		Department of	lew Jersey Human Service ty Cost Report	
Provider Name:	12-15 Saddle Rive	r Road Operat	ions LLC Maple	Glen Center
Medicare Provider ID:	31-5328			
NPI:	1881878171			
Reporting Period:	From:	01/01/2023	То:	12/31/2023
Worksheet:	Schedule S - Attes	tation		

A. Attesta	ation						
l,	Orrin	Jaroslawicz ,			NJ	l Finance	
		(Name)			(Admir	nistrative Title)	
of		12-15 Saddle	River Road	Operations LL	C Maple Glen C	Center	
			(N	ame of Facility)			
	Fair Lawn	,	N	IJ	do certify tha	at I have examir	ned the
	(City/Town)		(Sta	ate)	_		
attached	report for the cos	t report period beginning			01/01/23	and ending	12/31/2023
and to th	e best of my know	vledge and belief, it is a tru	e and corre	ect statement o	of the informat	ion required.	
]	
	Ş	Signature of Authorized Represe	ntative of Fac	ility			Date (mm/dd/yyyy)
		NJ Finance]	
		Title					

		State of New Jers Department of Human	Services		
Provider Name:	12-15 Saddle River Road Operations	Nursing Facility Cost I	Report		
	12-15 Saddle River Road Operations LLC Maple Glen Center 4464401 Medicare Provider Number 31-5328				
NPI:	1881878171				
Reporting Period:	From:	1/1/2023	To:	12/31/2023	
Worksheet:	Schedule S-1 - Facility Information				

4464	401		NPI Number:	1881878171	
					-
31-5	328				
0602	224				
From:	1/1/2023	To:	12/31/2023	Date Completed:	
	12-15	Saddle River Road Operation:	s LLC Maple Glen Center		
	31-5 060		31-5328 060224 Prom: 1/1/2023 To:	31-5328 060224	31-5328 060224 From: 1/1/2023 To: 12/31/2023 Date Completed:

Street Address:		12-15 Saddle River F	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:	

Address:		101 East State St	reet		
City:	Kennett Square	State:	PA	ZIP:	19348
D. Home Office / Management Company					

Home Office / Management Company Name:		Genesis Health	care		
Address:		101 East State S	treet		
City:	Kennett Square	State:	PA	ZIP:	19348
				-	

. Facility Operation and Ownership		·		· ·	·
as the provider changed ownership immediately prior t	o the beginning of the cost reporting period?				Y/N: No
					.,
perator(s)Provide names and addresses of any person	who directly or indirectly, beneficially owns any interest in the bui	dling on which the provider is located.	Add subsequent rows as needed.		
Operator Name:		<u> </u>			
Address:					
City:		State:		ZIP:	
Operator Name:					
Address:					
City:		State:		ZIP:	
Owner(s)Provide names and addresses of any person w	ho, directly or indirectly, beneficially owns a 5% or greater interest	in any mortgage, note, deed of trust, o	or other obligations secured in whole	or	
	is located. List 100% of all current owners of the nursing home, inc				
lwner Name:					
Address:					
City:		State:		ZIP:	
	<u> </u>				
Owner Name:					
Address:					
ity:		State:		ZIP:	
4					
he facility is located. Add subsequent rows as needed.	person who, directly or indirectly, has any interest as a lessor or le	ssee in any lease or sublease of the lan	d on which or the building in which		
he facility is located. Add subsequent rows as needed. essor Name:	person who, directly or indirectly, has any interest as a lessor or le	ssee in any lease or sublease of the lan	d on which or the building in which		
the facility is located. Add subsequent rows as needed. Lessor Name: Address:	person who, directly or indirectly, has any interest as a lessor or le	ssee in any lease or sublease of the lan	d on which or the building in which	ZIP:	
the facility is located. Add subsequent rows as needed. Lessor Name: Address:	person who, directly or indirectly, has any interest as a lessor or le		d on which or the building in which	ZIP:	
he facility is located. Add subsequent rows as needed. essor Name: kddress: tity:	person who, directly or indirectly, has any interest as a lessor or le		d on which or the building in which	ZIP:	
he facility is located. Add subsequent rows as needed. essor Name: dddress: lity: essee Name:	person who, directly or indirectly, has any interest as a lessor or le		d on which or the building in which		_
he facility is located. Add subsequent rows as needed. essor Name: Address: Ity: essee Name: Address:	person who, directly or indirectly, has any interest as a lessor or le		d on which or the building in which	ZIP:	
he facility is located. Add subsequent rows as needed. essor Name: dddress:		State:	d on which or the building in which		
he facility is located. Add subsequent rows as needed. essor Name: dddress: itly: essee Name: dddress: itly: dortgage or Security Interest All entities with at least a	person who, directly or indirectly, has any interest as a lessor or le	State:	d on which or the building in which		
he facility is located. Add subsequent rows as needed. essor Name: dddress: ity: essee Name: ddress: ity: ddress: ity: ddregge or Security Interest All entities with at least a nitty wit Mortgage or Security Interest Name:		State:	d on which or the building in which		
he facility is located. Add subsequent rows as needed. essor Name: dddress: lty: essee Name: dddress: lty: // Comparison of the comparison		State: State: der must be reported.	d on which or the building in which	ZIP:	
he facility is located. Add subsequent rows as needed. ssor Name: ddress: ity: essee Name: ddress: ity: ddress: ity: // Arrigage or Security Interest All entities with at least a ritity wit Mortgage or Security Interest Name: ddress:		State:	d on which or the building in which		
he facility is located. Add subsequent rows as needed. ssor Name: dddress: lity: sessee Name: dddress: lity: ddress: lity: mortgage or Security Interest - All entities with at least a intity wit Mortgage or Security Interest Name: ddress:		State: State: der must be reported.	d on which or the building in which	ZIP:	
he facility is located. Add subsequent rows as needed. essor Name: dddress: ity: essee Name: dddress: ity: ity: dorragage or Security Interest All entities with at least a citity wit Mortgage or Security Interest Name: dddress: ity: ity: ity: ity: ity: ity: ity: ity		State: State: der must be reported.	d on which or the building in which	ZIP:	
he facility is located. Add subsequent rows as needed. essor Name: ddress: lity: essee Name: ddress: lity: ddress: lity: dortgage or Security Interest - All entities with at least a ntity wit Mortgage or Security Interest Name: ddress: lity: lity		State: State: State: State: State:	d on which or the building in which	ZIP: ZIP:	
he facility is located. Add subsequent rows as needed. essor Name: Address: Lity: Li		State: State: der must be reported.	d on which or the building in which	ZIP:	
he facility is located. Add subsequent rows as needed. essor Name: ddress: lity: essee Name: ddress: lity: ddress: lity: dortgage or Security Interest - All entities with at least a nuity wit Mortgage or Security Interest Name: ddress: lity: lity	a 5% mortgage, deed of trust, or other security interest in the provide	State: State: State: State: State:	d on which or the building in which	ZIP: ZIP:	
ne facility is located. Add subsequent rows as needed. ssor Name: ddress: ity: sessee Name: ddress: ity: fortgage or Security interest All entities with at least a nitly wit Mortgage or Security interest Name: ddress: ity: ity: ity: ity: ity: ity: ity: ity		State: State: State: State: State:	d on which or the building in which	ZIP: ZIP:	
he facility is located. Add subsequent rows as needed. essor Name: ddress: ity: essee Name: dddress: ity: Aortgage or Security Interest All entities with at least antity wit Mortgage or Security Interest Name: ddress: ity: ity: ity: ity: ity: ity: ity: ity	a 5% mortgage, deed of trust, or other security interest in the provide	State: State: State: State: State:	d on which or the building in which	ZIP: ZIP:	
he facility is located. Add subsequent rows as needed. ssor Name: ddress: lity: sessee Name: ddress: lity: fortgage or Security interest All entities with at least a nitly wit Mortgage or Security interest Name: ddress: lity: ity: ity: ity: ity: ity: ity: ity:	a 5% mortgage, deed of trust, or other security interest in the provide	State: State: State: State: State: State:	d on which or the building in which	ZIP: ZIP: ZIP:	
he facility is located. Add subsequent rows as needed. sssor Name: dddress: lity: sessee Name: dddress: lity: ddress: lity: lity	a 5% mortgage, deed of trust, or other security interest in the provide	State: State: State: State: State:	d on which or the building in which	ZIP: ZIP:	
he facility is located. Add subsequent rows as needed. ssor Name: dddress: lity: sssee Name: dddress: lity: ddress: lity: dortgage or Security Interest All entities with at least a intity wit Mortgage or Security Interest Name: dddress: lity: intity wit Mortgage or Security Interest Name: dddress: lity: lity: artnership-All general partnership interests—regardles lartner Name: dddress: lity: dddress:	a 5% mortgage, deed of trust, or other security interest in the provide	State: State: State: State: State: State:	d on which or the building in which	ZIP: ZIP: ZIP:	
he facility is located. Add subsequent rows as needed. sessor Name: dddress: lty: essee Name: dddress: lty: dortgage or Security Interest All entities with at least a chity with Mortgage or Security Interest Name: dddress: lty: lty: intity wit Mortgage or Security Interest Name: ddress: lty: lty: intity wit Mortgage or Security Interest Name: ddress: lty: intity wit Mortgage or Security Interest Name: ddress: lty: intity wit Mortgage or Security Interest Name: ddress: lty: intity wit Mortgage or Security Interest Name: ddress: lty: intity wit Mortgage or Security Interest Name: ddress: lty: intity wit Mortgage or Security Interest Name: ddress: lty: intity wit Mortgage or Security Interest Name: ddress: lty: intity with Mortgage or Security Interest Name: ddress: lty: intity with Mortgage or Security Interest Name: ddress: lty: intity with Mortgage or Security Interest Name: ddress: intity with Mortgage or Security Interest Name: d	a 5% mortgage, deed of trust, or other security interest in the provide	State: State: State: State: State: State:	d on which or the building in which	ZIP: ZIP: ZIP:	
the facility is located. Add subsequent rows as needed. Lessor Name: Address: Lity: Lessee Name: Address: Lessee Name: Address: Lity: Mortgage or Security Interest - All entities with at least a continuous of the continuous of t	a 5% mortgage, deed of trust, or other security interest in the provide	State: State: State: State: State: State:	d on which or the building in which	ZIP: ZIP: ZIP:	

	Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Be
Х	Nursing Facility		161	161
	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 (Specfiy):			
	Total		101	161

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

		New Jersey f Human Services			
	Numing Facil	lity Cost Report			
Provider Name:	12-15 Saddle River Road				
Medicald Provider Number	4464401		Medicare Provider Number	21-5328	
NP:	1881878171				
Reporting Period	From:	1/1/2023		To:	12/31/2023
	Schedule S-2 - Nursing Fa	scility Days			
Worksheet:	Detail				

	January 20	23	February	2023		farch 2023	,	pril 2023		May 2023		ne 2023		uly 2023		gust 2023		sember 2023		ober 2023		ember 2023		ember 2023				Fiscal Year Total		
Nursing Facility	Days by Payor - (Private Rooms)		Days by Payor -(Private Rooms)	Days by Payor - Sen Private Red Rooms	i- (Private	Days by Payor - Semi- Private Bed Rooms)	(Private Rooms)	Days by Payor - Semi Private Bed Rooms)	- (Private	Days by Payor - Ser	ni (Private	Days by Payor - Sem	- (Private	Days by Payor - Sem	(Private	Days by Payor - Semi- Private Red Rooms)	(Private	Days by Payor - Semi- Private Bed Rooms)	Private	Days by Payor - Semi-	(Private	Days by Payor - Semi-	(Private Rooms)	Days by Payor - Semi Private Bed Rooms)		Days by Payor - Semi-Ro Private Bed Rooms)		Ancillary Revenue	Contractual Allowance	Revenue + Ancillary I - Contractual Alloy
1 Medicald (Sum Lines 2 and 3)	Liays by Payor - (Private Rooms)	PTNS18 BEC KOOTE)	Rooms)	PTW950 Med RDOTTS) HOSTIL)		жэсста)	PTW950 MED HEOVING	Koamij	6 2.9		Private sed x corru	Koomij	Private sed Hooms	жасті)		KOOTE)	Private sed Koomil)	Nacuti)	Private sed xcorrs)	KOOTE)	Private sec Koomil)	жэспі)	Private sed xports)	KDOTE)		16,659,162			
	1/	2/8	1 19	4 Z55	9 15	6 2.925	180	244	- 4	S 2.9		2.98	197	1,09	24	3.204	201	£105	186	2,365	202	2,897	- 24	4.152	7.86	H 25,790 5		596,756,03		
2 New Jersey (Sum 2.01 through 2.05) 2.01 Routine Fee For Service	17	2,78	1 14	4 Z,45	4 11	5 2,925	180	2,844	- 21	N 2,98	14 200	2,98	197	2,09	241	2,204	201	4 2,105	186	2,165	202	2,897	- 24	6 2,152	2,36	25,780	\$16,659,162.46 1,120,786	5 6.451		5 9,
			4	1/	4	.04	_	290	1	v 26		20	_	18	_	266		15.7		297	- 11	158		1 187		2,489 5				
2.02 Ni FamileCare 2.03 Hospice	160	2.40	0 16	4 2.33	0 15	6 2.544	181	2.536	20	2.6	1 200	2.69	197	276	222	2.802	287	2.753	186	2.850	172	2,602	17	2.813	2.22	21688 5	14.818.195	\$ 86,064		
	- 1	, y	9			97	_	90	1	10	17	12		34		146		/ 100		114	- 4	121		1 129		1,409 5				
2.04 Respite (State Waiver Program)		,	4		6	- 28	_		4	_	_				_	10			_	- 4		25		24		0 194 5	84,772	\$ 492	\$ (25,464)	\$
2.05 Therapeutic Davis Below Beneficiary 24 Day Annual 2.06 Pending Medicaid Davis																										0 0				
2.06 Rending Medicaid Days																										0 0	_			\$
		_		_				_		_			_												_	a a c		,		
3 Medicald Out of State (Sum Lines 2.01 through 2.03)			0	0	0	0 0	_		1	9	0 0		9 0		-								_	0		0 0 5		5 -	5 -	<u> </u>
3.01 Routine Fee For Service				_	_					_																U 0	-			-
2.02 Managed Care																										9 9				
3.03 Hospice																										0 0	_			5
																		100	10						_	2 1631 5	_			
4 Private Pay and Third-Party Insurance	2		6 S	4 7	9 5	2 115		140		3 1	13	- 2		10		100		160	19	211		206		149	212	2 1630 \$	229,299			4
						_																			_		_			
5 Medicare (Sum S.01 through S.03)	1	и	2 2	4 63	7	0 454		300	-	0 2	19 12	28	12 0	36	12	559	14	\$ 521	31	\$24		467		6 545	127	2 5,955 5		\$ 2,509,869		
5.01 Part A Fee for Service (Full Payment & Co. Ins David	11	40	4 2	43	7	259		254	1	2.	10	28	23	44	12	200	24	192	21	250		312		6 265	13	4243 \$	2.321.228			
5.02 Part C (Medicare Managed Care)		24	4	20	0	125		50		_	19 12	9	28	11		160		139		184		175		150	- 4	1,712 \$	929,344	\$ 717,573	\$ (285,729)	\$ 1
5.03 Institutional Special Needs Plans (I-SNPs)									_																	9				4
Medicaid days transitioned to Medicare by the 2023																											, ,			
5.04 public health emergency 1135 waiver									_																	0 0				\$
5.05 Part A Fee for Service Housice Davis																										0 0				\$
							_				_												_		_		_			
6 Tricare and CHAMPUS									_																	0 0				\$
7 Other Governmenal Payors																										9 9				
8 Charity Care																										0 0				\$
9 All Other Days not listed above																										0 0	_	\$ 105,246	\$ 23,406	\$
		_			_		_	_			_		_						_						_		_			
Eed Holds and Non-Reimbursable Therapeutic Leave (Sum of Lines	1 .		al .	ه اه	ol .	6 43			-l	al ,	ه اء:		d a			95		34	ا ا			112		n 40	1	0 762 6			٠.	
10.01 through 10.07)			_				_			_	_	_		_	_				_	-				_				_		-
0.01 Medicaid NJ Red Holds		6	4	5	0	43		- 40				9				85		74		53		117		48		0 792				5
0.02 Ni Medicald/Ni FamilyCare Therapeutic Days Over																										0 0				\$
0.03 Medicald Out of State Red Holds							_				_				_				_							9 9				•
0.04 Private Pav Bed Holds																										0 0				5
0.05 All Other Red Holds																										0 0				\$
																			_						_		_			
11 Pre-Elizibility Medical Expenses (PEME)																										0 0			-57.945.295.94	5
12 Total																										9 44,127	\$20,748,142.66	\$2,711,871.24		\$ 11

State of New Jersey Department of Human Services Norian Facility Cost Recort											
Provider Name:	12-15 Saddle Rive	er Road Ope	rations LL	C 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-10 - Census											

	N	ursing Facil	ity (S-2)		SC	NF - AIDS (S-	3)		SCF	IF - BMGT (S-4)	SCNF	ĺ
Name	12-15 Sad	dle River Ro	ad Operations L										
NJ Medicaid Provider ID	4464401							1					ī
						Semi-				Semi-			
	1 Bed	2 Beds	Total	Pr	ivate	Private	Total		Private	Private	Total	Private	-
Beds	8	154	162				-	1			-		П
		Semi-				Semi-				Semi-			
	Private	Private		Pri	ivate	Private	Total		Private	Private	Total	Private	Pi
Census (Days)	Days	Days	Total Days	D	ays	Days	Days		Days	Days	Days	Days	E
Medicaid/NJ FamilyCare	2,276	34,177	36,453		-	-	-]	-	-	-	-	Г
Medicaid/NJ FamilyCare - Hospice	68	1,409	1,477		-		-		-			-	
Medicaid/NJ FamilyCare - Respite	-	194	194		-	-	-	1	-	-	-	-	
Medicaid/NJ FamilyCare - Therapeutic	-	-	-		-		-		-			-	
Pending Medicaid Days	-	-	-		-	-	-	1	-	-	-	-	
Pre-Eligibility Medical Expenses (PEME)	-	-	-		-	-	-		-			-	
Out of State Medicaid	-	-	-		-	-	-	1	-	-	-	-	
Out of State Medicaid - Hospice	-		-		-	-			-	-	-	-	
Medicare	173	5,955	6,128		-		-		-			-	
Tricare	-		-		-	-			-	-	-	-	
Private	212	1,620	1,832		-		-		-			-	
Other	-		-		-	-			-	-	-	-	
Total Patient Days for Per Day Cost	2,729	43,355	46,084		- 1	-							
Medicaid Bed Holds	-	782	782		-	-	-	1	-	-	-	-	Г
Medicaid Unreimburable Therapeutic Leave	-	-	-		-	-	-]	-	-	-	-	
Private Bed Holds	-	-	-		-	-	-]	-	-	-	-	
All Other Bed Holds	-	-	-		-	-	-]	-	-	-	-	
Total Patient Days Including Bed Hold	2,729	44,137	46,866		-]					
Maximum Bed Days Available	2.920	56,210	59.130					1					

Provider Name						Department Nursing Fa	cility Cost I	Services							
				iver Road C	perations l	LC Maple Glen Co									
Medicaid Provider Number			4464401			Medicare Provid	er Number		31-5328						
NPI:			1881878171												
Reporting Period: Worksheet:			From: Schedule S-10	1/1/2023	To:	12/31/2023									
Worksheet:			Schedule S-10	- Census											
A. Nursing Facility Census Report in-house days, t		ays, and th		days.		NF - Ventilator (S	70		cour	Young Adu	14 (6.0)		B. b		ng Facility (S-9)
Name NI Medicaid Provider ID	SU	NF - IBI/CO	ma (5-6)		- 50	.NF - Ventilator (-7)		SUNF -	Toung Adu	it (5-8)		Benavioral H	eaith Nursir	ig Facility (S-9)
no ivieticale ri ovidei ID															
		Semi-		ı						Semi-		l		Semi-	
	Private	Private	Total		Private	Semi-Private	Total		Private	Private	Total		Private	Private	Total
Beds		···vucc	-	1		7114010	-				-	1			
		Semi-		,						Semi-		1		Semi-	
	Private	Private			Private	Semi-Private	Total		Private	Private	Total			Private	
iensus (Days)	Davs	Days	Total Days		Davs	Davs	Davs		Davs	Davs	Davs		Private Days	Davs	Total Days
ledicaid/NJ FamilyCare	-	-	-	1	-	-	-		-	-	-		-	-	-
Medicaid/NJ FamilyCare - Hospice	-	-	-		-	-	-		-	-	-		-	-	-
Medicaid/NJ FamilyCare - Respite	-	-	-	1	-	-	-		-	-	-		-	-	-
Medicaid/NJ FamilyCare - Therapeutic	-	-	-	1	-	-	-		-	-	-		-	-	-
ending Medicaid Days	-	-	-	1	-	-	-		-	-	-		-		-
Pre-Eligibility Medical Expenses (PEME)	-	-	-		-	-	-		-	-	-		-	-	-
Out of State Medicaid	-	-	-	l	-	-	-		-	-	-		-	-	-
Out of State Medicaid - Hospice	-	-	-		-	-	-		-	-	-		-	-	-
Medicare	-	-	-	1	-	-	-		-	-	-		-	-	-
ricare	-	-	-		-	-	-		-	-	-		-	-	-
rivate	-	-	-		-		-		-	-	-		-	-	-
ther	-	-	-		-	-	-		-	-	-		-	-	-
otal Patient Days for Per Day Cost			-				-			-			-		-
ledicaid Bed Holds	-	-	-	1	-	-	-		-	-	-		-	-	-
Medicaid Unreimburable Therapeutic Leave	-	-	-	1	-	-	-		-	-	-		-	-	-
rivate Bed Holds	-	-	-	1	-	-	-		-	-	-		-	-	-
III Other Bed Holds	-	-	-	1	-	-	-		-	-	-		-	-	-
F-4-1 B-414 B 11- P B111-14				1						-			-		-
otal Patient Days Including Bed Hold															

State of New Jersey Department of Human Services Nursing Facility Cost Report											
Provider Name:	12-15 Saddle River Road	Operations L	LC Maple G	len Center							
Medicaid Provider Number	4464401		Medicare I	Provider Number	31-5328						
NPI:	1881878171										
Reporting Period:	Reporting Period: 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:		
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	Number of Patient Days 6,128	Related Revenue Received Or Accrued Whole Dollars \$4,761,053
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	782	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
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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State of New Jersey Department of Human Services Nursing Facility Cost Report											
Provider Name:	12-15 Saddle River Road	Operations L	LC Maple G	len Center							
Medicaid Provider Number	4464401		Medicare I	Provider Number	31-5328						
NPI:	1881878171										
Reporting Period: 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:		
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	Number of Patient Days 6,128	Related Revenue Received Or Accrued Whole Dollars \$4,761,053
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	782	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
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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		State of New Jersey rtment of Human Services			
Drovidor Nama		rsing Facility Cost Report	lon Contor		
Provider Name: Medicare Provider ID		Road Operations LLC Maple G	ien center		
NPI:	1881878171				
Reporting Period:	From:	1/1/2023 To:	12/31/2023		
Worksheet:	Schedule S-12 - Add	itional Information			
A. Associated Individ	uals				
n any of the followin response to any of th Any person who own	nd addresses of following associa gitems is a partnership, include e following items is a limited liab ns or operates a related party to soard of directors of the facility	the name and address of eac sility company, include the na the facility or who is a princ	h partner. If any cor me and address of cipal, a member of	rporation nan each membe	ned in r.
Name:	·	•			
Address:					
City:		State:		ZIP:	
Name:					
Address:					
City:		State:		ZIP:	
lama.					
Name: Address:					
City:		State:		ZIP:	
	an ownership interest of 5% or	more in a private equity fun	d that is invested in	n the NF.	
Add subsequent row Name:	s as needed.				
Name: Address:					
City:		State:		ZIP:	
Name:					
Address: City:		State:		ZIP:	
oity.		State.		ZIF.	
Name: Address: City:		State:		ZIP:	
Name: Address:					
City:		State:		ZIP:	
•	t do have shares traded or whic ector, principal shareholder and s as needed.	•		e principal ex	ecutive
City:		State:		ZIP:	
Name:					
Address:		State:		ZIP:	
City:		State:		ZIF:	
or LLCs, name and a	ddresses of each member. Add s	ubsequent rows as needed.			
Name:		Genesis NJ Holding			
Name: Name:		Genesis Operation GHC Holdings LI			
Name:		GHC Holdings Li			
Name:		GEN Operations I			
Name:		GEN Operations II	LLC		
Name:		FC-GEN Operations Inv			
Name: Name:		SunDance Rehabilitation Sun Healthcare Grou			
Name:		Genesis Healthcare			
Name:		HCCF Management Gro			
Name:		ZAC Properties XI	LLC		
Address:	V	101 East State Str		710	400
City:	Kennett Square	State:	PA	ZIP:	1934
Name:		Arnold Whitma	n		
Address:		3820 Mansell Road St			
City:	Alpharetta	State:	GA	ZIP:	3002
	7	·			
Name:		Steven Fishma			
Address:	Philadelphia	1617 JFK Boulevard State:	PA	ZIP:	1910
.ITV:					1910
Lity:		State:			
City: Name: Address:	·	Welltower Inc			

	Nursing Facility Department of Human Services Nursing Facility Cost Report										
Provider Name:	12-15 Saddle River Road Operations LLC Ma	ple Glen Center									
Medicaid Provider Number	0		Medicare Provider Number	31-5328							
NPI:	1881878171										
Reporting Period:	From:	1/1/2023		To:	12/31/2023						
	Schedule S-13 - Average Length of Stay										

Average Length o	Econ.	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)
Average Length C	Nursing Facility (S-2)	46,084	16,820,660	46,866	296	158.3310811		312	108	(Column 9)	(Column 10)	(Column 11)	(Column 12)	121
-		40,004	10,020,000	40,000	230	130.3310011	367.322314	312	100		13		,	121
4	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
	SCNF - TBI/Coma (S-6)	0	0			0	0							0
	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

1:	Name: Provider ID:	12-15 Saddle Riv 31-5328 1881878171	CT KO30	Operauons EU	c mopie dien Cent							
	g Period:	1881878171 From: Schedule A - Tota	al For	wa.	1/1/2023	To:		12/31/2023				
rkshe	et:	A. Employee and Contract Labor Hours (Schedule A-1	Mana	B. Non- gerial Wages	C. Managerial Salaries and Benefits (Schedule	E	Contracted mployees edule A-1 and	E. Supplies &		G. Adjustment for Related Parties (See	H. Adjustment for Income Offsets (See	
	t Routine Patient Care Costs	through A-3)		edule A-3)	A-2)		hedule A-3)	Other	F. Total	Schedule A-4)	Schedule A-8)	I. Adjusted
1 (Direct Care - Nursing Facility Direct Care - SCNF AIDS	152,672	\$ S	5,121,993		\$	52,632		\$ 5,174,625 \$ -	\$ - \$ -	s -	\$ 5,17
3 (Direct Care - SCNF BMGT Direct Care - SCNF PEDIATRIC	-	S			\$	-		\$ -	\$ - \$ -	\$ - \$ -	\$
5 (Direct Care - SCNF TBI/COMA Direct Care - SCNF VENTILATOR	-	\$	-		\$	-		\$ -	\$ -	\$ -	Š
7 (Direct Care - SCNF YOUNG ADULT	-	\$	- :		\$	-			\$ -	\$ -	\$
9 (Direct Care - Behavioral Health Nursing Facility Direct Care - OTHER SPECIFY	- :	\$	- :		\$	-		\$ -	\$ - \$ -	\$ -	\$
	Total Direct Patient Care Costs - Direct Reported	152,672	\$	5,121,993		\$	52,632		\$ 5,174,625	s -	s -	\$ 5,17
	ne Patient Care Costs - Not Directly Reported Routine Medical Supplies							\$ 120,629	\$ 120,629	ş -	\$ -	\$ 12
12 (OTC Drugs Enteral Feeding (Product and Supplies)							\$ 15,222 \$ 4,536	\$ 15,222 \$ 4,536	\$ - \$ -	\$ - \$ -	\$ 1
14	Incontinency Products Total Patient Care Costs - Not Directly Reported							\$ 49,508 \$ 189,895	\$ 49,508 \$ 189,895	\$ -	\$ -	\$ 49
	nt Ancillary Costs							3 103,033	3 103,033	-		J 10.
16 F	Radiology	-	\$	-		\$	-	\$ 15,935	\$ 15,935	s -	\$ -	\$ 1
18	Laboratory Intravenous Therapy	-	\$	- :		\$	-	\$ 44,993 \$ 15,680	\$ 44,993 \$ 15,680	\$ - \$ -	\$ -	\$ 4
	Dxygen Therapy Physical Therapy	2,200.00 5,974.00				\$	105,616 350,391	\$ 1,838 \$ 3,422	\$ 107,454 \$ 353,813	\$ - \$ -	\$ - \$ -	\$ 10
	Occupational Therapy Speech Therapy	5,768.00 1,894.00				\$	368,017 120,370	\$ 25 \$ 22	\$ 368,042 \$ 120,392	\$ - \$ -	\$ - \$ -	\$ 36
23 E 24 E	Electro cardiology Medical Supplies Charged to Patients	-	\$	-		\$	-		\$ - \$ -	ş -	\$ - \$ -	s s
25 F	Prescription Drugs (not OTC) Pharmacy Non-Formulary							\$ 180,829	\$ 180,829	\$ -	\$ -	\$ 18
27 9	Support Surfaces							\$ 7,253	\$ 7,253	\$ -	\$ -	S
29 [Ambulance Dental							\$ 11,929	\$ 11,929 \$ -	ş -	\$ - \$ -	\$ 1
31 (Physicians Other - Patient Ancillary Costs	-	\$			\$		\$ 26,193 \$ 30	\$ 26,193 \$ 30	\$ - \$ -	\$ - \$ -	\$ 2
	Total Patient Ancillary Costs	15,836.00	5			\$	944,394	\$ 308,149	\$ 1,252,543	s -	\$ -	\$ 1,25.
33 (ng Administration Director of Nursing, ADON, Supervisors	7,784.00	\$	240,329	\$ 240,329	\$			\$ 480,658	ş -	s -	\$ 48
34 I	Inservice Education MDS Coordinator	2,192.00	\$	111,242	\$ - \$ -	\$			\$ 111,242 \$ -	\$ - \$ -	s -	\$ 11
36 9	Staffing Coordinator Infection Control	-	S		\$ -	\$	-		\$ -	\$ -	\$ -	\$
38 1	Medical Records/EMR Nursing License Fees	1,534.52	Š	35,517	\$ -	\$			\$ 35,517	\$ -	\$ -	\$ 3
40 (Other - Nursing Administration	4,741.62	\$	127,969	\$ -	\$		\$ 32,972	\$ 160,941		\$ -	\$ 16
	Total Nursing Administration	16,252.14	5	515,057	\$ 240,329	5		\$ 32,972	\$ 788,358	s -	\$ -	\$ 78
42 [force Related Costs - Patient Care Direct Patient Care Recruitment							\$ 23,874	\$ 23,874	\$ -	\$ -	\$ 2
	Direct Patient Care Retention Total Workforce Related Costs - Patient Care							\$ 23,874		\$ - \$ -	\$ -	\$ 2
	nt Support Services											
45 F	Food (including supplements) Dietary Department		l c		٠	Τ¢	845,228	\$ 294,486 \$ 29,001	\$ 294,486 \$ 874,229	\$ -	\$ -	\$ 29
47	Laundry Department		\$	- :	\$ -	\$	195,433	\$ 10,374	\$ 205,807	\$ -	\$ -	\$ 20
49 9	Housekeeping Department Social Services	7,799.38			\$ -	\$	300,747	\$ 23,960 \$ 88	\$ 324,707 \$ 253,412	\$ -	\$ -	\$ 32
51 1	Patient Activities Medical Director	8,213.99 1,168.00		174,257	\$ - \$ -	\$	99,348	\$ 2,629	\$ 176,886 \$ 99,348	\$ - \$ -	\$ -	\$ 17
52 F	Pharmacy Consultant Auto Leasing and Depreciation - Direct Patient Care	-	\$	-	ş -	\$	-	\$ 19,668	\$ 19,668 \$ -	\$ - \$ -	\$ - \$ -	\$ 1
54 (Other Auto Expense - Direct Patient Care Other - Patient Support Services		l s	-	s -	s		\$ 60.181	\$ - \$ 60.181	ş -	\$ - \$ -	\$ 6
56	Total Patient Support Services	17,181	\$	427,581	\$ -	\$	1,440,756	\$ 440,387	\$ 2,308,724	\$ -	\$ -	\$ 2,30
Prope	erty Operating Costs Maintenance	4,646.27	¢	111,600	٠.	\$		\$ 140,779	\$ 252,379		٠.	\$ 25.
58 9	Security	4,646.27	\$	- 111,600	\$ -	\$			\$ -	\$ -	s -	\$
60 F	Utilities (including telephone and cable services) Real Estate Tax							\$ 301,622 \$ 237,295	\$ 301,622 \$ 237,295	\$ -	\$ -	\$ 30
	Property Insurance Total Property Operating Costs	4,646	5	111,600	\$ -	5		\$ 56,171 \$ 735,867	\$ 56,171 \$ 847,467	\$ - \$ -	\$ -	\$ 54
dmin	istrative & Operating Costs											
53 / 54 /	Administrator Assistant Administrator	2,128.00	-	F	\$ 177,361 \$ -	-			\$ 177,361 \$ -	\$ - \$ -	\$ - \$ -	\$ 17 \$
65 (Other Executive Staff Office Staff	15,134.30		500,157	\$ -	\$			\$ - \$ 500,157	\$ -	\$ -	\$ 50
67 1	Management Fees Office Supplies and Expenses	13,134.30	17	300,137	<u>, </u>	17		\$ 667,080 \$ 16.146	\$ 667,080 \$ 16,146	\$ 51,914	\$ (4,854	\$ 71
69 I	Insurance not Related to Property or Employees							\$ 187,137	\$ 187,137	\$ -	\$ -	\$ 18
71 /	Business Taxes Accounting Fees							\$ 78	\$ 78 \$ -	\$ - \$ -	\$ - \$ -	\$
73 /	Legal Fees Advertising							\$ 775	\$ 775 \$ -	\$ - \$ -	s - s -	\$
74 /	Allowable contributions Allowable Employee Gifts and Party							\$ 250	\$ 250 \$ -	\$ - \$ -	\$ - \$ -	\$
76	Auto Leasing and Depreciation Other Auto Expenses								\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
78	Travel Expenses Non-Capital Related Interest Expense								\$ - \$ -	\$ - \$ -	\$ -	\$ \$
80 (Other A&O costs	47.5	-	E00 157	6 4997			\$ 175,521	\$ 175,521	\$.	\$ -	\$ 17
	Total Administrative & General	17,262	13	500,157	\$ 177,361	15	-	\$ 1,046,987	\$ 1,724,505	\$ 51,914	\$ (4,854	1 3 1,77.
32 I	er Tax (NHA 100) Provider Tax (NHA 100)							\$ 570,502	\$ 570,502	\$ -	\$ -	\$ 57
	force Related Costs - Other											
83 F 84 F	Patient Support & Other Recruitment Patient Support & Other Retention							\$ 1,560	\$ 1,560 \$ -	s -	\$ - \$ -	\$
85 F	Professional Training Licensing and Dues							\$ 24,227 \$ 29,227	\$ 24,227 \$ 29,227	s -	s -	\$ 2
87	Total Workforce Related Costs - Other							\$ 55,014	\$ 55,014	s -	s -	\$ 5
	Benefits for Non-Management Employees Payroll Taxes							\$ 492,458	\$ 492,458	ς .	s	\$ 49.
B9 1	Workers' Compensation							\$ 152,150	\$ 152,150	\$ -	\$ -	\$ 15
91 (Unemployment Disability Insurance							\$ 41,591	\$ 41,591 \$ -	\$ -	\$ -	\$ 4
93 (Medical Insurance Dental Insurance							\$ 160,324	\$ 160,324 \$ -	\$ -	\$ - \$ -	\$ 16
95 \	Union Welfare Vision Insurance								\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
	Uniforms Tuition Assistance							\$ 2,250	\$ - \$ 2,250	\$ - \$ -	\$ - \$ -	\$
98 8	Retirement Benefits Life Insurance							-,	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
00 0	Other - Fringe Benefits							\$ 848,773	\$ -	s -	\$ -	\$
	Total Fringe Benefits							\$ 848,773	\$ 848,773			\$ 84
	erty Capital Costs Depreciation							\$ 220,640	\$ 220,640	\$ 37,400	\$ -	\$ 25
02 (Mortgage Interest (Allowable Interest)							\$ 1,593,765	\$ -	\$ - \$ -	\$ - \$ -	\$ 1,59
02 I 03 I 04 I	Rental of Building							\$ 23,907	\$ 23,907	\$ -	s -	\$ 2
02 I 03 I 04 I 05 I	Rental of Equipment							\$ 1,020 212	\$ 1,929 212	\$ 27,400	\$	\$ 100
02 I 03 I 04 I 05 I 06 I	Rental of Equipment Total Property Capital Costs							\$ 1,838,312	\$ 1,838,312	\$ 37,400	\$ -	\$ 1,87
102 103 104 105 106	Rental of Equipment	-	\$		ş -	\$	11,229				\$ -	\$ 1

State of New Jersey									
Department of Human Services									
	Nursing Facility Cos	st Report							
Provider Name:	12-15 Saddle River Road O	perations 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	\$39,25
Licensed Practitioner Nurses (LPN)	21,671.28	\$2,075,396	31.75	\$1,96
Certified Nursing Assistants (CNA)	90,665.36	\$2,132,069	300.34	\$1,96
Advanced Practice Nurses (APN)	50,005.50	\$2,132,005	300.34	\$11,41
Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	151,814.60	\$5,121,993	857.50	\$52,63
Special Care Nursing Facility - AIDS (Schedule A Line 2)	131,014.00	73,121,333	037.30	732,03
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	Ś
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	\$
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	9
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	Ç
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	,
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	,
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	!
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	

	State of New Department of Hur		
	Nursing Facility C		
Provider Name:		oad Operations LLC Maple (Glen Center
Medicare Provider ID:	31-5328		
NPI:	1881878171	1 /1 /2022 T	12/21/2022
Reporting Period: Worksheet:	From: Schedule A-2 - Manag	1/1/2023 To:	12/31/2023
Worksheet.	Schedule A 2 Wallag	Sement Employees	
		Hours	Cost
Administrator			63
Name	Salary	2,128	177,361
Trevor Dublin	Payroll Taxes		
	Health Insurance Retirement Benefits	_	
State Licensing Number/Type	Other	_	
State Licensing Number/ Type	Total		177,361
	1000		
Assistant Administrator			64
Name	Salary		
	Payroll Taxes	_	
	Health Insurance		
State Licensing Number/Type	Retirement Benefits Other		
State Licensing Number/ Type	Total		
	Total		
Director of Nursing			33
Name	Salary	1,888	137,125
Renata Pokrzywa	Payroll Taxes		
	Health Insurance		
Chata Liannaina Number/Tuna	Retirement Benefits Other	_	
State Licensing Number/Type	Total		137,125
	Total		137,123
Assistant Director of Nursing			33
Name	Salary	2,004	103,204
Rizalina Orlanes	Payroll Taxes		
	Health Insurance	_	
Chata Liannaina Number/Tuna	Retirement Benefits	_	
State Licensing Number/Type	Other Total		103,204
	Total		103,204
Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes		
State Licensing Number/Tune	Health Insurance Retirement Benefits	_	
State Licensing Number/Type	Other	_	
	Total		-
Other	_		
Name		Input Line Number	65
	Salary		
	Payroll Taxes Health Insurance	_	
State Licensing Number/Type	Retirement Benefits	_	
State Licensing Number/Type	Other	_	
	Total		-
Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes Health Insurance	_	
State Licensing Number/Type	Retirement Benefits		
State Electioning Number/ Type	Other	_	
	Total		-
Other			
Other Name		Input Line Number	65
	Salary Payroll Tayes	Input Line Number	65
	Salary Payroll Taxes Health Insurance	Input Line Number	65

TOTAL MANAGERIAL COMPENSATION	\$ 417,690

Retirement Benefits

Other **Total**

State Licensing Number/Type

State of New Jersey							
	Department of Human Service	s					
	Nursing Facility Cost Report						
Provider Name:	12-15 Saddle River Road Operations LLG	C Maple Glen Center					
Medicare Provider ID:	31-5328	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
Patio	ent Ancillary Costs						
	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
urs	sing Administration						
12	Director of Nursing, ADON, Supervisors	33	3,892.00	\$ 240,32	9		3,892.00
13	Inservice Education	34	2,192.00	\$ 111,24	2		2,192.00
14	MDS Coordinator	35					-
15	Staffing Coordinator	36					-
16	Infection Control	37					-
17	Medical Records/EMR	38	1,534.52	\$ 35,51	7		1,534.52
18	Other - Nursing Administration	40	4,741.62	\$ 127,96			4,741.62
19	Total Nursing Administration		12,360.14	\$ 515,05	7 -	\$ -	12,360.14
ati	ent Support Services						
		46				\$ 845,228	_
	Laundry Department	47				\$ 195,433	-
	Housekeeping Department	48				\$ 300,747	_
23	Social Services	49	7,799.38	\$ 253,32	4	\$ 500,717	7,799.38
24	Patient Activities	50	8,213.99	\$ 174,25			8,213.99
	Medical Director	51	5,220.00	7 2: :,=0	1,168.00	\$ 99,348	1,168.00
26	Pharmacy Consultant	52			1,100.00	\$ 33,5.0	-
27	Other - Patient Support Services	55					-
28	Total Patient Support Services		16,013.37	\$ 427,58	1 1,168.00	\$ 1,440,756	17,181.37
	and Orangeling Costs						
101 29	perty Operating Costs Maintenance	57	4,646.27	\$ 111,60	n		4,646.27
30	Security	58	4,040.27	ý 111,00	,		-,040.27
31	Total Property Operating Costs	30	4,646.27	\$ 111,60	o -	\$ -	4,646.27
		-			•		
:m 32	inistrative & Operating Costs Office Staff	66	15,134.30	\$ 500,15	7		15,134.30
33	Total Administrative & General		15,134.30	\$ 500,15		\$ -	15,134.30
	Bouting (Non-Allemahle Conte						
	-Routine/Non-Allowable Costs Sales and Marketing Personnel	N/A					-
	Gift, Flower, Coffee Shops and Canteen	N/A					-
36	Barber and Beauty Shop	N/A				\$ 11,229	-
	Physician Private Offices	N/A				11,223	-
38	Patient Laundry	N/A					-
39	Other Non-Reimbursable Personnel	N/A					
10	Non-Routine / Non-Allowable Costs	107	-	\$ -	-	\$ 11,229	-
	·		•				
			48,154.08				

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Reporting Period:	From:	1/1/2023 To:			
Worksheet:	Schedule A-4 Part I - Related Parties				
Provider DBA Name (if any):	2-15 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.
В	Corporation, partnership, or other organization has financial interest in provider.
С	Provider has financial interest in corporation, partnership, or other organization.
D	Director, officer, administrator or key person of provider or organization
E	Individual is director, officer, administrator or key person of provider and related organization
F	Director, officer, administrator or key person of related organization or immediate family relationship of such person having financial interest in provider
G	Other (financial or non-financial), specify:

A5. Goods/Services Category Options	<u> </u>	<u> </u>
A	Accounting/Billing	A - Accounting/Billing
В	Administration	B - Administration
С	Capital	C - Capital
D	Consultants	D - Consultants
E	DME	E - DME
F	Food Service	F - Food Service
G	Insurance	G - Insurance
Н	Interest	H - Interest
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
0	Other	O - Other
P	Pharmacy	P - Pharmacy
Q	Rent	Q - Rent
R	Salary & Benefits	R - Salary & Benefits
S	Security	S - Security
Т	Shared Services	T - Shared Services
U	Staffing	U - Staffing
V	Taxes	V - Taxes
w	Therapy	W - Therapy
Х	Transportation	X - Transportation

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		AP AS SERVICE NAME AND ADDRESS OF THE OWNER.																
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Provider Name:	12-15 Saddle River Road Operations LLC Map	le Glen Center					
Medicaid Provider Number	0	Medicare Provider Number	0				
NPI:	1881878171						
Reporting Period:	From:	1/1/2023 To:	12/31/2023				
Worksheet:	Schedule A-4 Part III - Related Parties	Schedule A-4 Part III - Related Parties					
Provider DBA Name (if any):	12-15 Saddle River Road Operations LLC Map	12-15 Saddle River Road Operations LLC Maple Glen Center					
Tax ID/EIN:	26-0858429						

C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider (82).

Table C1

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

Provider Name:	12-15 Saddle River Road Operations LLC Map	ole Glen Center					
Medicaid Provider Number	0	Medicare Provider Number	0				
NPI:	1881878171						
Reporting Period:	From:	1/1/2023 To:	12/31/2023				
Worksheet:	Schedule A-4 Part IV - Related Parties	Schedule A-4 Part IV - Related Parties					
Provider DBA Name (if any):	12-15 Saddle River Road Operations LLC Map	12-15 Saddle River Road Operations LLC Maple Glen Center					
Tax ID/EIN:	26-0858429						

C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider in section B1 of Schedule A-4 III, including all principals and interested parties and including 100% of the owners, principals, and interested parties in any entity in the third-party entity exercising substantial management control over the provider.

able C2						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Name of Any Third Party Entity Identified as a						
rincipal or Interested Party in the Entitly Identified in	Names of Principals and Interested Parties					
Table C1 Schedule A-4 Part III.	(on separate rows)	Percentage of Ownership of Each Principal or Interested Party	Type of Business	Address	Phone Number	Email Address
	(an adjanta to ta)		1,500.000			

	Department	of New Jersey t of Human Services	
Provider Name:	12-15 Saddle River Road Operations LLC Maple Glen C	acility Cost Report 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 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	rey
		Department of Human So	Services
		Nursing Facility Cost Re	Report
Provider Name:	12-15 Saddle River Roa	d Operations LLC Maple Glen	n 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 Depreci	ation Expense									
			Acquisitions						Related Party	
								Current Year	Depreciation	Adjusted Total
							Fully	Depreciation Expense	Adjustments	Depreciation Expense
	Beginning				Disposals and	Ending	Depreciated	(Schedule A Line 102	(Schedule A Line 102	(Schedule A Line 102
Type of Capital	Balances	Purchases	Donations	Total	Retirements	Balance	Assets	Column F)	Column G)	Column I)
Land				\$0.00						
Land Improvement	\$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.

Index

		State of New Jersey Department of Human Services	
		Nursing Facility Cost Report	
Provider Name:	12-15 Saddle River	Road Operations LLC Maple Glen Cent	er
Medicare Provider ID:	31-5328		
NPI:	1881878171		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-7 - Dep	reciation Schedule	

Asset Name/Description Capitalized Costs Salega Value Sa	Reporting Period:	From:		1/1/202		12/31/2023			
Assist Ramp(Description Capitalized casts Subject Vision Subject Vision Capitalized Casts Capit	Worksheet:	Schedi	ule A-7 - Dep	reciation Schedul	e				
Assist Ramp(Description Capitalized casts Subject Vision Subject Vision Capitalized Casts Capit									
Asset Ramory Description Capitalized Costs Similar Visible Si					Weighted	Prior Period			
Subject Subj	Accet Name (Description	Canit	alized Costs		Average	A	Prior Period		Asset Group
Montre category	Asset Name/Description	Capita	alizeu Costs	Salvage Value	Estimated Useful		Impairment	Depreciation	Carrying Value
Number Activates					Life (Years)	Depreciation			
Number Activates									
Administrative scalines									
Multi-suppore Facilities									
Land Interpresements									
Sourge Facilities									
Pareing Gangage		\$	282,993	\$ -	12.811	. \$ 208,045			
Other:									
Subtide purpor Subt								\$ -	\$ -
S 206,701 S 14.60 S 15,071 S 14.60 S 16,071 S 14.60 S 16,071 S 14.60 S 15,071 S 14.60 S 15,071 S 14.60 S 15,071 S 14.60 S 15,071 S 15,07									
Computer	Fixed Equipment	\$	216,701	\$ -	14.6	\$ 115,671			
S									
S 157,635									
Registration Regi								\$ -	\$ -
Medical Equipment	Total Period Depreciation - Buildings							\$ 157,635	
Medical Equipment									-
Medical Equipment	Equipment:								
Other Fquigment Used in Direct Care Services \$ 919,280 \$ - 144,400 \$ 657,314 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 128,727 \$ 1,650 \$ 1,652 \$ 1,728 \$ 1,652 \$ 1,728 \$ 1,652 \$ 1,728 \$ 1,7	Medical Equipment							\$ -	\$ -
Computer Equipment S S S 28 S S S 28 S S S S S S S S S	Other Equipment Used in Direct Care Services	\$	912,280	\$ -	14.403	\$ 657,314		\$ 63,340	
Treighpone and Communication Equipment 1	Computer Equipment								
Maintenance and Custodial Equipment				\$ -					
Depreciation accelerated		Ť	.5,000		20.0007	. 33,333			
S 36,345 S S S S S S S S S								7	1 *
		¢	36 345		1			\$ 36345	\$ -
	September accelerated	7	30,343		-				
Vehicless									
Vehicles	Total Bariad Barrardation Francisco								\$ -
Cars	Total Period Depreciation - Equipment							\$ 105,940	
Cars	Validad								
Trucks								٨	۵
Vans									
								\$ -	\$ -
	Other:								
S									
S									
Office Furniture and Fixtures: Office Desks, Cabinets, and Chairs									Ş -
Dffice Delives, Cabinets, and Chairs	Total Period Depreciation - Vehicles							\$ -	
Office Deplice Equipment \$. \$ <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Electrois Office Equipment Appliances									
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Other:									
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	Other:								
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Software Software Including EHR								\$ -	
Medical Software (Including EHR) \$ - \$ - \$ Administrative Software \$ - \$ - \$ Other: \$ - \$ - \$ - \$ S - \$ - \$ - \$ S - \$ - \$ - \$ Total Period Depreciation - Software \$ - \$ - \$ - \$ Limited-life Intangible Assets: Other: \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	Total Period Depreciation - Office Furniture and Fixture	es							
Medical Software (Including EHR) \$ - \$ - \$ Administrative Software \$ - \$ - \$ Other: \$ - \$ - \$ - \$ S - \$ - \$ - \$ S - \$ - \$ - \$ Total Period Depreciation - Software \$ - \$ - \$ - \$ Limited-life Intangible Assets: Other: \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$									
Medical Software (Including EHR) \$ - \$ - \$ Administrative Software \$ - \$ - \$ Other: \$ - \$ - \$ - \$ S - \$ - \$ - \$ S - \$ - \$ - \$ Total Period Depreciation - Software \$ - \$ - \$ - \$ Limited-life Intangible Assets: Other: \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	Software:								
Administrative Software	Medical Software (Including EHR)							\$ -	\$ -
Other:	Administrative Software								
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S									
Limited-life Intangible Assets: Other:	Total Period Depreciation - Software								
Other: S - \$ - <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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Total Period Depreciation - Limited-life intangible Assets	Total Davied Departmental of Control of the Internal Co.								, -
	iotal Period Depreciation - Limited-life Intangible Asse	ıs						ş -	J

	State of New Jersey			
	Department of Human Services			
	Nursing Facility Cost Report			
Provider Name:	12-15 Saddle River Road Operations LLC Maple Glen Ce	nter		
Medicare Provider ID:	31-5328			
NPI:	1881878171			
Reporting Period:	From:	1/1/2023	To:	12/31/2023
Worksheet:	Schedule A-8 - Revenue			

													•				Beha	avioral		•	
															SCNF \	oung/	Health	Nursing			Offset
	Т	otal	Nursi	ng Facility	SCN	F AIDS	SCNF	BMGT	SCNF P	ediatric	SCNF	TBI/Coma	SCNF V	entilator	Adı	ılt	Fac	cility	Oth	er	Line
Total Routine Patient Revenue	\$ 20),748,144	\$ 2	0,748,144	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$		\$	-	
Private Routine Patient Revenue	\$	838,399	\$	838,399	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 15	,928,980	\$ 1	5,928,980	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$				
Pending Medicaid Days	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			
Pre-Eligibility Medical Expenses (PEME)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			
Out of State Medicaid	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			
Medicare Routine Patient Revenue	\$ 3	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	2,711,871	\$	2,711,871	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			
Less Contractual Allowance	\$ (7	7,945,296)	\$ (7,945,296)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			
	\$ 15	,514,719	\$ 1	5,514,719	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	

B. Offsetable Revenue		
	Meals Served to Non-Patients	
	Interest Revenue	4,854
	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 n	on-formulary pharmacy transactions	
	Other:	

B. Other Non-Patient Revenue		
	County Funding	
	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

	mec	State of New Jersey De partment of Human Ser Nursing Facility Cost Reg 12-15 Saddle Stver Road Oce	rvices port erations LLC Maple :	Glen Center								
Medicare Pr NPI: Reporting P Worksheet	ovider ID: eriod:	31-5328 1881878171 From: Schedule B - Allocation Basis	1/1/202	2	To:	12/11/2021						
Basis Code	BASIS Non-Managerial Salaries	Direct Care - Nursing Facility 1 55.121.991	2 50	21 50	50	50	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behaviora Health Nursing Facility 8	Direct Care- OTHER SPECIFY 9 50	Radiology 16 50	Laboratory 17 50
Basis Coder	BASIS Source Footnee	Direct Care - Nursina Facility 1 37.130	Direct Care - SCNF AIDS 2	Direct Care SCNF BMG1	Direct Care - SCNF PEDIATRIC 4	Direct Care - SCNF TBUCDMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7	Direct Care - Behaviora Health Nursine Facility B	Direct Care- OTHER SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total 37.135
Basis Code C	BASIS Patient Days	Direct Care - Nursing Facility 3 46,084	Direct Care - SCNF AIDS 2	Direct Care SCNF BMG	Direct Care- SCNF PEDIATRIC 4	Direct Care - SCNF TBI/COMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behaviora Health Nursing Facility B	Direct Care- OTHER SPECIFY 9	Total 45,084	
Basis Codes	BASIS Non-Medicare Days (NHA100 Definition)	Direct Care - Nursing Facility 1 28.283	Direct Care -	Direct Care SCNF BMG	Direct Care - SCNF PEDIATRIC 4	Direct Care - SCNF TBUCDMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behaviora Health Nursing Facility B	Total		
Basis Codes	BAGIS Meals Served	Direct Care - Nursine Facility 1	Direct Care - SCNF AIDS	Direct Care SCNF BMG1	Direct Care - SCNF PEDIATRIC 4	Direct Care - SCNF TBJ/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7	Direct Care - Behaviora Health Nursine Facility B	Direct Care- OTHER SPECIFY 9	Total 140.598	
Basis Code	BASIS Brunch of Lauretee	Direct Care - Nursing Facility	Direct Care - SCNF AIDS 2	Direct Care SCNF BMG1	Direct Care - SCNF PEDIATRIC 4	Direct Care - SCNF TBUCDMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7	Direct Care - Behaviora Health Nursing Facility B	Direct Care - OTHER SPECIFY 9	Total 45,856	
Basis Codes	BASIS Salary & Contract Services Direct Nursing Hou	Direct Care - Nursing Facility 1 152.672.10	Direct Care - SCNF AIDS 2	Direct Care SCNF BMG7	Direct Care- SCNF PEDIATRIC 4	Direct Care - SCNF TBI/COMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7	Direct Care - Behaviora Health Nursing Facility 8	Direct Care - OTHER SPECIFY 9	Total 152,672,10	
Basis Codes	BASIS Direct Patient Care Salary Hours	Direct Care - Nursine Facility 1 151.814.60		•	Direct Care - SCNF PEDIATRIC 4						Total	
Basis Code	BAGIS Accumulated Cost	Direct Care - Nursing Facility 1 \$19,922,771	Direct Care - SCNF AIDS	Direct Care SCNF BMG	Direct Care - SCNF PEDIATRIC 4	Direct Care - SCNF TBI/COMA 5			Direct Care - Sehaviora Health Nursing Facility B	Direct Com.	Non-Routine / Non-Allowable Costs	Total \$20,295,839
Basis Code	BAGIS Radiology Charges	Direct Care - Nursing Facility			Direct Care- SCNF PEDIATRIC 4		Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7	Direct Care - Behaviora Health Nursing Facility B	_		Total \$37,022
Basis Codes	BASIS	Direct Care - Nursine Facility 1 556.786	Direct Care - SCNF AIDS 2	Direct Care SCNF BMG	Direct Care - SCNF PEDIATRIC 4	Direct Care - SCNF TBUCDMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7	Direct Care - Behaviora Health Nursine Facility B	Direct Care - OTHER SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total 556.786
Basis Codes	Laboratory Chaness BASIS	Direct Care - Nursing Facility	Direct Care -	Direct Care SCNF BMG	Direct Care - SCNF PEDIATRIC 4	Direct Care - SCNF TBI/COMA S	Direct Care - SCNF VENTILATOR 6		Direct Care - Sehaviora Health Nursing Facility B			Total
Basis Codes	Intravenous Therapy Charges	S15,410 S15,410 Direct Care - Nursing Facility 1		_	Direct Care- SCNF PEDIATRIC 4		Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7		I	Non-Routine / Non-Allowable Costs 107	\$15,416 Total
Basis Codes	Doygen Therapy Charges	\$8,500 Direct Care - Nursing Facility 1	5		Direct Care- SCNF PEDIATRIC 4				Direct Care - Behaviora Health Nursing Facility B			\$8,505 Total
N Basis Codes	Physical Therapy Charges BASIS	S089.230 Direct Care - Nursing Facility	Direct Care - SCNF AIDS	_	Direct Care - SCNF PEDIATRIC 4			_	Direct Care - Behaviora Health Nursing Facility			5989.239 Total
Basis Codes	Occupational Therapy Charges BASIS	\$1,059,926 Direct Care - Nursing Facility	Direct Care -	_	Direct Care- SCNF PEDIATRIC 4		Direct Care - SCNF VENTILATOR	Direct Care - SCNF YOUNG ADULT 7			Non-Routine / Non-Allowable Costs 107	\$1,059,926 Total
P Basis Code	Speech Therapy Charges BASIS	\$233,683 Direct Care - Nursing Facility	_		Direct Care- SCNF PEDIATRIC 4		Direct Care - SCNF VENTILATOR 6		Direct Care - Behaviora Health Nursing Facility 8			\$333,683 Total
Q Basis Codes	Electrocardiology Charges	Direct Care - Nursing Facility			Direct Care - SCNF PEDIATRIC 4				Direct Care - Behaviora Health Nursing Facility B			SO Total
R Basis Code	Medical Supplies Charged to Patient Charges	Direct Care - Nursing Facility	-	_			Direct Care - SCNF VENTILATOR 6	_	Direct Care - Behaviora Health Nursing Facility	I		\$0 Total
S Basis Code	Prescription Drugs (Not OTC) Charges	\$183,763 Direct Care - Nursing Facility	2	4	Direct Care- SCNF PEDIATRIC 4		Direct Care - SCNF VENTILATOR 6	7 Direct Care - SONF YOUNG ADULT 7	Direct Care - Behaviora Health Nursing Facility	Disease Comp.	Non-Routine / Non-Allowable Costs 107	\$183,762 Total
T Basis Code	Pharmacy Non-Formulary Charges BASIS	Direct Care - Nursing Facility	_	_	Direct Care - SCNF PEDIATRIC 4		Direct Care - SCNF VENTILATOR 6	7 Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behaviors		Non-Routine / Non-Allowable Costs 107	S0 Total
U Basis Cv-4	Support Surfaces Charges BASIS	3 \$3,840 Direct Care - Nursing Facility	5	1	Direct Care - SCNF PEDIATRIC 4			7 Direct Care - SCNF YOUNG ADULT 7		_	Non-Routine / Non-Allowable Costs 107	\$3,845 Total
V Basis Cv-4	Ambulance Charges	S46,866	BASIS PROBREDI	ayı	Direct Care - SCNF PEDIATRIC 4				B Direct Care - Behaviora Health Nursing Facility B			\$46,866 Total
W Basis Code	Dental Charges BASIS	Direct Care - Nursine Facility	_			Direct Care - SCNF TBUCOMA 5			B Direct Care - Behaviora Health Nursine Facility B			Sc

	State of these lectory Constraints and services	
Provider Name:	Nutrine Facility Cost Resort 12-45 Saddle New Road Commissions LC: Matelie Given Center	
Provider Name: Medicare Provider ID:	12-13 MoDE PARK MADE LIGHTSONS LLC MARGE SHITL CHILW 23-14-12-29 23-14-22-20-20-20-20-20-20-20-20-20-20-20-20-	
NPI:	18167671	
Reporting Period:	From: \$73,7903 %: \$273,7903	
Worksheet	Schedule In 1 - Allocated Corox	
if there are errors on this tab please ensure Schedule & is fills	is filed out	
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	MEDICAL	OTHER- AUTOLEASING AND OTHER AUTO TOTAL OR
	ENTERN FEEDING SUPPLIES PRESCO	RPTION PHARMACY DEPRECATION - DIPENS - OTHER PROPERTY WORKFORCS PROVIDER AN
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A. COST CENTRES TO BE ALLOCATED 101 Total Fringe Benefits	S845.773	
11 Routine Medical Supplies	\$120,629 \$6,676,388	
12 OTC Drugs	\$15,222 90 90	
	54,536 90 90 90	
14 Incontinency Products	510,500 50 50 50 50	
16 Radiology	\$15,005 90 90 90 90 90	\$15,995
17 Laboratory	544,993 50 50 50 50 50 50	564,000 56 555,000 55
18 Intravenous Therapy 19 Oxygen Therapy	\$15,580 50 50 50 50 50 50 50 50 50 50 50 50 50	515,580. 55 507,761 595
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23 Electro cardiology	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	50
24 Medical Supplies Charged to Patients	50 50 50 50 50 50 50 50 50 50 50 50 50 5	500 500,000 500
25 Prescription Drugs (not OTC) 26 Pharmacy Non-Formulary	\$200,009 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	500,20
29 Pharmacy Non-consulary 27 Support Surfaces	50 50 50 50 50 50 50 50 50 50 50 50 50 5	50 50 50 50 50 50 50 50 50 50 50 50 50 5
28 Ambulance	\$11,000 50 50 50 50 50 50 50 50 50 50 50 50	52.51 5. 50 00 00 00
29 Dental		70
20 Physicians	DE-100 20 20 20 20 20 20 20 20 20 20 20 20 2	50 80 80 80 80 50 50 80 80 80 80 50
21 Other - Patient Ancillary Costs	50 9 9 9 9 9 9 9 9 9 9 9 9 9	50 50 50 50 50 50 50
41 Total Nursing Administration	\$780,358 \$65,479 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	50 50 50 50 50 50
44 Total Workforce Related Costs - Patient Care	Care \$22,874 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	50 50 50 50 50 50 50
45 Food (including supplements)	\$20H,666 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	50 50 50 50 50 50 50 50 50
46 Dietary Department	\$874239 50 50 50 50 50 50 50 50 50 50 50 50 50	50 50 50 50 50 50 50 50 50 50 50
47 Laundry Department 48 Housekeeping Department	\$305,807 50 50 50 50 50 50 50 50 50 50 50 50 50	50 50 50 50 50 50 50 50 50 50 50 50 50 5
49 Sodal Services	\$553412 \$12,265 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
50 Patient Activities	\$176,886 \$22,133 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	50 50 50 50 50 50 50 50 50 50 50 50 50 5
51 Medical Director	300,000 SD 50 SD 5	50 50 50 50 50 50 50 50 50 50 50 50 50 5
52 Pharmacy Consultant	\$18,668 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	50 50 50 50 50 50 50 50 50 50 50 50 50 5
53 Auto Leasing and Depreciation - Direct Patient	Sterr Care 50 50 50 50 50 50 50 50 50 50 50 50 50	50 50 50 50 50 50 50 50 50 50 50 50 50 5
54 Other Auto Expense - Direct Patient Care 55 Other - Patient Support Services		50 50 50 50 50 50 50 50 50 50 50 50 50 5
62 Total Property Operating Costs	\$60,181 50 50 50 50 50 50 50 50 50 50 50 50 50	56 50 50 50 50 50 50 50 50 50 50 50 50 50
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87 Total Workforce Related Costs - Other	\$55,014 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	50 50 50 50 50 50 50 50 50 50 50 50 50 5
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82 Provider Tax (NHA 100)	\$670,000 90 90 90 90 90 90 90 90 90 90 90 90	50 50 50 50 50 50 50 50 50 50 50 50 50 5
B. NON-ALLOCATING COST CENTERS		
1 Direct Care - Nursing Facility	\$5,174,615 \$661,612 \$6,707,017 \$15,222 \$4,516 \$40,508 \$15,915 \$44,900 \$15,680 \$107,664 \$553,813 \$348,942 \$130,302 \$6 \$0 \$1	80,929 50 57,324 511,029 50 526,183 530 5863,837 523,876 5204,886 5879,229 5205,887 5226,787 5205,887 5226,787 5205,627 5205,020 5205,888 5285,688 50 50 50 566,188 5866,655 52,875,712 529,827,712 520,827,712 52
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2 Direct Care - SCNF YOUNG ADULT	50 50 50 50 50 50 50 50 50 50 50 50 50 5	50 50 50 50 50 50 50 50 50 50 50 50 50 5
g Direct Care - Behavioral Health Nursing Facility		50 50 50 50 50 50 50 50 50 50 50 50 50 5
9 Direct Care - OTHER SPECIFY 107 Non-Routine / Non-Allowable Costs	50 50 50 50 50 50 50 50 50 50 50 50 50 5	50 50 50 50 50 50 50 50 50 50 50 50 50 5
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Provider Name: Medicare Provider ID:	13-15 Sadde Norr Road Coursions LLC Made Gren Center									
Medicare Provider ID:	15M									
NPI:										
Reporting Period:	From: 1/1/2023 To: 1/1/1/2023									
Worksheet:	Schoolshi B-2 - Average Rights for Use of Land									

		Section A		Section B	Section C			Section D		Section E	Section F	Section G Section H		Section I	Section J Section K		Section L	Section M	Section N	
Property #	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord 23P	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective dates of current rental agreement: BEGINNING		Monthly Lease/Rent Amount	Period)	Average Price per Square Foot Nursing Facility
	12-15 Saddle River Road	Fair Lawn	07410	No	Operating Lease	CNDATHUD	4500 Dorr Street	Toledo	43615-4040	419-146-5929	61.508.00	-	61.508.00		7/18/2019	1/31/2		\$132,811.75	\$1,593,765.00	2.16
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	From:	01/01/2023	To:	12/31/2023							
	Schedule C-1 - Patient Care Ratio										
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	Total Routine Patient Days	Medicaid/NU FamilyCare Routine Days	Medicaid/NJ FamilyCare Routine Days to Total Routine Days Percentage	Medicaid/NI FamilyCare Rostine Patient Revenue till and Paid	Medicald/NJ FamilyCare Routine Patient Revenue billed But Not Paid	Total Medicald/Nu Family Care Patient Revenue for PCR	CNA Direct Care Compensation as Defined by 10:49A- 2.3	Non-CNA Direct Care Compensation as Defined by 10:49A-2-3	Other Resident Care and Support Compensation as Defined by 10:49A- 2.3	Administrative Compensation as Defined by 10:49A-2.3	Management Fees as Defined by 10:49A-2.3	Facility Operations Compensation	Non- Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10:49A-2.4	Other Materials and Supplies Expenses as Defined by 10:49A 2.4	Equipment, Maintenance, Telecommunicatio ns, And Utility Expenses Attributable to Buildings and Equipment Defined by 10:49A-2.5	Capital Cost Attributable to Buildings and Equipment Defined by 10:49A-2.5	Staff Training As	10:49A-2.6	Capital Related Interest Expense As Defined By 10:49A-2.6	Expense As De	Taxes As	HA-100 lessment Defined 10-49A-			al Cost Per Cost Regulations Defina 10:49/	is Patient Care
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Total Directly Assigned and Allocated Ex	xpenses Per Schedule B-1		1	1	1	I	\$2,414,531	\$3,411,256	\$2,743,560	\$741,878	\$714,140	\$125,788	\$0	\$687,128	\$222,704	\$442,401	\$1,875,712	\$24,227	\$243,308	50	50 5	\$237,373	\$0	\$0	\$361,837 \$	14,816,345	

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