



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

Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicaid Provider Number	4506502	Medicare Provider Number	31-5202
NPI:	1265616551		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-1 - Facility Information		

**A. General Facility Information**

Medicaid NF Provider Number	4506502	NPI Number:	1265616551
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	31-5202		
Department of Health License Number	062105		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	390 Red School Lane Operations LLC dba Lopatcong Center		

**B. Physical Address**

Street Address:	390 Red School Lane		
City:	Phillipsburg	State:	NJ ZIP: 8865
Contact Person:	Rick Fink	Phone:	410-494-7657 Ext:
Contact Person Email:	rick.fink@genesishcc.com	Fax:	410-337-6831 Ext:

**C. Mailing Address**

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

**D. Home Office / Management Company**

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

**E. Facility Operation and Ownership**

Has the provider changed ownership immediately prior to the beginning of the cost reporting period? Y/N: No

Operator(s)—Provide names and addresses of any person who directly or indirectly, beneficially owns any interest in the building on which the provider is located. Add subsequent rows as needed.

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

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

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

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

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

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

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

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

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

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

Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid Provider Number	Facility Certification Date
<input checked="" type="checkbox"/> Nursing Facility		153	153	4506502	
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):					
<b>Total</b>		153	153		

**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	





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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)	7,977	\$5,272,228
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	365	\$0

**Report Non-Medicare Days Subject To Assessment**

Line 3 Private Patient Days	4,069	\$1,721,419
Line 4 Medicaid (Except Therapeutic and Bedhold)	28,163	\$7,292,414
Line 5 Respite Days	24	\$6,214
Line 6 Other Non-Medicare Days	132	\$317,942
Line 7 Assessed Days and Revenue	32,388	\$ 9,337,990
Line 8 Classification Assessment Rate	\$ 14.67	
Line 9 Assessment Due	\$ 475,131.96	
Line 10 Penalty and Interest Due	\$ -	
Line 11 Total Amount Due	\$ 475,131.96	

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Medicaid Provider Number	4506502	Medicare Provider Number	31-5202
NPI:	1265616551		
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)	7,977	\$5,272,228
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	365	\$0

**Report Non-Medicare Days Subject To Assessment**

Line 3 Private Patient Days	4,069	\$1,721,419
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Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicare Provider ID:	31-5202		
NPI:	1265616551		
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 Operations IV 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:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicaid Provider Number	0	Medicare Provider Number	31-5202
NPI:	1265616551		
Reporting Period:	From: 1/1/2023	To:	12/31/2023
Worksheet:	Schedule S-13 - 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)
<b>Average Length of Stay</b>														
1	Nursing Facility (S-2)	40,365	14,733,225	40,730	383	106.3446475	407.3	391	85		15		9	100
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
<b>9</b>	<b>Total (sum of lines 1-8)</b>		<b>14,733,225</b>	<b>40,730</b>	<b>383</b>	<b>106</b>	<b>407</b>	<b>391</b>	<b>85</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>9</b>	<b>100</b>

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State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicare Provider ID:	31-5202		
NPI:	4226616551		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A - Total Expense		

	A. Employee and Contract Labor Hours (Schedule A-1 through A-3)	B. Non-Managerial Wages (Schedule A-1 and A-2)	C. Managerial Salaries and Benefits (Schedule A-1 and A-2)	D. Contracted Employees (Schedule A-1 and A-3)	E. 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
<b>A. Direct Routine Patient Care Costs</b>									
1 Direct Care - Nursing Facility	134,950	4,207,966		96,359		4,304,325			4,304,325
2 Direct Care - SCNF AIDS									
3 Direct Care - SCNF BMGT									
4 Direct Care - SCNF PEDIATRIC									
5 Direct Care - SCNF TB/COMA									
6 Direct Care - SCNF VENTILATOR									
7 Direct Care - SCNF YOUNG ADULT									
8 Direct Care - Behavioral Health Nursing Facility									
9 Direct Care - OTHER SPECIFY									
10 Total Direct Patient Care Costs - Direct Reported	134,950	4,207,966		96,359		4,304,325			4,304,325
<b>B. Routine Patient Care Costs - Not Directly Reported</b>									
11 Routine Medical Supplies					171,868	171,868			171,868
12 OTC Drugs					27,130	27,130			27,130
13 Enteral Feeding (Product and Supplies)					1,416	1,416			1,416
14 Incontinency Products					41,830	41,830			41,830
15 Total Patient Care Costs - Not Directly Reported					242,244	242,244			242,244
<b>C. Patient Ancillary Costs</b>									
16 Radiology				23,588		23,588			23,588
17 Laboratory				86,429		86,429			86,429
18 Intravenous Therapy				17,207		17,207			17,207
19 Oxygen Therapy	71,000			3,398	6,134	9,532			9,532
20 Physical Therapy	7,894,000			383,858	2,925	385,383			385,383
21 Occupational Therapy	6,276,000			377,465		377,465			377,465
22 Speech Therapy	1,641,000			140,258		140,258			140,258
23 Electrocardiography									
24 Medical Supplies Charged to Patients									
25 Prescription Drugs (not OTC)					243,795	243,795			243,795
26 Pharmacy Non-Formulary									
27 Support Surfaces					10,152	10,152			10,152
28 Ambulance					31,037	31,037			31,037
29 Dental									
30 Physicians				11,424		11,424			11,424
31 Other - Patient Ancillary Costs				6,303		6,303			6,303
32 Total Patient Ancillary Costs	15,482,000			903,979	438,591	1,342,570			1,342,570
<b>D. Nursing Administration</b>									
33 Director of Nursing, ADDN, Supervisors	6,439.70	210,857	194,984			405,841			405,841
34 Inservice Education	3,352.00	180,043				180,043			180,043
35 MDS Coordinator									
36 Staffing Coordinator									
37 Infection Control									
38 Medical Records/EMR	1,234.23	23,747				23,747			23,747
39 Nursing License Fees									
40 Other - Nursing Administration	6,833.21	185,766			94,587	280,353			280,353
41 Total Nursing Administration	17,859.14	600,412	194,984		94,587	889,989			889,989
<b>E. Workforce Related Costs - Patient Care</b>									
42 Direct Patient Care Recruitment					80,334	80,334			80,334
43 Direct Patient Care Retention					18,179	18,179			18,179
44 Total Workforce Related Costs - Patient Care					98,513	98,513			98,513
<b>G. Patient Support Services</b>									
45 Food (including supplements)					260,507	260,507			260,507
46 Dietary Department			755,549		29,451	785,000			785,000
47 Laundry Department			201,529		17,117	218,646		(1,780)	216,866
48 Housekeeping Department			379,333		18,956	398,289			398,289
49 Social Services	6,085.54	186,504			244	186,748			186,748
50 Patient Activities	9,121.17	154,435			5,403	159,838			159,838
51 Medical Director	834.00			70,911		70,911			70,911
52 Pharmacy Consultant					15,422	15,422			15,422
53 Auto Leasing and Depreciation - Direct Patient Care									
54 Other Auto Expense - Direct Patient Care									
55 Other - Patient Support Services					56,345	56,345			56,345
56 Total Patient Support Services	16,042	340,939		1,407,322	403,445	2,151,706		(1,780)	2,149,926
<b>H. Property Operating Costs</b>									
57 Maintenance	4,219.96	100,266			121,879	121,879			121,879
58 Security									
59 Utilities (including telephone and cable services)					379,496	379,496			379,496
60 Real Estate Tax					154,279	154,279			154,279
61 Property Insurance					49,301	49,301			49,301
62 Total Property Operating Costs	4,220	100,266			704,955	704,955			704,955
<b>I. Administrative &amp; Operating Costs</b>									
63 Administrator	2,000.00		157,826			157,826			157,826
64 Assistant Administrator									
65 Other Executive Staff									
66 Office Staff	14,085.66								
67 Management Fees					631,810	631,810	8,298	(2,602)	637,506
68 Office Supplies and Expenses					16,774	16,774			16,774
69 Insurance not Related to Property or Employees					161,945	161,945			161,945
70 Business Taxes					78	78			78
71 Accounting Fees									
72 Legal Fees					1,125	1,125			1,125
73 Advertising									
74 Allowable contributions					250	250			250
75 Allowable Employee Gifts and Party									
76 Auto Leasing and Depreciation									
77 Other Auto Expenses									
78 Travel Expenses									
79 Non-Capital Related Interest Expense									
80 Other A&O costs					177,980	177,980			177,980
81 Total Administrative & General	16,086		157,826		989,962	1,147,788	8,298	(2,602)	1,153,484
<b>J. Provider Tax (NHA 100)</b>									
82 Provider Tax (NHA 100)					453,200	453,200			453,200
<b>K. Workforce Related Costs - Other</b>									
83 Patient Support & Other Recruitment					1,560	1,560			1,560
84 Patient Support & Other Retention					19,962	19,962			19,962
85 Professional Training					19,839	19,839			19,839
86 Licensing and Dues									
87 Total Workforce Related Costs - Other					41,361	41,361			41,361
<b>L. Fringe Benefits for Non-Management Employees</b>									
88 Payroll Taxes					429,289	429,289			429,289
89 Workers' Compensation					129,413	129,413			129,413
90 Unemployment					67,567	67,567			67,567
91 Disability Insurance									
92 Medical Insurance					154,693	154,693			154,693
93 Dental Insurance									
94 Union Welfare					13,498	13,498			13,498
95 Vision Insurance									
96 Uniforms									
97 Tuition Assistance									
98 Retirement Benefits					8,675	8,675			8,675
99 Life Insurance									
100 Other - Fringe Benefits									
101 Total Fringe Benefits					803,135	803,135			803,135
<b>M. Property Capital Costs</b>									
102 Depreciation					166,770	166,770	33,287		200,057
103 Mortgage Interest (Allowable Interest)									
104 Rental of Building					1,149,259	1,149,259			1,149,259
105 Rental of Equipment					23,750	23,750			23,750
106 Total Property Capital Costs					1,339,779	1,339,779	33,287		1,373,066
<b>N. Non-Routine/Non-Allowable Costs</b>									
107 Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)				5,265		271,585			271,585
<b>Total</b>	<b>204,638.69</b>	<b>5,249,583</b>	<b>352,810</b>	<b>2,412,925</b>	<b>5,881,357</b>	<b>13,896,675</b>	<b>41,585</b>	<b>(4,382)</b>	<b>13,933,878</b>

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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
<b>Nursing Facility (Schedule A Line 1)</b>				
Registered Nurses (RN)	28,662.92	\$1,334,857		
Licensed Practitioner Nurses (LPN)	31,629.23	\$1,177,331	781.31	\$48,344
Certified Nursing Assistants (CNA)	72,483.74	\$1,695,778	1,393.02	\$48,015
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total Nursing Facility</b>	<b>132,775.89</b>	<b>\$4,207,966</b>	<b>2,174.33</b>	<b>\$96,359</b>
<b>Special Care Nursing Facility - AIDS (Schedule A Line 2)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - AIDS</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - BMGT (Schedule A Line 3)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - BMGT</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Pediatric (Schedule A Line 4)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - PEDIATRIC</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - TBI/COMA</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Vent (Schedule A Line 6)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - VENTILATOR</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Young Adult (Schedule A Line 7)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - YOUNG ADULT</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Behavioral Health Nursing Facility (Schedule A Line 8)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total Behavioral Health Nursing Facility</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Other (Schedule A Line 9)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>TOTAL - OTHER (SPECIFY)</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

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Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-2 - Management Employees		

		Hours	Cost
<b>Administrator</b>			63
Name	Salary	1,320	104,486
John Alvarez	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		104,486

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

<b>Director of Nursing</b>			33
Name	Salary	640	44,721
Donna Peterpaul	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		44,721

<b>Assistant Director of Nursing</b>			33
Name	Salary	1,336	79,779
Donna Peterpaul	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		79,779

<b>Other</b>			
Name	Admin	Input Line Number	63
Christine Bradford	Salary	680	53,340
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		53,340

<b>Other</b>			
Name	DON	Input Line Number	33
Laura Sansone	Salary	80	6,210
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		6,210

<b>Other</b>			
Name	DON	Input Line Number	33
Teresa Simoney	Salary	928	60,811
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		60,811

<b>Other</b>			
Name	DON	Input Line Number	33
Josanne Phillips	Salary	48	3,463
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		3,463

<b>TOTAL MANAGERIAL COMPENSATION</b>		\$	<b>352,810</b>
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State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicare Provider ID:	31-5202		
NPI:	1265616551		
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		
<b>C. Patient Ancillary Costs</b>								
1	Radiology	16					-	
2	Laboratory	17					-	
3	Intravenous Therapy	18					-	
4	Oxygen Therapy	19		71.00	\$ 3,398	71.00		
5	Physical Therapy	20		7,494.00	\$ 382,858	7,494.00		
6	Occupational Therapy	21		6,276.00	\$ 377,465	6,276.00		
7	Speech Therapy	22		1,641.00	\$ 140,258	1,641.00		
8	Electro cardiology	23					-	
9	Physicians	30					-	
10	Other - Patient Ancillary Costs	31					-	
11	<b>Total Patient Ancillary Costs</b>		-	\$ -	15,482.00	\$ 903,979	15,482.00	Total
<b>E. Nursing Administration</b>								
12	Director of Nursing, ADON, Supervisors	33	3,407.70	\$ 210,857			3,407.70	
13	Inservice Education	34	3,352.00	\$ 180,043			3,352.00	
14	MDS Coordinator	35					-	
15	Staffing Coordinator	36					-	
16	Infection Control	37					-	
17	Medical Records/EMR	38	1,234.23	\$ 23,747			1,234.23	
18	Other - Nursing Administration	40	6,833.21	\$ 185,766			6,833.21	
19	<b>Total Nursing Administration</b>		14,827.14	\$ 600,412	-	\$ -	14,827.14	Total
<b>G. Patient Support Services</b>								
20	Dietary Department	46			\$ 755,549		-	
21	Laundry Department	47			\$ 201,529		-	
22	Housekeeping Department	48			\$ 379,333		-	
23	Social Services	49	6,086.54	\$ 186,504			6,086.54	
24	Patient Activities	50	9,121.17	\$ 154,435			9,121.17	
25	Medical Director	51			834.00	\$ 70,911	834.00	
26	Pharmacy Consultant	52					-	
27	Other - Patient Support Services	55					-	
28	<b>Total Patient Support Services</b>		15,207.71	\$ 340,939	834.00	\$ 1,407,322	16,041.71	Total
<b>H. Property Operating Costs</b>								
29	Maintenance	57	4,219.96	\$ 100,266			4,219.96	
30	Security	58					-	
31	<b>Total Property Operating Costs</b>		4,219.96	\$ 100,266	-	\$ -	4,219.96	Total
<b>I. Administrative &amp; Operating Costs</b>								
32	Office Staff	66	14,085.66				14,085.66	
33	<b>Total Administrative &amp; General</b>		14,085.66	\$ -	-	\$ -	14,085.66	Total
<b>N. Non-Routine/Non-Allowable Costs</b>								
34	Sales and Marketing Personnel	N/A					-	
35	Gift, Flower, Coffee Shops and Canteen	N/A					-	
36	Barber and Beauty Shop	N/A			\$ 5,265		-	
37	Physician Private Offices	N/A					-	
38	Patient Laundry	N/A					-	
39	Other Non-Reimbursable Personnel	N/A					-	
40	<b>Non-Routine / Non-Allowable Costs</b>	107	-	\$ -	-	\$ 5,265	-	Total
<b>Total</b>			48,340.47	\$ 1,041,617	16,316.00	\$ 2,316,566	64,656.47	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):	390 Red School Lane Operations LLC dba Lopatcong Center	
Tax ID/EIN:	26-0866040	

**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







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

Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicare Provider ID:	31-5202		
NPI:	1265616551		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-5 - Non-Allowable Costs		

Cost

Line	Non-Routine / Non-Allowable Costs	Cost
1	Sales and Marketing Department	\$ 16,342
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	\$ 255,243
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
<b>28</b>	<b>Non-Allowable Other Costs</b>	<b>\$ 271,585</b>

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

Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicare Provider ID:	31-5202		
NPI:	1265616551		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-6 - Capital		

<b>Capital Asset Balances and Depreciation Expense</b>										
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	\$121,550.00			\$0.00		\$121,550.00		\$24,475.00		\$24,475.00
Buildings and Fixtures	\$5,645,501.00			\$0.00		\$5,645,501.00				\$0.00
Building Improvements	\$689,011.00			\$0.00		\$689,011.00		\$73,592.00		\$73,592.00
Fixed Equipment	\$150,860.00	\$7,829.00		\$7,829.00		\$158,689.00		\$8,356.00		\$8,356.00
Major Moveable Equipment	\$764,895.00	\$3,564.00		\$3,564.00		\$768,459.00		\$60,347.00		\$60,347.00
Other				\$0.00						\$0.00
<b>Total</b>	<b>#####</b>	<b>\$11,393.00</b>	<b>\$0.00</b>	<b>\$11,393.00</b>	<b>\$0.00</b>	<b>\$7,383,210.00</b>	<b>\$0.00</b>	<b>\$166,770.00</b>	<b>\$0.00</b>	<b>\$166,770.00</b>

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

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

Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicare Provider ID:	31-5202		
NPI:	1265616551		
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						\$ -	\$ -
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 689,010	\$ -	11.7283	\$ 348,162		\$ 58,748	\$ 282,101
Fixed Equipment	\$ 98,901		14.295	\$ 59,951		\$ 6,919	\$ 32,032
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Buildings</b>						\$ 65,666	

Equipment:							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 764,895	\$ -	26.155	\$ 644,408		\$ 29,245	\$ 91,242
Computer Equipment	\$ 47,980		42.5655	\$ 32,544		\$ 1,127	\$ 14,309
Telephone and Communication Equipment	\$ 3,978	\$ -	127.47	\$ 3,828		\$ 31	\$ 120
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 24,891	\$ -	1			\$ 24,891	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Equipment</b>						\$ 55,294	

Vehicles:							
Cars						\$ -	\$ -
Trucks						\$ -	\$ -
Vans						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Vehicles</b>						\$ -	

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

Software:							
Medical Software (Including EHR)						\$ -	\$ -
Administrative Software						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Software</b>						\$ -	

Limited-life Intangible Assets:							
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Limited-life Intangible Assets</b>						\$ -	

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

Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center		
Medicare Provider ID:	31-5202		
NPI:	1265616551		
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		
<b>Total Routine Patient Revenue</b>	\$ 18,819,963	\$ 18,819,963	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 1,721,419	\$ 1,721,419	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 12,215,210	\$ 12,215,210	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicare Routine Patient Revenue	\$ 4,169,034	\$ 4,169,034	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Patient Revenue	\$ 259,405	\$ 259,405	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospice Days Revenue	\$ 444,108	\$ 444,108	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Respite Days Revenue	\$ 10,788	\$ 10,788	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Ancillary Patient Revenue	\$ 3,277,729	\$ 3,277,729	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less Contractual Allowance	\$ (7,487,474)	\$ (7,487,474)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 14,610,218	\$ 14,610,218	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

**B. Offsettable Revenue**

Meals Served to Non-Patients													
Interest Revenue	2,602												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	1,780												47
Retroactive payments for non-formulary pharmacy transactions													
Other:													
Other:													
Other:													
Other:													
Other:													
Other:													
Other:													
Other:													
Other:													

**B. Other Non-Patient Revenue**

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

<b>Total Revenue</b>	\$14,614,599.94	\$14,610,217.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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State of New Jersey  
 Department of Health Services  
 Nursing Facility Cost Report

Provider Name:	200 Bed School Lane Operations LLC dba Longwood Center
Medicare Provider ID:	31-5202
NPI:	1205440213
Reporting Period:	From: 01/2023 To: 12/31/2023
Worksheet:	Schedule B - Resident Rates for Use of Land

Property #	Section A			Section B		Section C		Section D			Section E		Section F		Section G		Section H		Section I		Section J		Section K		Section L		Section M		Section N	
	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective date of current rental agreement: RESIDENTS	Effective date of current rental agreement: RND	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility										
1	200 Bed School Lane	Phillipsburg	08860	NA	Operative lease	Wetlin	20750 Orinville Park Drive	Louisville	40323	877-6106756	\$6,780.00	-	\$6,780.00	100%																
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
10																														
<b>TOTAL</b>											\$6,780.00	-	\$6,780.00																	
Source: Assessor's record as of Schedule B											\$3,390.00	-	\$3,390.00																	

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

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