		Department of	New Jersey Human Service ity Cost Report	
Provider Name:	292 Applegarth R	oad Operation	s LLC dba Crant	bury Center
Medicare Provider ID:	31-5353			
NPI:	1487838876			
Reporting Period:	From:	01/01/2023	To:	12/31/2023
Worksheet:	Schedule S - Atte	station		

A. Attesta	tion					
l,	Orrin Jaroslawicz ,			NJ	l Finance	
	(Name)			(Admir	nistrative Title)	
of	292 Applegarth I	Road O	perations LLC d	ba Cranbury C	enter	
		(N	lame of Facility)			
Moi	nroe Township,	1	۱J	_ do certify tha	at I have examin	ed the
	(City/Town)	(St	ate)			
attached r	eport for the cost report period beginning			01/01/23	and ending	12/31/2023
and to the	e best of my knowledge and belief, it is a true an	nd corre	ect statement o	of the informat	ion required.	
					1	
]	
	Signature of Authorized Representati	ive of Fac	ility			Date (mm/dd/yyyy)
					•	
	NJ Finance]	
	Title					

Mail of the state of the st	Drovider Name-	202 Applegath Read Operation 110	State of New Jers Department of Human Nursing Facility Cost I	Services			
<form>Name of the state of the st</form>		6911706		Medicare Provider Numb	er 31-5353		
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	Worksheet:		111013	10.	11/01/202	~	
	A. General Facility Information						
	Medicaid NE Provider Number	6911	706		NPI Number:	1487838876	
	Medicaid SCNF - AIDS Provider Number	0311			in manual and	1407050070	
	Medicaid SCNF - TBI/Coma Provider Number						
		-					
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<form> Applephilo (activity of the sector) Image: activity of the sector (activity of the sector) Image: activity of the sector) Image:</form>							
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Standard Alega lange lang		Prom.				Date completed.	
<form>Control<</form>	Facility Name as Shown on Certification		292 Aj	pplegarth Road Operations	LLC dba Cranbury Center		
Char and a long in	B. Physical Address						
Char Content or product	Street Address:	1		292 Applegar	th Road		
Canded contained and a lange and a la	City:			State:	NJ		08831
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<form>IndexDisplay<th< td=""><td>D. Home Office / Management Company</td><td></td><td></td><td></td><td></td><td></td><td></td></th<></form>	D. Home Office / Management Company						
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Rest provide value of use works prove the large of the corregating provide rest of the dist prove the large of the corregating provide rest of the dist prove the large of the corregating provide rest of the dist pro		Kennett	Square			ZIP:	19348
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<form> Genetal Nerrie Image: Second Nerrie</form>	Has the provider changed ownership immediately prior to the	ne beginning of the cost reporting perio	od?				Y/N: No
	Operator(s)Provide names and addresses of any person whether the second s	no directly or indirectly, beneficially ow	rns any interest in the buidling on wh	ich the provider is located	. Add subsequent rows as needed	i.	
<form> Image: Set in the s</form>				State:		ZIP:	
<form> Image: Image</form>	Onerator Name	1					
	Address:						
<form>and by the bubbling in which the bubbling i</form>	City:			State:		ZIP:	
<form>Addee:Imag</form>		ocated. List 100% of all current owners	of the nursing home, including all p	rincipals and interested pa	rties. Add subsequent rows as ne	eded.	
Addres:	Address:					210	
Addres: Same	Lity:			State:		ZIP:	
Chy Sate 0p? 0p? 0p? Lessorial/Lessorial/Provide names and addresses of any person who, directly or indirectly, has any interest as a lessor or lesse in any lease or subless or the land on which or the building in which or							
<form>the facility located. Add subsequent rows an evended. However an event of the facility of of the</form>				State:		ZIP:	
<form>the facility located. Add subsequent rows an evended. However an event of the facility of of the</form>	assor(s)/lassoa(s)Provide names and addresses of any ne	rson who, directly or indirectly, has an	v interact as a lessor or lessee in any	lease or sublease of the la	nd on which or the building in wh	ich	
	the facility is located. Add subsequent rows as needed.	rion who, an eerly of mancelly, has any	interest as a ressor or ressee in any				
Addres: Sate: 2P: Mortgage or Security interest Asilentities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be reported. Sate: 2P: Chr: Sate: 2P: Chr: Sate: 2P: <td></td> <td></td> <td></td> <td>State:</td> <td></td> <td>ZIP:</td> <td></td>				State:		ZIP:	
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Margage or Security Interest - All entities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be proted. Image: Image	Address:			Ctoter		71P-	
Chity with drongs or Security interests Name:: State: ZIP:: ZIP:: Chity: State: ZIP:: ZIP::: ZIP:: ZIP::: ZIP::: ZIP::: ZIP::: ZIP::: ZIP::: ZI							
		6 mortgage, deed of trust, or other seco	urity interest in the provider must b	e reported.			
Cathy with Names and a construction of Security Interests Name: Image: Se	Address:						
Address: Image: Ima	City:			State:		ZIP:	
City: State: State: ZIP:		<u> </u>					
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Address:	Partner Name:	the percentage—must be reported. Pr	rovice name and addresses for each	parmer.			
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Address: Image: Image				state:		£17.	
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Bed Type Number of Beds Certified Soley Number of Beds Certified Jointy Number of Beds Facility X Nursing Facility Mursing	F. Type of Facility (Place an "X" in all that apply)						
X Nursing Facility - Modified 154 154 Special Care Nursing Facility - AIDS Image: Constraint of the second s		Number of the states of	Number of P. 1 A. 177 111	Alumban (A. I.	Advallant ten statut		2-1-
Special Care Nursing Facility - ADDS Image: Constraint of the second		Number of Beds Certified Solely				Facility Certification	Date
Special Care Nursing Facility - rBI/Coma Image: Special	Special Care Nursing Facility - AIDS		254				
Special Care Nursing Facility - Young Adult Image: Special Care Nursing Facility - Young Adult </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Special Care Nursing Facility - Young Adult Image: Special Care Nursing Facing Adult <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
Behavioral Health Mursing Facilities Image: Constraint of the system of th	Special Care Nursing Facility - Ventilator						
Assisted Living/Residential Image: Constraint of the sector							
Total 154 154 Sc. Sost Report Preparer Information Director of Reimbursement First Name: Rick Last Name: Fink Director of Reimbursement Employ(Genesis Health Care Phone Number: 410-494-7657	Assisted Living/Residential						
Rick Last Name: Fink Director of Reimbursement Employed Genesis Health Care Phone Number: 410-494-7657		-	154	154			
First Name: Rick Last Name: Fink Director of Reimbursement Employed Genesis Health Care Phone Number: 410-494-7657	G. Cost Report Preparer Information						
	First Name: Rick	Last Name:	Fink				
	Employe Genesis Health Care E-Mail: rick.fink@genesishcc.com					Y .	

	State of New Jerse																											
	Department of Human S																											
	Numing Facility Cost R	pad																										
ovider Name:	292 Applegarth Road Operations		Medicare Provider Numb		21-5252		-																					
edicaid Provider Number	6911706 1487838876		Medicare Provider Numb	17	21-5252		-																					
c	148/8488/6	1/1/202			74.																							
continue Period.	Schedule S-2 - Nursing Facility Days	1/1/202			- 181	12/21/202	14																					
orksheet.	Schedule S-2 - Nursing Facility Days																											
itset.	U.C.C.C.																											
	January 20	22	Februar	v 2022	M	arch 2023	1 4	koril 2023	May 2023		June 2023		uly 2023	Aurust 202	1	September 2023	0.4	ober 2023	Nov	mber 2023	Decer	mber 2023				Fiscal Year Total		
Nursing Facility			Davs by Payor -IPrivate			Days by Payor - Sem			(Private Days by Payor	Camil (Dalant								Davs by Payor - Semi-		Davs by Payor - Semi-			(Delunter)	Dava hu Davas - Cas	for an a fee for a	1	0.00	ivenue + Ancillary Rev
second second	Days by Payor - (Private Rooms)		Rooms)	Private Red Rooms		Private Bed Rooms	d Roomi	Private Red Rooms	Rooms) Private Bed R	Annual Galore	Drivate Bed Brooms	Roomal	Drivate Red Roams)	Roomal Drivate	Red Rooms) Ro			Private Bed Rooms)		Private Bed Rooms)	Roomal	Private Bed Broomi	(Provate)	Private Red Room		Ancilary Revenue		 Contractual Allows
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2 New Jersey (Sum 2.05 through 2.05)	10	2.14		2.00		2 28		0 2 206		2 224	160 2.326		2.487	155	2 524	196 21	20 190	2 722	124	2 800	217	2.55	2.04	29.2	1 \$12,275,636.0	\$112,234.39		8,511
2.01 Routine Fee For Service		19	2 2	51 21	5	12	12	121		168	236		286		301		112	220	23	422	21	367	214	2.90		\$ 11,252		853
2.02 Ni FamilyCare	15	170		1.20	12 10	1 96	4 10	1,977	105	1 972	160 1.982	101	2.049	155	2.055	100 11	170	2 (42	15	2 100	100	2 240	1.804	23.83		5 92,258		6.995
2.03 Hospice		22	-	18	5	18	16	178		94	108		152		168	16	124 12	266		290		211	21		9 5 948.92			658
2.04 Respite State Walver Program																	6	4				25			9 5 15.31			1
2.05 Therapeutic Dave Below Beneficiary 24 Dav Annual																									0		5	
2.06 Pending Medicaid Davs																									0		5	
									-																			
3 Medicald Out of State (Sum Lines 3.01 through 3.02)			2	0	0	2	0	0 0	0	0	0 0	0	0	0	0	0	0 0	0		0	0	6			0 5	ś .	5 - 5	
3.01 Routine Fee For Service											-	-		-	-		-			-	-				0		5	
2.02 Managed Care																									0		6	
3.03 Hospice																									8		5	
4 Private Pay and Third-Party Insurance	2	1 23	5	18 17	6 4	16	2 2	8 222	28	229	20 177	21	262	21	178	20	13 11	192	20	222	21	26	424	25	2 5 1.065.201		5	1.063
5 Medicare (Sum S.01 through S.03)		22		19 57	4 1	2 62	16 12	2 277	24	629	14 507		381	10	425	5	0 100	258		369	0	605	34	5.9	4 5 2,828,41	\$ 2,337,789	\$ (694,475) \$	4,483
5.01 Part A Fee for Service (Full Payment & Co. Ins. David	2	50	2	18 25	4 1	2 62	10 1	2 265	24	256	14 347		206	10	243	5	144	271		234		262	121	2.90	5 1,870,00	\$ 1,540,191	\$ (457.537) \$	2.953
5.02 Part C (Medicare Managed Care)	1	22	2	1 22	10	15		112		222	160		175		192		136	87		125		247	11	2.00	2 S 968.40	\$ 797,599	\$ (236,939) \$	1.525
5.02 Institutional Special Needs Plans (1-SNPs)																									0		5	
Medicaid days transitioned to Medicare by the 2023																												
5.04 public health emergency 1135 waiver																									0		5	
5.05 Part A Fee for Service Hospice Dava																									0		5	
6 Tricare and CHAMPUS																									0		\$	
7 Other Governmenal Payors																									0		\$	
1 Charity Care																									0		\$	
9 All Other Days not listed above													20		24		13								2 \$ 177,690	\$ 72,451	\$ (4,945) \$	245
Ind Holds and Non-Reimbursable Therapeutic Leave (Sum of Lines															27		0 0	70							1 5			
10.01 through 10.07)		1 .	1	-		۲ ۲	- T	18		-		0		0				70		ъ	0					14 1	* * *	
10.01 Medicaid NJ Bed Holds		4	2	2	12	2	19	18		36	48		27		27		G	70		15		1		45	4		5	
10.02 NI Medicaid/NJ FamilyCare Therapeutic Days Over																									0		5	
10.03 Medicaid Out of State Red Holds																									2		5	
10.04 Private Pay Bed Holds																									0		5	
10.05 All Other Bed Holds																									0		\$	
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11 Dre-Elizbilly Medical Extenses (REME)																												
11 Pre-Elizbility Medical Expenses (PEME) 12 Total	22	2 16	2	2 22	6 21	2 2 10	M 22	2 833	212	2 126	204 2.059	212	2 187	196	3 199	221 2	221	2 342	204	2,402	248	2 (2)	2 610	28.2	5 \$16,257,023.0	\$2,522,575.21	-\$4,571,621.29 \$	34,303

					Departm	ent of I	lew Jersey Human Ser																	Departmen		Services							
							ty Cost Rep																		acility Cost	Report							
Provider Name:			292 Applegar	th Road Ope	erations LL	C dba C	Cranbury Ce	enter										Provider Name:			292 Applegar	th Road Oper	ations LLC	dba Cranbury Ce	nter					1			
Medicaid Provider Number			6911706		Media	are Pro	wider Num	ber 1	31-5353									Medicaid Provider Number			6911706			Medicare Provid	ler Number	3	1-5353						
NPI:			1487838876															NPI:			1487838876												
Reporting Period:			From:	1/1/202	23 To:	12	/31/2023											Reporting Period:			From:	1/1/2023	To:	12/31/2023	1								
Worksheet:			Schedule S-1	0 - Census														Worksheet:			Schedule S-1) - Census											
A. Nursing Facility Census Report in-house days,	bed hold da	rs, and the	rapeutic leav	e days.													ļ	A. Nursing Facility Census Report in-house days	bed hold d	ays, and th	erapeutic leav	e days.											
	Nu	sing Facil	ity (S-2)			SCNF	F - AIDS (S-	3)	[SCI	NF - BMGT	(S-4)		SCNF -	Pediatria	(\$-5)	1	Name	sc	NF - TBI/Co	oma (S-6)		SC	NF - Ventilator (S-7)	1 Г	SCNF -	Young Adu	lt (S-8)	Behavioral	lealth Nur:	ing Facility (S-9)	Assisted Livi
Name			Operations LL	C														NJ Medicaid Provider ID							-	1							
NJ Medicaid Provider ID	6911706								[1 F							
				_			Semi-		-		Semi-				Semi-		-			Semi-		_						Semi-			Semi-		
	1 Bed	2 Beds	Total		Priv	ate	Private	Total		Private	Private	Total	Pr	vate	Private	Total			Private	Private	Total		Private	Semi-Private	Total		Private	Private	Total	Private	Private	Total	Total
Beds	8	146	15	1														Beds							-]			-			-	
		Semi-					Semi-				Semi-				Semi-					Semi-								Semi-			Semi-		
	Private	Private			Priva		Private	Total		Private	Private	Total	Pri	vate	Private	Total			Private	Private			Private	Semi-Private	Total		Private	Private	Total		Private		
Census (Days)	Days	Days	Total Days	_	Day	/s	Days	Days		Days	Days	Days	D	ays	Days	Days	_	Census (Days)	Days	Days	Total Days		Days	Days	Days		Days	Days	Days	Private Day	Days	Total Days	TOTAL
Medicaid/NJ FamilyCare	2,018	26,793	28,81			-	-	-		-		-		-	-	-		Medicaid/NJ FamilyCare	-	-	-			-	-		-	-	-	-	-	-	
Medicaid/NJ FamilyCare - Hospice	28	2,389	2,41	7		-		-				-		-	-	-		Medicaid/NJ FamilyCare - Hospice	· ·		-			-	-		-	-	-	-		-	
Medicaid/NJ FamilyCare - Respite	-	39	3	3				-		-		-		-	-	-		Medicaid/NJ FamilyCare - Respite	-		-	_		-	-		-	-	-	-	-	-	
Medicaid/NJ FamilyCare - Therapeutic			-	_							· ·			-				Medicaid/NJ FamilyCare - Therapeutic	· ·		-				-	4			-	-	· ·		
Pending Medicaid Days	-		-			_		-		-		-		-	-			Pending Medicaid Days		-	-	_		-	-	4	-	-	-	-		-	
Pre-Eligibility Medical Expenses (PEME)			-	_					-	-		-		-	-			Pre-Eligibility Medical Expenses (PEME)	· ·			- 1		-	-		-	-	-	-	· ·	-	
Dut of State Medicaid	-		-	_		_		-	-	-		-		-	-	-		Out of State Medicaid			-	- 1		-	-	4	-	-	-	-	-	-	
Out of State Medicaid - Hospice	-			-		•			ŀ			-			-		- 1	Out of State Medicaid - Hospice	· ·		-					4 -	-	-		-		-	
Medicare	146	5,974	6,12	2		_			ŀ	-					-	-		Medicare			-	-			-	4 -	-	-	-	-		-	
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Private	424	2,512	2,93						-	-		•		-	-	-		Private			-	-		-	-	4 –	-	-	-		· ·	-	
Other	-	67	6			_			-			-		·	-		- 1	Other	· ·		-					4 -	-	-		-		-	
otal Patient Days for Per Day Cost	2,616	37,774	40,39				· ·				· ·							Total Patient Days for Per Day Cost	· ·		-	- 1				4			-		· ·		· ·
Medicaid Bed Holds	-	431	43	L					L L	-		-			-	-		Medicaid Bed Holds	-	-	-	-		-	-	4 1	-	-	-	-		-	
Medicaid Unreimburable Therapeutic Leave	-			-			•		ŀ					·		-		Medicaid Unreimburable Therapeutic Leave	· ·			- 1			-	4 -		-		-	· ·	· ·	
Private Bed Holds	-		-	_		_			L L	-		-			-	-		Private Bed Holds	-	-	-	-		-	-	4 1	-	-	-	-		-	
All Other Bed Holds			-	-							· ·			-				All Other Bed Holds	· ·		-	- 1			-	4			-	-	· ·	-	
fotal Patient Days Including Bed Hold	2,616	38,205	40,82				•		L L			•						Total Patient Days Including Bed Hold			-	-				4 1					· ·		
Maximum Bed Days Available	2,920	53,290	56,21	0														Maximum Bed Days Available			-												

State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	292 Applegarth Road Op	erations LLC o	ba Cranbu	ry Center						
Medicaid Provider Number	6911706		Medicare Provider Number 31-5353							
NPI:	1487838876									
Reporting Period:	From:	1/1/2023	To:	12/31/2023						
Worksheet:	Schedule S-11 Part I - Nu	rsing Home A	ssessment	Information per Submitted NH	IA-100 (Combined)					

Facilities I	ong-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)	6,120	\$4,481,730
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	431	\$0
	Report Non-Medicare Days Subject To Assessmer	nt	
Line 3	Drivete Detient Dave	2.026	\$1,065,276
Line 5	Private Patient Days	2,936	\$1,005,270
Line 4	Medicaid (Except Therapeutic and Bedhold)	31,228	\$8,505,147
Line 5	Respite Days	39	\$10,622
Line 6	Other Non-Medicare Days	67	\$245,201
LINE O	Other Non-Wedicare Days	67	\$245,201
Line 7	Assessed Days and Revenue	34,270	\$ 9,826,247
Line 8	Classification Assessment Rate	\$ 14.67	
1		6 502 740 00	
Line 9	Assessment Due	\$ 502,740.90	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 502,740.90	

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	State of New Jersey Department of Human Services										
Nursing Facility Cost Report											
Provider Name:	292 Applegarth Road Op	erations LLC of	dba Cranbu	ry Center							
Medicaid Provider Number	6911706		Medicare Provider Number 31-5353								
NPI:	1487838876										
Reporting Period:	From:	1/1/2023	To:	12/31/2023							
Worksheet:	Schedule S-11 Part II - Nu	ursing Home A	Assessment	Information per Submitted N	HA-100 - Nursing Facility						

Facilities	ong-Term Care Reporting Classification is:		
Facilities			
		Number of	Related Revenue Received Or Accrued
		Patient Days	Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	6,120	\$4,481,730
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	431	\$0
	· · · · · ·		· · ·
	Report Non-Medicare Days Subject To Assessmer	nt	
Line 3	Private Patient Days	2,936	\$1,065,276
	·	·	, , , ,
Line 4	Medicaid (Except Therapeutic and Bedhold)	31,228	\$8,505,147
		·	
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Line 7	Assessed Days and Revenue	34,270	\$ 9,826,247
-	······································		
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 502,740.90	
		+	
Line 10	Penalty and Interest Due	\$-	
Line 11	Total Amount Due	\$ 502,740.90	
2.110 11		\$ 302,740.30	

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	State of New Jersey Department of Human Services											
	Nursing Facility Cost Report											
Provider Name:	292 Applegarth Road O	<u> </u>										
Medicare Provider ID:	31-5353	31-5353										
NPI:	1487838876											
Reporting Period:	From:	1/1/2023 To:	12/31/2023									
Worksheet:	Schedule S-12 - Addition	nal 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

he board of directors of the facility. Add subsequent rows as needed.	
State:	ZIP:
State:	ZIP:
State:	ZIP:
	State:

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

Add subsequent rov	vs 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	Chatas

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

Name:		Genesis NJ Holdi	ings LLC					
Name:		Genesis Operati	ons LLC					
Name:		GHC Holdings	s LLC					
Name:		Genesis Healthc	are LLC					
Name:		GEN Operation	s I LLC					
Name:		GEN Operation	s II LLC					
Name:		FC-GEN Operations	Investment					
Name:		SunDance Rehabilitation	on Holdco Inc.					
Name:		Sun Healthcare G	roup Inc.					
Name:		Genesis Healthc	are 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 White	man					
Address:		3820 Mansell Road	Suite 280					
City:	Alpharetta	State:	GA	ZIP:	30022			
Name:		Steven Fishr	nan					
Address:		1617 IFK Boulevard Suite 545						
Auuress.		1017 JFK Boulevard	i Suite 343					

City:	Philadelphia	State:	PA	ZIP:	19103				
r									
Name:		Welltower Inc.							
Address:		4500 Dorr Street							
City:	Toledo	State:	ОН	ZIP:	43615				

	Nursing Facility Degartment of Human Services Nursing Facility Cost Report														
Provider Name:		292 Applegarth Road	d Operations LLC dba	Cranbury Center											
Medicaid Provider Nu	umber	0				Medicare Provider Num	ber		31-535	53					
NPI:		1487838876													
Reporting Period:		From:		1/1/2023					To:		12/31/2023				
Worksheet:		Schedule S-13 - Aver	age Length of Stay												
		Number of Beds	Bed Days Available	Inpatient Days	Discharges	Average Length of Stay (FORM CMS-2540-10)	Average Length of Stay (Inpatient Days / Number of Patients)	Admissions		Medicaid Only	Dual Eligible	Medicare Only	Medicare Part A & B	Part C (Medicare Advantage)	Total Population
Average Length of Sta		(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	(Column 6)	(Column 7)		(Column 8)	(Column 9)	(Column 10)	(Column 11)	(Column 12)	(Column 13)
Average Length of Sta	Nursing Facility (S-2)	40.390			320	127.565625			347	(Column 8)	(column 9)	(Column 10)	(COUTIN 11)	(Column 12)	103
2	SCNF - AIDS (S-3)	40,330	14,742,330	40,021	520	127.303023	330.3203083		547	51		12		0	105
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 To	otal (sum of lines 1-8)		14,742,350	40,821	320	128	396		347	91	0	12	0	8	103

Index

		D	State of New Je epartment of Huma	rsey In Services						
Provider Name:	292 Applegarth R	oad Operations LLC o	Nursing Facility Cos	t Report						
Medicare Provider ID: NPI: Reporting Period:	31-5353 1487838876 From:		1/1/2023	To:	_	12/31/2023				
Worksheet:	Schedule A - Tota	l 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)		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	134,386	\$ 4,177,629	212	\$ 160,842		other	\$ 4,338,471		\$ -	\$ 4,338,471
2 Direct Care - SCNF AIDS 3 Direct Care - SCNF BMGT 4 Direct Care - SCNF PEDIATRIC		<u>s</u> -		<u>s</u> - <u>s</u> -			s - s -	\$ -	s - s -	s - s -
Direct Care - SCNF PEDIATRIC Direct Care - SCNF TBI/COMA Direct Care - SCNF VENTILATOR	-	<u>s</u> - s-		s - s -			s - s -	\$-	\$- \$- \$-	\$ - \$ -
7 Direct Care - SCNF YOUNG ADULT 8 Direct Care - Behavioral Health Nursing Facility	-	\$ - \$ -		\$ - \$ -			s - s -	\$ - \$ -	\$- \$-	\$ - \$ -
9 Direct Care - OTHER SPECIFY 10 Total Direct Patient Care Costs - Direct Reported	134,386	\$ - \$ 4,177,629		\$. \$ 160,842			s - \$ 4,338,471		\$- \$-	\$
B. Routine Patient Care Costs - Not Directly Reported 11 Routine Medical Supplies					S	124,808	\$ 124,808	s -	s -	\$ 124,808
12 OTC Drugs 13 Enteral Feeding (Product and Supplies)					\$ \$	18,493 9,110	\$ 18,493 \$ 9,110	\$ - \$ -	\$ - \$ -	\$ 18,493 \$ 9,110
14 Incontinency Products 15 Total Patient Care Costs - Not Directly Reported					\$	43,013 195,424	\$ 43,013 \$ 195,424	\$ - \$ -	\$ - \$ -	\$ 43,013 \$ 195,424
C. Patient Anellary Costs 16 Radiology		s -		\$ -	\$	10,200		\$-	\$-	\$ 10,200
17 Laboratory 18 Intravenous Therapy	-	s - s -		\$ - \$ -	s s	26,703 11,403	\$ 26,703 \$ 11,403	\$ - \$ -	\$ - \$ -	\$ 26,703 \$ 11,403
19 Oxygen Therapy 20 Physical Therapy 21 Occupational Therapy	5,129.00 4.355.00	s - s -		\$ 297,929 \$ 316,339	S S	9,968 1,550 155	\$ 9,968 \$ 299,479 \$ 316,494	ş -	\$ - \$ -	\$ 9,968 \$ 299,479 \$ 316,494
22 Speech Therapy 23 Electro cardiology	1,948.00	\$ - \$ -		\$ 153,249 \$ -	~	155	\$ 153,249	s -	\$ - \$ -	\$ 153,249 \$
24 Medical Supplies Charged to Patients 25 Prescription Drugs (not OTC)					\$	191,736	\$ - \$ 191,736	\$ - \$ -	\$ - \$ -	\$ - \$ 191,736
26 Pharmacy Non-Formulary 27 Support Surfaces 28 Ambulance					\$	7,098	\$ - \$ 7,098	ş -	s - s -	\$ - \$ 7,098
28 Ambulance 29 Dental 30 Physicians	-	s -		s -	s	53,834	\$ 53,834 \$ - \$ 44.041	ş -	\$ - \$ - \$ -	\$ 53,834 \$ - \$ 44.041
31 Other - Patient Ancillary Costs 32 Total Patient Ancillary Costs	11,432.00	s - \$ -		\$ - \$ 767,517	\$	120 356,808	\$ 120		s - \$ -	\$ 120 \$ 1,124,325
E. Nursing Administration 33 Director of Nursing, ADON, Supervisors	4,455.00	\$ 97,559	\$ 160,840	<u></u>			\$ 258,399		ş -	\$ 258,399
34 Inservice Education 35 MDS Coordinator	4,455.00	\$ 97,359 \$ 73,307 \$ -	\$ - \$ -	\$ - \$ -			\$73,307 \$-	\$ - \$ -	\$- \$-	\$ 73,307 \$ -
36 Staffing Coordinator 37 Infection Control	2.276.94	s s	s - s -	\$ - \$ -			s - s -	\$ - \$ -	\$ - \$ -	\$ - \$ -
38 Medical Records/EMR 39 Nursing License Fees 40 Other - Nursing Administration	4,515.65		s -	s -	c	71,751	s -	ş -	\$ - \$ - \$ -	\$ 50,858 \$ - \$ 251,847
41 Total Nursing Administration	12,735.87	\$ 401,820	\$ 160,840		\$	71,751			\$ -	\$ 634,411
F. Workforce Related Costs - Patient Care 42 Direct Patient Care Recruitment 43 Direct Patient Care Retention					\$	40,838	\$ 40,838		\$ - \$ -	\$ 40,838 \$ -
43 Direct Patient Care Retention 44 Total Workforce Related Costs - Patient Care					\$	40,838	\$ 40,838		\$ - \$	\$ 40,838
G. Patient-Support Services 45 Food (including supplements)					\$	272,127	\$ 272,127	ş -	ş -	\$ 272,127
46 Dietary Department 47 Laundry Department 48 Housekeeping Department		s - s -	s - s -	\$ 933,432 \$ 212,801	s s	24,847 11,409	\$ 958,279 \$ 224,210	ş -	s - s -	\$ 958,279 \$ 224,210
48 Housekeeping Department 49 Social Services 50 Patient Activities	4,208.84	\$ 19,507 \$ 128,658	\$ - \$ -	\$ 447,593 \$ - \$ -	S S	19,727 24,015 3,522	\$ 467,320 \$ 43,522 \$ 132,180	ş -	\$ - \$ - \$ -	\$ 467,320 \$ 43,522 \$ 132,180
51 Medical Director 52 Pharmacy Consultant	-	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$	28,004	\$ - \$ 28,004	\$ - \$ -	\$ - \$ -	\$ - \$ 28,004
S3 Auto Leasing and Depreciation - Direct Patient Care Other Auto Expense - Direct Patient Care Other - Patient Support Services					_		s - s -	ş -	\$ - \$ -	\$ - \$ -
55 Other - Patient Support Services 56 Total Patient Support Services	10,169		\$ - \$ -	\$ - \$ 1,593,826	\$	62,988 446,639	\$ 62,988 \$ 2,188,630	\$ - \$ -	\$- \$-	\$ 62,988 \$ 2,188,630
H. Property Operating Costs 57 Maintenance	4,246.89			ş -	s	166,060	\$ 296,146		ş -	\$ 296,146
58 Security 59 Utilities (including telephone and cable services) 60 Real Estate Tax	-	\$ -	\$ -	\$ -	s	320,510 261,056	\$ - \$ 320,510 \$ 261,056	ş -	\$ - \$ - \$ -	\$ - \$ 320,510 \$ 261,056
61 Property Insurance 62 Total Property Operating Costs	4,247	\$ 130,086	\$ -	\$.	\$	53,565 801,191	\$ 53,565	ş -	s - s -	\$ 53,565 \$ 931,277
I. Administrative & Operating Costs										
63 Administrator 64 Assistant Administrator 65 Other Executive Staff	2,114.00		\$ 166,695 \$ -					\$ -	\$ - \$ - \$ -	\$ 166,695 \$ - \$ -
66 Office Staff 67 Management Fees	12,850.52	\$ 425,761	\$ -	\$ -	s	551,373	\$ 425,761 \$ 551,373	ş -	\$ - \$ (5,530)	\$ 425,761 \$ 659,559
68 Office Supplies and Expenses 69 Insurance not Related to Property or Employees					\$ \$	12,245 80,852	\$ 12,245 \$ 80,852	\$ - \$ -	\$- \$-	\$ 12,245 \$ 80,852
70 Business Taxes 71 Accounting Fees 72 Legal Fees					Ş c	3,415	\$ 78 \$ - \$ 3,415	s -	\$ - \$ - \$ -	\$ 78 \$ - \$ 3,415
73 Advertising 74 Allowable contributions					s		\$ - \$ 4,140		\$ - \$ -	\$ - \$ 4,140
75 Allowable Employee Gifts and Party 76 Auto Leasing and Depreciation								ş -	\$ - \$ -	\$ - \$ -
77 Other Auto Expenses 78 Travel Expenses 79 Non-Capital Related Interest Expense							s - s -	ş -	\$ - \$ - \$ -	\$ - \$ -
80 Other A&O costs 81 Total Administrative & General	14,965	\$ 425,761	\$ 166,695	\$ -	\$ \$	180,937 833,040		\$ -	\$ -	\$ 180,937 \$ 1,533,682
J. Provider Tax (NHA 100)										
82 Provider Tax (NHA 100) K. Workforce Related Costs - Other					\$	484,125	\$ 484,125	ş -	\$ -	\$ 484,125
83 Patient Support & Other Recruitment 84 Patient Support & Other Retention					s	1,560	ş -	ş -	s - s -	\$ 1,560 \$ -
85 Professional Training 86 Licensing and Dues 87 Total Workforce Related Costs - Other					s s	9,377 18,927 29,864	\$ 18,927	ş -	s - s - s -	\$ 9,377 \$ 18,927 \$ 29,864
L. Fringe Benefits for Non-Management Employees					د .	29,864	\$ 29,864		-	\$ 29,864
88 Payroll Taxes 89 Workers' Compensation					\$ \$	407,892 134,742	\$ 407,892 \$ 134,742	÷	s - s -	\$ 407,892 \$ 134,742
90 Unemployment 91 Disability Insurance 92 Medical Insurance					s	62,374	\$ 62,374 \$ - \$ 287.054	\$ -	\$ - \$ -	\$ 62,374 \$ - \$ 287,054
93 Dental Insurance 94 Union Welfare					s	387,054	\$387,054 \$- \$7,473	ş -	\$ - \$ - \$ -	\$ 387,054 \$ - \$ 7,473
95 Vision Insurance 96 Uniforms							s - s -	\$ - \$ -	\$ - \$ -	\$ - \$ -
97 Tuition Assistance 98 Retirement Benefits 99 Life Insurance					\$	2,250 48,160	\$ 2,250 \$ 48,160	\$ - \$ -	\$ - \$ -	\$ 2,250 \$ 48,160
99 Life Insurance 100 Other - Fringe Benefits 101 Total Fringe Benefits					5	1,049,945	s - s - \$ 1,049,945	ş -	\$ - \$ - \$ -	\$ - \$ - \$ 1,049,945
M. Property Capital Costs										
102 Depreciation 103 Mortgage Interest (Allowable Interest) 104 Rental of Building					S	85,329	\$ 85,329 \$ - \$ 1.710.262	\$ 34,573 \$ - \$ (792,562)	\$ - \$ -	\$ 119,902 \$ - \$ 916,700
104 Rental of Building 105 Rental of Equipment 106 Total Property Capital Costs					\$ \$	1,710,262 19,898 1,815,489	\$ 19,898	\$ -	\$ -	\$ 916,700 \$ 19,898 \$ 1,056,500
N. Non-Routine/Non-Allowable Costs										
107 Non-Routine / Non-Allowable Costs (from Schedule A-3 & A-4)		<u>s</u> -	\$ -	\$ 5,491	\$	577,741	\$ 583,232	ş -	ş -	\$ 583,232
Total	187,934.63	\$ 5,283,461	\$ 327,535	\$ 2,527,676	\$	6,702,855	\$ 14,841,527	\$ (645,273)	\$ (5,530)	\$ 14,190,724
Index										

State of New Jersey							
	Department of Human Services						
	Nursing Facility Cost Report						
Provider Name:	292 Applegarth Road Oper	292 Applegarth Road Operations LLC dba Cranbury Center					
Medicare Provider ID:	31-5353	31-5353					
NPI:	1487838876						
Reporting Period:	From:	1/1/2023 To:	12/31/2023				
Worksheet:	Schedule A-1 - Direct Cost	S					

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)	24,575.44	\$1,274,833		
Licensed Practitioner Nurses (LPN)	29,736.61	\$1,079,916	1,892.07	\$104,799
Certified Nursing Assistants (CNA)	76,532.52	\$1,822,880	1,649.39	\$56,043
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	130,844.57	\$4,177,629	3,541.46	\$160,842
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	0.00	ća	0.00	ća
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)			l.	
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	ŚO	0.00	ŚO
Behavioral Health Nursing Facility (Schedule A Line 8)	0.00	ÛÇ	0.00	ŲÇ
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		\$0	0.00	\$0
TOTAL - OTHER (SPECIFY)	0.00			

State of New Jersey Department of Human Services								
	Nursing Facility Cost Report							
Provider Name:	Provider Name: 292 Applegarth Road Operations LLC dba Cranbury Center							
Medicare Provider ID:	31-5353							
NPI:	1487838876							
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	684	53,476
John Pilek	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		53,476

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

Director of Nursing			33
Name	Salary	224	17,231
Alyson Blake	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		17,231

Assistant Director of Nursing			33
Name	Salary	840	63,647
Yvette Sparrow	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		63,647

Other			
Name	Admin	Input Line Number	63
Adebukola Ajayi	Salary	1,430	113,219
Payroll Taxes			
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		113,219

Other			
Name	DON	Input Line Number	33
Erica Jacobs	Salary	592	41,306
Payroll Taxes			
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		41,306

Other			
Name	DON	Input Line Number	33
David Oakley Salary		272	18,056
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
lame Iavid Oakley	Other		
	Total		18,056

Other			
Name	DON	Input Line Number	33
Lauren Pelleriti	Salary	280	20,600
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		20,600
TOTAL MANAGERIAL COMPEN	SATION		\$ 327,535

State of New Jersey				
Department of Human Services				
	Nursing Facility Cost Report			
Provider Name: 292 Applegarth Road Operations LLC dba Cranbury Center				
Medicare Provider ID:	31-5353			
NPI:	1487838876			
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
. Pati	ent Ancillary Costs						
1	Radiology	16					-
2	Laboratory	17					-
3	Intravenous Therapy	18					-
4	Oxygen Therapy	19					-
5	Physical Therapy	20			5,129.00	\$ 297,929	5,129.00
6	Occupational Therapy	21			4,355.00	\$ 316,339	4,355.00
7	Speech Therapy	22			1,948.00	\$ 153,249	1,948.00
8	Electro cardiology	23					-
9	Physicians	30					-
10	Other - Patient Ancillary Costs	31					-
11	Total Patient Ancillary Costs		-	\$ -	11,432.00	\$ 767,517	11,432.00
	· ·		-	Ş -	11,432.00	\$ 767,517	11,432.00
12	sing Administration Director of Nursing, ADON, Supervisors	33	2,247.00	\$ 97,559			2,247.00
13	Inservice Education	34	1,488.28	\$ 73,307			1,488.28
14	MDS Coordinator	35					-
15	Staffing Coordinator	36					-
16	Infection Control	37					-
17	Madical Departs /FMD	20	2 276 04	ć <u>горго</u>			2 276 04

17	Medical Records/EMR	38	2,276.94	\$ 50),858			2,276.94	
18	Other - Nursing Administration	40	4,515.65	\$ 180),096			4,515.65	
19	Total Nursing Administration		10,527.87	\$ 401	,820	-	\$-	10,527.87	Total
									-

G. Pati	ent Support Services								
20	Dietary Department	46				\$	933,432	-	1
21	Laundry Department	47				\$	212,801	-	
22	Housekeeping Department	48				\$	447,593	-	1
23	Social Services	49	4,208.84	\$ 19,507				4,208.84	1
24	Patient Activities	50	5,960.48	\$ 128,658				5,960.48]
25	Medical Director	51						-	1
26	Pharmacy Consultant	52						-]
27	Other - Patient Support Services	55						-]
28	Total Patient Support Services		10,169.32	\$ 148,165	-	\$	1,593,826	10,169.32	Total
									-
H. Prop	perty Operating Costs								
29	Maintenance	57	4,246.89	\$ 130,086				4,246.89]
30	Security	58						-]
31	Total Property Operating Costs		4,246.89	\$ 130,086	-	Ś	-	4,246.89	Total

I. Adm	inistrative & Operating Costs							
32	Office Staff	66	12,850.52	\$ 425,763			12,850.52	
33	Total Administrative & General		12,850.52	\$ 425,761	-	\$ -	12,850.52	Total

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				\$ 5,491	-	
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	-	\$-	-	\$ 5,491	-	То
							-
Fotal		37,794.60	\$ 1,105,832	11,432.00	\$ 2,366,834	49,226.60	To

Reporting Period:	From:	1/1/2023 To:					
Worksheet:	Schedule A-4 Part I - Related Parties	Jle A-4 Part I - Related Parties					
Provider DBA Name (if any):	292 Applegarth Road Operations LLC dba Cra	nbury Center					
Tax ID/EIN:	26-0865549						

A1. Related Party Contracts

Attach current copies of all related party contracts identified in section A1 of Schedule A-4 II

A2. Competitive Procurement

Attach substantive analysis for each related party transaction identified in section A1 of Schedule A-4 II showing that the reported cost is equal to, or less than, the cost had the transaction occurred in an arm's length negotiation. If the goods or services are fungible (

A3. Management Contracts

Attach current copies of all contracts with entities exercising substantial management control over the provider.

A4. Relationship Status Options	
A	Individual has financial interest (stockholder, partner, etc.) in the entity exercising substantial management control and in the provider.
В	Corporation, partnership, or other organization has financial interest in provider.
С	Provider has financial interest in corporation, partnership, or other organization.
D	Director, officer, administrator or key person of provider or organization
E	Individual is director, officer, administrator or key person of provider and related organization
F	Director, officer, administrator or key person of related organization or immediate family relationship of such person having financial interest in provider
G	Other (financial or non-financial), specify:

A5. Goods/Services Category Options		
A	Accounting/Billing	A - Accounting/Billing
В	Administration	B - Administration
С	Capital	C - Capital
D	Consultants	D - Consultants
E	DME	E - DME
F	Food Service	F - Food Service
G	Insurance	G - Insurance
Н	Interest	H - Interest
1	IT	I - IT
J	Lab	J - Lab
К	Maintenance	K - Maintenance
L	Management	L - Management
M	Medical Supplies	M - Medical Supplies
N	N/A	N - N/A
0	Other	O - Other
P	Pharmacy	P - Pharmacy
Q	Rent	Q - Rent
R	Salary & Benefits	R - Salary & Benefits
S	Security	S - Security
Т	Shared Services	T - Shared Services
U	Staffing	U - Staffing
V	Taxes	V - Taxes
W	Therapy	W - Therapy
x	Transportation	X - Transportation

							Deastment of H Numine Paulity										
v Name.	232 Appings th Read Operations UC dog C	Xanbury Center															
Provider Number	P		Medicare Provider Number														
w Pwipd	Prom.	1/1/202	76	12/31/202	1												
DBA Name of anyl.	212 Appings th Read Operations U.C dba C	Xanbury Center															
IN.	29-08655-09																
unientino of Valutad State Silvanida Post																	_
Column 1	Column 2	Column 3	Calume 6	Column 5	Calume 6	Calumo 7	Column 8	Column 9	Column 10	Calume 11	Column 12	Column 13	Column 14	Column 15	Column 16	Column 17	Ca
Date of Transaction	Mentify Where Related Party Cards Assess on Cold Reports	Identify the PCK data field(c), by regulation section, that this cost is included in.	Relationship to Provider (see Ad Scheduler A-d Part 1. Relationship Status Distory, Jerion, J	Name of Reliced Party	Address of Related Forty	Cardad Name of Webbel Party	Phone Number of Related Party	trial Address of Related Party	Description of the book/bencins Provided by Related Party	Category of Goody/Services Provided by Related Party (See A5 Schedule A-d Part L Goody/Services Category Options, Bellow J	Type of Top Ladice	Method for Determining the Allowable Cost on MMY of the Spock/Service Provided	Total (Adua) Amount Pad ta the Related Pady	Method of Payment to Related Party (e.g. moose, per resident, monthly fee, fait feel	Allowable Actual Cost or PMV of the Goods/Service/Provided In S1	Cost on Facility Books	
						Mitellera										\$2.0	
Annual			Other (financial or non-financial, specify)	Powerback Rehabilitation (RS (2) cold specify below		Mardiniz	932 646-9330	arfa thave example, com		W-Thesay	titler-campany	Contract on the		THOM COMPANY	\$316,339,00	\$110.379.	
Annal			Other (financial or non-financial) specify:	Powerback Rehabilitation (RS (2) cold specify below		Mardiniz	932 646-9330	Infa there exists a com		W-Thesay	titler-campary	Contraction		THOM COMPANY	1233,265,00	\$133,209,0	
And only			The Resolution are family used.		ATTENTION AND AND THE SHE TO THE TREE	Rectas Pleation	411 777.3611	such and the first first out	Number Americal Temporary observat	11-Staffee	hider-children	Frankatere		Terfag constants	Enan ant or	5340 877	
Marcal .			What Headral is any fissionity sparity	Research of Balancin and 191 cold martin halos		ARGA RACE	\$33 AAA.\$335	with Manuaratory cost.		W. Tharbox	hider-children	Frankatere		Terfag (Terminally)	511 448 70		
Menal			Other (financial or non-financial, sanchy	AlastMed Partneys (PF3 (2) calls carefy below	101 Earl State Street Keynett Square FR. 1934	Mictory	\$22,040-\$330	orfaithernecehoc.com	Medical Director	D-Consultants	Inter-campany	Contract and		DOM GRIMBARY	\$17,211.00		
Marthly			Cher Ifrandal or non-fisancal, sanch.	Travic weathcare Medical Graves of NJ LC (2) cold on		frikhathandat	828 681-7333	Info Evene Antonio Com	Telephone Constant	D-Cenutaria	Accounts secoldar	Contractorion		Account asystem	\$21,700.00		
Marthy			Cher Ifrandal or non-fisancal, sanch.	Langevity Health Flan (2) cal & specify below	11782 US Hafrein One Ste. NOO7 Fain Brack Gardens, FLEIdOR	Brendan Kaper	700.847-9384	Brendan raper thonges by health plan care	Theory tractory provides	D-Cenutaria	Accounts people	Contractorion		Accenterativ	54,275,00		
Morthly			Cher Ifrandal or non-fisancal, sanch.	Next HC-01/21 cold specify bridge	211 Blod of the American Suite 326 Likewood NI OF705	Michael Zenix	608.102-0179	elfnedby.com	Ford Datase hour	C-Callel		1400		Lease contract IPT	1816.702.00		
				(1) Other specify Parent entity of Provider has finance													
				travel is the wided parts.													
				(2) Other as Officer, dentar or other key person of t													
				samterity of Provider has a financial strend in													
				The cold of confer													
							-								4		4
Total																j 2,409,814.00	51,459,156,00 \$1,266,479,

Provider Name:	292 Applegarth Road Operations LLC dba Cra	plegarth Road Operations LLC dba Cranbury Center							
Medicaid Provider Number	0	Medicare Provider Number	0						
NPI:	1487838876								
Reporting Period:	From:	1/1/2023 To:	12/31/2023						
Worksheet:	Schedule A-4 Part III - Related Parties								
Provider DBA Name (if any):	292 Applegarth Road Operations LLC dba Cra	anbury Center							
Tax ID/EIN:	26-0865549								

C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider (B2), including all principals and interested parties in any entity identified as a principal or interested party in the third-party entity exercising substantial management control over the provider (B2).

Table C1						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Name of Entity Exercising Substantial Management	Relationship to Nursing Home (see A4 Schedule A-4 Part I. Relationship Status					
Control	Options below)	Names of Principals and Interested Parties (on separate rows)	Percentage of Ownership of Each Principal or Interested Party	Address	Phone Number	Email Address

Provider Name:	292 Applegarth Road Operations LLC dba Crar	nbury Center	
Medicaid Provider Number	0	Medicare Provider Number	0
NPI:	1487838876		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-4 Part IV - Related Parties		
Provider DBA Name (if any):	292 Applegarth Road Operations LLC dba Cran	nbury Center	
Tax ID/EIN:	26-0865549		

C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider in section 81 of Schedule A-4 III, including all principals and interested parties and including 100% of the owners, principals, and interested parties in any entity identified as a principal or interested party in the third-party entity exercising substantial management control over the provider.

Table C2						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Name of Any Third Party Entity Identified as a						
Principal or Interested Party in the Entitiy Identified in	Names of Principals and Interested Parties					
Table C1 Schedule A-4 Part III.	(on separate rows)	Percentage of Ownership of Each Principal or Interested Party	Type of Business	Address	Phone Number	Email Address

	State of New Jersey								
	Department of Human Services								
	Nursing Facility Cost Report								
Provider Name:	292 Applegarth Road Operations LLC dba Cranbury Ce	nter							
Medicare Provider ID:	31-5353								
NPI:	1487838876								
Reporting Period:	From:	1/1/2023 To:	12/31/2023						
Worksheet:	Schedule A-5 - Non-Allowable Costs								

Cost

Line	Non-Routine / Non-Allowable Costs	
1	Sales and Marketing Department	\$ 12,368
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	\$ 565,373
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	Non-Allowable Other Costs	\$ 577,741

State of New Jersey Department of Human Services Nursing Facility Cost Report								
Provider Name:	292 Applegarth Road Operations LLC dba Cranbury Center							
Medicare Provider ID:	31-5353							
NPI:	1487838876							
Reporting Period:	From: 1	L/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	\$105,797.00			\$0.00				\$10,913.00		\$10,913.00
Buildings and Fixtures				\$0.00						\$0.00
Building Improvements	\$276,284.00	\$3,822.00		\$3,822.00				\$16,738.00		\$16,738.00
Fixed Equipment	\$34,569.00	\$2,054.00		\$2,054.00				\$720.00		\$720.00
Major Moveable Equipment	\$151,347.00			\$0.00				\$56,958.00		\$56,958.00
Other				\$0.00						\$0.00
Total	\$567,997.00	\$5,876.00	\$0.00	\$5,876.00	\$0.00	\$0.00	\$0.00	\$85,329.00	\$0.00	\$85,329.00

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:	292 Applegarth Road	d Operations LLC dba Cranbury Cente	r
Medicare Provider ID:	31-5353		
NPI:	1487838876		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-7 - Depr	eciation Schedule	

				Weighted				
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
Buildings:								•
Nursing Facilities							\$ -	\$ -
Administrative Facilities							\$ -	\$ -
Multi-purpose Facilities							\$-	\$ -
Land Improvements	\$	105,797	\$-	9.442	\$ 9,959		\$ 11,205	\$ 84,633
Storage Facilities							\$-	\$-
Parking Garages							\$-	\$-
Other:								
Building Improv	\$	276,284	\$ -	18.78			\$ 14,712	\$ 250,424
Fixed Eqiupment	\$	7,208	\$-	9.999	\$ 412		\$ 721	\$ 6,075
							\$ -	\$ -
							\$ -	\$ -
Total Period Depreciation - Buildings							\$ - \$ 26,637	\$ -
Equipment:								
Medical Equipment							\$-	\$ -
Other Equipment Used in Direct Care Services	\$	151,347	\$ -	6.917	\$ 32,850		\$ 21,880	\$ 96,610
Computer Equipment	\$	27,361	\$ -	21.146			\$ 1,294	\$ 23,75
Telephone and Communication Equipment	Ý	_,,501		21.140			\$ -	\$ -
Maintenance and Custodial Equipment							\$ -	\$ -
Other:							Ŷ	, Ý
Depreciation accelerated	\$	34,259					\$ -	\$ 34,259
	Ť						\$ -	\$ -
							\$ -	ş -
							\$ -	ş -
							\$ -	\$ -
Total Period Depreciation - Equipment							\$ 23,174	Ŷ
/ehicles: Cars							\$-	\$-
Trucks							<u>\$</u> -	\$ -
Vans							<u>\$</u> -	\$ -
Other:							Ŷ	Ŷ
							\$ -	\$-
							ş -	ş -
							\$ -	ş -
Total Period Depreciation - Vehicles							\$ -	-
-						1		1
Office Furniture and Fixtures:								
Office Desks, Cabinets, and Chairs							\$ -	\$ -
Electronic Office Equipment							<u>\$</u> - \$-	\$ -
Appliances							Ŧ	\$ -
Utility Installations							\$ -	\$-
Other:							\$ -	\$ -
							\$ - \$ -	\$ - \$ -
							\$ - \$ -	\$ - \$ -
							\$ - \$ -	\$ - \$ -
Total Period Depreciation - Office Furniture and Fixture	es						<u>\$</u> - \$-	\$ -
							•	
Software:							+	
Medical Software (Including EHR)							\$ -	\$ -
Administrative Software							\$-	\$-
Other:							<u>,</u>	
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
Total Period Depreciation - Software							\$ -]
imitad lifa Intanzibla Accatu								
Limited-life Intangible Assets: Other:								
Juner.							\$-	\$-
							<u>\$</u> -	\$ -

\$ \$ \$ \$

Total Period Depreciation - Limited-life Intangible Assets

	State of New Jersey Department of Human Services			
	Nursing Facility Cost Report			
Provider Name:	292 Applegarth Road Operations LLC dba Cranbury Cent	er		
Medicare Provider ID:	31-5353			
NPI:	1487838876			
Reporting Period:	From:	1/1/2023	To:	12/31/2023
Worksheet:	Schedule A-8 - Revenue			

A. General Revenue

															Behaviora	al		
													SCNF	F Young	Health Nurs	ing		Offset
	Total	Nu	rsing Facility	so	CNF AIDS	SCNF BMGT	5	SCNF Pediatric	SCNF T	BI/Coma	SCNF Ver	tilator	A	dult	Facility		Other	Line
Total Routine Patient Revenue	\$ 16,357,023	\$	16,357,023	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-	\$-	
Private Routine Patient Revenue	\$ 1,065,276	\$	1,065,276	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 11,311,393	\$	11,311,393	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Pending Medicaid Days	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Out of State Medicaid	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Medicare Routine Patient Revenue	\$ 2,838,416	\$	2,838,416	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$			
Other Patient Revenue	\$ 177,695	\$	177,695	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Hospice Days Revenue	\$ 948,931	\$	948,931	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$			
Respite Days Revenue	\$ 15,312	\$	15,312	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Therapeutic Leave Revenue	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Bed Hold Days Revenue	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$		\$	-	\$			
Ancillary Patient Revenue	\$ 2,522,575	\$	2,522,575	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Less Contractual Allowance	\$ (4,571,621)	\$	(4,571,621)	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$			
	\$ 14,307,977	\$	14,307,977	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-	\$-	

B. Offsetable Revenue		
	Meals Served to Non-Patients	
	Interest Revenue	3,141
	Rebates of Expenses	
	Purchase Discounts	
	Property Rentals	
	Fringe Benefits	
	Supplies Sold to Non-Patients	
	Services Sold to Non-Patients	
Income from laundry and	l linen service received from patients	
Retroactive payments for r	on-formulary pharmacy transactions	
	Other: Misc Income	2,389
	Other:	

B. Other Non-Patient Revenue	
County Funding	
Other:	

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$14,313,506.82 \$14,307,976.82

Total Revenue

Provider Name: Medicare Provider ID:	Nitring 15:0117/001170001 202 Acolearth Road Operations LLC dba Cranbury Center 31-5151											
NPI: Reporting Period:	1487813876 Form: 1/1/2023 To: 12/31/2023	22										
Allocated Statistics	A STATE & COLLEGE BEER											
Basis Codes BASIS	Direct CareNaming Facility Direct Care- <	If Direct Care - SCMF Direct Care - SCMF Direct Care - Behaviori OTHER Direct Care - SPECIFY Badialogy 8 (5) Badialogy 9 (16) 6 7 8 9 16	Laboratory 17	Intravenous Therapy Oxygen Therapy Physical Ther 18 19 20	py Decupational Therapy Speech Therapy 21 22	Electro Other - Pat cardiology Physicians Ancillary C 22 20 31	ient Total Nursing Food (including Dietary Administration supplements) Department D	Laundry Housekeeping Social Department Services 47 48 49	Patient Medical Pharmacy Activities Director Consultant 50 51 52	Other Data Total Total Total Property Support Operating Administrative & Related Costs - Total Property Total Property Services Costs General Other Capital Costs Space 55 62 B.1 B.7 106 100	erty Non-Routine / Non-Allowable ts Costs Total 107	
A Non-Managerial Salaries	Direct Curre-Numer Facility 1 SOUP AND FACE Mont FACE M		0 50	50 50	50 50 50	20 20	50 5401.820 50 50	50 50 519507	50 50 50	50 5130.085 5425.761 50	50 50 #########	53
B Soure Footage	42.010		42.010									
Basis Codes BASIS C Patient Days	Direct Care - Numing Facility Direct Care - Schift Direct Care - Schift <thdirect -="" care="" schift<="" th=""> D</thdirect>	IF Direct Care - SCMF Direct Care - ScMF <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	0									
Basis Codes BASIS D Non-Medicare Days (NHA100 Definition)	Direct Care - Numing Facility Direct Care - Direct Care - SOUF	# Direct Care - SCNF Direct Care - SCNF Direct Care - ScNF Direct Care - SCNF Total C 7 8 C 0 0 0 0 33.814										
Basis Codes BASIS E Maais Served	Direct Care Direct Care Direct Care Direct Care Direct Care SUM Factor SUM Factor SUM Factor SUM Factor 1 2 3 4 5 122.463 4 5 5	IF Direct Care - SOMF Direct Care - SoMF <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>	3									1
Basis Codes BAGIS	DirectCare - DirectCare - DirectCare - DirectCare - SO/F DirectCare - So/F DirectCare - SO/F DirectCare - So/F ADD FEDUATIC TAILCOMA 2 2 3 4 5 40,022 bit Soft Softem Days	IP Direct Care - SCIN Direct Care - SCIN Direct Care - OTHER VENTILATOR YOUNKABULT Health Numing Facility SPCFVF 6 7 8 40,201	1									
Basis Codes BASIS	DirectCare - Numing Facility DirectCare - SCN# DirectCare - SCN# DirectCare - Numing Facility SCN# ADS SCN# BMGT PEQUATRIC DirectCare - SCN# 2 3 4 5 4 5	Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Direct Care - Behaviora OTHR SPECIFY Total]									
G Salary & Contract Services Direct Nursing Hour	Direct Care - Direct Care - Direct Care - SCMF Direct Care - SCMF Direct Care - SCMF Direct Care - SCMF		_									1
H Direct Patient Care Salary Hours	Unscience Description Description Practication Practication Practication Practication Practication Practication Description											1
i Accumulated Cost	1 1 2 2 4 5 50 538,738,673 20 50 50 50 50 50 Direct Care Direct Care Direct Care Direct Care Direct Care Direct Care SOFF Direct Care SUM ADD SOFF MONT PEXAMINE Tail(COAA) 3 4 5 30 4 5		2 \$17,341,905									***
J Radiology Charges	Directure - Nazing Sciny 20 Allo S Scho BMG / PELANIC, INCLUMA 2 3 4 5 522.869		\$22,869									
Basis Codes BASIS K Laboratory Charaes	Direct Care - Numinin Facility Direct Care - Direct Care - SCHF Direct Care - SCHF <thdirect -="" care="" schf<="" th=""> Direct Care - SCHF</thdirect>	Ø Direct Care - SCNF Direct Care - SCNF Direct Care - ScNF VEXTUATOR VEXTUATOR Direct Care - SCNF Direct Care - ScNF 6 7 8 9 207	/ Total 545.609									
Basis Codes BASIS L Intravenous Therapy Charges	DirectCare DirectCare DirectCare DirectCare DirectCare SOLF DirectCare DirectCare 1 2 3 4 5 \$11,484 3 4 5	IP Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Direct Care - Griller Mon-Allowab VENTILATOR NUNIX-ADULT Health Nuring Facility SPC Const 6 7 8 9 207	/ Total 511,484									
Basis Codes BASIS M Doygen Therapy Charges	Direct Care - Direct Care - Direct Care - SUMP ADD Direct Care - SUMP ADD	# Direct Care - SCM# Non-Allowability VEXILIATOR VOUNG-AULT Health Nursing Facility SPECIFY Cons Cons 6 7 B 9 107	/ Total 540,821									
Basis Codes BASIS N Physical Therapy Charges	Direct Care - Numing Facility Direct Care - Direct Care - Soft Direct Care - Soft <thdirect -="" care="" soft<="" th=""> Direct Care - Soft<</thdirect>	df Direct Care - SCNdf Direct Care - SCNdf Direct Care - Behavioral Direct Care - Non-Acutine VXINTATOR VOUNE ACULT Health Nursing SecUlty 397C079 Costs の 107	/ Total 5862.414									
Basis Codes BASIS O Occupational Therapy Charges	Direct Care - Direct Care - Direct Care - Direct Care - SCMF Direct Care - SCMF SCMF ACM - SCMFACS SCMF MIGT PEDACTIC TAL/CDMA 5305.795 4 5	IP Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Offent Care - SCNF	/ Total \$926,795									
Basis Codes BASIS P Speech Therapy Charges	Direct Care - Numing Facility Direct Care - Direct Care - SCMF Direct Care - SCMF ACDS SCMF BACT PEDA4TRC TAL/CDA4 1 2 3 4 5	Bit Direct Care - SCNF Direct Care - SCNF <td>/ Total \$422,382</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	/ Total \$422,382									
Basis Codes BASIS	Direct Care Direct Care Direct Care Direct Care Schr Schr Tal(CDAR) Direct Care 1 2 3 4 5	Direct Care- SCAF Direct Care- SCAF Direct Care- Scher Direct Care- Scher Direct Care- Scherwinzel Direct Care- Scherwinzel Direct Care- Scherwinzel Direct Care- Direct Care										
Q Bectrocardiology Charges Basis Codes BAGIS	S0 Direct Care - Direct Care - S0/F NCS Direct Care - S0/F NCS Direct Care - S0/F NCS Direct Care - FDS/NCS Direct Care - FDS/NCS <thdirect -<br="" care="">FDS/NCS <t< td=""><td></td><td>/ ie Total</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<></thdirect>		/ ie Total									
R Medical Supplies Charged to Patient Charges Basis Codes BASIS	S0 Direct Care - S0/F Direct Care - Numing Facility Direct Care - S0/F S0/F MOS S0/F MOS 1 2 4 5		/ le Total									
S Prescription Drugs (Not OTC) Charges	240,000		3189,911									
Basis Codes BASIS T Pharmacy Non-Formulary Charges	Direct Care - Direct Care - Direct Care - Direct Care - Sol FADS Direct Care - Sol BindST Direct Care - Sol BindST Direct Care - Direct Care - Sol BindST Direct Care - Direct Care - Sol BindST Direct Care - Sol BindST <thdindst< th=""> Direct Care - Sol BindST <thd< td=""><td></td><td>50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thd<></thdindst<>		50									
Basis Codes BASIS U Support Surfaces Charges	Direct Care - Nursing Facility Direct Care - Direct Care - SCM # Direct Care - SCM # <thd< td=""><td>Ø Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Otivet Care - ScNF ScNF</td><td>/ Total \$40</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thd<>	Ø Direct Care - SCNF Direct Care - SCNF Direct Care - SCNF Otivet Care - ScNF	/ Total \$40									
Basis Codes BASIS	DirectCare - DirectCare - SUMF DirectCare - DirectCare - SUMF DirectCare - SUMF ADD DirectCare - SUMF ADD <thdirectcare -<br="">SUMF ADD DirectCare - SUMF</thdirectcare>	IF Direct Care - SONF										
Basis Codes BAGIS W Dental Charges	Direct Care Direct Care Direct Care Direct Care Direct Care Sol Minor Sol Minor Direct Care Sol Minor 1 20 3 FEXATION Tai/COMA 50 50 Minor 5 Sol Minor	B Direct Care - SCMF Non-Alexadin VEXILIATER VOUNG AGUIT Health Nursing Facility SPECIFY Cons 6 7 B 107										
Basis Codes BASIS	DirectCare - Numine Facility - SOVF AUG STATUS - DirectCare - SCMF - DirectCare - SCMF - DirectCare - SCMF - SOVF AUG STATUS - SCMF AUG STATUS - SCMF	IF Direct Care - SCNF										
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Y Other - Patient Anciliary Costs Charges	540,821 BASIS Patient Days		\$40,821									

State of New Jensey Degaritment of Unimum Services Norming Facility Cont Report

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101 Total Fringe Benefits	51,069,045	
11 Routine Medical Supplies	5124,008 55,282,461	
12 OTC Drugs	<u>518,492</u> 50 50	
12 Enteral Feeding (Product and Supplies) 14 Incontinency Products	59110 59 50 50 50 591201 59 59 59 59	
16 Radiology	940.004 90 90 90 90 90 90 90	50.200
17 Laboratory	D6.001 50 50 50 50 50 50	24/202
18 Intravenous Therapy	511,403 50 50 50 50 50 50	\$11.402
19 Oxygen Therapy 20 Physical Therapy	59.642 50 50 50 50 50 50 50 50 50 50 50 50 50	
22 Physical Inerapy 21 Occupational Therapy	3299479 50 50 50 50 50 50 50 50 50 50 50 50 50	2000.00
22 Speech Therapy		5153.249
22 Electro cardiology	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
24 Medical Supplies Charged to Patients 25 Prescription Drugs (not OTC)	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
25 Preception Brugs (net OIC) 26 Pharmacy Non-Formulary	3129,786 30 30 30 30 30 30 30 30 30 30 30 30 30	10 10 10 10 10 10 10 10 10 10 10 10 10 1
27 Support Surfaces	\$7,668 50 50 50 50 50 50 50 50 50 50 50 50 50	50 50 50 50 50 50
28 Ambulance	\$53,834 00 00 00 00 00 00 00 00 00 00 00 00 00	0 a 0 a 0 a 0 a 0 a 0 a
29 Dental		A 90 90 90 90 90 90 90 90 90 90
20 Physicians 21 Other - Patient Ancillary Costs	SMUML S0 S0 <ths< td=""><td>1404442 1404442 100</td></ths<>	1404442 1404442 100
41 Total Nursing Administration	SALALI 270451 50 50 50 50 50 50 50 50 50 50 50 50 50	
44 Total Workforce Related Costs - Patient Care	540,838 50 50 50 50 50 50 50 50 50 50 50 50 50	50 50 50 50 50 50 50 50 50 50 50 50 50 5
45 Food (including supplements)	\$272,127 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
45 Dietary Department 47 Laundry Department	988279 90 92 92 92 90 90 90 90 90 90 90 90 90 90 90 90 90	92 92 92 92 92 92 92 92 92 92 92 92 92 9
42 Housekeeping Department	Sector 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
49 Social Services	543,522 53,075 50 50 50 50 50 50 50 50 50 50 50 50 50	
50 Patient Activities	<u>\$132,180</u> <u>\$25,567</u> <u>\$0</u> <u>\$0</u> <u>\$0</u> <u>\$0</u> <u>\$0</u> <u>\$0</u> <u>\$0</u> <u>\$0</u>	20 20 20 20 20 20 20 20 20 20 20 20 20 2
51 Medical Director 52 Pharmacy Consultant	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
52 Auto Leasing and Depreciation - Direct Patient Care	S28.004 50 <t< td=""><td>9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9</td></t<>	9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9
54 Other Auto Expense - Direct Patient Care	50 50 50 50 50 50 50 50 50 50 50 50 50 5	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
55 Other - Patient Support Services	52,000 50 50 50 50 50 50 50 50 50 50 50 50	
52 Total Property Operating Costs 105 Total Property Capital Costs	1991.177 125.851 59 50	92 92 92 92 92 92 92 92 92 92 92 92 92 9
87 Tatal Workforce Related Costs - Other	\$29,844 \$9 \$0 \$0 \$9 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
81 Total Administrative & General	\$1,533,682 \$84,603 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
82 Provider Tax (MHA 100)		
IN-ALLOCATING COST CENTERS		
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Provider Name:		292 Appleganth Road	Operations LLC dba	Cranbury Center																
fedicare Provider	ID:	31-5353																		
PI:		1487838876																		
eportine Period: /orksheet:		From:	1/1/2023		12/31/2023															
/orksheet:		Schedule 8-2 - Avera	ee Rates for Use of Li	nd																
		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 #	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 dates of current rental agreement: BEGINNING	Effective dates of current rental agreement:	Monthly Lease/Rent Amount	Period)	Average Price per Square Foot Nursing Facility
	292 Applementh Road	Montoe Township	08831	Yes	Operation Lease	Next HC-GHC // HUD	587 Fifth Avenue	New York	10017	646-502-4579	61.860.00		61,860.0	0 100%	12/20/201	2	1/11/201-	\$142 522 00	51.710.262.00	2
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O. Lease Contract	ies of all lease contracts ident				10031	n realize nearlig in strikelie i					42010.00									

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Provider Name: Medicare Provider ID: NR1: Reporting Period: Worksheet:		0197164161 Novin P 148783881 31-5353 1487838876 From:	if New Jensey of Human Services dility Cost Report 15 15 witent Care Batio		01/01/2023		To:	12/31/2023																				
	Total Routine Patient Days	Medicaid/NJ FamilyCare Rostine Days	Medicaid/NJ FamilyCare Routine Days to Total Routine Days Percentage	FamilyCare Routine Patient Revenue Bill and	Medicaid/NJ FamilyCare Routine Patient Revenue Billed But Not Paid	Total Medicaid/NJ Family Care Patient Revenue for PCR	CNA Direct Care Compensation as Defined by 10:49A- 2.3	Non-CNA Direct Care Compensation as Defined by 10:49A-2.3	Other Resident Care and Support Compensation as Defined by 10:49A- 2.3		Management Fees as Defined by 10:49A-2.3	Facility Operations Compensation	Non- Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10:49A-2.4	Other Materials and Supplies Expenses as Defined by 10:49A- 2.4	Equipment, Maintenance, Telecommunications, And Utility Expenses Attributable to Buildings and Equipment Defined by 10:49A-2.5	Capital Cost Attributable to Buildings and Equipment Defined by 10:49A-2.5	Staff Training As Defined By 10:49A-2.6	10:49A-2.6	Interest Expense As	Non-Capital Interest Expense As Defined By 10:49A-2.6	Fees and Taxes As Defined By 10:49A-2.6	NHA-100 Assessment As Defined By 10:49A-	Additional Related Party and Income Related Adjustments		Total Cost Per PCR Regulations	Allocated Cost as P Defined in 10:49A-2.7	Patient Care Ratio
Nursing Facility	40.3	0 28.81	1 71.335	N WREFT	50	HREF1	\$2,241,171	\$2,927,491	\$2,413,945	\$657,594	\$637.377	\$155.937	50	\$754,652	\$210.484	\$486,570	\$1,056,500	\$9,067	\$131.698	\$0	\$0	\$261,131	\$484 125	\$0	50	\$12,427,737	\$8.854.705	0.00%
SCNF AIDS		0	0 0.009		\$0	#REF1	50	\$0	\$0	50	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	50	50	0.00%
SCNF BMGT		0	0.009	S HREFT	50	HREFI	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	\$0	50	0.00%
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OTHER		0	0.009	% WREFT	\$0	#REF1	\$0	\$0	\$0	50	\$0	\$0	\$0	\$0	50	\$0	\$0	\$0	50	50	\$0	\$0	\$0	\$0	\$0	50	\$0	0.00%
Total Allowable Expense	40,3	0 28,81	1 71.335	% WREFT	50	#REF1	\$2,241,171	\$2,927,491	\$2,413,945	\$657,594	\$637,377	\$155,937	\$0	\$754,652	\$210,484	\$486,570	\$1,056,500	\$9,062	\$131,698	50	\$0	\$261,131	\$0	\$0	\$0	\$12,427,737	\$8,864,705	0.00%
Non-Reimbursable							50	\$0	\$0	\$22,885	\$22,182	\$0	\$0	\$0	\$7,325	\$0	\$0	\$315	\$2,719	50	\$0	\$3	\$0	\$0	\$577,741			
Total Directly Assigned and Allocated 8	ixpenses Per Schedule B-1						\$2,241,171	\$2,927,491	\$2,413,945	\$680,479	\$659,559	\$155,937	\$0	\$754,652	\$217,809	\$486,570	\$1,056,500	\$9,377	\$134,417	\$0	50	\$261,134	\$0	\$0	\$577,741	\$13,060,907		
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