

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:	01/01/2023	To: 12/31/2023
Worksheet:	Schedule S - Attestation		

A. Attestation

I, Orrin Jaroslawicz, NJ Finance
(Name) (Administrative Title)

of 292 Applegarth Road Operations LLC dba Cranbury Center
(Name of Facility)

Monroe Township, NJ do certify that I have examined the
(City/Town) (State)

attached report for the cost report period beginning 01/01/23 and ending 12/31/2023
and to the best of my knowledge and belief, it is a true and correct statement of the information required.

<small>Signature of Authorized Representative of Facility</small>	<small>Date (mm/dd/yyyy)</small>

NJ Finance
<small>Title</small>

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

Provider Name:	292 Applegarth Road Operations LLC dba Cranbury 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-1 - Facility Information		

A. General Facility Information

Medicaid NF Provider Number	6911706	NPI Number:	1487838876
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	31-5353		
Department of Health License Number	061224		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	292 Applegarth Road Operations LLC dba Cranbury Center		

B. Physical Address

Street Address:	292 Applegarth Road				
City:	Monroe Township	State:	NJ	ZIP:	08831
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
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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		154	154	6911706	
Special Care Nursing Facility - AIDS					
Special Care Nursing Facility - BMGT					
Special Care Nursing Facility - Pediatric					
Special Care Nursing Facility - TBI/Coma					
Special Care Nursing Facility - Ventilator					
Special Care Nursing Facility - Young Adult					
Behavioral Health Nursing Facilities					
Assisted Living/Residential					
Other (Specify):					
Total		154	154		

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
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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 - 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)	6,120	\$4,481,730
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	431	\$0

Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	2,936	\$1,065,276
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 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	

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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 - 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)	6,120	\$4,481,730
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	431	\$0

Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	2,936	\$1,065,276
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NPI:	1487838876		
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:	292 Applegarth Road Operations LLC dba Cranbury Center		
Medicaid Provider Number	0	Medicare Provider Number	31-5353
NPI:	1487838876		
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)	40,390	14,742,350	40,821	320	127.565625	396.3203883	347	91		12		8	103
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)		14,742,350	40,821	320	128	396	347	91	0	12	0	8	103

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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)	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				
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:	292 Applegarth Road Operations LLC dba Cranbury Center		
Medicare Provider ID:	31-5353		
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Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	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		
	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 COMPENSATION		\$	327,535
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**State of New Jersey
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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				-	
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 Total
E. Nursing Administration							
12	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	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. Patient Support Services							
20	Dietary Department	46			\$ 933,432	-	
21	Laundry Department	47			\$ 212,801	-	
22	Housekeeping Department	48			\$ 447,593	-	
23	Social Services	49	4,208.84	\$ 19,507		4,208.84	
24	Patient Activities	50	5,960.48	\$ 128,658		5,960.48	
25	Medical Director	51				-	
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. Property 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	-	\$ -	4,246.89 Total
I. Administrative & Operating Costs							
32	Office Staff	66	12,850.52	\$ 425,761		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	- Total
Total			37,794.60	\$ 1,105,832	11,432.00	\$ 2,366,834	49,226.60 Total

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Reporting Period:	From:	1/1/2023 To:
Worksheet:	Schedule A-4 Part I - Related Parties	
Provider DBA Name (if any):	292 Applegarth Road Operations LLC dba Cranbury 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.
B	Corporation, partnership, or other organization has financial interest in provider.
C	Provider has financial interest in corporation, partnership, or other organization.
D	Director, officer, administrator or key person of provider or 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
B	Administration	B - Administration
C	Capital	C - Capital
D	Consultants	D - Consultants
E	DME	E - DME
F	Food Service	F - Food Service
G	Insurance	G - Insurance
H	Interest	H - Interest
I	IT	I - IT
J	Lab	J - Lab
K	Maintenance	K - Maintenance
L	Management	L - Management
M	Medical Supplies	M - Medical Supplies
N	N/A	N - N/A
O	Other	O - Other
P	Pharmacy	P - Pharmacy
Q	Rent	Q - Rent
R	Salary & Benefits	R - Salary & Benefits
S	Security	S - Security
T	Shared Services	T - Shared Services
U	Staffing	U - Staffing
V	Taxes	V - Taxes
W	Therapy	W - Therapy
X	Transportation	X - Transportation

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Worksheet:	Schedule A-5 - Non-Allowable Costs		

Cost

Line	Non-Routine / Non-Allowable Costs	Cost
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

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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	\$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	\$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.

[Index](#)

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-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	\$ 105,797	\$ -	9.442	\$ 9,959		\$ 11,205	\$ 84,633
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 276,284	\$ -	18.78	\$ 11,148		\$ 14,712	\$ 250,424
Fixed Equipment	\$ 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	\$ 96,616
Computer Equipment	\$ 27,361	\$ -	21.146	\$ 2,311		\$ 1,294	\$ 23,756
Telephone and Communication Equipment						\$ -	\$ -
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 34,259					\$ -	\$ 34,259
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Equipment						\$ 23,174	

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:	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-8 - Revenue		

A. General Revenue

	Total	Nursing Facility	SCNF AIDS	SCNF BMGT	SCNF Pediatric	SCNF TBI/Coma	SCNF Ventilator	SCNF Young		Behavioral	Other	Offset Line
								Adult	Facility	Health Nursing		
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											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												
Retroactive payments for non-formulary pharmacy transactions												
Other: Misc Income	2,389											67
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												

B. Other Non-Patient Revenue

County Funding												
Other:												
Other:												
Other:												
Other:												
Other:												

Total Revenue	\$14,313,506.82	\$14,307,976.82	\$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 Human Services
Nursing Facility Cost Report

Provider Name: **777 Pavilion Home Operations LLC-Old Orchard Center**
 Medicare Provider ID: **333353**
 NPI: **1418788783**
 Reporting Period: From: **01/01/2023** To: **12/31/2023**
 Worksheet: **Worksheet - Allocation Items**

Allocation Section	Basic Code	BASIS	Direct Care - Nursing Facility	Direct Care - SNF AIDS	Direct Care - SNF BMO2	Direct Care - SNF PED/ATRC	Direct Care - SNF TB/CMSA	Direct Care - SNF VENTILATOR	Direct Care - SNF YOUNG ADULT	Direct Care - Behavioral Health Nursing Facility	Direct Care - OTHER SPECIFY	Radiology	Laboratory	Intravenous Therapy	Chaperone Therapy	Physical Therapy	Occupational Therapy	Speech Therapy	Electrocardiography	Physician	Other - Patient Ancillary Costs	Total Nursing Administration	Food (including supplements)	Dietary Department	Laundry Department	Housekeeping Department	Social Services	Patient Activities	Medical Director	Pharmacy Consultant	Other - Patient Support Services	Total Property Operating Costs	Total Administration & General	Total Workforce Related Costs - Other	Total Property Capital Costs	Non-Reserve / Non-Allocate Costs	Total				
A	Non-Manual Services		54,177,428	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,283,461			
B	Shared Entrance		42,010	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	42,010		
C	Patient Fees		40,390	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40,390		
D	Non-Medical Days (NNA 120 Definition)		33,884	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	33,884		
E	Meals Served		123,403	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	123,403		
F	Charges of Laundry		49,933	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	49,933		
G	Salary & Contract Services Direct Nursing Hours		134,389.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134,389.01		
H	Direct Patient Care Salary Incentives		128,894.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	128,894.57		
I	Accommodated Cost		155,758.07	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	155,758.07		
J	Definitive Charges		52,406	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52,406	
K	Laboratory Charges		55,626	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	55,626	
L	Intravenous Therapy Charges		51,484	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,484	
M	Chaperone Therapy Charges		540,821	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	540,821	
N	Physical Therapy Charges		582,414	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	582,414	
O	Occupational Therapy Charges		526,725	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	526,725	
P	Speech Therapy Charges		542,382	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	542,382	
Q	Electrocardiology Charges		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
R	Medical Supplies Charged to Patient Charges		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
S	Prescription Drugs (Not OTI) Charges		139,441	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	139,441	
T	Pharmacy Non-Formulary Charges		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
U	Support Services Charges		50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50	
V	Ambulance Charges		545,821	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	545,821
W	Driver Charges		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
X	Physician Charges		545,821	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	545,821
Y	Other - Patient Ancillary Costs Charges		545,821	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	545,821

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	232 Ashdown Rd, Overland	Overland	98831	YN	Operating Lease	WestCC-GHC II, LLC	2877 8th Avenue	New York	10007	488,320,4579	\$1,800.00	-	\$1,800.00	100%	12/20/2018														3.38							
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
8																																				
9																																				
10																																				
TOTAL											\$1,800.00	-	\$1,800.00	100%																						
<small>Source: Assessor's record as of 12/31/2019</small>											\$2,500.00	-	\$2,500.00																							

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

State of New Jersey			
Department of Human Services			
Nursing Facility Cost Report			
Provider Name:	1617918879		
Medicare Provider No.:	15-335		
NPI:	5881918879		
Report Period:	From:	06/01/2023	To: 02/31/2023
Worksheet:	Schedule C-1 - Patient Care Ratio		

Total Routine Patient Days	Medicaid/NI FamilyCare Routine Days	Medicaid/NI FamilyCare Routine Days to Total Routine Days Percentage	Medicaid/NI FamilyCare Routine Patient Revenue Bill and Paid	Medicaid/NI FamilyCare Routine Patient Revenue Bill and Paid	Total Medicaid/NI Family Care Patient Revenue For PCR	ONA Direct Care Compensation as Defined by 10-49A-2.1	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	Administrative Compensation as Defined by 10-49A-2.3	Management Fees as Defined by 10-49A-2.3	Facility Operation 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 Building and Equipment Defined by 10-49A-2.5	Capital Cost Attributable to Building and Equipment Defined by 10-49A-2.5	Staff Training As Defined by 10-49A-2.6	Insurance Expenses As Defined by 10-49A-2.6	Capital Related Interest Expenses As Defined by 10-49A-2.6	Non-Capital Interest Expenses As Defined by 10-49A-2.6	Fees and Taxes As Defined by 10-49A-2.6	NNA-100 Assessment As Defined by 10-49A-2.6	Additional Resident Party and Income Related Adjustments	Non-Reimbursable Other Costs	Total Cost Per PCR Regulation	Allocated Cost as Defined by 10-49A-2.7	Patient Care Ratio																												
Nursing Facility	40,100	28.81%	71,935	##E##	\$0	##E##	\$2,261,171	\$1,927,481	\$2,611,945	\$637,034	\$837,377	\$155,837	\$0	\$754,652	\$210,464	\$486,570	\$1,056,500	\$8,062	\$131,688	\$0	\$0	\$261,131	\$684,251	\$0	\$0	\$12,427,737	\$8,864,705	0.00%																											
SNF AGS	0	0	0.00%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
SNF ADULT	0	0	0.00%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
SNF PEDIATRIC	0	0	0.00%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
SNF WOCMAN	0	0	0.00%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
SNF WENTLETON	0	0	0.00%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
SNF WINGARD	0	0	0.00%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
Biharcaul Health Nursing Facility	0	0	0.00%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
Other	0	0	0.00%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
Total Allowable Expenses	40,100	28.81%	71,935	##E##	\$0	##E##	\$2,261,171	\$1,927,481	\$2,611,945	\$637,034	\$837,377	\$155,837	\$0	\$754,652	\$210,464	\$486,570	\$1,056,500	\$8,062	\$131,688	\$0	\$0	\$261,131	\$684,251	\$0	\$0	\$12,427,737	\$8,864,705	0.00%																											
Non-Reimbursable							\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%																										
Total Directly Assigned and Allocated Expenses Per Schedule B-1							\$2,261,171	\$1,927,481	\$2,611,945	\$637,034	\$837,377	\$155,837	\$0	\$754,652	\$210,464	\$486,570	\$1,056,500	\$8,062	\$131,688	\$0	\$0	\$261,131	\$684,251	\$0	\$0	\$12,427,737	\$8,864,705	0.00%																											
Total Direct Patient Care																										\$0	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	
Non-Reimbursable Cost																										\$0	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##	##E##
Non-Reimbursable Cost																										\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661	\$638,661

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