		State of Department o Nursing Faci		ervices	
Provider Name:	330 Franklin	Turnpike Operatio	ns LLC dba	Ridgewood Center	
Medicare Provider ID:	31-5158				
NPI:	1821272121				
Reporting Period:	From:	01/01/2023	To:	12/31/2023	
Worksheet:	Schedule S - A	Attestation			

A. Attesta	ation						
	_						
l,	Orrin J	aroslawicz ,			NJ	Finance	
	1)	Name)			(Admin	istrative Title)	
of		330 Franklin	Turnpike Op	erations LLC dl	ba Ridgewood (Center	
			(N	ame of Facility)			
	Ridgewood		N	IJ	_ do certify tha	t I have examin	ed the
	(City/Town)		(Sta	ate)			
attached ı	report for the cost	report period beginning	9		01/01/23	and ending	12/31/2023
and to the	e best of my knowl	edge and belief, it is a t	rue and corre	ect statement o	of the informati	on required.	
	Si	gnature of Authorized Repre	sentative of Fac	ility			Date (mm/dd/yyyy)
		NJ Finance					
		Title				•	

		State of New Jers Department of Human Nursing Facility Cost I	Services		
Provider Name:	330 Franklin Turnpike Operations LLC		Report		
Medicaid Provider Number	4464303		Medicare Provide	r Number 31-5158	
NPI:	1821272121				
Reporting Period:	From:	1/1/2023	To:	12/31/2023	
Worksheet:	Schedule S-1 - Facility Information				

A. General Facility Information						
Medicaid NF Provider Number	4464	1303		NPI Number:	1821272121	
Medicaid SCNF - AIDS Provider Number						
Medicaid SCNF - BMGT Provider Number						
Mediciad 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	31-5	158				
Department of Health License Number	060	215				
Cost Report Period	From:	1/1/2023	To:	12/31/2023	Date Completed:	
	·					
Facility Name as Shown on Certification		330 Fra	nklin Turnpike Operations LL	C dba Ridgewood Center		

B. Physical Address					
Street Address:		330 Franklin Turi	nnika		
City:	Ridgewood	State:	NJ	ZIP:	07450
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 Str	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
				-	

	Kennett Square	State:	PA	ZIP:		19348
. Facility Operation and Ownership						
as the provider changed ownership immediately prior to t	he beginning of the cost reporting period?				Y/N:	No
perator(s)Provide names and addresses of any person w	ho directly or indirectly, beneficially owns any interest in the building on which	the provider is located. A	dd subsequent rows as needed.			
Operator Name:						
Address:						
City:		State:		ZIP:		
Operator Name:						
Address:						
City:		State:		ZIP:		
Twner(s)Provide names and addresses of any nerson who	, directly or indirectly, beneficially owns a 5% or greater interest in any mortga	ge note deed of trust or	other obligations secured in who	le or		
	ocated. List 100% of all current owners of the nursing home, including all print					
Owner Name:	The state of the fact of the f	para arra marata partic				
Address:						
City:		State:		ZIP:		
		Just.			_	
Owner Name:						
ddress:						
		State:		ZIP:		
ity:		State:		ZIP:		
essor Name: ddress:						
City:						
		State:		ZIP:		
		State:		ZIP:		
essee Name:		State:		ZIP:	_	
.essee Name: Address:		State:		ZIP:		
Address:		State:		ZIP:		
Address:						
Address: City:	6 mortgage, deed of trust, or other security interest in the provider must be re	State:				
Address: City:	6 mortgage, deed of trust, or other security interest in the provider must be re	State:				
Address: Nortgage or Security Interest All entities with at least a 5' intity wit Mortgage or Security Interest Name:	6 mortgage, deed of trust, or other security interest in the provider must be re	State:				
ddress: lity: Mortgage or Security Interest All entities with at least a 5 milty wit Mortgage or Security Interest Name: ddress:	6 mortgage, deed of trust, or other security interest in the provider must be re	State:				
Address: Ity: Mortgage or Security Interest All entities with at least a 5 intity wit Mortgage or Security Interest Name: ddress:	is mortgage, deed of trust, or other security interest in the provider must be re	State:		ZIP:		
uddress: Ity: Mortgage or Security Interest All entities with at least a 5 infilty wit Mortgage or Security Interest Name: ddress: Ity: intity wit Mortgage or Security Interest Name:	6 mortgage, deed of trust, or other security interest in the provider must be re	State:		ZIP:		
uddress: Ity: Mortgage or Security Interest All entities with at least a 5 infilty wit Mortgage or Security Interest Name: ddress: Ity: intity wit Mortgage or Security Interest Name:	6 mortgage, deed of trust, or other security interest in the provider must be re	State:		ZIP:		
address: City: dortgage or Security Interest All entities with at least a 5 intity wit Mortgage or Security Interest Name: ddress: intity wit Mortgage or Security Interest Name: ddress:	6 mortgage, deed of trust, or other security interest in the provider must be re	State:		ZIP:		
ddress: ilty: Aortgage or Security Interest All entities with at least a 5 ndtry wit Mortgage or Security Interest Name: ddress: ity: Intly wit Mortgage or Security Interest Name: ddress:	6 mortgage, deed of trust, or other security interest in the provider must be re	State: ported. State:		ZIP: ZIP:		
didress: Ilty: Aortgage or Security Interest All entities with at least a 5 notify with Mortgage or Security Interest Name: ddress: ity: ddress: ddress: ddress:	is mortgage, deed of trust, or other security interest in the provider must be re	State: State:		ZIP: ZIP:		
didress: ilty: Aortgage or Security Interest - All entities with at least a 5 nitly wit Mortgage or Security Interest Name: ddress: ilty: intity wit Mortgage or Security Interest Name: ddress: ilty: irty: artnership-All general partnership interests—regardless or		State: State:		ZIP: ZIP:		
uddress: inty: dortgage or Security Interest All entities with at least a 5 intity wit Mortgage or Security Interest Name: ddress: intity wit Mortgage or Security Interest Name: ddress: ity: ddress: ity: dartnership-All general partnership interests—regardless cartner Name:		State: State:		ZIP: ZIP:		
address: City: dortgage or Security Interest All entities with at least a 5 dortgage or Security Interest Name: dddress: City: city: city wit Mortgage or Security Interest Name: dddress: Lity: cartnership-All general partnership interests—regardless of artner Name: dddress:		State: State:		ZIP: ZIP:		
address: City: dortgage or Security Interest All entities with at least a 5 dortgage or Security Interest Name: dddress: City: city: city wit Mortgage or Security Interest Name: dddress: Lity: cartnership-All general partnership interests—regardless of artner Name: dddress:		State: State: State:		ZIP: ZIP:		
address: City: dortgage or Security Interest All entities with at least a 5 intity wit Mortgage or Security Interest Name: ddress: artnership-All general partnership Interests—regardless or artner Name: ddress: ddress:		State: State: State:		ZIP: ZIP:		
uddress: illy: dortgage or Security Interest - All entities with at least a 5' intity wit Mortgage or Security Interest Name: ddress: irity: intity wit Mortgage or Security Interest Name: ddress: illy: artnership-All general partnership interests—regardless or artnership-All general partnership-All general partners		State: State: State:		ZIP: ZIP:		
address: City: Mortgage or Security Interest All entities with at least a 5 mortgage or Security Interest Name: ddress: City: City: City: ddress: ddress: City: City		State: State: State:		ZIP: ZIP:		

. 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
Х	Nursing Facility		90	90	4464303
	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):				

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

	State of New Jersey Department of Human Serv Number Facility Cost Reso				
Provider Name:	230 Franklin Tumpike Operations				
	6464323		Medicare Provider Number	21-5158	
NP:	1921272121				
	From:	1/1/2023		To:	12/31/2023
	Schedule S-2 - Nursing Facility Days				
Worksheet:	Detail				

sheet:	0	letal																											
		January 2022		Cehrunn	3033	1	herrh 2022	1 4	lori 3022	Mar. 2022	lune	2022	1.4	3033	1 4-	at 2023	Septemb	- 2022	October 2023	No.	vember 2023	I non	ember 2023				Fiscal Year Total		
	Nursing Facility		Days by Payor - Semi- Private Red Pooms)						Days by Payor - Semi- Private Bed Rooms) Ro	ate Days by Payor - Sem			(Private D	Days by Payor - Semi Orivate Bed Booms	(Private	Days by Payor - Semi- Brigate Bed Brown)								(Private Bnown)	Days by Payor - Sen Private Bed Pooms			Contractual Allowance	Revenue + Ancillary Revenue - Contractual Allowance
	Medicaid (Sum Lines 2 and 2)	C4	1 89	20 2	121	7 31	1.90	2 30	0 1925	21 1 93	41	1 991	- 0	1 909	62	1.901	42	1 822	73 1.0	20 6	9 1 799	90	1 996	516		6 S 10.046.119			
	New Jersey (Sum 2.01 through 2.05)	C4	189	20 2	121	7 21	1.90	2 30	0 1925	21 1 93	41	1.001	- 2	1,900	62	1,901	42	1 822	72 1.0	20 6	9 1792	90	1 996	616	22.20		9 \$160,041,6	5 -54,100,932,02	5 6.105.229
2.01	Routine Fee For Service	-	11	12	9	9	100	0	102	131		90		63		21	-	52		62	9 60	21	62	40	56	2 5 447,930			\$ 272,220
3.03	Ni FamilyCare		10		100	0 31	1 70	/ v	0 1.000	34 4.304	30	1.000		1.707		1.766	- 62	1000	(2)	10 0	0 1780		1.000	747	30.00				
2.02	Haspice		- 100	2		0 2	4.00	0	30			93		124		124		120	10	79	121		166	- 27	126	S 564.523			5 249,071
2.04	Respite State Walver Program)					_		_			- 11		- 1	16					11	11				22		7 5 21,915		3 5 (0.946)	
2.05	Therapeutic Davis Below Beneficiary 24 Day Annual																		-							0			4 .
2.05	Pending Medicald Days																							, i		0			1
	1000																												
1	Medicald Out of State (Sum Lines 3.01 through 3.03)	0		0	0	0 0	1	6 0	0 0			0				0		6	0	0	0 0					n c			
3.01	Routine Fee For Service																									0			5 .
3.02	Managed Care																							0		0			
3.03	Haspice																							0		0			5 .
- 4	Private Pay and Third-Party Insurance	62		6 S	6 1	3 60	9	96	0 41	62 6	60	22	e e	27	62	62	24	54	21	9	0 20	21	49	669	42	S 544,715	1		\$ \$44,715
5	Medicare (Sum S.01 through S.02)	2	24	15 2	24 21	0 22	2 16	3 0	0 125	15 4		25		157	0	92	15	149	8 2	107	0 179		120	96	1,75	4 \$ 910,761	5 5 1,063,192	2 \$ (290,460)	
5.01	Part A Fee for Service (Full Payment & Co ins Days)	2	18	ii .	7 19	9	140	c	22	15 11		50		117		23		119	1	76	177		120	24	138	5 626,580			\$ 1,219,568
5.02	Part C (Medicare Managed Care)		2	7 1	17 1	1 22	2 1	7	70	31		8		40		69	15	30	8	31	2			62	36	6 5 284,185	\$ \$ 247,308	1 \$ (67,563)	\$ 463,929
5.03	Institutional Special Needs Plans (I-SNPs)																							0		0			4 .
	Medicaid days transitioned to Medicare by the 2022																												
5.04	public health emergency 1135 waiver																							0		0			\$.
5.05	Part A Fee for Service Hospice Days																									0			s -
	Tricam and CHAMPUS																									0			\$
	Other Governmenal Payors																									9			4
	Charity Care All Other Days not listed above																									0			\$.
91	All Other Days not listed above								3															0		\$ 98,872	\$ 102,446	\$ (30,364)	\$ 170,954
				_		_	_	_					_						_			_	_					_	
10	Bed Holds and Non-Reimbursable Therapeutic Leave (Sum of Lines		,					, ,	ol 20						ا ا	20		36		21	0 19				21				
20	10.01 through 10.071				1	,		,	- "	- "	, ,		,		,	20	ď		1				- "					, ,	s -
10.01	Medicald NJ Red Holds		2	12		1	22	2	29	- 1		- 5				20		36		21	29		11		21	1			\$.
10.02	NJ Medicaid/NJ FamilyCare Therapeutic Days Over																									0			5 .
10.03	Medicald Out of State Red Holds							_			$\overline{}$															0	_		4 .
10.04	Private Pay Sed Holds																									0			\$.
10.05	All Other Bed Holds																									0			
					_	_		_		_			_			_	_			_									
	Pre-Elizibility Medical Expenses (PEME)																											9 -54.421.755.00	5 0 CM 30C

	State of New Jersey										
Department of Human Services											
	Nursing Facility Cost Report										
Provider Name:	330 Franklin Turr	pike Opera	tions LLC c	Iba Ridgewood Center							
Medicaid Provider Number	4464303		Medicare	Provider Number	31-5158						
NPI:	1821272121										
Reporting Period:	From:	1/1/2023	To:	12/31/2023							
Worksheet:	Vorksheet: Schedule S-10 - Census										

	N	rsing Facil	ity (S-2)		SCNF - AIDS (S	i-3)	1	SCN	F - BMGT	(S-4)
Name			Operations LLC				1			
NJ Medicaid Provider ID	4464303						1			
					Semi-		-		Semi-	
	1 Bed	2 Beds	Total	Private	Private	Total		Private	Private	Total
3eds	4	86	90			-				-
		Semi-			Semi-				Semi-	
	Private	Private		Private	Private	Total		Private	Private	Total
lensus (Days)	Days	Days	Total Days	Days	Days	Days		Days	Days	Days
Medicaid/NJ FamilyCare	585	20,998	21,583	-	-	-	1	-	-	-
Medicaid/NJ FamilyCare - Hospice	8	1,280	1,288	-	-	-		-	-	-
Medicaid/NJ FamilyCare - Respite	23	27	50	-	-	-		-	-	-
Medicaid/NJ FamilyCare - Therapeutic	-		-		-			-	-	-
Pending Medicaid Days	-	-	-	-	-	-		-	-	-
re-Eligibility Medical Expenses (PEME)	-		-		-			-	-	-
Out of State Medicaid	-	-		-	-	-		-	-	-
Out of State Medicaid - Hospice	-		-		-			-	-	-
Medicare	86	1,754	1,840	-	-	-		-	-	-
ricare	-	-		-	-	-		-	-	-
rivate	669	423	1,092	-	-	-		-	-	-
Other	-	8	8	-	-	-		-	-	-
otal Patient Days for Per Day Cost	1,371	24,490	25,861							
Medicaid Bed Holds	-	211	211	-	-	-	1	-	-	-
Medicaid Unreimburable Therapeutic Leave	-	-	-	-	-	-		-	-	-
rivate Bed Holds	-	-	-	-	-	-	1	-	-	-
All Other Bed Holds	-	-	-	-	-	-	1	-	-	-
Total Patient Days Including Bed Hold	1,371	24,701	26,072		-		1			-
Maximum Bed Days Available	1,460	31,390	32,850				1			

							of New Jers								
						Department	of Human								
Provider Name:			330 Franklin Tu	rnpike Op	erations LL0	dba Ridgewood		Report							
Medicaid Provider Number			4464303			Medicare Provid	er Number		31-5158						
NPI:			1821272121												
Reporting Period:			From:	1/1/2023	To:	12/31/2023									
Worksheet:			Schedule S-10	- Census											
A. Nursing Facility Census															
Report in-house days, b	ed hold da	ays, and th	erapeutic leave	days.											
ame	so	NF - TBI/C	ma /S-61	1	S	NF - Ventilator (2.71	i	SCNE -	Young Adu	1+ (5.9)	1	Rehavioral M	oalth Nureir	ng Facility (S-9)
J Medicaid Provider ID	30	BI/CI	ATTE (3-0)		34	ventilator (JCNF -	. oung Aut	(5-5)		Demovioral Fi	Curcii NUI SII	- nccy (3-5)
D INCUCUIO I TOPIGCI ID															
		Semi-		1						Semi-		1		Semi-	
	Private	Private	Total		Private	Semi-Private	Total		Private	Private	Total		Private	Private	Total
eds			-	1			-	Ì			-	1			-
		Semi-	-							Semi-				Semi-	
	Private	Private			Private	Semi-Private	Total		Private	Private	Total			Private	
ensus (Days)	Days	Days	Total Days		Days	Days	Days		Days	Days	Days		Private Days	Days	Total Days
ledicaid/NJ FamilyCare	-	-	-	1	-	-	-		-	-	-	1	-	-	-
Medicaid/NJ FamilyCare - Hospice	-	-	-	1	-	-	-		-	-	-	1	-	-	-
ledicaid/NJ FamilyCare - Respite	-	-	-	1	-	-	-		-	-	-	1	-	-	-
fedicaid/NJ FamilyCare - Therapeutic	-	-	-		-	-	-		-	-	-		-	-	-
ending Medicaid Days	-	-	-		-		-		-	-	-		-	-	-
re-Eligibility Medical Expenses (PEME)	-	-	-		-	-	-		-	-	-		-	-	-
ut of State Medicaid	-	-	-	1	-	-	-		-	-	-	1	-	-	-
Out of State Medicaid - Hospice	-	-	-		-	-	-		-	-	-		-	-	-
fedicare	-	-	-	1	-	-	-		-	-	-	1	-	-	-
ricare	-	-	-		-		-		-	-	-		-	-	-
rivate	-	-	-	1	-	-	-		-	-	-	1	-	-	-
ther	-	-	-		-	-	-		-	-	-		-	-	-
otal Patient Days for Per Day Cost													-		-
ledicaid Bed Holds	-	-	-	1	-	-	-		-	-	-		-	-	-
Medicaid Unreimburable Therapeutic Leave	-	-	-		-	-	-		-	-	-		-	-	-
ivate Bed Holds	-	-	-	1	-	-	-		-	-	-		-	-	-
II Other Bed Holds	-	-	-		-	-	-		-	-	-		-	-	-
otal Patient Days Including Bed Hold				1		-				-	-		-		-
Maximum Bed Days Available				I	-		-	l	-	-	-		-	-	- 1

State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	Provider Name: 330 Franklin Turnpike Operations LLC dba Ridgewood Center									
Medicaid Provider Number	4464303		Medicare F	Provider Number	31-5158					
NPI:	1821272121									
Reporting Period:	From:	1/1/2023	To:	12/31/2023						
Worksheet:	Vorksheet: 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)	1,840	\$1,683,497
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	211	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	1,092	\$544,715
Line 4	Medicaid (Except Therapeutic and Bedhold)	22,871	\$6,091,911
Line 5	Respite Days	50	\$13,318
Line 6	Other Non-Medicare Days	8	\$170,954
Line 7	Assessed Days and Revenue	24,021	\$ 6,820,897
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 352,388.07	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 352,388.07	

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State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	Provider Name: 330 Franklin Turnpike Operations LLC dba Ridgewood Center									
Medicaid Provider Number	4464303		Medicare F	Provider Number	31-5158					
NPI:	1821272121									
Reporting Period:	From:	1/1/2023	To:	12/31/2023						
Worksheet:										

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)	1,840	\$1,683,497
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	211	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	1,092	\$544,715
Line 4	Medicaid (Except Therapeutic and Bedhold)	22,871	\$6,091,911
Line 5	Respite Days	50	\$13,318
Line 6	Other Non-Medicare Days	8	\$170,954
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Line 9	Assessment Due	\$ 352,388.07	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 352,388.07	

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		State of New Jersey rtment of Human Services		
Provider Name:		sing Facility Cost Report e Operations LLC dba Ridgewood C	enter	
Medicare Provider II		2 2 p 3 dd dio 2 2 2 dod magewood C		
NPI:	1821272121	. / . /		
Reporting Period: Worksheet:	From: Schedule S-12 - Add	1/1/2023 To: 12/31	/2023	
TTO NAMEEL.	Scriedule 5-12 - Add	tional initionination		
in any of the following response to any of the Any person who ow	and addresses of following associang items is a partnership, include the following items is a limited liabour or operates a related party to	ted individuals with the facility. If a he name and address of each partr ility company, include the name an the facility or who is a principal, a Add subsequent rows as needed.	ner. If any corporation named in d address of each member.	es,
Address:				
City:		State:	ZIP:	
Name: Address:				
City:		State:	ZIP:	
Name:				
Address:		State:	ZIP:	
City:		State:	ZIP:	
Add subsequent rov Name:		more in a private equity fund that	is invested in the NF.	
Address: City:		State:	ZIP:	
City.		State:	ZIP:	
Name:				
Address:				
City:		State:	ZIP:	
Address: City:		State:	ZIP:	
Name:				
Address: City:		State:	ZIP:	
	rector, principal shareholder and	n is a bank or S&L, the name and a controlling person of said corpora		e
City:		State:	ZIP:	
Name: Address:				
Address: City:		State:	ZIP:	
	addresses of each member. Add s			
Name:		Genesis Operations LLC		
		Genesis Operations LLC GHC Holdings LLC		
Name:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC		
Name: Name:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC		
Name: Name: Name:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC	nt	
Name: Name: Name: Name: Name:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdco		
Name: Name: Name: Name: Name: Name:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations I LLC FC-GEN Operations In LLC FC-GEN Operations Investme SunDance Rehabilitation Holdcc Sun Healthcare Group Inc.		
Name: Name: Name: Name: Name: Name: Name: Name:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations II LLC SunDance Rehabilitation Holdc Sun Healthcare Group Inc. Genesis Healthcare Inc.	o Inc.	
Name:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdcd Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI	o Inc.	
Name:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations II LLC SunDance Rehabilitation Holdc Sun Healthcare Group Inc. Genesis Healthcare Inc.	o Inc.	
Name:	Kennett Square	Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdcd Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI ZAC Properties XI LLC	o Inc. LC	.934
Name:	Kennett Square	Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdc Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI ZAC Properties XI LLC 101 East State Street State: P	o Inc. LC	934
Name:	Kennett Square	Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdcd Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI ZAC Properties XI LLC 101 East State Street State: P	LC ZIP: 1	934
Name: Address: City: Name: Address:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdcd Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI I ZAC Properties XI LLC 101 East State Street State: P Arnold Whitman 3820 Mansell Road Suite 28	D Inc. LIC A ZIP: 1	
Name: Address: City: Name: Address:	Kennett Square Alpharetta	Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdcc Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI I ZAC Properties XI LLC 101 East State Street State: P Arnold Whitman 3820 Mansell Road Suite 28	D Inc. LIC A ZIP: 1	
Name: City: Name: Address: City: Name: Address: City:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations II Nestme SunDance Rehabilitation Holdcd Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI ZAC Properties XI LLC 101 East State Street State: P Arnold Whitman 3820 Mansell Road Suite 28 State: G Steven Fishman	D Inc. LC A ZIP: 1 D A ZIP: 3	
Name: Address: City: Name: Address: City:	Alpharetta	Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdcd Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI ZAC Properties XI LLC 101 East State Street State: P Arnold Whitman 3820 Mansell Road Suite 28 State: G Steven Fishman 1617 JFK Boulevard Suite 54	D Inc. LIC A ZIP: 1 D A ZIP: 5	8002
Name: Address: City: Name: Address: City:		Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations II Nestme SunDance Rehabilitation Holdcd Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI ZAC Properties XI LLC 101 East State Street State: P Arnold Whitman 3820 Mansell Road Suite 28 State: G Steven Fishman	D Inc. LIC A ZIP: 1 D A ZIP: 5	8002
Name: Address: City: Name: Address: City: Name: Address: City: Name:	Alpharetta	Genesis Operations LLC GHC Holdings LLC Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC GEN Operations II LLC FC-GEN Operations Investme SunDance Rehabilitation Holdcd Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI ZAC Properties XI LLC 101 East State Street State: P Arnold Whitman 3820 Mansell Road Suite 28 State: G Steven Fishman 1617 JFK Boulevard Suite 54	D Inc. LIC A ZIP: 1 D A ZIP: 5	934

Nursing Facility Department Services Nursing Facility Cost Report									
Provider Name:	330 Franklin Turnpike Operations LLC dba Ridgewood Center								
Medicaid Provider Number	0		Medicare Provider Number	31-5158					
NPI:	1821272121								
Reporting Period:	oorting Period: From: 1/1/2023 To: 12/31/2023								
Worksheet:	Schedule S-13 - Average Length of Stay								

	· ·	Number of Beds (Column 1)	Bed Days Available	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 o			(Column 2)					(Column 7)		(Column 9)	(Column 10)	(Column 11)	(Column 12)	
1	Nursing Facility (S-2)	25,861	9,439,265	26,072	74	352.3243243	383.4117647	65	64		4			68
	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
	Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
9	Total (sum of lines 1-8)		9,439,265	26,072	74	352	383	65	64	0	4	0	0	68

IPI:	er Name: re Provider ID:	330 Franklin Turi 31-5158	npike Operations LLC	Nurging Excility Co. dba Ridgewood Cer	t Report iter					
	ing Period:	1821272121 From:		1/1/2023	To:	12/31/2023				
orksh		Schedule A - Tota	al Expense							
		A. Employee and Contract Labor Hours (Schedule A-1		Benefits (Schedule		E. Supplies &		G. Adjustment for Related Parties (See	H. Adjustment for Income Offsets (See	
	ect Routine Patient Care Costs	through A-3)	Schedule A-3)	A-2)	Schedule A-3)	Other	F. Total	Schedule A-4)	Schedule A-8)	I. Adjusted
2	Direct Care - Nursing Facility Direct Care - SCNF AIDS	89,844	\$ 2,872,288		\$ 1,500		\$ 2,873,788 \$ -	\$ - \$ -	\$ - \$ -	\$ 2,873
4	Direct Care - SCNF BMGT Direct Care - SCNF PEDIATRIC		\$ - \$ -		\$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
	Direct Care - SCNF TBI/COMA Direct Care - SCNF VENTILATOR		\$ -		\$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
	Direct Care - SCNF YOUNG ADULT Direct Care - Behavioral Health Nursing Facility	- 1	\$ - \$ -		\$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
9 10	Direct Care - OTHER SPECIFY Total Direct Patient Care Costs - Direct Reported	89,844	\$ 2,872,288		\$ 1,500		\$ -	\$ - \$ -	\$ - \$ -	\$ 2,873
Rou	tine Patient Care Costs - Not Directly Reported									
11	Routine Medical Supplies OTC Drugs					\$ 40,569 \$ 18,538	\$ 40,569 \$ 18,538	\$ - \$ -	\$ - \$ -	\$ 40 \$ 18
13	Enteral Feeding (Product and Supplies) Incontinency Products					\$ 2,690 \$ 32,942	\$ 2,690 \$ 32,942	s -	\$ - \$ -	\$ 2
15	Total Patient Care Costs - Not Directly Reported					\$ 94,739	\$ 94,739	\$ -	\$ -	\$ 94
2011 16	ent Ancillary Costs Radiology		٠.		١٠ .	\$ 8,488	\$ 8,488	٠		\$ 8
17	Laboratory Intravenous Therapy	-	\$ -		\$ -	\$ 8,215 \$ 1,749	\$ 8,215 \$ 1,749	\$ -	\$ -	\$ 8
19	Oxygen Therapy	74.00			\$ 3,552	\$ 5,532	\$ 9,084	\$ -	\$ -	\$ 9
21	Physical Therapy Occupational Therapy	2,731.00 2,305.00	\$ -		\$ 167,773 \$ 107,239		\$ 168,479 \$ 107,412	\$	\$ - \$ -	\$ 168
23	Speech Therapy Electro cardiology	1,614.00	\$ - \$ -		\$ 136,779		\$ 136,779 \$ -	\$ - \$ -	\$ - \$ -	\$ 136
24 25	Medical Supplies Charged to Patients Prescription Drugs (not OTC)					\$ 66,520	\$ - \$ 66,520	\$ - \$ -	\$ - \$ -	\$ 66
26 27	Pharmacy Non-Formulary Support Surfaces					\$ 15,833	\$ - \$ 15,833	\$ - \$ -	\$ - \$ -	\$ 15
28	Ambulance Dental					\$ 6,610	\$ 6,610 S -	s -	\$ - \$ -	\$ 6
	Physicians Other - Patient Ancillary Costs	-	s -		\$ -	\$ 24,621	\$ 24,621		\$ - \$ -	\$ 24
31 32	Other - Patient Ancillary Costs Total Patient Ancillary Costs	6,724.00	\$ -		\$ 415,343	\$ 138,447	\$ 553,790		\$ -	\$ 553
	Director of Nursing, ADON, Supervisors	7,937.50	\$ 217,572	\$ 217,572	· ·		\$ 435,144	s 1	c	\$ 435
34	Inservice Education	7,957.50	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$
36	MDS Coordinator Staffing Coordinator	-	\$ - \$ -	\$ -	\$ -		\$ -	\$ - \$ -	\$ - \$ -	\$
37 38	Infection Control Medical Records/EMR	2,124.90	\$ - \$ 49,748	\$ -	\$ -		\$ - \$ 49,748	\$ - \$ -	\$ - \$ -	\$ 49
39 40	Nursing License Fees Other - Nursing Administration	1,063.24	\$ 25,952	\$ -	\$ -	\$ 23,002	\$ - \$ 48,954	\$ - \$ -	\$ - \$ -	\$ 48
41	Total Nursing Administration	11,125.64	\$ 293,272	\$ 217,572	\$ -	\$ 23,002	\$ 533,846	\$ -	\$ -	\$ 533
42	kforce Related Costs - Patient Care Direct Patient Care Recruitment					\$ 16,379	\$ 16,379	ş -	\$ -	\$ 16
	Direct Patient Care Retention Total Workforce Related Costs - Patient Care					\$ 16,379			\$ -	\$ 16
Pati	ient Support Services									
45	Food (including supplements) Dietary Department		۱s -	١ -	\$ 643,551	\$ 163,176 \$ 22,147	\$ 163,176 \$ 665,698	\$ - \$ -	\$ - \$ -	\$ 163 \$ 665
47	Laundry Department	-	\$ -	\$ -	\$ 135,424	\$ 10,960 \$ 11,757	\$ 146,384 \$ 278.394	š -	\$ -	\$ 146
49	Housekeeping Department Social Services	3,445.64			\$ 266,637	\$ 189	\$ 128,476	\$	\$ -	\$ 278
51	Patient Activities Medical Director	6,482.76 420.00	\$ 137,136	\$ -	\$ -	\$ 5,992	\$ 143,128 \$ 35,741	\$ - \$ -	\$ -	\$ 143 \$ 35
52 53	Pharmacy Consultant Auto Leasing and Depreciation - Direct Patient Care	-	\$ -	\$ -	\$ -	\$ 10,441	\$ 10,441 \$ -	\$ - \$ -	\$ -	\$ 10
54 55	Other Auto Expense - Direct Patient Care Other - Patient Support Services	-	s -	\$ -	\$ -	\$ 43,279	\$ - \$ 43,279	\$ - \$ -	\$ - \$ -	\$ 43
56	Total Patient Support Services	10,348	\$ 265,423	\$ -	\$ 1,081,353	\$ 267,941	\$ 1,614,717	s -	\$ -	\$ 1,614
57	perty Operating Costs Maintenance	2,527.52	\$ 78,739	\$ -	\$ -	\$ 92,019	\$ 170,758	\$ -	\$ -	\$ 170
58 59	Security Utilities (including telephone and cable services)		\$ -	\$ -	\$ -	\$ 235,889	\$ 235,889	\$ - \$ -	\$ - \$ -	\$ 235
60 61	Real Estate Tax Property Insurance					\$ 138,635 \$ 28,457	\$ 138,635 \$ 28,457	\$ - \$ -	\$ -	\$ 138 \$ 28
62	Total Property Operating Costs	2,528	\$ 78,739	\$ -	\$ -	\$ 495,000	\$ 573,739	\$ -	\$ -	\$ 573
dmi 63	inistrative & Operating Costs Administrator	2,080.00		\$ 145,003			\$ 145,003	ş -	\$ -	\$ 145
54 55	Assistant Administrator Other Executive Staff	-		\$ -			\$ - \$ -	s -	\$ - \$ -	s
66	Office Staff Management Fees	13,118.58	\$ 403,397	\$ -	\$ -	\$ 370,491	\$ 403,397 \$ 370,491	\$ - \$ 42,106	\$ - \$ (4,771)	\$ 403
68	Office Supplies and Expenses Insurance not Related to Property or Employees					\$ 9,375 \$ 88,657	\$ 9,375 \$ 88,657	\$ -	\$ -	\$ 9
70	Business Taxes					\$ 378	\$ 378	\$	\$ -	\$ 88
72	Accounting Fees Legal Fees						\$ -	s -	\$ - \$ -	\$
73	Advertising Allowable contributions					\$ 250	\$ - \$ 250	\$ - \$ -	\$ - \$ -	\$
								\$ -	s -	S
75	Allowable Employee Gifts and Party Auto Leasing and Depreciation						\$ - \$ -	\$ -	\$ -	\$
75 76 77							\$ -	\$ - \$ - \$ -	S - S -	\$ \$ \$
75 76 77 78 79	Auto Leasing and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense						\$ - \$ - \$ -	s -	\$ - \$ - \$ -	\$
75 76 77 78 79	Auto Leasing and Depreciation Other Auto Expenses Travel Expenses Onn-Capital Related Interest Expense Other A&O costs	15,199	\$ 403,397	\$ 145,003	s -	\$ 132,256 \$ 601,407	\$ - \$ - \$ - \$ 132,256	\$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$
75 76 77 78 79 90 81	Auto Lesing and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense Other A&O costs Total Administrative & General	15,199	\$ 403,397	\$ 145,003		\$ 132,256 \$ 601,407	\$ - \$ - \$ - \$ 132,256 \$ 1,149,807	\$ - \$ - \$ - \$ - \$ 42,106	\$ - \$ - \$ - \$ - \$ - \$ (4,771)	\$ \$ \$ \$ \$ 133
75 76 77 78 79 80 81	Auto Leasing and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense Other A&O costs Total Administrative & General	15,199	\$ 403,397	\$ 145,003		\$ 132,256 \$ 601,407	\$ - \$ - \$ - \$ 132,256	\$ - \$ - \$ - \$ - \$ 5	\$ - \$ - \$ - \$ - \$ - \$ (4,771)	\$ \$ \$ \$ 132 \$ 1,187
75 76 77 78 79 80 81 82	Auto Leaining and Depreciation Other Auto Expenses Fravel Expenses Fravel Expenses How Address and Interest Expense How Address and Interest Expenses How Address and Interest Expenses How Address Addre	15,199	\$ 403,397	\$ 145,003		\$ 132,256 \$ 601,407	\$ - \$ - \$ - \$ 132,256 \$ 1,149,807	\$ - \$ - \$ - \$ - \$ 42,106	\$ - \$ - \$ - \$ - \$ - \$ (4,771)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
75 76 77 78 79 80 81 70 81 83 84 85	Auto Lesing and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense Total Administrative & General idea 7 as (MAL 100) Provider Tax (MAL 100) Provide	15,199	\$ 403,397	\$ 145,003		\$ 132,256 \$ 601,407 \$ 348,941 \$ 1,560 \$ 16,758	\$ - \$ - \$ - \$ 132,256 \$ 1,149,807 \$ 348,941 \$ 1,560 \$ - \$ 16,758	\$ - \$ - \$ - \$ - \$ 42,106	\$ - \$ - \$ 5	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
75 76 77 78 79 80 81 81 Wor 83 84 85 86	Auto Leaing and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense Other ABO Costs Tratel Administrative & General Total	15,199	\$ 403,397	\$ 145,003		\$ 132,256 \$ 601,407 \$ 348,941 \$ 1,560	\$ - \$ - \$ 132,256 \$ 1,149,807 \$ 348,941 \$ 1,560 \$ -	\$ - \$ - \$ - \$ - \$ 42,106	\$ - \$ - \$ - \$ (4,771) \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
75 76 77 78 79 80 81 81 82 Wor 83 84 85 86 87	Auto Leaining and Depreciation Other Auto Expenses Travel Expenses Other ARD Costs Travel Expense Other ARD Costs Travel Expense Other ARD Costs Travel Expense Other ARD Costs Travel Administrative & General Meet Tax (WIAS 100) Provider Tax (WIAS 100) Merce Related Costs - Other Patient Support & Other Recruitment Patient Support & Other Recruitment Professional Training Tratel Workforce Related Costs - Other Total Workforce Related Costs - Othe	15,199	\$ 403,397	\$ 145,003		\$ 132,256 \$ 601,407 \$ 348,941 \$ 1,560 \$ 16,758 \$ 10,457 \$ 28,785	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ 5 -	\$ - \$ - \$ 5	\$ 1325 \$ 1,187 \$ 1,187 \$ 1
75 76 77 78 79 80 81 81 82 83 84 85 86 87 88 88 89	Auto Leaining and Depreciation Other Auto Expenses Travel Expenses Non-Capital Releated Interest Expense Other ABO Costs Travel Expenses Travel Expenses Travel Expenses Travel Expenses Travel Expenses Travel Administrative & General Seer Tas (NHA 100) **Morror Related Costs - Other Patient Support & Other Recruitment Patient Support & Other Recruitment Patient Support & Other Recruitment Travel Monkforce Related Costs - Other Travel Monkforce Related Costs - Other See Rendiffs for Non-Management Employees Payrol Taxes Workers' Compensation	15,199	\$ 403,397	\$ 145,003		\$ 132.256 \$ 601,407 \$ 348,941 \$ 1,560 \$ 16,758 \$ 10,467 \$ 28,785 \$ 10,267 \$ 293,334 \$ 121,807	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$	\$ - \$ 5 - \$	\$ 137 \$ 1,187 \$ 1,187
75 76 77 78 79 80 81 81 82 83 84 85 86 87 88 89 90 91	Auto Leaining and Depreciation Other Auto Expenses Travel Expenses Other Ado Costs Travel Expenses Other Ado Costs Trated Administrative & General Total Market Related Costs - Other Patient Support & Other Relevation Patient Support & Other Relevation Professional Training Lecensing and Development Total Wandplore Related Costs - Other Secondaria for Numbanagement Employees Payral Taxes Wonders' Compensation Unemolyperer	15,199	\$ 403,397	\$ 145,003		\$ 132.256 \$ 601,407 \$ 348,941 \$ 1,560 \$ 16,758 \$ 10,467 \$ 28,785 \$ 211,807 \$ 40,770	\$ -5 \$ 132,756 \$ 1,149,807 \$ 348,941 \$ 1,560 \$ 1,6758 \$ 10,467 \$ 28,785 \$ 293,334 \$ 121,807 \$ 40,770 \$ 40,770	\$ - \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 132 \$ 1,187 \$ 1,187 \$ 1,187 \$ 1,187 \$ 16 \$ 16 \$ 16 \$ 16 \$ 17 \$ 18 \$ 18 \$ 18 \$ 18 \$ 18 \$ 18 \$ 18 \$ 18
75 76 77 78 80 81 81 83 84 85 86 87 88 89 90 91 92 93	Auto Lesinig and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense Non-Capital Related Interest Expense Non-Capital Related Interest Expense Total Administrative & General Mer Tax (NHA 100) Provider Tax (NHA 100) Pr	15,199	\$ 403,397	\$ 145,003		5 132,256 \$ 601,407 \$ 348,941 \$ 1,560 \$ 16,758 \$ 10,467 \$ 29,785 \$ 293,334 \$ 121,807 \$ 40,770 \$ 40,770	\$\$ \$	\$ - \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$	\$ - \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$	\$ 132 \$ 1,187 \$ 1,187 \$ 1,187 \$ 16 \$ 16 \$ 16 \$ 16 \$ 16 \$ 16 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12
75 76 77 78 79 80 81 82 83 84 83 83 84 83 83 83 84 83 83 83 84 83 83 84 83 84 83 84 83 84 84 84 84 84 84 84 84 84 84 84 84 84	Auto Leaining and Depreciation Other Auto Expenses Travel Expenses Other ARD Costs Travel Expense Other ARD Costs Travel Expense Other ARD Costs Travel Administrative & General Med Tax (MHA 100) Med Tax	15,199	\$ 403,397	\$ 145,003		\$ 132.256 \$ 601,407 \$ 348,941 \$ 1,560 \$ 16,758 \$ 10,467 \$ 28,785 \$ 22,334 \$ 121,807 \$ 40,770	\$ -5 \$ 132,756 \$ 1,149,807 \$ 348,941 \$ 1,560 \$ 1,6758 \$ 10,467 \$ 28,785 \$ 293,334 \$ 121,807 \$ 40,770 \$ 40,770	\$ - \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 132 \$ 1,187 \$ 1,187 \$ 1,187 \$ 16 \$ 16 \$ 16 \$ 16 \$ 16 \$ 16 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12 \$ 12
75 76 77 78 79 80 81 81 82 83 84 85 86 87 88 90 91 92 93 94 95 96	Auto Leaining and Depreciation Other Auto Expenses Travel Expenses Other ARD Costs Travel Expense Other ARD Costs Other Recommend Mean Tark (MAJ 00) Morce Related Costs - Other Recurition Facilities of the Recommend Travel Workforce Related Costs - Other Total Workforce Related Costs - Other Seption Support & Other Recurition Usernsing and Dues Total Workforce Related Costs - Other Seption Support & Other Recurition Unersologyment Unersologyment Unersologyment Other Seption Support Seption Unersologyment Other Seption Seption Unersologyment Unersologyment Other Seption Unersologyment Unersologyment Other Seption Unersologyment Other Seption Unersologyment Unersologyme	15,199	\$ 403,397	S 145,003		5 132,256 \$ 601,407 \$ 348,941 \$ 1,560 \$ 16,758 \$ 10,467 \$ 29,785 \$ 293,334 \$ 121,807 \$ 40,770 \$ 40,770	\$\$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ \$ - \$ \$ - \$ \$ 5 - \$ \$ 5 - \$ \$ 5 - \$ \$ 5 - \$ \$ 5 - \$ \$ 5 - \$ 5	\$ 1348 \$ 1,187 \$ 348 \$ 1,187 \$ 16 \$ 28 \$ 16 \$ 28 \$ 125 \$ 125
75 76 77 78 79 90 81 81 82 83 84 85 86 87 88 90 91 92 93 94 95 96 97 98	Auto Lesinig and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense Non-Capital Related Interest Expense Non-Capital Related Interest Expense Total Administrative & General Sider Tax (NHA 100) Provider Tax (NHA 100) Patient Support & Other Retention Professional Training Lecenting and Dues Total Workforce Related Costs - Other Non-Capital Related Costs	15,199	5 403,397	\$ 145,003		\$ 132,256 \$ 602,497 \$ 348,941 \$ 1,560 \$ 16,758 \$ 10,467 \$ 22,788 \$ 10,467 \$ 22,788 \$ 122,807 \$ 122,677 \$ 40,51	\$	\$ - \$ 42,106 \$ - \$ 5 -	\$ - \$ \$ - \$ \$ - \$ \$	S 132 S 1,187 S 1,
75 76 77 78 79 80 81 81 82 83 84 83 84 83 86 87 90 91 92 93 93 94 95 96 97 98 99 90 90 90 90 90 90 90 90 90 90 90 90	Auto Lesinig and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense Travel Expenses Non-Capital Related Interest Expense Totel Administrative & General idea Tax (WIAL 100) Provider Tax (WIAL 100) Provider Tax (WIAL 100) Morce Related Costs Other Patient Support & Other Retention Professional Training Lecensing and Oues Total Workplore Related Costs - Other Total Workplore Related Costs - Other Revention Compensation Union Welfare Vision Insurance Union Welfare Union Welfare Union Welfare Union Welfare Union Welfare Union Helfare Union	15,199	\$ 403,397	\$ 145,000		\$ 132,256 604,407 \$ 460,407 \$ 346,941 \$ 1,560 \$ 1,560 \$ 1,5678 \$ 28,785 \$ 28,785 \$ 128,873 \$ 4,051 \$ 45,00 \$ 28,703	\$	\$ - \$ 42,106 \$ - \$ 5 -	\$	S S S S S S S S S S
75 76 77 78 79 80 81 81 82 Wor 83 84 88 88 88 88 99 99 99 99 99 99 99 99 99	Auto Lesing and Depreciation Other Auto Spenses Travel Expenses Non-Capital Related Interest Expense Non-Capital Related Interest Expense Total Administrative & General Geor Yas (WIAS 100) Provider Tax (WIAS 100) More A Marines Contact Solitar Provider Tax (WIAS 100) More A Marines Contact Solitar Patient Support & Other Relation Provider Tax (WIAS 100) More A Marines Contact Solitar Patient Support & Other Relation Provider Tax (WIAS 100) Taxted Workprove Related Costs - Other Security Solitary Solitary Workers Compensation Usensity Insurance Dental Insurance Dental Insurance Uniforms Uniforms Tution Assistance Retrement Benefits Let Insurance Other- Fringe Benefits Total Fringe Benefits Total Fringe Benefits	15,199	\$ 403,397	\$ 145,003		\$ 132,256 \$ 601,407 \$ 348,941 \$ 1,560 \$ 16,788 \$ 20,785 \$ 20,785 \$ 122,785 \$ 122,807 \$	\$ \$ 132.56 \$ 1,149,807 \$ 348,941 \$ 1,560 \$ 1,560 \$ 28,783 \$ 10,677 \$ 28,783 \$ 100,770 \$ 400,770 \$ 400,770 \$ 129,673 \$ 129,	\$ - \$ 42,106 \$ - \$ 5 -	\$ - \$ \$ - \$ \$ - \$ \$	S S S S S S S S S S
75 76 77 78 79 80 81 81 82 Works 83 84 88 88 88 88 99 90 91 92 99 99 99 99 99 99 99 99 99 99 99 99	Auto Lesing and Depreciation Other Auto Expenses Travel Expenses Non-Capital Related Interest Expense Other Auto Expenses Other Auto Expenses Total Administrative & General Geor Tax (MAS 00) Provider Tax (MAS 00) Micros Autority (MAS 00) Micros Autor	15,199	\$ 403,397	\$ 145,003		\$ 132,256 604,407 \$ 460,407 \$ 346,941 \$ 1,560 \$ 1,560 \$ 1,5678 \$ 28,785 \$ 28,785 \$ 128,873 \$ 4,051 \$ 45,00 \$ 28,703	\$	\$ - \$ 42,106 \$ - \$ 5 -	\$ - \$ 5 - \$	\$ 1323 \$ 1485 \$ 1
75 76 77 78 80 80 81 82 83 84 88 88 88 88 88 88 99 99 99 99 99 99 99	Auto Leaining and Depreciation Other Auto Expenses Travel Expenses Other ARD Consts Travel Expense Other ARD Consts Travel Administrative & General Med Tax (MNA 100) Med Tax (MNA 10	15,199	\$ 403,397	\$ 145,003		\$ 112,256 \$ 601,407 \$ 348,941 \$ 15,60 \$ 16,78 \$ 23,78 \$ 23,78 \$ 121,807 \$ 40,770 \$ 40,770 \$ 40,770 \$ 40,770 \$ 5 22,878	\$ \$ 1560 1560 \$ 1560 156	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ 5 - \$	\$ 132 132 132 132 132 132 132 132 132 132
75 76 77 78 89 80 81 81 82 Work 83 84 85 86 87 88 99 91 99 99 99 99 99 99 99 99 99 99 99	Auto Learing and Depreciation Other Auto Spenses Travel Expenses Non-Capital Related Interest Expense Travel Expenses Non-Capital Related Interest Expense Total Administrative & General deer Tax (WIAL 100) Provider Tax (WIAL 100) Provider Tax (WIAL 100) Morca Related Costs - Other Patient Support & Other Recention Professional Training Lecensing and Dues Trated Warshprore Related Costs - Other Trated Warshprore Related Costs - Other Spensed Tax of the Non-Management Employees Workers' Compensation Union Welfare Union Welfare Union Welfare Union Welfare Union Melfare Deep Helfare Benefits Total Fringe Benefits Total Frin	15,199	5 403,397	\$ 145,003		\$ 132,256 \$ 603,407 \$ 603,407 \$ 1,560 \$ 15,788 \$ 10,467 \$ 28,785 \$ 40,770 \$ 40,770 \$ 40,770 \$ 40,770 \$ 40,770 \$ 28,703 \$ 28,703 \$ 622,838 \$ 622,838 \$ 622,838 \$ 601,100 \$ 601,10	\$ \$	\$	\$	\$ 1348 \$ 1,187 \$ 1,
75 76 777 879 80 81 81 Work 83 84 85 86 87 87 90 91 92 93 99 99 90 91 99 90 91 91 92 93 94 95 99 90 91 91 91 91 91 91 91 91 91 91 91 91 91	Auto Lesing and Depreciation Other Auto Spenses Travel Expenses Non-Capital Related Interest Expense Non-Capital Related Interest Expense Total Administrative & General Geor Yas (MAL 100) Provider Tax (MAL 100) More a National Control of Con	15,199	\$ 403,397	\$ 145,003		\$ 112,756 \$ 602,407 \$ 348,941 \$ 1,578 \$ 15,758 \$ 10,407 \$ 20,700 \$ 129,677 \$ 40,770 \$ 40,770 \$ 45,778 \$ 45,778 \$ 45,778 \$ 45,778 \$ 45,778 \$ 45,778 \$ 5 12,879 \$ 5 12,	\$	\$	\$	\$ 1328 \$ 1,187
75 76 77 78 80 81 81 82 83 84 85 88 89 99 1 992 993 994 995 997 998 999 001 Pro 02 03 04 05 06	Auto Learing and Depreciation Other Auto Spenses Travel Expenses Non-Capital Related Interest Expense Travel Expenses Non-Capital Related Interest Expense Total Administrative & General deer Tax (WIAL 100) Provider Tax (WIAL 100) Provider Tax (WIAL 100) Morca Related Costs - Other Patient Support & Other Recention Professional Training Lecensing and Dues Trated Warshprore Related Costs - Other Trated Warshprore Related Costs - Other Spensed Tax of the Non-Management Employees Workers' Compensation Union Welfare Union Welfare Union Welfare Union Welfare Union Melfare Deep Helfare Benefits Total Fringe Benefits Total Frin					\$ 112,256 \$ 601,407 \$ 601,407 \$ 1560,407 \$ 1567,8 \$ 104,87 \$ 23,78 \$ 23,78 \$ 40,770 \$ 40,770 \$ 40,770 \$ 40,770 \$ 40,770 \$ 5 28,783 \$ 28,785 \$ 36,785 \$ 36,78	\$ \$ 1.560 \$ 1.	\$	\$	\$ 1328 \$ 1,187

State of New Jersey									
Department of Human Services									
	Nursing Facility Cost Report								
Provider Name:	330 Franklin Turnp	ike Operations LLC dba Ridgewood Center							
Medicare Provider ID:	31-5158								
NPI:	1821272121								
Reporting Period:	From:	1/1/2023 To:	12/31/2023						
Worksheet:	Schedule A-1 - Dire	ct 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)	10,070.57	\$538,440		
Licensed Practitioner Nurses (LPN)	27,733.99	\$1,163,029		4
Certified Nursing Assistants (CNA)	51,979.55	\$1,170,819	60.00	\$1,500
Advanced Practice Nurses (APN) Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	89,784.11	\$2,872,288	60.00	\$1,500
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)	0.00	Ų.	0.00	Ψ¢
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)	0.00	ŞU	0.00	30
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	ćo	0.00	ćo
Special Care Nursing Facility - Vent (Schedule A Line 6)	0.00	\$0	0.00	\$0
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff	0.00	ćo	0.00	ćo
Total SCNF - VENTILATOR Special Care Nursing Facility - Young Adult (Schedule A Line 7)	0.00	\$0	0.00	\$0
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)				
Registered Natises (NA)				
Licensed Practitioner Nurses (LPN)				
Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA)				
Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN)				
Certified Nursing Assistants (CNA)				
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff				
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
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9)	0.00	\$0	0.00	\$0
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN)	0.00	\$0	0.00	\$0
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN)	0.00	\$0	0.00	\$0
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA)	0.00	\$0	0.00	\$0
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN)	0.00	\$0	0.00	\$0
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN)	0.00	\$0	0.00	\$0

	State of New		
	Department of Hur Nursing Facility C		
Provider Name:		Operations LLC dba Ridg	gewood Center
Medicare Provider ID:	31-5158		
NPI:	1821272121	1/1/2022	12/21/2022
Reporting Period: Worksheet:	From: Schedule A-2 - Manag	1/1/2023 T	Го: 12/31/2023
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Hours	Cost
Administrator	Calani	2,000	63
Name Joseph Schmidt	Salary Payroll Taxes	2,080	145,003
Joseph Johnnac	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other	_	
	Total		145,003
Assistant Administrator			64
Name	Salary		
	Payroll Taxes		
	Health Insurance Retirement Benefits	-	
State Licensing Number/Type	Other	-	
	Total	_	-
	•		
Director of Nursing		1.005	33
Name Aishlinn Bila	Salary Payroll Taxes	1,896	114,456
Alstilli bila	Health Insurance	-	
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		114,456
Assistant Director of Nursing			33
Name	Salary	1,893	90,362
Phane Mogaka	Payroll Taxes		
	Health Insurance Retirement Benefits	_	
State Licensing Number/Type	Other	-	
	Total	-	90,362
Other Name	DON	Janua Lina Numban	22
Phane Mogaka	Salary	Input Line Number	8,135
Thane Wogaka	Payroll Taxes	112	0,133
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other Total	_	0.135
	Iotai		8,135
Other			
Name	DON	Input Line Number	33
Renata Pokrzywa	Salary	68	4,619
	Payroll Taxes Health Insurance	-	
State Licensing Number/Type	Retirement Benefits	-	
	Other		
	Total		4,619
Other			
Name		Input Line Number	65
	Salary	put ame manage	
	Payroll Taxes		
Ctata Lianguiga Number/Tura	Health Insurance	_	
State Licensing Number/Type	Retirement Benefits Other	-	
	Total		-
		Input Line North	
Other Name	Salary	Input Line Number	65
	Salary Payroll Taxes	Input Line Number	65
		Input Line Number	65

State Licensing Number/Type

TOTAL MANAGERIAL COMPENSATION

Retirement Benefits

362,575

\$

Other **Total**

State of New Jersey							
	Department of Human Services	5					
	Nursing Facility Cost Report						
Provider Name:	330 Franklin Turnpike Operations LLC dba Ridgewood Center						
Medicare Provider ID:	31-5158						
NPI:	1821272121						
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		alary and Vages	D. Contract Labor Hours	E. Contract La Expense	oor F. Total Hours	_
	ent Ancillary Costs	46							4
1	· ·	16						-	4
2		17						-	4
3	Intravenous Therapy	18				74.00	40		4
4	Oxygen Therapy	19 20				74.00		74.00	_
5	Physical Therapy					2,731.00			→
6	Occupational Therapy	21				2,305.00	\$ 107,		→
7	Speech Therapy	22				1,614.00	\$ 136,		4
8	Electro cardiology	23						-	4
9	Physicians	30							4
10	Other - Patient Ancillary Costs	31	_	4		6 70 4 00	A		- ⊦
11	Total Patient Ancillary Costs		-	\$	-	6,724.00	\$ 415,	343 6,724.00	То
E. Nurs	sing Administration								1
12	Director of Nursing, ADON, Supervisors	33	3,968.50	\$	217,572			3,968.50	1
13	Inservice Education	34						-	1
14	MDS Coordinator	35						-	
15	Staffing Coordinator	36						-]
16	Infection Control	37						-	
17	Medical Records/EMR	38	2,124.90	\$	49,748			2,124.90]
18	Other - Nursing Administration	40	1,063.24	\$	25,952			1,063.24	
19	Total Nursing Administration		7,156.64	\$	293,272	-	\$	- 7,156.64	To
i. Pati	ient Support Services								
20		46					\$ 643,	551 -	1
	Laundry Department	47					\$ 135,		┪
	Housekeeping Department	48					\$ 266,		+
23	·	49	3,445.64	\$	128,287		200,	3,445.64	┪
24		50	6,482.76		137,136			6,482.76	_
	Medical Director	51	0,402.70	7	137,130	420.00	\$ 35,		→
26	Pharmacy Consultant	52				420.00	33,	741 420.00	1
27	Other - Patient Support Services	55							†
28	Total Patient Support Services	33	9,928.40	\$	265,423	420.00	\$ 1,081,	353 10,348.40	− ⊤
								'	_
l. Prop 29	perty Operating Costs Maintenance	57	2,527.52	ċ	70 720			2,527.52	4
30		58	2,327.32	۶	78,739			2,327.32	+
31	Security Total Branartic Constitution Conta	58	2 527 52	ć	78,739		Ś	- 2.527.52	+ To
31	Total Property Operating Costs		2,527.52	۶	78,739	<u> </u>	,	- 2,527.52	7 10
. Admi	inistrative & Operating Costs								1
32	Office Staff	66	13,118.58	\$	403,397			13,118.58	
33	Total Administrative & General		13,118.58	\$	403,397	-	\$	- 13,118.58	То
N. Non	n-Routine/Non-Allowable Costs								1
34	· · · · · · · · · · · · · · · · · · ·	N/A						-	1
35	=	N/A						-	1
36	Barber and Beauty Shop	N/A					\$ 7,	382 -	1
37	Physician Private Offices	N/A						-	1
38	Patient Laundry	N/A						-	1
39	Other Non-Reimbursable Personnel	N/A						-	1
40	Non-Routine / Non-Allowable Costs	107	-	\$	-	-	\$ 7,	382 -	т.
									7 -
Total			32,731.14	l Ś	1,040,831	7,144.00	\$ 1,504,	078 39,875.14	To

Index

Reporting Period:	From:	1/1/2023 To:				
Worksheet:	Schedule A-4 Part I - Related Parties					
Provider DBA Name (if any):	330 Franklin Turnpike Operations LLC dba Rid	30 Franklin Turnpike Operations LLC dba Ridgewood Center				
Tax ID/EIN:	26-0865965					

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

							Department of H Number Facility										
v Name	\$30 Foreign Turnoise Doesdons U.C. dbat						Nuning Jaillin	College									
or Name: ad Provider Number	JUST Franchis Turnisher Demoltons, U.C. 40a.		Medican Provider Number														
IND Proceder Number	P		Melsian Fronte Number														
Ing Period	1821272121	1/1/2021		12/81/200													
	Schedule A-S Part II - Respect Parties																
dest																	
Ser DBA Name (if any);	\$10 Franklin Turnoke Coerations U.C. disast	Kilderwood Center															
VEN	26-0X61961																
etanniantina el Valetad Walte Silemple Fe																	_
Column 1	Column 2	Column 1	Calumi 6	Column 5	Culuma 6	Culums 7	Column 8	Column 9	Column 10	Culume 11	Column 13	Column 11	Column 14	Column 15	Column 16	Column 17	
Date of Transaction	Mentify Where Related Party Colds. Asserts on Cold Resorts	Identify the PCK data field(s), by regulation section, that this cost is included in.	Relationship to Provider (see Ad Schedule A-d Part I. Relationship Status Options, Seriou J	Name of Related Facts	Address of Bellevil Forth	Contact Name of Related Party	Phone Number of Related Party	Drug Address of Related Party	Description of the Goods/Services Provided by Missing Party	Category of Goods/Services Provided by Related Party (See At Schedule A-6 Part I. Goods/Services Category Options, Bellow)	Twee of Transaction	Method for Determining the Allowable Cost or Mary of the Goods/Services Provided	Total (Adva) Amount Pad to	Method of Payment to Related Party (e.g. moons, our resident, monthly fee, flat feet	Allowable Actual Cost or PMI's of the Goods for your Provided In S1	Cost on Facility Books	Mu
			Other (financial or non-financial), specify:	General Administrative Services (UC (1) cold specify be			Flane Number of Resided Party	trial houses, of Resided Party orla Statements, com	Back office services	O-Other		Plant of the Soudichenous Provided Pome office cost report		mone, ow readers, monthly lee, flut her	Sands Services Provided In 31 5412,597,03	5170.491.00	
Month Month			Other (financial or non-financial, saechy. Other (financial or non-financial, saechy.	General Administrative Services (1271) and seeds to General Administrative Services (1271) and seeds to		Minter	432 666-6550	orla Barrowshicz com orla Barrowshicz com	Contribut offer	C-CNINI	Inter-company Inter-company	Home office cost report		TOW COMMONY	\$21,430,00 \$21,430,00		
			Other (financial or non-financial, carefly) Other (financial or non-financial, carefly)	Powerback Rehabilitation (RS (2) calls specify below		Mindel	432 666-6850	orla Barrecoloc com orla Barrecoloc com		W-Thesay		Contract once		d more company	\$25.775.00	\$2.00 \$287,778.00	
Annual						Marting		arts dispersecutor com		W-Thesay	Sider-company					\$147,778.00 \$377,788.00	
Annual			Other (financial or non-financial), sanctiv:	Powedock Relabilitation SRS (1) cold specify below		Marters	432 646-6550	arts dispersecutor com		W-Thesay	Star-campany	Contract once		trow company	\$107.288.00	\$127,319.00 \$139,779.00	
Annual			Other (financial or non-financial), sanctiv:	Powedack Relabilitation SRS (1) cold specify below			432 666-6850				Star-campany	Contract once		Dritter company	\$116.779.00		
Annual			PRINCES AND		ATTENDED AND AND THE SAME SPECIAL TRANSPORT	Turks Pushin	411 777.7611	curse makes distributed one.	Mountain Assessor's Names or Annual Assessor of Names or A	er-seultura	SARAH ATRABANAN	PRODUCT CORE			61 555 56		
Annual			PRINCES OF AN AND AND AND AND AND AND AND AND AND	Roughland Baltabill States, Bull 1971 and A county balton		Minter	417 040-4107	selection are the com-		W. Warter	SARAH ATRABANAN	PRODUCT CORE		Total Colonia	5111700		
Accord			Other (financial or non-financial), sawcfy:		101 Earl State Street Kennett Square FR 19368	Miletex	832 666-6330	arfathernesshot.com	Medical Director	D - Consultants	Inter-company	Contractionse		THOSE COMMONS	\$39,743,00	\$89,243,00	
Marthy			Other (financial or east-financial), specify:	Trisavic Health care Medical Group of Rt ISC (2) cold or		Britis Shandari	929 695-7111	orfu@veavabeabt.com	teleamounation	D-Concultants	Accounts sayoble	Contract once		Account saveline	\$11,200.00	\$11,200.00	
Manthly			Other (financial or east-financial), specify:		11782 US Highway One Ste. 5007 Falin Beach Gardens, FL \$1608		706 167-9186	Brendan raper (fronzes/bybeothober, care	Thesey travance consulting	D-Concultants	Accounts sayoble	Contract once		Account savable	\$2,023,00	\$2,023,00	
				(1) Other specify Parent entity of Provider has finance													
				tributed in the related party.													
				(2) Other as Officer, devotor or other key sesson of \$													
				same testiby of Provider has a financial interest in													
				the rebted oarty.													

Provider Name:	330 Franklin Turnpike Operations LLC dba Ric	30 Franklin Turnpike Operations LLC dba Ridgewood Center							
Medicaid Provider Number	0	Medicare Provider Number	0						
NPI:	1821272121								
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):	330 Franklin Turnpike Operations LLC dba Ric	330 Franklin Turnpike Operations LLC dba Ridgewood Center							
Tax ID/EIN:	26-0865965								

C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider (B1), including all principals and interested parties and including 100% of the owners, principals, and interested parties in any entity identified as a principal or interested party in the third-party entity exercising substantial management control over the provider (B2).

-	blo	-	

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
lame of Entity Exercising Substantial Management	Relationship to Nursing Home (see A4 Schedule A-4 Part I. Relationship Status					
ontrol	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:	330 Franklin Turnpike Operations LLC dba Ri	330 Franklin Turnpike Operations LLC dba Ridgewood Center							
Medicaid Provider Number	0	Medicare Provider Number	0						
NPI:	1821272121								
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):	330 Franklin Turnpike Operations LLC dba Ri	330 Franklin Turnpike Operations LLC dba Ridgewood Center							
Tax ID/EIN:	26-0865965								

C. Management Control

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

T-61-	~	

Table C2						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Name of Any Third Party Entity Identified as a						
Principal or Interested Party in the 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
						1

		of New Jersey t of Human Services	
	Nursing Fa	acility Cost Report	
Provider Name:	330 Franklin Turnpike Operations LLC dba Ridgewood	Center	
Medicare Provider ID:	31-5158		
NPI:	1821272121		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-5 - Non-Allowable Costs		

Cost

		,	2031
Line	Non-Routine / Non-Allowable Costs		
1	Sales and Marketing Department	\$	8,814
2	Gift, Flower, Coffee Shops and Canteen		
3	Barber and Beauty Shop	\$	204
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	\$	167,757
23	Other (Specify)		
24	Other (Specify)		
25	Other (Specify)		
26	Other (Specify)		
27	Other (Specify)		
28	Non-Allowable Other Costs	\$	176,775

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		State of New Jersey Department of Human Se	
		Nursing Facility Cost Rep	
Provider Name:	330 Franklin Turnpike Op	erations LLC dba Ridgewood	d Center
Medicare Provider ID:	31-5158		
NPI:	1821272121		
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	\$54,345.00			\$0.00		\$54,345.00		\$5,308.00		\$5,308.00
Buildings and Fixtures	\$3,210,378.00			\$0.00		\$3,210,378.00				\$0.00
Building Improvements	\$439,139.00			\$0.00		\$439,139.00		\$32,926.00		\$32,926.00
Fixed Equipment	\$107,090.00	\$3,328.00		\$3,328.00		\$110,418.00		\$1,364.00		\$1,364.00
Major Moveable Equipment	\$415,766.00			\$0.00		\$415,766.00		\$48,741.00		\$48,741.00
Other				\$0.00						\$0.00
Total	###########	\$3,328.00	\$0.00	\$3,328.00	\$0.00	\$4,230,046.00	\$0.00	\$88,339.00	\$0.00	\$88,339.00

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:	330 Franklin Turnpi	ike Operations LLC dba Ridgewood Cer	nter
Medicare Provider ID:	31-5158		
NPI:	1821272121		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-7 - Dep	reciation Schedule	

Anset Name/Description Anset	Reporting Period:	From:		1/1/2023	To:	12/31/2023			
Asset Name/Coscorption Capitalised Costs Subject Vision Subject Vision Capitalised Costs Subject V	Worksheet:	Schedu	ule A-7 - Dep	reciation Schedule					
Asset Name/Coscorption Capitalised Costs Subject Vision Subject Vision Capitalised Costs Subject V									
Asset Ramary Description Asset Ramary Description Control Schiller Schiller Schiller Schiller Asset Ramary Description Asset Ramary Description Control Ramary Descr					Weighted	Prior Period			
Subject value Subject valu	Asset Name / Description	Canit	lized Costs		Average	A	Prior Period		Asset Group
Nomine Relations Vooling Relati	Asset Name/Description	Саріта	ilizeu Costs	Salvage Value	Estimated Useful		Impairment	Depreciation	Carrying Value
Number Activities					Life (Years)	Depreciation			
Number Activities									
Administrative scalifiers								A	٨
Model Support Facilities									
Automotion									
Size of Secretarials									
Parting Canages		\$	54,345	\$ -	10.4829	\$ 10,431			
United Equipment S									
Section Sect								\$ -	\$ -
Treat									
Contact	Fixed Equipment	\$	53,627	\$ -	16.9507	\$ 36,602			
S									
S 42,045									
Redictal Equipment									\$ -
Medical Equipment	Total Period Depreciation - Buildings							\$ 42,043	
Medical Equipment									
Other Equipment Used in Direct Care Services \$ 45,756 \$ - 15,156 \$ 300,337 \$ 26,570 \$ 88,480 \$ 14,546 \$ 19,4	Equipment:								
Computer Equipment S	Medical Equipment								
Trelephone and Communication Equipment \$ 7,689 \$ - 20,5597 \$ 5,004 \$ 3.74 \$ 2,311 Monternance and Cutofical Equipment \$ 5 21,301 \$ - 1 \$ 5 21,301 \$ - 5 \$ -	Other Equipment Used in Direct Care Services	\$	415,766	\$ -	15.4158	\$ 300,327		\$ 26,970	\$ 88,468
Trelephone and Communication Equipment \$ 7,689 \$ - 20,5597 \$ 5,004 \$ 3.74 \$ 2,311 Monternance and Cutofical Equipment \$ 5 21,301 \$ - 1 \$ 5 21,301 \$ - 5 \$ -	Computer Equipment	\$	45,775	\$ -	30.559	\$ 24,846		\$ 1,498	\$ 19,431
Maintenance and Custodial Equipment	Telephone and Communication Equipment								
Deperication accelerated S 21,301 S S S S S S S S S	Maintenance and Custodial Equipment							\$ -	\$ -
S 21,301 S S S S S S S S S	Other:				•				•
		\$	21,301	\$ -	1			\$ 21,301	\$ -
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Solution									
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Cars	Total Teriou Depreciation Equipment							ÿ 30,143	I
Cars	Vehicles:								
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Vans									
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	Other.							ċ	ć
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Office Furniture and Fixtures: Office Desks, Cabinets, and Chairs	Total Bariad Danuariation, Vahialas								\$ -
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Defice Desires, Cabinets, and Chairs	Office Furniture and Fixtures:								
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Medical Software (Including EHR) \$ - \$ - \$ Administrative Software \$ - \$ - \$ Other: \$ - \$ - \$ - \$ S - \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ Total Period Depreciation - Software \$ - \$ - \$ - \$ Limited-life Intangible Assets: Other: S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -									
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Other:									
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	Total Period Depreciation - Limited-life Intangible Asset	ts						\$ -	

	State of New Jersey			
	Department of Human Services			
	Nursing Facility Cost Report			
Provider Name:	330 Franklin Turnpike Operations LLC dba Ridgewood C	enter		
Medicare Provider ID:	31-5158			
NPI:	1821272121			
Reporting Period:	From:	1/1/2023	To:	12/31/2023
Worksheet:	Schedule A-8 - Revenue			

A. General Revenue			·					•			•			·		Beh	avioral		·
														SCNF Y	oung	Health	Nursing		Offset
	Total	Nu	rsing Facility	SCI	NF AIDS	SCI	NF BMGT	SCNF P	ediatric	SCNF TE	3I/Coma	SCNF \	entilator/	Adu	ılt	Fa	cility	Other	Line
Total Routine Patient Revenue	\$ 11,600,471	. \$	11,600,471	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	
Private Routine Patient Revenue	\$ 544,715	\$	544,715	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 9,459,683	\$	9,459,683	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Pending Medicaid Days	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$	-	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Out of State Medicaid	\$ -	\$	-	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Medicare Routine Patient Revenue	\$ 910,765	\$	910,765	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Other Patient Revenue	\$ 98,872	\$	98,872	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Hospice Days Revenue	\$ 564,522	. \$	564,522	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Respite Days Revenue	\$ 21,915	\$	21,915	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Therapeutic Leave Revenue	\$ -	\$	-	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Bed Hold Days Revenue	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Ancillary Patient Revenue	\$ 1,325,679	\$	1,325,679	\$		\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
Less Contractual Allowance	\$ (4,421,756	i) \$	(4,421,756)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-		
	\$ 8,504,395	\$	8,504,395	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$ -	

B. Offsetable Revenue					
Meals Served to Non-Patients					
Interest Revenue	4,771	771			
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:					

B. Other Non-Patient Revenue	e	
	County Funding	
	Other:	

Total Revenue \$8,509,165.69 \$8,504,394.69 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

	State of New Jersey Department of Numan Services		
Provider Name: Medicare Provider ID: NID1	Norting (#SULY) CSTL AS PCC. NORTING TO THE CONTROL OF THE CONTRO		
Recording Period: Worksheet:	\$801272121 From: 1/1/2023 To: 12/31/2023 Schedule B - Allocation Basis		
Allocated Statistics	Direct Care -	Section-	Total Property Total Total Workforce Non-Routine /
Basis Codes BASIS	Direct Care - Direct Care - Direct Care - Direct Care - SOMF Direct	r - 200	Operating Administrative & Related Costs - Total Property Non-Allowable Costs General Other Capital Costs Costs 62 81 87 106 107
A Non-Managerial Salaries	\$2,872,288	Therefore, Sections /	578.729 5403.297 50 50 50 M
Basis Codes BASIS	Direct Care - Namine Facility SONF AIDS SCNE BMGT PEDATRIC TAILCOMA 13.132 2 3 4 5	1-20	
B Square Footage	January Company		
Basis Codes BASIS	Direct Care - Direct Care - SCNF Direct Care - SCNF SCNF AIDS SCNF AIDS SCNF BMGT PEDIATRIC TELECOMA 5 2 3 4 5	8-XXV	
C Patient Days	25,861 0 0 0 0	0 0 0 25,841	
Basis Codes BASIS	Direct Care - Direct Care - SCNF AIDS SCNF AIDS SCNF BMCT PEDATRIC TRACCMA 1 2 2 3 4 5	1-3206 Ones Care-300F Center-1-00F Center-1-0ever C	
D Non-Medicare Days (NHA100 Definition)	22.683 0 0 0 0	0 0 2268	
Basis Codes BASIS	Direct Care - Direct Care - Direct Care - SCNF Direct Care - S	#-500 Descript-500 Descript-500	
E Meals Served	78.216	78.216	
Basis Codes BASIS	Direct Care - Direct Care - Direct Care - SCNF DI	#-SDB Descript-SDB	
F Pounds of Laundry	20,072 Beau Pases Lays		
Basis Codes BASIS	Direct Care - Naming Facility Direct Care - Direct Care - SCHE ADDS SCHE BADS SCHE	5.102 Constitute 2001 Constitu	
G Salary & Contract Services Direct Nursing Hours	88411 000 0.00 0.00 0.00	New Years.	
Basis Codes BASIS	Direct Care - Numine Facility Direct Care - SCNF Direct Care - SCN	*** CSM** Description - Solid Description -	
H Street Patient Care Salary Hours			
Basis Codes BAGIS	Direct Care - Nursing Facility SON AIDS SON BMGT PEDATRIC TRECTOR - Direct Care - SCNF DI	#-SDM Decices-SDM	
I Accumulated Cost	\$11,571,454		
Basis Codes BASIS J Radiology Charges	Direct Care - Direct Care - Direct Care - SCNF Direct Care - SCNF AIDS SCNF AIDS SCNF BMGT PEDIATRIC TBUCCMA S CNF BMGT PEDIATRIC TB	2-SDM DetCice-1-SDM DetCice-1-	
1 Isasiasy Charges	S11.595. Direct Care -		
Basis Codes BASIS K Laboratory Changes	Direct Care - Number Facility Direct Care - Direct Care - SOM	#-500 Description-500 Desc	
K (Licoratory Charaet	Phone Core		
Basis Codes BASIS L Intravenous Therapy Charges	Direct Care - Direct Care - SCNF BANCT PEDIATRIC TBUCOMA S S. 1,000 3 4 5	1- 128	
Basis Codes BASIS M Oxygen Therapy Charges	Direct Care - Nursing Facility Direct Care - SCNF Direct Care - SC	#-500 Ores Core - 500 Ores	
	Direct Care - Direct Care - SCNF Direct Care - SCNF		
Basis Codes BAGIS N Physical Therapy Charges	Direct Care - Direct Care - SCNF	1. TOR	
	Direct Care - Nursing Facility Direct Care - SCNF Direct Care - SC	#- 100F Direction - 100	
Basis Codes BASIS O Occupational Therapy Charges	Direct Care - Nursing Facility SOVE AIDS SOVE AI	s-SDB	
	Direct Care - Direct Care - SCNF Direct Care - SCNF	14-XXVIII OTRICICAT-XXVIII Holds Marring Fallery Spring (XXVIII Holds Marring Fallery Spring XXVIII Holds Marring XXVIII Holds Marring Fallery Spring XXVIII Holds Marring Fallery Spring XXVIII Holds Marring Fallery Spring XXVIII Holds Marring XXV	
Basis Codes BASIS P Speech Therapy Charges	Direct Care - Nursing Facility SCHF ALDS SCHF BMST PEDATRISC TBUCOMA	2 STAR DIRECTORS - SCORE DIREC	
Basis Codes BASIS	Direct Care - Nursing Facility SON AIDS SON BANGT PEDALTRIC TBUCOMA 1 2 3 4 5	#- 150# Desertion #- 150	
Q Bectrocardology Charges	2 2 3 4 5	, i i i i i i i i i i i i i i i i i i i	
Basis Codes BASIS	Direct Care - Nursing Facility SCNF AIDS SCNF BMGF PEDIATRIC TBUCOMA 1 2 3 4 5	#- 508	
R Medical Supplies Charged to Patient Charges	Limite Current - Parallel P Jacoby State Public State Books Public Policy Bally Limited Public Policy Public Policy	tools tools, and the state of t	
Basis Codes BASIS	Direct Care - Nursing Facility SON FAIDS SCNF BMGF PEDUTING TBUCOMA 2 3 4 5	8-200 Structure - 2004	
S Prescription Drugs (Not OTC) Charges	2 2 3 4 5	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Basis Codes BASIS	Direct Care - Narring Facility Direct Care - Direct Care - SCNF Direct Care - Direct Care - Direct Care	#-1509 Description-1509	
T Pharmacy Non-Formulary Charges		50.	
Basis Codes BASIS	Direct Care - Nursing Facility Direct Care - SCNF Direct Care - SC	#-508 One-Core -509 One-Core -500 One-Core -	
U Support Surfaces Charges	1 2 3 4 5 Sini 2 3 4 5		
Basis Codes BASIS	Direct Care - Narsing Facility SONF AIDS SONF BMGT PEDASTRIC SONF AIDS SONF BMGT PEDASTRIC TBUCOMA SONF BMGT PEDASTRIC	#-508	
V Ambulance Charges	526,072 BASIS Pasent Days	53007	
Basis Codes BASIS	Direct Care - Nursing Facility Direct Care - Direct Care - SCNF Di	#: 508	
W Dental Charges			
Basis Codes BASIS	Direct Care - Direct Care - Direct Care - Direct Care - SCNF Direct Care - SCNF	#-508 Onector=-5009 Desctor=-5009 Desctor=-8enous Onector Societary Societ	
X Physician Charmes	\$26,072 BASIS Patient Days	538,072	
Basis Codes BASIS	Direct Care - Direct Care - Direct Care - Direct Care - SCNF Direct Care - Direct Care - Direct Care - Direct Care - Direct	1. TOT	
	1 2 3 4 5	7 8 9 207	

Part		State of New Incomy Department of Newcoars	
14 1		Number Steller Cost Report	
The content of the co	tolder Name:		
Separate Sep	Redicate Provider lot.	### ##################################	
Separate Sep	egorting Period:	From: 1/1/2023 To: 1/1/2023	
	Vorksheet	Schedule B.1 Allocated Costs	
Second Property Second Pro	there are errors on this tab please ensure Schedule B is filled out		
Section Sect	orrectly		
Part			M600A AUTOLEASING AND CITIES AUTO TOTAL TOTAL OF
Column C			SUPPLES PRESCRIPTION PHARMACY PROCESTS PROCESTS OTHER PROCESTS WORKFORCE PROCEST AN
Sept. March 1968 1968 1968 1968 1968 1968 1968 1968	SOHEDULE	ROUTING MEDICAL (PRODUCT AND INCONTINGNOY INTRAVENOUS PHYSICAL OCCUPATIONAL	ESCRED CHARGED TO CRUSS FROT NON- SUPPORT ANNUARIES FROM SCIALED COSTS - HOUSESSEPIN SCIAL PATRINT MISSICAL CONSULTAN DRICT PATRINT OF SELECT PATRINT OF SEL
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March Marc	Cost Multiplier	015945665 15238224895 0.75832230 0.10802763 1.27380098 0.77187654 1.88849429 0.85631250 28.55531915 0.30702781 0.31428429 0.27519030	000 00000000 00000000 0000000 0000000 0000
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4 Fragment of the control of the con	101 Total Fringe Benefits		
A Control Co	12 ACCOUNT MADE SUPPLIES		
Marchard 100	12 Enteral Feeding (Product and Supplies)	52,690 50 50 50	
## Company 10.00 1	14 Incontinency Products		
## No. 10.	16 Radiology		
A Septem 1,000 1	17 Liboratory		
## Property of the control of the co	19 Owen Therapy		3.00
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A Control Co	21 Occupational Therapy	\$107,412 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$207,412
March Confession	22 Speech Therapy	\$136,779 50 50 50 50 50 50 50 50 50 50 50 50	
France F	24 Martinal Canaday Charmed to Patients		90
France F	25 Prescription Drugs (not OTC)	\$66,530 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6	50 50 50 50 50 50 50 50 50 50 50 50 50 5
March Gall	26 Pharmacy Non-Formulary	50 50 50 50 50 50 50 50 50 50 50 50 50	90 90 90 90
2			50 50 50 50 50 50 50 50 50 50 50 50 50 5
No. 100	28 Ambulance	\$6,610 \$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
14 15 15 15 15 15 15 15	20 Decide		27
## Company of the Com	21 Other - Patient Ancillary Costs		
March 1940 1940	41 Total Nursing Administration	\$513,865 \$46,679 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
## September 150,000 1	44 Total Workforce Related Costs - Patient Care	\$16,279 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	9 9 9 9 9 9 9 9 9
Martine 146, Mart	45 Food (including supplements)	\$163,176 90 50 50 50 50 50 50 50 50 50 50 50 50 50	20 50 50 50 50 50 50 50 50 50 50 50 50 50
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## Services 1300.5	48 Housekeeping Department	\$279,194 St	
Marting 1985	49 Social Services	\$128,476 \$20,419 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
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March Control Contro	52 Franciscy Consultant 53 Auto Leaving and Department - Direct Parliers Care	310441 99 99 99 99 99 99 99 99 99 99 99 99 99	
No. Contract from 10072 23 8 9 9 9 9 9 9 9 9 9	54 Other Auto Expense - Direct Patient Care	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
Martin Control Contr	SS Other - Patient Support Services	\$63,279 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
	62 Total Property Operating Costs	\$573,700 \$12,530 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
Note the content of	109 I data Property Capital Costs 97 Total Workforce Released Costs - Other	3888,07 39 30 30 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50	
	#1 Total Administrative & General	\$1,107,142	
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2 2	S Direct Care - SCNF TB0/COMA		
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	6 Direct Care - SCNF VENTILATOR		
1 1 1 1 2 2 2 2 2 2	9 Direct Care - Schoolood Health Number Cardity		29 28 29 29 29 29 29 29 29 29 29 29 29 29 29
18,000 1	9 Direct Care - OTHER SPECIFY		
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	State of New Jersey											
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	Number Sacility Cost Report											
Provider Name: Medicare Provider ID:	330 Franklin Turnolia Cornations LLC data Nationesco d'Enter											
Medicare Provider ID:	D-MMS											
NPI:												
Reporting Period:	From: 1/1/2023 To: 1/1/1/2023											
Worksheet:	Schoolshi D-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 ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage Percentage Square Footage Dedicated to Direct Care Nursing Facility		Original Lease Date	Effective dates of current rental agreement: BEGINNING		Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility
	330 Franklin Turnoike	Riderwood	07450	No	Operating Lease	CNDATHUD	4500 Dorr Street	Toledo	43615-4040	419-146-5929	23.063.00	-	21.061.0	100%	10/31/2019		1/11/201	\$59.865.17	\$718.382.00	2.60
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													- 05							
- 4														CNS CNS						
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														0%						
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10														0%						
						TOTAL					21.061.00		21.061.0						521.061.00	
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O. Leans Contract

	Page 60 Page 100 d d Page 100 d d	XIII.					
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Department of Human Services												
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Medicare Provider ID: 31-5158												
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From:	01/01/2023	To:	12/31/2023									
Schedule C-1	- Patient Care Ratio											
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Worksheet: Schedule C1 - Patient Care Ratio																												
	Total Routine Patient Days	Medicaid/NJ FamilyCare Routine Days	Medicaid/NJ FamilyCare Routine Days Is Total Routine Days Percentag	Revenue till an	Medicaid/NJ FamilyCare Routine Patient Revenue dilled But Not Paid	Total Medicaid/N3 Family Care Patient Revenue for PCR	CNA Direct Care Compensation as Defined by 10:49A- 2.3	Non-CNA Direct Care Compensation a 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.	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	Interest Ti	Fees and Asses As Defined By D:49A-2.6 2	efined 0.49A			Total Cost Per Co	ocated sat as Patient ined in Rat 19A-2.7	
Nursing Facility	25.861	21.583	83.46	S HREFT	50	MREFI	\$1,358,674	\$1,972,286	\$1,946,545	\$603.010	\$401,437	591,272	50	\$402,061	\$151.497	\$327.908	\$838,707	\$16,495	\$115,725	50	50 5	\$139,007 \$34	8.941	50	50	\$8,713,565 \$7,2	72.341	1,00%
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OTHER	0		0.005		50	WREFT	\$0	50	50	50	50	50	\$0	50	50	\$0	\$0	50	50	50	\$0	\$0	50	50	\$0	50		0.00%
Total Allowable Expense	25,861	21,583	83.465	SC WREFT	50	WREFI	\$1,358,674	\$1,972,286	\$1,946,545	\$603,010	\$401,437	\$91,272	\$0	\$402,061	\$151,497		\$838,707	\$16,495	\$115,725	50	50 S	\$139,007	50	50	\$0	\$8,713,565 \$7,2	/2,341 f	0.00%
Non-Reimbursable							\$0	50	\$0	\$9,597	\$6,389	50	\$0	\$0	\$2,411		\$0	\$263	\$1,389	\$0	\$0	\$6	\$0	\$0	\$176,775	\$196,830		
Total Directly Assigned and Allocated E	Expenses Per Schedule B-1					1	\$1,358,674	\$1,972,286	\$1,946,545	\$612,607	\$407,826	\$91,272	50	\$402,061	\$153,908	\$327,908	\$838,707	\$16,758	\$117,114	\$0	\$0 S	\$139,013	\$0	\$0	\$176,775	\$8,910,395		-

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