		Department of								
Provider Name: 54 Sharp Street Operations LLC dba Millville Center										
Medicare Provider ID:	31-5243									
NPI:	1770767063									
Reporting Period:	From:	01/01/2023	To:	12/31/2023						
Worksheet:	Schedule S - A	ttestation								

A. Attesta	ition											
l,	Orri	n Jaroslawicz ,			NJ	Finance						
		(Name)			(Admir	nistrative Title)						
of		54 Shar	rp Street Ope	Operations LLC dba Millville Center								
			(N	ame of Facility)								
	Millville		N	11	do certify tha	it I have examin	ed the					
	(City/Town)		(Sta	ate)								
attached r	report for the co	ost report period beginnin	g		01/01/23	and ending	12/31/2023					
and to the	e best of my kno	wledge and belief, it is a t	rue and corre	ect statement o	of the informat	ion required.						
		Signature of Authorized Repre	esentative of Fac	ility		-	Date (mm/dd/yyyy)					
		NJ Financ	e			]						
		Title				•						

		State of New Jers Department of Human Nursing Facility Cost I	Services		
Provider Name:	54 Sharp Street Operations LLC dba N	Millville Center			
Medicaid Provider Number	4474007		Medicare Provide	r Number 31-5243	
NPI:	1770767063				
Reporting Period:	From:	1/1/2023	To:	12/31/2023	
Worksheet:	Schedule S-1 - Facility Information				

A. General Facility Information						
Medicaid NF Provider Number	4474	1007		NPI Number:	1770767063	
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	243				
Department of Health License Number	060	608				
Cost Report Period	From:	1/1/2023	To:	12/31/2023	Date Completed:	
	·					
Facility Name as Shown on Certification		54	Sharp Street Operations LLC	dba Millville Center		

B. Physical Address					
Street Address:		54 Sharp Stre	nt.		
City:	Millville	State:	NJ	ZIP:	08332
Contact Person:	Rick Fink	Phone:	410-494-7657	Ext:	
Contact Person Email:	rick.fink@genesishcc.com	Fax:	410-337-6831	Ext:	

C. Mailing Address					Į.
Address:		101 East State St	reet		
City:	Kennett Square	State:	PA	ZIP:	19348
D. Harris Office / Management Comment					

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
				-	

		State:		
. Facility Operation and Ownership				
as the provider changed ownership immediate	ely prior to the beginning of the cost reporting period?			Y/N: No
	ny person who directly or indirectly, beneficially owns any interest in the buidling on w	which the provider is located. Add subseq	uent rows as needed.	
Operator Name:				
Address:				
City:		State:	ZIP:	
Operator Name:				
Address:				
City:		State:	ZIP:	
	person who, directly or indirectly, beneficially owns a 5% or greater interest in any mo			
part by the land on which or building in which th	ne facility is located. List 100% of all current owners of the nursing home, including all	principals and interested parties. Add sul	sequent rows as needed.	
Owner Name:			<u> </u>	
Address:				
City:		State:	ZIP:	
<u> </u>				
Owner Name:				
Address:				
lity:		State:	ZIP:	
	es of any person who, directly or indirectly, has any interest as a lessor or lessee in an	y lease or sublease of the land on which	or the building in which	
the facility is located. Add subsequent rows as no Lessor Name:		y lease or sublease of the land on which	or the building in which	
the facility is located. Add subsequent rows as no essor Name: Address:			-	
the facility is located. Add subsequent rows as no Lessor Name: Address:		y lease or sublease of the land on which of the land on the land of the	or the building in which	
the facility is located. Add subsequent rows as n Lessor Name: Address: City:			-	
the facility is located. Add subsequent rows as nessor Name: Address: City: Lessee Name:			-	
the facility is located. Add subsequent rows as n essor Name: Address: City: Lessee Name: Address:		State:	ZIP:	
the facility is located. Add subsequent rows as n essor Name: Address: City: Lessee Name: Address:			-	
the facility is located. Add subsequent rows as nessor Name: address: City: Lessee Name: address: City:	eeded.	State:	ZIP:	
the facility is located. Add subsequent rows as nessor Name: Address: City: Lessee Name: Address: City: Wortgage or Security Interest All entities with		State:	ZIP:	
he facility is located. Add subsequent rows as nessor Name: address: ity: .essee Name: .ddress: itity: .ddress: .ity: .ddress: .ddre	eeded.	State:	ZIP:	
he facility is located. Add subsequent rows as nessor Name: dddress: :ity: :essee Name: ddddress: :ity:  Mortgage or Security Interest All entities with intity wit Mortgage or Security Interest Name: dddress:	eeded.	State: State:	ZIP:	
he facility is located. Add subsequent rows as nessor Name: ddress: tity: essee Name: dddress: lity: dortgage or Security Interest - All entities with nithy wit Mortgage or Security Interest Name: dddress:	eeded.	State:	ZIP:	
he facility is located. Add subsequent rows as nessor Name: Noderess: Lity: Li	eeded.	State: State:	ZIP:	
he facility is located. Add subsequent rows as nessor Name: Address: Lity: Lessee Name: Address: Lity: Vortgage or Security Interest All entities with Entity wit Mortgage or Security Interest Name: Address: Lity:	eeded.	State: State:	ZIP:	
he facility is located. Add subsequent rows as nessor Name: Nddress: Lity: Lessee Name: Address: Lity: Lessee Name: Address: Lity: L	eeded.	State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	
the facility is located. Add subsequent rows as nessor Name: Address: City: Lessee Name: Address: City: Mortgage or Security Interest All entities with Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City:	eeded.	State: State:	ZIP:	
he facility is located. Add subsequent rows as nessor Name: stderess: stay: sessee Name: dddress: stay: ddress: stay: ddress: stay: ddress: stay: ddress: stay: st	at least a 5% mortgage, deed of trust, or other security interest in the provider must l	State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	
he facility is located. Add subsequent rows as nessor Name: dddress: atty: assee Name: dddress: lity: dortgage or Security Interest - All entities with nithy wit Mortgage or Security Interest Name: dddress: lity: intity wit Mortgage or Security Interest Name: dddress: lity: artnership-All general partnership interests—re	eeded.	State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	
he facility is located. Add subsequent rows as nessor Name: Address: Lity: Lessee Name: Address: Lity: Mortgage or Security Interest All entities with Entity wit Mortgage or Security Interest Name: Address: Lity:	at least a 5% mortgage, deed of trust, or other security interest in the provider must l	State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	
he facility is located. Add subsequent rows as necessor Name: dddress: Lity: Lessee Name: dddress: Lity: Mortgage or Security Interest — All entities with nithy wit Mortgage or Security Interest Name: dddress: Lity:	at least a 5% mortgage, deed of trust, or other security interest in the provider must l	State:  State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	
he facility is located. Add subsequent rows as necessor Name: dddress: Lity: Lessee Name: dddress: Lity: Mortgage or Security Interest — All entities with nithy wit Mortgage or Security Interest Name: dddress: Lity:	at least a 5% mortgage, deed of trust, or other security interest in the provider must l	State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	
he facility is located. Add subsequent rows as necessor Name: Nddress: Lity: Lessee Name: Address: Lity: Lessee Name: Address: Lity:	at least a 5% mortgage, deed of trust, or other security interest in the provider must l	State:  State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	
he facility is located. Add subsequent rows as nessor Name: dddress: utty:  essee Name: dddress: utty:  dddress: utty:  dortgage or Security interest - All entities with nuity wit Mortgage or Security interest Name: dddress: utty:  u	at least a 5% mortgage, deed of trust, or other security interest in the provider must l	State:  State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	
the facility is located. Add subsequent rows as nessor Name: Address: City: Lessee Name: Address: City: Mortgage or Security Interest All entities with Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City:	at least a 5% mortgage, deed of trust, or other security interest in the provider must l	State:  State:  State:  State:  State:  State:	ZIP: ZIP: ZIP:	

				_			
ma of l	Facility (Place an "X" in all that apply)						
уре от	active (Frace at X in all triat apply)						_
	Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid Provider Number	Facility Certification Date	
Х	Nursing Facility		167	167	4474007		
	Special Care Nursing Facility - AIDS						
	Special Care Nursing Facility - BMGT						
	Special Care Nursing Facility - Pediatric						
	Special Care Nursing Facility - TBI/Coma						
	Special Care Nursing Facility - Ventilator						
	Special Care Nursing Facility - Young Adult						
	Behavioral Health Nursing Facilities						
	Assisted Living/Residential						
	Other (Specfiy):						
	Total	-	167	167			

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

	State of New Jers										
	Ougartment of Hisman Services Number Souther Control										
Provider Name:											
Medicald Provider Number	id Provider Number 4474007 Medicare Provider Number 28-5243										
NP:	1770767063										
Reporting Period	From:	1/1/2023		To:	12/31/2023						
	Schedule S-2 - Nursing Facility Day	yt.									
Worksheet:	Detail										

Worksheet:	Detail							1																							
		January 202	2	Februar	v 2023	Ma	erch 2023		orii 2023	May	v 2023	1	ine 2023		July 2023	A	urust 2023	Sec	otember 2023	Octob	per 2023	Nov	ember 2023	December 2023				Fisc	scal Year Total		
Numing Facility			Days by Payor - Semi-	Days by Payor -(Private	Days by Douge - See	ni. (Zrivate	Davis by Daving - Cami-	(Drivata	Days by Douge - Semi-	(2rivate C	Davis hu Daune - Sam	(Drivate	Days by Payor - See	ni. (2-tuste	Days by Payor - Semi	Origina	Days by Payor - Semi	12 duste	Dave by Deuter - Service	Gringte C	Treus hy Boune - Somi	12-hoste	David by Daving - Samily 18	Private Draw by 9s	nunr - Sami	(Brivate	Days by Payor - Semi-Revens	aus for Days	-	De	enue + Ancillary Revenue
q.	Dave by Per	wor -(Private Rooms)	Private Red Rooms)	Rooms)	Private Red Rooms	() Rooms)	Private Red Rooms)	Snow)	Private Sed Snorrel	Rooms) I	Drivate Bed Rooms	goom)	Private Red Room	6 Rooms	Private Red Roams)		Private Red Rooms	Roome)	Private Red Rooms)	Googy) (	Private Red Snormal	Poome)	Private Sed Pooms! 9.	normal Private Re	ed Rooms)	Enome)		Listed As	Ancillary Deventure		Contractual Allowance
1 Medicald (Sum Lines 2 and 3)	Lagrayra	got -(remails nowers)	2.20		V 305		2 303	Apprile	Fresh segaporing	FOURTH I	Printer and August	Appenia	Printed and Autom	e Roome	3 400	Appeni	Primary and Automatic	FAMILE)	53 2.492		Printed Berg Autorital	PAGE 180	Printage and Address A	OUT PRINCE BY	NO ADDITED	PAGE 180		13.110.121 5	97.697 5	5 (5,334,030) 5	7,873,788
2 New Jersey (Sum 2.05 through 2.05		711	2.20	9 4	200		2.803	- 40	2,102	244	7.6	20	2.0	1 25	2450	- 4	a 2.562	4 4	52 2.419		2.502	2/0	2.140	2/2	2.428	2.985	27,997 5	12.110.121.48	597 696 97	-55,334,030,28 S	7,872,788
2.01 Row sersey (sum 2.01 through 2.01 2.01 Routine Fee For Service	N	211	2,20	0 2	29 2,08	154	2,404	240	2,102	244	2,85	24	2,0	1 25	2,450		8 2,562		52 2,429	279	2,902	2/4	2,140	111	2,429	2,995		1.173.187 5	977,696.90		7,874,788
				4	- 22	19	244	_	241		ш	*		D .	193	_	1/0	4	157	- 61	135	_	279	_	232	41				\$ (477,327) \$	
2.02 NJ FamilyCare		197	1.86	5 2	56 170	S 253	1.945	24	1,770	248	1.84	1 24	1.9	24	18 2.011	24	8 2.188	2	53 2.028	242	2.066	240	1,972	251	1.865	2.871	23.123 \$	11.013.299 \$	82.071 5		6,634,460
2.03 Haspice		14	Z.	2	3 8	D .	121		91		10	3		4	252		198	1	234	6	250	30	196	21	228	74	1,972 \$	866,862 \$	6,460 \$	\$ (352,695) \$	\$20,627
2.04 Respite State Walver Progr				9	1	2	4		4			0			10 3			5					3		3	10	134 \$	56,774 \$	423 5	\$ (23,099) \$	34,090
2.05 Therapeutic Davis Below Se	meticiany 24 Day Annual																									0	0				
2.06 Pending Medicaid Days																										0	0			- 5	
3 Medicald Out of State (Sum Lines 3.01 thro	curb 3 030	0		a	0	0 0			0	0		6		0	0 0		0 0	1	0 0	0	0				0		0 5				
2.01 Routine Fee For Service				1						•				1			1		1	,				_	-	- 0	0 2		-	- 4	
3.02 Managed Care																											9	-	-	- ;	
3 (13) Montries						_						_		_				_						_		- 0		-	$\overline{}$		
A.U4 HOLDICA																											0	_			
		-							575										C10									_	$\overline{}$		
4 Private Pay and Third-Party Insurance		- 4	60	5	69	4	761		5%		a	2 1		4	282		492		519		Ω1		423		477	18	6,989 \$	276.294		5	876,294
												_		_											_						
5 Medicare (Sum S.01 through S.03)		ω.	50	4	15 88	11 24	926	- 1	1,016	21	98	6 1	7.	14 1	2 545		5 900		14 901	0	942		1,009		1,065	229		5,912,263 \$			7,355,472
5.01 Part A Fee for Service (Full F	Payment & Co Ins David	- 64	72	4	10 59	28	577		618	21	22	5 .	2	16	440		8 266		14 556		601		716		742	119		3.578.366 S	1,009,095 5		4.451.861
5.02 Part C (Medicare Managed)	Care)	16	25	7	25	3 36	349		7 398		46	1 1	2	10 2	12 406	1 1	7 497	7	345		339		373		323	110	4,391 \$	2,333,897 \$	1,962,605 \$	\$ (1,392,890) \$	2,900,612
5.03 Institutional Special Needs I	Plans (I-SNPs)																									0	0				
Medicaid days transitioned	to Medicare by the 2022																														
5.04 public health ememency 11	L35 waiver																										0	/ 1/	/ //		
5.05 Part A Fee for Service House	ice Dave																									0	0				
																												_	_		
6 Tricam and CHAMPUS																											0	-			
7 Other Governmenal Payors									22																		61.6	1.258.576 5	163.489 5	5 (430,627) \$	991.428
8 Charity Care									- 4																	- 0	31 3	******	200,000	-440,6271 5	991.418
9 All Other Days not listed above								_				_		_		_		_		-		_		_		- 0	0	1.258.576 5	163.489 5	5 (430,627) \$	991.438
ry an owner bays not noted above						•	16																29		15		30 3	4,439,479 3	444,489 3	(10,010)	991,488
								_						_											_						
Eed Holds and Non-Reimbursable Therapeu	utic Leave (Sum of Lines	ė.		E .			40		25					6	0 36		0 26	, l	0 22		45		اه ا		30		735 6				
10.01 through 10.071				1			- "	_	"	•					- "		- "	1	- "	-		,	-	-		,	744 9	- 7		. 5	
10.01 Medicald NJ Red Holds			2	5	6	2	48		75		2	9	1	16	25		25	1	77		45		G G		28		725			5	
10.02 NJ Medicaid/NJ FamilyCare																										- 0	0				
10.03 Medicaid Out of State Red I	Halds																										0			5	
10.04 Private Pay Red Holds																											0			5	
10.05 All Other Red Holds																										0	0			5	
																												_	_		
11 Pre-Elipbility Medical Expenses (PEME)																										0	0				
12 Total		275	3 90	4 2	M 272	277	4.029	26	3 295	279	4.00	n 26	30	5 22	2 924	27	2 2 990	21	62 3 916	279	4.012	220	2 020	272	3 923	2 222	AC 960 522	2 415 930 00	\$5,296,275.00	-\$9,723,773.70 \$	18.088.531

State of New Jersey Department of Human Services									
	Nursine Facility Cost Report								
Provider Name:	54 Sharp Street 0	perations L	LC dba Mi	Ilville Center					
Medicaid Provider Number	4474007		Medicare	Provider Number	31-5243				
NPI:	1770767063								
Reporting Period:	From:	1/1/2023	To:	12/31/2023					
Worksheet:	Schedule S-10 - Census								

	N	rsing Facil	ity (S-2)		CNF - AIDS (S	-3)	1	SCI	4F - E	BMGT (
Name			ations LLC dba M				1			
NJ Medicaid Provider ID	4474007						1			
					Semi-		-		Semi-	
	1 Bed	2 Beds	Total	Private	Private	Total		Private	Private	
eds	9	158	167			-	1			
		Semi-			Semi-				Semi-	
	Private	Private		Private	Private	Total		Private	Private	Total
ensus (Days)	Days	Days	Total Days	Days	Days	Days		Days	Days	Days
fedicaid/NJ FamilyCare	2,902	25,861	28,763	-	-	-	1	-	-	-
edicaid/NJ FamilyCare - Hospice	74	1,972	2,046		-	-	1	-	-	-
ledicaid/NJ FamilyCare - Respite	10	124	134	-	-	-	1	-	-	-
Medicaid/NJ FamilyCare - Therapeutic	-	-	-	-	-	-		-	-	-
ending Medicaid Days	-	-		-	-	-	1	-	-	-
re-Eligibility Medical Expenses (PEME)	-	-	-	-	-	-		-	-	-
ot of State Medicaid	-	-	-	-	-	-		-	-	-
Out of State Medicaid - Hospice	-			-	-	-		-	-	-
fedicare	229	11,173	11,402	-	-	-		-	-	-
ricare	-	-	-	-	-	-		-	-	-
rivate	18	6,989	7,007	-	-	-		-	-	-
ther	-	106	106	-	-	-		-	-	-
otal Patient Days for Per Day Cost	3,233	46,225	49,458							
Medicaid Bed Holds	-	735	735	-	-	-	1	-	-	-
edicaid Unreimburable Therapeutic Leave	-	-	-	-	-	-		-	-	-
rivate Bed Holds	-	-	-	-	-	-		-	-	-
II Other Bed Holds	-	-	-	-	-	-		-	-	-
otal Patient Days Including Bed Hold	3,233	46,960	50,193		-		1			
Maximum Bed Days Available	3,285	57,670	60.955				1			

						State	of New Jers	ey									
						Department	of Human	Services									
							cility Cost	Report									
Provider Name:			54 Sharp Stree	t Operation	s LLC dba f												
Medicaid Provider Number			4474007			Medicare Provid	er Number		31-5243								
NPI:			1770767063														
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)	1	Sc	NF - Ventilator (	5-7)		SCNF -	Young Adu	It (S-8)	1	Behavioral H	ealth Nursir	g Facility (S-9)	Assiste	ed Livin
NJ Medicaid Provider ID																	
				i								1					
		Semi-		•						Semi-				Semi-			
	Private	Private	Total		Private	Semi-Private	Total		Private	Private	Total		Private	Private	Total	Te	otal
Beds			-	]			-				-	1			-		
		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	TO	TAL
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	-	-	-	1	-	-	-		-	-	-	1	-	-	-		
Tricare	-	-	-		-	-	-		-	-	-		-	-	-		
Private	-	-	-	1	-	-	-		-	-	-	1	-	-	-		
Other	-	-	-		-	-	-		-	-	-		-	-	-		
Total Patient Days for Per Day Cost			-		-	-			-	-			-		-		-
Medicaid Bed Holds	-	-	-	1	-	-	-		-	-	-	1	-	-	-		
Medicaid Unreimburable Therapeutic Leave	-	-	-		-	-	-		-	-	-		-	-	-		
Private Bed Holds	-	-	-	1	-	-	-		-	-	-	1	-	-	-		
All Other Bed Holds	-	-	-		-	-	-		-	-	-		-	-	-		
Total Patient Days Including Bed Hold				1						-		1	-		-		
Maximum Bed Days Available		-			-		-		-	-	-		-	-	-		

State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	ovider Name: 54 Sharp Street Operations LLC dba Millville Center									
Medicaid Provider Number	4474007		Medicare I	Provider Number	31-5243					
NPI:	1770767063									
Reporting Period:	Reporting Period: 1/1/2023 To: 12/31/2023									
Norksheet: 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 11,402	Related Revenue Received Or Accrued Whole Dollars \$7,355,472
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	735	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	7,007	\$876,394
Line 4	Medicaid (Except Therapeutic and Bedhold)	30,809	\$7,839,690
Line 5	Respite Days	134	\$34,098
Line 6	Other Non-Medicare Days	106	\$1,982,877
Line 7	Assessed Days and Revenue	38,056	\$ 10,733,059
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 558,281.52	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 558,281.52	

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State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	Jame: 54 Sharp Street Operations LLC dba Millville Center									
Medicaid Provider Number	4474007		Medicare I	Provider Number	31-5243					
NPI:	1770767063									
Reporting Period:	Reporting Period: From: 1/1/2023 To: 12/31/2023									
Norksheet: Schedule S-11 Part II - Nursing Home Assessment Information per Submitted NHA-100 - Nursing Facility										

Facilities	Long-Term Care Reporting Classification is:		
			Related Revenue
		Number of	Received Or Accrued
		Patient Days	Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	11,402	\$7,355,472
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	735	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	7,007	\$876,394
Line 4	Medicaid (Except Therapeutic and Bedhold)	30,809	\$7,839,690
Line 5	Respite Days	134	\$34,098
Line 6	Other Non-Medicare Days	106	\$1,982,877
Line 7	Assessed Days and Revenue	38,056	\$ 10,733,059
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 558,281.52	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 558,281.52	

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	Depar	State of New Jersey rtment of Human Services			
Dravidor Nort		sing Facility Cost Report	ntor		
Provider Name: Medicare Provider ID:	54 Sharp Street Ope 31-5243	rations LLC dba Millville Ce	nter		
NPI:	1770767063				
Reporting Period:	From:	1/1/2023 To:	12/31/2023		
Worksheet:	Schedule S-12 - Addi	tional Information			
A. Associated Individua	ls				
n any of the following it response to any of the f Any person who owns	addresses of following associa ems is a partnership, include t ollowing items is a limited liab or operates a related party to and of directors of the facility.	he name and address of ea ility company, include the r the facility or who is a prii	ach partner. If any contains and address of ancipal, a member of	prporation nan f each membe	ned in r.
Name:	•	·			
Address:					
City:		State:		ZIP:	
Name:					
Address:					
City:		State:		ZIP:	
Name:					
Address: City:		State:		ZIP:	
orey.		State:		LIT.	
Any person who has an Add subsequent rows a Name:	ownership interest of 5% or is needed.	more in a private equity fu	nd that is invested	in the NF.	
Address:					
City:		State:		ZIP:	
Name:					
Address: City:		State:		ZIP:	
Name: Address:		State:		ZIP:	
····y.		State.		Lir'.	
Name:					
Address: City:		State:		ZIP:	
•	o have shares traded or whicl or, principal shareholder and s needed.			ne principal ex	ecutive
Address:					
City:		State:		ZIP:	
Name: Address:					
Address: City:		State:		ZIP:	
For LLCs, name and add	resses of each member. Add s	ubsequent rows as needed Genesis NJ Holdir	ngs LLC	411 .	
Name:		Genesis Operatio			
Name: Name:		GHC Holdings Genesis Healthca			
Name:		GEN Operations			
Name:		GEN Operations			
Name:		FC-GEN Operations In			
Name:		SunDance Rehabilitatio			
Name:		Sun Healthcare Gr			
Name: Name:		Genesis Healthca HCCF Management G			
Name:		ZAC Properties 3			
		101 East State S			
	Kennett Square	State:	PA	ZIP:	1934
Address:					
Address: City:		Arnold White			
Address: City:		Arnold Whitm			
Address: City:  Name: Address:	Alpharetta	Arnold Whitm 3820 Mansell Road State:		ZIP:	3002
Address: City:  Name: Address: City:	Alpharetta	3820 Mansell Road State:	Suite 280 GA	ZIP:	3002
Address: City:  Name: Address: City:	Alpharetta	3820 Mansell Road	Suite 280  GA	ZIP:	3002
Address: City:  Name: Address: City:  Vame: Address: Address: Address:	Alpharetta Philadelphia	3820 Mansell Road State: Steven Fishm	Suite 280  GA	ZIP:	
Address: City:  Name: Address: City:  Name: Address: City:		3820 Mansell Road State: Steven Fishm 1617 JFK Boulevard State:	GA GA Suite 280  GA Suite 545  PA		
Address: City:  Name: Address: City:  Vame: Address: Address: Address:		3820 Mansell Road State: Steven Fishm 1617 JFK Boulevard	GA GA Suite 545 PA DC.		3002

Nursing Facility Department of Human Services Nursing Facility Cost Report									
Provider Name:	54 Sharp Street Operations LLC dba Millville	arp Street Operations LLC dba Millville Center							
Medicaid Provider Number	0		Medicare Provider Number	31-5243					
NPI:	1770767063								
Reporting Period:	From:	om: 1/1/2023 To: 12/31/2023							
Worksheet:	Schedule S-13 - Average Length of Stay								

Average Length o	f Stay	Number of Beds (Column 1)	Bed Days Available (Column 2)	Inpatient Days (Column 3)	Discharges (Column 4)	Average Length of Stay (FORM CMS-2540-10) (Column 5)	Average Length of Stay (Inpatient Days / Number of Patients) (Column 6)	Admissions (Column 7)	Medicaid Only (Column 8)	Dual Eligible (Column 9)	Medicare Only (Column 10)	Medicare Part A & B (Column 11)	Part C (Medicare Advantage) (Column 12)	Total Population (Column 13)
1	Nursing Facility (S-2)	49,458	18,052,170	50,193	671	74.80327869	432.6982759	657	92		24		11	116
2	SCNF - AIDS (S-3)	0	0			0	0							0
3	SCNF - BMGT (S-4)	0	0			0	0							0
4	SCNF - Pediatric (S-5)	0	0			0	0							0
5	SCNF - TBI/Coma (S-6)	0	0			0	0							0
6	SCNF - Ventilator (S-7)	0	0			0	0							0
7	SCNF - Young Adult (S-8)	0	0			0	0							0
8	Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
9	Total (sum of lines 1-8)		18,052,170	50,193	671	75	433	657	92	0	24	0	11	116

				<b>Nursing Facility Co</b>	an Services at Report					
ledica	r Name: re Provider ID:	31-5243	Operations LLC dba M	lillville Center						
PI: eporti	ng Period:	1770767063 From:		1/1/2023	To:	12/31/2023				
orksh		Schedule A - Tota	al Expense							
		A. Employee and Contract Labor Hours (Schedule A-1	B. Non- Managerial Wages (Schedule A-1 and	C. Managerial Salaries and Benefits (Schedule	D. Contracted Employees (Schedule A-1 and	E. Supplies &		G. Adjustment for Related Parties (See	H. Adjustment for Income Offsets (See	
	cct Routine Patient Care Costs	through A-3)	Schedule A-3)	A-2)	Schedule A-3)	Other	F. Total	Schedule A-4)	Schedule A-8)	I. Adjusted
2	Direct Care - Nursing Facility Direct Care - SCNF AIDS	185,741	\$ 5,817,794		\$ 3,013		\$ 5,820,807 \$ -	\$ - \$ -	\$ - \$ -	\$ 5,820,
4	Direct Care - SCNF BMGT Direct Care - SCNF PEDIATRIC	-	\$ - \$ -		\$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
5 6	Direct Care - SCNF TBI/COMA Direct Care - SCNF VENTILATOR	-	\$ - \$ -		\$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
7	Direct Care - SCNF YOUNG ADULT Direct Care - Behavioral Health Nursing Facility	-	\$ -		\$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
9	Direct Care - OTHER SPECIFY  Total Direct Patient Care Costs - Direct Reported	185,741	\$ 5,817,794		\$ 3,013		\$ 5,820,807	\$ -	\$ -	\$ 5,820,
	tine Patient Care Costs - Not Directly Reported	100,741	3,017,734		3,015		3 3,020,007			y 3,010,
11	Routine Medical Supplies OTC Drugs					\$ 157,264 \$ 20,549	\$ 157,264 \$ 20,549	\$ - \$ -	\$ - \$ -	\$ 157 \$ 20
13	Enteral Feeding (Product and Supplies) Incontinency Products					\$ 20,549 \$ 2,651 \$ 48.668	\$ 20,549 \$ 2,651 \$ 48,668	\$ -	\$ -	\$ 20
	Total Patient Care Costs - Not Directly Reported					\$ 229,132		\$ -	\$ -	\$ 229
	ent Ancillary Costs									
17	Radiology Laboratory	-	\$ - \$ -		\$ -	\$ 26,519 \$ 47,239	\$ 47,239	\$ - \$ -	\$ - \$ -	\$ 26
19	Intravenous Therapy Oxygen Therapy	3,195.00			\$ 153,360	\$ 33,454 \$ 24,000	\$ 33,454 \$ 177,360	\$ - \$ -	\$ - \$ -	\$ 33
	Physical Therapy Occupational Therapy	10,469.00 13,713.00	\$ -		\$ 609,774		\$ 609,774 \$ 759,777	\$ - \$ -	\$ - \$ -	\$ 609
	Speech Therapy Electro cardiology	1,828.00	s -		\$ 135,689		\$ 135,689	\$ - \$ -	\$ - \$ -	\$ 135 S
24	Medical Supplies Charged to Patients Prescription Drugs (not OTC)		17	•		\$ 329,988	\$ -	\$ - \$ -	\$ - \$ -	\$ 329
26	Pharmacy Non-Formulary						\$ -	\$ -	\$ -	\$
	Support Surfaces Ambulance					\$ 16,342 \$ 75,063	\$ 16,342 \$ 75,063	\$ -	\$ - \$ -	\$ 16
30	Dental Physicians		ş -		\$ -	\$ 44,061	\$ - \$ 44,061	\$ - \$ -	\$ - \$ -	\$ 44
31 32	Other - Patient Ancillary Costs  Total Patient Ancillary Costs	29,205.00	\$ - \$ -		\$ 1,658,600	\$ 1,383 \$ 598,049	\$ 1,383 \$ 2,256,649	\$ -	\$ - \$ -	\$ 2,256
Nurs	ing Administration									
33 34	Director of Nursing, ADON, Supervisors Inservice Education	6,039.85 706.08	\$ 184,221 \$ 35,554	\$ 184,221 \$ -	\$ -		\$ 368,442 \$ 35,554	\$ - \$ -	\$ - \$ -	\$ 368
35	MDS Coordinator Staffing Coordinator		\$ - \$ -	s -	\$ -		s - s -	\$ - \$ -	\$ - \$ -	\$
37	Infection Control Medical Records/EMR	2,152.17	\$ -	\$ -	\$ - \$ -		\$ -	\$ - \$ -	\$ - \$ -	\$ 58
	Nursing License Fees	7,941.80			\$ -		\$ 58,077 \$ - \$ 247,094	s -	\$ -	\$
	Other - Nursing Administration Total Nursing Administration	7,941.80 16,839.90	\$ 181,472 \$ 459,323	\$ 184,221		\$ 65,622 \$ 65,622		\$ - \$ -	\$ -	\$ 24
Wor	kforce Related Costs - Patient Care									
	Direct Patient Care Recruitment Direct Patient Care Retention					\$ 50,225	\$ 50,225 \$ -	\$ - \$ -	\$ - \$ -	\$ 50
	Total Workforce Related Costs - Patient Care					\$ 50,225	\$ 50,225	\$ -	\$ -	\$ 50
9611 45	ent Support Services Food (including supplements)					\$ 339,048	\$ 339,048	ς -	ς -	\$ 339
46	Dietary Department Laundry Department	-	s -	\$ -	\$ 866,391	\$ 30,133	\$ 896,524	\$ -	\$ -	\$ 896
48	Housekeeping Department	- :	s -	\$ -	\$ 207,768 \$ 350,116	\$ 10,467 \$ 26,760	\$ 218,235 \$ 376,876	\$ - \$ -	\$ (1,849) \$ -	\$ 216
	Social Services Patient Activities	8,611.27 7,550.88	\$ 251,206 \$ 146,228	\$ -	\$ -	\$ 68	\$ 251,274 \$ 152,777	\$ - \$ -	\$ - \$ -	\$ 251
51 52	Medical Director Pharmacy Consultant	61,146.00		\$ - \$ -	\$ 719	\$ 43,277	\$ 719 \$ 43,277	\$ - \$ -	\$ - \$ -	\$ 43
53 54	Auto Leasing and Depreciation - Direct Patient Care Other Auto Expense - Direct Patient Care				1.7		\$ -	\$ - \$ -	\$ - \$ -	s s
55	Other - Patient Support Services  Total Patient Support Services	77,308		\$ -	\$ 1,424,994	\$ 59,485 \$ 515,787	\$ 59,485 \$ 2,338,215	\$ -	\$ - \$ (1,849)	\$ 59
	perty Operating Costs	77,308	3 337,434	,	3 1,424,534	3 313,787	3 2,330,213	, .	3 (1,843)	J 2,330
57	Maintenance	4,034.39			\$ -	\$ 118,505	\$ 242,448	\$ -	\$ -	\$ 242
59	Security Utilities (including telephone and cable services)	-	\$ -	\$ -	\$ -	\$ 449,819	\$ 449,819	\$ -	\$ -	\$ 449
	Real Estate Tax Property Insurance					\$ 279,305 \$ 71,025	\$ 279,305 \$ 71,025	\$ - \$ -	\$ - \$ -	\$ 279
	Total Property Operating Costs	4,034	\$ 123,943	\$ -	\$ -	\$ 918,654	\$ 1,042,597	\$ -	s -	\$ 1,042
63	inistrative & Operating Costs Administrator	2,080.00		\$ 150,879			\$ 150,879	ş -	ş -	\$ 150
54 55	Assistant Administrator Other Executive Staff	-		\$ - \$ -			s -	\$ - \$ -	\$ - \$ -	\$
66 67	Office Staff Management Fees	15,207.75	\$ 462,827	\$ -	\$ -	\$ 701,883	\$ 462,827 \$ 701,883	\$ - \$ 112,541	\$ - \$ (2,425)	\$ 462 \$ 811
68	Office Supplies and Expenses Insurance not Related to Property or Employees					\$ 20,609 \$ 189,593	\$ 20,609 \$ 189,593	\$ -	\$ -	\$ 20
70	Business Taxes					\$ 78	\$ 78	\$ -	\$ -	\$ 100
72	Accounting Fees Legal Fees						\$ -	\$ -	\$ - \$ -	\$
74	Advertising Allowable contributions					\$ 250	\$ - \$ 250	\$ - \$ -	\$ - \$ -	\$
75 76	Allowable Employee Gifts and Party Auto Leasing and Depreciation						\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
	Other Auto Expenses Travel Expenses					\$ 2,358	\$ 2,358	\$ - \$ -	\$ - \$ -	\$ 2
79	Non-Capital Related Interest Expense Other A&O costs					\$ 127,023	\$ - \$ 127,023	\$ -	\$ -	\$ 127
	Other A&O costs  Total Administrative & General	17,288	\$ 462,827	\$ 150,879	\$ -	\$ 127,023 \$ 1,041,794			\$ (2,425)	
rovi	ider Tax (NHA 100)									
	Provider Tax (NHA 100)					\$ 488,350	\$ 488,350	\$ -	\$ -	\$ 488
83	kforce Related Costs - Other Patient Support & Other Recruitment					\$ 1,560	\$ 1,560	\$ -	\$ -	\$ 1
	Patient Support & Other Retention Professional Training					\$ 886	\$ -	\$ - \$ -	\$ - \$ -	\$
86	Licensing and Dues Total Workforce Related Costs - Other					\$ 21,940 \$ 24,386	\$ 21,940 \$ 24,386	\$ -	\$ -	\$ 21
Fring	ge Benefits for Non-Management Employees									
88	Payroll Taxes Workers' Compensation					\$ 545,292 \$ 128,345	\$ 545,292 \$ 128,345	\$ - \$ -	\$ - \$ -	\$ 545
90	Unemployment Disability Insurance					\$ 105,186	\$ 105,186	\$ - \$ -	\$ - \$ -	\$ 105
92	Medical Insurance Dental Insurance					\$ 170,098	\$ 170,098	\$ - \$ -	\$ -	\$ 170
93 94	Union Welfare						s -	ş -	\$ - \$ -	\$
	Vision Insurance Uniforms						S -	\$ - \$ -	\$ -	\$
96	Tuition Assistance Retirement Benefits						s - s -	\$ - \$ -	\$ - \$ -	\$
96 97							\$ -	\$ -	\$ -	\$
96 97 98 99	Life Insurance					\$ 948,921	\$ 948,921	\$ -	\$ -	\$ 948
96 97 98 99										
96 97 98 99 00 01	Life Insurance Other - Fringe Benefits Total Fringe Benefits perty Capital Costs	1								
96 97 98 99 00 01 Pro 02 03	Life Insurance Other - Fringe Benefits Total Fringe Benefits  Total Fringe Benefits  perty Capital Costs  Depreciation Mortgage Interest (Allowable Interest)					\$ 73,688	\$ 73,688 \$ -	\$ 42,337 \$ -	\$ - \$ -	\$
96 97 98 99 00 01 Pro 02 03 04	Life Insurance Other - Fringe Benefits Total Fringe Benefits perty Capital Costs Depreciation					\$ 73,688 \$ 1,866,373 \$ 37,826	\$ 73,688 \$ - \$ 1,866,373 \$ 37,826	\$ 42,337 \$ - \$ (860,550) \$ -	\$ - \$ - \$ -	\$ 1,005
96 97 98 99 90 01 Pro 02 03 04	Life Insurance Other - Fringe Benefits Total Fringe Benefits perty Capital Costs Depreciation Mortgage Interest (Allowable Interest) Rental of Building					\$ 1,866,373	\$ - \$ 1,866,373 \$ 37,826	\$ - \$ (860,550) \$ -	\$ - \$ -	\$ 1,005 \$ 37
96 97 98 99 00 01 Pro 02 03 04 05 06	Life Insurance Other-Fringe Benefits Total Fringe Benefits Total Fringe Benefits Description Description Mortgage Interest (Allowable Interest) Rental of Building Rental of Equipment	_	\$ -	\$ -	\$ 4,668	\$ 1,866,373 \$ 37,826 \$ 1,977,887	\$ 1,866,373 \$ 37,826 \$ 1,977,887	\$ (860,550) \$ - \$ (818,213)	\$ - \$ - \$ - \$ -	

State of New Jersey								
Department of Human Services								
	Nursing Facility Cost Report							
Provider Name:	54 Sharp Street Operation	54 Sharp Street Operations LLC dba Millville Center						
Medicare Provider ID:	31-5243							
NPI:	1770767063							
Reporting Period:	From:	From: 1/1/2023 To: 12/31/2023						
Worksheet:	Schedule A-1 - Direct Costs							

Does the nursing facility directly identify direct patient care salary and contract labor expense or is the expenses allocated to the appropriate cost center?

**Salaried Hours** Wages Contract Labor Hours Contract Labor Expense Nursing Facility (Schedule A Line 1) Registered Nurses (RN) \$1.173.839 Licensed Practitioner Nurses (LPN) 49.377.99 \$1,917,456 40.46 \$2,023 Certified Nursing Assistants (CNA) 111,965.59 \$2,726,499 39.60 \$990 Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff 185,661.05 \$5,817,794 80.06 \$3,013 Total Nursing Facility Special Care Nursing Facility - AIDS (Schedule A Line 2) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff Total SCNF - AIDS 0.00 \$0 0.00 \$0 Special Care Nursing Facility - BMGT (Schedule A Line 3) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff 0.00 ŚO 0.00 ŚO Total SCNF - BMGT 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 \$0 \$0 Total SCNF - PEDIATRIC 0.00 0.00 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 0.00 Ś0 0.00 ŚO Total SCNF - VENTILATOR Special Care Nursing Facility - Young Adult (Schedule A Line 7) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff \$0 0.00 Total SCNF - YOUNG ADULT 0.00 \$0 Behavioral Health Nursing Facility (Schedule A Line 8) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff **Total Behavioral Health Nursing Facility** 0.00 ŚO 0.00 Ś0 Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff

0.00

Ś0

0.00

\$0

TOTAL - OTHER (SPECIFY)

	State of New		
	Department of Hur Nursing Facility C		
Provider Name:		ations LLC dba Millville Co	enter
Medicare Provider ID:	31-5243		
NPI:	1770767063	1 /1 /2022 T	12/24/2022
Reporting Period: Worksheet:	From: Schedule A-2 - Manag	1/1/2023 T gement Employees	o: 12/31/2023
Administrator		Hours	Cost 63
Name	Salary	2,080	150,879
Lawrence Sullivan	Payroll Taxes	,	<u> </u>
	Health Insurance	_	
State Licensing Number/Type	Retirement Benefits Other	-	
State Electioning Hamilbery Type	Total	_	150,879
Assistant Administrator			6.4
Assistant Administrator Name	Salary		64
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Tur-	Retirement Benefits Other	_	
State Licensing Number/Type	Total	_	-
Director of Nursing Name	Salary	2,072	33 138,930
Linda Fallucca	Payroll Taxes	2,072	130,930
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other Total	_	129 020
	Total		138,930
Assistant Director of Nursing			33
Name Amanda Stovanus	Salary	948	45,291
Amanda Stevanus	Payroll Taxes Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		45,291
Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes Health Insurance	-	
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		-
Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes Health Insurance		
State Licensing Number/Type	Retirement Benefits	-	
3	Other		
	Total		-
Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes Health Insurance		
State Licensing Number/Type	Retirement Benefits	-	
3	Other		
	Total		-
Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes		
State Licensing Number/Type	Health Insurance Retirement Benefits		

TOTAL MANAGERIAL COMPENSATION	Ś	335,100
Total		-
Other		

State Licensing Number/Type Retirement Benefits

State of New Jersey							
	Department of Human Services	5					
	Nursing Facility Cost Report						
Provider Name:	54 Sharp Street Operations LLC dba Mil	lville Center					
Medicare Provider ID:	31-5243						
NPI:	1770767063						
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. Salar Wag	•	D. Contract Labor Hours		ntract Labor Expense	F. Total Hours	
C. Patie	ent Ancillary Costs Radiology	16							_	4
2	Laboratory	17								1
3	Intravenous Therapy	18								1
4	Oxygen Therapy	19				3,195.00		\$153,360	3,195.00	-
5	Physical Therapy	20				10,469.00	\$	609,774	10,469.00	+
6	Occupational Therapy	21				13,713.00	\$	759,777	13,713.00	-
7	Speech Therapy	22				1,828.00		135,689	1,828.00	1
8	Electro cardiology	23				1,020.00	۶	133,065	1,828.00	-
9	Physicians	30								1
10	Other - Patient Ancillary Costs	31								┨
11	Total Patient Ancillary Costs	31	-	\$	-	29,205.00	\$	1,658,600	29,205.00	Tot
11	Total Patient Ancillary Costs		-	,	-	29,205.00	)	1,038,000	29,205.00	] 101
E. Nurs	sing Administration									1
12	Director of Nursing, ADON, Supervisors	33	3,019.85	\$	184,221				3,019.85	_
13	Inservice Education	34	706.08	\$	35,554				706.08	]
14	MDS Coordinator	35							-	
15	Staffing Coordinator	36							-	1
16	Infection Control	37							-	1
17	Medical Records/EMR	38	2,152.17	\$	58,077				2,152.17	1
18	Other - Nursing Administration	40	7,941.80	\$	181,472				7,941.80	1
19	Total Nursing Administration		13,819.90	\$	459,323	-	\$	-	13,819.90	То
G Dati	ent Support Services									
20	Dietary Department	46					\$	866,391	-	4
	Laundry Department	46					\$	207,768		1
		48					\$			┨
23	Housekeeping Department Social Services	49	8,611.27	\$	251,206		Ş	350,116	8,611.27	┥
24	Patient Activities	50	7,550.88		146,228				7,550.88	-
	Medical Director	51	7,330.00	ې	140,220	61,146.00	\$	719	61,146.00	1
26	Pharmacy Consultant	52				61,146.00	Ş	719	61,146.00	-
27	•	55								┨
28	Other - Patient Support Services  Total Patient Support Services	33	16,162.15	ć	397,434	61,146.00	ć	1,424,994	77,308.15	To
20	Total Patient Support Services		10,102.13	,	337,434	61,146.00	٦	1,424,334	77,308.13	] 10
H. Prop	perty Operating Costs									1
29	Maintenance	57	4,034.39	\$	123,943				4,034.39	
30	Security	58							-	1
31	Total Property Operating Costs		4,034.39	\$	123,943	-	\$	-	4,034.39	То
. Admi	inistrative & Operating Costs									1
32	Office Staff	66	15,207.75	Ś	462,827				15,207.75	1
33	Total Administrative & General		15,207.75		462,827	-	\$	-	15,207.75	Tot
N. New	Bending Allen Allengelia Conte									•
N. Non 34	-Routine/Non-Allowable Costs Sales and Marketing Personnel	N/A							-	
	9								-	1
35		N/A					ċ	4.660		+
36	Barber and Beauty Shop	N/A					\$	4,668	-	+
37	Physician Private Offices	N/A							-	+
38	Patient Laundry	N/A							-	+
39	Other Non-Reimbursable Personnel	N/A		4			4		-	- }
40	Non-Routine / Non-Allowable Costs	107	-	\$	-	-	\$	4,668	-	To

Index

Reporting Period:	From:	1/1/2023 To:			
Worksheet:	Schedule A-4 Part I - Related Parties				
Provider DBA Name (if any):	54 Sharp Street Operations LLC dba Millville Center				
Tax ID/EIN:	26-0866164				

# A1. Related Party Contracts

Attach current copies of all related party contracts identified in section A1 of Schedule A-4 II

# A2. Competitive Procurement

Attach substantive analysis for each related party transaction identified in section A1 of Schedule A-4 II showing that the reported cost is equal to, or less than, the cost had the transaction occurred in an arm's length negotiation. If the goods or services are fungible (

A3. Management Contracts
Attach current copies of all contracts with entities exercising substantial management control over the provider.

A4. Relationship Status Options								
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 C	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
К	Maintenance	K - Maintenance
L	Management	L - Management
М	Medical Supplies	M - Medical Supplies
N	N/A	N - N/A
0	Other	O - Other
Р	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										
Name:	14 Years 13 wit Comptons U.C. dia 145 de-	a Factor					COLUMN TO A STATE OF THE PARTY	ALGORDAN .									
call Provider Number	D		Medicare Provider Number														
	1772797093																
ny Period	Promi	1/1/2021	Tis.	12/31/202													
et.	Schedule A-G Part II - Related Parties																
DBA Name (if any);	5.6 Share Street Doessbook LC disa Millelle	e CINION															
	26-0366366																
minution of Enland Entry Ellerable S																	
Column 1	Column 2	Column II	Calumi d	Column 5	Column 6	Calumn 7	Column II	Column 9	Column 10	Culume 11	Column 13	Column 11	Column 14	Column 15	Column 16	Column 17	Culumn 18
			Relationship to Provider (see Ad Schedule A-d Part I. Relationship Status							Category of Goods/Services Provided by Related Party (Se AS Schedule A-6 Part I. Goods/Services Category Option	ς	Method for Determining the Allowable Cost or	Total (Adua) Amount Paul to	Method of Payment to Rebood Party (e.g.	Allowable Actual Cost or PMI'r of the		
Date of Transaction	Assess on Cost Resorts	cost is included in.	Distors brow I	Name of Bridged Facts	Address of Related Forty		Phone Number of Related Party		Description of the Soudu/Services Provided by Related Facts	Min I	Type of Transaction	Mittal the books become mounted		musics, see resident, monthly fee, flut feel			Adustriest
Accord	- 67		Other (feanual or one feanual), saechy. Other (feanual or one feanual), saechy.	General Administrative Services (LC (1) call 4 seedly be General Administrative Services (LC (1) call 4 seedly be		Mindex	\$32,640-8350 \$32,660-8350	arfa thereexistic com arfa thereexistic com	Each office services. Controllack office	C-Cestal	Inter-campany	Home office colleged		Trow company	\$814.434.0 \$42.437.0	5733,883.0	\$312.841.00 \$42.887.00
Medi	123		Other (financial or non-financial), specify:	Powerback Rehabilitation (RS (2) calls specify below	AND AND SHAP SHOWN ADMINISTRATION OF PARTY PARTY AND ADMINISTRATION OF PARTY AND ADMIN	Mindey	432 666-6550	orfu there exists com	Company and a company	W-Thesay	Inter-company Inter-company	Contract price		INDEX COMMONY	\$42.537.0 \$409.775.0		342.117.00
Annal	30		Other (financial or non-financial, canchy)	Powerback Retabilitation DRS (2) call 6 specify below Powerback Retabilitation DRS (2) call 6 specify below		Mindey	432 666-6330	orfu disensection com	2	W-Thesay	Inter-company Inter-company	Contract ance	\$210.774.00 \$210.777.00	THE RESERVE TO SERVE	\$409.77£.0 \$739.777.0		10.00
Annual	- 4		Other (financial or non-financial, specify)	Powerback Rehabilitation (RS (2) cold specify below		Mirter	632 666-6350	orfu thereexists com	101	W-Thesay	Inter-company	Contractions	5750777.03	DOM COMMONY	1111.681.0		40.00
Annual .			The Heaville and Special special		ATTENDED AND DESCRIPTION OF THE PARTY OF THE PARTY.	Suran Pumbon	411 777.7611	curse question distributed com-	Muston Americal Resources observed	tt-traffica	Manufacture Community	FOURTHOON		Today Commons	510010		
Brown			Other (Separative and Separative spars)	Rosenburk Baltabilitation Bill (1) and county below		Michigan	437.646.4330	wh Resource over	-	W. Tharter	Mar commons	FOURTH COOK		Today commons	5111 101 A		40.00
Annual			Other (financial or ear-financial, specify)	Aller Med Partners GPS (3) call 6 specify below		Missing	\$32 660-8330	orfultramesatics.com	Medical Director	D-Corollants	100m campany	Contract once		DOM COMMONY	161.100.0		40.00
Marthy	- 1		Other (financial or ear financial, specify)	Years registrate Medical Group of NI IIC (2) ool 6 oo		Brisha Shandari	929 691-7333	infathysandreith.com	Trincamounceson	D-Considers	Accounts severity	Contract prop		Account canadia	\$18,600.0		10.00
Manthly	33		Other (financial or non-financial, specify)			Brendan Kaper	706 867-9386	Brendan (seer thoneway) with both com-	Thesay trausing socialities	D-Consultants	Accounts sayable	Contractionse		Account aquable	50.00		10.00
																	10.00
ModRM	104	4	Other (financial or ear financial), saechy.	Next HC-thri2) col & specify below	233 Blod of the Americas Suite 20s Lakewood NJ 08703	Michael Zwinir	\$58,162-0179	elftreithic com	toditizatelose	C-Castal		34908	\$1,854,654,00	Sease contract IPT	5994,084,0	11,834,634,0	-1862.132.00
																	10.00
				(1) Other specify Farest entity of Provider has finance													10.00
				tributed in the winted party.  (2) Other an Officer, director or other key person of the													10.00
	_			sarest extity of Provider has a financial interest in	•												10.00
				the related party.													10.00
				LIN THAT PLANTY.													10.00
																	10000
																	10000
																	10.00
																	10.00
Total															\$1,392,001.0	\$4,297,678.0	-5705,672.00

Provider Name:	54 Sharp Street Operations LLC dba Millville	Sharp Street Operations LLC doba Millylile Center									
Medicaid Provider Number	0	Medicare Provider Number	0								
NPI:	1770767063										
Reporting Period:	From:	1/1/2023 To:	12/31/2023								
Worksheet:	Schedule A-4 Part III - Related Parties										
Provider DBA Name (if any):	54 Sharp Street Operations LLC dba Millville	54 Sharp Street Operations LLC dba Miliville Center									
Tax ID/EIN:	26-0866164										

### C. Management Control

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

-	blo	-	

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

Provider Name:	54 Sharp Street Operations LLC dba Millville	Sharp Street Operations LLC dba Milliville Center									
Medicaid Provider Number	0	Medicare Provider Number	0								
NPI:	1770767063										
Reporting Period:	From:	1/1/2023 To:	12/31/2023								
Worksheet:	Schedule A-4 Part IV - Related Parties										
Provider DBA Name (if any):	54 Sharp Street Operations LLC dba Millville	54 Sharp Street Operations LLC dba Millville Center									
Tax ID/EIN:	26-0866164										

### C. Management Control

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

Ta		

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

	Departmen	of New Jersey t of Human Services acility Cost Report	
Provider Name:	54 Sharp Street Operations LLC dba Millville Center		
Medicare Provider ID:	31-5243		
NPI:	1770767063		
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 13,436 2 Gift, Flower, Coffee Shops and Canteen 3 Barber and Beauty Shop 4 Physicians' Private Offices 5 Patients' Laundry 6 Personal Expenses 7 Interest assessed by DHSS or borrowings to repay DHSS fines and penalties 8 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments 9 Costs incurred by providers for fines or monetary penalties imposed for violations of Federal, State, or local laws. 45,068 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 688,551 23 Other (Specify) 24 Other (Specify) 25 Other (Specify) 26 Other (Specify) 27 Other (Specify) 28 Non-Allowable Other Costs 747,055

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		State of New Jersey Department of Human Serv Nursing Facility Cost Repo	vices
Provider Name:	54 Sharp Street Operation	ns LLC dba Millville Center	
Medicare Provider ID:	31-5243		
NPI:	1770767063		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-6 - Capital		

Capital Asset Balances and Deprecia	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	\$8,449.00			\$0.00		\$8,449.00		\$479.00		\$479.00
Buildings and Fixtures	\$63,137.00			\$0.00		\$63,137.00				\$0.00
Building Improvements	\$455,534.00	\$9,126.00		\$9,126.00		\$464,660.00		\$29,684.00		\$29,684.00
Fixed Equipment	\$21,025.00	\$9,903.00		\$9,903.00		\$30,928.00		\$758.00		\$758.00
Major Moveable Equipment	\$117,125.00	\$28,435.00		\$28,435.00		\$145,560.00		\$42,767.00		\$42,767.00
Other				\$0.00						\$0.00
Total	\$665,270.00	\$47,464.00	\$0.00	\$47,464.00	\$0.00	\$712,734.00	\$0.00	\$73,688.00	\$0.00	\$73,688.00

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

Index

		State of New Jersey Department of Human Ser		
		Nursing Facility Cost Rep	ort	
Provider Name:	54 Sharp Street Ope	erations LLC dba Millville Ce	nter	
Medicare Provider ID:	31-5243			
NPI:	1770767063			
Reporting Period:	From:	1/1/2023 To:	12/31/2023	
Worksheet:	Schedule A-7 - Depr	reciation Schedule		

Abert Name/Description  Abert Name/Description  Capitalized Code Subget Value  Subget Value  Abert Name/Description  Capitalized Code Subget Value  Capitalized Code Subget Value Subget Value  Capitalized Code Subget Value  Capitalized Code Subget Value  Capitalized Code Subget Value Subget Value  Capitalized Code Subget Value Subget V	Reporting Period:	From:		1/1/2023	To:	12/31/2023			
Asset Name/Cosci pipion  Buildings  Futures grantee  Future	Worksheet:	Schedu	ule A-7 - Dep	reciation Schedule					
Asset Name/Consciption  Asset									
Asset Name/Description  Control School Schoo					Weighted	Prior Period			
	Asset Name / Description	Canit	alized Costs		Average	A communicate of	Prior Period	Period	Asset Group
Marchanistants   Marc	Asset Name/Description	Саріта	alizeu Costs	Salvage Value	Estimated Useful		Impairment	Depreciation	Carrying Value
Noming Antibles					Life (Years)	Depreciation			
Nomine Anchilles									
Administrative scaleties								<u> </u>	٨
Multi-propore facilities									
Land Improvements   \$ 8,469 \$ - 74,477 \$ 38 \$ 3 113 \$ 6,288									
Score   Scor									
Parting Canagaes		\$	8,449	\$ -	74.477	\$ 38			
Other   Othe									
Subdisplay   Sub								\$ -	\$ -
Final Equipment   S									
Color   S	Fixed Equipment	\$	7,580	\$ -	10	\$ 1,895			
S									
Common									
Medical Equipment									\$ -
Medical Equipment	Total Period Depreciation - Buildings							\$ 29,050	
Medical Equipment									
Medical Equipment	Equipment:								
Other Faugment Used in Direct Care Services   \$ 117,275   \$ - 8,6956   \$ 29,071   \$ 16,966   \$ 7,0696   \$ 7,0696   \$ 6,0006   \$ 6,0006   \$ 1,0007   \$ 1,00	Medical Equipment								
Computer Equipment   S	Other Equipment Used in Direct Care Services	\$	117,125	\$ -	6.8956	\$ 29,071			
Telephone and Communication Equipment   S	Computer Equipment								
Maintenance and Custodial Equipment	Telephone and Communication Equipment								
Other:    Proper									
S									
		Ś	17.727	\$ -	1			\$ 17.727	s -
Sa 5,373   Sa 5,773   Sa 5,773   Sa 5,773   Sa 5,774   Sa 5,774   Sa 7,774   Sa 7,774   Sa 7,774   Sa 7,774   Sa 7,774   Sa 7,744									
Vehicles	Total Baried Depresiation Equipment								, -
Cars	Total Period Depreciation - Equipment							\$ 30,373	l
Cars	Vohislass								
Trucks								ċ	ċ
Vans         S         S         C           Other:           Total Period Depreciation - Vehicles         S         C         S         C           Total Period Depreciation - Vehicles         S         C         S									
								ş -	ş -
	Other.							ć	ć
S									
Total Period Depreciation - Vehicles									
Office Furniture and Fixtures:	Total Bariad Danuariation, Vahialas								\$ -
Office Depuis, Cabinets, and Chairs         \$         .	Total Period Depreciation - Venicles							ş -	l
Office Desixs, Cabinets, and Chairs	Office Eurniture and Eivtures:								
Electrois Office Equipment								ć	ć
Appliances									
Utility Installations									
Other:									
								\$ -	\$ -
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S   S   S   S   S   S   S   S   S   S									
S   S   S   S   S   S   S   S   S   S									
Software   Software   Including EHR									
Medical Software (Including EHR)									\$ -
Medical Software (Including EHR)         \$ - \$ - \$           Administrative Software         \$ - \$ - \$           Other:         \$ - \$ - \$ - \$           S - \$ - \$ - \$ - \$ - \$         \$ - \$ - \$ - \$           Total Period Depreciation - Software         \$ - \$ - \$ - \$           Limited-life Intangible Assets:           Other:         \$ - \$ - \$ - \$ - \$           S - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Total Period Depreciation - Office Furniture and Fixture	!S						\$ -	
Medical Software (Including EHR)         \$ - \$ - \$           Administrative Software         \$ - \$ - \$           Other:         \$ - \$ - \$ - \$           *** Company of the company									
Administrative Software	Software:								
Administrative Software	Medical Software (Including EHR)								
S - S - S - S - S - S - S - S - S - S	Administrative Software							\$ -	\$ -
S - S - S - S - S - S - S - S - S - S	Other:								
S - S -     S -     S -     S -									
S									
Total Period Depreciation - Software  Limited-life Intangible Assets:  Other:  S - S - S - S - S - S - S - S - S - S								\$ -	
Limited-life Intangible Assets:  Other:	Total Period Depreciation - Software								
Other:         \$         - <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Limited-life Intangible Assets:								
\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Other:							<u> </u>	
\$ - \$ - \$ - \$ - \$ - \$ -									
\$ - \$ - \$ - \$ - \$ - \$ -								\$ -	
\$ - \$ -									
								\$ -	
	Total Period Depreciation - Limited-life Intangible Asset	ts							

	State of New Jersey			
	Department of Human Services			
	Nursing Facility Cost Report			
Provider Name:	54 Sharp Street Operations LLC dba Millville Center			
Medicare Provider ID:	31-5243			
NPI:	1770767063			
Reporting Period:	From:	1/1/2023	To:	12/31/2023
Worksheet:	Schedule A-8 - Revenue			

									Behavioral		
								SCNF Young	<b>Health Nursing</b>		Offset
	Total	<b>Nursing Facility</b>	SCNF AIDS	SCNF BMGT	SCNF Pediatric	SCNF TBI/Coma	SCNF Ventilator	Adult	Facility	Other	Line
Total Routine Patient Revenue	\$ 22,415,930	\$ 22,415,930	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 876,394	\$ 876,394	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 12,186,486	\$ 12,186,486	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Medicare Routine Patient Revenue	\$ 5,912,263	\$ 5,912,263	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Other Patient Revenue	\$ 2,517,152	\$ 2,517,152	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Hospice Days Revenue	\$ 866,862	\$ 866,862	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Respite Days Revenue	\$ 56,774	\$ 56,774	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Ancillary Patient Revenue	\$ 5,396,375	\$ 5,396,375	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Less Contractual Allowance	\$ (9,723,774)	\$ (9,723,774)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ 18,088,531	\$ 18,088,531	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsetable Revenue		
	Meals Served to Non-Patients	
	Interest Revenue	2,425
	Rebates of Expenses	
	Purchase Discounts	
	Property Rentals	
	Fringe Benefits	
	Supplies Sold to Non-Patients	
	Services Sold to Non-Patients	
Income from laundry and	linen service received from patients	1,849
Retroactive payments for n	on-formulary pharmacy transactions	
	Other:	

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

Total Revenue \$18,092,805.30 \$18,088,531.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

	State of New Jer Department of Human	sey Services				ı																											
Provider Name: Medicare Provider ID:	54 Sharo Street Operatio 31-5241	ns LLC dba Millville	Center																														
NPI: Reporting Period:	1770767063 From:	1/1/2	2023	To:	12/31/202																												
Allocated Statistics	SCHOOLS B-ASSCESSOR IS																																
Basis Codes BASI  A Non-Managerial Salaries		Direct Car SINY SCNF AID 2	e - Direct Ca SS SCNF Bh 3	Direct Care- schif RGT PEDIATRIC 4	Direct Care - SCNI TBUCDMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facilit 8	Direct Care- OTHER by SPECIFY 9	Radiology 16 50	Laboratory 17	Intravenous Therapy 18 50	Ovygen Therapy 19 50	Physical Therapy 20 50	Occupational Therapy 21 50	Speech Therapy 22 50	Electro cardiology 23 50	Physicians 30 50	Other - Patient Ancillary Costs 31	Total Nursing Administration 41 \$459.321	Food (including supplements) 45	Dietary Department 46 50	Laundry H Department I 47	ousekeeping Department S 46 50 1	Social I revices A 49 251,206 S	Patient Medi ctivities Direct 50 51 146,228	ral Pharma or Consults 52	Other - Patient acy Support tent Services 55	Total Pro t Operat Cost 62	perty Tota ing Administra i Gener  81  941 546	al Total W rative & Relate real O	forkforce d Costs - Total P ther Capita 87 1	operty N Costs 26
Basis Codes BASI	IS Direct Care - Narsing Fa		re - Direct Ca SS SCNF BN 3	Direct Care- re - SCNF RGT PEDIATRIC 4	Direct Care - SCN8 TBJ/COMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursine Facilit B	Direct Care - OTHER N SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total																						
Basis Codes BASI C Patient Days	Direct Care - Nursing Fa	Direct Car SINY SCNF AID 2	e - Direct Ca SS SCNF Bb. 3	Direct Care- schif NGT PEDIATRIC 4	Direct Care - SCNI TBUCOMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facilit 8	Direct Care- other y SPECIFY 9	Total 49,458																							
Basis Codes BASI  D Non-Medicare Days (NHA1)	15 Direct Care - Narsing Fa	Direct Car SINF AID 2	e - Direct Co SCNF BN 3	Direct Care- scNF NGT PEDIATRIC 4	Direct Care - SCNB TBU/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Cane - Behavior Health Nursing Facilit B	y Total																								
Basis Codes BASI E Meals Served	35 Direct Care - Namine Fa	Direct Car SINV SCNF AID 2	re - Direct Ca SS SCNF BN 3	Direct Care- re - SCNF RGT PEDIATRIC 4	Direct Care - SCN8 TBJ/COMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursine Facilit B	Direct Care - OTHER N SPECIFY 9	Total 150.579																							
Basis Codes BASI F Pounds of Laundry			ne - Direct Ca SCNF BN 3	Direct Care- re - SCNF RGT PEDIATRIC 4	Direct Care - SCN8 TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facility	Direct Care - OTHER by SPECIFY 9	Total 50,193																							
Basis Codes BASI G Salary & Contract Services 1	1	Direct Car SRby SCNF AID 2	re - Direct Ca SS SCNF BN 3	Direct Care- re - SCNF RGT PEDIATRIC 4 00 0.00	Direct Care - SCNI TBU/COMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facilit 8	Direct Care - OTHER SPECIFY 9																								
Basis Codes BASI H Direct Patient Care Salary H	1	Direct Car	e - Direct Ca	Direct Care- schif ngT PEDIATRIC 4 00 0.00	Direct Care - SCNI TBUCDMA S	Direct Care - SCNF VENTILATOR 6	7	Direct Care - Behavior Health Nursine Facilit B	Direct Care.	Total																							
Basis Codes BASI I Accumulated Cost				Direct Care- re - SCNF NGT PEDIATRIC 4 50 50			Direct Care - SONF YOUNG ADULT	Direct Care - Behavior Health Nursing Facility			Total \$22,506,098																						
Basis Codes BASI J Radiology Charges		Direct Car		Direct Care- re- SCNF RGT PEDIATRIC 4		Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facility		Non-Routine / Non-Allowable Costs 107	Total \$58,946																						
Basis Codes BASI		Direct Car SONF AID	e - Direct Ca SS SCNF BA	Direct Care- re - SCNF PEDIATRIC 4	Direct Care - SCNI TBUCDMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursine Facility	Direct Care- cal OTHER ty SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total \$94.586																						
Basis Codes BASI L Intravenous Therapy Charg	35 Direct Care - Nursing Fa	Direct Car	re - Direct Ca SCNF BN 3	Direct Care- re - SCNF PEDIATRIC 4	Direct Care - SCNI TBUCOMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facilit B	Direct Care- other y SPECIFY 9	Non-Routine / Non-Allowable Costs 107																							
Basis Codes BASI M Oxygen Therapy Changes	35 Direct Care - Narsing Fa	_	re - Direct Ca SCNF BN 3	Direct Care- re - SCNF RGT PEDIATRIC 4	Direct Care - SCN8 TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facility	Direct Care - OTHER by SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total \$125,880																						
Basis Codes BASI  N Physical Therapy Charges	35 Direct Care - Narsing Fa	Direct Car SRNy SCNF AID 2	e - Direct Ca SS SCNF Bh 3	Direct Care- re - SCNF RGT PEDIATRIC 4	Direct Care - SCNI TBUCOMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facilit 8	Direct Care- other other specify 9	Non-Routine / Non-Allowable Costs 107	Total \$1,844,165																						
Basis Codes BASI  D Occupational Therapy Char	1	Direct Car SINY SCNF AID 2	re - Direct Ca SCNF BN 3	Direct Care- re - SCNF RGT PEDIATRIC 4	Direct Care - SCN8 TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facility	Direct Care - OTHER by SPECIFY 9	Non-Routine / Non-Allowable Costs 107																							
Basis Codes BASI P Speech Therapy Charges	IS Direct Care - Nursing Fa	Direct Car	re - Direct Ca SCNF BN 3	Direct Care- re - SCNF RGT PEDIATRIC 4	Direct Care - SCN8 TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facility	Direct Care - OTHER by SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total \$384,000																						
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Basis Codes BASI  R Medical Supplies Charged to	35 Direct Care - Narsing Fa	Direct Car SCNF AID 2	e - Direct Ca SS SCNF Bh. 3	Direct Care- re - SCNF NGT PEDIATRIC 4	Direct Care - SCNI TBUCOMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facilit B	Direct Care - OTHER by SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total 50																						
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Basis Codes BASI T Pharmacy Non-Formulary (	15 Direct Care - Narsing Fa	Direct Car SONF AID 2	re - Direct Ca SS SCNF BN 3	Direct Care- re - SCNF NGT PEDIATRIC 4	Direct Care - SCNI TBUCDMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facility 8	Direct Care- other of SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total 50																						
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Basis Codes BASI V Ambulance Charges	Direct Care - Nursing Fa	Direct Car SINY SCNF AID 2 193 BASIS Patien	re - Direct Ca SCNF Bit 3 st Days	Direct Care- scnF rect PEDIATRIC 4	Direct Care - SCNI TBI/COMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavior Health Nursing Facilit B	Direct Care- other of SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total \$50,193																						
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NP:	37305363 377075363	
Reporting Period:	From: \$1/1/222 To: \$2/14/202	
Worksheet	Schedule II-1 - Allocated Costs	
If there are errors on this tab please ensure Schedule & is fill correctly	Medicat	
tuncy		
		MISDIGAL OTHER - AUTO LEASING AND OTHER AUTO TOTAL OF
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A. COST CENTERS TO BE ALLOCATED	996.021	
101 Total Fringe Benefits 11 Routine Medical Supplies	3993.031 3157.264 \$7.363.291	
12 OTC Drugs	\$20,540 \$0 \$0	
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14 Incontinency Products	566,568 50 50 50 50 50 515,519 50 50 50 50 50	26,539
16 Radiology 17 Laboratory	\$365.10 50 50 50 50 50 50 50 50 50 50 50 50 50	55599 59 57200 59
18 Intravenous Therapy	\$33,654 S0 S0 S0 S0 S0 S0 S0	93.64
	\$177,860 \$6 \$6 \$6 \$6 \$6 \$6 \$6	\$177.60
20 Physical Therapy 21 Occupational Therapy	\$609,774 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	\$600,774, \$60 \$76,777, \$1
21 Occupational Therapy 22 Speech Therapy	\$756,777 50 50 50 50 50 50 50 50 50 50 50 50 50	\$96,777. \$15 \$15,689. \$43
22 Electro cardiology		
24 Medical Supplies Charged to Patients	50 50 50 50 50 50 50 50 50 50 50 50 50	60. SD30888 50.
25 Prescription Drugs (not OTC)	\$220,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
26 Pharmacy Non-Formulary 27 Support Surfaces	\$0 50 50 50 50 50 50 50 50 50 50 50 50 50	90 90 90 90 90 90 90 90 90 90 90 90 90 9
27 Support Surfaces 28 Ambulance	311,607 90 90 90 90 90 90 90 90 90 90 90 90 90	86 62 56 90 82 66 90 91 82 66 90
29 Dental	50 50 50 50 50 50 50 50 50 50 50 50 50 5	90 90 90 90 90
20 Physicians	\$44,061 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	99 99 99 99 99 90 90 90 90 90 90 90 90 9
31 Other - Parient Ancillary Costs	\$1,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
45 Total Nursing Administration 46 Total Workforce Related Coxts - Patient Care	\$700,166 \$60,005 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	50   50   50   50   50   50   50   50
45 Food (including supplements)	\$330,048 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	50 50 50 50 50 50 50 50 50 50 50
46 Dietary Department	\$806,524 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	90 50 50 50 50 50 50 50 50 50 50
47 Laundry Department	\$216,886 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
49 Housekeeping Department 49 Social Services	\$375,676 50 50 50 50 50 50 50 50 50 50 50 50 50	50 50 50 50 50 50 50 50 50 50 50 50 50 5
50 Patient Activities	\$152,777 \$10,009 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
\$1 Medical Director	\$710 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	20 50 50 50 50 50 50 50 50 50 50 50 50 50
52 Pharmacy Consultant	\$43,277 \$9 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	90 90 90 90 90 90 90 90 90 90 90 90 90 9
53 Auto Leasing and Depreciation - Direct Patient 54 Other Auto Expense - Direct Patient Care		90 50 50 50 50 50 50 50 50 50 50 50 50 50
55 Other Patient Support Services	50 50 50 50 50 50 50 50 50 50 50 50 50 5	50 50 50 50 50 50 50 50 50 50 50 50 50 5
62 Total Property Operating Costs	\$1,042,597 \$16,197 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
106 Total Property Capital Costs	\$1,159,674 90 90 90 90 90 90 90 90 90 90 90 90 90	
87 Total Workforce Related Costs - Other	\$24,265 90 50 90 90 90 90 90 90 90 90 90 90 90 90 90	90 50 50 90 90 50 50 50 50 50 50 50 50 50 50 50 50 50
#1 Total Administrative & General #2 Provider Tax (NHA 200)	\$1,705,616 \$60,683 \$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 \$
B. NON-ALLOCATING COST CENTERS		
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2 Direct Care - SCNF ANDS 2 Direct Care - SCNF BMGT	50 50 50 50 50 50 50 50 50 50 50 50 50 5	99 99 99 99 99 99 99 99 99 99 99 99 99
4 Direct Care - SCNF PEDIATRIC	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
5 Direct Care - SCNF TBy/COMA	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
6 Direct Care - SCNF VENTILATOR	50 50 50 50 50 50 50 50 50 50 50 50 50 5	50 50 50 50 50 50 50 50 50 50 50 50 50 5
Direct Care - SCNF YOUNG ADULT     Direct Care - Behavioral Health Nursing Facilit	50 50 50 50 50 50 50 50 50 50 50 50 50 5	\$2 \$2 \$4 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5
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C. COST CENTERS EXCLUDED FROM ALLO CATION		
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Total	\$17,581,612 \$8,131,012 \$7,618,588 \$20,569 \$2,651 \$48,668 \$26,519 \$17,200 \$17,100 \$609,774 \$759,777 \$115,600 \$0	\$0 \$220000 \$0 \$56,000 \$75,000 \$0 \$44,000 \$1,
trades:	\$7,361,321 (\$6) \$0 \$0 \$0 \$0 \$0 \$0 \$7,361,321 (\$6) \$0 \$0 \$0	50 50 50 50 50 50 50 50 50 50 50 50 50 5

	State of New Jersey											
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	Number Sacility Cost Record											
Provider Name: Medicare Provider ID:	54 Share Street Constition LLC day Milly life Center											
Medicare Provider ID:	1000											
NPI:	1770/0703											
Reporting Period:	From: 1/1/2023 To: 13/4/1/203											
Worksheet:	Scholish B-2 - Average Rates 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 Landford Address	Lessor or Landlord City	Lessor or Landford ZIP	Lessor or Landlard 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:	Effective dates of current rental agreement:	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility
	1 54 Sharp Street	Milylie	08332	Yes	Operating Lease	Next HC-JV	S87 Fifth Avenue	New York	10017	646-502-4579	66 693 00		66.691.00	100%			1/31/2034	\$154.552.83	\$1,854,634,00	2.32
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	Total Routine Patient Days	Medicaid/NJ FamilyCare Routine Days	Medicaid/NJ FamilyCare Routine Days to Total Routine Days Percentage	Medicaid/NI FamilyCare Rostine Patient Revenue Bill and Paid	Medicaid/N3 FamilyCare Routine Patient Revenue Billed But Not Paid	Total Medicaid/N3 Family Care Patient Revenue for PCR	CNA Direct Care Compensation as Defined by 10:49A- 2.3	Non-CNA Direc 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, Telecommunications, 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	Capital Related Interest Expense As Defined By 10:49A-2.6	Interest	Taxes As Defined By	Assessment As Defined By 10:49A-			Total Cost Per CR Regulations De		atient Care Ratio
Nursing Facility	49.458	28 763	58.165	unes)		WREFT	\$3.083.792	\$3,497,293	\$2,577,934	\$651,671	5784.878	\$140,140	60	\$860,766	\$165,658	5568.324	\$1,159,674	7856	\$254.285	60	60	5279.380	\$488,350	(61 940)	60	\$14,511,152 \$8	9.420.696	0.000
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SCNF TBI/COMA	0		0.009	AREEL	50	ARFFI	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	0.00%
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SCNF YOUNG ADULT	0		0.009	AREEL	50	MREF!	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	0.00%
Behavioral Health Nursing Facility	0		0.009	AREEL	50	MREFT	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	0.00%
OTHER	0		0.009	MREFT	50	MREF!	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	0.00%
Total Allowable Expense	49.458	28.763	58.163	MREFT	50	MREFT	\$3,083,792	\$3,497,293	\$2,577,934	\$651.671	\$784,878	\$140,140	50	\$860,766	\$165,658	5568.324	\$1,159,674	5856	\$254,285	50	50	5279.380	50	(\$1.849)	50	\$14.511.152 \$8	8.439.686	0.00%
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Total Directly Assigned and Allocated E	Expenses Per Schedule B-1						\$3,083,792	\$3,497,293	\$2,577,934	\$674,189	\$811,999	\$140,140	50	\$860,766	\$171,382	\$568,324	\$1,159,674	\$886	\$260,618	\$0	50	\$279,383	50	(\$1,849)	\$747,055	\$15,319,936		