.04 16,683.78	\$ 179,465 \$ 473,193	\$ - \$ 251,841	\$- \$-	\$ \$	20,010		\$ -	s - \$ -	\$ 199,475 \$ 745,044
F. Workforce Related Costs - Patient Care										
42 Direct Patient Care Recruitment 43 Direct Patient Care Retention 44 Total Workforce Related Costs - Patient Care					\$	17,627	5 17,627 5 - 5 17,627	ş -	s - s -	\$ 17,627 \$ - \$ 17.627
44 Total Workforce Related Costs - Patient Care G. Patient Support Services					3	17,627	5 17,627	<u> </u>	<u>s</u> .	\$ 17,627
45 Food (including supplements) 46 Dietary Department		ş -	s -	\$ 730,052	\$ \$	220,676	220,676 5 750,072	\$ - \$ -	s - s -	\$ 220,676 \$ 750,072
47 Laundry Department 48 Housekeeping Department	-	\$ - \$ -	\$ - \$ -	\$ 204,106 \$ 349,515	\$	15,534 47,813	219,640 397,328	\$ - \$ -	\$ (913) \$ -	\$ 218,727 \$ 397,328
49 Social Services 50 Patient Activities	5,004.64 7,100.73	\$ 164,853 \$ 136,868	\$ - \$ -	\$ - \$ -	\$ \$	68 5,676	5 164,921 5 142,544	\$- \$-	\$ - \$ -	\$ 164,921 \$ 142,544
51 Medical Director 52 Pharmacy Consultant	507.00	\$ - \$ -	\$ - \$ -	\$ 43,122 \$ -	s	21,701		s - s -	\$ - \$ -	\$ 43,122 \$ 21,701
S3 Auto Leasing and Depreciation - Direct Patient Care Other Auto Expense - Direct Patient Care Other - Patient Support Services							-	s - s -	s - s -	\$ - \$ -
55 Utter - Patient Support Services 56 Total Patient Support Services	12,612		\$ - \$ -	\$ - \$ 1,326,795	\$	45,991 377,479	\$ 45,991 \$ 2,005,995	s -	\$. \$ (913)	\$ 45,991 \$ 2,005,082
H. Property Operating Costs 57 Maintenance	2,952.62	\$ 89,082	\$ -	\$ -	\$	141,369	230,451	ş -	ş -	\$ 230,451
 Security Utilities (including telephone and cable services) 		\$ -	\$ -	\$ -	\$ \$	6,062 235,745	6,062 235,745	ş -	\$ - \$ -	\$ 6,062 \$ 235,745
60 Real Estate Tax 61 Property Insurance 62 Total Property Operating Costs	2.052	4 00 000			S S	199,013 44,262		s - s -	<u>s</u> -	\$ 199,013 \$ 44,262
62 Total Property Operating Costs I. Administrative & Operating Costs	2,953	\$ 89,082	3	\$ -	\$	626,451	\$ 715,533	3 -	\$-	\$ 715,533
63 Administrator 64 Assistant Administrator	2,080.00		\$ 190,643 \$ -					s - s -	<u>s -</u> s -	\$ 190,643 \$ -
65 Other Executive Staff 66 Office Staff	14,090.18	\$ 469,848	\$ - \$ -	\$ -			- 5 469,848	s - s -	<u>s</u> - s -	\$ - \$ 469,848
67 Management Fees 68 Office Supplies and Expenses 69 Insurance not Related to Property or Employees					\$	590,680 22,779	590,680 22,779	\$ (2,427) \$ -	\$ (4,413) \$ -	\$ 583,840 \$ 22,779
70 Business Taxes 71 Accounting Fees					\$	112,304 78	5 112,304 5 78	s - s -	<u>s</u> - s -	\$ 112,304 \$ 78 \$ -
72 Legal Fees 73 Advertising								\$ -	<u>s</u> - s -	s - s -
74 Allowable contributions 75 Allowable Employee Gifts and Party					\$	250	\$ 250	\$ - \$ -	s - s -	\$ 250 \$ -
76 Auto Leasing and Depreciation 77 Other Auto Expenses						1	5 -	s - s -	\$ - \$ -	s - s -
78 Travel Expenses 79 Non-Capital Related Interest Expense 80 Other A&O costs						88.925	5 -	\$- \$-	\$ - \$ -	\$ - \$ -
80 Other A&O costs 81 Total Administrative & General	16,170	\$ 469,848	\$ 190,643	\$.	\$	88,925 815,016			\$. \$ (4,413)	\$ 88,925 \$ 1,468,667
J. Provider Tax (NHA 100) 82 Provider Tax (NHA 100)					\$	476,848	476,848	ş -	\$-	\$ 476,848
K. Workforce Related Costs - Other										
83 Patient Support & Other Recruitment 94 Patient Support & Other Retention 95 Professional Training					S	1,560	s -	ş -	s - s -	\$ 1,560 \$ -
85 Professional Training 86 Licensing and Dues 87 Total Workforce Related Costs - Other					s s	(147) 21,489 22,902	\$ (147) \$ 21,489 \$ 22,902	s -	s - s - s -	\$ (147) \$ 21,489 \$ 22,902
L. Fringe Benefits for Non-Management Employees					ć			-		
88 Payroll Taxes 89 Workers' Compensation					\$ \$	434,373 112,745	434,373 112,745	s - s -	<u>s -</u> s -	\$ 434,373 \$ 112,745
90 Unemployment 91 Disability Insurance					\$	53,164	53,164	s - s -	s - s -	\$ 53,164 \$ -
92 Medical Insurance 93 Dental Insurance					\$	381,931	5 -	ş -	s - s -	\$ 381,931 \$ -
94 Union Welfare 95 Vision Insurance 96 Uniforms					\$	8,173	8,173	s - s -	s - s -	\$ 8,173 \$ -
96 Unitorms 97 Tuition Assistance 98 Retirement Benefits					s	91,492	5 - 5 - 5 91,492	s - s -	\$ - \$ -	\$ - \$ - \$ 91,492
99 Life Insurance 100 Other - Fringe Benefits					Ě	1	5 - 5 -	\$ - \$ -	\$ - \$ -	\$ - \$ -
101 Total Fringe Benefits					\$	1,081,878	\$ 1,081,878		\$ -	\$ 1,081,878
M. Property Capital Costs 102 Depreciation 103 Mediana Interest (Allowship Interest)					\$	82,954	82,954	\$ 66,199	s -	\$ 149,153
103 Mortgage Interest (Allowable Interest) 104 Rental of Building 105 Rental of Equipment					s	1,183,562	5 - 5 1,183,562 5 15,295	s - s -	s - s -	\$ - \$ 1,183,562 \$ 15,295
105 Rental of Equipment 106 Total Property Capital Costs					\$	1,281,811		\$ 66,199	\$ -	\$ 1,348,010
N. Non-Routine/Non-Allowable Costs 107 Non-Routine / Non-Allowable Costs		ş -	\$ -	\$ 8,155	\$	302,210	310,365	<u>s -</u>	ş -	\$ 310,365
(from Schedule A-3 & A-4)										
Total	227,983.83	> 5,841,134	j 442,484	\$ 2,131,081	\$	5,598,336	14,013,036	\$ 63,772	ə (5,326)	> 14,071,482

State of New Jersey							
Department of Human Services							
	Nursing Facility Cost Report						
Provider Name:	25 East Lindsley Road Op	erations LLC dba Arbor Glen Center					
Medicare Provider ID:	31-5036	31-5036					
NPI:	1689858078	1689858078					
Reporting Period:	From:	1/1/2023 To:	12/31/2023				
Worksheet:	Schedule A-1 - Direct Cos	Schedule A-1 - Direct Costs					

Does the nursing facility directly identify direct patient care salary and contract labor expense or is the expenses allocated to the appropriate cost center? Yes

	Salaried Hours	Wages	Contract Labor Hours	Contract Labor Expense
Nursing Facility (Schedule A Line 1)	Salarica riours	110500		
Registered Nurses (RN)	28,337.62	\$1,467,654		
Licensed Practitioner Nurses (LPN)	26,075.03	\$1,047,869	76.75	\$3,838
Certified Nursing Assistants (CNA)	88,754.69	\$1,991,767	143.79	\$3,595
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff	142.467.24	64 507 200	220.54	ć7.433
Total Nursing Facility Special Care Nursing Facility - AIDS (Schedule A Line 2)	143,167.34	\$4,507,290	220.54	\$7,433
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - AIDS	0.00	\$0	0.00	\$0
Special Care Nursing Facility - BMGT (Schedule A Line 3)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT) Other Medical Staff				
Total SCNF - BMGT	0.00	\$0	0.00	ŚO
Special Care Nursing Facility - Pediatric (Schedule A Line 4)	0.00	ŰÇ	0.00	ŞO
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - PEDIATRIC	0.00	\$0	0.00	\$0
Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - TBI/COMA	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Vent (Schedule A Line 6)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff		<u> </u>		40
Total SCNF - VENTILATOR	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Young Adult (Schedule A Line 7) Registered Nurses (RN)				
Registered Nurses (RN) Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - YOUNG ADULT	0.00	\$0	0.00	\$0
Behavioral Health Nursing Facility (Schedule A Line 8)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT) Other Medical Staff				
Total Behavioral Health Nursing Facility	0.00	\$0	0.00	\$0
Other (Schedule A Line 9)	5.00	٥ <u>ټ</u>	5.00	0¢
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
TOTAL - OTHER (SPECIFY)	0.00	\$0	0.00	\$0

State of New Jersey Department of Human Services Nursing Facility Cost Report						
Provider Name:	25 East Lindsley Road	Operations LLC dba Arbor G	ilen Center			
Medicare Provider ID:	31-5036					
NPI:	1689858078					
Reporting Period:	From:	1/1/2023 To:	12/31/2023			
Worksheet:	Schedule A-2 - Manag	Schedule A-2 - Management Employees				

		Hours	Cost
Administrator			63
Name	Salary	2,080	190,643
Tsega Asefaha	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		190,643

Assistant Administrator		64
Name	Salary	
	Payroll Taxes	
	Health Insurance	
	Retirement Benefits	
State Licensing Number/Type	Other	
	Total	-

Director of Nursing			33
Name	Salary	600	35,962
Maribel Malig	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		35,962

Assistant Director of Nursing			33
Name	Salary	2,054	110,879
Sandie Vincent	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		110,879

Other			
Name	DON	Input Line Number	33
Rizza Ruaya	Salary	1,680	105,000
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		105,000

Other			
Name	ame Salary Payroll Taxes		65
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
Other Total			
			-

Other			
Name		Input Line Number	65
	Salary Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
Other			
	Total		-

Other				
Name		Input Line Number		65
	Salary			
	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total			
	Health Insurance			
State Licensing Number/Type	Retirement Benefits			
	Other			
	Total			-
TOTAL MANAGERIAL COMPEN	SATION		\$	442,484

State of New Jersey						
Department of Human Services						
	Nursing Facility Cost Report					
Provider Name:	25 East Lindsley Road Operations LLC dba Arbor Glen Center					
Medicare Provider ID:	31-5036					
NPI:	1689858078					
Reporting Period:	From: 1/1/2023 To: 12/31/2023					
Worksheet:	Schedule A-3 - Non-Direct Care and Nor	n-Managerial Wages and Contract Labor				

		A. Schedule A Line	B. Salaried Hours	C. Salary and Wages	D. Contract Labor Hours	E. Contract Labor Expense	F. Total Hours	
C. Pati	ent Ancillary Costs							
1	Radiology	16					-	
2	Laboratory	17					-	
3	Intravenous Therapy	18					-	
4	Oxygen Therapy	19			414.00	\$ 19,882	414.00	
5	Physical Therapy	20			5,699.00	\$ 283,384	5,699.00	
6	Occupational Therapy	21			27,701.00	\$ 300,600	27,701.00	
7	Speech Therapy	22			2,363.00	\$ 184,832	2,363.00	
8	Electro cardiology	23					-	
9	Physicians	30					-	
10	Other - Patient Ancillary Costs	31					-	
11	Total Patient Ancillary Costs		-	\$-	36,177.00	\$ 788,698	36,177.00	Total
E. Nurs	sing Administration							
12	Director of Nursing, ADON, Supervisors	33	4,334.00	\$ 251,841			4,334.00	
13	Inservice Education	34					-	
14	MDS Coordinator	35					-	
15	Staffing Coordinator	36					-	
16	Infection Control	37					-	

17 Medical Records/EMR	38	2,118.74	\$ 41,888			2,118.74]
18 Other - Nursing Administration	40	5,897.04	\$ 179,465			5,897.04]
19 Total Nursing Administration		12,349.78	\$ 473,193	-	\$ -	12,349.78	Total
							-
G. Patient Support Services							
	46				ć 700.050		1

20	Dietary Department	46				\$ 730,052	-	
21	Laundry Department	47				\$ 204,106	-	
22	Housekeeping Department	48				\$ 349,515	-	
23	Social Services	49	5,004.64	\$ 164,853			5,004.64]
24	Patient Activities	50	7,100.73	\$ 136,868			7,100.73	
25	Medical Director	51			507.00	\$ 43,122	507.00]
26	Pharmacy Consultant	52					-	
27	Other - Patient Support Services	55					-	
28	Total Patient Support Services		12,105.37	\$ 301,721	507.00	\$ 1,326,795	12,612.37	Total
				•		•		-
H. Prop	perty Operating Costs							
29	Maintenance	57	2,952.62	\$ 89,082			2,952.62]

29 Maintenance	57	2,952.62	\$ 89,082			2,952.62	
30 Security	58					-	
31 Total Property Operating Costs		2,952.62	\$ 89,082	-	\$-	2,952.62	Total
I. Administrative & Operating Costs							1

32 Office Staff	66	14,090.18	\$ 469,848			14,090.18	
33 Total Administrative & General		14,090.18	\$ 469,848	-	\$ -	14,090.18	Total
							-

N. NO	n-Routine/Non-Allowable Costs								
34	Sales and Marketing Personnel	N/A						-	
35	Gift, Flower, Coffee Shops and Canteen	N/A						-	
36	Barber and Beauty Shop	N/A					\$ 8,155	-	
37	Physician Private Offices	N/A						-	
38	Patient Laundry	N/A						-	
39	Other Non-Reimbursable Personnel	N/A						-	
40	Non-Routine / Non-Allowable Costs	107	-	\$	-	-	\$ 8,155	-	Total
									_
Total			41,497.95	\$ 1,3	333,844	36,684.00	\$ 2,123,648	78,181.95	Total

				Mara di Neu pico Beardheid na Neu
				wear-train under struker. Notes half beider
Provider Name.	23 East Lindview Road Convictions, LLC disa Arbor Gire Center			
Medical Provider Number	0	Medicare Provider Number	P	
351	24PREVECTOR			
	Prom.	1/1/2028 To:	32/11/2023	
Walsheet:	Schedule A-4 Part I - Related Parties			
Pravder DBA Name of anyl:	Arbor Gleo Cester			
Tax 10/8 N	26-2883.287			
11 Existent Sector Southerste				
	contracts identified in section A1 of Schedule A-4 II			
ACCESSION OF THE CARE OF ALL PROPERTY AND A	APPROXIMATION INCOMENTATION INCOMENTATION			
12. Competitive Projument				
Attach substantive analysis for each relat	ed party transaction stentified is section A2 of 5th edule A-6 T showing that the reporte	for the equal to, or less than, the cost had the transaction accurred in an armit length reportation. If the pools or re-	services are fungible or otherwise available in a ready market, evidence of competitive procurement, or posted prices at the time of the transaction	Allen nut Alaber readed.
All Management Contrain				
Attach current course of all contracts with	h entities exercising substantial management cantral over the provider.			
55. Relationship Status Onlines				
Α	Individual has financial interest (stockholder, aadnes, etc.) in the wittive			
•	Presentation, and transition or other construction has figure-trained interact in a Resenter for ferror of interact in construction, and transition, or other order	askar		
r				
	Director, officer, administrator or key senses of provider or organization individual is director, officer, administrator or key senses of provider and			
	PROVIDE NATIONAL CONF. ANTOINAGE IN STREAM OF ADDRESS AND	mediate development of curb senses having financial edenict in another		
-	Other If nancel or ear-financel, sectly.	And any many and any		
LS4	CONFERENCE IN TRACTORY AND ADDRESS.			
53. Goodultervises Category Dations				
A	Accounting/filling A - Accounting/filling			
1				
c	Casital C-Casital Consultants D-Consultants			
0	Canadami D-Canadami			
	P6.00 0.76.00			
a	115/3107 (\$-310/3107			
ж	IMMMI H DIMMIN			
1	IT. 1-17			
1	140 1-146			
<u>x</u>	Mandesance C-Mandesance			
15. 	Management L-Management Medical Suppliers Min-Medical Suppliers			
	N/A N-N/A			
0				
0	Revis Q - Revis			
	Salary & Record St. Status & Record St.			
8	Saturity Sciences			
	Shared Services 7 - Shared Services			
9	station gratation			
y v	Staffing U-Staffing Tanes V-Tanes			
y X	station gratation			

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							State of No Decadment of P Nonice Technol	luman bervices									
ovder Name:	23 East Lindoley Read Operations LLC dbar	uthor films Parcher					AT A STATE OF A STATE	100001010									_
edical Provider Number	P		Medican Provider Number														
	1488838078																
a tau Pwiad	Prom.	1/1/202	16	12/31/202	1												
kdeet:	Schedule A-8 Part II - Related Parties																
nder DBA Name (if anvl:	Arbor Gleo Cester																
io/en.	24-0865387																
Palamientina of Balatad Bala Biloachie Fort																_	_
Column 1	Column 2	Column 3	Caluma &	Column 5	Caluma 6	Calumn 7	Column 8	Column 9	Column 10	Culume 11	Column 13	Column 13	Column 14	Column 15	Column 16	Column 17	Calumn 1
Date of framaction	Mercify Where Related Party Cods.	Identify the PCK data field(c), by regulation section, that this cost is included in.	Relationship to Provider (one-Ad Schedule A-d Part I. Relationship Status Options, below, J	Name of Related Party	Address of Related Forty	Cantal Name of Wated Party	These Number of Robinstructure	brial Address of Policed Party	Description of the Spock/Services Provided by Related Party	Category of Goody/Services Provided by Related Party (See A5 Schedule 8-4 Part I. Goody/Services Category Options, Bellow J	Type of Transaction	Method for Determining the Allowable Cost or 1997 of the Spody Services Provided	Total (Actual) Amount Pad to the Related Pady	Method of Payment to Nebbed Party (e.g.	Allowable Actual Cost or MMY of the Galocyberyces Provided In St	Cost on Facility Books	Muter
Annual	67		Other (Telanda) or non-feancial, sawofy:	dament Admonitrative Service (11) of 4 seeds be		Mikedava	\$32.646-\$330	arla there exists com	Back office services	0-Dthw	Inter-company	Home office cost report		to two campany	1388,233.00	5590.680.00	
Annual	102		Other If eandal or non-feancall, saechy:	denecs Admonitizative Service (11) (and savafy be		Mike Berg	632 666-6350	orfa Bave ecohoc com	Castal back office	C - Cautal	Inter-campany	Home office cost report		d two campany	166.199.00		0 166
Aveal	30		Other If sandal or non-fisianciali, saechy:	Powedack Relabilitation GRS (1) cold specify below		Mike Barg	632 666-6350	arfa Bave ecohoc com	11	W-Thesay	Inter-campany	Contractione		20 INTW COMEANY	\$288.886.00		4
Annual	21		Other If sandal or non-fisianciali, saechy:	Powedack Relabilitation DRS (1) cold specify below	100 East State Street Kennett Souare PR. 19348	Mike Barg	632 666-6350	arfa Barreckhoz com	01	W-Theasy	Inter-campany	Contractionse	1000-000	20 INTW COMEANY	\$800.602.03	5300.600.00	4
Base of a			Phase intersection on the feature of a sector	Researching's Walkahill Street All 1911 roll A searche Relation		Adda Barro	417 444-4150	wis Researcher con-	57	Mr. Warker	States and American	Provide and a state		N Index constants	6184 831 A		4
Research .			Phase intersection on the feature of a sector		A S S S M M M A MARKAN A S S S A M A MARKAN TO THE S	Ruccas Plumbos	455 777.5651	curst methodic field and	Museum Associal Resources observed	11. traffica	Andrew of the Andrew of	Peaksterne.		No. Stationary and the second second	57.431.00	61.411.00	4
Areal	29		Other (Teandal or eas-feancal), sawsfy:	Poweduck Rehabilitation RHS (2) cold specify below		Michel	\$12.000-\$310	arfa Barrechtz com	12	W-Thetaay	Inter-campany	Compact and		20 THOM CAMERANY	129.882.00		
Annual	11		Other (Teandal or eas-feancal), sawsfy:	AlartMed Partners OP1 (1) calib savelfy below		Michel	\$12.000-\$310	arfa Barrechtz com	Medical Director	D-Consultants	Inter-campany	Compact and	548.122	20 THOM CAMERANY	148.122.00	543.122.02	
Manthly	30		Other Ifeandator non-feandad, saecfs:	Traver worth care Medical Straws of R1 U.C (2) cold so		Rekhashandat	828.495-73.83	arfathysawbwith.com	Tribummunotian	D-Censultants	Associate another	Contract on the		Account equality	\$13.680.00	\$13,680,02	4
Manthly	20		Other Ifeandator non-feandad, saecfs:	Langestix Health Plan (2) said & specify Relaxe	11781 US Hishway One Ste. NG07 Fain Beach-Gardens, FLE3408	Brendan Kaper	700.847-8884	Rowslan, case: Microsoft-healthclan, care	Theory tractory president	D-Censultants	Assures secolde	Contract on the	50.	Account asystem	50.02	52.00	4
																	-
																_	-
				(1) Other specify Parent entity of Provider has finance interest in the initial sprin.		-						-					-
				(2) Other as Officer, devicer or other key person of the												,	-
				121 Other as Officer - devicer or other two percented 8 salent entity of Provider has a financial element in	-											-	
				the redictionary.												_	+
				and the Paradity.												_	+
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144															11.529.384.02	\$1.665.612.09	50 501

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1					Namine Failth Coll Report							
vander Name. And call Provider Number	23 East Linddev Road Cowstrons LLC dba Arbor Siles Center											
		Medicare Provider Number										
Hap the Period		1/1/2028 Tel	12/11/2021									
Valuheet.	Schedule A-d Part III - Related Parties											
under DBA Name of any Li	Arbor Gan Center											
ia 10/EN.	28-0865287											
For the mast Product												
	mit sweet of an y entity execting substantial management control over the provider ()	 Including all principals and interested parties and including 200% of the sweers, pericipals, and interested p 	Tak is any entity identified as a principal or interested party in the thin	d-party websy exercising substantial management sorebuliover the provaley (82).								
ravide the following information for 100% of the cu	ent sweet of an y entity exercise substantial management control over the provider)), including all principals and interested parties and including 200% of the summer, principals, and interested p	tas is any entity identified as a principalise interested party in the that	6-jaty mith exercise subclaritie management control over the provider (R2).								
unde the following information for 100% of the cu	met awners of an yavetty exercising substantial management control over the provider ()	() including all principals and interested partice and including 300% of the summer, principals, and interested p	tak is any entity identified as a principal or interested party in the this	G paty with excising subcardel non-generic under over the provinc (R2).								
	ent purers of an y writing new cong substantial management constraint wer the provider () Column 2 Column 3	c) inducing all principals and interested parties and including 320% of the survey, principals, and interested p Column 6.	tas: is any writey identified as a principal or interested pady in the thir Column 1	d-paty with excising subdavial exception and solid over the provider (R2).								
raude the following information for 100% of the ca ddie G Column 1	Column 2 Galumn 3											
vaule the following information for 100% of the cu bills G Column 1												

Centrol	Cartions below!	Names of Prindoals and Intervided Parties (on oncarate rows)	Percentage of Ownership of Each Principal or Interacted Party	Address	Phone Number	EnglAddess

Provider Name. Medical Provider Number	23 East Lindsley Read Operations LLC disa.	elser sies Gerder	Cedicare Provider Number			
NTI .	24878530.00	1/1/2021		12/11/2		
NEL Resolution Period. Worksheet: Provider DBA Name of anyl:	Schedule A-d Pattric-Related Partici					
Provider DBA Name (2 and) Tax 12/200	Arbor Olen Center 36-OK653K7					
P. Miss segment Forthall						
	and the second	and one research control over the constants or partice \$1 of Markets 6	A-6 II, including all principals and interested parties and including 100% of the sweers, pr	which and interpret states is any entity clearified to a		constant costs out the scools
	and and and and and and and and					
Table C2 Column 1	Colemn 2	Column 3	Colume 4	Column 3	Column 6	Column 7
Name of Any Third Party Britly Identified at a Principal or Indexected Party in the Existing Identifies	A Names of Prindpak and Interested Parties					
in Table C1 Schedule A-3 Part III.	(an anaziste rowa)	Percentage of Ownerchip of Each Principal or Interested Party	Note of Business	Address	Phane Number	Enal Address

	State of New Jersey Department of Human Services									
	Nursing Facility Cost Report									
Provider Name:	Provider Name: 25 East Lindsley Road Operations LLC dba Arbor Glen Center									
Medicare Provider ID:	31-5036									
NPI:	1689858078									
Reporting Period:	From:	1/1/2023 To:	12/31/2023							
Worksheet:										

Cost

Line	Non-Routine / Non-Allowable Costs	
1	Sales and Marketing Department	\$ 18,954
2	Gift, Flower, Coffee Shops and Canteen	
3	Barber and Beauty Shop	
4	Physicians' Private Offices	
5	Patients' Laundry	
6	Personal Expenses	
7	Interest assessed by DHSS or borrowings to repay DHSS fines and penalties	
8	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	
9	Costs incurred by providers for fines or monetary penalties imposed for violations of Federal, State, or local laws.	
10	Amortization of Organization Cost/Goodwill	
11	Non-Allowable Contributions Per Medicare Cost Reimbursement Manual (CMS Publication 15-1 §2105.7)	
12	Expenses relating to future expansion (to include architect fees)	
13	Retainer Fees Paid To Physician or Other Persons to be available for participation on a utilization review committee	
14	Non-Allowable Entertainment Expenses Per Medicare Cost Reimbursement Manual (CMS Publication 15-1 §2105.8)	
15	Non-Allowable Travel Expenses Per Medicare Cost Reimbursement Manual (CMS Publication 15-1 §2105.6)	
16	Cost of Employee's Personal Use of Motor Vehicles Per Medicare Cost Reimbursement Manual (CMS Publication 15-1 §2105.9)	
17	Legal damages and settlements included on providers financial records	
18	Agent and broker fees and commissions	
19	Costs associated with fund raising not included on Line 1	
20	Costs of advertising incurred in connection with the issuance of a provider's own stock, or the sale of stock held by the provider.	
21	Provider taxes not associated with services on Schedule A Line 1 through 10	
22	Bad Debts Expense	\$ 283,256
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	Non-Allowable Other Costs	\$ 302,210

State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	25 East Lindsley Road Opera	ations LLC dba Arbor Glen Cer								
Medicare Provider ID:	31-5036									
NPI:	1689858078									
Reporting Period:	From:	1/1/2023 To:	12/31/2023							
Worksheet:	Schedule A-6 - Capital									

Capital Asset Balances and Depreciation Expense

			Acquisitions						Related Party	
								Current Year	Depreciation	Adjusted Total
							Fully	Depreciation Expense	Adjustments	Depreciation Expense
	Beginning				Disposals and	Ending	Depreciated	(Schedule A Line 102	(Schedule A Line 102	(Schedule A Line 102
Type of Capital	Balances	Purchases	Donations	Total	Retirements	Balance	Assets	Column F)	Column G)	Column I)
Land				\$0.00						
Land Improvement	\$79,858.00			\$0.00		\$79,858.00		\$8,203.00		\$8,203.00
Buildings and Fixtures	\$4,472,259.00			\$0.00		\$4,472,259.00				\$0.00
Building Improvements	\$298,226.00			\$0.00		\$298,226.00		\$23,093.00		\$23,093.00
Fixed Equipment	\$99,166.00			\$0.00		\$99,166.00		\$4,153.00		\$4,153.00
Major Moveable Equipment	\$492,126.00			\$0.00		\$492,126.00		\$47,504.00		\$47,504.00
Other				\$0.00						\$0.00
Total	#############	\$0.00	\$0.00	\$0.00	\$0.00	\$5,441,635.00	\$0.00	\$82,953.00	\$0.00	\$82,953.00

Attach copy of depreciation schedule to tie to Depreciation Expense per Schedule A Line 100 Column F. Attach supporting for documentation for additional depreciation included from related party transactions.

State of New Jersey Department of Human Services									
Nursing Facility Cost Report									
Provider Name:	Provider Name: 25 East Lindsley Road Operations LLC dba Arbor Glen Center								
Medicare Provider ID:	31-5036								
NPI:	1689858078								
Reporting Period:	From:	1/1/2023 To:	12/31/2023						
Worksheet:	Schedule A-7 - Depreciation	on Schedule							
worksneet:	Schedule A-7 - Depreciatio	on Schedule							

				Weighted	1		1	
Asset Name/Description	Capit	alized Costs	Estimated Salvage Value	Average Estimated Useful Life (Years)	Prior Period Accumulated Depreciation	Prior Period Impairment	Period Depreciation	Asset Group Carrying Value
Dutlature								
Buildings: Nursing Facilities							\$-	\$ -
Administrative Facilities							\$ -	\$ -
Multi-purpose Facilities							\$ -	\$ -
Land Improvements	\$	79,858					\$-	\$ 79,858
Storage Facilities							\$-	\$-
Parking Garages							\$-	\$ -
Other:								1
Building Improv	\$	298,226					\$ - \$ -	\$ 298,226 \$ 41,534
Fixed Equipment	\$	41,534					\$ - \$ -	\$ 41,534 \$ -
							\$ -	\$ -
							\$ -	Ş -
Total Period Depreciation - Buildings							\$ -	
Equipment: Medical Equipment	\$	492,126					\$-	\$ 492,126
Other Equipment Used in Direct Care Services	\$	57,632					\$ -	\$ 57,632
Computer Equipment	-	27,002					\$ -	\$ -
Telephone and Communication Equipment							\$ -	\$ -
Maintenance and Custodial Equipment							\$-	\$ -
Other:								
Depreciation accelerated	\$	17,907					\$-	\$ 17,907
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
Total Period Depreciation - Equipment							\$ - \$ -	\$ -
							, - <u>,</u>	_
Vehicles:								
Cars							\$-	\$ -
Trucks							\$ -	\$ -
Vans Other:							\$-	\$ -
other:							\$ -	\$ -
							\$ -	\$ -
							ş -	\$ -
Total Period Depreciation - Vehicles				•			\$ -	
Office Furniture and Fixtures:							\$-	\$ -
Office Desks, Cabinets, and Chairs Electronic Office Equipment							\$ - \$ -	\$ - \$ -
Appliances							\$ -	\$ -
Utility Installations							ş -	ş -
Other:							•	
							\$-	\$-
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
							\$ - \$ -	\$ - \$ -
							\$ - \$ -	\$ - \$ -
Total Period Depreciation - Office Furniture and Fixtures							\$ -	-
Software:							6	
Medical Software (Including EHR)							\$ - \$ -	\$ - \$ -
Administrative Software Other:							- ڊ	- ڊ
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
Total Period Depreciation - Software							\$ -	
Limited life Intensible Associat								
Limited-life Intangible Assets: Other:								
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
							\$-	\$-

-

Total Period Depreciation - Limited-life Intangible Assets

	State of New Jersey							
	Department of Human Services							
	Nursing Facility Cost Report							
Provider Name:	25 East Lindsley Road Operations LLC dba Arbor Glen Center							
Medicare Provider ID:	31-5036							
NPI:	1689858078							
Reporting Period:	From:	1/1/2023	To:	12/31/2023				
Worksheet:	Schedule A-8 - Revenue							
A. General Revenue								

		Total		rsing Facility	SCNF AIDS	sc	NF BMGT	SCNF Pediatric	SCNF TBI/Coma	SCNF Ventilator	SCNF Young Adult	Healt	havioral h Nursing acility	Other	Offset Line
Total Routine Patient Revenue		\$ 21,087,276		21,087,276		\$		\$-	\$-	\$-	\$-	\$	-	\$ -	
Private Routine Patient Revenue		\$ 1,072,402		1,072,402	\$-	\$		\$ -	\$-	\$-	\$-	\$	-		
Medicaid/NJ FamilyCare Routine Patie	ent Revenue	\$ 14,199,899			\$-			\$-	\$ -	\$-	\$-	\$	-		
Pending Medicaid Days		\$ -	\$		\$-			\$ -	\$-	\$ -	\$-	\$	-		
Pre-Eligibility Medical Expenses (PEM	E)	\$ -	\$	-	\$-	\$		\$ -	\$-	\$-	\$-	\$	-		
Out of State Medicaid		\$-	\$		\$-	\$		\$-	\$ -	\$-	\$-	\$	-		
Medicare Routine Patient Revenue		\$ 3,362,435	\$	3,362,435	\$-	\$		\$ -	\$ -	\$ -	\$-	\$	-		
Other Patient Revenue		\$ 1,509,247	\$	1,509,247	\$-	\$		\$ -	\$-	\$-	\$-	\$	-		
Hospice Days Revenue		\$ 818,354	\$	818,354	\$-	\$		\$ -	\$-	\$-	\$-	\$	-		
Respite Days Revenue		\$ 124,940	\$	124,940	\$-	\$		\$-	\$ -	\$-	\$-	\$	-		
Therapeutic Leave Revenue		\$-	\$	-	\$-	\$		\$ -	\$ -	\$ -	\$-	\$	-		
Bed Hold Days Revenue		\$-	\$	-	\$-	\$		\$ -	\$ -	\$-	\$-	\$	-		
Ancillary Patient Revenue		\$ 2,541,114	\$	2,541,114	\$-	\$		\$ -	\$ -	\$ -	\$-	\$	-		
Less Contractual Allowance		\$ (9,948,766) \$	(9,948,766)	\$-	\$		\$ -	\$ -	\$ -	\$-	\$	-		
		\$ 13,679,623	\$	13,679,623	\$ -	\$	-	\$ -	\$ -	\$ -	\$-	\$	-	\$ -	
		913												- - - - - - - - - - - - - - - - - - -	
	Other: Other: Other: Other:													-	
B. Other Non-Patient Revenue Other: Other:	Other: County Funding														
Other:			-												
Other:															
Other:															

Total Revenue

\$13,684,949.37 \$13,679,623.37 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

	Provider Name:	Nexting Endity Cost Report 25 East Lindslev Road Overations LLC doa Arbor Glen Center		
	Jedicare Provider ID: 4P1: Aroontine Period:	33-5055 1669055078 From: 1/3/2023 To: 12/31/2023	4	
	darksheet:	Schedule B - Allocation Basis	4	
	Bocated Statistics Basis Codes BASIS	Direct Care - Direct Care - Direct Care - SCNF Direct Care - Nursing Facility SCN AIGS SCNF BMCF / PEDLATRIC TBL/COMA 2 4 5	Direct Care - SCNF Direct Care - ScN	Library Beams And
	A Non-Managerial Salaries	\$4.507.290 50 50 50 50	50 50 50 50 50	
	Souare Footage	31547		11.07
		19,604 0 0 0 0		
	Basis Codes BAGIS D Non-Medicare Days (NHA100 Definition)	Direct Care - Naming Facility Direct Care - SCNF	Direct Care- SCMF Direct Care- SCMF Direct Care- ScMF Direct Care- ScMF Total VENTIATOR YOUNG ADULT Health Norring Facility Total Total 0 0 0 32.664 Total	
		DirectCare DirectCare DirectCare SOM DecetCare SOM 1 2 2 4 5 119.070 4 5 7 8 1<	Direct Care - SCN# Direct	
		Direct Care - Naming Facility SONF AIDS SCAFE Direct Care - SCAFE DIRECT DIRECT DIRECT DIRECT DIRECT DIREC	Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Direct Care - OTHER VDIVILATOR YOUNG AGUIT Health Nursing Facility SPCDIV Total 6 7 8 9 23 000	
m m	Basis Codes BAGIS	Direct Care - Numing Facility Direct Care - SCM Direct Care - SCM Direct Care - SCM 1 2 3 4 5	F Direct Care - SCNF Direct Care - SCNF Direct Care - Behavioral OTHER VENTILATOR VOLING AGULT Health Numing Facility SFECIFY Total	
			0.00 0.00 0.00 143.387.88	
Max Max <td>H Direct Patient Care Salary Hours</td> <td>Direct Core</td> <td></td> <td>Total</td>	H Direct Patient Care Salary Hours	Direct Core		Total
Normality Normality <t< td=""><td>I Accumulated Cost</td><td></td><td></td><td></td></t<>	I Accumulated Cost			
Lot Monte Lot Monte Lot Monte Monte Monte Monte Monte Monte Monte Monte Monte Lot Monte Mon	J Radiology Charges	\$10.508	Direct Care - Non-Routine /	
L L <thl< th=""> <thl< th=""> <thl< th=""> <thl< th=""></thl<></thl<></thl<></thl<>		\$18.771		
Note Note Note Note Note Note Note Note Note<		\$24,105		
I Vertice Ver		DirectCare DirectCare DirectCare DirectCare SOUR		
Note Note <th< td=""><td></td><td>Direct Care Direct Care Direct Care SOME Direct Care <t< td=""><td>Direct Care - SCN# Direct Care - ScN# Direct</td><td></td></t<></td></th<>		Direct Care Direct Care Direct Care SOME Direct Care <t< td=""><td>Direct Care - SCN# Direct Care - ScN# Direct</td><td></td></t<>	Direct Care - SCN# Direct	
J J		DirectCare DirectCare DirectCare DirectCare Stort ADS Stort ADS DirectCare 1 2 3 4 Stort ADS 5004,780 4 5	Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Offst R VORTUATOR VOLMA AQUIT Health Nurring Facility SFGDTY Non-Allowable 6 7 8 9 167	
Name Name <th< td=""><td></td><td>Direct Care Direct Care Direct Care Direct Care Store Direct Care<</td><td>Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Direct Care - ScNF OTHER Non-Routine / VDIVILATOR VOUNG AGULT Health Numing Facility SPECIFY Costs 77 6 7 8 9 1007</td><td>Total 004.021</td></th<>		Direct Care Direct Care Direct Care Direct Care Store Direct Care<	Direct Care - SCNF OTHER Non-Routine / VDIVILATOR VOUNG AGULT Health Numing Facility SPECIFY Costs 77 6 7 8 9 1007	Total 004.021
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	State of New Jersey Department of Human Services	
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oder Nathe. Scare Provider ID:	1398	
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Cost Multipler	0.16521711 151.2502749 0.46529128 0.18394627 1.46291264 0.55383527 0.39557259 0.92558388 3.89925439 0.32453542 0.33557220 0.37552507	
ST CENTERS TO BE ALLOCATED		
101 Total Fringe Benefits	51,081,878	
11 Routine Medical Supplies 12 OTC Drugs	5122.046 55.841.134 518.667 50 50	
12 Dic Diago 13 Enteral Feeding (Product and Supplies)	30.6a/ 57355 50 50 50 50	
14 Incontinency Products	5/265 50 50 50 50 50 50 50	
16 Radiology	316472 50 50 50 50 50	56.47
17 Laboratory	315,000 50 50 50 50 50 50	315,208
18 Intravenous Therapy	\$22,503 50 50 50 50 50 50 50	22.52
19 Oxygen Therapy	<u>529,922</u> 50 50 50 50 50 50 50	52 52
29 Physical Therapy	\$384,454 50 50 50 50 50 50 50 50 50 50 50 50 50	5284.654
21 Occupational Therapy 22 Speech Therapy	S201,248 50 50 50 50 50 50 50 S101,248 50	581,248 581,249
22 Speech Inerspy 23 Electro cardiology		5100.002 50
24 Medical Supplies Charged to Patients		92 60
25 Prescription Drugs (not OTC)	\$142,015 50 50 50 50 50 50 50 50 50 50 50 50 50	
26 Pharmacy Non-Formulary		
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9 Dental	NO 30 30 30 30 30 30 30 30 30 30 30 30 30	
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d Other Auto Expense - Direct Patient Care	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
Other - Patient Support Services	545,991 50 50 50 50 50 50 50 50 50 50 50 50 50	0 90 10 10 10 10 10 10 10 10 10 10 10 10 10
2 Total Property Operating Costs	<u>\$715,532</u> <u>585,500</u> <u>50</u> <u>50</u> <u>50</u> <u>50</u> <u>50</u> <u>50</u> <u>50</u>	
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87 Total Workforce Related Costs - Other 81 Total Administrative & General	522,002 50 50 50 50 50 50 50 50 50 50 50 50 50	0 10 10 10 10 10 10 10 10 10 10 10 10 10
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27 Non-Routine / Non-Allowable Costs	\$110.365 90 90 90 90 90 90 90 90 90 90 90 90 90	20 20 20 20 20 20 20 20 20 20 20 20 20 2
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Provider Name:		25 East Lindsley Road	Operations LLC dba	Arbor Glen Center																
Medicare Provider	0:	31-5036																		
NPI:		1689858078																		
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Warksheet:		Schedule 8-2 - Avera	re Rates for Use of L	ind																
		Section A		Section B	Section C			Section D			Section E	Section F	Section G	Section H	Section 1	Section J	Section K	Section L	Section M	Section N
Property #	Property Address			Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective dates of current rental agreement: BEGINNING	Effective dates of current rental agreement: END	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility						
	25 E Lindsay Road	Cedar Grove	07009	No	Operation Leave	Cindat/HUD	4500 Dorr Street	Toledo	43615-4040	419-346-5939	47.458.00		47.458.02	100%	7/1/2019		1/31/2033	\$98,630,17	\$1.183.562.00	2.08
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Nursing Facility		39.604	27.277	68.87%	#REF1	50	#REF1	\$2,364,271	\$2,985,279	\$2,497,078	\$734.523	\$573.693	\$105.582	50	\$651.672	\$132,656	\$377,114	\$1,348,010	(\$144)	\$154.614	50	50	\$199.090	\$476,848	(\$913)	50	\$12,599,373	\$8.677.188	0.00%
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tal Directly Assigned and Allocated E	apenses Per Schedule B-1							\$2,364,271	\$2,985,279	\$2,497,078	\$747.515	\$583,840	\$105.582	50	\$651.672	\$135.003	\$377.114	\$1,348,010	(\$147)	\$156,566	50	50	\$199.091	50	(5913)	\$302,210	\$12,929,019		
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