

State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	330 Franklin Turnpike Operations LLC dba Ridgewood Center		
Medicaid Provider Number	4464303	Medicare Provider 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	4464303	NPI Number:	1821272121
Medicaid SCNF - AIDS Provider Number			
Medicaid SCNF - BMGT Provider Number			
Medicaid SCNF - Pediatric Provider Number			
Medicaid SCNF - TBI/Coma Provider Number			
Medicaid SCNF - Ventilator Provider Number			
Medicaid SCNF - Young Adult Provider Number			
Behavioral Health Nursing Facilities			
Medicare SNF Provider Number	31-5158		
Department of Health License Number	060215		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	330 Franklin Turnpike Operations LLC dba Ridgewood Center		

B. Physical Address			
Street Address:	330 Franklin Turnpike		
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 Street		
City:	Kennett Square	State:	PA ZIP: 19348

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

E. Facility Operation and Ownership			
Has the provider changed ownership immediately prior to the beginning of the cost reporting period?		Y/N:	No

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

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

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

Mortgage or Security Interest -- All entities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be reported.			
Entity wit Mortgage or Security Interest Name:			
Address:			
City:		State:	ZIP:

Partnership—All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.			
Partner Name:			
Address:			
City:		State:	ZIP:

Partner Name:			
Address:			
City:		State:	ZIP:

F. Type of Facility (Place an "X" in all that apply)						
<input checked="" type="checkbox"/>	Nursing Facility	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid Provider Number	Facility Certification Date
	Special Care Nursing Facility - AIDS		90	90	4464303	
	Special Care Nursing Facility - BMGT					
	Special Care Nursing Facility - Pediatric					
	Special Care Nursing Facility - TBI/Coma					
	Special Care Nursing Facility - Ventilator					
	Special Care Nursing Facility - Young Adult					
	Behavioral Health Nursing Facilities					
	Assisted Living/Residential					
	Other (Specify):					
	Total		90	90		

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

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

Provider Name:	330 Franklin Turnpike Operations LLC dba Ridgewood Center		
Medicaid Provider Number	4464303	Medicare Provider Number	31-5158
NPI:	1821272121		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)		

Facilities Long-Term Care Reporting Classification is:

	Number of Patient Days	Related Revenue Received Or Accrued Whole Dollars
Line 1 Medicare Days (For Information Purposes Only - Not Subject to Assessment)	1,840	\$1,683,497
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	211	\$0

Report Non-Medicare Days Subject To Assessment

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:	330 Franklin Turnpike Operations LLC dba Ridgewood Center		
Medicaid Provider Number	4464303	Medicare Provider Number	31-5158
NPI:	1821272121		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule S-11 Part II - Nursing Home Assessment Information per Submitted NHA-100 - Nursing Facility		

Facilities Long-Term Care Reporting Classification is:

	Number of Patient Days	Related Revenue Received Or Accrued Whole Dollars
Line 1 Medicare Days (For Information Purposes Only - Not Subject to Assessment)	1,840	\$1,683,497
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Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	1,092	\$544,715
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**State of New Jersey
Department of Human Services
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 S-12 - Additional Information		

A. Associated Individuals

Provide the names and addresses of following associated individuals with the facility. If any the facility or person named in any of the following items is a partnership, include the name and address of each partner. If any corporation named in response to any of the following items is a limited liability company, include the name and address of each member.

Any person who owns or operates a related party to the facility or who is a principal, a member of the board of trustees, or a member of the board of directors of the facility. Add subsequent rows as needed.

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

Any person who has an ownership interest of 5% or more in a private equity fund that is invested in the NF. Add subsequent rows as needed.

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

For corporations that do not have shares traded on a national securities exchange or a commercial bank, savings bank, or S&L, the name and address of each officer, director, principal shareholder, and controlling person of such a corporation. Add subsequent rows as needed.

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

For corporations that do have shares traded or which is a bank or S&L, the name and address of the principal executive officers and each director, principal shareholder and controlling person of said corporation. Add subsequent rows as needed.

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

For LLCs, name and addresses of each member. Add subsequent rows as needed.

Name:	Genesis NJ Holdings LLC		
Name:	Genesis Operations LLC		
Name:	GHC Holdings LLC		
Name:	Genesis Healthcare LLC		
Name:	GEN Operations I LLC		
Name:	GEN Operations II LLC		
Name:	FC-GEN Operations Investment		
Name:	SunDance Rehabilitation Holdco Inc.		
Name:	Sun Healthcare Group Inc.		
Name:	Genesis Healthcare Inc.		
Name:	HCCF Management Group XI LLC		
Name:	ZAC Properties XI LLC		
Address:	101 East State Street		
City:	Kennett Square	State: PA	ZIP: 19348

Name:	Arnold Whitman		
Address:	3820 Mansell Road Suite 280		
City:	Alpharetta	State: GA	ZIP: 30022

Name:	Steven Fishman		
Address:	1617 JFK Boulevard Suite 545		
City:	Philadelphia	State: PA	ZIP: 19103

Name:	Welltower Inc.		
Address:	4500 Dorr Street		
City:	Toledo	State: OH	ZIP: 43615

Nursing Facility
Department of Human Services
Nursing Facility Cost Report

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

Average Length of Stay	Number of Beds (Column 1)	Bed Days Available (Column 2)	Inpatient Days (Column 3)	Discharges (Column 4)	Average Length of Stay (FORM CMS-2540-10) (Column 5)	Average Length of Stay (Inpatient Days / Number of Patients) (Column 6)	Admissions (Column 7)	Medicaid Only (Column 8)	Dual Eligible (Column 9)	Medicare Only (Column 10)	Medicare Part A & B (Column 11)	Part C (Medicare Advantage) (Column 12)	Total Population (Column 13)
1 Nursing Facility (S-2)	25,861	9,439,265	26,072	74	352.3243243	383.4117647	65	64		4			68
2 SCNF - AIDS (S-3)	0	0			0	0							0
3 SCNF - BMGT (S-4)	0	0			0	0							0
4 SCNF - Pediatric (S-5)	0	0			0	0							0
5 SCNF - TBI/Coma (S-6)	0	0			0	0							0
6 SCNF - Ventilator (S-7)	0	0			0	0							0
7 SCNF - Young Adult (S-8)	0	0			0	0							0
8 Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
9 Total (sum of lines 1-8)		9,439,265	26,072	74	352	383	65	64	0	4	0	0	68

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

Provider Name: 330 Franklin Turnpike Operations LLC dba Ridgewood Center
 Medicare Provider ID: 31-5158
 NPI: 1821272421
 Reporting Period: From: 1/1/2023 To: 12/31/2023
 Worksheet: Schedule A - Total Expense

	A. Employee and Contract Labor Hours (Schedule A-1 through A-3)	B. Non-Managerial Wages (Schedule A-1 and Schedule A-3)	C. Managerial Salaries and Benefits (Schedule A-2)	D. Contracted Employees (Schedule A-1 and Schedule A-3)	E. Supplies & Other	F. Total	G. Adjustment for Related Parties (See Schedule A-4)	H. Adjustment for Income Offsets (See Schedule A-8)	I. Adjusted Total
A. Direct Routine Patient Care Costs									
1 Direct Care - Nursing Facility	89,844	\$ 2,872,288		\$ 1,500		\$ 2,873,788	\$ -	\$ -	\$ 2,873,788
2 Direct Care - SCNF AIDS	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
3 Direct Care - SCNF BMGT	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
4 Direct Care - SCNF PEDIATRIC	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
5 Direct Care - SCNF TB/COMA	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
6 Direct Care - SCNF VENTILATOR	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
7 Direct Care - SCNF YOUNG ADULT	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
8 Direct Care - Behavioral Health Nursing Facility	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
9 Direct Care - OTHER SPECIFY	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
10 Total Direct Patient Care Costs - Direct Reported	89,844	\$ 2,872,288		\$ 1,500		\$ 2,873,788	\$ -	\$ -	\$ 2,873,788
B. Routine Patient Care Costs - Not Directly Reported									
11 Routine Medical Supplies					\$ 40,569	\$ 40,569	\$ -	\$ -	\$ 40,569
12 OTC Drugs					\$ 18,538	\$ 18,538	\$ -	\$ -	\$ 18,538
13 Enteral Feeding (Product and Supplies)					\$ 2,690	\$ 2,690	\$ -	\$ -	\$ 2,690
14 Incontinency Products					\$ 32,942	\$ 32,942	\$ -	\$ -	\$ 32,942
15 Total Patient Care Costs - Not Directly Reported					\$ 94,739	\$ 94,739	\$ -	\$ -	\$ 94,739
C. Patient Ancillary Costs									
16 Radiology				\$ 8,488	\$ 8,488	\$ 8,488	\$ -	\$ -	\$ 8,488
17 Laboratory				\$ 8,215	\$ 8,215	\$ 8,215	\$ -	\$ -	\$ 8,215
18 Intravenous Therapy				\$ 1,749	\$ 1,749	\$ 1,749	\$ -	\$ -	\$ 1,749
19 Oxygen Therapy				\$ 3,552	\$ 3,552	\$ 3,552	\$ -	\$ -	\$ 3,552
20 Physical Therapy				\$ 167,773	\$ 167,773	\$ 168,479	\$ -	\$ -	\$ 168,479
21 Occupational Therapy				\$ 107,239	\$ 107,239	\$ 107,412	\$ -	\$ -	\$ 107,412
22 Speech Therapy				\$ 136,779	\$ 136,779	\$ 136,779	\$ -	\$ -	\$ 136,779
23 Electrocardiography				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24 Medical Supplies Charged to Patients				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25 Prescription Drugs (not OTC)				\$ 66,520	\$ 66,520	\$ 66,520	\$ -	\$ -	\$ 66,520
26 Pharmacy Non-Formulary				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27 Support Surfaces				\$ 15,833	\$ 15,833	\$ 15,833	\$ -	\$ -	\$ 15,833
28 Ambulance				\$ 6,610	\$ 6,610	\$ 6,610	\$ -	\$ -	\$ 6,610
29 Dental				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30 Physicians				\$ 24,621	\$ 24,621	\$ 24,621	\$ -	\$ -	\$ 24,621
31 Other - Patient Ancillary Costs				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32 Total Patient Ancillary Costs	6,724.00	\$ -		\$ 415,343	\$ 138,447	\$ 553,790	\$ -	\$ -	\$ 553,790
D. Nursing Administration									
33 Director of Nursing, ADDN, Supervisors	7,937.50	\$ 217,572	\$ 217,572	\$ -	\$ -	\$ 435,144	\$ -	\$ -	\$ 435,144
34 Inservice Education	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
35 MDS Coordinator	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
36 Staffing Coordinator	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
37 Infection Control	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38 Medical Records/EMR	2,124.90	\$ 49,748	\$ -	\$ -	\$ -	\$ 49,748	\$ -	\$ -	\$ 49,748
39 Nursing License Fees	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40 Other - Nursing Administration	1,063.24	\$ 25,952	\$ -	\$ -	\$ 23,002	\$ 48,954	\$ -	\$ -	\$ 48,954
41 Total Nursing Administration	11,125.64	\$ 293,272	\$ 217,572	\$ -	\$ 23,002	\$ 533,846	\$ -	\$ -	\$ 533,846
E. Workforce Related Costs - Patient Care									
42 Direct Patient Care Recruitment					\$ 16,379	\$ 16,379	\$ -	\$ -	\$ 16,379
43 Direct Patient Care Retention					\$ -	\$ -	\$ -	\$ -	\$ -
44 Total Workforce Related Costs - Patient Care					\$ 16,379	\$ 16,379	\$ -	\$ -	\$ 16,379
G. Patient Support Services									
45 Food (including supplements)					\$ 163,176	\$ 163,176	\$ -	\$ -	\$ 163,176
46 Dietary Department			\$ 643,551	\$ -	\$ 22,147	\$ 665,698	\$ -	\$ -	\$ 665,698
47 Laundry Department			\$ 135,424	\$ -	\$ 10,960	\$ 146,384	\$ -	\$ -	\$ 146,384
48 Housekeeping Department			\$ 266,637	\$ -	\$ 11,757	\$ 278,394	\$ -	\$ -	\$ 278,394
49 Social Services	3,445.64	\$ 128,297	\$ -	\$ -	\$ 189	\$ 128,476	\$ -	\$ -	\$ 128,476
50 Patient Activities	6,482.76	\$ 137,136	\$ -	\$ -	\$ 5,992	\$ 143,128	\$ -	\$ -	\$ 143,128
51 Medical Director	420.00	\$ -	\$ -	\$ 35,741	\$ -	\$ 35,741	\$ -	\$ -	\$ 35,741
52 Pharmacy Consultant	-	\$ -	\$ -	\$ -	\$ 10,441	\$ 10,441	\$ -	\$ -	\$ 10,441
53 Auto Leasing and Depreciation - Direct Patient Care					\$ -	\$ -	\$ -	\$ -	\$ -
54 Other Auto Expense - Direct Patient Care					\$ -	\$ -	\$ -	\$ -	\$ -
55 Other - Patient Support Services					\$ 43,279	\$ 43,279	\$ -	\$ -	\$ 43,279
56 Total Patient Support Services	10,348	\$ 265,423	\$ -	\$ 1,081,353	\$ 267,941	\$ 1,614,217	\$ -	\$ -	\$ 1,614,217
H. Property Operating Costs									
57 Maintenance	2,527.52	\$ 78,739	\$ -	\$ -	\$ 92,019	\$ 170,758	\$ -	\$ -	\$ 170,758
58 Security	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
59 Utilities (including telephone and cable services)					\$ 235,889	\$ 235,889	\$ -	\$ -	\$ 235,889
60 Real Estate Tax					\$ 138,635	\$ 138,635	\$ -	\$ -	\$ 138,635
61 Property Insurance					\$ 28,457	\$ 28,457	\$ -	\$ -	\$ 28,457
62 Total Property Operating Costs	2,528	\$ 78,739	\$ -	\$ -	\$ 486,000	\$ 573,739	\$ -	\$ -	\$ 573,739
I. Administrative & Operating Costs									
63 Administrator	2,080.00	\$ -	\$ 145,003	\$ -	\$ -	\$ 145,003	\$ -	\$ -	\$ 145,003
64 Assistant Administrator	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
65 Other Executive Staff	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
66 Office Staff	13,118.58	\$ 403,397	\$ -	\$ -	\$ -	\$ 403,397	\$ -	\$ -	\$ 403,397
67 Management Fees					\$ 370,491	\$ 370,491	\$ 42,106	\$ (4,771)	\$ 407,816
68 Office Supplies and Expenses					\$ 9,375	\$ 9,375	\$ -	\$ -	\$ 9,375
69 Insurance not Related to Property or Employees					\$ 88,657	\$ 88,657	\$ -	\$ -	\$ 88,657
70 Business Taxes					\$ 378	\$ 378	\$ -	\$ -	\$ 378
71 Accounting Fees					\$ -	\$ -	\$ -	\$ -	\$ -
72 Legal Fees					\$ -	\$ -	\$ -	\$ -	\$ -
73 Advertising					\$ -	\$ -	\$ -	\$ -	\$ -
74 Allowable contributions					\$ 250	\$ 250	\$ -	\$ -	\$ 250
75 Allowable Employee Gifts and Party					\$ -	\$ -	\$ -	\$ -	\$ -
76 Auto Leasing and Depreciation					\$ -	\$ -	\$ -	\$ -	\$ -
77 Other Auto Expenses					\$ -	\$ -	\$ -	\$ -	\$ -
78 Travel Expenses					\$ -	\$ -	\$ -	\$ -	\$ -
79 Non-Capital Related Interest Expense					\$ -	\$ -	\$ -	\$ -	\$ -
80 Other A&O costs					\$ 132,256	\$ 132,256	\$ -	\$ -	\$ 132,256
81 Total Administrative & General	15,199	\$ 403,397	\$ 145,003	\$ -	\$ 601,407	\$ 1,145,807	\$ 42,106	\$ (4,771)	\$ 1,187,142
J. Provider Tax (NHA 100)									
82 Provider Tax (NHA 100)					\$ 348,941	\$ 348,941	\$ -	\$ -	\$ 348,941
K. Workforce Related Costs - Other									
83 Patient Support & Other Recruitment					\$ 1,560	\$ 1,560	\$ -	\$ -	\$ 1,560
84 Patient Support & Other Retention					\$ -	\$ -	\$ -	\$ -	\$ -
85 Professional Training					\$ 16,758	\$ 16,758	\$ -	\$ -	\$ 16,758
86 Licensing and Dues					\$ 10,467	\$ 10,467	\$ -	\$ -	\$ 10,467
87 Total Workforce Related Costs - Other					\$ 28,785	\$ 28,785	\$ -	\$ -	\$ 28,785
L. Fringe Benefits for Non-Management Employees									
88 Payroll Taxes					\$ 293,334	\$ 293,334	\$ -	\$ -	\$ 293,334
89 Workers' Compensation					\$ 121,807	\$ 121,807	\$ -	\$ -	\$ 121,807
90 Unemployment					\$ 40,770	\$ 40,770	\$ -	\$ -	\$ 40,770
91 Disability Insurance					\$ -	\$ -	\$ -	\$ -	\$ -
92 Medical Insurance					\$ 129,673	\$ 129,673	\$ -	\$ -	\$ 129,673
93 Dental Insurance					\$ -	\$ -	\$ -	\$ -	\$ -
94 Union Welfare					\$ 4,051	\$ 4,051	\$ -	\$ -	\$ 4,051
95 Vision Insurance					\$ -	\$ -	\$ -	\$ -	\$ -
96 Uniforms					\$ -	\$ -	\$ -	\$ -	\$ -
97 Tuition Assistance					\$ 4,500	\$ 4,500	\$ -	\$ -	\$ 4,500
98 Retirement Benefits					\$ 28,703	\$ 28,703	\$ -	\$ -	\$ 28,703
99 Life Insurance					\$ -	\$ -	\$ -	\$ -	\$ -
100 Other - Fringe Benefits					\$ -	\$ -	\$ -	\$ -	\$ -
101 Total Fringe Benefits					\$ 622,838	\$ 622,838	\$ -	\$ -	\$ 622,838
M. Property Capital Costs									
102 Depreciation					\$ 90,139	\$ 90,139	\$ 21,455	\$ -	\$ 111,594
103 Mortgage Interest (Allowable Interest)					\$ -	\$ -	\$ -	\$ -	\$ -
104 Rental of Building					\$ 718,382	\$ 718,382	\$ -	\$ -	\$ 718,382
105 Rental of Equipment					\$ 8,731	\$ 8,731	\$ -	\$ -	\$ 8,731
106 Total Property Capital Costs					\$ 817,252	\$ 817,252	\$ 21,455	\$ -	\$ 838,707
N. Non-Routine/Non-Allowable Costs									
107 Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)					\$ 7,382	\$ 176,775	\$ 184,157	\$ -	\$ 184,157
Total	235,768.25	\$ 3,913,119	\$ 302,575	\$ 1,505,578	\$ 3,631,506	\$ 9,412,778	\$ 63,561	\$ (4,771)	\$ 9,471,568

State of New Jersey
Department of Human Services
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-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)	10,070.57	\$538,440		
Licensed Practitioner Nurses (LPN)	27,733.99	\$1,163,029		
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)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - PEDIATRIC	0.00	\$0	0.00	\$0
Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - TBI/COMA	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Vent (Schedule A Line 6)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - VENTILATOR	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Young Adult (Schedule A Line 7)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - YOUNG ADULT	0.00	\$0	0.00	\$0
Behavioral Health Nursing Facility (Schedule A Line 8)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Behavioral Health Nursing Facility	0.00	\$0	0.00	\$0
Other (Schedule A Line 9)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
TOTAL - OTHER (SPECIFY)	0.00	\$0	0.00	\$0

State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	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-2 - Management Employees		

		Hours	Cost
Administrator			63
Name	Salary	2,080	145,003
Joseph Schmidt	Payroll Taxes		
	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			33
Name	Salary	1,896	114,456
Aishlinn Bila	Payroll Taxes		
	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	Input Line Number	33
Phane Mogaka	Salary	112	8,135
	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		8,135

Other			
Name	DON	Input Line Number	33
Renata Pokrzywa	Salary	68	4,619
	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		4,619

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

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

TOTAL MANAGERIAL COMPENSATION		\$	362,575
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**State of New Jersey
Department of Human Services
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	C. Salary and Wages	D. Contract Labor Hours	E. Contract Labor Expense	F. Total Hours	
C. Patient Ancillary Costs							
1	Radiology	16					-
2	Laboratory	17					-
3	Intravenous Therapy	18					-
4	Oxygen Therapy	19		74.00	\$ 3,552	74.00	
5	Physical Therapy	20		2,731.00	\$ 167,773	2,731.00	
6	Occupational Therapy	21		2,305.00	\$ 107,239	2,305.00	
7	Speech Therapy	22		1,614.00	\$ 136,779	1,614.00	
8	Electro cardiology	23					-
9	Physicians	30					-
10	Other - Patient Ancillary Costs	31					-
11	Total Patient Ancillary Costs		- \$	6,724.00	\$ 415,343	6,724.00	Total
E. Nursing Administration							
12	Director of Nursing, ADON, Supervisors	33	3,968.50	\$ 217,572			3,968.50
13	Inservice Education	34					-
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
G. Patient Support Services							
20	Dietary Department	46			\$ 643,551		-
21	Laundry Department	47			\$ 135,424		-
22	Housekeeping Department	48			\$ 266,637		-
23	Social Services	49	3,445.64	\$ 128,287			3,445.64
24	Patient Activities	50	6,482.76	\$ 137,136			6,482.76
25	Medical Director	51			420.00	\$ 35,741	420.00
26	Pharmacy Consultant	52					-
27	Other - Patient Support Services	55					-
28	Total Patient Support Services		9,928.40	\$ 265,423	420.00	\$ 1,081,353	10,348.40
H. Property Operating Costs							
29	Maintenance	57	2,527.52	\$ 78,739			2,527.52
30	Security	58					-
31	Total Property Operating Costs		2,527.52	\$ 78,739	-	\$ -	2,527.52
I. Administrative & Operating Costs							
32	Office Staff	66	13,118.58	\$ 403,397			13,118.58
33	Total Administrative & General		13,118.58	\$ 403,397	-	\$ -	13,118.58
N. Non-Routine/Non-Allowable Costs							
34	Sales and Marketing Personnel	N/A					-
35	Gift, Flower, Coffee Shops and Canteen	N/A					-
36	Barber and Beauty Shop	N/A			\$ 7,382		-
37	Physician Private Offices	N/A					-
38	Patient Laundry	N/A					-
39	Other Non-Reimbursable Personnel	N/A					-
40	Non-Routine / Non-Allowable Costs	107	-	\$ -	-	\$ 7,382	-
Total			32,731.14	\$ 1,040,831	7,144.00	\$ 1,504,078	39,875.14

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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 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.
B	Corporation, partnership, or other organization has financial interest in provider.
C	Provider has financial interest in corporation, partnership, or other organization.
D	Director, officer, administrator or key person of provider or organization
E	Individual is director, officer, administrator or key person of provider and related organization
F	Director, officer, administrator or key person of related organization or immediate family relationship of such person having financial interest in provider
G	Other (financial or non-financial), specify:

A5. Goods/Services Category Options

A	Accounting/Billing	A - Accounting/Billing
B	Administration	B - Administration
C	Capital	C - Capital
D	Consultants	D - Consultants
E	DME	E - DME
F	Food Service	F - Food Service
G	Insurance	G - Insurance
H	Interest	H - Interest
I	IT	I - IT
J	Lab	J - Lab
K	Maintenance	K - Maintenance
L	Management	L - Management
M	Medical Supplies	M - Medical Supplies
N	N/A	N - N/A
O	Other	O - Other
P	Pharmacy	P - Pharmacy
Q	Rent	Q - Rent
R	Salary & Benefits	R - Salary & Benefits
S	Security	S - Security
T	Shared Services	T - Shared Services
U	Staffing	U - Staffing
V	Taxes	V - Taxes
W	Therapy	W - Therapy
X	Transportation	X - Transportation

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

Provider Name:	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

Line	Non-Routine / Non-Allowable Costs	Cost
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 Services
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-6 - Capital		

Capital Asset Balances and Depreciation Expense										
Type of Capital	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	Current Year Depreciation Expense (Schedule A Line 102 Column F)	Related Party Depreciation Adjustments (Schedule A Line 102 Column G)	Adjusted Total Depreciation Expense (Schedule A Line 102 Column I)
		Purchases	Donations	Total						
Land				\$0.00						
Land Improvement	\$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.

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State of New Jersey
Department of Human Services
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-7 - Depreciation Schedule		

Asset Name/Description	Capitalized Costs	Estimated Salvage Value	Weighted Average Estimated Useful Life (Years)	Prior Period Accumulated Depreciation	Prior Period Impairment	Period Depreciation	Asset Group Carrying Value
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Buildings:							
Nursing Facilities						\$ -	\$ -
Administrative Facilities						\$ -	\$ -
Multi-purpose Facilities						\$ -	\$ -
Land Improvements	\$ 54,345	\$ -	10.4829	\$ 10,431		\$ 5,184	\$ 38,730
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 439,139	\$ -	13.0326	\$ 164,988		\$ 33,695	\$ 240,456
Fixed Equipment	\$ 53,627	\$ -	16.9507	\$ 36,602		\$ 3,164	\$ 13,861
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Buildings						\$ 42,043	

Equipment:							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 415,766	\$ -	15.4158	\$ 300,327		\$ 26,970	\$ 88,468
Computer Equipment	\$ 45,775	\$ -	30.559	\$ 24,846		\$ 1,498	\$ 19,431
Telephone and Communication Equipment	\$ 7,689	\$ -	20.5597	\$ 5,004		\$ 374	\$ 2,311
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 21,301	\$ -	1			\$ 21,301	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Equipment						\$ 50,143	

Vehicles:							
Cars						\$ -	\$ -
Trucks						\$ -	\$ -
Vans						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Vehicles						\$ -	

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

Software:							
Medical Software (Including EHR)						\$ -	\$ -
Administrative Software						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Software						\$ -	

Limited-life Intangible Assets:							
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Limited-life Intangible Assets						\$ -	

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

Provider Name:	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-8 - Revenue		

A. General Revenue

	Total	Nursing Facility	SCNF AIDS	SCNF BMGT	SCNF Pediatric	SCNF TBI/Coma	SCNF Ventilator	SCNF Young		Behavioral	Other	Offset Line
								Adult	Health Nursing Facility			
Total Routine Patient Revenue	\$ 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)	\$ (4,421,756)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 8,504,395	\$ 8,504,395	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsettable Revenue

Meals Served to Non-Patients												
Interest Revenue	4,771											67
Rebates of Expenses												
Purchase Discounts												
Property Rentals												
Fringe Benefits												
Supplies Sold to Non-Patients												
Services Sold to Non-Patients												
Income from laundry and linen service received from patients												
Retroactive payments for non-formulary pharmacy transactions												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												

B. Other Non-Patient Revenue

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

Total Revenue	\$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
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State of New Jersey
 Department of Human Services
 Nursing Facility Cost Report

Provider Name:	130 Franklin Turnpike Operations, LLC -Blue Ridgewood Center		
Medicare Provider ID:	31-51138		
NPI:	182171213		
Reporting Period:	From:	01/2023	To: 12/31/2023
Worksheet:	Schedule B - Resident Rates for Use of Land		

Property #	Section A			Section B		Section C		Section D			Section E	Section F	Section G	Section H	Section I	Section J	Section K	Section L	Section M	Section N	
	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective date of current rental agreement: RESIDENTS	Effective date of current rental agreement: RND	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility	
1	130 Franklin Turnpike	Rahway	07065	NA	Operating lease	CINCA LLC/LLC	4900 Dora Street	Trenton	08611-8540	413-246-1839	23,063.00	-	23,063.00	100%	10/21/2019		1/21/2023	\$59,865.11	\$18,383.00	3.85	
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
TOTAL											23,063.00	-	23,063.00	100%							
<small>Source: Assessor's records in Schedule B</small>											23,063.00	-	23,063.00	100%							

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

State of New Jersey			
Department of Human Services			
Nursing Facility Cost Report			
Provider Name:	1811772371		
Medicare Provider No.:	1811772371		
NPI:	1811772371		
Reporting Period:	From:	06/01/2023	To: 02/31/2023
Worksheet:	Schedule C-1 - Patient Care Ratio		

Total Routine Patient Days	Medicaid/NI FamilyCare Routine Days	Medicaid/NI FamilyCare Routine Days to Total Routine Days Percentage	Medicaid/NI FamilyCare Routine Patient Revenue Bill and Paid	Medicaid/NI FamilyCare Routine Patient Revenue Bill and Paid	Total Medicaid/NI Family Care Patient Revenue For PCR	Other Resident Care and Support 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 Operation Compensation	Non-Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10-49A-2.4	Other Materials and Supplies Expenses as Defined by 10-49A-2.4	Equipment, Maintenance, Telecommunications, and Utility Expenses Attributable to Building and Equipment Defined by 10-49A-2.5	Capital Cost Attributable to Building and Equipment Defined by 10-49A-2.5	Staff Training As Defined by 10-49A-2.6	Insurance Expenses As Defined by 10-49A-2.6	Capital Related Interest Expenses As Defined by 10-49A-2.6	Non-Capital Interest Expenses As Defined by 10-49A-2.6	Fees and Taxes As Defined by 10-49A-2.6	NNA-100 Assessment As Defined by 10-49A-2.6	Additional Resident Party and Income Related Adjustments	Non-Reimbursable Other Costs	Total Cost Per PCR Regulation	Allocated Cost as Defined by 10-49A-2.7	Patient Care Ratio		
Nursing Facility	25,881	21,583	83.46%	897,111	\$0	897,111	\$1,938,674	\$1,972,285	\$1,846,545	\$683,050	\$481,437	\$91,272	\$0	\$469,051	\$131,497	\$127,908	\$838,707	\$16,495	\$113,725	\$0	\$0	\$139,007	\$458,061	\$0	\$0	\$8,713,565	\$7,272,841	0.80%	
SNF ADL	0	0	0.00%	897,111	\$0	897,111	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF ADST	0	0	0.00%	897,111	\$0	897,111	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF PEDIATRIC	0	0	0.00%	897,111	\$0	897,111	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF PSYCHIA	0	0	0.00%	897,111	\$0	897,111	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF WENTWATER	0	0	0.00%	897,111	\$0	897,111	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF WINGARD	0	0	0.00%	897,111	\$0	897,111	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Biharcaud Health Nursing Facility	0	0	0.00%	897,111	\$0	897,111	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Other	0	0	0.00%	897,111	\$0	897,111	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Total Allowable Expenses	25,881	21,583	83.46%	897,111	\$0	897,111	\$1,938,674	\$1,972,285	\$1,846,545	\$683,050	\$481,437	\$91,272	\$0	\$469,051	\$131,497	\$127,908	\$838,707	\$16,495	\$113,725	\$0	\$0	\$139,007	\$458,061	\$0	\$0	\$8,713,565	\$7,272,841	0.80%	
Non-Reimbursable							\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Total Directly Assigned and Allocated Expenses Per Schedule B-1							\$1,938,674	\$1,972,285	\$1,846,545	\$683,050	\$481,437	\$91,272	\$0	\$469,051	\$131,497	\$127,908	\$838,707	\$16,495	\$113,725	\$0	\$0	\$139,007	\$458,061	\$0	\$0	\$8,713,565	\$7,272,841	0.80%	
Total Direct Patient Care																									\$0	\$8,713,565	\$8,713,565		
Non-Reimbursable Cost																									\$0	\$204,211	\$196,830	\$7,381	

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