

**State of New Jersey
Department of Human Services
Nursing Facility Cost Report**

Provider Name:	25 East Lindsley Road Operations LLC dba Arbor Glen Center		
Medicaid Provider Number	4476603	Medicare Provider Number	31-5036
NPI:	1689858078		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-1 - Facility Information		

A. General Facility Information

Medicaid NF Provider Number	4476603	NPI Number:	1689858078
Medicaid SCNF - AIDS Provider Number			
Medicaid SCNF - BMGT Provider Number			
Medicaid 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:	25 E Lindsley Road		
City:	Cedar Grove	State:	NJ ZIP: 21286
Contact Person:	Rick Fink	Phone:	410-494-7657 Ext:
Contact Person Email:	rick.fink@genesishcc.com	Fax:	410-337-6831 Ext:

C. Mailing Address

Address:	101 East State Street		
City:	Kennett Square	State:	PA ZIP: 19348

D. Home Office / Management Company

Home Office / Management Company Name:	Genesis Healthcare		
Address:	101 East State Street		
City:	Kennett Square	State:	PA ZIP: 19348

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 any interest in the building on which the provider is located. Add subsequent rows as needed.

Operator Name:			
Address:			
City:		State:	ZIP:
Operator Name:			
Address:			
City:		State:	ZIP:

Owner(s)—Provide names and addresses of any person who, directly or indirectly, beneficially owns a 5% or greater interest in any mortgage, note, deed of trust, or other obligations secured in whole or part by the land on which or building in which the facility is located. List 100% of all current owners of the nursing home, including all principals and interested parties. Add subsequent rows as needed.

Owner Name:			
Address:			
City:		State:	ZIP:
Owner Name:			
Address:			
City:		State:	ZIP:

Lessor(s)/Lessee(s)—Provide names and addresses of any person who, directly or indirectly, has any interest as a lessor or lessee in any lease or sublease of the land on which or the building in which the facility is located. Add subsequent rows as needed.

Lessor Name:			
Address:			
City:		State:	ZIP:
Lessee Name:			
Address:			
City:		State:	ZIP:

Mortgage or Security Interest -- All entities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be reported.

Entity wit Mortgage or Security Interest Name:			
Address:			
City:		State:	ZIP:
Entity wit Mortgage or Security Interest Name:			
Address:			
City:		State:	ZIP:

Partnership—All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.

Partner Name:			
Address:			
City:		State:	ZIP:
Partner Name:			
Address:			
City:		State:	ZIP:

F. Type of Facility (Place an "X" in all that apply)

Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid Provider Number	Facility Certification Date
<input checked="" type="checkbox"/> Nursing Facility		122	122	4476603	
<input type="checkbox"/> Special Care Nursing Facility - AIDS					
<input type="checkbox"/> Special Care Nursing Facility - BMGT					
<input type="checkbox"/> Special Care Nursing Facility - Pediatric					
<input type="checkbox"/> Special Care Nursing Facility - TBI/Coma					
<input type="checkbox"/> Special Care Nursing Facility - Ventilator					
<input type="checkbox"/> Special Care Nursing Facility - Young Adult					
<input type="checkbox"/> Behavioral Health Nursing Facilities					
<input type="checkbox"/> Assisted Living/Residential					
<input type="checkbox"/> Other (Specify):					
Total		122	122		

G. Cost Report Preparer Information

First Name:	Rick	Last Name:	Fink	Title:	Director of Reimbursement
Employer:	Genesis Health Care		Phone Number:	410-494-7657	
E-Mail:	rick.fink@genesishcc.com		Contact Preparer For Additional Information:	Y	

**State of New Jersey
Department of Human Services
Nursing Facility Cost Report**

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Medicaid Provider Number	4476603	Medicare Provider Number	31-5036
NPI:	1689858078		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)		

Facilities Long-Term Care Reporting Classification is:

	Number of Patient Days	Related Revenue Received Or Accrued 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 Assessment

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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Provider Name:	25 East Lindsley Road Operations LLC dba Arbor Glen Center		
Medicaid Provider Number	4476603	Medicare Provider Number	31-5036
NPI:	1689858078		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-11 Part II - Nursing Home Assessment Information per Submitted NHA-100 - Nursing Facility		

Facilities Long-Term Care Reporting Classification is:

	Number of Patient Days	Related Revenue Received Or Accrued 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 Assessment

Line 3 Private Patient Days	2,716	\$1,072,402
Line 4 Medicaid (Except Therapeutic and Bedhold)	28,849	\$7,748,294
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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 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.

Name:			
Address:			
City:	State:	ZIP:	
Name:			
Address:			
City:	State:	ZIP:	
Name:			
Address:			
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 rows 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:	ZIP:	
Name:			
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 rows as needed.

Name:			
Address:			
City:	State:	ZIP:	
Name:			
Address:			
City:	State:	ZIP:	

For LLCs, name and addresses of each member. Add subsequent rows as needed.

Name:	Genesis NJ Holdings LLC		
Name:	Genesis Operations LLC		
Name:	GHC Holdings LLC		
Name:	Genesis Healthcare LLC		
Name:	GEN Operations I LLC		
Name:	GEN Operations II LLC		
Name:	FC-GEN Operations Investment		
Name:	SunDance Rehabilitation Holdco Inc.		
Name:	Sun Healthcare Group Inc.		
Name:	Genesis Healthcare Inc.		
Name:	HCCF Management Group XI LLC		
Name:	ZAC Properties XI LLC		
Address:	101 East State Street		
City:	Kennett Square	State:	PA ZIP: 19348
Name:	Arnold Whitman		
Address:	3820 Mansell Road Suite 280		
City:	Alpharetta	State:	GA ZIP: 30022
Name:	Steven Fishman		
Address:	1617 JFK Boulevard Suite 545		
City:	Philadelphia	State:	PA ZIP: 19103
Name:	Welltower Inc.		
Address:	4500 Dorr Street		
City:	Toledo	State:	OH ZIP: 43615

Nursing Facility
Department of Human Services
Nursing Facility Cost Report

Provider Name:	25 East Lindsley Road Operations LLC dba Arbor Glen Center		
Medicaid Provider Number	0	Medicare Provider Number	31-5036
NPI:	1689858078		
Reporting Period:	From: 1/1/2023	To:	12/31/2023
Worksheet:	Schedule S-13 - Average Length of Stay		

Average Length of Stay	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)	Average Length of Stay (Inpatient Days / Number of Patients) (Column 6)	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 Total (sum of lines 1-8)		14,455,460	39,990	257	156	425	270	80	0	14	0	5	94

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State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	75 East Lindsay Road Operations LLC dba Arbor Glen Center		
Medicare Provider ID:	31-5036		
NPI:	1609658078		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A - Total Expense		

	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)	E. Supplies & Other	F. Total	G. Adjustment for Related Parties (See Schedule A-4)	H. Adjustment for Income Offsets (See Schedule A-5)	I. Adjusted Total
A. Direct Routine Patient Care Costs									
1 Direct Care - Nursing Facility	143,388	\$ 4,507,290		\$ 7,433		\$ 4,514,723	\$ -	\$ -	\$ 4,514,723
2 Direct Care - SCNF AIDS	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
3 Direct Care - SCNF BMGT	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
4 Direct Care - SCNF PEDIATRIC	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
5 Direct Care - SCNF TB/COMA	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
6 Direct Care - SCNF VENTILATOR	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
7 Direct Care - SCNF YOUNG ADULT	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
8 Direct Care - Behavioral Health Nursing Facility	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
9 Direct Care - OTHER SPECIFY	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
10 Total Direct Patient Care Costs - Direct Reported	143,388	\$ 4,507,290		\$ 7,433		\$ 4,514,723	\$ -	\$ -	\$ 4,514,723
B. Routine Patient Care Costs - Not Directly Reported									
11 Routine Medical Supplies				\$ 152,946	\$ 152,946	\$ -	\$ -	\$ -	\$ 152,946
12 OTC Drugs				\$ 18,467	\$ 18,467	\$ -	\$ -	\$ -	\$ 18,467
13 Enteral Feeding (Product and Supplies)				\$ 7,285	\$ 7,285	\$ -	\$ -	\$ -	\$ 7,285
14 Incontinency Products				\$ 57,858	\$ 57,858	\$ -	\$ -	\$ -	\$ 57,858
15 Total Patient Care Costs - Not Directly Reported				\$ 236,556	\$ 236,556	\$ -	\$ -	\$ -	\$ 236,556
C. Patient Ancillary Costs									
16 Radiology				\$ 16,872	\$ 16,872	\$ -	\$ -	\$ -	\$ 16,872
17 Laboratory				\$ 15,108	\$ 15,108	\$ -	\$ -	\$ -	\$ 15,108
18 Intravenous Therapy				\$ 22,503	\$ 22,503	\$ -	\$ -	\$ -	\$ 22,503
19 Oxygen Therapy				\$ 10,041	\$ 29,923	\$ -	\$ -	\$ -	\$ 29,923
20 Physical Therapy				\$ 1,070	\$ 284,454	\$ -	\$ -	\$ -	\$ 284,454
21 Occupational Therapy				\$ 300,600	\$ 648	\$ 301,248	\$ -	\$ -	\$ 301,248
22 Speech Therapy				\$ 184,832	\$ -	\$ 184,832	\$ -	\$ -	\$ 184,832
23 Electrocardiography				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24 Medical Supplies Charged to Patients				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25 Prescription Drugs (not OTC)				\$ 182,015	\$ 182,015	\$ -	\$ -	\$ -	\$ 182,015
26 Pharmacy Non-Formulary				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27 Support Surfaces				\$ 17,777	\$ 17,777	\$ -	\$ -	\$ -	\$ 17,777
28 Ambulance				\$ 56,458	\$ 56,458	\$ -	\$ -	\$ -	\$ 56,458
29 Dental				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30 Physicians				\$ 15,861	\$ 15,861	\$ -	\$ -	\$ -	\$ 15,861
31 Other - Patient Ancillary Costs				\$ 1,196	\$ 1,196	\$ -	\$ -	\$ -	\$ 1,196
32 Total Patient Ancillary Costs				\$ 788,698	\$ 339,549	\$ 1,128,247	\$ -	\$ -	\$ 1,128,247
D. Nursing Administration									
33 Director of Nursing, ADDN, Supervisors	8,668.00	\$ 251,841	\$ 251,841	\$ -		\$ 503,682	\$ -	\$ -	\$ 503,682
34 Inservice Education	-	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
35 MDS Coordinator	-	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
36 Staffing Coordinator	-	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
37 Infection Control	-	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
38 Medical Records/EMR	2,118.74	\$ 41,888	\$ -	\$ -		\$ 41,888	\$ -	\$ -	\$ 41,888
39 Nursing License Fees	-	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
40 Other - Nursing Administration	5,897.04	\$ 179,465	\$ -	\$ -		\$ 20,010	\$ 199,475	\$ -	\$ 199,475
41 Total Nursing Administration	16,683.78	\$ 473,193	\$ 251,841	\$ -		\$ 803,610	\$ 199,475	\$ -	\$ 1,003,085
E. Workforce Related Costs - Patient Care									
42 Direct Patient Care Recruitment				\$ 17,627	\$ 17,627	\$ -	\$ -	\$ -	\$ 17,627
43 Direct Patient Care Retention				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44 Total Workforce Related Costs - Patient Care				\$ 17,627	\$ 17,627	\$ -	\$ -	\$ -	\$ 17,627
G. Patient Support Services									
45 Food (including supplements)				\$ 220,676	\$ 220,676	\$ -	\$ -	\$ -	\$ 220,676
46 Dietary Department				\$ 20,020	\$ 750,072	\$ -	\$ -	\$ -	\$ 750,072
47 Laundry Department				\$ 204,106	\$ 15,534	\$ 219,640	\$ -	\$ (913)	\$ 218,727
48 Housekeeping Department				\$ 349,515	\$ 47,813	\$ 397,328	\$ -	\$ -	\$ 397,328
49 Social Services	5,034.64	\$ 164,853	\$ -	\$ -	\$ 68	\$ 164,921	\$ -	\$ -	\$ 164,921
50 Patient Activities	7,100.73	\$ 136,868	\$ -	\$ -	\$ 5,676	\$ 142,544	\$ -	\$ -	\$ 142,544
51 Medical Director	507.00	\$ -	\$ -	\$ 43,122		\$ 43,122	\$ -	\$ -	\$ 43,122
52 Pharmacy Consultant	-	\$ -	\$ -	\$ -	\$ 21,701	\$ 21,701	\$ -	\$ -	\$ 21,701
53 Auto Leasing and Depreciation - Direct Patient Care				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
54 Other Auto Expense - Direct Patient Care				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55 Other - Patient Support Services				\$ 45,991	\$ 45,991	\$ -	\$ -	\$ -	\$ 45,991
56 Total Patient Support Services	12,612	\$ 301,721	\$ -	\$ 1,326,795	\$ 377,479	\$ 2,005,995	\$ -	\$ (913)	\$ 2,005,082
H. Property Operating Costs									
57 Maintenance	2,952.62	\$ 89,082	\$ -	\$ -	\$ 141,369	\$ 230,451	\$ -	\$ -	\$ 230,451
58 Security	-	\$ -	\$ -	\$ -	\$ 6,062	\$ 6,062	\$ -	\$ -	\$ 6,062
59 Utilities (including telephone and cable services)				\$ 235,745	\$ 235,745	\$ -	\$ -	\$ -	\$ 235,745
60 Real Estate Tax				\$ 199,013	\$ 199,013	\$ -	\$ -	\$ -	\$ 199,013
61 Property Insurance				\$ 44,262	\$ 44,262	\$ -	\$ -	\$ -	\$ 44,262
62 Total Property Operating Costs	2,953	\$ 89,082	\$ -	\$ -	\$ 426,451	\$ 715,533	\$ -	\$ -	\$ 715,533
I. Administrative & Operating Costs									
63 Administrator	2,080.00	\$ 390,643	\$ -	\$ -		\$ 390,643	\$ -	\$ -	\$ 390,643
64 Assistant Administrator	-	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
65 Other Executive Staff	-	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
66 Office Staff	14,090.18	\$ 469,848	\$ -	\$ -		\$ 469,848	\$ -	\$ -	\$ 469,848
67 Management Fees				\$ 590,680	\$ 590,680	\$ -	\$ (2,427)	\$ (4,413)	\$ 588,840
68 Office Supplies and Expenses				\$ 22,779	\$ 22,779	\$ -	\$ -	\$ -	\$ 22,779
69 Insurance not Related to Property or Employees				\$ 112,304	\$ 112,304	\$ -	\$ -	\$ -	\$ 112,304
70 Business Taxes				\$ 78	\$ 78	\$ -	\$ -	\$ -	\$ 78
71 Accounting Fees				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
72 Legal Fees				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
73 Advertising				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
74 Allowable contributions				\$ 250	\$ 250	\$ -	\$ -	\$ -	\$ 250
75 Allowable Employee Gifts and Party				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
76 Auto Leasing and Depreciation				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
77 Other Auto Expenses				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
78 Travel Expenses				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
79 Non-Capital Related Interest Expense				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80 Other A&O costs				\$ 88,925	\$ 88,925	\$ -	\$ -	\$ -	\$ 88,925
81 Total Administrative & General	16,170	\$ 469,848	\$ 390,643	\$ -	\$ 815,016	\$ 1,475,507	\$ (2,427)	\$ (4,413)	\$ 1,468,667
J. Provider Tax (NHA 100)									
82 Provider Tax (NHA 100)				\$ 476,848	\$ 476,848	\$ -	\$ -	\$ -	\$ 476,848
K. Workforce Related Costs - Other									
83 Patient Support & Other Recruitment				\$ 1,560	\$ 1,560	\$ -	\$ -	\$ -	\$ 1,560
84 Patient Support & Other Retention				\$ (147)	\$ (147)	\$ -	\$ -	\$ -	\$ (147)
85 Professional Training				\$ 21,489	\$ 21,489	\$ -	\$ -	\$ -	\$ 21,489
86 Licensing and Dues				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
87 Total Workforce Related Costs - Other				\$ 22,902	\$ 22,902	\$ -	\$ -	\$ -	\$ 22,902
L. Fringe Benefits for Non-Management Employees									
88 Payroll Taxes				\$ 434,373	\$ 434,373	\$ -	\$ -	\$ -	\$ 434,373
89 Workers' Compensation				\$ 112,745	\$ 112,745	\$ -	\$ -	\$ -	\$ 112,745
90 Unemployment				\$ 53,164	\$ 53,164	\$ -	\$ -	\$ -	\$ 53,164
91 Disability Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
92 Medical Insurance				\$ 381,931	\$ 381,931	\$ -	\$ -	\$ -	\$ 381,931
93 Dental Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
94 Union Welfare				\$ 8,173	\$ 8,173	\$ -	\$ -	\$ -	\$ 8,173
95 Vision Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96 Uniforms				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97 Tuition Assistance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
98 Retirement Benefits				\$ 91,492	\$ 91,492	\$ -	\$ -	\$ -	\$ 91,492
99 Life Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
100 Other - Fringe Benefits				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
101 Total Fringe Benefits				\$ 1,081,878	\$ 1,081,878	\$ -	\$ -	\$ -	\$ 1,081,878
M. Property Capital Costs									
102 Depreciation				\$ 82,954	\$ 82,954	\$ 66,199	\$ -	\$ -	\$ 149,153
103 Mortgage Interest (Allowable Interest)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
104 Rental of Building				\$ 1,183,562	\$ 1,183,562	\$ -	\$ -	\$ -	\$ 1,183,562
105 Rental of Equipment				\$ 25,295	\$ 25,295	\$ -	\$ -	\$ -	\$ 25,295
106 Total Property Capital Costs				\$ 1,281,811	\$ 1,281,811	\$ 66,199	\$ -	\$ -	\$ 1,348,010
N. Non-Routine/Non-Allowable Costs									
107 Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)				\$ 8,155	\$ 302,210	\$ 310,365	\$ -	\$ -	\$ 310,365
Total	227,983.83	\$ 5,841,134	\$ 442,484	\$ 2,131,081	\$ 5,598,336	\$ 14,013,036	\$ 69,772	\$ (5,326)	\$ 14,071,482

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-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)				
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				
Total Nursing Facility	143,167.34	\$4,507,290	220.54	\$7,433
Special Care Nursing Facility - AIDS (Schedule A Line 2)				
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	\$0
Special Care Nursing Facility - Pediatric (Schedule A Line 4)				
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				
Total SCNF - VENTILATOR	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Young Adult (Schedule A Line 7)				
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)				
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 Glen Center		
Medicare Provider ID:	31-5036		
NPI:	1689858078		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	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		Input Line Number	65
	Salary		
	Payroll Taxes		
	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		
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		-

TOTAL MANAGERIAL COMPENSATION		\$	442,484
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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 Non-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. Patient 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. Nursing 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							
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
H. Property Operating Costs							
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
I. Administrative & Operating Costs							
32	Office Staff	66	14,090.18	\$ 469,848		14,090.18	
33	Total Administrative & General		14,090.18	\$ 469,848	-	\$ -	14,090.18
N. Non-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			41,497.95	\$ 1,333,844	36,684.00	\$ 2,123,648	78,181.95

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**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-5 - Non-Allowable Costs		

Cost

Line	Non-Routine / Non-Allowable Costs	Cost
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

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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-6 - Capital		

Capital Asset Balances and Depreciation Expense										
Type of Capital	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	Current Year Depreciation Expense (Schedule A Line 102 Column F)	Related Party Depreciation Adjustments (Schedule A Line 102 Column G)	Adjusted Total Depreciation Expense (Schedule A Line 102 Column I)
		Purchases	Donations	Total						
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.

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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-7 - Depreciation Schedule		

Asset Name/Description	Capitalized Costs	Estimated Salvage Value	Weighted Average Estimated Useful Life (Years)	Prior Period Accumulated Depreciation	Prior Period Impairment	Period Depreciation	Asset Group Carrying Value
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Buildings:							
Nursing Facilities						\$ -	\$ -
Administrative Facilities						\$ -	\$ -
Multi-purpose Facilities						\$ -	\$ -
Land Improvements	\$ 79,858					\$ -	\$ 79,858
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 298,226					\$ -	\$ 298,226
Fixed Equipment	\$ 41,534					\$ -	\$ 41,534
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Buildings						\$ -	

Equipment:							
Medical Equipment	\$ 492,126					\$ -	\$ 492,126
Other Equipment Used in Direct Care Services	\$ 57,632					\$ -	\$ 57,632
Computer Equipment						\$ -	\$ -
Telephone and Communication Equipment						\$ -	\$ -
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 17,907					\$ -	\$ 17,907
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Equipment						\$ -	

Vehicles:							
Cars						\$ -	\$ -
Trucks						\$ -	\$ -
Vans						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Vehicles						\$ -	

Office Furniture and Fixtures:							
Office Desks, Cabinets, and Chairs						\$ -	\$ -
Electronic Office Equipment						\$ -	\$ -
Appliances						\$ -	\$ -
Utility Installations						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Office Furniture and Fixtures						\$ -	

Software:							
Medical Software (Including EHR)						\$ -	\$ -
Administrative Software						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Software						\$ -	

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	Nursing Facility	SCNF AIDS	SCNF BMGT	SCNF Pediatric	SCNF TBI/Coma	SCNF Ventilator	Behavioral			Offset Line
								SCNF Young Adult	Health Nursing Facility	Other	
Total Routine Patient Revenue	\$ 21,087,276	\$ 21,087,276	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 1,072,402	\$ 1,072,402	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 14,199,899	\$ 14,199,899	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsettable Revenue

Meals Served to Non-Patients											
Interest Revenue	4,413										67
Rebates of Expenses											
Purchase Discounts											
Property Rentals											
Fringe Benefits											
Supplies Sold to Non-Patients											
Services Sold to Non-Patients											
Income from laundry and linen service received from patients	913										47
Retroactive payments for non-formulary pharmacy transactions											
Other:											
Other:											
Other:											
Other:											
Other:											
Other:											
Other:											

B. Other Non-Patient Revenue

County Funding											
Other:											
Other:											
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
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State of New Jersey
 Department of Health Services
 Nursing Facility Cost Report

Provider Name:	21 East Linden Road Operations LLC aka a/k/a Oak Glen Center
Medicare Provider ID:	31-0000
NPI:	1499640000
Reporting Period:	From: 01/01/2023 To: 12/31/2023
Worksheet:	Schedule B - Resident Rates for Use of Land

Property #	Section A			Section B		Section C			Section D			Section E		Section F		Section G		Section H		Section I		Section J		Section K		Section L		Section M		Section N	
	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	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 date of current rental agreement: RESIDENTS	Effective date of current rental agreement: RND	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility											
1	21 E Linden Road	Cedar Grove	07009	NA	Operative lease	Oak Glen NFO	4900 Oak Street	Trenton	60615-9540	413-246-1039	47,458.00	-	47,458.00	100%	7/3/2019			208,630.11	\$1,183,563.00	3.28											
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															
10																															
TOTAL											47,458.00	-	47,458.00	100%				208,630.11	\$1,183,563.00	3.28											
<small>Source: Assessor's records in Schedule B</small>											47,458.00	-	47,458.00	100%				208,630.11	\$1,183,563.00	3.28											

Lease Contracts
 Attach current copies of all lease contracts identified in section A above

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