| | | State of Department of Nursing Facil | | ervices | |
|-----------------------|----------------|--------------------------------------|-----------|---------------------|--|
| Provider Name: | 3 Industrial W | ay East Operation | s LLC dba | Jersey Shore Center | |
| Medicare Provider ID: | 31-5364 | | | | |
| NPI: | 1457535742 | | | | |
| Reporting Period: | From: | 01/01/2023 | To: | 12/31/2023 | |
| Worksheet: | Schedule S - A | ttestation | | | |

| A. Attesta | ation | | | | | | | | | | | | | |
|------------|---------------------|------------------------------|------------------|------------------------|------------------|------------------|-------------------|--|--|--|--|--|--|--|
| | _ | | | | | | | | | | | | | |
| l, | Orrin J | aroslawicz , | | | NJ | Finance | | | | | | | | |
| | 1) | Name) | | (Administrative Title) | | | | | | | | | | |
| of | | 3 Industrial V | Vay East Ope | erations LLC db | a Jersey Shore | Center | | | | | | | | |
| | | | (N | ame of Facility) | | | | | | | | | | |
| | Eatontown | | N | NJ | _ do certify tha | it I have examin | ed the | | | | | | | |
| | (City/Town) | | (Sta | ate) | | | | | | | | | | |
| attached ı | report for the cost | report period beginning | Ş | | 01/01/23 | and ending | 12/31/2023 | | | | | | | |
| and to the | e best of my knowl | edge and belief, it is a tr | rue and corre | ect statement o | of the informati | ion required. | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | |] | | | | | | | | |
| | Si | gnature of Authorized Repres | sentative of Fac | ility | | | Date (mm/dd/yyyy) | | | | | | | |
| | | NJ Finance | <u> </u> | | |] | | | | | | | | |
| | | Title | | | | | | | | | | | | |

| | | State of New Jers Department of Human | Services | | |
|--------------------------|--------------------------------------|--|------------------|------------------|--|
| | | Nursing Facility Cost I | Report | | |
| Provider Name: | 3 Industrial Way East Operations LLC | dba Jersey Shore Center | | | |
| Medicaid Provider Number | 7319100 | | Medicare Provide | r Number 31-5364 | |
| NPI: | 1457535742 | | | | |
| Reporting Period: | From: | 1/1/2023 | To: | 12/31/2023 | |
| Worksheet: | Schedule S-1 - Facility Information | | | | |
| | | | | | |

| A. General Facility Information | | | | | | |
|---|-------|----------|-------------------------------|-------------------------|-----------------|--|
| Medicaid NF Provider Number | 7319 | 100 | | NPI Number: | 1457535742 | |
| Medicaid SCNF - AIDS Provider Number | | | | | | |
| Medicaid SCNF - BMGT Provider Number | | | | | | |
| Mediciad SCNF - Pediatric Provider Number | | | | | | |
| Medicaid SCNF - TBI/Coma Provider Number | | | | | | |
| Medicaid SCNF - Ventilator Provider Number | | | | | | |
| Medicaid SCNF - Young Adult Provider Number | | | | | | |
| Behavioral Health Nursing Facilities | | | | | | |
| Medicare SNF Provider Number | 31-5 | 364 | | | | |
| Department of Health License Number | 622 | 14 | | | | |
| | | | | | | |
| Cost Report Period | From: | 1/1/2023 | To: | 12/31/2023 | Date Completed: | |
| <u> </u> | | | | | | |
| Facility Name as Shown on Certification | | 3 Indus | trial Way East Operations LLC | dba Jersey Shore Center | | |

| B. Physical Address | | | | | |
|-----------------------|--------------------------|------------------|--------------|------|-------|
| Street Address: | | 3 Industrial Way | East | | |
| City: | Eatontown | State: | NJ | ZIP: | 07724 |
| 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 St | reet | | |
|-------------------------------------|----------------|-------------------|------|------|-------|
| City: | Kennett Square | State: | PA | ZIP: | 19348 |
| | | | | | |
| D. Home Office / Management Company | | | | | |

| D. Home Office / Ivianagement Company | | | | | |
|--|----------------|-------------------|-------|------|-------|
| | | | | | |
| Home Office / Management Company Name: | | Genesis Healtho | care | | |
| Address: | | 101 East State St | treet | | |
| City: | Kennett Square | State: | PA | ZIP: | 19348 |
| | | | | - | |

| city. | Kermett square | State. | ra Z | ir. | 17340 |
|---|---|---|---------------------------------------|------|-------|
| | | | | | |
| . Facility Operation and Ownership | | | | | |
| | prior to the beginning of the cost reporting period? | | | Y/N: | No |
| as the provider changed ownership immediately p | arior to the beginning of the cost reporting period? | | | Y/N: | NO |
| Operator(s)Provide names and addresses of any p | person who directly or indirectly, beneficially owns any interest in the building | ng on which the provider is located. Ac | id subsequent rows as needed. | | |
| Operator Name: | | | | | |
| Address: | | | | | |
| City: | | State: | 7 | IP: | |
| aty. | | State. | | | |
| Operator Name: | | | | | |
| Address: | | | | | |
| City: | | State: | 7 | IP: | |
| | | | | = | |
| Owner(s)Provide names and addresses of any per- | son 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 fa | acility is located. List 100% of all current owners of the nursing home, includ | ding all principals and interested partie | s. Add subsequent rows as needed. | | |
| Owner Name: | | | | | |
| Address: | | | | | |
| City: | | State: | Z | IP: | |
| | | | | - | |
| Owner Name: | | | | | |
| Address: | | | | | |
| City: | | State: | 7 | IP: | |
| Lity. | | State. | | | |
| the facility is located. Add subsequent rows as need essor Name: | | | | | |
| Address: | | | | | |
| City: | | State: | Z | IP: | |
| Lessee Name: | | | | | |
| Address: | | | | | |
| City: | | State: | 7 | IP: | |
| city. | | state. | | ir. | |
| Mortgage or Security Interest All entities with at I | least a 5% mortgage, deed of trust, or other security interest in the provider | r must be reported. | | | |
| Entity wit Mortgage or Security Interest Name: | | | | | |
| Address: | | | | | |
| City: | | State: | 7 | IP: | |
| | | State. | | - | |
| Entity wit Mortgage or Security Interest Name: | | | | | |
| Address: | | | | | |
| | | State: | - | IP: | |
| City: | | State: | | IP: | |
| PartnershipAll general partnership interests—rega | ardless of the percentage—must be reported. Provide name and addresses | for each partner. | | | |
| Partner Name: | a seed of the particular and the reported in round marile and addresses | paraner | | | |
| Address: | | | | | |
| City: | | State: | 7 | IP: | |
| ary. | | state: | | ir | |
| D | | | | | |
| Partner Name: | | | | | |
| Address: | | | | | |

| laaress: | | | | | | | | | _ |
|-------------|---|---------------------------------|----------------------------------|----------------|--------|--------------------------|-----|-----------------------------|---|
| ity: | <u> </u> | | | 9 | State: | | | ZIP: | |
| | | | | | | | | | |
| . Type of I | Facility (Place an "X" in all that apply) | | | | | | | | ı |
| | | | | | | | | | |
| | Bed Type | Number of Beds Certified Solely | Number of Beds Certified Jointly | Number of Beds | | Medicaid Provider Number | | Facility Certification Date | ٦ |
| Х | Nursing Facility | | 158 | 158 | | 7319100 | | | |
| | Special Care Nursing Facility - AIDS | | | | | | | | đ |
| | Special Care Nursing Facility - BMGT | | | | | | | | 1 |
| | Special Care Nursing Facility - Pediatric | | | | | | - [| | 4 |
| | Special Care Nursing Facility - TBI/Coma | | | | | | | | đ |
| | Special Care Nursing Facility - Ventilator | | | | | | П | | 1 |
| | Special Care Nursing Facility - Young Adult | | | | | | П | | ı |
| | Behavioral Health Nursing Facilities | | | | | | | | Ū |
| | Assisted Living/Residential | | | | | | | | |
| | | | | | | | | | |

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

| | | New Jersey | | | |
|--------------------------|----------------------------|-----------------|--------------------------|---------|------------|
| | | Human Services | | | |
| Provider Name: | 3 Industrial Way East Ope | ity Cost Report | | | |
| | | | | | |
| Medicaid Provider Number | 7219200 | | Medicare Provider Number | 21-5264 | |
| NR: | 1457535742 | | | | |
| Reporting Period: | From: | 1/1/2023 | | Tec | 12/31/2023 |
| | Schedule S-2 - Nursing Fa- | cility Days | | | |
| Worksheet: | Detail | | | | |
| | | | | | |

| eet | | letal | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|--|--------------|---|---------|---------------------|--------------|-----------------------|------------|---|-------------------------|------------|------------------------|------------|--|----------|-----------------------|--------------|------------------------------|---------------------|---------------|----------------------|----------|----------------------|--------------------|---------------------|------------------|-------------------|-----------------------|--|
| | | January 2023 | | Cahrunn | - 3033 | 1 10 | erh 2022 | | wii 3022 | Mar. 2022 | lune | 2022 | 2.4 | 3033 | 1 4- | ust 2023 | Septembe | - 2022 | October 2023 | No. | vember 2023 | 1 0 | ecember 2023 | | | | Fiscal Year Total | | |
| | Nursing Facility | | Days by Payor - Semi- Drivate Red Poores | | Days by Douge - See | ii. (Brivate | Davis by Payer - Semi | 6 (Drivata | Days by Payor - Semi- Private Red Rooms! Roc | ate Days by Payor - Sem | (Drivate D | tour by Douge - Specia | (Private D | Jays by Payor - Sem Drivate Bed Booms | Original | Days by Doung , Comi. | (Zrivate Day | s hy Dauny - Sami - (Sylvata | Davis by Roune - Se | umi. IZrivate | Davis hy Deury - Sam | (Ericate | Days by Dayne - Semi | (Private Rnows) | Days by Payor - Sem | Revenue for Days | | Contractual Allowance | Revenue + Ancillary Revenue - Contractual Allowance |
| | Medicaid (Sum Lines 2 and 3) | 197 | 2 913 | 15 | 56 2.53 | 5 175 | 2 617 | | 2.521 | 212 2.76 | | 2 925 | 217 | 3.01 | | 2 901 | 341 | 2 642 | 20 | | 93 2 990 | | 46 3 112 | 2 565 | | 5 5 18,257,90 | | | |
| | New Jersey (Sum 2.01 through 2.05) | 197 | 2 913 | 15 | 56 2.52 | 5 175 | 2.617 | 7 193 | 2 521 | 217 2.76 | 210 | 2 975 | 217 | 2.01 | 224 | 2.901 | 341 | 2 642 | 2.0 | 177 24 | 80 2.990 | 0 2 | 46 3.112 | 2 565 | 24.24 | 5 518,257,908,7 | 5110,948,2 | -58,799,670,87 | 5 9,569,186 |
| 2.01 | Routine Fee For Service | 62 | 212 | 5 | 56 16 | 3 | 209 | | 223 | 271 | | 329 | | 377 | | 375 | | 229 | 4 | 961 | 511 | 8 | 544 | 113 | | 8 5 2,053,98 | | | |
| 2.02 | Ni FamilyCare | 135 | 2536 | 10 | 00 229 | 0 175 | 2.766 | £ 103 | 2 126 | 217 233 | 210 | 2 3.65 | 217 | 246 | 224 | 2 397 | 345 | 2 276 | 7.6 | 961 21 | 10 230 | 3 3 | 17 2.436 | 2 386 | 3635 | 5 15264.33 | 5 92,757 | 5 (7.356,874) | \$ 8,000,219 |
| 2.03 | Hospice | | 175 | | 16 | 2 | 114 | 4 | 172 | 171 | | 199 | | 190 | | 132 | | 130 | 1 | 155 3 | 90 120 | 0 | 21 128 | 61 | 182 | \$ 939.58 | | | 5 492,449 |
| 2.04 | Respite State Walver Program) | | | | | | | 9 | | 1 | | 13 | | | | 7 | | | | | | | - 4 | | 4 | 5 | | | 4 - |
| 2.05 | Therapeutic Davis Below Beneficiary 24 Day Annual | | | | | | | | | | | | | | | | | | | | | | | | | 0 | | | 5 - |
| 2.06 | Pending Medicald Days | | | | | | | | | | | | | | | | | | | | | | | 0 | | 0 | | | s - |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Medicald Out of State (Sum Lines 3.01 through 3.03) | 0 | 0 | | 0 | 0 0 | | 0 0 | 0 | 0 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | 0 0 | 0 | | 0 5 | . 5 . | \$. | \$. |
| 3.01 | Routine Fee For Service | | | | | | | | | | | | | | | | | | | | | | | 0 | | 0 | | | \$ - |
| 3.02 | Managed Care | | | | | | | | | | | | | | | | | | | | | | | 0 | | 0 | | | \$. |
| 2.03 | Hasaice | | | | | | | | | | | | | | | | | | | | | | | 0 | | 0 | | | \$ - |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Private Pay and Third-Party Insurance | | 40 | | 2 22 | 9 20 | 405 | 5 26 | 285 | 21 42: | 20 | 354 | 21 | 401 | 13 | 415 | | 305 | 2 | 269 | 285 | 5 | 245 | 344 | 428 | \$ 2,064,27 | | | \$ 2,064,375 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | Medicare (Sum S.01 through S.03) | 27 | 883 | s s | 58 92 | 9 41 | 936 | 6 13 | 1,006 | 4 983 | 0 | 702 | 0 | 772 | 0 | 669 | 0 | 769 | 0 8 | 179 | 0 977 | 7 | 0 1,025 | 545 | 10,44 | | | \$ (2,472,516) | |
| 5.01 | Part A Fee for Service (Full Payment & Co Ins David | 27 | 628 | 1 5 | 58 69 | 6 41 | 727 | 7 | 645 | 6 471 | | 290 | | 411 | | 412 | | 492 | 7 | 717 | 680 | 9 | 745 | 132 | 7.03 | 2 5 4.457.29 | | \$ (1,674,583) | \$ 5,194,973 |
| 5.02 | Part C (Medicare Managed Care) | | 255 | 5 | 24 | 3 | 209 | 9 13 | 361 | 401 | | 312 | | 354 | | 257 | | 277 | | 162 | 288 | 8 | 280 | 13 | 3,40 | 9 \$ 2,123,92 | 9 \$ 1,149,388 | \$ (797,932) | \$ 2,475,384 |
| 5.03 | Institutional Special Needs Plans (I-SNPs) | | | | | | | | | | | | | | | | | | | | | | | 9 | | 0 | | | <u> </u> |
| | Medicald days transitioned to Medicare by the 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.04 | public health emergency 1135 waiver | | | | | | | | | | | | | | | | | | | | | | | 0 | | 0 | | | \$ - |
| 5.05 | Part A Fee for Service Hospice Days | | | | | | | | | | | | | | | | | | | | | | | 0 | | 0 | | | s - |
| | | | | | | | | _ | | | | | | | | | | | | | | _ | _ | | | | _ | | |
| | Tricam and CHAMPUS | | | | | | | | | | | | | | | | | | | | | | | 0 | | 0 | | | \$. |
| | Other Governmenal Payors | | | | | | | | | | | | | | | | | | | | | | | | | 9 | | | |
| | Charity Care All Other Davs not listed above | | | | | | | | | _ | | | | | | | | | | | | _ | | | | 6 5 471 33 | 0 5 122.022 | 5 (127,681) | 5 466.607 |
| 91 | All Other Days not listed above | | 21 | | 2 | 8 | 31 | 8 | 19 | | | 1 | | 12 | | 49 | | | | | | | | 0 | 19 | 6 S 471,33 | 0 \$ 123,033 | \$ (127,681) | \$ 466,692 |
| | | | | | | | | | | | | | | | | | _ | | | | | | | | | | | | |
| 10 | Bed Holds and Non-Reimbursable Therapeutic Leave (Sum of Lines 10.01 through 10.07) | | 12 | al . | 0 2 | 6 0 | 25 | 8 0 | 52 | 0 40 | 0 | 22 | | 21 | | 12 | | 60 | | 48 | 0 50 | 9 | 0 25 | | 44 | 2 5 | | s - | |
| | | | | | | | - | _ | | | | | | | | | | | | - | | _ | - | | | | - | | • |
| 10.01 | Medicald NJ Bed Holds NJ Medicald/NJ FamilyCare Therapeutic Days Over | | 13 | 4 | 2 | | 25 | | 2 | 4 | | 22 | | - 2 | | 12 | | - 60 | | 400 | 50 | 4 | 2 | | - 44 | | | | |
| 10.02 | Ni Medicald/Ni FamilyCare Thetapeutic Days Over Medicald Out of State Red Holds | | | | | | | | | | | | | | | | | | _ | _ | | _ | | - 0 | | 0 | | | |
| 10.03 | Medicald Out of State Red Holds Private Pay Red Holds | | | | _ | _ | | | | | | | | | | | | | | | | _ | | 9 | | 2 | | | <u> </u> |
| 10.04 | All Other Bed Holds | | | | | | | _ | | _ | _ | | | | | | | | _ | | | _ | | 0 | | 0 | _ | | , |
| 10.05 | PI COSE REV PANA | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | | |
| | Pre-Clinibility Medical Expenses (PEME) | | | | | | | | | | | | | | | | | | | | | | | | | 4 | | | , |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | -\$11,399,867,11 | \$ 29,790,600 |

| | State of New Jersey | | | | | | | | | |
|------------------------------|------------------------|--|--------------------------|------------|---------|--|--|--|--|--|
| Department of Human Services | | | | | | | | | | |
| Nursing Facility Cost Report | | | | | | | | | | |
| Provider Name: | 3 Industrial Way | 3 Industrial Way East Operations LLC dba Jersey Shore Center | | | | | | | | |
| Medicaid Provider Number | 7319100 | | Medicare Provider Number | | 31-5364 | | | | | |
| NPI: | 1457535742 | | | | | | | | | |
| Reporting Period: | From: | 1/1/2023 | To: | 12/31/2023 | | | | | | |
| Worksheet: | Schedule S-10 - Census | | | | | | | | | |

| | N | ursing Facil | ity (S-2) |
|--|-------------|--------------|----------------|
| Name | 3 Industria | l Way East | Operations LLC |
| NJ Medicaid Provider ID | 7319100 | | |
| | | | |
| | 1 Bed | 2 Beds | Total |
| eds | 8 | 150 | 158 |
| | | Semi- | |
| | Private | Private | |
| ensus (Days) | Days | Days | Total Days |
| Aedicaid/NJ FamilyCare | 2,504 | 32,369 | 34,873 |
| fedicaid/NJ FamilyCare - Hospice | 61 | 1,831 | 1,892 |
| Nedicaid/NJ FamilyCare - Respite | - | 45 | 45 |
| Medicaid/NJ FamilyCare - Therapeutic | - | - | - |
| ending Medicaid Days | - | - | - |
| re-Eligibility Medical Expenses (PEME) | - | - | - |
| Out of State Medicaid | - | - | - |
| out of State Medicaid - Hospice | - | - | - |
| Medicare | 145 | 10,440 | 10,585 |
| ricare | - | - | - |
| rivate | 144 | 4,281 | 4,425 |
| ther | - | 186 | 186 |
| Total Patient Days for Per Day Cost | 2,854 | 49,152 | 52,006 |
| Medicaid Bed Holds | - | 447 | 447 |
| Medicaid Unreimburable Therapeutic Leave | - | - | - |
| Private Bed Holds | - | | - |
| All Other Bed Holds | - | - | - |
| otal Patient Days Including Bed Hold | 2,854 | 49,599 | 52,453 |
| Maximum Bed Days Available | 2.920 | 54,750 | 57,670 |

| | | | | | | State | of New Jers | ey | | | | | | | | |
|---|------------|-------------|-----------------|------------|-------------|-------------------|-------------|--------|---------|-----------|----------|---|--------------|--------------|------------------|---------------|
| | | | | | | Department | | | | | | | | | | |
| | | | | | | Nursing Fa | cility Cost | Report | | | | | | | | |
| Provider Name: | | | 3 Industrial Wa | y East Ope | rations LLC | dba Jersey Shore | Center | | | | | | | | | |
| Medicaid Provider Number | | | 7319100 | | | Medicare Provid | er Number | | 31-5364 | | | | | | | |
| NPI: | | | 1457535742 | | | | | | | | | | | | | |
| Reporting Period: | | | From: | 1/1/2023 | To: | 12/31/2023 | | | | | | | | | | |
| Worksheet: | | | Schedule S-10 | - Census | | | | | | | | | | | | |
| A. Nursing Facility Census Report in-house days, | bed hold d | ays, and th | erapeutic leave | days. | | | | | | | | | | | | |
| Name | sc | NF - TBI/Co | ma (S-6) |] | SC | NF - Ventilator (| 5-7) | | SCNF - | Young Adu | It (S-8) | | Behavioral H | ealth Nursin | g Facility (S-9) | Assisted Livi |
| NJ Medicaid Provider ID | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | Semi- | | | | | | | | Semi- | | | | Semi- | | |
| | Private | Private | Total | | Private | Semi-Private | Total | | Private | Private | Total | | Private | Private | Total | Total |
| Beds | | | - | | | | - | | | | - | | | | - | |
| | | Semi- | | | | | | | | Semi- | | | | Semi- | | |
| | Private | Private | | | Private | Semi-Private | Total | | Private | Private | Total | | | Private | | |
| Census (Days) | Days | Days | Total Days | | Days | Days | Days | | Days | Days | Days | | Private Days | Days | Total Days | TOTAL |
| Medicaid/NJ FamilyCare | - | - | - | | | | - | | - | - | | | - | - | - | |
| Medicaid/NJ FamilyCare - Hospice | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Medicaid/NJ FamilyCare - Respite | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Medicaid/NJ FamilyCare - Therapeutic | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Pending Medicaid Days | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Pre-Eligibility Medical Expenses (PEME) | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Out of State Medicaid | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Out of State Medicaid - Hospice | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Medicare | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Tricare | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Private | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Other | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Total Patient Days for Per Day Cost | - | - | | | - | | - | | - | - | - | | - | - | - | - |
| Medicaid Bed Holds | - | - | - | 1 | - | - | - | | - | - | - | | - | - | - | |
| Medicaid Unreimburable Therapeutic Leave | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Private Bed Holds | - | - | - | 1 | - | - | - | | - | - | - | | - | - | - | |
| All Other Bed Holds | - | - | - | | - | - | - | | - | - | - | | - | - | - | |
| Total Patient Days Including Bed Hold | | | | 1 | | | | | | - | | | - | | - | |
| Maximum Bed Days Available | | | | I | - | | - | | | - | - | 1 | - | | | |

| State of New Jersey Department of Human Services Nursing Facility Cost Report | | | | | | | | | | |
|---|---------------------------|---|------------|-----------------|---------|--|--|--|--|--|
| Provider Name: | 3 Industrial Way East Op | 3 Industrial Way East Operations LLC dba Jersey Shore Center | | | | | | | | |
| Medicaid Provider Number | 7319100 | | Medicare I | Provider Number | 31-5364 | | | | | |
| NPI: | 1457535742 | | | | | | | | | |
| Reporting Period: | From: | 1/1/2023 | To: | 12/31/2023 | | | | | | |
| Worksheet: | Schedule S-11 Part I - Nu | Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined) | | | | | | | | |

| Facilities | Long-Term Care Reporting Classification is: | | |
|------------|---|-------------------------------------|--|
| Line 1 | Medicare Days (For Information Purposes Only - Not Subject to Assessment) | Number of Patient Days 10,585 | Related Revenue Received Or Accrued Whole Dollars \$7,670,357 |
| Line 2 | Medicaid Therapeutic and Medicaid Bed Hold Days | 447 | \$0 |
| | Report Non-Medicare Days Subject To Assessme | nt | |
| Line 3 | Private Patient Days | 4,425 | \$2,084,375 |
| Line 4 | Medicaid (Except Therapeutic and Bedhold) | 36,765 | \$9,569,186 |
| Line 5 | Respite Days | 45 | \$0 |
| Line 6 | Other Non-Medicare Days | 186 | \$466,682 |
| Line 7 | Assessed Days and Revenue | 41,421 | \$ 12,120,243 |
| Line 8 | Classification Assessment Rate | \$ 14.67 | |
| Line 9 | Assessment Due | \$ 607,646.07 | |
| Line 10 | Penalty and Interest Due | \$ - | |
| Line 11 | Total Amount Due | \$ 607,646.07 | |

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| State of New Jersey Department of Human Services Nursing Facility Cost Report | | | | | | | | | | | |
|---|--|--|------------|-----------------|---------|--|--|--|--|--|--|
| Provider Name: | 3 Industrial Way East Op | 3 Industrial Way East Operations LLC dba Jersey Shore Center | | | | | | | | | |
| Medicaid Provider Number | 7319100 | | Medicare I | Provider Number | 31-5364 | | | | | | |
| NPI: | 1457535742 | | | | | | | | | | |
| 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) | 10,585 | \$7,670,357 |
| Line 2 | Medicaid Therapeutic and Medicaid Bed Hold Days | 447 | \$0 |
| | Report Non-Medicare Days Subject To Assessme | nt | |
| Line 3 | Private Patient Days | 4,425 | \$2,084,375 |
| Line 4 | Medicaid (Except Therapeutic and Bedhold) | 36,765 | \$9,569,186 |
| Line 5 | Respite Days | 45 | \$0 |
| Line 6 | Other Non-Medicare Days | 186 | \$466,682 |
| Line 7 | Assessed Days and Revenue | 41,421 | \$ 12,120,243 |
| Line 8 | Classification Assessment Rate | \$ 14.67 | |
| Line 9 | Assessment Due | \$ 607,646.07 | |
| Line 10 | Penalty and Interest Due | \$ - | |
| Line 11 | Total Amount Due | \$ 607,646.07 | |

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| | N N | partment of Human Services ursing Facility Cost Report | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| Provider Name: Medicare Provider I | | ast Operations LLC dba Jersey Shore C | enter | | | | | | | |
| VPI: | 1457535742 | | | | | | | | | |
| Reporting Period: | From: | 1/1/2023 To: 12/31, | /2023 | | | | | | | |
| Worksheet: | Schedule S-12 - Ad | ditional Information | | | | | | | | |
| n any of the follow response to any of the Any person who over or a member of the | and addresses of following associng items is a partnership, include the following items is a limited listens or operates a related party to | iated individuals with the facility. If an e the name and address of each partn ability company, include the name and to the facility or who is a principal, a y. Add subsequent rows as needed. | ner. If any corporation named in d address of each member. | | | | | | | |
| Name: | | | | | | | | | | |
| Address: City: | | State: | ZIP: | | | | | | | |
| city. | | State. | ZIF. | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| Any person who ha Add subsequent ro Name: Address: | | r more in a private equity fund that | is invested in the NF. | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| Address: City: | | State: | ZIP: | | | | | | | |
| Name: | | | | | | | | | | |
| Address: City: | | State: | ZIP: | | | | | | | |
| - | irector, principal shareholder ar | ich is a bank or S&L, the name and a id controlling person of said corpora | • • | | | | | | | |
| Address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| For LLCs, name and | addresses of each member. Add | subsequent rows as needed. Genesis PM Operations LLC | | | | | | | | |
| Name: | | GHC Holdings LLC | | | | | | | | |
| Name: | | Genesis Healthcare LLC | | | | | | | | |
| Name: Name: | | GEN Operations I LLC GEN Operations II LLC | | | | | | | | |
| Name: | | FC-GEN Operations Investme | nt | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Name: | | SunDance Rehabilitation Holdco Inc. Sun Healthcare Group Inc. | | | | | | | | |
| Name: | | Sun Healthcare Group Inc. | Genesis Healthcare Inc. | | | | | | | |
| Name: Name: | | Sun Healthcare Group Inc. Genesis Healthcare Inc. | ıc | | | | | | | |
| Name: Name: Name: | | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L | ıc | | | | | | | |
| Name: Name: Name: Name: | | Sun Healthcare Group Inc. Genesis Healthcare Inc. | LC | | | | | | | |
| Name: Name: Name: Name: Address: | Kennett Square | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L ZAC Properties XI LLC | | | | | | | | |
| Name: Name: Name: Name: Name: City: Name: | Kennett Square | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L ZAC Properties XI LLC 101 East State Street State: P, Arnold Whitman | A ZIP: <u>1934</u> : | | | | | | | |
| Name: Name: Name: Name: Name: Address: City: Name: Address: | | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L ZAC Properties XI LLC 101 East State Street State: P, Arnold Whitman 3820 Mansell Road Suite 286 | A ZIP: <u>1934</u> ; | | | | | | | |
| Name: Name: Name: Name: Name: Address: City: Name: Address: | Kennett Square Alpharetta | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L ZAC Properties XI LLC 101 East State Street State: P, Arnold Whitman | A ZIP: <u>1934</u> | | | | | | | |
| Name: Name: Name: Name: Name: Name: Name: Address: City: City: Name: | | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L ZAC Properties XI LLC 101 East State Street State: Pr Arnold Whitman 3820 Mansell Road Suite 28t State: G Steven Fishman | A ZIP: 1934: 0 ZIP: 3002: | | | | | | | |
| Name: Name: Name: Name: Name: Address: City: Name: Address: City: Name: Address: City: Name: Address: | Alpharetta | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L ZAC Properties XI LLC 101 East State Street State: P, Arnold Whitman 3820 Mansell Road Suite 286 State: G, Steven Fishman 1617 JFK Boulevard Suite 54 | A ZIP: 1934 0 A ZIP: 3002 | | | | | | | |
| Name: Name: Name: Name: Name: Address: City: Name: Address: City: Name: Address: City: Name: Address: | | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L ZAC Properties XI LLC 101 East State Street State: Pr Arnold Whitman 3820 Mansell Road Suite 28t State: G Steven Fishman | A ZIP: 1934 0 A ZIP: 3002 | | | | | | | |
| Name: Name: Name: Name: Name: City: | Alpharetta | Sun Healthcare Group Inc. Genesis Healthcare Inc. HCCF Management Group XI L ZAC Properties XI LLC 101 East State Street State: P, Arnold Whitman 3820 Mansell Road Suite 286 State: G, Steven Fishman 1617 JFK Boulevard Suite 54 | A ZIP: 1934 0 A ZIP: 3002 | | | | | | | |

| Nursing Facility Department of Human Services Nursing Facility Cost Report | | | | | | | | | |
|--|--|---|--------------------------|---------|------------|--|--|--|--|
| Provider Name: | 3 Industrial Way East Operations LLC dba Jer | ustrial Way East Operations LLC dba Jersey Shore Center | | | | | | | |
| Medicaid Provider Number | 0 | | Medicare Provider Number | 31-5364 | | | | | |
| NPI: | 1457535742 | | | | | | | | |
| Reporting Period: | From: | 1/1/2023 | | To: | 12/31/2023 | | | | |
| Worksheet: | Schedule S-13 - Average Length of Stay | | | | | | | | |

| Average Length o | ef Stav | Number of Beds (Column 1) | Bed Days Available (Column 2) | Inpatient Days (Column 3) | Discharges (Column 4) | Average Length of Stay (FORM CMS-2540-10) (Column 5) | Average Length of Stay (Inpatient Days / Number of Patients) (Column 6) | Admissions (Column 7) | Medicaid Only (Column 8) | Dual Eligible (Column 9) | Medicare Only (Column 10) | Medicare Part A & B (Column 11) | Part C (Medicare Advantage) (Column 12) | Total Population (Column 13) |
|------------------|--|------------------------------|----------------------------------|------------------------------|--------------------------|--|--|--------------------------|-----------------------------|-----------------------------|------------------------------|---------------------------------------|---|---------------------------------|
| Average zengan d | Nursing Facility (S-2) | 52,006 | 18,982,190 | 52,453 | 486 | 107.9279835 | | | 108 | (column 5) | 24 | (COIGITITI 22) | 9 | 132 |
| | SCNF - AIDS (S-3) | 0 | 0 | 32,133 | | 0 | 0 | | | | | | - | 0 |
| | SCNF - BMGT (S-4) | 0 | 0 | | | 0 | 0 | | | | | | | 0 |
| 4 | SCNF - Pediatric (S-5) | 0 | 0 | | | 0 | 0 | | | | | | | 0 |
| | SCNF - TBI/Coma (S-6) | 0 | 0 | | | 0 | 0 | | | | | | | 0 |
| | SCNF - Ventilator (S-7) | 0 | 0 | | | 0 | 0 | | | | | | | 0 |
| 7 | SCNF - Young Adult (S-8) | 0 | 0 | | | 0 | 0 | | | | | | | 0 |
| 8 | Behavioral Health Nursing Facility (S-9) | 0 | 0 | | | 0 | 0 | | | | | | | 0 |
| 9 | Total (sum of lines 1-8) | | 18,982,190 | 52,453 | 486 | 108 | 397 | 489 | 108 | 0 | 24 | 0 | 9 | 132 |

| vider Name: | 3 Industrial Way | East Operations LLC o | Nursing Excility Co. iba Jersey Shore Ce | nter | | | | | | |
|--|---|--|---|----------------------------|-------------|---|---|--|---|---|
| dicare Provider ID: : porting Period: | 31-5364 1457535742 | | 1/1/2023 | | | 12/31/2023 | | | | |
| oorting Period: urksheet: | From: Schedule A - Tota | I Expense | 1/1/2023 | 10: | | 12/31/2023 | | | | |
| | A. Employee and Contract Labor Hours (Schedule A-1 | B. Non- Managerial Wages (Schedule A-1 and | C. Managerial Salaries and Benefits (Schedule | D. Contracter Employees | | . Supplies & | | G. Adjustment for Related Parties (See | H. Adjustment for Income Offsets (See | |
| Direct Routine Patient Care Costs | through A-3) | Schedule A-3) | A-2) | Schedule A-3 | | Other | F. Total | Schedule A-4) | Schedule A-8) | I. Adjusted |
| 1 Direct Care - Nursing Facility 2 Direct Care - SCNF AIDS | 192,198 | \$ 6,284,360 \$ - | | \$ | - | | 6,284,360 | \$ - \$ - | \$ - \$ - | \$ 6,284 |
| 3 Direct Care - SCNF BMGT 4 Direct Care - SCNF PEDIATRIC | - | \$ - \$ - | | \$ | - | | - - | \$ - \$ - | \$ - \$ - | \$ |
| 5 Direct Care - SCNF TBI/COMA 6 Direct Care - SCNF VENTILATOR | - | \$ - \$ - | | S S | - | | - - | \$ - \$ - | \$ - \$ - | \$ |
| 7 Direct Care - SCNF YOUNG ADULT 8 Direct Care - Behavioral Health Nursing Facility | - | s - | | \$ | - | - | | \$ - \$ - | \$ - \$ - | \$ |
| 9 Direct Care - OTHER SPECIFY 10 Total Direct Patient Care Costs - Direct Reported | 192,198 | \$ 6,284,360 | | \$ | - | | 6,284,360 | | \$ - \$ - | \$ 6,284 |
| Routine Patient Care Costs - Not Directly Reported | | , ,,,,,,,, | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11 Routine Medical Supplies 12 OTC Drugs | | | | | \$ | 202,751 29,475 | 202,751 29,475 | \$ - | \$ - | \$ 202 |
| 13 Enteral Feeding (Product and Supplies) 14 Incontinency Products | | | | | \$ | 5,615 59,105 | 5,615 5,9105 | \$ - | \$ - \$ - | \$ 5 |
| 15 Total Patient Care Costs - Not Directly Reported | | | | | \$ | 296,946 | \$ 296,946 | \$ - | \$ - | \$ 59 |
| Patient Ancillary Costs 16 Radiology | | £ | | l c | c | 34,143 | 34,143 | c | s - | \$ 34 |
| 17 Laboratory 18 Intravenous Therapy | - | \$ - | | \$ - | \$ | 49,670 | 49,670 | \$ - | \$ - | \$ 49 |
| 19 Oxygen Therapy | 588.00 | \$ - | | \$ 28,2 | | 48,307 7,745 | 48,307 35,964 | \$ - | \$ - | \$ 48 |
| 20 Physical Therapy 21 Occupational Therapy | 6,866.00 8,292.00 | | | \$ 450,2 | 93 \$ | 221 1,103 | 450,428 416,696 | \$ - | \$ - \$ - | \$ 450 |
| 22 Speech Therapy 23 Electro cardiology | 2,948.00 | \$ - \$ - | | \$ 238,2 | 85 | | 238,285 | | \$ - \$ - | \$ 238 |
| 24 Medical Supplies Charged to Patients 25 Prescription Drugs (not OTC) | | | | | \$ | 386,227 | 386,227 | \$ - \$ - | \$ - \$ - | \$ 386 |
| 26 Pharmacy Non-Formulary 27 Support Surfaces | | | | | \$ | 30,626 | 30,626 | \$ - \$ - | \$ - \$ - | \$ 30 |
| 28 Ambulance 29 Dental | | | | | \$ | 33,833 | 33,833 | \$ - \$ - | \$ - \$ - | \$ 33 \$ |
| 30 Physicians 31 Other - Patient Ancillary Costs | - | \$ - \$ - | | \$ - \$ - | Ş | 18,325 1,373 | 18,325 | \$ - \$ - | \$ - | \$ 18 |
| 32 Total Patient Ancillary Costs | 18,694.00 | \$ - | | \$ 1,132,3 | 04 \$ | 611,573 | 1,743,877 | \$ - | \$ - | \$ 1,743 |
| Nursing Administration 33 Director of Nursing, ADON, Supervisors | 8,112.00 | \$ 260,628 | \$ 260,628 | ļ \$ | | | 521,256 | ς . Ι | ς . | \$ 521 |
| 34 Inservice Education 35 MDS Coordinator | 2,542.94 | \$ 122,389 | \$ - | \$ - \$ - | | | 122,389 | \$ - | \$ - \$ - | \$ 122 |
| 36 Staffing Coordinator | 280.00 | \$ - | \$ - | \$ - | | | - | \$ - | \$ - | \$ |
| 37 Infection Control 38 Medical Records/EMR 39 Nursing License Fees | 280.00 1,537.99 | | | \$ - \$ - | | | 11,233 37,155 | \$ - \$ - | \$ - \$ - | \$ 11 |
| 40 Other - Nursing Administration | 6,977.33 | \$ 170,341 | \$ - | \$ - | S | 51,762 | 222,103 | \$ - | \$ - \$ - | \$ 222 |
| 41 Total Nursing Administration | 19,450.26 | \$ 601,746 | \$ 260,628 | \$ - | \$ | 51,762 | 914,136 | s - | \$ - | \$ 914 |
| Workforce Related Costs - Patient Care 42 Direct Patient Care Recruitment | | | | | \$ | 26,355 | 26,355 | ş - | \$ - | \$ 26 |
| 43 Direct Patient Care Retention 44 Total Workforce Related Costs - Patient Care | | | | | \$ | 26,355 | 5 26,355 | | \$ - \$ - | \$ 26 |
| Patient Support Services | | | | | | | | | | |
| 15 Food (including supplements) 16 Dietary Department | | s - | s - | \$ 866,3 | \$ 51 \$ | 318,536 37,017 | 318,536 903,378 | \$ - \$ - | \$ - \$ - | \$ 318 |
| 47 Laundry Department 48 Housekeeping Department | - | \$ - | \$ - | \$ 219,6 | 45 \$ | 13,163 31,609 | 232,808 362,124 | \$ - | \$ - | \$ 232 |
| 49 Social Services 50 Patient Activities | 9,588.34 8,883.08 | | | \$ - | \$ | 965 | 325,732 3177,974 | \$ - | \$ - | \$ 325 |
| 51 Medical Director | 1,006.00 | \$ 166,518 | s - | \$ 85,5 | 44 | 11,456 | 85,544 | \$ - | \$ - | \$ 85 |
| 52 Pharmacy Consultant 53 Auto Leasing and Depreciation - Direct Patient Care | - | \$ - | \$ - | \$ - | \$ | 20,556 | 20,556 | \$ - \$ - | \$ - \$ - | \$ 20 |
| 54 Other Auto Expense - Direct Patient Care 55 Other - Patient Support Services | - | | \$ - | \$ - | \$ | 64,891 | 64,891 | \$ - \$ - | \$ - \$ - | \$ 64 |
| 56 Total Patient Support Services | 19,477 | \$ 491,285 | \$ - | \$ 1,502,0 | 55 \$ | 498,193 | \$ 2,491,543 | \$ - | s - | \$ 2,491 |
| Property Operating Costs 57 Maintenance | 4,319.09 | \$ 134,753 | \$ - | \$ - | \$ | 150,632 | 285,385 | \$ - | \$ - | \$ 285 |
| 58 Security 59 Utilities (including telephone and cable services) | - | \$ - | s - | \$ - | \$ | 349,000 | 349,000 | \$ - \$ - | \$ - \$ - | \$ 349 |
| 60 Real Estate Tax 61 Property Insurance | | | | | \$ | 229,553 63,353 | 229,553 63,353 | | \$ - \$ - | \$ 229 |
| 62 Total Property Operating Costs | 4,319 | \$ 134,753 | \$ - | \$ | - \$ | 792,538 | 927,291 | s - | \$ - | \$ 927 |
| dministrative & Operating Costs 63 Administrator | 2,080.00 | | \$ 195,842 | | | | 195,842 | s - | s - | \$ 195 |
| 64 Assistant Administrator 65 Other Executive Staff | - | | \$ - | | | | - | \$ - | \$ - \$ - | \$ |
| 66 Office Staff 67 Management Fees | 14,801.13 | \$ 555,340 | \$ - | \$ | - 0 | 850,348 | 5 555,340 5 850,348 | \$ - \$ 15,066 | \$ - \$ (7,403) | \$ 555 |
| 68 Office Supplies and Expenses 69 Insurance not Related to Property or Employees | | | | | \$ | 16,676 224,166 | 16,676 | \$ - | \$ - | \$ 16 |
| 70 Business Taxes | | | | | \$ | 78 | 224,166 | \$ - | \$ - | \$ 224 |
| 71 Accounting Fees 72 Legal Fees | | | | | | | - | \$ - \$ - | \$ - \$ - | \$ |
| 73 Advertising 74 Allowable contributions | | | | | \$ | 250 | 5 - 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 | | | | | 9 | 168,754 | 5 - 5 168,754 | \$ - \$ - | \$ - \$ - | \$ 168 |
| 81 Total Administrative & General | 16,881 | \$ 555,340 | \$ 195,842 | \$ | - 5 | 1,260,272 | \$ 2,011,454 | \$ 15,066 | \$ (7,403) | \$ 2,015 |
| rovider Tax (NHA 100) 82 Provider Tax (NHA 100) | | | | | S | 576,751 | 576,751 | ş - | s - | \$ 570 |
| Workforce Related Costs - Other | | | | | | | 0.00.00 | , | • | |
| 83 Patient Support & Other Recruitment 84 Patient Support & Other Retention | | | | | \$ | 1,560 | 1,560 | ş - | \$ - | \$ 1 |
| 85 Professional Training | | | | | \$ | 28,169 | 28,169 | \$ - | \$ - | \$ 28 |
| 86 Licensing and Dues 87 Total Workforce Related Costs - Other | | | | | \$ | 28,855 58,584 | 28,855 5 58,584 | \$ - | \$ - | \$ 28 \$ 58 |
| ringe Benefits for Non-Management Employees | | | | | | | | | | |
| 88 Payroll Taxes 89 Workers' Compensation | | | | | \$ | 593,478 229,235 | 5 593,478 5 229,235 | \$ - \$ - | \$ - \$ - | \$ 593 |
| 90 Unemployment 91 Disability Insurance | | | | | \$ | 71,996 | 71,996 | \$ - \$ - | \$ - \$ - | \$ 71 |
| 92 Medical Insurance 93 Dental Insurance | | | | | \$ | 261,415 | 261,415 | \$ - \$ - | \$ - \$ - | \$ 261 |
| 94 Union Welfare 95 Vision Insurance | | | | | | | - | \$ - \$ - | \$ - \$ - | \$ |
| 96 Uniforms 97 Tuition Assistance | | | | | | | - | \$ - \$ - | \$ - \$ - | \$ S |
| 98 Retirement Benefits | | | | | | | | | \$ - | \$ |
| 00 Other - Fringe Benefits | | | | | | | | ş - | \$ - \$ - | \$ |
| 01 Total Fringe Benefits | | | | | \$ | 1,156,124 | 1,156,124 | 5 - | \$ - | \$ 1,156 |
| Property Capital Costs 02 Depreciation | | | | | S | 171,517 | 171,517 | \$ 44,980 | \$ - | \$ 216 |
| 03 Mortgage Interest (Allowable Interest) 04 Rental of Building | | | | | S | 2,486,117 | - | \$ - \$ - | \$ - \$ - | \$ 2,486 |
| | | | | | \$ | 29,072 2,686,706 | 29,072 2,686,706 | s - | \$ - \$ - | \$ 25 |
| | | | | | | | | | | |
| 06 Total Property Capital Costs | | | | | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | s - | \$ - | \$ 6,9 | 39 \$ | | 5 536,904 | | | \$ 53 |

| | State of New Jersey | | | | | | | | | |
|------------------------------|-----------------------|--|------------|--|--|--|--|--|--|--|
| Department of Human Services | | | | | | | | | | |
| Nursing Facility Cost Report | | | | | | | | | | |
| Provider Name: | 3 Industrial Way East | 3 Industrial Way East Operations LLC dba Jersey Shore Center | | | | | | | | |
| Medicare Provider ID: | 31-5364 | 31-5364 | | | | | | | | |
| NPI: | 1457535742 | | | | | | | | | |
| Reporting Period: | From: | 1/1/2023 To: | 12/31/2023 | | | | | | | |
| Worksheet: | Schedule A-1 - Direct | 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) | 38,107.44 | \$1,787,141 | | |
| Licensed Practitioner Nurses (LPN) | 46,744.26 | \$1,878,643 | | |
| Certified Nursing Assistants (CNA) | 107,346.52 | \$2,618,576 | | |
| Advanced Practice Nurses (APN) | | | | |
| Respiratory Therapy (RT) Other Medical Staff | | | | |
| Total Nursing Facility | 192,198.22 | \$6,284,360 | 0.00 | \$0 |
| Special Care Nursing Facility - AIDS (Schedule A Line 2) | | ţ 0,20 ·,000 | 5.00 | 7- |
| Registered Nurses (RN) | | | | |
| Licensed Practitioner Nurses (LPN) | | | | |
| Certified Nursing Assistants (CNA) | | | | |
| Advanced Practice Nurses (APN) | | | | |
| Respiratory Therapy (RT) | | | | |
| Other Medical Staff | | 4- | | |
| 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 | 2.00 | 40 | | 40 |
| 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) | 0.00 | Ų. | 0.00 | Ų. |
| 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) | | | | |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) | | | | |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) | | | | |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) | | | | |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) | 0.00 | \$0 | 0.00 | \$0 |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff | 0.00 | \$0 | 0.00 | \$0 |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) | 0.00 | \$0 | 0.00 | \$0 |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) | 0.00 | \$0 | 0.00 | \$0 |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) | 0.00 | \$0 | 0.00 | \$0 |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) | 0.00 | \$0 | 0.00 | \$0 |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) | 0.00 | \$0 | 0.00 | \$0 |
| Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) | 0.00 | \$0 | 0.00 | \$0 |

| | State of New | | |
|--|--|------------------------|---------------------------------------|
| | Department of Hur Nursing Facility C | | |
| Provider Name: | | Operations LLC dba Jer | sev Shore Center |
| Medicare Provider ID: | 31-5364 | | |
| NPI: | 1457535742 | | |
| Reporting Period: | From: | 1/1/2023 | To: 12/31/202 |
| Worksheet: | Schedule A-2 - Manag | gement Employees | |
| | | | |
| | | Hours | Cost |
| Administrator | Calami | 2.000 | 63 |
| Name Dimitry Ruchaevsky | Salary Payroll Taxes | 2,080 | 195,842 |
| Diffictly Ruchaevsky | Health Insurance | | |
| | Retirement Benefits | | |
| State Licensing Number/Type | Other | | |
| | Total | | 195,842 |
| | | | |
| Assistant Administrator | | | 64 |
| Name | Salary | | |
| | Payroll Taxes | | |
| | Health Insurance | | |
| | Retirement Benefits | | |
| State Licensing Number/Type | Other | | |
| | Total | | - |
| Discourage of the color | | | 22 |
| Director of Nursing Name | Salany | 3.050 | 33 |
| Kim Hollywood | Salary Payroll Taxes | 2,056 | 164,507 |
| Killi Hollywood | Health Insurance | | |
| | Retirement Benefits | | |
| State Licensing Number/Type | Other | | |
| State Electioning (Variable) (1) pe | Total | | 164,507 |
| | | ! | , , , , , , , , , , , , , , , , , , , |
| Assistant Director of Nursing | | | 33 |
| Name | Salary | 2,000 | 96,121 |
| Vanessa Berberich | Payroll Taxes | | |
| | Health Insurance | | |
| | Retirement Benefits | | |
| State Licensing Number/Type | Other | | 25.121 |
| | Total | | 96,121 |
| Other | | | |
| Name | | Input Line Number | 65 |
| | Salary | | |
| | Payroll Taxes | | |
| | Health Insurance | | |
| State Licensing Number/Type | Retirement Benefits | | |
| | Other | | |
| | Total | | - |
| | | | |
| Other | | | |
| Name | Calam | Input Line Number | 65 |
| | Salary | | |
| | Payroll Taxes Health Insurance | | |
| State Licensing Number/Type | Retirement Benefits | | |
| State Licensing Number/Type | Other | | |
| | Total | | - |
| | | | 1 |
| | | | |
| Other | | Input Line Number | 65 |
| Other Name | | | |
| | Salary | | |
| | Salary Payroll Taxes | | |
| Name | Payroll Taxes Health Insurance | | |
| | Payroll Taxes Health Insurance Retirement Benefits | | |
| Name | Payroll Taxes Health Insurance Retirement Benefits Other | | |
| Name | Payroll Taxes Health Insurance Retirement Benefits | | - |
| Name State Licensing Number/Type | Payroll Taxes Health Insurance Retirement Benefits Other | | - |
| Name State Licensing Number/Type Other | Payroll Taxes Health Insurance Retirement Benefits Other | | - |
| Name State Licensing Number/Type | Payroll Taxes Health Insurance Retirement Benefits Other | Input Line Number | - 65 |

| TOTAL MANAGERIAL COMPENSATION | \$ 456,470 |
|-------------------------------|---------------|
| | |

Salary Payroll Taxes Health Insurance

Other **Total**

Retirement Benefits

State Licensing Number/Type

| State of New Jersey | | | | | | | |
|-----------------------|--|--------------|------------|--|--|--|--|
| | Department of Human Services | 5 | | | | | |
| | Nursing Facility Cost Report | | | | | | |
| Provider Name: | 3 Industrial Way East Operations LLC dba Jersey Shore Center | | | | | | |
| Medicare Provider ID: | 31-5364 | | | | | | |
| NPI: | 1457535742 | | | | | | |
| 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. Sala Wa | ry and ges | D. Contract Labor Hours | | ontract Labor Expense | F. Total Hours | |
|----------|--|-----------------------|----------------------|---------------|---------------|----------------------------|-----|--------------------------|----------------|-------|
| | ent Ancillary Costs | 16 | | | | | | | | 4 |
| 1 | Radiology | 16 | | | | | | | - | 4 |
| 2 | Laboratory | 17 | | | | | | | - | - |
| 3 | Intravenous Therapy | 18 | | | | 500.00 | | 20.240 | | 4 |
| 4 | Oxygen Therapy | 19 | | | | 588.00 | \$ | 28,219 | 588.00 | - |
| 5 | Physical Therapy | 20 | | | | 6,866.00 | \$ | 450,207 | 6,866.00 | 4 |
| 6 | Occupational Therapy | 21 | | | | 8,292.00 | \$ | 415,593 | 8,292.00 | - |
| 7 | Speech Therapy | 22 | | | | 2,948.00 | \$ | 238,285 | 2,948.00 | 4 |
| 8 | Electro cardiology | 23 | | | | | | | - | 4 |
| 9 | Physicians | 30 | | | | | | | | 4 |
| 10 | Other - Patient Ancillary Costs | 31 | - | 4 | | 40.504.00 | 4 | 4 400 004 | - | ┨╻ |
| 11 | Total Patient Ancillary Costs | | - | \$ | - | 18,694.00 | \$ | 1,132,304 | 18,694.00 | To |
| E. Nurs | ing Administration | | | | | | | | | ı |
| 12 | Director of Nursing, ADON, Supervisors | 33 | 4,056.00 | \$ | 260,628 | | | | 4,056.00 |] |
| 13 | Inservice Education | 34 | 2,542.94 | \$ | 122,389 | | | | 2,542.94 | |
| 14 | MDS Coordinator | 35 | | | | | | | - | |
| 15 | Staffing Coordinator | 36 | | | | | | | - | 1 |
| 16 | Infection Control | 37 | 280.00 | \$ | 11,233 | | | | 280.00 |] |
| 17 | Medical Records/EMR | 38 | 1,537.99 | \$ | 37,155 | | | | 1,537.99 | 1 |
| 18 | Other - Nursing Administration | 40 | 6,977.33 | \$ | 170,341 | | | | 6,977.33 | 1 |
| 19 | Total Nursing Administration | | 15,394.26 | \$ | 601,746 | - | \$ | - | 15,394.26 | To |
| G Dati | ent Support Services | | | | | | | | | |
| | | 46 | | | | | ć | 000 201 | | 4 |
| 20 | Dietary Department | 46 47 | | | | | \$ | 866,361 | - | + |
| | Laundry Department | | | | | | \$ | 219,645 | | + |
| 23 | Housekeeping Department Social Services | 48 49 | 0.500.34 | \$ | 324,767 | | \$ | 330,515 | 9,588.34 | + |
| 24 | Patient Activities | 50 | 9,588.34 8,883.08 | \$ | 166,518 | | | | 8,883.08 | + |
| | | 51 | 0,003.00 | Ş | 100,518 | 1 000 00 | ċ | 05 544 | | + |
| 25 26 | Medical Director | 51 | | | | 1,006.00 | \$ | 85,544 | 1,006.00 | - |
| | Pharmacy Consultant | | | | | | | | | + |
| 27 | Other - Patient Support Services | 55 | 40 474 42 | ć | 404 205 | 1.000.00 | | 4 502 005 | | ┨┰. |
| 28 | Total Patient Support Services | | 18,471.42 | ۶ | 491,285 | 1,006.00 | \$ | 1,502,065 | 19,477.42 | To |
| H. Prop | perty Operating Costs | | | | | | | | | 1 |
| 29 | Maintenance | 57 | 4,319.09 | \$ | 134,753 | | | | 4,319.09 | 1 |
| 30 | Security | 58 | | | | | | | - | 1 |
| 31 | Total Property Operating Costs | | 4,319.09 | \$ | 134,753 | - | \$ | - | 4,319.09 | То |
| . Admi | nistrative & Operating Costs | | | | | | | | | |
| 32 | Office Staff | 66 | 14,801.13 | Ś | 555,340 | | | | 14,801.13 | 1 |
| 33 | Total Administrative & General | | 14,801.13 | | 555,340 | - | \$ | - | 14,801.13 | То |
| | 2 11 11 11 11 11 11 11 11 11 11 11 11 11 | | | | | | | | | |
| N. Non | -Routine/Non-Allowable Costs Sales and Marketing Personnel | N/A | | | | | | | | 4 |
| 35 | Gift, Flower, Coffee Shops and Canteen | N/A | | | | | | | | 1 |
| 36 | Barber and Beauty Shop | N/A | | | | | \$ | 6,939 | | 1 |
| 37 | Physician Private Offices | N/A N/A | | | | | ٧ | 0,559 | - | 1 |
| 38 | Patient Laundry | N/A N/A | | | | | | | - | 1 |
| | | N/A N/A | | | | | | | | 1 |
| 39 40 | Other Non-Reimbursable Personnel Non-Routine / Non-Allowable Costs | 107 | - | \$ | - | _ | \$ | 6,939 | | To |
| 40 | Non-Noutine / Non-Allowable Costs | 107 | - | , | - 1 | - | د ا | 0,339 | - | ۱ ، ۲ |
| | | | | | | | | | | |

Index

| Reporting Period: | From: | 1/1/2023 To: | | | | |
|-----------------------------|---|---|--|--|--|--|
| Worksheet: | Schedule A-4 Part I - Related Parties | edule A-4 Part I - Related Parties | | | | |
| Provider DBA Name (if any): | 3 Industrial Way East Operations LLC dba Jers | ndustrial Way East Operations LLC dba Jersey Shore Center | | | | |
| Tax ID/EIN: | 26-0865899 | | | | | |

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.

| 44. Relationship Status Options | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|
| Α | 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 |
| I | IT | I - IT |
| J | Lab | J - Lab |
| K | Maintenance | K - Maintenance |
| L | Management | L - Management |
| M | Medical Supplies | M - Medical Supplies |
| N | N/A | N - N/A |
| 0 | Other | O - Other |
| P | Pharmacy | P - Pharmacy |
| Q | Rent | Q - Rent |
| R | Salary & Benefits | R - Salary & Benefits |
| S | Security | S - Security |
| Т | Shared Services | T - Shared Services |
| U | Staffing | U - Staffing |
| V | Taxes | V - Taxes |
| W | Therapy | W - Therapy |
| Х | Transportation | X - Transportation |

| | | | | | | | Department of H Number Facility | | | | | | | | | | |
|---|--|--|---|--|--|-------------------------------|------------------------------------|-------------------------------|---|---|----------------------|---|----------------------------|---|--|------------------------|-----|
| v Name | I Industral Way East Operations U.C (But) | | | | | | Nuning Jaillin | College | | | | | | | | | _ |
| or Name: ad Provider Number | I Industrial Way East Complete CLLC (BA) | | Medican Provider Number | | | | | | | | | | | | | | |
| IND Provider Number | | | Melsian Fronte Number | | | | | | | | | | | | | | |
| ny Period | 1071070 | 1/1/2021 | | 12/31/202 | | | | | | | | | | | | | |
| | Schedule A-S Part II - Related Parties | 1/3/2023 | Di. | 12/31/202 | | | | | | | | | | | | | |
| we | | | | | | | | | | | | | | | | | |
| v DBA Name (if any). | 3 Industrial Way East Connections LLC ditable 28-DESIGNED | NAV Share Certier | | | | | | | | | | | | | | | |
| EK. | 24-2361839 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| annication of Estated Parts Silvanitie P. | | | | | | | | | | | | | | | | | |
| Column 1 | Column 2 | Column 3 | Calumi 6 | Column 5 | Culuma 6 | Culums 7 | Column 8 | Column 9 | Column 10 | Calume 11 | Column 13 | Column 18 | Calumn 14 | Column 15 | Column 16 | Column 17 | |
| | Mercify Where Related Farty Cods | Identify the PCK data field(c), by regulation section, that this | | | | | | | | Category of Goods/Services Provided by Related Party (See AS Schedule R-4 Part I. Goods/Services Category Options, | | Method for Determining the Allowable Cost or Mark of the Goods/Services Provided | Note (Adve) Amount Feel to | Method of Payment to Related Party (e.g. moons, our resident, monthly fee, flat feet | Allowable Actual Cost or PMI's of the Goods for your Provided In S1 | Cost on Facility Books | |
| Date of transaction | Assess on Cod Records | cost is included in. | Dictors briow I | Name of Bridged Facts | Address of Related Forth | Contact Name of Bridged Facts | Phone Number of Related Party | Enal Address of Related Party | Description of the Soudu/Services Provided by Related Faity | \$40x1 | Trace of Transaction | | | | | | Mac |
| Accord | | | Other (financial or non-financial), saecfy: | Service Administrative Services (LC (3) on 4 services | | Miletex | \$32,646-8330 | arfathernesshot.com | Back office senses | D-Diller | Stiffer-Gamasiery | rome office cost report | | THOSE GRAMMARY | \$865,616,00 | \$850,868.00 | |
| Annual | | | Other (financial or east-financial), specify: | denets Administrative Services LLC (1) call 4 seeds be | | Mikellera | 432 646-6330 | arfa thereexistics com | Contribute office | C - Cautal | Inter-company | Home office cost report | | Inter company | 144,990.00 | 52.00 | |
| Annual | | | Other Iferancial or east-financial, specify: | Powerback Rehabilitation GRS (1) cold specify below | | Mikelies | 432 646-6350 | orfortherveckhox.com | | W-Thetaev | Stiller-company | Contract once | | Distance Company | 5.610.207.00 | 5450,327.00 | |
| Annual | | | Other (financial or east-financial), specify: | Powerback Rehabilitation GRS (1) cold specify below | | Miletera | 632 666-6350 | orforthereexchox.com | | W-Thetay | Inter-company | Contract once | | District Company | 5413.592.00 | 5413.392.00 | |
| Annual | | | Other If randal or east financial, specify: | PowerBack Rehabilitation GRS (1) cold specify below | | Miletera | 632 666-6350 | orfo thereexistics com | | W-TheGay | Inter-company | Contract once | | District Company | \$218.283.00 | 5218.281.00 | |
| Booker | | | PRINCIPLATING AND FRANCISC CONTROL | | ATTENDED AND AND THE SHIP TO SHIP THE PERSON OF THE PERSON | Surran Phosphon | 411 777,7611 | curse makes the fitness over | Musting Associal Resources obstanced | 11 - Straffice | SARAH UTUMANAN M | FRANCIS COM | | | 50.00 | 64.00 | |
| Booker | | | PRINCES AND | Romanian's Waltabill Street, Wat 1911 and A county below | | Mindre | 437.666.6330 | sels the contract of the | | Mr. Pharton | SARAH UTUMANAN M | FRANCIS COM | | Total comment | 578 773 00 | 619 118.00 | |
| | | | | | | | | | | | | | | | | | |
| Marchiv | | | Other (financial or non-financial), savofu: | Wilaysc Health Care Medical Groups of Rt ILC (2) cold on | | Britis Shandari | 929 695-7111 | orfu@veavabeabt.com | telecommunication | D-Consultants | Accounts sayoble | Contract once | | Account aguildire | \$18,600.00 | \$18,000.00 | |
| | | | | | | | | | | | | | | | | | |
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| Provider Name: | 3 Industrial Way East Operations LLC dba Jer | strial Way East Operations LIC dba Jersey Shore Center | | | | | | | |
|-----------------------------|--|---|------------|--|--|--|--|--|--|
| Medicaid Provider Number | 0 | Medicare Provider Number | 0 | | | | | | |
| NPI: | 1457535742 | | | | | | | | |
| Reporting Period: | From: | 1/1/2023 To: | 12/31/2023 | | | | | | |
| Worksheet: | Schedule A-4 Part III - Related Parties | | | | | | | | |
| Provider DBA Name (if any): | 3 Industrial Way East Operations LLC dba Jer | Industrial Way East Operations LLC data Jersey Shore Center | | | | | | | |
| Tax ID/EIN: | 26-0865899 | | | | | | | | |

C. Management Control

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

Table C1

| Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | Column 7 |
|--|--|---|---|----------|--------------|---------------|
| lame of Entity Exercising Substantial Management | Relationship to Nursing Home (see A4 Schedule A-4 Part I. Relationship Status | | | | | |
| control | Options below) | Names of Principals and Interested Parties (on separate rows) | Percentage of Ownership of Each Principal or Interested Party | Address | Phone Number | Email Address |
| | | | | | | |
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| Provider Name: | 3 Industrial Way East Operations LLC dba Jer | ustrial Way East Operations LLC dba Jersey Shore Center | | | | | | | |
|-----------------------------|--|---|------------|--|--|--|--|--|--|
| Medicaid Provider Number | 0 | Medicare Provider Number | 0 | | | | | | |
| NPI: | 1457535742 | | | | | | | | |
| Reporting Period: | From: | 1/1/2023 To: | 12/31/2023 | | | | | | |
| Worksheet: | Schedule A-4 Part IV - Related Parties | | | | | | | | |
| Provider DBA Name (if any): | 3 Industrial Way East Operations LLC dba Jer | Industrial Way East Operations LLC data Jersey Shore Center | | | | | | | |
| Tax ID/EIN: | 26-0865899 | | | | | | | | |

C. Management Control

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

| Ta | hl. | | |
|----|-----|--|--|

| 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 |
| | () | , | 7, | | | |
| | | | | | | |
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| | Departmen | of New Jersey t of Human Services acility Cost Report | |
|-----------------------|---|---|------------|
| Provider Name: | 3 Industrial Way East Operations LLC dba Jersey Shore | | |
| Medicare Provider ID: | 31-5364 | | |
| NPI: | 1457535742 | | |
| 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 13,677 2 Gift, Flower, Coffee Shops and Canteen 921 3 Barber and Beauty Shop 4 Physicians' Private Offices 5 Patients' Laundry 6 Personal Expenses 7 Interest assessed by DHSS or borrowings to repay DHSS fines and penalties 8 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments 9 Costs incurred by providers for fines or monetary penalties imposed for violations of Federal, State, or local laws. 3,250 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 512,117 23 Other (Specify) 24 Other (Specify) 25 Other (Specify) 26 Other (Specify) 27 Other (Specify)

529,965

Index

28 Non-Allowable Other Costs

| | State of New Jersey Department of Human Services |
|-----------------------|--|
| | Nursing Facility Cost Report |
| Provider Name: | 3 Industrial Way East Operations LLC dba Jersey Shore Center |
| Medicare Provider ID: | 31-5364 |
| NPI: | 1457535742 |
| Reporting Period: | From: 1/1/2023 To: 12/31/2023 |
| Worksheet: | Schedule A-6 - Capital |

| Capital Asset Balances and Depreci | ation Expense | | | | | | | | | |
|------------------------------------|---|-------------|--------------|-------------|---------------|---|-------------|----------------------|----------------------|----------------------|
| | | | Acquisitions | | | | | | Related Party | |
| | | | | | | | | Current Year | Depreciation | Adjusted Total |
| | | | | | | | Fully | Depreciation Expense | Adjustments | Depreciation Expense |
| | Beginning | | | | Disposals and | Ending | Depreciated | (Schedule A Line 102 | (Schedule A Line 102 | (Schedule A Line 102 |
| Type of Capital | Balances | Purchases | Donations | Total | Retirements | Balance | Assets | Column F) | Column G) | Column I) |
| Land | | | | \$0.00 | | | | | | |
| Land Improvement | | | | \$0.00 | | | | | | \$0.00 |
| Buildings and Fixtures | ####################################### | | | \$0.00 | | ############## | | | | \$0.00 |
| Building Improvements | \$633,427.00 | | | \$0.00 | | \$627,885.00 | | \$57,737.00 | | \$57,737.00 |
| Fixed Equipment | \$175,651.00 | \$12,892.00 | | \$12,892.00 | | \$188,543.00 | | \$10,412.00 | | \$10,412.00 |
| Major Moveable Equipment | \$915,595.00 | \$13,209.00 | | \$13,209.00 | | \$928,804.00 | | \$103,368.00 | | \$103,368.00 |
| Other | | | | \$0.00 | | | | | | \$0.00 |
| Total | ############### | \$26,101.00 | \$0.00 | \$26,101.00 | \$0.00 | ####################################### | \$0.00 | \$171,517.00 | \$0.00 | \$171,517.00 |

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

Index

| | | State of New Jerse | | |
|-----------------------|---------------------|----------------------------|---------------|------------|
| | | Department of Human S | | |
| | | Nursing Facility Cost R | Report | |
| Provider Name: | 3 Industrial Way Ea | st Operations LLC dba Jers | sey Shore Cer | nter |
| Medicare Provider ID: | 31-5364 | | | |
| NPI: | 1457535742 | | | |
| Reporting Period: | From: | 1/1/2023 To: | | 12/31/2023 |
| Worksheet: | Schedule A-7 - Depr | reciation Schedule | | |

| Reporting Period: | From: | | 1/1/2023 | 10: | 12/31/2023 | | | |
|---|--------|---------------|--------------------|------------------|--------------|--------------|---|--|
| Worksheet: | Sched | ule A-7 - Dep | reciation Schedule | | | | | |
| | | | | 1 | | | | |
| | | | | Weighted | Prior Period | | | |
| Asset Name/Description | Canit | alized Costs | Estimated | Average | A | Prior Period | Period | Asset Group |
| Asset Hulle, Description | Cupit | mizeu costs | Salvage Value | Estimated Useful | Depreciation | Impairment | Depreciation | Carrying Value |
| | | | | Life (Years) | · | | | |
| Buildings: | | | | | | | | |
| Nursing Facilities | | | | | | | \$ - | \$ - |
| Administrative Facilities | | | | | | | \$ - | \$ - |
| Multi-purpose Facilities | | | | | | | \$ - | \$ - |
| Land Improvements | | | | | | | \$ - | \$ - |
| Storage Facilities | | | | | | | \$ - | \$ - |
| Parking Garages | | | | | | | \$ - | \$ - |
| Other: | | | | • | | • | | |
| Building Improv | \$ | 633,427 | \$ - | 12.094 | \$ 119,918 | | \$ 52,375 | \$ 461,133 |
| Fixed Equipment | \$ | 107,056 | \$ - | 11.0216 | \$ 43,443 | | \$ 9,713 | \$ 53,900 |
| | | | | | | | \$ - | \$ - |
| | | | | | | | \$ - | \$ - |
| | | | | | | | \$ - | \$ - |
| Total Period Depreciation - Buildings | | | | | | Į | \$ 62,089 | |
| | | | | | | | | |
| Equipment: | الكباد | | | | | | | |
| Medical Equipment | | | | | | | \$ - | \$ - |
| Other Equipment Used in Direct Care Services | \$ | 915,595 | \$ - | 18.2438 | | | \$ 50,187 | \$ 161,855 |
| Computer Equipment | \$ | 59,485 | \$ - | 45.44 | | | \$ 1,309 | \$ 32,231 |
| Telephone and Communication Equipment | \$ | 9,110 | \$ - | 23.773 | \$ 8,327 | | \$ 383 | \$ 399 |
| Maintenance and Custodial Equipment | | | | | | | \$ - | \$ - |
| Other: | | | | | | | | |
| Depreciation accelerated | \$ | 72,362 | \$ - | 1 | | | \$ 72,362 | \$ - |
| | | | | | | | \$ - | \$ - |
| | | | | | | | \$ - | \$ - |
| | | | | | | | \$ - | \$ - |
| | | | | | | | \$ - | \$ - |
| Total Period Depreciation - Equipment | | | | | | Į | \$ 124,241 | |
| | | | | | | | | |
| Vehicles: | | | | | | | | |
| Cars | _ | | | | | | \$ - | \$ - |
| Trucks | _ | | | | | | \$ - | \$ - |
| Vans | | | | | | | \$ - | \$ - |
| Other: | _ | | | | | | • | |
| | _ | | | | | | \$ - | \$ - |
| | _ | | | | | | \$ - | \$ - \$ - |
| Total Period Depreciation - Vehicles | | | | | | | \$ - \$ - | \$ - |
| Total Period Depreciation - Venicles | | | | | | l | · - | |
| Office Furniture and Fixtures: | | | | | | | | |
| Office Desks, Cabinets, and Chairs | | | | | | | \$ - | \$ - |
| Electronic Office Equipment | _ | | | | | | | \$ - |
| Appliances | | | | | | | | |
| | | | | | | | | |
| | | | | | | | \$ - | \$ - |
| Utility Installations | | | | | | | | |
| | | | | | | | \$ - \$ - | \$ - \$ - |
| Utility Installations | | | | | | | \$ - \$ - | \$ - \$ - |
| Utility Installations | | | | | | | \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - |
| Utility Installations | | | | | | | \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - |
| Utility Installations | | | | | | | \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - |
| Utility Installations | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: | | | | | | | \$ - \$ - \$ - \$ 5 5 - \$ 7 5 - \$ 7 5 - \$ 7 5 - \$ 7 5 - \$ 7 5 - \$ 7 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software Other: Total Period Depreciation - Software | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| 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: | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software Other: Total Period Depreciation - Software | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| 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: | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software Other: Total Period Depreciation - Software Imited-life Intangible Assets: | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software Other: Total Period Depreciation - Software Imited-life Intangible Assets: | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software Other: Total Period Depreciation - Software Imited-life Intangible Assets: | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| Utility Installations Other: Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software Other: Total Period Depreciation - Software Imited-life Intangible Assets: | | | | | | | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - |

| | State of New Jersey | | | |
|-----------------------|---|----------|-----|------------|
| | Department of Human Services | | | |
| | Nursing Facility Cost Report | | | |
| Provider Name: | 3 Industrial Way East Operations LLC dba Jersey Shore | Center | | |
| Medicare Provider ID: | 31-5364 | | | |
| NPI: | 1457535742 | | | |
| Reporting Period: | From: | 1/1/2023 | To: | 12/31/2023 |
| Worksheet: | Schedule A-8 - Revenue | | | |

| A. General Revenue | | | | | | | | | Behavioral | | |
|--|-----------------|-------------------------|-----------|-----------|----------------|---------------|-----------------|------------|-----------------------|-------|--------|
| | | | | | | | | SCNF Young | Health Nursing | | Offset |
| | Total | Nursing Facility | SCNF AIDS | SCNF BMGT | SCNF Pediatric | SCNF TBI/Coma | SCNF Ventilator | Adult | Facility | Other | Line |
| Total Routine Patient Revenue | \$ 27,394,932 | \$ 27,394,932 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Private Routine Patient Revenue | \$ 2,084,375 | \$ 2,084,375 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Medicaid/NJ FamilyCare Routine Patient Revenue | \$ 17,318,320 | \$ 17,318,320 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Pending Medicaid Days | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Pre-Eligibility Medical Expenses (PEME) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Out of State Medicaid | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Medicare Routine Patient Revenue | \$ 6,581,319 | \$ 6,581,319 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Other Patient Revenue | \$ 471,330 | \$ 471,330 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Hospice Days Revenue | \$ 939,588 | \$ 939,588 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Respite Days Revenue | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Therapeutic Leave Revenue | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Bed Hold Days Revenue | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Ancillary Patient Revenue | \$ 3,795,535 | \$ 3,795,535 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Less Contractual Allowance | \$ (11,399,867) | \$ (11,399,867) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| | \$ 19,790,600 | \$ 19,790,600 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |

| B. Offsetable Revenue | | |
|-----------------------------|-------------------------------------|-------|
| | Meals Served to Non-Patients | |
| | Interest Revenue | 7,403 |
| | Rebates of Expenses | |
| | Purchase Discounts | |
| | Property Rentals | |
| | Fringe Benefits | |
| | Supplies Sold to Non-Patients | |
| | Services Sold to Non-Patients | |
| | inen service received from patients | |
| Retroactive payments for no | n-formulary pharmacy transactions | |
| | Other: | |

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

Total Revenue \$19,798,003.19 \$19,790,600.19 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

| | | State of New Jersey Department of Human Ser Nursing Facility Cost Reg | rvices | | | | | | | | | |
|--|--|--|---------------------------------------|-----------------------------------|---|-------------------------------------|---|--|--|---|--|------------------------|
| Provider Nam Medicare Prov NPI: Reporting Peri Workshoot | et der ID: | 3 Industrial Way East Count 31-5164 1457535742 From: Schedule B - Allocation Basis | ions LLC dbs Jens 1/1/20 | ry Shore Cents | To: | 12/11/202 | | | | | | |
| Allocated Stat | adics | | _ | Direct Ca | Direct Care- | Direct Care - SCNF | Direct Care - SCNF | Direct Care - SONF | Direct Cane - Behaviors | Direct Care - | | |
| Basis Codes A | BAGIS Non-Managerial Salaries | Direct Care - Nursing Facility 1 56-284-360 | | 01 | Direct Care- SCNF PEDIATRIC 4 50 50 | | 30 | 1 50 | Direct Care - Behaviors Health Nursing Facility B | 50 | 50 | Laboratory 17 50 |
| Basis Codes | BASIS Souare Footage | Direct Care - Nursine Facility 1 44.282 | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM 3 | Direct Care- re - SCNF RGT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA 5 | Direct Care - SCNF VENTILATOR 6 | | Direct Care - Behaviors Health Nursine Facility B | | | Total 44.282 |
| Basis Codes | BASIS | Direct Care - Nursing Facility 1 52,000 | Direct Care | Direct Ca SCNF BM 3 | Direct Care- re - SCNF RGT PEDIATRIC 4 | Direct Care - SCNF TBU/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SCNF YOUNG ADULT 7 | Direct Care - Behaviora Health Nursing Facility 8 | Direct Care OTHER SPECIFY 9 | Total 52,006 | |
| C Basis Codes | Patient Days BASIS | 52,000 Direct Care - Nursing Facility | , | - | Direct Care- re - SCNF RGT PEDIATRIC 4 | | Direct Care - SCNF VENTILATOR | _ | | | 52,006 | I |
| 0 | Non-Medicare Days (NHA100 Definition) | 1 29.484 | | 01 | 01 0 | - 0 | - | <u> </u> | - | 39.484 | | |
| Basis Codes E | BASIS Meals Served | Direct Care - Nursine Facility 1 157.355 | | _ | Direct Care- script SCNF PEDIATRIC 4 | | | Direct Care - SONF YOUNG ADULT 7 | | Investore | Total 157.359 | |
| Basis Codes | BAGIS Pounds of Laundry | Direct Care - Nursing Facility 1 52,451 | Direct Care SCNF AIDS 2 BASIS Patient | Direct Ca SCNF BM 3 Days | ne SCNF NGT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SONF YOUNG ADULT 7 | Direct Care - Behaviors Health Nursing Facility B | OTHER SPECIFY 9 | Total 52,453 | |
| Basis Codes | BASIS | Direct Care - Nursing Facility | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM | Direct Care- scnF ngT PEDIATRIC 4 00 0.00 | Direct Care - SCNF TBI/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SCNF YOUNG ADULT 7 | Direct Care - Behaviora Health Nursing Facility B | Direct Care - OTHER SPECIFY 9 | Total | |
| G Basis Codes | Salary & Contract Services Direct Nursing Hours BASIS | 192.198.22 Direct Care - Nursing Facility | 1 | | Direct Care- re - SCNF RGT PEDIATRIC 4 | | 0.00 | 0.00 | Direct Care - Behaviors Health Nursine Facility | - 00 | 192.198.22 | |
| н | Direct Patient Care Salary Hours | 192.198.22 | 2 U. | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 192.198.22 Non-Routine / | |
| Basis Codes | BASIS Accumulated Cost | Direct Care - Nursing Facility 1 \$24,560,217 | | 10] | Direct Care- re - SCNF RGT PEDIATRIC 4 S0 \$0 | | Direct Care - SCNF VENTILATOR 6 \$50 | 1] 50 | Direct Care - Behaviora Health Nursing Facility B 50 | 50 | \$536,904 | Total \$25,097,121 |
| Basis Codes | BASIS Radiology Charges | Direct Care - Nursing Facility 1 568,166 | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM 3 | Direct Care- re - SCNF RGT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SONF YOUNG ADULT 7 | Direct Care - Behaviors Health Nursing Facility B | Direct Care- OTHER SPECIFY 9 | Non-Routine / Non-Allowable Costs 107 | Total SSE.166 |
| Basis Codes | BAGIS | Direct Care - Nursine Facility | Direct Care SCNF AIDS | Direct Ca SCNF BM | Direct Care- re - SCNF PEDIATRIC 4 | Direct Care - SCNF TBI/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SONF YOUNG ADULT 7 | Direct Care - Behaviors Health Nursine Facility B | Direct Care - OTHER SPECIFY 9 | Non-Routine / Non-Allowable Costs 107 | Total |
| ж | Laboratory Chanes | 5138.024 | | _ | Direct Care- ne - SCNF RGT PEDIATRIC | | | _ | | | Non-Routine / Non-Allowable Costs 107 | \$138.024 |
| Basis Codes L | BASIS Intravenous Therapy Charges | Direct Care - Nursing Facility 1 \$49,966 | s | - 1 | - | , | | | Direct Care - Behaviors Health Nursing Facility B | | | Total \$49,956 |
| Basis Codes M | BASIS Oxygen Therapy Charges | Direct Care - Nursing Facility 1 \$23,094 | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM 3 | Direct Care- ne - SCNF NGT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA 5 | Direct Care - SCNF VENTILATOR G | Direct Care - SCNF YOUNG ADULT 7 | Direct Care - Behaviora Health Nursing Facility B | OTHER SPECIFY 9 | Non-Allowable Costs 107 | Total \$23,094 |
| Basis Codes | BASIS | Direct Care - Nursing Facility | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM 3 | Direct Care- scNF ngT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SCNF YOUNG ADULT 7 | Direct Care - Behaviors Health Nursing Facility B | Direct Care- I OTHER SPECIFY 9 | Non-Routine / Non-Allowable Costs 107 | Total \$1.269.337 |
| N Basis Codes | Physical Therapy Charges BASIS | \$1.269.337 Direct Care - Narsing Facility | Direct Care SCNF AIDS | | Direct Care- re - SCNF RGT PEDIATRIC 4 | | | | Direct Care - Behaviora Health Nursing Facility B | | | |
| 0 | Occupational Therapy Charges | \$1,181,731 | | | - | | | _ | | | | \$1,181,731 |
| Basis Codes P | BAGIS Speech Therapy Charges | Direct Care - Nursing Facility 1 \$644,393 | _ | _ | Direct Care- schif ngt PEDIATRIC 4 | | | | Direct Care - Behaviors Health Nursing Facility B | | Non-Routine / Non-Allowable Costs 207 | Total \$644,391 |
| Basis Codes Q | BASIS Bectrocardology Charges | Direct Care - Nursing Facility 1 | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM 3 | Direct Care- re - SCNF RGT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA 5 | Direct Care - SCNF VENTILATOR 6 | Direct Care - SONF YOUNG ADULT 7 | Direct Care - Behaviora Health Nursing Facility B | Ulrect Care- OTHER SPECIFY 9 | Non-Allowable Costs 107 | Total S0 |
| Basis Codes | BASIS | Direct Care - Nursing Facility | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM | Direct Care- re - SCNF RGT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SONF YOUNG ADULT 7 | Direct Care - Behaviora Health Nursing Facility B | Direct Care- OTHER SPECIFY 9 | Non-Routine / Non-Allowable Costs 107 | Total |
| R Basis Cortes | Medical Supplies Charged to Patient Charges BAGIS | Signature - Nursing Facility | BASIS PROBEE | LIBYE | Direct Care- re - SCNF RGT PEDIATRIC 4 | | | | Direct Care - Behaviors Health Nursing Facility B | _ | | \$0 Total |
| 5 | Prescription Drugs (Not OTC) Charges | \$400,180 | 5 | | _ | _ | | | | | | \$400,186 |
| Basis Codes T | BASIS Pharmacy Non-Formulary Charges | Direct Care - Nursing Facility 1 | SONF AIDS | SCNF BN | Direct Care- ne - SCNF NGT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA 5 | Direct Care - SCNF VENTILATOR 6 | | | | Non-Routine / Non-Allowable Costs 107 | Total S0 |
| Basis Codes | BASIS Support Surfaces Charges | Direct Care - Nursing Facility 1 | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM 3 | Direct Care- re - SCNF RGT PEDIATRIC 4 | Direct Care - SCNF TBI/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SONF YOUNG ADULT 7 | Direct Care - Sehaviora Health Nursing Facility 8 | Direct Care- OTHER SPECIFY 9 | Non-Routine / Non-Allowable Costs 107 | Total \$787 |
| Basis Codes | BASIS | Direct Care - Nursing Facility | Direct Care SCNF AIDS | Direct Ca SCNF BM | Direct Care- re - SCNF PEDIATRIC 4 | Direct Care - SCNF TBI/COMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SONF YOUNG ADULT 7 | Direct Care - Behaviors Health Nursing Facility B | Direct Care - I OTHER SPECIFY 9 | Non-Routine / Non-Allowable Costs 107 | Total |
| v | Ambulance Charges | \$52,453 | i jacatrasen | Liste | _' | ' | | | | | | \$52,453 |
| Basis Codes W | BASIS Dental Charges | Direct Care - Nursing Facility 1 | | _ | Direct Care- scNF SCNF PEDIATRIC 4 | | | | Direct Care - Behaviora Health Nursing Facility B | | | Total S0 |
| Basis Codes | BASIS Physician Charges | Direct Care - Nursine Facility | Direct Care SCNF AIDS 2 | Direct Ca SCNF BM 3 | re - SCNF NGT PEDIATRIC 4 | Direct Care - SCNF TBUCDMA S | Direct Care - SCNF VENTILATOR 6 | Direct Care - SCNF YOUNG ADULT 7 | Direct Care - Behaviora Health Nursine Facility B | OTHER SPECIFY 9 | Non-Allowable Costs 107 | Total |

| | | | | State of New Je repartment of Huma Nursing Facility Con | n Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------------|--------------------------------------|------------|---|---|------------------------|------------------------|-----------------------------|------------------|-------------------------------|---------------------|-------------|------------|--------------|------------|-------------|--------------|------------|----------------|---------------|-------------------|-----------------|-----------------|---------------|---------------|-----------------|-------------------------------------|------------------------------------|----------------|---------------|------------------|-----------------------------|-----------------|-----------------|-----------|
| ider Name: 3 | Industrial Way East Operations I | C dba Jersey Shore Cent | er | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1-5364 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ing Period. S | toninati | | | | | | | | 1/1/2023 | To: | 12/31/2023 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| test. S | chedule 8-1 - Allocated Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e are errors on this tab please ensure Schedule & is filled out the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | ENTERAL FEEDING | | | | | | | | | | PRESCRIPTION | | | | | | | SING WORK FO | | | | | | | AUTO LEASING AND DEPRECIATION - | EXPENSE - | | | | WORK FORCE | | PROVIDER |
| ILE . | ANHICTER COST CONGCOOK | ROUTINE MEDICAL | | (PRODUCT AND CHOCKEC) | INCONTINUNCY | annor u | | TRAVENOUS TUCKNEY OWNSEN | | AL OCCUPATIONAL | | | | | NON- | | | OUTH OUT | | LARY ADMINI | TRATIO RELATED CO | SSS - | DETARY LAUR | HOUSEKEEPI | N SOCAL | PATIENT ME | DICAL CONSULTAN | DIRECT PATIENT | DIRECT PATIENT | PATIENT OF | RATING PROPER | RTY ACCUMULATE | RELATED COSTS A | OMINISTRATIV TA | XX JAHA |
| SCHEDULE A LINE DESCRIPTION Allocation Method | A A | C C | THI HARDS | Cindental | C DOTE OF THE PERSON NAMED IN COLUMN NAMED IN | 1 | K. | THE PERSON NAMED IN | M N | | COLLY IS TELEVISION | 0 | Parkers | 5 | T | II a | W . | W UU | Y Y | | - M | | E E | | CLUSSIC | C THE | C C | | 7.660 | Contract | 0 0 | L INTER | . Files. V | E Literatura | 0 |
| Cost To the Allocated | \$1,156 | 124 \$8,270,235 1663 150,03463193 | \$29,475 | \$5,615 | \$59,105 113050348 | \$34,143 n consenso | \$49,670 0.35086485 | \$48,307 0.96629393 1 | \$35,964 \$450.4 | 18 \$416,696 197 0,3526149 | \$238,285 | 90 | \$0 | \$386,227 | so | \$30,626 | \$33,833 | 50 | \$18,325 \$ | \$1,372 \$1,0 | 100,270 \$21 | 5,355 \$318,536 | \$909,378 \$232 | 808 5362,12 | 14 5372,273 | \$201,837 \$8 | 15,544 \$20,556 488712 0.3853630 | | | \$64,891 S | | | | \$2,099,701 S | |
| COST Multiplier CENTERS TO BE ALLOCATED | 0.1422 | 663 159,02463197 | 0.56676153 | 0.10796831 | 113650348 | 0.50069020 | 0.25596495 | 0.86679762 1 | 55729761 0.35495 | 97 0.3526549 | 6 0.36979325 | 5 0.0000000 | 0.00000000 | 0.96511872 | 0.00000000 | 28.91496658 | 0.64501554 0 | 0000000 0. | 34936038 0.020 | 617581 5.3 | 3498905 0.127 | 12406 ######## | someone 4.424s | 1153 8.177679 | 42 7.15927020 | 2.88103296 1.64 | 699713 0.3952620 | 0.000000 | 0 0.0000000 | 1.24775997 ## | | *** | 0.00233429 | 0.08362318 ## | |
| Total Fringe Benefits | \$1,156,124 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Routine Medical Supplies OTC Drugs | \$202,751 \$8,067, \$29,475 | 60 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enteral Feeding (Product and Supplies) | \$5,615 | 50 50 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incontinency Products | \$59,105 | 50 50 | 50 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| 6 Radiology 2 Laboratory | 534,143 549,670 | 90 S0 | 50 | 50 | 50 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | \$84,443 \$49,670 | | | _ |
| Intravenous Therapy | \$48,307 | 50 50 | 50 | 50 | 50 | 50 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | \$48,307 | | | _ |
| Oxygen Therapy | \$35,964 | 50 50 | 50 | 50 | 50 | 50 | 50 | 50 | | | | | | | | | | | | | | | | | | | | | | | | \$35,964 | | | _ |
| Physical Therapy Occupational Therapy | \$450,428 \$416,696 | 90 S0 | 50 | 50 | 50 | 50 | 50 | 90 90 | 90 | 0 | | | | | | | | | | | | | | | | | | | | | | \$450,428 \$416,696 | | | _ |
| Speech Therapy | 5238,285 | 50 50 | 50 | 50 | 50 | 50 | 50 | 90 | 90 | 10 50 | | | | | | | | | | | | | | | | | | | | | | \$228,285 | | | |
| Electro cardiology | 50 | 50 50 | \$0 | 50 | 50 | 50 | SO | 50 | 50 | 60 S0 | 50 | | | | | | | | | | | | | | | | | | | | | 50 | | | |
| Medical Supplies Charged to Patients Prescription Drugs (not OTC) | \$0 \$286,227 | 90 S0 | 50 | 50 | 90 | 50 50 | 50 | SO SO | 50 | 60 S0 | 50 | 90 | 50 | | | | | | | | | | | | | | | | | | | \$386,227 | | | _ |
| Pharmacy Non-Formulary | 50 | 90 90 | 90 | 50 | 90 | 50 | 50 | 90 | 90 | 10 50 | 50 | 50 | 50 | 50 | | | | | | | | | | | | | | | | | | | | | _ |
| Support Surfaces | \$10,626 | 50 50 | \$0 | 50 | 50 | 50 | 50 | 50 | 50 | io so | \$0 | 50 | \$0 | 50 | 50 | | | | | | | | | | | | | | | | | \$30,626 \$33,833 \$0 | | | _ |
| Ambulance Dectal | \$22,822 | 50 50 | 50 | 50 | 90 | 50 | 50 | 90 | 90 | 50 50 | 50 | 90 | 50 | 50 | 50 | 50 | 60 | | | | | | | | | | | | | | | \$33,833 | | | _ |
| Physicians | \$18,325 | 50 50 | 50 | 50 | 90 | 50 | 50 | 90 | 50 | 10 50 | 50 | 90 | 50 | 50 | 50 | 50 | 90 | 50 | | | | | | | | | | | | | | 519 335 | _ | | |
| Other - Patient Ancillary Costs | \$1,372 | 50 50 | 50 | 50 | 50 | 50 | 50 | 50 | | 0 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | | | | | | | | | | | | | \$19,325 \$1,373 | | | |
| Total Nursing Administration Total Workforce Related Costs - Patient Care | 5914,136 586 | | 50 | 50 | 50 | 50 | 50 | 90 | 50 | | 50 | 90 | 50 | 50 | 50 | 50 | 90 | 50 | 50 | 50 | | | | | | | | | | | | | | | |
| Food (including supplements) | \$26,365 \$318,536 | 50 S0 | 50 | 50 | 90 | 50 | 50 | 90 | 50 50 | 60 S0 | 90 | 90 | 50 | 50 | 50 | 90 | 90 | 50 | 50 50 | 50 | 50 | 50 | | | | | | | | | | | | | |
| Dietary Department | 5903,378 | 50 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 0 50 | 50 | - 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 50 | | | | | | | | | | | | | |
| Laundry Department | 5232,808 | 50 50 | 50 | 50 | 50 | 50 | 50 | 90 | 90 | | 50 | 90 | 50 | 50 | 50 | 50 | 90 | 50 | 50 | 50 | 50 | 50 50 | 50 | | | | | | | | | | | | |
| Housekeeping Department Social Services | \$362,124 \$325,732 \$46 | 50 50 | 50 | 50 | 90 | 50 | 50 | 90 | | 50 S0 | 50 | 90 | 50 | 50 | 50 | 50 | 90 | 50 | 50 | 50 | 50 | S0 S0 | | 50 9 | 0.0 | | | | | | | | | | |
| Patient Activities | \$177,974 \$23 | 63 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 50 | 50 | 50 9 | 0 50 | | | | | | | | | | |
| Medical Director | | 50 50 | 50 | 50 | 50 | 50 | 50 | 90 | 90 | 0 50 | 50 | 90 | 50 | 50 | 50 | 50 | 90 | 50 | 50 | 50 | 50 | 50 50 | 50 | 50 9 | 10 SO | | | | | | | | | | |
| Pharmacy Consultant Auto Leasing and Depreciation - Direct Patient Care | \$20,556 \$0 | 50 50 | 50 | 90 | 50 | 50 | 50 | 90 | 50 50 | 50 S0 | 50 | 90 | 50 | 50 | 50 | 90 | 90 | 50 | 50 | 50 | 50 | 50 50 50 50 | 50 | 50 5 | 0 S0 0 S0 | | 50 50 | | | | | | | | |
| d Other Auto Expense - Direct Patient Care | SO | 50 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 50 | 50 | 50 9 | 0 50 | 50 | 50 50 | 8 | | | | | | | |
| Cother - Parsent Support Services Total Property Operating Costs | | 50 50 | 50 | 50 | 50 | 50 | 50 | 50 | | io so | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 50 | 50 | 50 5 | 0 50 | | 50 50 | 50 | 50 | | | | | | |
| Total Property Operating Costs Total Property Capital Costs | \$927,291 \$19, \$2,731,686 | 01 S0 | 50 | 90 | 90 | 50 | 50 | 90 | 90 | 50 S0 | 50 | 90 | 50 | 50 | 50 | 90 | 90 | 50 | 50 | 50 | 50 | S0 S0 | 50 50 | 90 5 | 0 50 | 50 | S0 S0 | | 90 | 50 | 60 | | | | |
| Total Workforce Related Costs - Other | \$58,584 | 50 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 50 | 50 | 90 | 50 | 50 | 50 | 90 | 50 | 50 | 50 | SO | 50 | 50 50 | 50 | 50 S | 0 50 | 50 | \$0 \$0 | 8 | 50 | 50 | 50 | 50 | | | |
| Total Administrative & General | \$2,019,117 \$29, 6576,751 | 84 50 | 50 | 50 | 50 | 50 | 50 | 90 | 90 | 0 50 | 90 | 90 | 50 | 50 | 50 | 50 | 90 | 50 | 50 | 50 | 50 | 50 50 | 50 | 50 9 | 10 SO | 50 | 50 50 | 90 | 90 | 50 | 50 | so | 50 | | |
| Provider Tax (NHA 100) | 39/9,/91 | 90 S0 | \$0 | 90 | S0 | 50 | SO | yd | 30 | ,O \$1 | 50 | 90 | 50 | 50 | \$0 | 90 | 90 | 30 | 30 | 20 | 30 | 50 50 | 30 | 30 S | 0 0 | 30 | 50 50 | | 90 | 90 | 30 | 30 | 50 | \$0 | |
| LOCATING COST CENTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| Direct Care - Nursing Facility | \$6,284,360 \$900 | 90 \$8,270,235 | \$29,475 | \$5,615 | \$59,105 | \$34,143 | \$49,670 | \$48,307 | \$35,964 \$450,6 | 18 5416,696 | \$238,285 | 50 | \$0 | \$386,227 | \$0 | \$30,626 | \$22,822 | \$0 | \$18,325 \$ | \$1,372 \$1,0 | 00,270 \$2 | 5,255 \$318,536 | \$903,278 \$222 | 808 5362,12 | 24 \$272,272 | \$201,837 \$8 | \$20,556 | 9 | 90 | \$64,891 9 | 46,602 \$2,721,6 | 86 \$24,560,217 | \$\$7,221 | \$2,053,803 \$ | \$576,751 |
| 2 Direct Care - SCNF AIDS | 50 | 50 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 0 50 | \$0 | 50 | \$0 | 50 | \$0 | 50 | 90 | 50 | 50 | SO SO | \$0 | \$0 \$0 | \$0 | 50 S | 0 50 | 50 | \$0 \$0 | 94 | 50 | 50 | 50 | \$0 \$0 | 50 | 50 | 50 |
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| Direct Care - Behavioral Health Nursing Facility Direct Care - OTHER SPECIFY | 50 50 | 90 S0 | 50 | - 90 | 90 | 50 50 | 50 | 90 | 50 50 | | 90 | 90 | 50 | 50 | 50 | 50 | 90 | 50 | 50 | 50 | 50 | 50 50 50 50 | 50 | 90 9 | 0 S0 0 S0 | | S0 S0 | - 8 | 90 | 90 90 | S0 S0 | 50 S0 | 50 | 50 50 | |
| Non-Routine / Non-Allowable Costs | \$536,904 | 50 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | | 50 | 9 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 50 | 50 | 50 5 | 0 50 | 50 | 50 50 | 8 | 50 | 50 | 50 | 50 5536,904 | \$1,253 | 544,898 | 50 |
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| Total | \$19,763,674 \$9,223 | 97 58,270,235 | \$29,475 | \$5,615 | \$59,105 | 534,343 | 549,670 | \$48,307 | \$35,964 \$450,4 | 5416,696 | 5238,285 | 50 | 50 | \$386,227 | SO | \$30,626 | 522,822 | 50 | S18,325 S | 1,373 51,0 | 100,370 52 | 265 5318,536 | 5903,378 5232 | 808 5362,12 | N 5372,273 | \$201,837 S | 520,556 | 90 | 50 | \$64,891 9 | HE_E02 \$2,731,6 | 86 525,840,998 | 558,584 | \$2,098,701 \$ | 6576,751 |
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| Medicare Provider ID: | 11-0304 |
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| Reporting Period: | From: 1/1/2023 To: 1/1/1/2023 |
| Worksheet: | Schoolshi B-2 - Average Rights for Use of Land |

| | | Section A | | Section B | Section C | | Section D | | | | Section E | Section F | Section G | Section H | Section I | Section J | Section K | Section L | Section M | Section N |
|------------|------------------|---------------|--------------|---------------------------|----------------------------|-----------------------------------|----------------------------|-------------------------|------------------------|---------------------------------|--|---|----------------------|---|---------------------|--|--|---------------------------|----------------|---|
| Property # | Property Address | Property City | Property ZIP | Related Party Transaction | Operating or Capital Lease | Lessor or Landlord Name | Lessor or Landlord Address | Lessor or Landlord City | Lessor or Landlord 23P | Lessor or Landlord Phone Number | Direct Care - Nursing Facility (Square Footage) | Other Services Provided at this Property (Square Footage) | Total Square Footage | Percentage Square Footage Dedicated to Direct Care Nursing Facility | Original Lease Date | Effective dates of current rental agreement: BEGINNING | Effective dates of current rental agreement: | Monthly Lease/Rent Amount | Period) | Average Price per Square Foot Nursing Facility |
| | 3 Industrial Way | Estoctown | 07724 | No | Operating Lease | CINDAT/HUD | 4500 Dorr Street | Toledo | 43615 | 419-146-5929 | 74,725.00 | - | 74,735.00 | 100% | 2/23/2018 | | 1/11/201 | 5207.176.42 | \$2,486,117.00 | 2.77 |
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| Schedule C-1 - Patient Care Ratio | > | | |
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| | Total Routine Patient Days | Medicaid/NI FamilyCare Routine Days | Medicaid/NJ FamilyCare Routine Days to Total Routine Days Percentage | Revenue till and | Medicaid/N3 FamilyCare Routine Patient Revenue Billed But Not Paid | Total Medicald/N3 Family Care Patient Revenue for PCR | CNA Direct Care Compensation as Defined by 10:49A- 2.3 | Non-CNA Direct Care Compensation a Defined by 10:49A-2.3 | Other Resident Care and Support Compensation as Defined by 10:49A- 2.3 | Administrative Compensation as Defined by 10:49A-2.3 | Management Fees as Defined by 10:49A-2.3 | Facility Operations Compensation | Non- Reimbursable Compensation | Direct Care Materials and Supplies Expenses as Defined by 10:49A-2.4 | Other Materials and Supplies Expenses as Defined by 10:49A 2.4 | Equipment, Maintenance, Telecommunicatio ns, And Utility Expenses Attributable to Buildings and Equipment Defined by 10-49A-2.5 | Capital Cost Attributable to Buildings and Equipment Defined by 10:49A-2.5 | Staff Training As Defined By 10:49A-2.6 | 10:49A-2.6 | | Expense As | Taxes As A | NHA-100 Assessment As Defined By 10:49A- | | | Total Cost Per PCR Regulations | Allocated Cost as Defined in 10:49A-2.7 | Patient Care Ratio |
| Nursing Facility | 52 006 | 34.873 | 67.065 | s weer | 50 | WREFT | \$2,993,835 | \$4.191.115 | \$3,012,362 | \$812.993 | \$839,656 | \$154.064 | 50 | 5873.256 | \$211.471 | \$499.632 | \$2,731,686 | \$27,566 | 5282,723 | 50 | 50 | 5229.629 | \$576,751 | 50 | sn | \$17,436,739 # | ************ | 0.00% |
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| SCNF TBI/COMA | 0 | 0 | 0.009 | G WREFT | 50 | WREFT | \$0 | 50 | 50 | 50 | \$0 | 50 | \$0 | \$0 | \$0 | \$0 | 50 | 50 | \$0 | \$0 | 50 | \$0 | 50 | \$0 | \$0 | 50 | \$0 | 0.00% |
| SCNF VENTILATOR | 0 | 0 | 0.009 | 6 WREFT | 50 | WEFT | 50 | 50 | 50 | 50 | \$0 | 50 | \$0 | \$0 | 50 | \$0 | \$0 | 50 | \$0 | 50 | 50 | 50 | 50 | 50 | \$0 | 50 | 50 | 0.00% |
| SCNF YOUNG ADULT | 0 | 0 | 0.009 | 6 WREFT | 50 | MEFI | \$0 | 50 | \$0 | 50 | 50 | 50 | \$0 | \$0 | 50 | \$0 | \$0 | 50 | \$0 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | \$0 | 0.00% |
| Behavioral Health Nursing Facility | 0 | 0 | 0.009 | G WREFT | 50 | MREFI | \$0 | 50 | 50 | 50 | 50 | 50 | \$0 | \$0 | 50 | \$0 | \$0 | 50 | \$0 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | \$0 | 0.00% |
| OTHER | 0 | 0 | 0.009 | 6 WREFT | 50 | MREF1 | \$0 | 50 | \$0 | 50 | 50 | 50 | \$0 | \$0 | 50 | \$0 | \$0 | 50 | \$0 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 0.00% |
| Total Allowable Expense | 52,006 | 34,873 | 67.068 | C WREFT | 50 | WREFI | \$2,993,835 | \$4,191,115 | \$3,012,362 | \$812,993 | \$839,656 | \$154,064 | \$0 | \$873,256 | \$211,471 | \$499,632 | \$2,731,686 | \$27,566 | | 50 | 50 | \$229,629 | \$0 | 50 | | | ANNUANNA | 0.00% |
| Non-Reimbursable | | | | | | | \$0 | 50 | \$0 | \$17,773 | \$18,355 | 50 | \$0 | \$0 | \$4,624 | | \$0 | \$603 | \$4,796 | \$0 | \$0 | \$2 | \$0 | \$0 | \$529,965 | \$576,118 | | _ |
| Total Directly Assigned and Allocated E | expenses Per Schedule B-1 | | 1 | 1 | 1 | 1 | \$2,993,835 | \$4,191,115 | \$3,012,362 | \$830,766 | \$858,011 | \$154,064 | \$0 | \$873,256 | \$216,095 | \$499,632 | \$2,731,686 | \$28,169 | \$287,519 | \$0 | 50 | \$229,631 | 50 | \$0 | \$529,965 | \$18,012,857 | | _ |

Total Diese Patient Care 50 Assessment Assessment Statement Statem