		State of I							
		Department of Nursing Facil							
Provider Name: 700 Town Bank Road Operations LLC dba North Cape Center									
Medicare Provider ID:	31-5350								
NPI:	1588848881								
Reporting Period:	From:	01/01/2023	To:	12/31/2023					
Worksheet:	Schedule S - /	Attestation							

A. Attesta	tion				
l,	Orrin Jaroslawicz ,			NJ Finance	
	(Name)			(Administrative Title)	
of	700 Town Ban	k Road Op	erations LLC db	oa North Cape Center	
		(N	ame of Facility)		
No	rth Cape May ,	١	NJ	do certify that I have exam	ined the
	(City/Town)	(St	ate)	_	
attached r	report for the cost report period beginning			01/01/23 and ending	12/31/2023
and to the	e best of my knowledge and belief, it is a tru	e and corre	ect statement c	of the information required.	
	Signature of Authorized Represer	ntative of Fac	ility		Date (mm/dd/yyyy)
	NJ Finance				
	Title				

		State of New Jers Department of Human	Services								
Provider Name:	700 Town Bank Road Operations LLC	Nursing Facility Cost Report n Bank Road Operations LLC dba North Cape Center									
Medicaid Provider Number	6799604		Medicare Provide	r Number 31-5350							
NPI:	1588848881										
Reporting Period:	From:	1/1/2023	To:	12/31/2023							
Worksheet:	Schedule S-1 - Facility Information										

A. General Facility Information						
Medicaid NF Provider Number	6799	0004		NIDI November	1588848881	
	6/99	1004		NPI Number:	1588848881	
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	350				
Department of Health License Number	622	100				
	_					
Cost Report Period	From:	1/1/2023	To:	12/31/2023	Date Completed:	
Facility Name as Shown on Certification		700 To	wn Bank Road Operations LLC	dba North Cape Center		

B. Physical Address					
Street Address:		700 Town Bank R	toad		
City:	North Cape May	State:	NJ	ZIP:	08204
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 / Warragement Company					
Home Office / Management Company Name:		Genesis Health	care		
Address:		101 East State S	Street		
City:	Kennett Square	State:	PA	ZIP:	19348

City:	Kennett Square	State:	PA	ZIP:		19348
E. Facility Operation and Ownership						
Has the provider changed ownership immediately prior	to the beginning of the cost reporting period?				Y/N:	No
Operator(s)Provide names and addresses of any person	on who directly or indirectly, beneficially owns any interest in the builling on	which the provider is located.	Add subsequent rows as needed.			
Operator Name:						
Address:						
City:		State:		ZIP:		
	<u>'</u>			-		
Operator Name:						
Address:						
City:		State:		ZIP:		
,		_		-		
Owner(s)Provide names and addresses of any person	who, directly or indirectly, beneficially owns a 5% or greater interest in any	mortgage, note, deed of trust	or other obligations secured in wh	ole or		
	y is located. List 100% of all current owners of the nursing home, including a					
Owner Name:	, a section and a section of the harding home, including to	pp 2 a litter ested par				
Address:						
City:		State:		ZIP:		
city.		Julie.		ZIF.		
Owner Name:						
Address:						
				THE STATE OF THE S		
City:		State:		ZIP:		
	y person who, directly or indirectly, has any interest as a lessor or lessee in	any lease or sublease of the lar	d on which or the building in whic	ch		
the facility is located. Add subsequent rows as needed.						
Lessor Name:						
Address:						
City:		State:		ZIP:		
Lessee Name:						
Address:						
City:		State:		ZIP:		
Mortgage or Security Interest All entities with at least	a 5% mortgage, deed of trust, or other security interest in the provider must	t be reported.				
Entity wit Mortgage or Security Interest Name:						
Address:						
City:		State:		ZIP:		
	•	_	-	•		
Entity wit Mortgage or Security Interest Name:						
Address:						
City:		State:		ZIP:		
PartnershipAll general partnership interests—regardle	ess of the percentage—must be reported. Provide name and addresses for e	ach partner				
Partner Name:	and the personal of the person of the same and addresses for the	par tirer.				
Address:						
City:		State:		ZIP:		
City.		state:		ZIF.		

Partner Name:							
Address:							
City:					State:		ZIP:
				=			
F. Type of Facil	lity (Place an "X" in all that apply)						
_							
В	ed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds		Medicaid Provider Number	Facility Certification Date
X N	lursing Facility		120	120		6799604	
S	pecial Care Nursing Facility - AIDS						
S	pecial Care Nursing Facility - BMGT						
S	pecial Care Nursing Facility - Pediatric						
S	pecial Care Nursing Facility - TBI/Coma						
S	pecial Care Nursing Facility - Ventilator						
S	pecial Care Nursing Facility - Young Adult						
Bi	ehavioral Health Nursing Facilities						
A	ssisted 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:	Y

	State of New Jersey Department of Human Ser Numing Facility Cost Rep								
Provider Name:	700 Town Bank Road Operations								
Medicald Provider Number	679904 Medicare Provider Number 21-5350								
NR:	1588848881								
Reporting Period:	From:	1/1/2023		To:	12/31/2023				
	Schedule S-2 - Nursing Facility Days								
Worksheet:	Detail								

Worksheet:		Detail																													
		January 20	222	Februar	3033	l Mar	rh 2023		orii 2023		lav 2023		une 2023		July 2023		must 2023	Contr	sember 2023	0.0	ober 2023	New	mber 2023	Dani	ember 2023				Fiscal Year Total		
	Nursing Facility	18108720		Days by Payor -(Private			Days by Payor - Semi		Days by Payor - Semi-				Days by Payor - Ser										Days by Payor - Semi-				Terror and				Revenue + Ancillary Revenue
	natural racing	Days by Payor - (Private Rooms)	Private Red Rooms)	Rooms)	Private Red Rooms)	Denmark)	Private Red Rooms)	Onnere)	Private Red Rooms	Deservice .	Private Red Rooms)	Rooms)	Private Red Room	d Denmi	Private Red Rooms)	Onemal .	Private Red Rooms)	Poore)	Private Red Rooms)	Onemal .	Private Red Rooms)	Denme)	Private Red Rooms)	Rooms	Private Red Rooms)	Rooms)	Private Red Rooms	ii Listed	Ancillary Revenue 0		- Contractual Allowance
	Medicald (Sum Lines 2 and 2)	Carp syragor (Prinate Account)	7 1.00	A ADDITED	A ACC	70,0110)	2.096	A201111	1 945	Nooning Co	2 422	AUGUST CO	2.0		Q 2.202	40	3.477	43	2 029	AUGUIN)	1 955	PAGE 100	1.013	Name	1.434	PAGE 15	7 24.12			5 (1,2%,696) 5	6.215.715
	New Jersey (Sum 2.01 through 2.05)	- 1	7 199	0 1	0 1.055	20	2.096	66	1945		2 122	- 6	20	17 6	(2) 2.202	40	2.155	42	2.029	21	1,955	- 2	1 912	21	1,021	- 53	2 24.11		574,520,69		
2.0	Routine Fee For Service		100	6	25		72		110		129		- 1	11	140		200		150	-	147		136		121		0 146			5 (76,895) \$	5 268,611
2.0	Ni FamilyCare		7 160	5 3	0 1626	38	1 904	66	1,681	Đ	1905		1.0	M 6	D 1951	40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	36	1 909	31	1251	20	1721	21	1,690	0	1 2131				
2.0	Haspice Haspice		343	2	196	_	210		117		76			50	65		62	- 6	40		51		36		14		117	5 5 356,309		5 (52.115) \$	\$ 297.763
2.0	Respite State Walver Program)						1		29		17			13	28		2		22		6		29		6		3 30	4 5 49.479		5 (8,626) \$	41,349
2.0	Therapeutic Davis Below Beneficiary 24 Day Annual																										0	0			
2.0	Pending Medicald Days																										4			- 7	
																												_	_		
	Medicald Out of State (Sum Lines 2.01 through 2.03)		0 0	0	0 0									0	0 0		0		0					-			a	0 5	5 -	4 - 1	
2.0	Routine Fee For Service																									-	4	3		- 5	
2.0	Managed Care																										a				4
2.0	Hospice Hospice																										4	3		- 5	
	Private Pay and Third-Party Insurance		225	9	257		214		220	26	403		4	6 1	18 461	42	419	59	\$17	56	467	22	460	- 65	573	28	4.87	5 1,370,400			\$ 1,370,400
	Medicare (Sum S.01 through S.02)	4	ii 771	1 (3 666	8	699	29	691	34	Ωt	9		27 4	650	17	623	17	992	22	681	27	646	6	740	49		0 \$ 2,786,212			
5.0	Part A Fee for Service (Full Payment & Co. Ins David	2	G 600	2 5	8 522	40	400	23	594	36	463	6	4	29 3	30 410		531	17	541	23	650	21	567	27	564	32	5 6.43		S 2.114.928 S	5 507.473 \$	5 4.851.270
5.0	Part C (Medicane Managed Care)	1	5 130	6	5 133	23	200	16	97		157			48 3	12 240	17	7 92		\$8		31		79	15	176	11	S 1,58	7 \$ 557,242	\$ 528,732 \$	\$ 126,868 \$	\$ 1,212,942
5.0	Institutional Special Needs Plans (I-SNPs)																										4	a .			4
	Medicald days transitioned to Medicare by the 2023																														
5.0	public health emergency 1135 waiver																										4	3			
5.0	Part A Fee for Service Hospice Days																										4	a .			4
																															_
	Tricare and CHAMPUS																											4	-		
	Other Governmenal Payors		21	1	44		15				14			5	1		21		18	- 5	7		21		14	2	. 19	S 129.822	S 52,102 S	5 72.163 \$	\$ 254.287
	Charity Care																											4	-	5 05,0000 5	
	All Other Days not listed above		1		9																						1	0 S 4,853	\$ 52,303 \$	(6,068) \$	\$ \$1,000
												_								_	_		_				_	_	_		
	Bed Holds and Non-Reimbursable Therapeutic Leave (Sum of Lines				0 20		54				34			20	0 30		27		25		56				30		. 40		.ll.		
	10.01 through 10.07)		1 -	1	-	-			_												-				-		-	-	-		
10.0	Medicald NJ Red Holds		50	9	29		54		52		24			20	29		27		25		54		1		29		44	4	$\overline{}$	- 3	
10.0	Ni Medicaid/Ni FamilyCare Therapeutic Days Over													_													4	4	-		
10.0	Medicald Out of State Red Holds													_													4	4	\rightarrow		
10.0	Frivate Pay Bed Holds All Other Bed Holds													_													4	-	\rightarrow	- 5	
10.0	All Uther sed Holds																												_		
	Pre-Eliphility Medical Expenses (PEME)													_															-		
1	Pre-Claribility Medical Expenses (PEME)			_																							4	4	0 \$2,822,785.14		5 13.965.702
1	recar	9.	G] 2,020	9] 5	y 2,851	100	3,178	109	2,018	124	3,196	121	a	26] 12	22] 3,355	100	1,255	119	1 3,188	115	3,166	111	2,040	121	3,197	1,32	1 27,64	\$11,729,117.00	\$2,822,785.14	-\$596,200.22 \$	13,955,702

State of New Jersey Department of Human Services Nurnine Facility Cost Report									
Provider Name: 700 Town Bank Road Operations LLC das Norther LLC Case Center									
Medicaid Provider Number	6799604		Medicare	Provider Number	31-5350				
NPI:	1588848881								
Reporting Period:	orting Period: 1/1/2023 To: 12/31/2023								
Worksheet:	Schedule S-10 - Census								

	N	ursing Facil	ity (S-2)	ſ	sc	NF - AIDS (S	3)	1	SCI	F - BMGT	(S-4)	1	SCNE	- Pediatr	
Name			Operations LLC			iai - Albo (o	3)		30	ii - Diliigi	(3.4)		Jein	- I Culuti	
NJ Medicaid Provider ID	6799604			1											
						Semi-		4		Semi-				Semi-	
	1 Bed	2 Beds	Total		Private	Private	Total		Private	Private	Total		Private	Private	
Beds	4	116	120	ſ			-]			-	1			
		Semi-		-		Semi-		•		Semi-				Semi-	
	Private	Private			Private	Private	Total		Private	Private	Total		Private	Private	
Census (Days)	Days	Days	Total Days		Days	Days	Days		Days	Days	Days		Days	Days	
Medicaid/NJ FamilyCare	531	22,777	23,308	ſ	-	-	-]	-	-	-	1	-	-	
Medicaid/NJ FamilyCare - Hospice	6	1,175	1,181	[-	-	-	1	-	-	-	1	-	-	
Medicaid/NJ FamilyCare - Respite	-	164	164	[-	-	-	1	-	-	-	1	-	-	
Medicaid/NJ FamilyCare - Therapeutic	-	-	-	[-	-	-		-	-	-		-	-	
ending Medicaid Days	-	-			-	-	-	1	-	-	-	1	-	-	
Pre-Eligibility Medical Expenses (PEME)	-	-	-	[-	-	-		-	-	-		-	-	
Out of State Medicaid	-	-			-	-	-	1	-	-	-	1	-	-	ĺ
Out of State Medicaid - Hospice	-	-	-	[-	-			-	-	-		-	-	
Medicare	490	8,020	8,510		-	-	-	1	-	-	-	1	-	-	Ī
Fricare	-	-	-	[-	-			-	-	-		-	-	
Private	283	4,873	5,156	[-		-		-	-	-		-	-	
Other	29	193	222		-	-			-	-	-		-	-	
Total Patient Days for Per Day Cost	1,339	37,202	38,541	[1				1			
Medicaid Bed Holds	-	445	445	[-	-	-	1	-	-	-	1	-	-	
Medicaid Unreimburable Therapeutic Leave	-	-	-	[-	-	-]	-	-	-		-	-	
Private Bed Holds	-	-	-	[-	-	-]	-	-	-	1	-	-	
All Other Bed Holds	-	-	-	1	-	-	-]	-	-	-	1	-	-	
Total Patient Days Including Bed Hold	1,339	37,647	38,986	- [-]				1			
Maximum Bed Days Available	1.460	42,340	43,800	- [-										ľ

						State of Department Nursing Fa		Services							
Provider Name:			700 Town Bank	Road Ope	rations LLC	dba North Cape C		чероге							
Medicaid Provider Number			6799604			Medicare Provide			31-5350						
NPI:			1588848881												
Reporting Period:			From:	1/1/2023	To:	12/31/2023									
Worksheet:			Schedule S-10	- Census											
A. Nursing Facility Census Report in-house days, t Name NJ Medicaid Provider ID		ays, and the		days.	SC	NF - Ventilator (S	S-7)		SCNF -	Young Adu	It (S-8)	Behavioral H	ealth Nursir	ng Facility (S-9)	Ass
o medicald Florider to															
		Semi-						'		Semi-			Semi-		
	Private	Private	Total		Private	Semi-Private	Total		Private	Private	Total	Private	Private	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	
Medicaid/NJ FamilyCare	-	-	-	1	-	-	-		-	-	-	-	-	-	
Medicaid/NJ FamilyCare - Hospice	-	-	-		-	-	-		-	-	-	-	-	-	
Medicaid/NJ FamilyCare - Respite	-	-	-		-	-	-		-	-	-	-	-	-	
Medicaid/NJ FamilyCare - Therapeutic	-	-	-		-		-		-	-	-	-	-	-	
Pending Medicaid Days	-	-	-	1	-	-	-		-	-	-	-	-	-	
Pre-Eligibility Medical Expenses (PEME)	-	-	-		-	-	-		-	-	-	-	-	-	
Out of State Medicaid	-	-	-		-	-	-		-	-	-	-	-	-	
Out of State Medicaid - Hospice	-	-	-		-	-	-		-	-	-	-	-	-	
Medicare	-	-	-		-	-	-		-	-	-	-	-	-	
Fricare	-	-	-		-	-	-		-	-	-	-	-	-	
Private	-	-	-		-	-	-		-	-	-	-	-	-	
Other	-	-	-		-	-	-		-	-	-	-	-	-	
otal Patient Days for Per Day Cost]	-	-						-		-	
Medicaid Bed Holds	-	-	-	1	-	-	-		-	-	-	-	-	-	
Medicaid Unreimburable Therapeutic Leave	-	-	-	1	-	-	-		-	-	-	-	-	-	
rivate Bed Holds	-	-	-	1	-	-	-		-	-	-	-	-	-	
III Other Bed Holds	-	-	-	1	-	-	-		-	-	-	-	-	-	
Total Patient Days Including Bed Hold			-	1	-		-		-		-	-		-	
Maximum Bed Days Available				1	-		-		-		-				

State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name: 700 Town Bank Road Operations LLC dba North Cape Center										
Medicaid Provider Number	6799604		Medicare I	Provider Number	31-5350					
NPI:	1588848881									
Reporting Period:	Reporting Period: From: 1/1/2023 To: 12/31/2023									
Worksheet: Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)										

Facilities	Long-Term Care Reporting Classification is:		
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	Number of Patient Days 8,510	Related Revenue Received Or Accrued Whole Dollars \$6,064,213
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	445	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	5,156	\$1,370,400
Line 4	Medicaid (Except Therapeutic and Bedhold)	24,489	\$6,174,365
Line 5	Respite Days	164	\$41,349
Line 6	Other Non-Medicare Days	222	\$305,374
Line 7	Assessed Days and Revenue	30,031	\$ 7,891,489
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 440,554.77	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 440,554.77	

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State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name: 700 Town Bank Road Operations LLC dba North Cape Center										
Medicaid Provider Number	6799604		Medicare I	Provider Number	31-5350					
NPI:	1588848881									
Reporting Period:	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)	8,510	\$6,064,213
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	445	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	5,156	\$1,370,400
Line 4	Medicaid (Except Therapeutic and Bedhold)	24,489	\$6,174,365
Line 5	Respite Days	164	\$41,349
Line 6	Other Non-Medicare Days	222	\$305,374
Line 7	Assessed Days and Revenue	30,031	\$ 7,891,489
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 440,554.77	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 440,554.77	

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		State of New Jersey			
Provider Name:		rsing Facility Cost Report ad Operations LLC dba Nor			
Medicare Provider ID:	31-5350	u Operations LLC uba Noi	п саре септег		
NPI:	1588848881				
Reporting Period:	From:	1/1/2023 To:	12/31/2023		
Worksheet:	Schedule S-12 - Add	ditional Information			
A. Associated Individuals Provide the names and add in any of the following item response to any of the following Any person who owns or or or a member of the board	is is a partnership, include owing items is a limited lial operates a related party to	the name and address of bility company, include the o the facility or who is a p	each partner. If any of a name and address of a name and address of a namber of a nember of a new o	corporation nam of each member	ed in
Name:					
Address:					
City:		State:		ZIP:	
Name:					
Address:					
City:		State:		ZIP:	
Name:					
Address:					
City:		State:		ZIP:	
Any person who has an ow Add subsequent rows as n Name: Address:		more in a private equity	fund that is invested	l in the NF.	
City:		State:		ZIP:	
city.		State:		ZIP:	
Name:					
Address:					
		Chat-		710-	
City:		State:		ZIP:	
Address: City:		State:		ZIP:	
Name:					
Address:					
City:		State:		ZIP:	
For corporations that do h officers and each director, Add subsequent rows as n Name: Address:	principal shareholder and	d controlling person of sai			
City:		State:		ZIP:	
Name:					
Name: Address:					
		Chat-		710.	
City:		State:		ZIP:	
For LLCs, name and address	ses of each member Add	subsequent rows as pood-	ad		
Name:	,cs or each member. Add	Genesis NJ Holo			
Name:		Genesis Operat			
Name:		GHC Holding			
Name:		Genesis Health			
Name:		GEN Operation			
Name:		GEN Operation			
Name:		FC-GEN Operations			
Name:		SunDance Rehabilitat			
Name:		Sun Healthcare (
Name:		Genesis Health			
		HCCF Management			
Name:		ZAC Propertie			
Name:					
Name: Address:	Kennett Square	101 East State		ZIP·	1934
Name: Address:	Kennett Square		PA	ZIP:	1934
Name: Address: City:	Kennett Square	101 East State:	PA	ZIP:	1934
Name: Address: City: Name:	Kennett Square	101 East State State: Arnold White	PA tman	ZIP:	1934
Name: Name: Address: City: Name: Address: Citv:		101 East State State: Arnold Whit 3820 Mansell Roa	PA tman d Suite 280		
Name: Address: City: Name: Address:	Kennett Square Alpharetta	101 East State State: Arnold White	PA tman	ZIP: ZIP:	
Name: Address: City: Name: Address: City:		101 East State State: Arnold Whit 3820 Mansell Roa State:	PA tman d Suite 280 GA		
Name: Address: City: Name: Address: City: Name: Name: Name:		101 East State State: Arnold Whit 3820 Mansell Roa State: Steven Fish	PA tman d Suite 280 GA		
Name: Address: City: Name: Address: City: Name: Address: City: Name: Address:	Alpharetta	101 East State State: Arnold Whit 3820 Mansell Roa State: Steven Fish 1617 JFK Boulevar	PA tman d Suite 280 GA man d Suite 545	ZIP:	3002
Name: Address: City: Name: Address: City: Name: Address: City: Name: Address:		101 East State State: Arnold Whit 3820 Mansell Roa State: Steven Fish	PA tman d Suite 280 GA		3002
Name: Address: City: Name: Address: City: Name: Address: City: Name: Address: City:	Alpharetta	101 East State State: Arnold Whit 3820 Mansell Roa State: Steven Fish 1617 JFK Boulevar State:	PA tman d Suite 280 GA man d Suite 545 PA	ZIP:	3002
Name: Address: City: Name: Address: City: Name: Address: City: Name: Address:	Alpharetta	101 East State State: Arnold Whit 3820 Mansell Roa State: Steven Fish 1617 JFK Boulevar	PA tman d Suite 280 GA man d Suite 545 PA Inc.	ZIP:	3002

Nursing Facility Department of Human Services Nursing Facility Cost Report									
Provider Name:	O Town Bank Road Operations LLC dba North Cape Center								
Medicaid Provider Number	0	Medicare Provider Number 31-5350							
NPI:	1588848881								
Reporting Period:	From:	1/1/2023 To: 12/31/2023							
Worksheet:	orksheet: Schedule S-13 - Average Length of Stay								

Average Length o	F Consu	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 Length 0	Nursing Facility (S-2)	38,541	14,067,465	38,986	407	95,78869779		(Column 7)	(Column 8)	(column 3)	19	(Coldinii 11)	(Column 12)	78
2	SCNF - AIDS (S-3)	0	0	30,300	407	0	455.0205120	400	33				Ü	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)		14,067,465	38,986	407	96	500	408	59	0	19	0	6	78

	Name:		Road Opera		Nursing Pacility Co. ba North Cape Cen	an Serv st Repo	rt						
PI:	e Provider ID:	31-5350 1588848881						-	/24/2027				
portin orksh	ng Period: eet:	From: Schedule A - Tota	al Expense		1/1/2023	10:		12	/31/2023				
		A. Employee and Contract Labor Hours (Schedule A-1	Manager	Von- ial Wages	C. Managerial Salaries and Benefits (Schedule	E	Contracted mployees	E. Sup	alias O		G. Adjustment for Related Parties (See	H. Adjustment for Income Offsets (See	
. Dire	ct Routine Patient Care Costs	through A-3)		ile A-3)	A-2)		hedule A-3)	Oti		F. Total	Schedule A-4)	Schedule A-8)	I. Adjusted
1	Direct Care - Nursing Facility Direct Care - SCNF AIDS	125,641	\$ 3	,933,433		\$	482,804			\$ 4,416,237		\$ - \$ -	\$ 4,416 S
3	Direct Care - SCNF BMGT Direct Care - SCNF PEDIATRIC	-	s s	-		\$	-			š -	\$ -	\$ -	\$
5	Direct Care - SCNF TBI/COMA	- :	\$	- :		\$				\$ -	\$ - \$ -	\$ - \$ -	\$
7	Direct Care - SCNF VENTILATOR Direct Care - SCNF YOUNG ADULT	-	\$	-		\$	-			\$ - \$ -	\$ - \$ -	\$ -	\$
	Direct Care - Behavioral Health Nursing Facility Direct Care - OTHER SPECIFY	-	\$	-		\$	-		ŀ	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
10	Total Direct Patient Care Costs - Direct Reported	125,641	\$ 3	,933,433		\$	482,804			\$ 4,416,237			\$ 4,416
Rout	ine Patient Care Costs - Not Directly Reported Routine Medical Supplies							c	132,437	\$ 132,437	c	\$ -	\$ 132
12	OTC Drugs							\$	17,254	\$ 17,254	\$ -	\$ -	\$ 17
14	Enteral Feeding (Product and Supplies) Incontinency Products							\$	3,725 40,835	\$ 3,725 \$ 40,835	\$ - \$ -	\$ - \$ -	\$ 3
15	Total Patient Care Costs - Not Directly Reported							\$	194,251	\$ 194,251	\$ -	\$ -	\$ 194
16	ent Ancillary Costs Radiology		\$	-		\$		\$	14,340	\$ 14,340	\$ -	\$ -	\$ 14
17	Laboratory Intravenous Therapy	-	S	-:-		\$	-	\$	26,816 44,759	\$ 26,816 \$ 44,759	\$ -	\$ -	\$ 26
19	Oxygen Therapy	155.00		-		\$	7,453	ş	11,066	\$ 18,519	\$ -	\$ -	\$ 18
21	Physical Therapy Occupational Therapy	5,821.00 6,336.00	\$	-		\$	365,071 365,129	\$	763 479	\$ 365,834 \$ 365,608		\$ - \$ -	\$ 365
	Speech Therapy Electro cardiology	2,407.00	\$	-		\$	167,217			\$ 167,217 \$ -		\$ - \$ -	\$ 167
24 25	Medical Supplies Charged to Patients Prescription Drugs (not OTC)							ς	236,124	\$ - \$ 236,124	\$ - \$ -	\$ - \$ -	\$ 236
26	Pharmacy Non-Formulary Support Surfaces									\$ - \$ 18,105	\$ -	\$ -	\$ 18
28	Ambulance							\$	18,105 160,437	\$ 160,437	\$ -	\$ -	\$ 160
30	Dental Physicians	-	\$	-		\$	-	\$	20,819	\$ - \$ 20,819	\$ - \$ -	\$ -	\$ 2
31 32	Other - Patient Ancillary Costs Total Patient Ancillary Costs	14,719.00	\$			\$	904,870	\$	5,612 539,320	\$ 5,612 \$ 1,444,190	\$ - \$ -	\$ - \$ -	\$ 1,44
	ing Administration												
33	Director of Nursing, ADON, Supervisors Inservice Education	4,160.00 1.048.00		150,218 67,597	\$ 150,218	\$	-			\$ 300,436 \$ 67,597	\$ -	\$ -	\$ 30
35	MDS Coordinator	1,048.00	S	-	š -	\$				\$ -	š -	\$ -	\$
37	Staffing Coordinator Infection Control	-	\$	-	\$ - \$ -	\$	-			\$ - \$ -		\$ -	\$
38 39	Medical Records/EMR Nursing License Fees	958.07	\$	28,742	\$ -	\$	-			\$ 28,742 \$ -	\$ - \$ -	\$ - \$ -	\$ 2
40	Other - Nursing Administration Total Nursing Administration	5,014.87 11,180.94	S	194,303 440,860	\$ - \$ 150,218	\$	-	\$	93,921 93,921	\$ 288,224 \$ 684,999	\$ -	\$ -	\$ 28
	dorce Related Costs - Patient Care	11,100.54	1	440,000	J 130,210	1,7	-	_	33,321	5 604,333	, .		J 00
42	Direct Patient Care Recruitment							\$	102,367	\$ 102,367			\$ 10.
	Direct Patient Care Retention Total Workforce Related Costs - Patient Care							s	102,367	\$ 102,367		\$ -	\$ 10.
Pati	ent Support Services												
45	Food (including supplements) Dietary Department		I.e.			ΙA	705 420	\$	242,118	\$ 242,118	\$ -	\$ -	\$ 242
47	Laundry Department	-	\$	-	\$ -	\$	705,129 145,119	\$	26,383 10,969	\$ 731,512 \$ 156,088	\$ -	\$ (4)	\$ 73:
49	Housekeeping Department Social Services	5,093.81	\$	168,089	\$ - \$ -	\$	314,817	\$	21,361 401	\$ 336,178 \$ 168,490	\$ - \$ -	\$ -	\$ 336
50 51	Patient Activities Medical Director	7,699.92 449.00			\$ -	\$	- 38,215	\$	7,438	\$ 150,972 \$ 38,215	\$ -	\$ -	\$ 15 \$ 3
52	Pharmacy Consultant		s	-	\$ -	\$		\$	23,485	\$ 23,485	\$ -	\$ -	\$ 2
54	Auto Leasing and Depreciation - Direct Patient Care Other Auto Expense - Direct Patient Care									\$	\$ -	\$ -	\$
	Other - Patient Support Services Total Patient Support Services	13,243	\$	311,623	\$ - \$ -	\$	1,203,280	\$	60,422 392,577	\$ 60,422 \$ 1,907,480	\$ -	\$ - \$ (4)	\$ 1,90
Prop	erty Operating Costs												
57 58	Maintenance Security	3,730.49	\$	89,037	ş -	\$		Ş	162,539 533	\$ 251,576 \$ 533	\$ - \$ -	\$ - \$ -	\$ 25:
59	Utilities (including telephone and cable services) Real Estate Tax							ş	294,877 114,943	\$ 294,877 \$ 114,943	\$ -	\$ -	\$ 294
61	Property Insurance	3,730	14	89,037	4	s		\$	57,864 630,756	\$ 57,864 \$ 719,793		\$ - \$ -	\$ 5
	Total Property Operating Costs	3,730	3	89,037	, .	>	•	3	630,756	\$ 719,793		3 -	3 /1:
63	nistrative & Operating Costs Administrator	2,080.00			\$ 183,507					\$ 183,507	\$ -	s -	\$ 18
64 65	Assistant Administrator Other Executive Staff			-	ş -					ş -	\$ - \$ -	\$ - \$ -	\$
66	Office Staff Management Fees	16,138.61	\$	-	\$ -	\$	-	,	552.502	\$ -	\$ -	\$ -	\$
68	Office Supplies and Expenses							\$	552,597 14,970	\$ 552,597 \$ 14,970	\$ 63,827 \$ -	\$ (1,878) \$ -	\$ 1
70	Insurance not Related to Property or Employees Business Taxes							\$	138,793 78	\$ 138,793 \$ 78	\$ - \$ -	\$ -	\$ 13
72	Accounting Fees Legal Fees							\$	537	\$ - \$ 537	\$ - \$ -	\$ - \$ -	\$
73	Advertising Allowable contributions							s	250	\$ - \$ 250	\$ - \$ -	\$ - \$ -	\$
75	Allowable Employee Gifts and Party							_	230	\$ -	\$ - \$ -	\$ - \$ -	Ś
77	Auto Leasing and Depreciation Other Auto Expenses									š -	š -	\$ -	\$
79	Travel Expenses Non-Capital Related Interest Expense									\$ - \$ -	\$ - \$ -	\$ -	\$
	Other A&O costs Total Administrative & General	18,219	s	-	\$ 183,507	\$		\$	144,571 851,796	\$ 144,571 \$ 1,035,303	\$ - \$ 63,827	\$ - \$ (1,878)	\$ 14
	der Tax (NHA 100)												
	Provider Tax (NHA 100)							\$	424,579	\$ 424,579	\$ -	\$ -	\$ 42
	Aforce Related Costs - Other							^	4555			_	
84	Patient Support & Other Recruitment Patient Support & Other Retention							\$	1,560	\$ -		s -	\$
86	Professional Training Licensing and Dues							\$	30,608 18,542	\$ 30,608 \$ 18,542	\$ - \$ -	\$ - \$ -	\$ 3
	Total Workforce Related Costs - Other							s	50,710	\$ 50,710	s -	\$ -	\$ 5
ring RR	e Benefits for Non-Management Employees Payroll Taxes							5	397.378	\$ 397,378	ς .	\$ -	\$ 39
39	Workers' Compensation							\$	148,986	\$ 148,986	\$ -	\$ -	\$ 14
91	Unemployment Disability Insurance							,	70,358	\$ -	\$ - \$ -	\$ -	\$ 70
93	Medical Insurance Dental Insurance							\$	94,569	\$ 94,569 \$ -	\$ - \$ -	\$ - \$ -	\$ 94
94	Union Welfare Vision Insurance									s -	\$ - \$ -	\$ - \$ -	\$
96	Uniforms									\$ -	\$ -	\$ -	\$
98	Tuition Assistance Retirement Benefits									\$ - \$ -		\$ - \$ -	\$
	Life Insurance Other - Fringe Benefits									s - s -	\$ - \$ -	\$ - \$ -	\$
	Total Fringe Benefits							s	711,291	\$ 711,291	\$ -	5 -	\$ 71.
									82,971	\$ 82,971	\$ 22.054		s
01 Pro	perty Capital Costs										\$ 32,054	, .	\$ 11
.01 Pro .02 .03	Depreciation Mortgage Interest (Allowable Interest)							\$		\$ -	\$ -	\$ -	\$
Pro 102 103 104 105	Depreciation Mortgage Interest (Allowable Interest) Rental of Building Rental of Equipment							\$ 1 \$,332,672 21,210	\$ - \$ 1,332,672 \$ 21,210	\$ -	\$ - \$ -	\$ 714
Pro 102 103 104 105 106	Depreciation Mortgage Interest (Allowable Interest) Rental of Building Rental of Equipment Total Property Capital Costs							\$ 1 \$,332,672	\$ - \$ 1,332,672	s -	\$ -	\$ 714
.01 .02 .03 .04 .05 .06	Depreciation Mortgage Interest (Allowable Interest) Rental of Building Rental of Equipment Total Property Capital Costs Routine/Non-Allowable Costs		l e		c	10	7.020	\$ 1 \$ \$ 1	,332,672 21,210 ,436,853	\$ - \$ 1,332,672 \$ 21,210 \$ 1,436,853	\$ - \$ (586,305)	\$ - \$ -	\$ 714 \$ 23 \$ 850
.01 .02 .03 .04 .05 .06	Depreciation Mortgage Interest (Allowable Interest) Rental of Building Rental of Equipment Total Property Capital Costs	-	s	-	ş -	\$	7,832	\$ 1 \$ \$ 1	,332,672 21,210 ,436,853	\$ - \$ 1,332,672 \$ 21,210	\$ - \$ (586,305)	\$ - \$ -	\$ 714 \$ 23 \$ 850

State of New Jersey								
	Department of Human Services							
Nursing Facility Cost Report								
Provider Name:	700 Town Bank Road Operations LLC dba North Cape Center							
Medicare Provider ID:	31-5350							
NPI:	1588848881							
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) 14.728.11 735.01 Licensed Practitioner Nurses (LPN) 35.650.93 \$1,508,920 4.291.50 \$269,474 Certified Nursing Assistants (CNA) 64,870.45 \$1,661,086 5,364.85 \$155,770 Advanced Practice Nurses (APN) Respiratory Therapy (RT) Other Medical Staff \$482,804 115,249.49 \$3,933,433 10,391.36 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 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:		Operations LLC dba North	Cape Center
Medicare Provider ID:	31-5350		
NPI: Reporting Period:	1588848881 From:	1/1/2023 To	o: 12/31/202
Worksheet:	Schedule A-2 - Manag). 12/31/202
		, ,	
		Hours	Cost
Administrator Name	Salary	2.000	63
Jennifer Hess	Payroll Taxes	2,080	183,507
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		100 500
	Total		183,507
Assistant Administrator			64
Name	Salary		
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits Other	_	
State Licensing (Variable) Type	Total	_	-
Director of Nursing			33
Name Megan Klebaur	Salary Payroll Taxes	2,080	150,218
Wegaii Nebaui	Health Insurance	_	
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		150,218
Assistant Director of Nursing			33
Name	Salary		33
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits Other	_	
State Licensing Number/ Type			
	Total		-
	Total		-
Other	Total		-
Other Name		Input Line Number	- 65
	Salary	Input Line Number	- 65
		Input Line Number	- 65
	Salary Payroll Taxes	Input Line Number	65
Name	Salary Payroll Taxes Health Insurance Retirement Benefits Other	Input Line Number	
Name	Salary Payroll Taxes Health Insurance Retirement Benefits	Input Line Number	- 65
Name	Salary Payroll Taxes Health Insurance Retirement Benefits Other	Input Line Number	
Name State Licensing Number/Type	Salary Payroll Taxes Health Insurance Retirement Benefits Other	Input Line Number	-
Name State Licensing Number/Type Other	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary		-
Name State Licensing Number/Type Other	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes		-
Name State Licensing Number/Type Other Name	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance		-
Name State Licensing Number/Type Other	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes		-
Name State Licensing Number/Type Other Name	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits		-
Name State Licensing Number/Type Other Name State Licensing Number/Type	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other		65
Name State Licensing Number/Type Other Name State Licensing Number/Type Other	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other	Input Line Number	- 65
Name State Licensing Number/Type Other Name State Licensing Number/Type	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other		- 65
Name State Licensing Number/Type Other Name State Licensing Number/Type Other	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total	Input Line Number	65
Name State Licensing Number/Type Other Name State Licensing Number/Type Other Name	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total	Input Line Number	- 65
Name State Licensing Number/Type Other Name State Licensing Number/Type Other	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits	Input Line Number	- 65
Name State Licensing Number/Type Other Name State Licensing Number/Type Other Name	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other	Input Line Number	69
Name State Licensing Number/Type Other Name State Licensing Number/Type Other Name	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits	Input Line Number	- 65
Name State Licensing Number/Type Other Name State Licensing Number/Type Other Name	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other	Input Line Number	- 65
Name State Licensing Number/Type Other Name State Licensing Number/Type Other Name State Licensing Number/Type	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total	Input Line Number	- 65
Name State Licensing Number/Type Other Name Other Name State Licensing Number/Type Other State Licensing Number/Type Other Other Other Other	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total	Input Line Number	65
Name State Licensing Number/Type Other Name Other Name State Licensing Number/Type Other State Licensing Number/Type Other Other Other Other	Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total Salary Payroll Taxes Health Insurance Retirement Benefits Other Total	Input Line Number	65

TOTAL MANAGERIAL COMPENSATION	\$ 333,725
1	

Other **Total**

State of New Jersey							
	Department of Human Services	S					
	Nursing Facility Cost Report						
Provider Name:	700 Town Bank Road Operations LLC dba North Cape Center						
Medicare Provider ID:	31-5350						
NPI:	1588848881						
Reporting Period:	From:	1/1/2023 To:	12/31/2023				
Worksheet:	Schedule A-3 - Non-Direct Care and Non-Managerial Wages and Contract Labor						

		A. Schedule A Line	B. Salaried Hours	C. Salary and Wages	D. Contract Labor Hours	E. Contract Labor Expense	F. Total Hours	
	ent Ancillary Costs	16						4
1	Radiology	16					-	4
2	Laboratory	17					-	4
3	Intravenous Therapy	18			455.00	47.450		4
4	Oxygen Therapy	19 20			155.00	\$7,453	155.00	_
5	Physical Therapy				5,821.00		5,821.00	→
6	Occupational Therapy	21			6,336.00		6,336.00	_
7	Speech Therapy	22			2,407.00	\$ 167,217	2,407.00	4
8	Electro cardiology	23					-	-
9	Physicians	30						4
10	Other - Patient Ancillary Costs	31	_	4	44.740.00	4 004.070	-	┨╻.
11	Total Patient Ancillary Costs		-	\$ -	14,719.00	\$ 904,870	14,719.00	Tot
E. Nurs	ing Administration							ı
12	Director of Nursing, ADON, Supervisors	33	2,080.00	\$ 150,218			2,080.00	1
13	Inservice Education	34	1,048.00	\$ 67,597			1,048.00	1
14	MDS Coordinator	35					-]
15	Staffing Coordinator	36					-	1
16	Infection Control	37					-	1
17	Medical Records/EMR	38	958.07	\$ 28,742			958.07	1
18	Other - Nursing Administration	40	5,014.87	\$ 194,303			5,014.87	1
19	Total Nursing Administration		9,100.94	\$ 440,860	-	\$ -	9,100.94	Tot
G Dati	ent Support Services							
20	Dietary Department	46				\$ 705,129	_	4
	Laundry Department	47				\$ 705,129	-	1
	Housekeeping Department	48				\$ 314,817	-	+
23	Social Services	49	5,093.81	\$ 168,089		3 314,017	5,093.81	1
24	Patient Activities	50	7,699.92	\$ 143,534			7,699.92	-
	Medical Director	51	7,033.32	\$ 145,354	449.00	\$ 38,215	449.00	-
26	Pharmacy Consultant	52			449.00	\$ 38,215	449.00	-
27	•	55					-	1
28	Other - Patient Support Services Total Patient Support Services	33	12,793.73	\$ 311,623	449.00	\$ 1,203,280	13,242.73	Tot
28	Total Patient Support Services		12,793.73	\$ 311,623	449.00	3 1,203,280	13,242.73	7 100
H. Prop	perty Operating Costs							1
29	Maintenance	57	3,730.49	\$ 89,037			3,730.49	
30	Security	58					-	1
31	Total Property Operating Costs		3,730.49	\$ 89,037	-	\$ -	3,730.49	Tot
I Admi	inistrative & Operating Costs							
32	Office Staff	66	16,138.61				16,138.61	1
33	Total Administrative & General	- 50	16,138.61	\$ -	-	\$ -	16,138.61	
								_
N. Non 34	-Routine/Non-Allowable Costs Sales and Marketing Personnel	N/A					_	4
35	=	N/A					-	+
						\$ 7,832	-	+
36	Barber and Beauty Shop	N/A				۶ 7,832		+
37	Physician Private Offices	N/A					-	+
38	Patient Laundry	N/A					-	4
39	Other Non-Reimbursable Personnel	N/A				4	-	┨
40	Non-Routine / Non-Allowable Costs	107	-	\$ -	-	\$ 7,832	-	Tot

Index

Reporting Period:	From:	1/1/2023 To:				
Worksheet:	Schedule A-4 Part I - Related Parties					
Provider DBA Name (if any):	700 Town Bank Road Operations LLC dba Nor	00 Town Bank Road Operations LLC dba North Cape Center				
Tax ID/EIN:	26-0866369					

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 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 I										
er Name:	700 Yours Bank Ruad Corrotions U.C. disa N	sorth Coor-Civities															
and Provider Number	p		Medican Poyder Number														
	1MERCERE																
ting Period.	Promi	1/1/202	II to	12/31/2023													
dest	Schedule A-G Part II - Related Parties																
Ser DBA Name (if any):	700 Yours Bank Road Corrotions USC 45a N	SOUTH CHOSE CHUSEN															
EN.	26-0366369																
characteristics of Existed State Silvanities																	
Column 1	Column 2	Column I	Calums 6	Column 3	Column 6	Column 7	Column 8	Column 9	Column 10	Calume 11	Column 12	Column 13	Column 14	Column 13	Column 16	Column 17	Culumo 18
			Selectionship to Provider (see Ad Schedule A-4 Part I. Selectionship Status							Category of Goods/Services Provided by Related Party (See ASS/Sedule X-6 Part I. Goods/Services Category Options,		Method for Determining the Allowable Cost or	Total (Adva) Amount Fail to	Method of Payment to Related Party (e.g.	Allowable Actual Cost or PMIr of the		
Date of transaction	Assess on Cod Resorts	cost scincleded in.	Dictors briow I	Name of Bridged Facts	Address of Related Forth	Contact Name of Bridged Facts			Description of the boods/benotes Provided by Related Fatty	Selow I	Type of Translation	MEX of the Soudultenions Provided		motor, our resident, monthly fee, flat feet	dands/benses/franded in \$1	Cost on Facility Books	Adustment
Monal	- 67		Other (financial or non-financial), saecfy:	Senest Administrative Services (LEC(3) on 4 seeds be		Minter	\$32,660-8350	arfa thereexistic com	Ball of sevences	O-Dther	Inter-company	tone office cost report		20 Inde camery	5816.636.03	\$332,397,00	563.827
Arrest	102		Other (financial or non-financial), specify:	Senect Administrative Services (LEC(3) call 4 seedly be Powerback Rehabilitation (RS (3) call 4 seedly below	100 Eacl State Street Kennett Souare PR, 19508	Mindes	432 646-4350	orfurbannecohoc.com	Cantalback office	C-Chatal	Inter-company	rone office cost report	50.1	DI Telev company	532,014.00	52.00	\$82,054
Annual Annual			Other (financial or non-financial, specify: Other (financial or non-financial, specify:	Powedack Retabilitation SRS (2) call 6 sectly below Powedack Retabilitation SRS (2) call 6 sectly below		Mindey	632 666-6350 632 666-6350	orfurtherneschoc.com	PT	W-Thesay W-Thesay	Inter-company	Contractionse		03 Interconcery 03 Interconcery	\$945.075.00 \$945.128.00	\$363.071.00 \$363.129.00	100
Model	- 11		Other I feancas or non-feancast, cancife:	Powedack Retablification DRS (2) call 6 specify below Powedack Retablification DRS (2) call 6 specify below		Mikeling	432 646-4330	orla Barrecolox com	Of .	W-Thesay	Inter-company Inter-company	Contract once		03 Interconcery 03 Interconcery	\$165.128.03 \$167.217.03	\$385.129.00 \$287.217.00	100
Annual Annual			Other Disposal or non-freedom confer-	Facebook Sector Tolks and 11 cold control below		Suran Pumbon	411 777,7611	suran quadro distributatione	Mustine Associal Reconcions obsessed	tt-traffica	Marianana Mariananana	CONTRACT COOK		NO TOTAL CONTRACTOR	5007 000 00	5487 854 60	864
Annual Control			The Record of the Sector	Roughly's Subshifts on Sub 171 and a sparify below		Mindre	417 666-4100	arts Manager No.	the same Assert Characters of Characters	W. Thartes	Marie de Marie	FORTING COOK		NO TOTAL CONTRACTOR	5743100	57.037.00	
Annal			Other (França) or non-frança), savofu	Aller Med Partners GPS (2) call 6 specify below		Mietry	432 640-6330	orfu there exists com	Medical Director	D-Consultants	Inter-company			00 Inov company	138,233.00	588,213.00	
Marthy	- 14		Other (financial or non-financial), specify:	Trigavic registricare Medical Group of RI U.C (2) col 6 co.		Brisha Shandari	123 (51-733)	orfuthysaedeeth.com	Trincamonotion	D-Considers	Aggreets specifie	Contract once		DD Account agraphie	\$18,700.00	\$18,700.00	100
Marthy	27		Other (financial or non-financial), specify:			Brendan Tager	700.007-9384	Brendan (gent til ogen bytesthelen cam	Theory transport consistent	D-Considers	Aggreets people	Contractor		2 Account agentie	50.00	50.00	10
																	in
Moreov	104	il .	Other (financial or non-financial), specify:	Next HC-ctri21 cold specifybrion	211 Blod of the America Suite 506 Likewood NI 08705	Michael Zwinia	606 162-0379	eldreich z.com	Red Educations	C-Child		500	\$1,332,671	DS Sease contract IPT	5714.312.00	\$1,882,671.00	-1618.858
																	100
																	500
				(1) Other specify Planet entity of Provider has financial tributed in the widded sprits.													10
				(2) Other as Officer , dewiter or other key person of the			_										10:
				garent entity of Provider hos a financial enterest in													10.
				the order control													400
																	10.0
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																	100
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																	100
Test															\$1,827,179,00	13.223.817.01	-6122.679

Provider Name:	700 Town Bank Road Operations LLC dba No	00 Town Bank Road Operations LLC dba North Cape Center							
Medicaid Provider Number	0	Medicare Provider Number	0						
NPI:	1588848881								
Reporting Period:	From:	1/1/2023 To:	12/31/2023						
Worksheet:	Schedule A-4 Part III - Related Parties	Schedule A-4 Part III - Related Parties							
Provider DBA Name (if any):	700 Town Bank Road Operations LLC dba No	700 Town Bank Road Operations LLC dba North Cape Center							
Tax ID/EIN:	26-0866369								

C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider (81), including all principals and interested parties and including 100% of the owners, principals, and interested parties in any entity identified as a principal or interested party in the third-party entity exercising substantial management control over the provider (82).

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:	700 Town Bank Road Operations LLC dba No	00 Town Bank Road Operations LLC dba North Cape Center							
Medicaid Provider Number	0	Medicare Provider Number	0						
NPI:	1588848881								
Reporting Period:	From:	1/1/2023 To:	12/31/2023						
Worksheet:	Schedule A-4 Part IV - Related Parties	Schedule A-4 Part IV - Related Parties							
Provider DBA Name (if any):	700 Town Bank Road Operations LLC dba No	700 Town Bank Road Operations LLC dba North Cape Center							
Tax ID/EIN:	26-0866369								

C. Management Control

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

T-61-	~	

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

	Department	of New Jersey t of Human Services acility Cost Report	
Provider Name:	700 Town Bank Road Operations LLC dba North Cape	Center	
Medicare Provider ID:	31-5350		
NPI:	1588848881		
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 15,015 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. 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 206,812 23 Other (Specify) 24 Other (Specify) 25 Other (Specify) 26 Other (Specify) 27 Other (Specify) 28 Non-Allowable Other Costs 221,827

Index

	State of New Jersey Department of Human Services	
	Nursing Facility Cost Report	
Provider Name:	700 Town Bank Road Operations LLC dba North Cape Center	
Medicare Provider ID:	31-5350	
NPI:	158848881	
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	\$66,901.00			\$0.00		\$66,901.00		\$9,020.00		\$9,020.00
Buildings and Fixtures				\$0.00						\$0.00
Building Improvements	\$355,449.00			\$0.00		\$355,449.00		\$24,246.00		\$24,246.00
Fixed Equipment	\$55,715.00			\$0.00		\$55,715.00		\$2,480.00		\$2,480.00
Major Moveable Equipment	\$127,650.00			\$0.00		\$127,650.00		\$47,225.00		\$47,225.00
Other				\$0.00						\$0.00
Total	\$605,715.00	\$0.00	\$0.00	\$0.00	\$0.00	\$605,715.00	\$0.00	\$82,971.00	\$0.00	\$82,971.00

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 Se		
		Nursing Facility Cost Rep		
Provider Name:	700 Town Bank Roa	d Operations LLC dba North	Cape Center	
Medicare Provider ID:	31-5350			
NPI:	1588848881			
Reporting Period:	From:	1/1/2023 To:	12/31,	/2023
Worksheet:	Schedule A-7 - Depr	eciation Schedule		

Worksheet:								
Workshieet.	Schedu	ıle A-7 - Dep	reciation Schedule					
				Weighted	But an Bantad			
			Estimated	Average	Prior Period	Prior Period	Period	Asset Grou
Asset Name/Description	Capita	lized Costs	Salvage Value	Estimated Useful	Accumulated	Impairment	Depreciation	Carrying Va
			, and the second	Life (Years)	Depreciation			
				· · · · ·				•
uildings:								
Jursing Facilities							\$ -	\$
Administrative Facilities							\$ -	\$
Multi-purpose Facilities			_				<u>'</u>	\$
and Improvements	\$	66,901	\$ -	7.203	\$ 9,501		\$ 9,288	\$ 48,
torage Facilities							\$ -	\$
Parking Garages							\$ -	\$
Other:								
Building Improv	\$	355,449	\$ -	14.6603	\$ 46,204		\$ 24,246	\$ 285,
ixed Equipment	\$	24,798	\$ -	9.9999	\$ 2,141		\$ 2,480	\$ 20,
· ·		,			,		\$ -	\$
							\$ -	\$
							\$ -	\$
atal Bariad Danuariation Buildings								2
otal Period Depreciation - Buildings						l	\$ 36,013	l
quipment:								
Medical Equipment							\$ -	\$
Other Equipment Used in Direct Care Services	\$	127,650		6.48475	\$ 32,502		\$ 19,685	\$ 75,
Computer Equipment	\$	30,453	\$ -	18.1194			\$ 1,681	\$ 26,
elephone and Communication Equipment	\$	464	\$ -	9.999	\$ 101		\$ 46	\$
Maintenance and Custodial Equipment	7			2.333			\$ -	\$
Other:							-	1 *
		17.011	\$ -	1			\$ 17,911	ė
Depreciation accelerated	\$	17,911	÷ -	1				\$
							\$ -	
							\$ -	\$
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							\$ -	\$
otal Period Depreciation - Equipment							\$ 39,323	
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/ehicles:								
Cars							\$ -	\$
Frucks							\$ -	\$
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	State of New Jersey			
	Department of Human Services			
	Nursing Facility Cost Report			
Provider Name:	700 Town Bank Road Operations LLC dba North Cape Co	enter		
Medicare Provider ID:	31-5350			
NPI:	1588848881			
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	\$ 11,729,117	\$ 11,729,117	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 1,370,400	\$ 1,370,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 7,032,042	\$ 7,032,042	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		i
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Medicare Routine Patient Revenue	\$ 2,786,212	\$ 2,786,212	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Other Patient Revenue	\$ 134,675	\$ 134,675	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		i
Hospice Days Revenue	\$ 356,309	\$ 356,309	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Respite Days Revenue	\$ 49,479	\$ 49,479	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		i
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		i
Ancillary Patient Revenue	\$ 2,822,785	\$ 2,822,785	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Less Contractual Allowance	\$ (596,200)	\$ (596,200) \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ 13,955,702	\$ 13,955,702	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsetable Revenue		
	Meals Served to Non-Patients	
	Interest Revenue	1,828
	Rebates of Expenses	
	Purchase Discounts	
	Property Rentals	
	Fringe Benefits	
	Supplies Sold to Non-Patients	
	Services Sold to Non-Patients	
	linen service received from patients	4
Retroactive payments for n	on-formulary pharmacy transactions	
	Other: Misc Income	50
	Other:	

B. Other Non-Patient Revenue	2	
	County Funding	
	Other:	

Total Revenue \$13,957,583.54 \$13,955,701.81 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

		State of New Jersey Department of Human Ser	vices																														
Provider Name: Medicare Provider ID:		700 Town Bank Road Operat 31-5350	ions LLC dba North C	oe Center																													
NPI: Reporting Period:		1588848881 From:	1/1/2023	To:	12/1	/2023																											
Worksheet: Allocated Statistics		Schedule B - Allocation Basis																															
Basis Codes A Non-Manager	BASIS trial Salaries	Direct Care - Nursing Facility 1 53.923.433	Direct Care - SCNF AIDS 2	Direct Care - SC SCNF BMGT PEDI. 3	F Direct Care TRIC TBI/COS	SCNF Direct Care - S A VENTILATO 6	CNF Direct Care - Si R YOUNG ADU 7	NF Direct Care - Behavior Health Nursing Fa	Direct Care storal OTHER cility SPECIFY 9	Radiology 16	Laboratory 17	Intravenous Therapy 18	Oxygen Therapy 29	Physical Therapy 20	Occupational Therapy 21	Speech Therapy 22	Electro cardiology 23	Physicians 30	Other - Patient Ancillary Costs 31	Total Numing Administration 41	Food (including supplements)	Dietary Department 45	Laundry P Department 47	ousekeeping Repartment 5 48	iocial F rvices Ad 49	latient Medic divities Direct 50 51	al Pharma or Consults 52	Other - Patient acy Support tent Services 55	Total Proj	perty Tota ing Administra Gener	d Total Williams & Related ral Ot	rkforce Costs - Total Pro er Capital G	perty I
Basis Codes B Square Footas	BASIS	Direct Care - Nursine Facility 1 20.747		Direct Care - SC SCNF BMGT PEDI.		SCNF Direct Care - S A VENTILATO	CNF Direct Care - Si R YOUNG ADU 7	NF Direct Care - Behav T Health Nursine Fa	Direct Care of OTHER ciles SPECIFY 9	Non-Routine / Non-Allowable Costs 107	Total 20.747																						
Basis Codes C Patient Days	BASIS	Direct Care - Nursing Facility 1 38,541	Direct Care - SONF AIDS 2	Direct Care - SC SCNF BMGT PEDL 3	F Direct Cane TBUC TBUCOS 5	SCNF Direct Care - S A VENTILATO 6	CNF Direct Care - Si R YOUNG ADU 7	NF Direct Care - Behav T Health Nursing Fa B	Direct Care vioral OTHER city SPECIFY 9	Total 38,541																							
Basis Codes D Non-Medicare	BASIS re Days (NHA100 Definition)	Direct Care - Nursing Facility 1 28.686	Direct Care - SCNF AIDS 2	Direct Care - SC SCNF BMGT PEDI. 3	F Direct Care TBUCOS 5	SCNF Direct Care - 5 A VENTILATO 6	CNF Direct Care - Si R YOUNG ADU 7	NF Direct Care - Behav T Health Nursing Fa B	rional cility Total 0 28.685																								
Basis Codes E Meals Served	BASIS	Direct Care - Nursina Facility 1 116.958	Direct Care - SCNF AIDS 2	Direct Care - SC SCNF BMGT PEDI.	F Direct Cane	SCNF Direct Care - S A VENTILATO 6	CNF Direct Care - Si R YOUNG ADU 7	NF Direct Care - Behav T Health Nursine Fa	Direct Care OTHER ciley SPECIFY 9	Total 116.958																							
Basis Codes F Pounds of Lau	BASIS	Direct Care - Nursing Facility 1 28,986	BASIS Patient Day	Direct Care - SC SCNF BMGT PEDI.			7	T Health Nursing Fa	specify g	38,986																							
Basis Codes G Salary & Contr	BASIS tract Services Direct Numbing Hours	Direct Care - Nursing Facility 1 125,640,85	1	Direct Care - SC SCNF BMGT PEDI. 3 0.00 Direct		0.00		NF Direct Care - Behav T Health Nursing Fa B	Direct Care]																						
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Basis Codes I Accumulated i		Direct Care - Nursing Facility 1 \$15,806,105		Direct Care - SC SCNF BMGT PEDI. 3 SD Direct Care - SC		50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50			Total \$16,035,764																						
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Basis Codes K Laboratory Ch		S72.735	Direct Care -	Direct Care SC SCNF BMGT PED.		_	7	T Health Numine Fa			\$72.735																						
L Intravenous Ti		542,082 Sirect Care - Nursing Facility		Direct Care - SC SCNF BMGT PEDL	-	_		NF Direct Care - Behav			\$42,082 Total																						
M Oxygen Thera	BASIS	S184 Direct Care - Nursing Facility		Direct Care - SC SCNF BMGT PEDL 3				NF Direct Care - Behas T Health Nursing Fa			\$384 Total																						
N Physical Thera Basis Codes	BASIS	S973.685 Direct Care - Nursing Facility 2 \$983,880	Direct Care -	Direct Care - SC SCNF BMGT PEDI. 3				NF Direct Care - Behav T Health Nursing Fa			\$973,685 Total																						
O Occupational : Basis Codes P Speech Therap	BASIS	S083,880 Direct Care - Nursing Facility 1 \$397,851	Direct Care -	Direct Care - SC SCNF BMGT PEDI. 3				NF Direct Care - Sehas T Health Nursing Fa			3943,440																						
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Basis Codes R Medical Suppl	BAGIS Olles Charged to Patient Charges	Direct Care - Nursing Facility 2		Direct Care - SC SCNF BMGT PEDL 3		SCNF Direct Care - S A VENTILATO S	CNF Direct Care - Si R YOUNG ADU 7	NF Direct Care - Behav T Health Nursing Fa B			Total 50																						
Basis Codes S Prescription D	BAGIS Drugs (Not OTC) Charges	Direct Care - Nursing Facility 1 \$251,784		Direct Care SC SCNF BMGT PEDL 3				NF Direct Care - Behav T Health Nursing Fa B			Total \$251,784																						
Basis Codes T Pharmacy Nor	B/GIS on-Formulary Charges	Direct Care - Nursing Facility 1		Direct Care - SC SCNF BMGT PED. 3 Direct			_	T Health Nursing Fa		Non-Allowable Costs 107	Total 50																						
Basis Codes U Support Surfa	BASIS laces Charges	Direct Care - Nursing Facility 1 \$36,041		Direct Care - SC SCNF BMGT PEDI. 3 Direct Care - SC						_	5,95,041																						
Basis Codes V Ambulance Ch	BASIS Darges BASIS	Direct Care - Nursing Facility \$ \$38,986 Direct Care - Nursing Facility	BASIS Patient Day	Direct Care - SC SCNF BMGT PEDI. 3 Direct Care - SC SCNF BMGT PEDI. 3			7				Total \$38,986																						
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sical Therapy	SACARA SO	\$365,834
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ech Therapy	\$147,247	\$167,217
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	Number Sacility Cost Record									
Provider Name: Medicare Provider ID:	700 Town Bank Read Coversions LLC das North Case Center									
Medicare Provider ID:	11:510									
NPI:										
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 Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage Percentage Square Footage Dedicated to Direct Care Narsing Facility				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
	700 Town Bank Road	North Cape May	08204	Yes	Operating Lease	Next HC-JV HUD	S87 Fifth Avenue	New York	10017	646-502-4579	54,000.00	-	54,000,00 100		12/20/2019		1/31/2034	\$111.055.92	\$1,332,671.00	2.06
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State of New Jersey												
Nursing Facility Cost Report												
	1588848881											
	31-5350											
	158844881											
	From:	01/01/2023	To:	12/31/2023								
	Schedule C-1 - Patient Care Ratio	Schedule C-1 - Patient Care Ratio										
		Opputsent of Names Series Naming Analysis of Names Series 1158348883 21.5550 258848881 From:	Opportunet of Human Services Nerview Facility Confliction 1.5585448835 1.5585468855 1.5585468855	Separation of Human Services								

WORSHIEL:																											
	Total Routine Patient Days	Medicaid/NU FamilyCare Routine Days	Medicaid/N3 FamilyCare Routine Days to Total Routine Days Percentage	Revenue till and	Medicaid/NJ FamilyCare Routine Patient Revenue d Billed But Not Paid	Family Care Patient	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 Companiation	Non- Reimbursable Compensation	Supplies	Other Materials and Supplies Expenses as Defined by 10:49A 2.4	Equipment, Maintenance, Telecommunicatio ms, And Utility Expenses Attributable to Buildings and Equipment Defined by 10:494-2,5	Capital Cost Attributable to Buildings and Equipment Defined by 10:49A-2.5	Staff Training As Ex	0:49A-2.6		Non-Capital Interest Expense As Defined by 10:49A-2.6	Assessm	ent Party an Income	d Reimbursa Other Cos			Patient Care Ratio
Nursing Facility	38.541	23 305	60.485	uness:		MEFT	52.064.296	52.937.876	\$2,218,073	\$181.408	\$605,745	£403.300		5783.116	\$177.317	\$457,416	\$850,548	\$30,170	\$194.669		40 444	5,020 5424,5	*	140	50 511.142.525	9 56,739,002	
SCNF AIDS	38,541	23,300	00.483	WEST WEST	50	HREF!	52,004,290	52,937,870	22,218,073	5181,408	3003,743	5102,300	50	5/83,110	51//.31/	2437,410	3830,348	530,170	5194,009	50	50 511	60 5424.5	60	243	50 511,142,52	20,739,002	0.00%
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SCNF TBI/COMA	0		0.009	ARFFI	50	#REF1	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	Sn .	50 50	90	0.00%
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Behavioral Health Nursing Facility	0		0.009	L ARFFI	50	#REF1	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	Sn .	50 51	0 50	0.00%
OTHER	0		0.009	6 MREFT	50	#REF1	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50	50 50	3 50	0.00%
Total Allowable Expense	38.541	23.308	60.483	G WREFT	50	#REF1	\$2,064,296	\$2,937,876	52.218.073	5181.408	\$605,745	\$102,300	50	5783.116	\$177.317	\$457.416	\$850,548	\$30,170	\$194.669	50	S0 S11	5.020	50 0	34)	\$0 \$11,142,525	9 56.739.002	0.00%
Non-Reimbursable							50	50	50	52,636	\$8.801	50	SO.	50	\$2,576	SO.	50	5438	\$1,988	S0	S0	S1	50	50 5221			_
Total Directly Assigned and Allocated E	Expenses Per Schedule B-1						\$2,064,296	52,937,876	52.218.073	\$184,044	\$614,546	\$102,300	50	5783.116	5179.893	\$457,416	\$850.548	\$30,608	\$196,657	S0	S0 S11	5.021	50 0	54) 5221	327 \$11,380,79	5	