

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

Provider Name:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicaid Provider Number	4464401	Medicare Provider Number	31-5328
NPI:	1881878171		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-1 - Facility Information		

A. General Facility Information

Medicaid NF Provider Number	4464401	NPI Number:	1881878171
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	31-5328		
Department of Health License Number	060224		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	12-15 Saddle River Road Operations LLC Maple Glen Center		

B. Physical Address

Street Address:	12-15 Saddle River Road				
City:	Fair Lawn	State:	NJ	ZIP:	07410
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		161	161	4464401	
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		161	161		

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:	<input checked="" type="checkbox"/> Y

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Department of Human Services
Nursing Facility Cost Report**

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Medicaid Provider Number	4464401	Medicare Provider Number	31-5328
NPI:	1881878171		
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)	6,128	\$4,761,053
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	782	\$0

Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	1,832	\$838,399
Line 4 Medicaid (Except Therapeutic and Bedhold)	37,930	\$9,736,815
Line 5 Respite Days	194	\$49,801
Line 6 Other Non-Medicare Days	0	\$128,652
Line 7 Assessed Days and Revenue	39,956	\$ 10,753,666
Line 8 Classification Assessment Rate	\$ 14.67	
Line 9 Assessment Due	\$ 586,154.52	
Line 10 Penalty and Interest Due	\$ -	
Line 11 Total Amount Due	\$ 586,154.52	

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Department of Human Services
Nursing Facility Cost Report**

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Medicaid Provider Number	4464401	Medicare Provider Number	31-5328
NPI:	1881878171		
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)	6,128	\$4,761,053
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	782	\$0

Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	1,832	\$838,399
Line 4 Medicaid (Except Therapeutic and Bedhold)	37,930	\$9,736,815
Line 5 Respite Days	194	\$49,801
Line 6 Other Non-Medicare Days	0	\$128,652
Line 7 Assessed Days and Revenue	39,956	\$ 10,753,666
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Line 9 Assessment Due	\$ 586,154.52	
Line 10 Penalty and Interest Due	\$ -	
Line 11 Total Amount Due	\$ 586,154.52	

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

Provider Name:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicare Provider ID:	31-5328		
NPI:	1881878171		
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:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicaid Provider Number	0	Medicare Provider Number	31-5328
NPI:	1881878171		
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)	46,084	16,820,660	46,866	296	158.3310811	387.322314	312	108		13		5	121
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)		16,820,660	46,866	296	158	387	312	108	0	13	0	5	121

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State of New Jersey Department of Human Services Nursing Facility Cost Report			
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Medicare Provider ID:	31-5328		
NPI:	1881878171		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A - Total Expense		

	A. Employee and Contract Labor Hours (Schedule A-1 through A-3)	B. Non-Managerial Wages (Schedule A-1 and Schedule A-3)	C. Managerial Salaries and Benefits (Schedule A-2)	D. Contracted Employees (Schedule A-1 and Schedule A-3)	E. Supplies & Other	F. Total	G. Adjustment for Related Parties (See Schedule A-4)	H. Adjustment for Income Offsets (See Schedule A-8)	I. Adjusted Total	
A. Direct Routine Patient Care Costs										
1	Direct Care - Nursing Facility	\$ 152,672	\$ 5,121,993	\$ 52,632	\$ -	\$ 5,176,297	\$ -	\$ -	\$ 5,176,297	
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	\$ 152,672	\$ 5,121,993	\$ 52,632	\$ -	\$ 5,176,297	\$ -	\$ -	\$ 5,176,297	
B. Routine Patient Care Costs - Not Directly Reported										
11	Routine Medical Supplies	\$ -	\$ -	\$ -	\$ 120,629	\$ 120,629	\$ -	\$ -	\$ 120,629	
12	OTC Drugs	\$ -	\$ -	\$ -	\$ 15,222	\$ 15,222	\$ -	\$ -	\$ 15,222	
13	Enteral Feeding (Product and Supplies)	\$ -	\$ -	\$ -	\$ 4,536	\$ 4,536	\$ -	\$ -	\$ 4,536	
14	Incontinency Products	\$ -	\$ -	\$ -	\$ 49,508	\$ 49,508	\$ -	\$ -	\$ 49,508	
15	Total Patient Care Costs - Not Directly Reported	\$ -	\$ -	\$ -	\$ 189,895	\$ 189,895	\$ -	\$ -	\$ 189,895	
C. Patient Ancillary Costs										
16	Radiology	\$ -	\$ -	\$ 15,935	\$ -	\$ 15,935	\$ -	\$ -	\$ 15,935	
17	Laboratory	\$ -	\$ -	\$ 44,993	\$ -	\$ 44,993	\$ -	\$ -	\$ 44,993	
18	Intravenous Therapy	\$ -	\$ -	\$ 15,680	\$ -	\$ 15,680	\$ -	\$ -	\$ 15,680	
19	Oxygen Therapy	\$ -	\$ -	\$ 105,616	\$ 1,838	\$ 107,454	\$ -	\$ -	\$ 107,454	
20	Physical Therapy	\$ 5,974	\$ -	\$ 390,391	\$ 3,422	\$ 399,813	\$ -	\$ -	\$ 399,813	
21	Occupational Therapy	\$ 5,768	\$ -	\$ 368,017	\$ 25	\$ 373,810	\$ -	\$ -	\$ 373,810	
22	Speech Therapy	\$ 1,894	\$ -	\$ 120,370	\$ 22	\$ 122,286	\$ -	\$ -	\$ 122,286	
23	Electrocardiography	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
24	Medical Supplies Charged to Patients	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25	Prescription Drugs (not OTC)	\$ -	\$ -	\$ -	\$ 180,829	\$ 180,829	\$ -	\$ -	\$ 180,829	
26	Pharmacy Non-Formulary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
27	Support Surfaces	\$ -	\$ -	\$ -	\$ 7,253	\$ 7,253	\$ -	\$ -	\$ 7,253	
28	Ambulance	\$ -	\$ -	\$ -	\$ 11,929	\$ 11,929	\$ -	\$ -	\$ 11,929	
29	Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
30	Physicians	\$ -	\$ -	\$ 26,193	\$ -	\$ 26,193	\$ -	\$ -	\$ 26,193	
31	Other - Patient Ancillary Costs	\$ -	\$ -	\$ 30	\$ -	\$ 30	\$ -	\$ -	\$ 30	
32	Total Patient Ancillary Costs	\$ 15,836	\$ -	\$ 944,394	\$ 308,149	\$ 1,252,543	\$ -	\$ -	\$ 1,252,543	
D. Nursing Administration										
33	Director of Nursing, ADDN, Supervisors	\$ 7,784	\$ 240,329	\$ -	\$ -	\$ 248,113	\$ -	\$ -	\$ 248,113	
34	Inservice Education	\$ 2,192	\$ 111,242	\$ -	\$ -	\$ 113,434	\$ -	\$ -	\$ 113,434	
35	MDS Coordinator	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
36	Staffing Coordinator	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
37	Infection Control	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
38	Medical Records/EMR	\$ 1,534	\$ 35,517	\$ -	\$ -	\$ 37,051	\$ -	\$ -	\$ 37,051	
39	Nursing License Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
40	Other - Nursing Administration	\$ 4,741	\$ 127,969	\$ -	\$ -	\$ 132,710	\$ -	\$ -	\$ 132,710	
41	Total Nursing Administration	\$ 16,252	\$ 515,057	\$ 240,329	\$ -	\$ 871,638	\$ -	\$ -	\$ 871,638	
E. Workforce Related Costs - Patient Care										
42	Direct Patient Care Recruitment	\$ -	\$ -	\$ -	\$ 23,874	\$ 23,874	\$ -	\$ -	\$ 23,874	
43	Direct Patient Care Retention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
44	Total Workforce Related Costs - Patient Care	\$ -	\$ -	\$ -	\$ 23,874	\$ 23,874	\$ -	\$ -	\$ 23,874	
G. Patient Support Services										
45	Food (including supplements)	\$ -	\$ -	\$ 845,228	\$ 294,486	\$ 1,139,714	\$ -	\$ -	\$ 1,139,714	
46	Dietary Department	\$ -	\$ -	\$ 195,433	\$ 10,374	\$ 205,807	\$ -	\$ -	\$ 205,807	
47	Laundry Department	\$ -	\$ -	\$ 300,747	\$ 23,960	\$ 324,707	\$ -	\$ -	\$ 324,707	
48	Housekeeping Department	\$ -	\$ -	\$ -	\$ 88	\$ 88	\$ -	\$ -	\$ 88	
49	Social Services	\$ 7,799	\$ 253,324	\$ -	\$ -	\$ 261,123	\$ -	\$ -	\$ 261,123	
50	Patient Activities	\$ 8,213	\$ 174,257	\$ -	\$ 2,629	\$ 185,099	\$ -	\$ -	\$ 185,099	
51	Medical Director	\$ 1,168	\$ -	\$ 99,348	\$ 99,348	\$ 100,516	\$ -	\$ -	\$ 100,516	
52	Pharmacy Consultant	\$ -	\$ -	\$ -	\$ 19,668	\$ 19,668	\$ -	\$ -	\$ 19,668	
53	Auto Leasing and Depreciation - Direct Patient Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
54	Other Auto Expense - Direct Patient Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
55	Other - Patient Support Services	\$ -	\$ -	\$ -	\$ 60,181	\$ 60,181	\$ -	\$ -	\$ 60,181	
56	Total Patient Support Services	\$ 17,181	\$ 427,581	\$ 1,440,756	\$ 440,387	\$ 2,806,724	\$ -	\$ -	\$ 2,806,724	
H. Property Operating Costs										
57	Maintenance	\$ 4,646	\$ 111,600	\$ -	\$ 140,779	\$ 252,379	\$ -	\$ -	\$ 252,379	
58	Security	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
59	Utilities (including telephone and cable services)	\$ -	\$ -	\$ -	\$ 301,622	\$ 301,622	\$ -	\$ -	\$ 301,622	
60	Real Estate Tax	\$ -	\$ -	\$ -	\$ 237,295	\$ 237,295	\$ -	\$ -	\$ 237,295	
61	Property Insurance	\$ -	\$ -	\$ -	\$ 56,171	\$ 56,171	\$ -	\$ -	\$ 56,171	
62	Total Property Operating Costs	\$ 4,646	\$ 111,600	\$ -	\$ 735,867	\$ 847,467	\$ -	\$ -	\$ 847,467	
I. Administrative & Operating Costs										
63	Administrator	\$ 2,128	\$ 177,361	\$ -	\$ 177,361	\$ 179,489	\$ -	\$ -	\$ 179,489	
64	Assistant Administrator	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
65	Other Executive Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
66	Office Staff	\$ 15,134	\$ 500,157	\$ -	\$ 500,157	\$ 515,291	\$ -	\$ -	\$ 515,291	
67	Management Fees	\$ -	\$ -	\$ -	\$ 667,080	\$ 667,080	\$ 51,914	\$ (4,854)	\$ 714,140	
68	Office Supplies and Expenses	\$ -	\$ -	\$ -	\$ 16,146	\$ 16,146	\$ -	\$ -	\$ 16,146	
69	Insurance not Related to Property or Employees	\$ -	\$ -	\$ -	\$ 187,137	\$ 187,137	\$ -	\$ -	\$ 187,137	
70	Business Taxes	\$ -	\$ -	\$ -	\$ 78	\$ 78	\$ -	\$ -	\$ 78	
71	Accounting Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
72	Legal Fees	\$ -	\$ -	\$ -	\$ 775	\$ 775	\$ -	\$ -	\$ 775	
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	\$ -	\$ -	\$ -	\$ 175,521	\$ 175,521	\$ -	\$ -	\$ 175,521	
81	Total Administrative & General	\$ 17,262	\$ 500,157	\$ 177,361	\$ 1,440,756	\$ 1,724,505	\$ 51,914	\$ (4,854)	\$ 1,771,565	
J. Provider Tax (NHA 100)										
82	Provider Tax (NHA 100)	\$ -	\$ -	\$ -	\$ 570,502	\$ 570,502	\$ -	\$ -	\$ 570,502	
K. Workforce Related Costs - Other										
83	Patient Support & Other Recruitment	\$ -	\$ -	\$ -	\$ 1,560	\$ 1,560	\$ -	\$ -	\$ 1,560	
84	Patient Support & Other Retention	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
85	Professional Training	\$ -	\$ -	\$ -	\$ 24,227	\$ 24,227	\$ -	\$ -	\$ 24,227	
86	Licensing and Dues	\$ -	\$ -	\$ -	\$ 29,227	\$ 29,227	\$ -	\$ -	\$ 29,227	
87	Total Workforce Related Costs - Other	\$ -	\$ -	\$ -	\$ 55,014	\$ 55,014	\$ -	\$ -	\$ 55,014	
L. Fringe Benefits for Non-Management Employees										
88	Payroll Taxes	\$ -	\$ -	\$ -	\$ 492,458	\$ 492,458	\$ -	\$ -	\$ 492,458	
89	Workers' Compensation	\$ -	\$ -	\$ -	\$ 152,150	\$ 152,150	\$ -	\$ -	\$ 152,150	
90	Unemployment	\$ -	\$ -	\$ -	\$ 41,591	\$ 41,591	\$ -	\$ -	\$ 41,591	
91	Disability Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
92	Medical Insurance	\$ -	\$ -	\$ -	\$ 160,324	\$ 160,324	\$ -	\$ -	\$ 160,324	
93	Dental Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
94	Union Welfare	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
95	Vision Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
96	Uniforms	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
97	Tuition Assistance	\$ -	\$ -	\$ -	\$ 2,250	\$ 2,250	\$ -	\$ -	\$ 2,250	
98	Retirement Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
99	Life Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
100	Other - Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
101	Total Fringe Benefits	\$ -	\$ -	\$ -	\$ 848,773	\$ 848,773	\$ -	\$ -	\$ 848,773	
M. Property Capital Costs										
102	Depreciation	\$ -	\$ -	\$ -	\$ 220,640	\$ 220,640	\$ 37,400	\$ -	\$ 258,040	
103	Mortgage Interest (Allowable Interest)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
104	Rental of Building	\$ -	\$ -	\$ -	\$ 1,593,765	\$ 1,593,765	\$ -	\$ -	\$ 1,593,765	
105	Rental of Equipment	\$ -	\$ -	\$ -	\$ 23,907	\$ 23,907	\$ -	\$ -	\$ 23,907	
106	Total Property Capital Costs	\$ -	\$ -	\$ -	\$ 1,838,312	\$ 1,838,312	\$ 37,400	\$ -	\$ 1,875,712	
N. Non-Routine/Non-Allowable Costs										
107	Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)	\$ -	\$ -	\$ 11,229	\$ 361,837	\$ 373,066	\$ -	\$ -	\$ 373,066	
Total		\$ 223,850.18	\$ 6,676,388	\$ 417,690	\$ 2,449,011	\$ 6,452,569	\$ 15,995,658	\$ 89,314	\$ (4,854)	\$ 16,080,118

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

Provider Name:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicare Provider ID:	31-5328		
NPI:	1881878171		
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)	39,477.96	\$2,075,396	525.41	\$39,252
Licensed Practitioner Nurses (LPN)	21,671.28	\$914,528	31.75	\$1,969
Certified Nursing Assistants (CNA)	90,665.36	\$2,132,069	300.34	\$11,411
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	151,814.60	\$5,121,993	857.50	\$52,632
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:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicare Provider ID:	31-5328		
NPI:	1881878171		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-2 - Management Employees		

		Hours	Cost
Administrator			63
Name	Salary	2,128	177,361
Trevor Dublin	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		177,361

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

Director of Nursing			33
Name	Salary	1,888	137,125
Renata Pokrzywa	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		137,125

Assistant Director of Nursing			33
Name	Salary	2,004	103,204
Rizalina Orlanes	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		103,204

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

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

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

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

TOTAL MANAGERIAL COMPENSATION		\$	417,690
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State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicare Provider ID:	31-5328		
NPI:	1881878171		
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		2,200.00	\$105,616	2,200.00	
5	Physical Therapy	20		5,974.00	\$ 350,391	5,974.00	
6	Occupational Therapy	21		5,768.00	\$ 368,017	5,768.00	
7	Speech Therapy	22		1,894.00	\$ 120,370	1,894.00	
8	Electro cardiology	23					-
9	Physicians	30					-
10	Other - Patient Ancillary Costs	31					-
11	Total Patient Ancillary Costs		- \$	15,836.00	\$ 944,394	15,836.00	Total
E. Nursing Administration							
12	Director of Nursing, ADON, Supervisors	33	3,892.00	\$ 240,329		3,892.00	
13	Inservice Education	34	2,192.00	\$ 111,242		2,192.00	
14	MDS Coordinator	35				-	
15	Staffing Coordinator	36				-	
16	Infection Control	37				-	
17	Medical Records/EMR	38	1,534.52	\$ 35,517		1,534.52	
18	Other - Nursing Administration	40	4,741.62	\$ 127,969		4,741.62	
19	Total Nursing Administration		12,360.14	\$ 515,057	-	12,360.14	Total
G. Patient Support Services							
20	Dietary Department	46			\$ 845,228	-	
21	Laundry Department	47			\$ 195,433	-	
22	Housekeeping Department	48			\$ 300,747	-	
23	Social Services	49	7,799.38	\$ 253,324		7,799.38	
24	Patient Activities	50	8,213.99	\$ 174,257		8,213.99	
25	Medical Director	51			1,168.00	\$ 99,348	1,168.00
26	Pharmacy Consultant	52				-	
27	Other - Patient Support Services	55				-	
28	Total Patient Support Services		16,013.37	\$ 427,581	1,168.00	\$ 1,440,756	17,181.37 Total
H. Property Operating Costs							
29	Maintenance	57	4,646.27	\$ 111,600		4,646.27	
30	Security	58				-	
31	Total Property Operating Costs		4,646.27	\$ 111,600	-	\$ -	4,646.27 Total
I. Administrative & Operating Costs							
32	Office Staff	66	15,134.30	\$ 500,157		15,134.30	
33	Total Administrative & General		15,134.30	\$ 500,157	-	\$ -	15,134.30 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			\$ 11,229	-	
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	-	\$ -	-	\$ 11,229	- Total
Total			48,154.08	\$ 1,554,395	17,004.00	\$ 2,396,379	65,158.08 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):	12-15 Saddle River Road Operations LLC Maple Glen Center	
Tax ID/EIN:	26-0858429	

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:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicare Provider ID:	31-5328		
NPI:	1881878171		
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	\$ 26,130
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	\$ 335,707
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	Non-Allowable Other Costs	\$ 361,837

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

Provider Name:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicare Provider ID:	31-5328		
NPI:	1881878171		
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	\$282,992.00			\$0.00		\$282,992.00	\$10,563.00		\$10,563.00	
Buildings and Fixtures	\$4,952,411.00			\$0.00		\$4,952,411.00			\$0.00	
Building Improvements	\$1,514,297.00	\$40,397.00		\$40,397.00		\$1,554,694.00	\$121,190.00		\$121,190.00	
Fixed Equipment	\$324,095.00			\$0.00		\$324,095.00	\$15,250.00		\$15,250.00	
Major Moveable Equipment	\$912,280.00			\$0.00		\$912,280.00	\$73,637.00		\$73,637.00	
Other				\$0.00					\$0.00	
Total	#####	\$40,397.00	\$0.00	\$40,397.00	\$0.00	\$8,026,472.00	\$0.00	\$220,640.00	\$0.00	\$220,640.00

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

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

Provider Name:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicare Provider ID:	31-5328		
NPI:	1881878171		
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
Buildings:							
Nursing Facilities						\$ -	\$ -
Administrative Facilities						\$ -	\$ -
Multi-purpose Facilities						\$ -	\$ -
Land Improvements	\$ 282,993	\$ -	12.811	\$ 208,045		\$ 22,090	\$ 52,857
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 1,514,297	\$ -	12.5457	\$ 555,770		\$ 120,702	\$ 837,825
Fixed Equipment	\$ 216,701	\$ -	14.6	\$ 115,671		\$ 14,843	\$ 86,187
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Buildings						\$ 157,635	

Equipment:							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 912,280	\$ -	14.403	\$ 657,314		\$ 63,340	\$ 191,627
Computer Equipment	\$ 58,528		35.25	\$ 28,147		\$ 1,660	\$ 28,721
Telephone and Communication Equipment	\$ 48,866	\$ -	10.6337	\$ 39,555		\$ 4,595	\$ 4,715
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 36,345		1			\$ 36,345	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Equipment						\$ 105,940	

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:	12-15 Saddle River Road Operations LLC Maple Glen Center		
Medicare Provider ID:	31-5328		
NPI:	1881878171		
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	Health Nursing Facility			
Total Routine Patient Revenue	\$ 20,748,144	\$ 20,748,144	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 838,399	\$ 838,399	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 15,928,980	\$ 15,928,980	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicare Routine Patient Revenue	\$ 3,250,583	\$ 3,250,583	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospice Days Revenue	\$ 645,409	\$ 645,409	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Respite Days Revenue	\$ 84,773	\$ 84,773	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Ancillary Patient Revenue	\$ 2,711,871	\$ 2,711,871	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less Contractual Allowance	\$ (7,945,296)	\$ (7,945,296)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 15,514,719	\$ 15,514,719	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsetable Revenue

Meals Served to Non-Patients												
Interest Revenue	4,854											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:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												

B. Other Non-Patient Revenue

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

Total Revenue	\$15,519,572.96	\$15,514,718.96	\$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:	12-25 Middle River Road Over Hills LLC Mobile Care Center
Medicare Provider ID:	31-52328
NPI:	1804976121
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	12-25 Middle River Road	San Louis	97130	NA	Operative lease	CHSDA 121620	4900 Open Street	Tombala	63615-9540	413-246-1039	61,508-SQ	-	61,508-SQ	100%	07/26/2019																3.38						
2																																					
3																																					
4																																					
5																																					
6																																					
7																																					
8																																					
9																																					
10																																					
TOTAL											61,508-SQ	-	61,508-SQ	100%																							
<small>Source: Assessor's records as of Schedule B</small>											61,508-SQ	-	61,508-SQ	100%																							

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

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State of New Jersey			
Department of Human Services			
Nursing Facility Cost Report			
Provider Name:	1811870171		
Medicare Provider No.:	35-533		
NPI:	1881870171		
Reporting Period:	From:	06/01/2023	To: 02/28/2023
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	ORA Direct Care Compensation as Defined by 10-45A-2.1	Non-CNA Direct Care Compensation as Defined by 10-45A-2.3	Other Resident Care and Support Compensation as Defined by 10-45A-2.3	Administrative Compensation as Defined by 10-45A-2.3	Management Fees as Defined by 10-45A-2.3	Facility Operation Compensation	Non-Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10-45A-2.4	Other Materials and Supplies Expenses as Defined by 10-45A-2.4	Equipment, Maintenance, Telecommunications, and Utility Expenses Attributable to Building and Equipment Defined by 10-45A-2.5	Capital Cost Attributable to Building and Equipment Defined by 10-45A-2.5	Staff Training As Defined by 10-45A-2.6	Insurance Expenses As Defined by 10-45A-2.6	Capital Related Interest Expense As Defined by 10-45A-2.6	Non-Capital Interest Expense As Defined by 10-45A-2.6	Fees and Taxes As Defined by 10-45A-2.6	NNA-100 Assessment As Defined by 10-45A-2.6	Additional Resident Party and Income Related Adjustments	Non-Reimbursable Other Costs	Total Cost Per PCR Regulation	Allocated Cost as Defined by 10-45A-2.7	Patient Care Ratio		
Nursing Facility	46,084	36.463	79.10%	##E##	\$0	##E##	\$2,454,833	\$3,411,256	\$2,743,560	\$728,243	\$701,034	\$125,788	\$0	\$687,128	\$218,610	\$442,401	\$1,879,731	\$29,782	\$239,888	\$0	\$0	\$237,372	\$170,502	\$0	\$0	\$14,419,765	##E##	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 PSYCHIA	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 WENTWATER	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	46,084	36.463	79.10%	##E##	\$0	##E##	\$2,454,833	\$3,411,256	\$2,743,560	\$728,243	\$701,034	\$125,788	\$0	\$687,128	\$218,610	\$442,401	\$1,879,731	\$29,782	\$239,888	\$0	\$0	\$237,372	\$170,502	\$0	\$0	\$14,419,765	##E##	0.00%	
Non-Reimbursable							\$0	\$0	\$0	\$11,636	\$13,327	\$0	\$0	\$0	\$0	\$0	\$485	\$1,430	\$0	\$0	\$1	\$0	\$1	\$0	\$0	\$882,817	\$396,380	0.00%	
Total Directly Assigned and Allocated Expenses Per Schedule B-1							\$2,454,833	\$3,411,256	\$2,743,560	\$739,879	\$714,361	\$125,788	\$0	\$687,128	\$232,064	\$443,401	\$1,879,731	\$29,782	\$241,308	\$0	\$0	\$237,373	\$170,503	\$0	\$0	\$14,419,765	##E##	0.00%	

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Total Direct Patient Care Non-Reimbursable Cost \$0 ##E## ##E## ##E## \$407,810 \$396,580 \$11,230