



**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 Provider 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	6799604	NPI Number:	1588848881
Medicaid SCNF - AIDS Provider Number			
Medicaid SCNF - BMGT Provider Number			
Medicaid SCNF - Pediatric Provider Number			
Medicaid SCNF - TBI/Coma Provider Number			
Medicaid SCNF - Ventilator Provider Number			
Medicaid SCNF - Young Adult Provider Number			
Behavioral Health Nursing Facilities			
Medicare SNF Provider Number	31-5350		
Department of Health License Number	62200		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	700 Town Bank Road Operations LLC dba North Cape Center		

**B. Physical Address**

Street Address:	700 Town Bank Road				
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 Street				
City:	Kennett Square	State:	PA	ZIP:	19348

**D. Home Office / Management Company**

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

**E. Facility Operation and Ownership**

Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	Y/N:	No
Operator(s)—Provide names and addresses of any person who directly or indirectly, beneficially owns any interest in the building on which the provider is located. Add subsequent rows as needed.		
Operator Name:		
Address:		
City:	State:	ZIP:
Operator Name:		
Address:		
City:	State:	ZIP:
Owner(s)—Provide names and addresses of any person who, directly or indirectly, beneficially owns a 5% or greater interest in any mortgage, note, deed of trust, or other obligations secured in whole or part by the land on which or building in which the facility is located. List 100% of all current owners of the nursing home, including all principals and interested parties. Add subsequent rows as needed.		
Owner Name:		
Address:		
City:	State:	ZIP:
Owner Name:		
Address:		
City:	State:	ZIP:
Lessor(s)/Lessee(s)—Provide names and addresses of any person who, directly or indirectly, has any interest as a lessor or lessee in any lease or sublease of the land on which or the building in which the facility is located. Add subsequent rows as needed.		
Lessor Name:		
Address:		
City:	State:	ZIP:
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 be reported.		
Entity wit Mortgage or Security Interest Name:		
Address:		
City:	State:	ZIP:
Entity wit Mortgage or Security Interest Name:		
Address:		
City:	State:	ZIP:
Partnership—All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.		
Partner Name:		
Address:		
City:	State:	ZIP:
Partner Name:		
Address:		
City:	State:	ZIP:

**F. Type of Facility (Place an "X" in all that apply)**

Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid Provider Number	Facility Certification Date
<input checked="" type="checkbox"/> Nursing Facility		120	120	6799604	
<input type="checkbox"/> Special Care Nursing Facility - AIDS					
<input type="checkbox"/> Special Care Nursing Facility - BMGT					
<input type="checkbox"/> Special Care Nursing Facility - Pediatric					
<input type="checkbox"/> Special Care Nursing Facility - TBI/Coma					
<input type="checkbox"/> Special Care Nursing Facility - Ventilator					
<input type="checkbox"/> Special Care Nursing Facility - Young Adult					
<input type="checkbox"/> Behavioral Health Nursing Facilities					
<input type="checkbox"/> Assisted Living/Residential					
<input type="checkbox"/> Other (Specify):					
<b>Total</b>		120	120		

**G. Cost Report Preparer Information**

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





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Medicaid Provider Number	6799604	Medicare Provider Number	31-5350
NPI:	1588848881		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)		

Facilities Long-Term Care Reporting Classification is:

	Number of Patient Days	Related Revenue Received Or Accrued Whole Dollars
Line 1 Medicare Days (For Information Purposes Only - Not Subject to Assessment)	8,510	\$6,064,213
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	445	\$0

**Report Non-Medicare Days Subject To Assessment**

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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Medicaid Provider Number	6799604	Medicare Provider Number	31-5350
NPI:	1588848881		
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 Assessment**

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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 S-12 - Additional Information		

**A. Associated Individuals**

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

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

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

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

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

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

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

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

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

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

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

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

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

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

**Nursing Facility**  
**Department of Human Services**  
**Nursing Facility Cost Report**

Provider Name:	700 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:	Schedule S-13 - Average Length of Stay		

		Number of Beds (Column 1)	Bed Days Available (Column 2)	Inpatient Days (Column 3)	Discharges (Column 4)	Average Length of Stay (FORM CMS-2540-10) (Column 5)	Average Length of Stay (Inpatient Days / Number of Patients) (Column 6)	Admissions (Column 7)	Medicaid Only (Column 8)	Dual Eligible (Column 9)	Medicare Only (Column 10)	Medicare Part A & B (Column 11)	Part C (Medicare Advantage) (Column 12)	Total Population (Column 13)
<b>Average Length of Stay</b>														
1	Nursing Facility (S-2)	38,541	14,067,465	38,986	407	95.78869779	499.8205128	408	59		19		6	78
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
<b>9</b>	<b>Total (sum of lines 1-8)</b>		<b>14,067,465</b>	<b>38,986</b>	<b>407</b>	<b>96</b>	<b>500</b>	<b>408</b>	<b>59</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>6</b>	<b>78</b>

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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
Medicare Provider ID: 31-5350
NPI: 4208848881
Reporting Period: From: 1/1/2023 To: 12/31/2023
Worksheet: Schedule A - Total Expense

Table with 9 columns: A. Employee and Contract Labor Hours (Schedule A-1 through A-3), B. Non-Managerial Wages (Schedule A-1 and Schedule A-3), C. Managerial Salaries and Benefits (Schedule A-2), D. Contracted Employees (Schedule A-1 and Schedule A-3), E. Supplies & Other, F. Total, G. Adjustment for Related Parties (See Schedule A-4), H. Adjustment for Income Offsets (See Schedule A-8), I. Adjusted Total.

Section A: Direct Routine Patient Care Costs. Rows include Direct Care - Nursing Facility, Direct Care - SCNF AIDS, Direct Care - SCNF BMGT, Direct Care - SCNF PEDIATRIC, Direct Care - SCNF TB/COMA, Direct Care - SCNF VENTILATOR, Direct Care - SCNF YOUNG ADULT, Direct Care - Behavioral Health Nursing Facility, Direct Care - OTHER SPECIFY, and Total Direct Patient Care Costs - Direct Reported.

Section B: Routine Patient Care Costs - Not Directly Reported. Rows include Routine Medical Supplies, OTC Drugs, Enteral Feeding (Product and Supplies), Incontinency Products, and Total Patient Care Costs - Not Directly Reported.

Section C: Patient Ancillary Costs. Rows include Radiology, Laboratory, Intravenous Therapy, Oxygen Therapy, Physical Therapy, Occupational Therapy, Speech Therapy, Electrocardiography, Medical Supplies charged to Patients, Prescription Drugs (not OTC), Pharmacy Non-Formulary, Support Surfaces, Ambulance, Dental, Physicians, Other - Patient Ancillary Costs, and Total Patient Ancillary Costs.

Section D: Nursing Administration. Rows include Director of Nursing, ADDN, Supervisors, Inservice Education, MDS Coordinator, Staffing Coordinator, Infection Control, Medical Records/EMR, Nursing License Fees, Other - Nursing Administration, and Total Nursing Administration.

Section E: Workforce Related Costs - Patient Care. Rows include Direct Patient Care Recruitment, Direct Patient Care Retention, and Total Workforce Related Costs - Patient Care.

Section G: Patient Support Services. Rows include Food (including supplements), Dietary Department, Laundry Department, Housekeeping Department, Social Services, Patient Activities, Medical Director, Pharmacy Consultant, Auto Leasing and Depreciation - Direct Patient Care, Other Auto Expense - Direct Patient Care, Other - Patient Support Services, and Total Patient Support Services.

Section H: Property Operating Costs. Rows include Maintenance, Security, Utilities (including telephone and cable services), Real Estate Tax, Property Insurance, and Total Property Operating Costs.

Section I: Administrative & Operating Costs. Rows include Administrator, Assistant Administrator, Other Executive Staff, Office Staff, Management Fees, Office Supplies and Expenses, Insurance not Related to Property or Employees, Business Taxes, Accounting Fees, Legal Fees, Advertising, Allowable contributions, Allowable Employer Gifts and Party, Auto Leasing and Depreciation, Other Auto Expenses, Travel Expenses, Non-Capital Related Interest Expense, Other A&O costs, and Total Administrative & General.

Section J: Provider Tax (NHA 100). Row: Provider Tax (NHA 100).

Section K: Workforce Related Costs - Other. Rows include Patient Support & Other Recruitment, Patient Support & Other Retention, Professional Training, Licensing and Dues, and Total Workforce Related Costs - Other.

Section L: Fringe Benefits for Non-Management Employees. Rows include Payroll Taxes, Workers' Compensation, Unemployment, Disability Insurance, Medical Insurance, Dental Insurance, Union Welfare, Vision Insurance, Uniforms, Tuition Assistance, Retirement Benefits, Life Insurance, Other - Fringe Benefits, and Total Fringe Benefits.

Section M: Property Capital Costs. Rows include Depreciation, Mortgage Interest (Allowable Interest), Rental of Building, Rental of Equipment, and Total Property Capital Costs.

Section N: Non-Routine/Non-Allowable Costs. Row: Non-Routine / Non-Allowable Costs (from Schedule A-3 & A-4).

Total Row: 186,732.62 | 4,774,953 | 333,725 | 2,598,786 | 5,650,248 | 13,357,712 | (522,478) | (1,882) | 12,833,353

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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-1 - Direct Costs		

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

Yes

	Salaried Hours	Wages	Contract Labor Hours	Contract Labor Expense
<b>Nursing Facility (Schedule A Line 1)</b>				
Registered Nurses (RN)	14,728.11	\$763,427	735.01	\$57,560
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				
<b>Total Nursing Facility</b>	<b>115,249.49</b>	<b>\$3,933,433</b>	<b>10,391.36</b>	<b>\$482,804</b>
<b>Special Care Nursing Facility - AIDS (Schedule A Line 2)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - AIDS</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - BMGT (Schedule A Line 3)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - BMGT</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Pediatric (Schedule A Line 4)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - PEDIATRIC</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - TBI/COMA</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Vent (Schedule A Line 6)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - VENTILATOR</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Young Adult (Schedule A Line 7)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - YOUNG ADULT</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Behavioral Health Nursing Facility (Schedule A Line 8)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total Behavioral Health Nursing Facility</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Other (Schedule A Line 9)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>TOTAL - OTHER (SPECIFY)</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	700 Town Bank Road Operations LLC dba North Cape Center		
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NPI:	1588848881		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-2 - Management Employees		

		Hours	Cost
<b>Administrator</b>			63
Name	Salary	2,080	183,507
Jennifer Hess	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		183,507

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

<b>Director of Nursing</b>			33
Name	Salary	2,080	150,218
Megan Klebaur	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		150,218

<b>Assistant Director of Nursing</b>			33
Name	Salary		
	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		-

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

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

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

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

<b>TOTAL MANAGERIAL COMPENSATION</b>		\$	333,725
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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		
<b>C. Patient Ancillary Costs</b>								
1	Radiology	16					-	
2	Laboratory	17					-	
3	Intravenous Therapy	18					-	
4	Oxygen Therapy	19		155.00	\$ 7,453	155.00		
5	Physical Therapy	20		5,821.00	\$ 365,071	5,821.00		
6	Occupational Therapy	21		6,336.00	\$ 365,129	6,336.00		
7	Speech Therapy	22		2,407.00	\$ 167,217	2,407.00		
8	Electro cardiology	23					-	
9	Physicians	30					-	
10	Other - Patient Ancillary Costs	31					-	
11	<b>Total Patient Ancillary Costs</b>		-	\$ -	14,719.00	\$ 904,870	14,719.00	Total
<b>E. Nursing Administration</b>								
12	Director of Nursing, ADON, Supervisors	33	2,080.00	\$ 150,218			2,080.00	
13	Inservice Education	34	1,048.00	\$ 67,597			1,048.00	
14	MDS Coordinator	35					-	
15	Staffing Coordinator	36					-	
16	Infection Control	37					-	
17	Medical Records/EMR	38	958.07	\$ 28,742			958.07	
18	Other - Nursing Administration	40	5,014.87	\$ 194,303			5,014.87	
19	<b>Total Nursing Administration</b>		9,100.94	\$ 440,860	-	\$ -	9,100.94	Total
<b>G. Patient Support Services</b>								
20	Dietary Department	46			\$ 705,129		-	
21	Laundry Department	47			\$ 145,119		-	
22	Housekeeping Department	48			\$ 314,817		-	
23	Social Services	49	5,093.81	\$ 168,089			5,093.81	
24	Patient Activities	50	7,699.92	\$ 143,534			7,699.92	
25	Medical Director	51			449.00	\$ 38,215	449.00	
26	Pharmacy Consultant	52					-	
27	Other - Patient Support Services	55					-	
28	<b>Total Patient Support Services</b>		12,793.73	\$ 311,623	449.00	\$ 1,203,280	13,242.73	Total
<b>H. Property Operating Costs</b>								
29	Maintenance	57	3,730.49	\$ 89,037			3,730.49	
30	Security	58					-	
31	<b>Total Property Operating Costs</b>		3,730.49	\$ 89,037	-	\$ -	3,730.49	Total
<b>I. Administrative &amp; Operating Costs</b>								
32	Office Staff	66	16,138.61				16,138.61	
33	<b>Total Administrative &amp; General</b>		16,138.61	\$ -	-	\$ -	16,138.61	Total
<b>N. Non-Routine/Non-Allowable Costs</b>								
34	Sales and Marketing Personnel	N/A					-	
35	Gift, Flower, Coffee Shops and Canteen	N/A					-	
36	Barber and Beauty Shop	N/A			\$ 7,832		-	
37	Physician Private Offices	N/A					-	
38	Patient Laundry	N/A					-	
39	Other Non-Reimbursable Personnel	N/A					-	
40	<b>Non-Routine / Non-Allowable Costs</b>	107	-	\$ -	-	\$ 7,832	-	Total
<b>Total</b>			41,763.77	\$ 841,520	15,168.00	\$ 2,115,982	56,931.77	Total

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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 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**

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

**A5. Goods/Services Category Options**

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









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

Provider Name:	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	Cost
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)	
<b>28</b>	<b>Non-Allowable Other Costs</b>	<b>\$ 221,827</b>

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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		
Medicare Provider ID:	31-5350		
NPI:	1588848881		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-6 - Capital		

<b>Capital Asset Balances and Depreciation Expense</b>										
Type of Capital	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	Current Year Depreciation Expense (Schedule A Line 102 Column F)	Related Party Depreciation Adjustments (Schedule A Line 102 Column G)	Adjusted Total Depreciation Expense (Schedule A Line 102 Column I)
		Purchases	Donations	Total						
Land				\$0.00						
Land Improvement	\$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
<b>Total</b>	<b>\$605,715.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$605,715.00</b>	<b>\$0.00</b>	<b>\$82,971.00</b>	<b>\$0.00</b>	<b>\$82,971.00</b>

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

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

Provider Name:	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-7 - Depreciation Schedule		

Asset Name/Description	Capitalized Costs	Estimated Salvage Value	Weighted Average Estimated Useful Life (Years)	Prior Period Accumulated Depreciation	Prior Period Impairment	Period Depreciation	Asset Group Carrying Value
<b>Buildings:</b>							
Nursing Facilities						\$ -	\$ -
Administrative Facilities						\$ -	\$ -
Multi-purpose Facilities						\$ -	\$ -
Land Improvements	\$ 66,901	\$ -	7.203	\$ 9,501		\$ 9,288	\$ 48,113
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
<b>Other:</b>							
Building Improv	\$ 355,449	\$ -	14.6603	\$ 46,204		\$ 24,246	\$ 285,000
Fixed Equipment	\$ 24,798	\$ -	9.9999	\$ 2,141		\$ 2,480	\$ 20,177
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Buildings</b>						\$ 36,013	

<b>Equipment:</b>							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 127,650	\$ -	6.48475	\$ 32,502		\$ 19,685	\$ 75,463
Computer Equipment	\$ 30,453	\$ -	18.1194	\$ 1,881		\$ 1,681	\$ 26,892
Telephone and Communication Equipment	\$ 464	\$ -	9.999	\$ 101		\$ 46	\$ 316
Maintenance and Custodial Equipment						\$ -	\$ -
<b>Other:</b>							
Depreciation accelerated	\$ 17,911	\$ -	1			\$ 17,911	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Equipment</b>						\$ 39,323	

<b>Vehicles:</b>							
Cars						\$ -	\$ -
Trucks						\$ -	\$ -
Vans						\$ -	\$ -
<b>Other:</b>							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Vehicles</b>						\$ -	

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

<b>Software:</b>							
Medical Software (Including EHR)						\$ -	\$ -
Administrative Software						\$ -	\$ -
<b>Other:</b>							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Software</b>						\$ -	

<b>Limited-life Intangible Assets:</b>							
<b>Other:</b>							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Limited-life Intangible Assets</b>						\$ -	

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:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-8 - Revenue		

**A. General Revenue**

	Total	Nursing Facility	SCNF AIDS	SCNF BMGT	SCNF Pediatric	SCNF TBI/Coma	SCNF Ventilator	SCNF Young		Behavioral	Other	Offset Line
								Adult	Facility	Health Nursing		
<b>Total Routine Patient Revenue</b>	\$ 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospice Days Revenue	\$ 356,309	\$ 356,309	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Respite Days Revenue	\$ 49,479	\$ 49,479	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Ancillary Patient Revenue	\$ 2,822,785	\$ 2,822,785	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less Contractual Allowance	\$ (596,200)	\$ (596,200)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 13,955,702	\$ 13,955,702	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

**B. Offsettable Revenue**

Meals Served to Non-Patients												
Interest Revenue	1,828											67
Rebates of Expenses												
Purchase Discounts												
Property Rentals												
Fringe Benefits												
Supplies Sold to Non-Patients												
Services Sold to Non-Patients												
Income from laundry and linen service received from patients	4											47
Retroactive payments for non-formulary pharmacy transactions												
Other: Misc Income	50											67
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												

**B. Other Non-Patient Revenue**

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

<b>Total Revenue</b>	\$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
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**State of New Jersey**  
**Department of Human Services**  
**Nursing Facility Cost Report**

Facility Name: **770 Third Street, Ocean City, NJ 08226**

Medicare Provider ID: **013395**

NPI: **1400884843**

Reporting Period: From: **01/2023** To: **12/31/2023**

Healthcare: **Residential - Assisted Living**

Adjusted Statistic

Base Code	BASIS	Direct Care - Nursing Facility	Direct Care - SNF AIDS	Direct Care - SNF BMOI	Direct Care - SNF PEDATRIC	Direct Care - SNF TB/CENSA	Direct Care - SNF VENTILATOR	Direct Care - SNF YOUNG ADULT	Direct Care - Behavioral Health Nursing Facility	Direct Care - OTHER SPECIFY	Radiology	Laboratory	Intravenous Therapy	Chaperon Therapy	Physical Therapy	Occupational Therapy	Speech Therapy	Electrocardiography	Physician	Other - Patient Ancillary Costs	Total Nursing Administration	Food (including supplements)	Dietary Department	Laundry Department	Housekeeping Department	Social Services	Patient Activities	Medical Director	Pharmacy Consultant	Other - Patient Support Services	Total Property Operating Costs	Total Administration & General	Total Workforce Related Costs - Other	Total Property Capital Costs	Non-Routine / Non-Allocable Costs	Total	
A	Non-Managerial Salaries	\$1,333,433	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	4,174,653	
B	Shared Expense	\$0,747	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20,747	
C	Patient Fees	\$8,541	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	38,541	
D	Non-Medical Days (NNA/28 Definition)	\$8,698	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	28,698	
E	Meals Served	\$16,928	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	116,928	
F	Chapel/Liturgist	\$8,285	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	38,285	
G	Safety & Control Services Direct Nursing Hours	\$75,649.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	125,649.85		
H	Direct Patient Care Salary Incentives	\$15,249.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	155,249.45	
I	Accommodated Cost	\$75,806.10	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	518,076.74	
J	Definitive Charges	\$2,041	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	522,041	
K	Laboratory Charges	\$7,735	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	527,735	
L	Intravenous Therapy Charges	\$4,083	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	532,083	
M	Chaperon Therapy Charges	\$384	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	534,384	
N	Physical Therapy Charges	\$973,485	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	597,485	
O	Occupational Therapy Charges	\$983,480	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	598,480	
P	Speech Therapy Charges	\$987,481	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	597,481	
Q	Electrocardiology Charges	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
R	Medical Supplies Charged to Patient Charges	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
S	Prescription Drugs (Not OTI) Charges	\$251,784	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	251,784
T	Pharmacy Non-Formulary Charges	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
U	Support Services Charges	\$56,041	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	556,041
V	Ambulance Charges	\$38,986	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	538,986
W	Denial Charges	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X	Physician Charges	\$38,986	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	538,986
Y	Other - Patient Ancillary Costs Charges	\$38,986	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	538,986



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

Provider Name:	100 Town Bank Road Operational LLC aka North Cape Center
Medicare Provider ID:	31-52929
NPI:	1309448493
Reporting Period:	From: 12/31/2023 To: 12/31/2023
Worksheet:	Schedule B - Resident Rates for Use of Land

Property #	Section A			Section B		Section C		Section D			Section E	Section F	Section G	Section H	Section I	Section J	Section K	Section L	Section M	Section N
	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective date of current rental agreement: RESIDENTS	Effective date of current rental agreement: RND	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility
1	100 Town Bank Road	North Cape Men	08204	Yes	Operative lease	Westco, LLC (USA)	2877 8th Avenue	New York	10017	488,320-4879	54,000.00	-	54,000.00	100%	12/20/2019		1,751,200.00	\$1,111,875.00	\$1,111,875.00	2.06
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10											54,000.00	-	54,000.00							614,000.00
											54,000.00	-	54,000.00							
											20,747.00	-	20,747.00							

**LEASE CONTACTS**  
 Attach current copies of all lease contracts identified in section A above.





State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	13039-0883		
Medicare Provider No.:	35330		
NPI:	328898881		
Reporting Period:	From:	06/01/2023	To: 02/31/2023
Worksheet:	Schedule C-1 - Patient Care Ratio		

Total Routine Patient Days	Medicaid/NI FamilyCare Routine Days	Medicaid/NI FamilyCare Routine Days to Total Routine Days Percentage	Medicaid/NI FamilyCare Routine Patient Revenue Bill and Paid	Medicaid/NI FamilyCare Routine Patient Revenue Bill Not Paid	Total Medicaid/NI Family Care Patient Revenue for PCR	Other Resident Care Compensation as Defined by 10-49A-2.1	Non-CNA Direct Care Compensation as Defined by 10-49A-2.3	Other Resident Care and Support Compensation as Defined by 10-49A-2.3	Administrative Compensation as Defined by 10-49A-2.3	Management Fees as Defined by 10-49A-2.3	Facility Operation Compensation	Non-Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10-49A-2.4	Other Materials and Supplies Expenses as Defined by 10-49A-2.4	Equipment, Maintenance, Telecommunications, and Utility Expenses Attributable to Building and Equipment Defined by 10-49A-2.5	Capital Cost Attributable to Building and Equipment Defined by 10-49A-2.5	Staff Training As Defined by 10-49A-2.6	Insurance Expenses As Defined by 10-49A-2.6	Capital Related Interest Expense As Defined by 10-49A-2.6	Non-Capital Interest Expense As Defined by 10-49A-2.6	Fees and Taxes As Defined by 10-49A-2.6	NNA-100 Assessment As Defined by 10-49A-2.6	Additional Reimbursement Party and Income Related Adjustments	Non-Reimbursable Other Costs	Total Cost Per PCR Regulation	Allocated Cost as Defined by 10-49A-2.7	Patient Care Ratio	
Nursing Facility	38,541	23.308	68,483	0	0	\$2,064,295	\$2,937,876	\$2,238,073	\$181,408	\$805,245	\$102,800	\$0	\$783,135	\$177,817	\$457,415	\$850,548	\$30,170	\$158,680	\$0	\$0	\$115,000	\$434,378	\$0	\$0	\$11,424,239	\$6,739,002	0.00%	
SNF ADULT	0	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
SNF PEDIATRIC	0	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
SNF PSYCHIA	0	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
SNF WENTWATER	0	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
SNF WINGARDEN	0	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Biharcep Health Nursing Facility	0	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Other	0	0	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
Total Allowable Expenses	38,541	23.308	68,483	0	0	\$2,064,295	\$2,937,876	\$2,238,073	\$181,408	\$805,245	\$102,800	\$0	\$783,135	\$177,817	\$457,415	\$850,548	\$30,170	\$158,680	\$0	\$0	\$115,000	\$434,378	\$0	\$0	\$11,424,239	\$6,739,002	0.00%	
Non-Reimbursable									\$2,036	\$8,801	\$0	\$0	\$0	\$2,576	\$0	\$0	\$488	\$1,088	\$0	\$0	\$1	\$0	\$0	\$0	\$0	\$222,817	\$238,267	0.00%
Total Directly Assigned and Allocated Expenses Per Schedule B-1						\$2,066,331	\$2,937,876	\$2,238,073	\$183,444	\$814,046	\$102,800	\$0	\$785,711	\$179,893	\$457,415	\$851,636	\$30,658	\$159,667	\$0	\$0	\$115,001	\$434,378	\$0	\$0	\$11,424,239	\$6,739,002	0.00%	

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Total Direct Patient Care  
Non-Reimbursable Cost  
\$146,099 \$238,267 \$7,832