State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	84 Cold Hill Ro	ad Operations LL	C dba Holly N	/lanor						
Medicare Provider ID:	14290									
NPI:	1376727669									
Reporting Period:	From:	01/01/2023	To:	12/31/2023						
Worksheet:	Schedule S - At	testation								

A. Attesta	tion					
l,	Orrin Jaroslawicz	,		NJ	l Finance	
	(Name)	-		(Admir	nistrative Title)	
of	84 Co	old Hill Road O	perations LLC o	lba Holly Manc	or	
		(N	lame of Facility)			
	Mendham,	1	Ŋ	_ do certify tha	at I have examin	ed the
	(City/Town)	(St	ate)			
attached r	report for the cost report period beginni	ing		01/01/23	and ending	12/31/2023
and to the	e best of my knowledge and belief, it is a	a true and corre	ect statement o	of the informat	ion required.	
					1	
					]	
	Signature of Authorized Rep	presentative of Fac	cility			Date (mm/dd/yyyy)
					1	
	NJ Finar	nce			]	
	Title					

Provider Name:	84 Cold Hill Road Operations LLC dba Holly	State of New Jerse Department of Human S Nursing Facility Cost Re Manor	Services			
Medicaid Provider Number	4492200		Medicare Provider Number	14290		
NPI: Reporting Period:	1376727669 From:	1/1/2023 1	To:	12/31/202	2	
Norksheet:	Schedule S-1 - Facility Information	111000	10.	11/01/202		
A. General Facility Information						
Medicaid NF Provider Number	4492200			NPI Number:	1376727669	
Medicaid SCNF - AIDS Provider Number	4452200				15/0/2/005	
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 Department of Health License Number	14290 061406					
			_			
Cost Report Period	From:	1/1/2023	To:	12/31/2023	Date Completed:	
Facility Name as Shown on Certification		84	Cold Hill Road Operations I	LC dba Holly Manor		
B. Physical Address						
•						
Street Address: City:	Mendham		84 Cold Hill R State:	oad NJ	ZIP:	07945
Contact Person:	Rick Fink		Phone:	410-494-7657	Ext:	
Contact Person Email:	rick.fink@genesishc	c.com	Fax:	410-337-6831	Ext:	
C. Mailing Address						
Address:			101 East State			
îity:	Kennett Squar	e	State:	PA	ZIP:	19348
D. Home Office / Management Company						
			Conoris Harah	00270		
Home Office / Management Company Name: Address:			Genesis Healti 101 East State			
City:	Kennett Squar	e	State:	PA	ZIP:	19348
E. Facility Operation and Ownership						
	- handrada - fithe and an address - day					
las the provider changed ownership immediately prior to th	e beginning of the cost reporting period?					Y/N: No
Operator(s)Provide names and addresses of any person wh	o directly or indirectly, beneficially owns any	/ interest in the buidling on whi	ich the provider is located.	Add subsequent rows as needed	l.	
Operator Name: Address:						
City:			State:		ZIP:	
Operator Name:						
Address:			Charles .		710.	
City:			State:		ZIP:	
Owner(s)Provide names and addresses of any person who, part by the land on which or building in which the facility is lo						
Dwner Name:	icated. List 100% of all current owners of the	riursnig nome, including an pri	incipais and interested par	ies. Add subsequent rows as ne	eded.	
Address: City:			State:		ZIP:	_
			State.		201.	
Dwner Name: Address:						
City:			State:		ZIP:	
essor(s)/Lessee(s)Provide names and addresses of any per	son who directly or indirectly, has any inter	act as a lessor or lessee in any l	lease or sublease of the lan	d on which or the building in wh	ich	
he facility is located. Add subsequent rows as needed.	son who, directly of manectly, has any inter	escasa ressor or ressee in any i	lease of sublease of the lan	a on which of the ballang in wh		
Lessor Name: Address:						
City:			State:		ZIP:	
essee Name:						
Address:						
îity:			State:		ZIP:	
Mortgage or Security Interest All entities with at least a 5%	mortgage, deed of trust, or other security in	nterest in the provider must be				
Entity wit Mortgage or Security Interest Name: Address:			reported.			
			reported.			
City:			reported. State:		ZIP:	
City:					ZIP:	
City: Entity wit Mortgage or Security Interest Name: Address:			State:		-	
City: Entity wit Mortgage or Security Interest Name:					ZIP: ZIP:	
lity: Entity wit Mortgage or Security Interest Name: ddress: Ity: 2artnershipAll general partnership interests—regardless of	the percentage—must be reported. Provide	name and addresses for each p	State: State: State:		-	
Ity: intity wit Mortgage or Security Interest Name: Address: Ity:	the percentage—must be reported. Provide	name and addresses for each p	State: State: State:		-	
Tity: Entity wit Mortgage or Security Interest Name: Address: Dity: PartnershipAll general partnership interests—regardless of Partner Name:	the percentage—must be reported. Provide	name and addresses for each p	State: State: State:		-	
Tity: Entity wit Mortgage or Security Interest Name: ddfress: 2ity: PartnershipAll general partnership interests—regardless of artner Name: ddfress: 2ity:	the percentage—must be reported. Provide	name and addresses for each ;	State: State: partner.		ZIP:	
Ity: inity wit Mortgage or Security Interest Name: ddfress: Ity: arantership-All general partnership interests—regardless of aranter Name: ddfress: Ity: Partner Name: ddfress:	the percentage—must be reported. Provide	name and addresses for each p	State: State: partner. State:		ZIP: ZIP:	
Ity: Entity wit Mortgage or Security Interest Name: ddfess: Ity: Partnership-All general partnership interests—regardless of Partner Name: ddfess: Ity: Partner Name: ddfess:	the percentage—must be reported. Provide	name and addresses for each p	State: State: partner.		ZIP:	
Ity: inity wit Mortgage or Security Interest Name: iddress: ity: ity: artnership-All general partnership interests—regardless of artner Name: iddress: ity: artner Name: iddress: ity:	the percentage—must be reported. Provide	name and addresses for each p	State: State: partner. State:		ZIP: ZIP:	
Thy: inity wit Mortgage or Security Interest Name: ddfress: ity: artnershipAll general partnership interests—regardless of artner Name: ddfress: ity: artner Name: ddfress: ity: Type of Facility (Place an "X" in all that apply)			State: State: partner. State: State:	Medicaid Provider Number	ZIP: ZIP: ZIP:	on Date
Ity:         initity wit Mortgage or Security Interest Name:         iddress:         izity:         'artnershipAll general partnership interests—regardless of vartner Name:         iddress:         izity:         'artner Name:         iddress:         'ity:         'artner Name:         iddress:         'ity:         'artner facility (Place an "X" in all that apply)         Bed Type         X       Nursing Facility	the percentage—must be reported. Provide		State: State: partner. State: State:	Medicaid Provider Number	ZIP: ZIP: ZIP:	
Ity: inity wit Mortgage or Security Interest Name: ddfress: ity: artnershipAll general partnership interests—regardless of artner Name: ddfress: ity: artner Name: ddfress: ity: Stype of Facility (Place an "X" in all that apply) Bed Type X Nursing Facility Special Care Nursing Facility - AIDS		ber of Beds Certified Jointly	State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP:	on Date
Ity:         initity wit Mortgage or Security Interest Name:         iddress:         ity:         'artnershipAll general partnership interests—regardless of vartner Name:         iddress:         ity:         'artner Name:         iddress:         ity:         'artner Name:         iddress:         ity:         'artner facility (Place an "X" in all that apply)         Bed Type         X       Nursing Facility		ber of Beds Certified Jointly	State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP:	on Date
Tity:		ber of Beds Certified Jointly	State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP:	on Date
Ity:  Ity:  Address:  Ity:  Partnership-All general partnership interests—regardless of Partner Name:  Address:  Ity:  Partner Name:  Address:  Ity:  Sector Secto		ber of Beds Certified Jointly	State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP:	on Date
Thy:		ber of Beds Certified Jointly	State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP:	on Date
Thy:		ber of Beds Certified Jointly	State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP:	on Date
Thy:		ber of Beds Certified Jointly	State: partner. State: State: State: Number of Beds		ZIP: ZIP: ZIP:	on Date
Ity:		ber of Beds Certified Jointly 124	State: State: partner. State: State: Number of Beds 124		ZIP: ZIP: ZIP:	on Date
Ity: thy wit Mortgage or Security Interest Name: ddress: artnership-All general partnership interests—regardless of artner Name: ddress: tty: artner Name: ddress: tty: <b>Second Care Nursing Facility - AlDS</b> Special Care Nursing Facility - AIDS Special Care Nursing Facility - BNGT Special Care Nursing Facility - Ventlator Special Care Nursing Facility - Ventl		ber of Beds Certified Jointly 1 124 124 124	State: partner. State: State: Number of Beds 124 124	4492200	ZIP: ZIP: ZIP:	on Date

	State of New Jensey Department of Human Se																												
	Numing Facility Cost Re																												
	84 Cold Hill Road Operations LLC																												
edicaid Provider Number	6492200		Medicare Provider Numb	er	54290																								
	1376727669				_																								
porting Period	Frant: Schedule S-2 - Nursine Facility Davs	1/1/2023			12:	12/21/2022																							
orksheet:	Datal																												
in p																													
	January 202		Februar			farch 2023		pril 2023	May 202			2023	July 2023		August 2023		ptember 2023	October			nber 2023		mber 2023				Fiscal Year Total		
Nursing Facility			Days by Payor -(Private							by Payor - Semi	(Private 0	Days by Payor - Semi- (Pr	vate Days by Pay	ir-Semi (Pr	vate Days by Payor - Sem	si- (Private					Days by Payor - Semi-					Revenue for Days			Revenue + Ancilary Reve
	Days by Payor - (Private Rooms)		Rooms)	Private Bed Roome				Private Bed Rooms)	Rooms) Priva		Rooms)		ems) Private Bed		oms) Private Bed Rooms	Roome)	Private Bed Rooms)	Rooms) Priv	sate Bed Rooms)	Rooms)	Private Bed Rooms)	Rooms)	Private Bed Rooms]		Private Red Rooms)			Contractual Allowance	
1 Medicald (Sum Lines 2 and 3) 2 New Jersey (Sum 2.0) through 2.05)	132	2.005		29 1.82		a 1.973 a 1.973		1,782	12	1.958	150	1.906	150	2.062	125 2.08	8 12	20 1.987	160	1.974	543	1.828	128	1.925	1.662	22.121 22.121				n s 6.621.
2 New Jersey (Sum 2.01 through 2.05) 2.01 Routine Fee For Service	132	2,005	2	1,82	14 14	1,071	120	1,782	iΩ	1,868	150	1,906	130	2,062	145 2,08	12	1,947	160	1,974	543	1,828	128	1,925	1,662	23,131				
2.01 Notice Fee For Service		1540		29 14		5 1453	120	1387	10	1448	100	140	177	186	101 101	0 0	1445	20	1.440	4	130	176	319	1.512	17.622				
2.02 No FamilyCare 2.03 Hospice	15	1563		14	1	2,454	110	251	242	2,448	150	230	12	280	21 27	<u> </u>	240	122	1.480	140	1454	1.0	1441	1512	1/6/2				
2.04 Respite (State Walver Program)				-	-											-								0	0		· · · · ·		5
2.05 Therapeutic Davs Below Beneficiary 24 Day Annual																								0	0				5
2.06 Pending Medicaid Days																								0	0				\$
					_	_		_									_												
3 Medicald Out of State (Sum Lines 2.01 through 2.03)	0			0	0	0 0	0	0	٥	0	0	0	0	0	0	0	0 0	0	0	٥	0	0	0	٥		s .	15 - 7	<u> </u>	5
3.01 Routine Fee For Service					-									_		-								0	0				
2.02 Manazed Cace					-	-								_		-								0					
A.G4 Hotoca																		_						0	d				_ <u>_</u>
4 Private Pay and Third-Party Insurance	5	179		81 21	a 11	t 160	20	170	и	212	115	210	134	254	78 25	4 9	16 170	123	222	41	269	<i>4</i> 6	247	941	2.628	\$ 1222.84			\$ 1.228
5 Medicare (Sum S.01 through S.03)	149	600	1 2	29 44	8 11	2 444	164	425	10	287	147	400	130	406	161 26	4 9	37 257	124	289	297	341	227	419	1,795	4,981	\$ 4,092,015	\$ 2,884,403	\$ (1,875,164)	1) \$ 5,101,
5.01 Part A Fee for Service (Full Payment & Co. Ins David	126	524	1	20 21	a (	9 289	139	292	105	26.9	112	224	25	247	142 21	a a	230	112	272	26	172	106	246	1.294	1947			\$ (1.450.374)	\$ 2,945.
5.02 Part C (Medicare Managed Care)	13	106		19 10	10 4	4 95	25	40	28	18	25	76	54	59	18 5	3	8 27	11	117	111	168	121	172	501	1,034	\$ 926,984	\$ 653,418 \$	\$ (424,790)	G \$ 1,155,
5.02 Institutional Special Needs Plans (1-SNPs)				_	_																			0			$ \longrightarrow $		5
Medicaid days transitioned to Medicare by the 2023																											( I	/ /	· ·
5.04 public health emergency 1125 waiver 5.05 Part A Fee for Service Housice Dava				-	-											-								0					+
5.05 Part A Hee for service Holdice David																								0	0		-		2
6 Tricam and CHAMPUS																								0				· · · · · · · · · · · · · · · · · · ·	4
7 Other Governmenal Payors																								0					5
I Charlty Care																								0	0				\$
9 All Other Days not listed above																							27	0	27	\$ 181,339	\$ 27,286 \$	\$ (\$2,657)	7) \$ 145,
			_														_												
10 10.01 through 10.07)		27		0 1	4	0 29		23		13	0	13			0 1	8	0 15		40		49		0		256	s -	is - /	ا. ۽	
10.01 through 10.071 10.01 Medicaid NJ Bed Holds				-		10				12	-	17			-			-	40		43								
10.01 Medicald N1 and Holds 10.02 NI Medicald/NI FamilyCare Therapeutic Days Over		11		-		10		24		14		14		-	1	1	15		60		e1			0	256				1
10.03 Medicaid Out of State Red Holds														_										0	0				1 c
10.04 Private Pay Bed Holds																								0	0				5
10.05 All Other Bed Holds																								¢.	٥				5
11 Pre-Elebility Medical Expenses (PEME)																								0					4
																												-57.167.004.19	9 5 13.097

						State of	New Jersey	/																Stat	e of New Je	rsey							
					Dep	artment o	of Human Se	ervices																Departme	nt of Huma	n Services							
					Ň	ursing Faci	ility Cost Re	port																Nursing	Facility Cost	t Report							
Provider Name:			84 Cold H	lill Road Op	erations L	LC dba Ho	lly Manor											Provider Name:			84 Cold Hill F	toad Operatio	ns LLC dba	Holly Manor									
Medicaid Provider Number			4492200		1	Medicare P	Provider Nur	mber	14290									Medicaid Provider Number			4492200			Medicare Prov	ider Numbe	r	14290						
NPI:			1376727	569														NPI:			1376727669												
Reporting Period:			From:		/1/2023 1	Го:	12/31/2023											Reporting Period:			From:	1/1/2023	To:	12/31/202	3								
Worksheet:			Schedule	S-10 - Cens	sus													Worksheet:			Schedule S-1	0 - Census											
																	_																
A. Nursing Facility Census																		A. Nursing Facility Census															
Report in-house days,	bed hold da	ays, and t	herapeutic	leave days.														Report in-house day	, bed hold c	lays, and th	erapeutic leav	ve days.											
					-				1		NF - BMGT		_				- 1			CNF - TBI/C	(2.2)			NF - Ventilator	(a. a)					<b>-</b>		ing Facility (S-9)	Assisted Liv
			cility (S-2) perations LL	C	- H	SU	NF - AIDS (S	5-3)		SU	NF - BMGI	(5-4)		SUNP	- Pediatri	c (S-S)		Name NJ Medicaid Provider ID	5	UNF - IBI/C	oma (S-6)	- 1	SC	INF - Ventilator	(5-7)	- 1	SUNF	Young Adu	it (5-8)	Benavioral	lealth Nurs	ing Facility (S-9)	Assisted Livi
Name NJ Medicaid Provider ID	4492200	in Noad Up	peracións EL	C UDA	-				-									No Webicalo Provider ID				-				-							
no medicalu Provider ID	++92200						Semi-		1	L	Semi-				Semi-		_		L	Semi-						- I		Semi-		L	Semi-		L
	1 Bed	2 Beds	Tota	al		Private	Private	Total		Private		Total		rivate	Private	Total			Private		Total		Private	Semi-Private	Total		Private	Private	Total	Private	Private	Total	Total
Beds	14			124		Filvate	Filvate	-	1	Filvate	Private	Total		Ivate	Private	Total	- I	Beds	Filvate	Private	Total		Finate	Senternvate	-	<b>ה</b> ר	Flivate	Flivate	Total	Flivate	Flivate	Total	Total
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	Private	Private				Private	Private	Total		Private	Private	Total	р	ivate	Private	Total			Private	Private			Private	Semi-Private	Total		Private	Private	Total		Private		
Census (Davs)	Davs	Davs	Total D	avs		Davs	Davs	Davs		Davs	Davs	Davs		Davs	Davs	Davs		Census (Days)	Davs	Davs	Total Davs		Davs	Davs	Davs		Davs	Davs	Davs	Private Davs		Total Davs	TOTAL
Medicaid/NJ FamilyCare	1,551	20,241	1 21	1,792	Г	-			1	-	-	- 1		-	-	-		Medicaid/NJ FamilyCare	-	-	-	ור		-	-	ו ר	-	-	-	-	-	-	
Medicaid/NJ FamilyCare - Hospice	111	2,890	) 3	8,001	F		-		1		-	-		-	-	-		Medicaid/NJ FamilyCare - Hospice		-	-			-	-		-	-	-	-		-	
Medicaid/NJ FamilyCare - Respite	-	-		-	Г				1		-	-		-	-	-		Medicaid/NJ FamilyCare - Respite	-	-					-			-	-			-	
Medicaid/NJ FamilyCare - Therapeutic		-			C				]						-			Medicaid/NJ FamilyCare - Therapeutic			-					] [		-	-	-		-	
Pending Medicaid Days	-	-									-				-			Pending Medicaid Days			-			-	-			-	-	-		-	
Pre-Eligibility Medical Expenses (PEME)	-	-				-					-			-	-			Pre-Eligibility Medical Expenses (PEME)		-	-			-	-			-	-		-		
Out of State Medicaid	-					-	-			-	-				-	-		Out of State Medicaid	-	-	-			-	-		-		-	-	-	-	
Out of State Medicaid - Hospice	-				L				1	· ·					-	-		Out of State Medicaid - Hospice	-		-			-			-		-	-		-	
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Dther	-	27		27					-	· ·		· ·					- 1	Other	· ·			- 1		-			-		-	-		-	
otal Patient Days for Per Day Cost				,165	-			· ·	-	· ·	· ·			· ·		· ·	- 1	Total Patient Days for Per Day Cost	· ·			- 1											
fedicaid Bed Holds	-	256	5	256			-		-	-					-	-	- 1	Medicaid Bed Holds	-	-	-	-		-	-	4	-		-	-		-	
Medicaid Unreimburable Therapeutic Leave	-		-		-	-	-		-	· ·		•		· .			- 1	Medicaid Unreimburable Therapeutic Leave				- 1							-				
rivate Bed Holds	-	-	-	-	H		-		-	· ·		•			-	-	- 1	Private Bed Holds		-		-		-	-	4	-	-	-	-		-	
II Other Bed Holds	-				-				-	· ·		•		· .			- 1	All Other Bed Holds				- 1							-				
fotal Patient Days Including Bed Hold		31,023		,421				•	-	· ·		•					- 1	Total Patient Days Including Bed Hold	· ·			- 1		-		4 4			-	-	· ·		· ·
flaximum Bed Days Available	5,110	40,150	) 49	,260				· ·	1							· ·		Maximum Bed Days Available		· ·									-			-	

	State of New Jersey Department of Human Services									
	N	ursing Facilit	y Cost Repo	ort						
Provider Name:	84 Cold Hill Road Operati	ons LLC dba	Holly Mano	r						
Medicaid Provider Number	4492200		Medicare F	Provider Number	14290					
NPI:	1376727669									
Reporting Period:	From:	1/1/2023	To:	12/31/2023						
Worksheet:	Schedule S-11 Part I - Nur	sing Home A	ssessment	Information per Submitted NH	HA-100 (Combined)					

Facilities Long-Term Care Reporting Classification is:	
Kelated R	levenue
Number of Received O	r Accrued
Patient Days Whole D	Dollars
	\$5,101,254
	-, -, -
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days 256	\$0
	·
Report Non-Medicare Days Subject To Assessment	
Line 3 Private Patient Days 3,569	\$1,219,354
	+C C24 420
Line 4 Medicaid (Except Therapeutic and Bedhold) 24,793	\$6,621,128
	ćo
Line 5 Respite Days 0	\$0
Line 6 Other Non-Medicare Days 27	\$145,968
	Ş14 <u>3,</u> 908
Line 7 Assessed Days and Revenue 28,389 \$	7,986,449
	7,500,115
Line 8 Classification Assessment Rate \$ 14.67	
Line 9 Assessment Due \$ 416,466.63	
Line 10 Penalty and Interest Due \$ -	
Line 11 Total Amount Due \$ 416,466.63	

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State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	84 Cold Hill Road Operati		<u> </u>							
Medicaid Provider Number	4492200		Medicare F	Provider Number	14290					
NPI:	1376727669									
Reporting Period:	From:	1/1/2023	To:	12/31/2023						
Worksheet:	Schedule S-11 Part II - Nu	rsing Home A	Assessment	Information per Submitted N	HA-100 - Nursing Facility					

Facilities	Long-Term Care Reporting Classification is:		
			Related Revenue
		Number of	Received Or Accrued
		Patient Days	Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	6,776	\$5,101,254
LINC I		0,770	\$5,101,254
1:44.2	Madiasid These was the and Madiasid Dad Usld Dave	250	co.
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	256	\$0
	Report Non-Medicare Days Subject To Assessmen	nt	
Line 3	Private Patient Days	3,569	\$1,219,354
Line 4	Medicaid (Except Therapeutic and Bedhold)	24,793	\$6,621,128
		· · · · ·	, ,
Line 5	Respite Days	0	\$0
Line J	Respire Days	0	Ĵ,
Line C	Other New Medicare Dave	27	¢145.0C0
Line 6	Other Non-Medicare Days	27	\$145,968
			· · · · · · · · · · · · · · · · · · ·
Line 7	Assessed Days and Revenue	28,389	\$ 7,986,449
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 416,466.63	
Line 10	Penalty and Interest Due	\$ -	
Line IV		Ŷ	
1:	Tatal American Dura	¢ 446 466 62	
Line 11	Total Amount Due	\$ 416,466.63	

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	State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name: 84 Cold Hill Road Operations LLC dba Holly Manor											
Medicare Provider ID:	Medicare Provider ID: 14290										
NPI:	1376727669										
Reporting Period:	From:	1/1/2023 To:	12/31/2023								
Worksheet:	Schedule S-12 - Addition	al 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.

or a member of the boa	ard of directors of the facility. Add subsequent rows as he	eaea.
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.

s as needed.		
State:	ZIP:	
State:	ZIP:	
	State:	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:
1		

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 row	as needed.	
Name:		
Address:		
City:	State:	ZIP:
Name:		
-		
Address:		
City:	State:	ZIP:

Genesis Operations LLC         GHC Holdings LLC         Genesis Healthcare LLC         GEN Operations I LLC         GEN Operations II LLC         FC-GEN Operations IN vestment         SunDance Rehabilitation Holdco Inc.         Sun Healthcare Group Inc.         Genesis Healthcare Inc.         HCCF Management Group XI LLC         ZAC Properties XI LLC         101 East State Street         Square       State:         PA       ZIP:         1934
Genesis Healthcare LLC GEN Operations I LLC GEN Operations II LLC FC-GEN Operations Investment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street
GEN Operations I LLC GEN Operations II LLC FC-GEN Operations Investment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street
GEN Operations II LLC FC-GEN Operations Investment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street
FC-GEN Operations Investment SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street
SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street
Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street
Genesis Healthcare Inc. HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street
HCCF Management Group XI LLC ZAC Properties XI LLC 101 East State Street
ZAC Properties XI LLC 101 East State Street
101 East State Street
Square State: PA ZIP: 1934
Arnold Whitman
3820 Mansell Road Suite 280
retta State: GA ZIP: 3002
ett

Address:		1617 JFK Boulevard Suite 545							
City:	Philadelphia	State:	PA	ZIP:	19103				
Name:		Welltower Inc.							
Address:		4500 Dorr Street							
City:	Toledo	State:	ОН	ZIP:	43615				
	Toledo			ZIP:	43				

	Nursing Facility Department of Human Services Nursing Facility Cost Report													
Provider Name:		84 Cold Hill Road Op	erations LLC dba Holly	Manor										
Medicaid Provider N	lumber	0				Medicare Provider Num	iber		14290					
NPI:		1376727669												
Reporting Period:		From:		1/1/2023					To:	12/31/2023	1			
Worksheet:		Schedule S-13 - Aver	age Length of Stay											
		Number of Beds	Bed Days Available	Inpatient Days	Discharges	Average Length of Stay (FORM CMS-2540-10)	Average Length of Stay (Inpatient Days / Number of Patients)	Admissions	Medicaid Only	Dual Eligible	Medicare Only	Medicare Part A & B	Part C (Medicare Advantage)	Total Population
Average Length of S	itay	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	(Column 6)	(Column 7)	(Column 8)	(Column 9)	(Column 10)	(Column 11)	(Column 12)	(Column 13)
1	Nursing Facility (S-2)	35,165	12,835,225	35,421	278	127.4136691	466.0657895	27:	L 65		11		9	76
2	SCNF - AIDS (S-3)	0	0			C	0 0							0
3	SCNF - BMGT (S-4)	0	0			C	0 0							0
4	SCNF - Pediatric (S-5)	0	0			C	0 0							0
5	SCNF - TBI/Coma (S-6)	0	0			C	0 0							0
6	SCNF - Ventilator (S-7)	0	0			C	0 0							0
7	SCNF - Young Adult (S-8)	0	0			C	0 0							0
8	Behavioral Health Nursing Facility (S-9)	0	0			C	0 0							0
9 '	Fotal (sum of lines 1-8)		12,835,225	35,421	278	127	466	27:	L 65	0	11	0	9	76

		D	State of New Je epartment of Huma	rsey In Sensicer						
Provider Name:	84 Cold Hill Road	Operations LLC dba H	Nursing Facility Cos	t Report						
Medicare Provider ID: NPI: Reporting Period:	14290 1376727669 From:		1/1/2023	Ter	_	12/31/2023				
Worksheet:	Schedule A - Tota	I Expense	1/1/2023	18:	_	12/31/2023				
	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)		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	129,780			\$ 187,311			\$ 4,305,969		\$ -	\$ 4,305,969
Direct Care - SCNF AIDS     Direct Care - SCNF BMGT     Our Care - SCNF BMGT	-	s - s -		<u>s</u> - <u>s</u> -			s - s -	<u>s</u> -	s - s -	\$ - \$ -
4 Direct Care - SCNF PEDIATRIC 5 Direct Care - SCNF TBI/COMA 6 Direct Care - SCNF VENTILATOR	-	\$ - \$ -		s - s -			s - s - s -	<u>s -</u> s -	\$ - \$ -	\$ - \$ -
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	- 129,780	\$ 4,118,658		\$ - \$ 187,311			\$ - \$ 4,305,969	s - s -	s - \$ -	\$ - \$ 4,305,969
B. Routine Patient Care Costs - Not Directly Reported 11 Routine Medical Supplies					s	132,198	\$ 132,198	ς	s -	\$ 132,198
12 OTC Drugs 13 Enteral Feeding (Product and Supplies)					\$	24,759	\$ 24,759 \$ 1,203	ş -	\$ - \$ -	\$ 24,759 \$ 1,203
14 Incontinency Products 15 Total Patient Care Costs - Not Directly Reported					\$ \$	36,244 194,404	\$ 36,244	ş -	s - \$ -	\$ 36,244 \$ 194,404
C. Patient Ancillary Costs 16 Radiology		s -		۱ <u>،</u>	s	27,696	\$ 27,696	ς	s -	\$ 27,696
17 Laboratory 18 Intravenous Therapy	-	\$ - \$ -		s - s -	s s	38,115 28,190	\$ 38,115 \$ 28.190	s - s -	\$ - \$ -	\$ 38,115 \$ 28,190
19 Oxygen Therapy 20 Physical Therapy	49.00 319,258.37	s - s -		\$ 2,362 \$ 5,604	\$ \$	12,582 606	\$ 14,944 \$ 6,210	s - s -	s - s -	\$ 14,944 \$ 6,210
21 Occupational Therapy 22 Speech Therapy 23 Electro cardiology	279,756.57 264,854.31	\$ - \$ -		\$ 5,430 \$ 3,311			\$ 5,430 \$ 3,311 \$	<u>s</u> - <u>s</u> -	\$ - \$ -	\$ 5,430 \$ 3,311 \$ -
24 Medical Supplies Charged to Patients 25 Prescription Drugs (not OTC)					\$	187,039	\$ - \$ 187,039	s - s -	\$ - \$ -	\$ - \$ 187,039
26 Pharmacy Non-Formulary 27 Support Surfaces 28 Ambulance					\$	21,263	\$ - \$ 21,263	s - s -	s - s -	\$ - \$ 21,263
28 Ambulance 29 Dental 30 Physicians		s -		<u>د</u>	\$	34,855	\$ 34,855 \$ - \$ 19,361	<u>s</u> - s -	s - s -	\$ 34,855 \$ - \$ 19,361
31 Other - Patient Ancillary Costs 32 Total Patient Ancillary Costs	- 863,918.25	ş -		\$ - \$ 16,707	\$	199 369,906	\$ 199	\$ -	\$ - \$ -	\$ 199 \$ 386,613
E. Nursing Administration			\$ 247,380			_				
33 Director of Nursing, ADON, Supervisors 34 Inservice Education 35 MDS Coordinator	8,251.63	\$ 247,380 \$ - \$ -	\$ 247,380 \$ - \$ -	s - S -			\$ 494,760 \$ - \$ -	<u>\$</u> - \$-	\$ - \$ -	\$ 494,760 \$ - \$ -
36 Staffing Coordinator 37 Infection Control		s - s -	s - s -	\$ - \$ -			s - s -	s - s -	\$ - \$ -	\$ - \$ -
38 Medical Records/EMR 39 Nursing License Fees 40 Other - Nursing Administration	2,237.04		s -	s -	\$	1,039	\$ 50,473 \$ - \$ 142,219	\$ - \$ -	s - s - s -	\$ 50,473 \$ - \$ 142,219
41 Total Nursing Administration	12,844.80	\$ 98,856 \$ 395,670	\$ 247,380		\$	43,303 44,402			\$ - \$	\$ 687,452
F. Workforce Related Costs - Patient Care 42 Direct Patient Care Recruitment					\$	73,993	\$ 73,993	ş -		\$ 73,993
d3 Direct Patient Care Retention     d4 Total Workforce Related Costs - Patient Care					\$	73,993	\$ - \$ 73,993	s - s -	\$ - \$ -	\$ - \$ 73,993
G. Patient Support Services 45 Food (including supplements)					s	203,299	\$ 203,299	s -	s -	\$ 203,299
46 Dietary Department 47 Laundry Department	-	\$ - \$ -	s - s -	\$ 822,140 \$ 254,103	\$ \$	29,044 2,152	\$ 851,184 \$ 256,255	s - s -	s - s -	\$ 851,184 \$ 256,255
48 Housekeeping Department 49 Social Services 50 Patient Activities	4,616.66	\$ - \$ 185,174 \$ 112,755	\$ - \$ -	\$ 239,024 \$ -	\$	15,386 193	\$ 254,410 \$ 185,367 \$ 115.672	<u>s</u> -	s - s -	\$ 254,410 \$ 185,367 \$ 115.672
50 Patient Activities 51 Medical Director 52 Pharmacy Consultant	421.00	\$ - \$ -	\$ - \$ -	\$ - \$ 35,841 \$ -	s	2,917	\$ 35,841 \$ 26,689	<u>s -</u> s -	s - s -	\$ 115,672 \$ 35,841 \$ 26,689
S3 Auto Leasing and Depreciation - Direct Patient Care     Other Auto Expense - Direct Patient Care							\$ - \$ -	s - s -	\$ - \$ -	\$ - \$ -
55 Other - Patient Support Services 56 Total Patient Support Services	10,501		\$ - \$ -	\$ - \$ 1,351,108	\$	63,674 343,354	\$ 63,674 \$ 1,992,392	\$ -	\$ - \$ -	\$ 63,674 \$ 1,992,392
H. Property Operating Costs 57 Maintenance	4,236.40	\$ 120,947	ş -	\$ -	\$	102,250	\$ 223,197	ş -	ş -	\$ 223,197
58 Security 59 Utilities (including telephone and cable services) 60 Real Estate Tax	-	ş -	\$ -	\$ -	\$	264,260 209,857	\$ - \$ 264,260 \$ 209,857	<u>s</u> -	\$ - \$ -	\$ - \$ 264,260 \$ 209,857
61 Property Insurance 62 Total Property Operating Costs	4,236	\$ 120,947	\$ -	\$.	\$	52,064 628,431	\$ 52,064	s - s -	\$ - \$ -	\$ 52,064 \$ 749,378
I. Administrative & Operating Costs										
63 Administrator 64 Assistant Administrator 65 Other Executive Staff	2,683.00		\$ 207,043 \$ - \$ -	-			\$ 207,043 \$ - \$ -	<u>s</u> - s -	s - s -	\$ 207,043 \$ - \$ -
66 Office Staff 67 Management Fees	13,872.48	\$ 465,502	\$ -	\$ -	s	512,530	\$ 465,502 \$ 512,530	\$ - \$ 85,720	ş -	\$ 465,502
68 Office Supplies and Expenses 69 Insurance not Related to Property or Employees					\$ \$	9,591 108,752	\$ 9,591 \$ 108,752	s - s -	\$ - \$ -	\$ 9,591 \$ 108,752
70 Business Taxes 71 Accounting Fees 72 Legal Fees					2		\$ 78 \$ - \$ -	<u>s</u>	s - s -	\$ 78 \$ - \$ -
73 Advertising 74 Allowable contributions					s	250	\$ - \$ 250	s - s -	s - s -	\$ - \$ 250
75 Allowable Employee Gifts and Party 76 Auto Leasing and Depreciation 77 Other Auto Expenses							s - s -	s - s -	s - s -	\$ - \$ -
78 Travel Expenses 79 Non-Capital Related Interest Expense							s - s - s -	s - s -	s - s -	\$ - \$ -
80 Other A&O costs 81 Total Administrative & General	16,555	\$ 465,502	\$ 207,043	\$ .	\$ \$	86,964 718,165			\$ -	\$ 86,964 \$ 1,474,054
J. Provider Tax (NHA 100) 82 Provider Tax (NHA 100)					s	396.119	\$ 396,119	ş -	s -	\$ 396,119
K. Workforce Related Costs - Other										
83 Patient Support & Other Recruitment 84 Patient Support & Other Retention					s	1,560	\$-	ş -	s - s -	\$ 1,560 \$ - \$ 673
85 Professional Training     86 Licensing and Dues     87 Total Workforce Related Costs - Other					\$ \$ \$	673 20,388 22,621	\$ 673 \$ 20,388 \$ 22,621	<u>s</u> - <u>s</u> -	s - s - s -	\$ 673 \$ 20,388 \$ 22,621
L. Fringe Benefits for Non-Management Employees										
88 Payroll Taxes 89 Workers' Compensation 90 Unemployment					\$ \$	401,158 168,831 50,545	\$ 401,158 \$ 168,831 \$ 50,545	<u>s</u> - <u>s</u> -	s - s -	\$ 401,158 \$ 168,831 \$ 50,545
91 Disability Insurance 92 Medical Insurance					s	314,639	\$ 50,545 \$ - \$ 314,639	<u>s</u> - <u>s</u> -	\$ - \$ -	\$ 50,545 \$ - \$ 314,639
93 Dental Insurance 94 Union Welfare					s	6,816	\$ - \$ 6,816	s - s -	\$ - \$ -	\$ - \$ 6,816
95 Vision Insurance 96 Uniforms 97 Tuition Assistance							s - s -	s - s -	\$ - \$ - \$ -	\$ - \$ -
98 Retirement Benefits 99 Life Insurance					s	45,621	\$ 45,621 \$ -	s - s -	\$ - \$ -	\$ 45,621 \$ -
100 Other - Fringe Benefits 101 Total Fringe Benefits					\$	987,610	\$ . \$ 987,610	s - \$ -	\$ - \$ -	\$ - \$ 987,610
M. Property Capital Costs 102 Depreciation					s	53,557	\$ 53,557	\$ 31,086	s -	\$ 84,643
103 Mortgage Interest (Allowable Interest) 104 Rental of Building					s	1,377,094	\$ - \$ 1,377,094	\$	\$ -	\$ - \$ 738,122
105 Rental of Equipment 106 Total Property Capital Costs					\$ \$	13,969 1,444,620	\$ 13,969 \$ 1,444,620	ş -	s -	\$ 13,969 \$ 836,734
N. Non-Routine/Non-Allowable Costs	-	s .	s -	\$ 1.7e1	ŝ	375 317	\$ 376 598	s -	s -	\$ 376 509
		\$ - \$ 5,398,706		\$ 1,281		375,317				\$ 376,598

State of New Jersey							
	Department of Human Services						
Nursing Facility Cost Report							
Provider Name:	84 Cold Hill Road Operatio	ons LLC dba Holly Manor					
Medicare Provider ID:	14290	14290					
NPI:	1376727669						
Reporting Period:	From:	1/1/2023 To:	12/31/2023				
Worksheet:	Schedule A-1 - Direct Cost	s					

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)	16,820.26	\$892,134		
Licensed Practitioner Nurses (LPN)	30,461.94	\$1,294,233	2,573.61	\$163,612
Certified Nursing Assistants (CNA)	79,317.70	\$1,932,291	606.94	\$23,699
Advanced Practice Nurses (APN)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>Q1,552,251</i>	000.01	¢25,655
Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	126,599.90	\$4,118,658	3,180.55	\$187,311
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)	0.00	ŞU	0.00	Ç.
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	0.00	ća		ća
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	0.00	Č0.	0.00	40
Total Behavioral Health Nursing Facility Other (Schedule A Line 9)	0.00	\$0	0.00	\$0
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
· · · · ·	0.00	\$0	0.00	\$0

State of New Jersey Department of Human Services						
Nursing Facility Cost Report						
Provider Name:	84 Cold Hill Road Ope	rations LLC dba Holly Manor				
Medicare Provider ID:	14290	14290				
NPI:	1376727669					
Reporting Period:	From:	1/1/2023 To:	12/31/2023			
Worksheet:	Schedule A-2 - Management Employees					

		Hours	Cost
Administrator			63
Name	Salary	1,179	83,953
Vita Martirano	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		83,953

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

Director of Nursing			33
Name	Salary	2,040	139,770
Linda Gaeta	Payroll Taxes		
	Health Insurance		
	<b>Retirement Benefits</b>		
State Licensing Number/Type	Other		
	Total		139,770

Assistant Director of Nursing			33
Name	Salary	2,038	105,306
April Kovalovsky	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		105,306

Other			
Name	Admin	Input Line Number	63
Laura Sansone	Salary	1,504	123,090
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		123,090

Other			
Name	ADON	Input Line Number	33
Stephanie Le	Salary	40	1,920
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		1,920

Other			
Name	ADON	Input Line Number	33
Augustina Okoli	Salary	8	384
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		384

Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		-
TOTAL MANAGERIAL COMPEN	SATION		\$ 454,423

State of New Jersey						
Department of Human Services						
	Nursing Facility Cost Report					
Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor					
Medicare Provider ID:	14290					
NPI:	1376727669					
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
Pati	ent Ancillary Costs						
1	Radiology	16					-
2	Laboratory	17					-
3	Intravenous Therapy	18					-
4	Oxygen Therapy	19			49.00	\$2,362	49.00
5	Physical Therapy	20			319,258.37	\$ 5,604	319,258.37
6	Occupational Therapy	21			279,756.57	\$ 5,430	279,756.57
7	Speech Therapy	22			264,854.31	\$ 3,311	264,854.31
8	Electro cardiology	23					-
9	Physicians	30					-
10	Other - Patient Ancillary Costs	31					-
11	Total Patient Ancillary Costs		-	\$-	863,918.25	\$ 16,707	863,918.25
Nur 12	sing Administration Director of Nursing, ADON, Supervisors	33	4,125.63	\$ 247,380			4,125.63
		33	4,125.63	\$ 247,380			4,125.63
12	Director of Nursing, ADON, Supervisors		4,125.63	\$ 247,380			4,125.63
12 13	Director of Nursing, ADON, Supervisors Inservice Education	34	4,125.63	\$ 247,380			4,125.63 - - -
12 13 14	Director of Nursing, ADON, Supervisors Inservice Education MDS Coordinator	34 35	4,125.63	\$ 247,380			-
12 13 14 15	Director of Nursing, ADON, Supervisors Inservice Education MDS Coordinator Staffing Coordinator	34 35 36	4,125.63	\$ 247,380			-
12 13 14 15 16	Director of Nursing, ADON, Supervisors Inservice Education MDS Coordinator Staffing Coordinator Infection Control	34 35 36 37					- - - -

20	Dietary Department	46				\$ 822,140	-	
21	Laundry Department	47				\$ 254,103	-	
22	Housekeeping Department	48				\$ 239,024	-	
23	Social Services	49	4,616.66	\$ 185,174			4,616.66	
24	Patient Activities	50	5,463.06	\$ 112,755			5,463.06	
25	Medical Director	51			421.00	\$ 35,841	421.00	
26	Pharmacy Consultant	52					-	
27	Other - Patient Support Services	55					-	
28	Total Patient Support Services		10,079.72	\$ 297,930	421.00	\$ 1,351,108	10,500.72	Total
								-
H. Pro	perty Operating Costs							
29	Maintenance	57	4 236 40	\$ 120.947			4 236 40	1

	29	Maintenance	57	4,236.40	\$ 120,947			4,236.40	
	30	Security	58					-	
	31	Total Property Operating Costs		4,236.40	\$ 120,947	-	\$ -	4,236.40	Total
								-	
- 1	I Admi	nistrative & Operating Costs							1

32	Office Staff	66	13,872.48	\$ 465,502			13,872.48	
33	Total Administrative & General		13,872.48	\$ 465,502	-	\$ -	13,872.48	Total

N. NO	n-Routine/Non-Allowable Costs								4
34	Sales and Marketing Personnel	N/A						-	1
35	Gift, Flower, Coffee Shops and Canteen	N/A						-	]
36	Barber and Beauty Shop	N/A					\$ 1,281	-	
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	-	\$	-	-	\$ 1,281	-	Total
									_
Total			36,907.40	\$ 1,	,280,048	864,339.25	\$ 1,369,096	901,246.65	Total

Reporting Period:	From:	1/1/2023 То:					
Worksheet:	Schedule A-4 Part I - Related Parties	ule A-4 Part I - Related Parties					
Provider DBA Name (if any):	84 Cold Hill Road Operations LLC dba Holly M	anor					
Tax ID/EIN:	26-0866432						

### 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				
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		
1	IT	I - IT		
L	Lab	J - Lab		
К	Maintenance	K - Maintenance		
L	Management	L - Management		
M	Medical Supplies	M - Medical Supplies		
N	N/A	N - N/A		
0	Other	O - Other		
Ρ	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										
er Name:	BE Calif MillRoad Convertions LLC disarroly 5	Manor															
d Provider Number	p		Medicare Provider Number														
w Period	htem.	1/1/202	76	12/31/202													
34	Schedule A-5 Pat II - Related Paties																
DBA Name (if any)	BE Cald Millisoid Convetions LLC dearrows																
IN.	20-2800432																
																	_
unientino of Valutad State Silvanida Post																	_
Column 1	Column 2	Column 1	Calume 4	Column 1	Calumn 6	Calume 7	Column 8	Column 9	Column 10	Calume 11	Column 12	Column 13	Column 14	Column 15	Column 16	Column 17	Ci
Easte of Transaction	Mentally Where Related Facts Cods Relevant of Cod Relation	Identify the PCK data field(c), by regulation section, that this cost is mided in.	Relationship to Provider (see Ad Schedule A-d Part L Relationship Status Datams, brites, J	Name of Related Factor	Address of Reidest Forth		Phase Number of Reided Party	Institutions of Indensity	Description of the Social Services Provided in Related Party	Category of Goods/bencies Provided by Related Party (See AS Schedule R-d Part L Goods/Services Category Options, Bellow J	Type of Transaction	Method for Determining the Allowable Cost of PMT of the Boody Services Provided	the Related Party	Method of Payment to Relided Party (e.g. Invoice, our resident, monthly fee, flat Seri	Allowable Actual Cost or PMV of the Galody/Tervices/Provided In 31	Coll on Pacifity Books	
						Mikellerg											
														technicameany			
Annual			Other (financial or non-financial), saechy	Powerback Rehabilitation ORS (2) cold specify below		Martera	\$22 660-\$330	Infa Barreshoc.com		W-Thesay	titler-campany	Contractioner		totor campany	\$278,787,00	\$279,737	
Annual			Other (francial or non-financial, saechy)	Powerback Rehabilitation OR3 (2) cold specify below		Martera	\$22.000-\$330	Infa Barreshoc.com		W-Thesay	titler-campary	Compact prop		totor campany	1204,814.00	\$264,854	
And only			The Benefit is an family costs		ATTENTION AND A TEL AND TOTAL TOTAL OF	Burran Photoso	415 777.3611	success complete distribution of the	Number Resource Supporting Strength	11-Staffee	hider-children	Premium cone		Tarbar company	5187 FT 0	5187.511	
Record.			The Benefit is an family costs	Researching Balancington, Ball 191 oct A martin balance		Mindan	437.646.6350	windownersky com		W. Tharbox	hider-children	Premium cone		Tarbar company	57 567 70	61.041	
Arrest .			Other (Feandal or non-feancial, specify	AlariMed Partners OP3 (2) calls sandly below	100 Back Store Street Revised Square PR 19304	Mieley	812 660-8330	arts Barreshic com	Medical Director	D-Cercultures	http://www.comanny	Certaitene		Tribu sampany	in set of	113,411	
Manthly			Other if candial or non-fisiancial, sansfer	Traver wolft-care Medical Group of %1 U.C. (2) cold so		Rekhashandat	121 411-2111	arts the and soft con	trisammendian	D-Censultants	Accounts sevolute	Certailense		Assentantik	\$11,600.00	\$13,600	
Manthly			Other if candial ar non-fisiancial, sansfer	Langevits (Walth Plan (2) cal & specify below	11781 US Highway One Ste. NO07 Fain Beach Gasters, FLE1408	Brendan Raew	201.147-9184	Rowday care those with with else, care	Theory traverse president	D-Censultants	Accounts sevolute	Certailense		Access and a	\$1.502.00	\$2,802.	
Morthy			Other (Teandal or non-feancial), sanchy:	Next HE-DECEL CELL SERVER/Delition	211 Blob of the American Suite 326 Likewood 51 08705	Michael Zenix	646.162-8129	elfnesths.com	Rel blateleae	C-Castal				Seale contract IPT	1738.122.03	\$1,877,094	
				(1) Other specify Parent entity of Provider has finance													
				trideverit in the wished sarts.													
				(2) Other as Officer, dewiter or other key person of th													
				agreed entity of Provider has a financial arterest as													
				the related carty.													
																	-
																	-
Tetal															\$2,472,942,00	\$2,994,107	

Provider Name:	84 Cold Hill Road Operations LLC dba Holly M	HII Road Operations LLC dba Holly Manor								
Medicaid Provider Number	0	Medicare Provider Number	0							
NPI:	1376727669									
Reporting Period:	From:	1/1/2023 To:	12/31/2023							
Worksheet:	Schedule A-4 Part III - Related Parties									
Provider DBA Name (if any):	84 Cold Hill Road Operations LLC dba Holly N	lanor								
Tax ID/EIN:	26-0866432									

### C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider (B2), including all 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).

Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Relationship to Nursing Home (see A4 Schedule A-4 Part I. Relationship Status	Namer of Britericals and Interested Bartier (on conarate source)	Bercontran of Augustria of Each Brincipal or Interacted Batty	Address	Phone Number	Email Address
Options below)	warries of Frincipals and interested Farties (on separate rows)	reicentage of ownership of Each Philipal of Interested Party	Address	Filolie Nalliber	Linai Address
	Relationship to Nursing Home (see A4	Relationship to Nursing Home (see A4 Schedule A-4 Part I. Relationship Status	Relationship to Nursing Home (see A4 Schedule A4 Part L Relationship Status	Relationship to Nursing Home (see A4 Schedule A4 Part I. Relationship Status	Relationship to Nursing Home (see A4 Schedule A4 Part L Relationship Status

84 Cold Hill Road Operations LLC dba Holly M	Hill Road Operations LLC dba Holy Manor								
0	Medicare Provider Number 0								
1376727669									
From:	1/1/2023 To:	12/31/2023							
Schedule A-4 Part IV - Related Parties									
84 Cold Hill Road Operations LLC dba Holly M	anor								
26-0866432									
	0 1376727669 From: Schedule A-4 Part IV - Related Parties 84 Cold Hill Road Operations LLC dba Holly M.	1376727669 From: 1/1/2023 To: Schedule A.4 Part IV - Related Parties & Cold Hill Road Operations LLC dba Holly Manor							

### C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider in section B1 of Schedule A-4 III, including all principals and interested parties and including 100% of the owners, principals, and interested parties in any entity identified as a principal or interested party in the third-party entity exercising substantial management control over the provider. 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.		Percentage of Ownership of Each Principal or Interested Party	Type of Business	Address	Phone Number	Email Address
Tuble er senedale A 4 ratem.	(on separate rows)	refeating of ownership of cache hindpar of interested Farty	Type of business	Huncis	Those Namoer	Emanydarcss

State of New Jersey Department of Human Services Nursing Facility Cost Report								
Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor							
Medicare Provider ID:	14290							
NPI:	1376727669							
Reporting Period:	From:	1/1/2023 To:	12/31/2023					
Worksheet:	Schedule A-5 - Non-Allowable Costs							

		Cost
Line	Non-Routine / Non-Allowable Costs	
1	Sales and Marketing Department	
2	Gift, Flower, Coffee Shops and Canteen	
3	Barber and Beauty Shop	\$ 1,112
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.	\$ 9,77
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	\$ 364,43
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	Non-Allowable Other Costs	\$ 375,31

State of New Jersey Department of Human Services Nursing Facility Cost Report								
Provider Name:	34 Cold Hill Road Operations LLC dba Holly Manor							
Medicare Provider ID:	14290							
NPI:	1376727669							
Reporting Period:	From:	1/1/2023 To:	12/31/2023					
Worksheet:	Schedule A-6 - Capital							

## **Capital Asset Balances and Depreciation 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	\$40,944.00			\$0.00		\$40,944.00		\$3,748.00		\$3,748.00
Buildings and Fixtures				\$0.00						\$0.00
Building Improvements	\$86,080.00	\$35,055.00		\$35,055.00		\$121,135.00		\$7,323.00		\$7,323.00
Fixed Equipment	\$20,629.00	\$10,336.00		\$10,336.00		\$30,965.00		\$583.00		\$583.00
Major Moveable Equipment	\$94,185.00	\$18,306.00		\$18,306.00		\$112,491.00		\$41,903.00		\$41,903.00
Other				\$0.00						\$0.00
Total	\$241,838.00	\$63,697.00	\$0.00	\$63,697.00	\$0.00	\$305,535.00	\$0.00	\$53,557.00	\$0.00	\$53,557.00

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.

	State of New Jersey Department of Human Services	
	Nursing Facility Cost Report	
84 Cold Hill Road O	perations LLC dba Holly Manor	
14290		
1376727669		
From:	1/1/2023 To:	12/31/2023
Schedule A-7 - Depr	eciation Schedule	
	84 Cold Hill Road O 14290 1376727669 From:	84 Cold Hill Road Operations LLC dba Holly Manor 14290 1376727669

				Weighted				
Asset Name/Description	Capita	alized Costs	Estimated Salvage Value	Average Estimated Useful Life (Years)	Prior Period Accumulated Depreciation	Prior Period Impairment	Period Depreciation	Asset Group Carrying Value
Buildings:			8					8
Nursing Facilities							\$ -	\$ -
Administrative Facilities							\$ -	\$ -
Multi-purpose Facilities							\$ -	\$ -
Land Improvements							\$-	\$ -
Storage Facilities							\$-	\$-
Parking Garages							\$-	\$-
Other:								
Building Improv	\$	86,080	\$ -	14.876			\$ 5,786	\$ 74,507
Fixed Equipment	\$	5,832	\$ -	9.99	\$ 569		\$ 584	\$ 4,680
							\$ -	\$ -
							<u>\$</u> - \$-	\$ -
Total Period Depreciation - Buildings							\$ - \$ 6,370	\$ -
Equipment:								
Medical Equipment							\$ -	\$ -
Other Equipment Used in Direct Care Services	\$	94,185		6.7267	\$ 21,654		\$ 14,002	\$ 58,529
Computer Equipment	\$	14,797		15.268			\$ 969	\$ 12,421
Telephone and Communication Equipment					. , .		\$ -	\$ -
Maintenance and Custodial Equipment							\$ -	\$ -
Other:				•				
Depreciation accelerated	\$	32,567		1			\$ 32,567	\$-
							\$-	\$-
							\$ -	\$ -
							\$ -	\$-
Total Period Depreciation - Equipment							\$ - \$ 47,538	\$-
Vehicles: Cars Trucks							\$ - \$ -	\$ - \$ -
Vans							\$ -	\$ -
Other:								
							\$ -	\$ -
							\$ -	\$ -
Total Period Depreciation - Vehicles							\$ - \$ -	\$-
								1
Office Furniture and Fixtures:							<u>.</u>	<i>.</i>
Office Desks, Cabinets, and Chairs							<u>\$</u> - \$-	\$ - \$ -
Electronic Office Equipment Appliances							<u>\$</u> - \$-	\$ - \$ -
Utility Installations							\$ -	\$ -
Other:							Ŷ	Ŷ
							\$ -	\$ -
							\$ -	\$ -
							\$ -	\$ -
							\$-	\$-
							\$-	\$-
							\$-	\$-
Total Deviad Devesistion Office Sumiture and Sixture	_						\$ - \$ -	\$ -
Total Period Depreciation - Office Furniture and Fixtures	5						ş -	]
Software:								
Medical Software (Including EHR)							\$ -	\$ -
Administrative Software							\$ -	\$ -
Other:							ć	ć
							\$ -	\$ -
							\$ -	\$ -
Total Bariad Danrasiation Safeware							\$ - \$ -	\$ -
Total Period Depreciation - Software						l	<u>\$</u> -	]
Limited-life Intangible Assets:								
Other:							<u>,</u>	
							\$ -	\$ -
							\$-	\$-

\$ \$ \$

\$ \$

Total Period Depreciation - Limited-life Intangible Assets

	State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor			
Medicare Provider ID:	14290			
NPI:	1376727669			
Reporting Period:	From:	1/1/2023	To:	12/31/2023
Worksheet:	Schedule A-8 - Revenue			

### A. General Revenue

															Behavio	ral		
													SCNF You	ung	Health Nur	sing		Offset
	Total	Nu	rsing Facility	SC	NF AIDS	SCNF BMGT	:	SCNF Pediatric	SCNF TB	I/Coma	SCNF Vent	ilator	Adult		Facility	,	Other	Line
Total Routine Patient Revenue	\$ 17,312,075	\$	17,312,075	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-	\$-	
Private Routine Patient Revenue	\$ 1,219,354	\$	1,219,354	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 10,388,724	\$	10,388,724	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Pending Medicaid Days	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Out of State Medicaid	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Medicare Routine Patient Revenue	\$ 4,092,015	\$	4,092,015	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Other Patient Revenue	\$ 181,339	\$	181,339	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Hospice Days Revenue	\$ 1,430,642	\$	1,430,642	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Respite Days Revenue	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Therapeutic Leave Revenue	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Bed Hold Days Revenue	\$ -	\$	-	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Ancillary Patient Revenue	\$ 2,942,633	\$	2,942,633	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
Less Contractual Allowance	\$ (7,167,004)	\$	(7,167,004)	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-		
	\$ 13,087,704	\$	13,087,704	\$	-	\$-	\$	-	\$	-	\$	-	\$	-	\$	-	\$-	

B. Offsetable Revenue		
	Meals Served to Non-Patients	
	Interest Revenue	2,376
	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 no	on-formulary pharmacy transactions	
	Other:	

#### **B. Other Non-Patient Revenu**

B. Other Non-Patient Revenue		
	County Funding	
Ot	ther:	

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$13,090,079.65 \$13,087,703.65

Total Revenue

Provider Name: 84	Number Facility Cost Report 84 Cold Hill Road Overations LLC dos Hol	lv Manor																									
Provider Name: 84 Medicare Provider ID: 24 NPI: 23	1376727669																										
Reporting Period: Pro Worksheet: Sci	From: 1/ Schedule B - Allocation Basis	/1/2023 To:	12/31/2023																								
Allocated Statistics						1							,									Other		-			
		Direct Care -	Direct Care - SCNF			Direct	Care -														0 Pi	Other - Patient	Total Property	ty Total	Total Workf	force	Non-Routine /
	Direct Care - Nursing Facility SCNF A	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC t 3 4	TBUCOMA 5	Direct Care - SCNF VENTILATOR 6	YOUNG ADULT	Direct Care - Behavioral OTH Health Nursing Facility SPEC	DFY Radiology 16	Laboratory 17	Therapy Ovy 18	wygen Therapy Physical Th	Therapy Therapy 0 21	speech Therapy	cardiology	Physicians Ancillary	Costs Administration	supplements) Depart	ment Department	Department Se	ocial Patient rvices Activities 49 50	Medical Director 51	Consultant Se	Patient Support Services	Operating Costs 62	General	ve & Related Cost	Capital Costs	Non-Allowable Costs 1 107
A Non-Managerial Salaries	1 2 SA 118 658	50 50 50	5 50	50	50	50	50 50	50	50	50	50 21	50 50	50	20 21	41 50 5395.670	40 CP	4/ 50 50	48 50 5	49 50 185.174 \$112.755	51 50	50	30 50	\$120.947	7 5465.5	502	50 50	107 50 mm
		Direct Care -				Direct	Care - Non-Routine /																				
	Direct Care - Nursine Facility SCNF A	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 3 4	Direct Care - SCNF TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7	Direct Care - Behavioral Health Nursine Facility B 9	JFY Costs	Total																			
B Square Footage	27.345		-	,	,		100	27.345																			
		Direct Care -				Direct	Care -																				
Basis Codes BASIS D	Direct Care - Nursing Facility SONF A	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 3 4	Direct Care - SCNF TBU/COMA S	Direct Care - SCNF VENTILATOR 6	YOUNG ADULT	Direct Care - Behavioral Health Nursing Facility B 9	IFY Total																				
C Patient Days	1 2 15,165	0 0 0		° 0	0	0	0 35,165																				
		Direct Care -		-																							
Basis Codes BASIS D	Direct Care - Nursing Facility SONF A	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 1 3 4	Direct Care - SCNF TBI/COMA S	Direct Care - SCNF VENTILATOR 6	YOUNG ADULT	Direct Care - Behavioral Health Nursing Facility B	al I																				
D Non-Medicare Days (NHA100 Definition)	1 2	1 3 4 0 0 0			, ,	0 25	388																				
		Direct Care -				Direct	Care -																				
Basis Codes BASIS D	Direct Care - Nursing Facility SONF #	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC t 3 4	Direct Care - SCNF TBUCDMA	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT	Direct Care - Behavioral OTH Health Nursing Facility SPEC B S	ER JFY Total																				
E Meak Served	1 2 106.263	3 4	5	6	7		106.263																				
		Direct Care -				Direct	Care -																				
Basis Codes BASIS D	Direct Care - Nursing Facility SCNF #	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 1 3 4	Direct Care - SCNF TBU/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT	Direct Care - Behavioral Health Nursing Facility B 9	IER DEY Total																				
F Pounds of Laundry	1 2 15,421 BASIS- Pa	t 3 4 atient Days	5	6	7	8 9	35,421																				
		Direct Care -		- 1		Direct																					
Basis Codes BASIS D	Direct Care - Nursing Facility SONF A	Care - Direct Care - SCN# ALDS SCN# BMGT PEDLATEC 1 3 4 0.00 0.00 0.00	Direct Care - SCNF TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT	Direct Care - Behavioral OTH Health Nursing Facility SPEC 8 9	Care- ER JFY Total 0.0 129.780.45																				
G Salary & Contract Services Direct Nursing Hours	1 2	3 4	5 0.00	6 0.00	7 0.00	8 9	0.0 129.780.45																				
Basis Codes BASIS D	Direct C Direct Care - Numine Facility SCNF A	Care - Direct Care - SCNF	Direct Care - SCNF	Direct Care - SCNF	Direct Care - SCNF	Direct Care - Behavioral Direct Health Numine Facility SPEC	ER IFY Total																				
H Direct Patient Care Salary Hours	1 2	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 3 4 0.00 0.00 0.00	Direct Care - SCNF TBJ/COMA 5 0.00	Direct Care - SCNF VENTILATOR 6 0.00	7	Direct Care - Behavioral OTH Health Nursine Facility SPEC B 0.00	0.00 125.599.90																				
IN THE PROPERTY PROPERTY HOURS	1/6.596.90		1																								
Basis Codes BASIS D	Direct Care - Nursing Facility SONF #	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 1 3 4	Direct Care - SCNF TBUCOMA	Direct Care - SCNF VENTILATOR	Direct Care - SONF	Direct Care - Behavioral Direct Health Nursing Facility SPEC 8 9	ER Non-Allowable																				
	Direct Care - Nursing Facility SCNF A 1 2 \$15,528,094	ALLS SCNF BMGT PEDIATRIC	TBI/COMA 5	VENTILATOR 6	+OUNG ADULT 7	nearch Nursing Facility SPEC	10 T Costs	Total																			
I Accumulated Cost		50 50 50	50	50	\$0	\$0		513,904,692																			
Basis Codes BASIS D	Direct Care - Nursing Facility SDIF A	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 1 3 4	Direct Care - SCNF	Direct Care - SCNF	Direct Care - SONF	Direct Care - Behavioral Health Nursing Facility B SPCC	ER Non-Routine /	Total																			
	urect care - Nursing Facility SCNF A	ALLS SCNF BMGT PEDIATRIC	TEUCOMA 5	Direct Care - SCNF VENTILATOR 6	HOUNG ADULT	nearch Nursing Facility SPEC	107 Costs																				
J Radiology Charges	\$17.164							\$17.154																			
	Direct/	Care - Direct Care - SCNF	Direct Care - SCNF	Direct Care - SCNF	Direct Care - SONF	Direct Care - Behavioral Health Nursine Facility B 9	ER Non-Routine / ER Non-Allowable																				
	Direct Care - Nursine Facility SCNF # 1 2	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 2 4	Direct Care - SCNF TBUCOMA 5	Direct Care - SCNF VENTILATOR 6	YOUNG ADULT 7	Health Nursine Facility SPEC	JFY Costs 107	Total																			
K Laboratory Charaes	\$94.122							\$94.122																			
	Direct/	Care - Direct Care - SCNF	Direct Care - SCNF	Direct Care - SCNF	Direct Care - SONF	Direct Care - Behavioral Health Nursing Facility B 9	Eare - Non-Routine / ER Non-Allowable																				
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L intravenous Therapy Charges	223,808							\$25,969																			
	Direct/	Care - Direct Care - SCNF	Direct Care - SCNF	Direct Care - SCNF	Direct Care - SONF	Direct Care - Behavioral OTH	Eare - Non-Routine / ER Non-Allowable																				
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M Oxygen Therapy Charges	\$35,421 BASIS- Pat	atient Days						\$35,421																			
	Direct/	Care - Direct Care - SCNF	Direct Care - SCNF	Direct Care - SCNF	Direct Care - SONF	Direct Care - Behavioral 019	ER Non-Routine / Non-Allowable	Total																			
	Direct Care - Nursing Facility SONF / 1 2	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 1 3 4	Direct Care - SCNF TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	YOUNG ADULT 7	Direct Care - Behavioral Direct Health Nursing Facility SPEC B 9	JFY Costs 107	Total \$951.347																			
N Physical Therapy Charges	\$961.347							\$951.347																			
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	Direct Care - Nursing Facility SCNF / 1 2 \$864,187	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 1 3 4	TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	YOUNG ADULT 7	Health Nursing Facility SPEC 8 9	JFY Costs 107	Total																			
O Occupational Therapy Charges	\$864,187							\$864,187																			
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	Direct Care - Nursing Facility SCNF # 1 2	Care - Direct Care - SCNF AIDS SCNF BMGT PEDIATRIC 1 3 4	Direct Care - SCNF TBU/COMA 5	Direct Care - SCNF VENTILATOR 6	YOUNG ADULT 7	Direct Care - Behavioral Health Nursing Facility B 9	JFY Costs 107	Total																			
P Speech Therapy Charges	\$745,219							\$745,219																			
	Direct/	Care - Direct Care - SCNF	Direct Care - SCNF	Direct Care - SCNF	Direct Care - SONF	Direct Care - Behavioral Health Nursing Facility B 9	Eare - Non-Routine / ER Non-Allowable																				
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R Medical Supplies Charged to Patient Charges								50																			
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Abits         B           i         Prerying-Seg (bit 0%) Carge         B           init Call         Abits         B           1         Plannay bits denially charge         B           1         Plannay bits denially charge         B           0         State         Abits         B	112.14         Onest           Direct Care - Maning Facility         Onest           0         Onest	Care. Direct Care. Does Care. Sold Sold Care. Sold Care. Sold Sold Care. Desc. Care. Sold Sold Sold Sold Sold Sold Care. Sold Sold Sold Sold Sold Sold Care. Sold Sold Sold Sold Sold Sold Sold Sold Care. Sold Sold Sold Sold Sold Sold Sold Sold Sold	Direct Care - SCNE TBUCCMA 5 Direct Care - SCNE TBUCCMA 5 Direct Care - SCNE TBUCCMA 5 Direct Care - SCNE TBUCCMA 5	Divet Care - SCNF VENTUATOR 6 Divet Care - SCNF VENTUATOR 6 Divet Care - SCNF VENTUATOR 6 Divet Care - SCNF	Direct Care - SONE YOLING AGULT 7 Direct Care - SONE YOLING AGULT 7 Direct Care - SONE YOLING AGULT 7 Direct Care - SONE YOLING AGULT 7	Direct Care - Bahavard Direct Care - Bahavard Direct Care - Dehrand Bahavard Care - Dehrand Bahavard Direct D	Erre- Non-Routine/ Non-Routine/ 107 Erre- Non-Routine / Care- Non-Routine / Care- Non-Routine / Care- Non-Routine / Care- Non-Routine / Care- Non-Routine / Care- Non-Routine / Non-Routine / Non-Rou	Total 50 Total 53,901 Total 535,421																			
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State of New Jensey Department of Namo Services Nursing Facility Cost Report

	State of New Jonay Department of Human Services	
	Numine Facility Cost Assort	
Provider Name: Medicare Provider 10:	AH Cold HH Read Operations LLC dae Helly Manor La200	
NPR.	127622669	
Reporting Period	From: 3/1/2022 To: 12/24/2022	4
Worksheet: If there are errors on this tab please ensure Schedule R is filled ou	Schedule 8-1 - Allocated Cons	
correctly		
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101 Total Fringe Benefits	5987.440	
11 Routine Medical Supplies	101, 102, 102, 102, 102, 102, 102, 102,	
12 OTC Drugs	\$24,259 50 50	
13 Enteral Feeding (Product and Supplies) 14 Incontinency Products	51,200 50 50 50 50 50 50	
16 Radiology	\$27,696 50 50 50 50 50 50	\$2.044 \$27.044
17 Laboratory	538,115 50 50 50 50 50 50	58,115 538,115
18 Intravenous Therapy 19 Oxygen Therapy	328,190         50         50         50         50         50           514,984         50         50         50         50         50         50	54,400 54,4000 54,4000 54,4000 54,4000 54,4000 54,4000 54,4000 54,4000 54,4000 54,4000 54,4000 54,4000 54,4000 54,400000 54,4000000 54,40000000000
20 Physical Therapy	56,210 50 50 50 50 50 50 50 50 50 50	56200 56200
21 Occupational Therapy	55,430 50 50 50 50 50 50 50 50 50 50	55.400 55.430
22 Speech Therapy 23 Electro cardiology	\$1.11 9 90 90 90 90 90 90 90 90 90 90 90 90 9	938 937
24 Medical Supplies Charged to Patients	50 50 50 50 50 50 50 50 50 50 50 50 50 5	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
25 Prescription Drugs (not OTC)	\$187,029 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	9 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
26 Pharmacy Non-Formulary 27 Support Surfaces	50         50<	10         10<
28 Ambulance	204455 50 50 50 50 50 50 50 50 50 50 50 50 5	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
29 Dental	50 50 50 50 50 50 50 50 50 50 50 50 50 5	1 30 50 50 50 50 50 50 50 50
20 Physicians 21 Other - Patient Ancillary Costs	510,851 50 50 50 50 50 50 50 50 50 50 50 50 50	1 20 50 50 50 50 50 50 50 50 50 50 50 50 50
A1 Other - Patient Ancillary Costs     41 Total Nursing Administration	5100 50 50 50 50 50 50 50 50 50 50 50 50 5	
44 Total Workforce Related Costs - Patient Care	573,993 99 90 99 99 99 99 99 99 99 99 99 99 99	
45 Food (including supplements) 46 Dietary Department	\$200,300 50 50 50 50 50 50 50 50 50 50 50 50 5	
49 Distary Department 47 Laundry Department	SSS1184         S0         S0 <t< td=""><td>8 20 20 26 26 20 20 20 20 20 20 20 20 20 20 20 20 20</td></t<>	8 20 20 26 26 20 20 20 20 20 20 20 20 20 20 20 20 20
48 Housekeeping Department	5254,410 50 50 50 50 50 50 50 50 50 50 50 50 50	
49 Sodal Services	5165167 551.075 50 50 50 50 50 50 50 50 50 50 50 50 50	
50 Patient Activities 51 Medical Director	S115672         S20.672         S20.672         S20         S0         S0 <td>2 22 29 29 29 29 29 29 29 29 29 29 29 29</td>	2 22 29 29 29 29 29 29 29 29 29 29 29 29
52 Pharmacy Consultant	\$26,689 50 50 50 50 50 50 50 50 50 50 50 50 50	1 50 50 50 50 50 50 50 50 50 50 50 50 50
52 Auto Leasing and Depreciation - Direct Patient Care	<u>50</u> <u>50</u> <u>50</u> <u>50</u> <u>50</u> <u>50</u> <u>50</u> <u>50</u>	
54 Other Auto Expense - Direct Patient Care 55 Other - Patient Support Services	50         50<	
62 Total Property Operating Costs	\$749,378 \$22,225 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
105 Total Property Capital Costs 87 Total Workforce Related Costs - Other	STAR 774 50 50 50 50 50 50 50 50 50 50 50 50 50	
81 Tatal Administrative & General	\$22,611 90 50 50 50 50 50 50 50 50 50 50 50 50 50	
82 Provider Tax (MHA 100)	\$266,119 50 50 50 50 50 50 50 50 50 50 50 50 50	। स्वार्थ्य के के के कि को
8. NON-ALLOCATING COST CENTERS		
1 Direct Care - Nursing Facility	\$4,355,869 \$753,445 \$55,510,004 \$34,759 \$1,200 \$345,244 \$27,696 \$38,115 \$38,100 \$14,944 \$6,210 \$56,430 \$3,211	
2 Direct Care - SCNF AIDS	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
Direct Care - SCNF BMGT     Direct Care - SCNF PEDATRIC	50 50 50 50 50 50 50 50 50 50 50 50 50 5	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5 Direct Care - SCNF TBy/COMA	22 02 02 02 02 02 02 02 02 02 02 02 02 0	
6 Direct Care - SCNF VENTILATOR     7 Direct Care - SCNF YOUNG ADULT	50         50<	
Binect Care - Sche YDUNG ADULI     Binect Care - Rehavioral Health Nursing Facility	10         50<	2 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
9 Direct Care - OTHER SPECIFY	50 50 50 50 50 50 50 50 50 50 50 50 50	
107 Non-Routine / Non-Allowable Costs	\$176,539 50 50 50 50 50 50 50 50 50 50 50 50 50	1 50 50 50 50 50 50 50 50 50 50 50 50 50
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Provider Name:		84 Cold Hill Road Ope	rations LLC dba Holh	v Manor																
Medicare Provider	0:	14290																		
NPI:		1376727669																		
Reporting Period:		From:	1/1/2023	To:	12/11/2021															
Worksheet:		Schedule 8-2 - Averag	re Rates for Use of La	and .																
		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 21P	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord 21P	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
	Di Cold Hill Road	Mendham	07945	Yes	Operation Leave	Next HC-GHC /V	587 Fifth Avenue	New York	10017	646-502-4579	44,516.00		44.516.02	100%			1/31/2034	\$114,758,00	\$1.377.094.00	2.58
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Provider Name: Medicare Provider ID: NH1: Reporting Period: Worksheet:		Noving Ex 137672766 14290 1376727669 From:	f New Jensey of Humin Services oliky Cost Report 9 atient Care Ratio		01/01/2023		To:	12/31/2023																				
	Total Routine Patient Days	Medicaid/NJ FamilyCare Routine Days	Medicaid/NJ FamilyCare Routine Days to Total Routine Days Percentage	Revenue Bill and	Medicaid/NJ FamilyCare Routine Patient Revenue Billed But Not Paid	Total Medicaid/NJ Family Care Patient Revenue for PCR	CNA Direct Care Compensation as Defined by 10:49A- 2.3	Non-CNA Direct Care Compensation as Defined by 10:49A-2:3	Other Resident Care and Support Compensation as Defined by 10:49A- 2.3		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, Telecommunication 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 Defined By 10:49A-2.6	Insurance Expense As Defined By 10:49A-2.6	A	Non-Capital Interest Expense As Defined By 10:49A-2.6	Fees and Taxes As Defined By 10:49A-2.6	NHA-100 Assessment As Defined By 10:49A- 2.6	Additional Related Party and Income Related Adjustments	Non- Reimbursable Other Costs	Total Cost Per PCR Regulations	Allocated Cost as Defined in 10:49A-2.7	Patient Care Ratio
Nursing Facility	35,165	21,792	61.973		50		\$2,309,473	\$2,749,941	\$2,418,971	\$739,760	\$581,765	\$143,072	50	\$656,153	\$115,941	\$366,510	\$836,734	\$657	\$158,241	50	50	\$209,933	\$396,119	50	50	\$11,683,270	\$7,240,122	0.00%
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Total Allowable Expense Non-Reimbursable	35,165	21,793	61.975	G WREFT	\$0	<b>WREFI</b>	\$2,309,473	\$2,749,941	\$2,418,971		\$581,765	\$143,072	\$0	\$656,153		\$366,510	\$836,734		\$158,241	\$0	\$0	\$209,933	50	\$0	\$0	\$11,683,270	57,240,122	0.00%
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Total Directly Assigned and Allocated 8	Expenses Per Schedule B-1		1				\$2,309,473	52,749,941	\$2,418,971	\$757,701	\$595,874	\$143,072	50	\$656,153	\$118,753	\$366,510	5836,734	\$673	\$160,816	50	50	\$209,935	50	\$0	\$375,317	512,096,042		