

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

Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicare Provider ID:	31-5332		
NPI:	1366626665		
Reporting Period:	From:	01/01/2023	To: 12/31/2023
Worksheet:	Schedule S - Attestation		

A. Attestation

I, Orrin Jaroslawicz, NJ Finance
(Name) (Administrative Title)

of 1361 Route 72 West Operations LLC dba Southern Ocean Center
(Name of Facility)

Manahawkin, NJ do certify that I have examined the
(City/Town) (State)

attached report for the cost report period beginning 01/01/23 and ending 12/31/2023
and to the best of my knowledge and belief, it is a true and correct statement of the information required.

Signature of Authorized Representative of Facility

Date (mm/dd/yyyy)

NJ Finance

Title

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

Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicaid Provider Number	6231802	Medicare Provider Number	31-5332
NPI:	1366626665		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-1 - Facility Information		

A. General Facility Information

Medicaid NF Provider Number	6231802	NPI Number:	1366626665
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	31-5332		
Department of Health License Number	080413		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	1361 Route 72 West Operations LLC dba Southern Ocean Center		

B. Physical Address

Street Address:	1361 Route 72 West				
City:	Manahawkin	State:	NJ	ZIP:	08050
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
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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		136	136	6231802	
Special Care Nursing Facility - AIDS					
Special Care Nursing Facility - BMGT					
Special Care Nursing Facility - Pediatric					
Special Care Nursing Facility - TBI/Coma					
Special Care Nursing Facility - Ventilator					
Special Care Nursing Facility - Young Adult					
Behavioral Health Nursing Facilities					
Assisted Living/Residential					
Other (Specify):					
Total		136	136		

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

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

Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicaid Provider Number	6231802	Medicare Provider Number	31-5332
NPI:	1366626665		
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)	11,542	\$7,993,121
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	294	\$0

Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	8,969	\$2,994,186
Line 4 Medicaid (Except Therapeutic and Bedhold)	24,378	\$6,551,592
Line 5 Respite Days	26	\$6,987
Line 6 Other Non-Medicare Days	80	\$217,420
Line 7 Assessed Days and Revenue	33,453	\$ 9,770,185
Line 8 Classification Assessment Rate	\$ 14.67	
Line 9 Assessment Due	\$ 490,755.51	
Line 10 Penalty and Interest Due	\$ -	
Line 11 Total Amount Due	\$ 490,755.51	

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**State of New Jersey
Department of Human Services
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Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicaid Provider Number	6231802	Medicare Provider Number	31-5332
NPI:	1366626665		
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)	11,542	\$7,993,121
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	294	\$0

Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	8,969	\$2,994,186
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**State of New Jersey
Department of Human Services
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Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicare Provider ID:	31-5332		
NPI:	1366626665		
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:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicaid Provider Number	0	Medicare Provider Number	31-5332
NPI:	1366626665		
Reporting Period:	From: 1/1/2023	To:	12/31/2023
Worksheet:	Schedule S-13 - Average Length of Stay		

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)
1 Nursing Facility (S-2)	44,995	16,423,175	45,289	567	79.87477954	508.8651685	573	68		21		12	89
2 SCNF - AIDS (S-3)	0	0			0	0							0
3 SCNF - BMGT (S-4)	0	0			0	0							0
4 SCNF - Pediatric (S-5)	0	0			0	0							0
5 SCNF - TBI/Coma (S-6)	0	0			0	0							0
6 SCNF - Ventilator (S-7)	0	0			0	0							0
7 SCNF - Young Adult (S-8)	0	0			0	0							0
8 Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
9 Total (sum of lines 1-8)		16,423,175	45,289	567	80	509	573	68	0	21	0	12	89

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Department of Human Services
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Provider Name: 1361 Route 72 West Operations LLC dba Southern Ocean Center
Medicare Provider ID: 31-5332
NPI: 420626665
Reporting Period: From 1/1/2023 To 12/31/2023

Table with 10 columns: Line Item, Description, A. Employee and Contract Labor Hours, B. Non-Managerial Wages, C. Managerial Salaries and Benefits, D. Contracted Employees, E. Supplies & Other, F. Total, G. Adjustment for Related Parties, H. Adjustment for Income Offsets, I. Adjusted Total. Includes sections A through N.

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

Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicare Provider ID:	31-5332		
NPI:	1366626665		
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
Nursing Facility (Schedule A Line 1)				
Registered Nurses (RN)	24,667.65	\$1,202,380		
Licensed Practitioner Nurses (LPN)	52,500.18	\$2,010,063	288.36	\$21,907
Certified Nursing Assistants (CNA)	88,436.09	\$2,061,148	98.59	\$3,430
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	165,603.92	\$5,273,591	386.95	\$25,337
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				
Total SCNF - BMGT	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Pediatric (Schedule A Line 4)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - PEDIATRIC	0.00	\$0	0.00	\$0
Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - TBI/COMA	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Vent (Schedule A Line 6)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - VENTILATOR	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Young Adult (Schedule A Line 7)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - YOUNG ADULT	0.00	\$0	0.00	\$0
Behavioral Health Nursing Facility (Schedule A Line 8)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Behavioral Health Nursing Facility	0.00	\$0	0.00	\$0
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				
TOTAL - OTHER (SPECIFY)	0.00	\$0	0.00	\$0

State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicare Provider ID:	31-5332		
NPI:	1366626665		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-2 - Management Employees		

		Hours	Cost
Administrator			63
Name	Salary	2,080	170,111
John Myers	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		170,111

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

Director of Nursing			33
Name	Salary	2,072	155,132
Yvonne London	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		155,132

Assistant Director of Nursing			33
Name	Salary	2,064	106,882
Cavene Facey	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		106,882

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

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

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

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

TOTAL MANAGERIAL COMPENSATION		\$	432,125
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**State of New Jersey
Department of Human Services
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Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicare Provider ID:	31-5332		
NPI:	1366626665		
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	
C. Patient Ancillary Costs							
1	Radiology	16					-
2	Laboratory	17					-
3	Intravenous Therapy	18					-
4	Oxygen Therapy	19		1,392.00	\$66,798	1,392.00	
5	Physical Therapy	20		\$8,877	\$492,804	8,877.00	
6	Occupational Therapy	21		\$8,613	\$458,753	8,613.00	
7	Speech Therapy	22		\$2,726	\$210,515	2,726.00	
8	Electro cardiology	23					-
9	Physicians	30					-
10	Other - Patient Ancillary Costs	31					-
11	Total Patient Ancillary Costs		\$-	21,608.00	\$1,228,870	21,608.00	Total
E. Nursing Administration							
12	Director of Nursing, ADON, Supervisors	33	4,136.00	\$262,014		4,136.00	
13	Inservice Education	34					-
14	MDS Coordinator	35					-
15	Staffing Coordinator	36					-
16	Infection Control	37					-
17	Medical Records/EMR	38	1,990.97	\$41,486		1,990.97	
18	Other - Nursing Administration	40	5,346.29	\$209,517		5,346.29	
19	Total Nursing Administration		11,473.26	\$513,016	-	11,473.26	Total
G. Patient Support Services							
20	Dietary Department	46			\$925,066		-
21	Laundry Department	47			\$203,992		-
22	Housekeeping Department	48			\$351,499		-
23	Social Services	49	8,436.73	\$262,884		8,436.73	
24	Patient Activities	50	7,607.37	\$143,636		7,607.37	
25	Medical Director	51			458.00	\$38,941	458.00
26	Pharmacy Consultant	52					-
27	Other - Patient Support Services	55					-
28	Total Patient Support Services		16,044.10	\$406,520	458.00	1,519,498	16,502.10
H. Property Operating Costs							
29	Maintenance	57	4,262.55	\$125,613		4,262.55	
30	Security	58					-
31	Total Property Operating Costs		4,262.55	\$125,613	-	-	4,262.55
I. Administrative & Operating Costs							
32	Office Staff	66	14,176.66	\$498,616		14,176.66	
33	Total Administrative & General		14,176.66	\$498,616	-	-	14,176.66
N. Non-Routine/Non-Allowable Costs							
34	Sales and Marketing Personnel	N/A					-
35	Gift, Flower, Coffee Shops and Canteen	N/A					-
36	Barber and Beauty Shop	N/A			\$12,661		-
37	Physician Private Offices	N/A					-
38	Patient Laundry	N/A					-
39	Other Non-Reimbursable Personnel	N/A					-
40	Non-Routine / Non-Allowable Costs	107	-	\$-	-	\$12,661	-
Total			45,956.57	\$1,543,765	22,066.00	\$2,761,029	68,022.57

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Reporting Period:	From:	1/1/2023 To:
Worksheet:	Schedule A-4 Part I - Related Parties	
Provider DBA Name (if any):	1361 Route 72 West Operations LLC dba Southern Ocean Center	
Tax ID/EIN:	26-0858998	

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

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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	\$ 12,242
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.	\$ 2,152
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	\$ 386,472
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	Non-Allowable Other Costs	\$ 400,866

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State of New Jersey
Department of Human Services
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NPI:	1366626665		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-6 - Capital		

Capital Asset Balances and Depreciation Expense

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	\$70,737.00			\$0.00	\$70,737.00		\$7,691.00		\$7,691.00	
Buildings and Fixtures	#####			\$0.00	#####				\$0.00	
Building Improvements	\$985,398.00	\$31,422.00		\$31,422.00	\$1,016,820.00		\$90,466.00		\$90,466.00	
Fixed Equipment	\$134,917.00	\$20,428.00		\$20,428.00	\$155,345.00		\$5,297.00		\$5,297.00	
Major Moveable Equipment	\$867,797.00	\$13,280.00		\$13,280.00	\$881,077.00		\$71,014.00		\$71,014.00	
Other				\$0.00					\$0.00	
Total	#####	\$65,130.00	\$0.00	\$65,130.00	\$0.00	#####	\$0.00	\$174,468.00	\$0.00	\$174,468.00

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.

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

Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicare Provider ID:	31-5332		
NPI:	1366626665		
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
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Buildings:							
Nursing Facilities						\$ -	\$ -
Administrative Facilities						\$ -	\$ -
Multi-purpose Facilities						\$ -	\$ -
Land Improvements	\$ 70,737	\$ -	7.3806	\$ 23,339		\$ 9,584	\$ 37,814
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 985,398	\$ -	13.2832	\$ 210,332		\$ 74,184	\$ 700,883
Fixed Equipment	\$ 68,246	\$ -	12.5603	\$ 42,687		\$ 5,433	\$ 20,126
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Buildings						\$ 89,202	

Equipment:							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 867,797	\$ -	27.9069	\$ 722,019		\$ 31,096	\$ 114,682
Computer Equipment	\$ 65,540	\$ -	31.923	\$ 31,694		\$ 2,053	\$ 31,792
Telephone and Communication Equipment	\$ 4,131	\$ -	43.409	\$ 3,418		\$ 95	\$ 617
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 30,969	\$ -	1			\$ 30,969	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Equipment						\$ 64,213	

Vehicles:							
Cars						\$ -	\$ -
Trucks						\$ -	\$ -
Vans						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Vehicles						\$ -	

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

Software:							
Medical Software (Including EHR)						\$ -	\$ -
Administrative Software						\$ -	\$ -
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Software						\$ -	

Limited-life Intangible Assets:							
Other:							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Limited-life Intangible Assets						\$ -	

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

Provider Name:	1361 Route 72 West Operations LLC dba Southern Ocean Center		
Medicare Provider ID:	31-5332		
NPI:	1366626665		
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		
Total Routine Patient Revenue	\$ 16,882,094	\$ 16,882,094	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 2,994,186	\$ 2,994,186	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 8,516,387	\$ 8,516,387	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicare Routine Patient Revenue	\$ 4,689,773	\$ 4,689,773	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Patient Revenue	\$ 228,178	\$ 228,178	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospice Days Revenue	\$ 444,014	\$ 444,014	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Respite Days Revenue	\$ 9,557	\$ 9,557	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Ancillary Patient Revenue	\$ 3,882,188	\$ 3,882,188	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less Contractual Allowance	\$ (3,000,976)	\$ (3,000,976)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 17,763,306	\$ 17,763,306	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsetable Revenue

Meals Served to Non-Patients													
Interest Revenue	4,767												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													
Retroactive payments for non-formulary pharmacy transactions													
Other:													
Other:													
Other:													
Other:													
Other:													
Other:													
Other:													
Other:													
Other:													

B. Other Non-Patient Revenue

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

Total Revenue	\$17,768,073.48	\$17,763,306.48	\$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 Health Services
 Nursing Facility Cost Report

Provider Name:	1383 Route 72 West Operations LLC dba Southern Ocean Center
Medicare Provider ID:	31-5212
NPI:	1396544669
Reporting Period:	From: 01/01/2019 To: 12/31/2019
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: RN	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility			
1	1383 Route 72 West	Middletown	08050	NA	Operative lease	CH24110102	4900 Cape Street	Trenton	08611-9540	413-246-1839	54,600.00	-	54,600.00	100%	07/28/2019		1,701,200.00	\$239,800.00	\$2,805,400.00	4.98			
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
TOTAL											54,600.00	-	54,600.00	100%							2,805,400.00		
Source: Assessor's records in Schedule B											54,600.00	-	54,600.00	100%								2,805,400.00	

Lease Contracts
 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:	18052665		
Medicare Provider No.:	35-533		
NPI:	399892665		
Reporting Period:	From:	06/01/2023	To: 02/28/2023
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 Patient Revenue Bill and Paid	Total Medicaid/NI Family Care Patient Revenue For PCR	ORA Direct 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 Resident Party and Income Related Adjustments	Non-Reimbursable Other Costs	Total Cost Per PCR Regulation	Allocated Cost as Defined in 10-49A-2.7	Patient Care Ratio	
Nursing Facility	44,905	23.42%	51,495	49,771	\$0	\$2,454,278	\$1,779,381	\$2,857,060	\$789,633	\$767,817	\$146,025	\$0	\$856,540	\$141,332	\$473,451	\$1,041,283	\$990	\$208,772	\$0	\$0	\$157,451	\$460,001	\$0	\$0	\$16,044,865	\$8,261,501	0.00%	
SNF ADL	0	0.00%	49,771	\$0	49,771	\$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 ADST	0	0.00%	49,771	\$0	49,771	\$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	0.00%	49,771	\$0	49,771	\$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	0.00%	49,771	\$0	49,771	\$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	0.00%	49,771	\$0	49,771	\$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 WINGARD	0	0.00%	49,771	\$0	49,771	\$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	0.00%	49,771	\$0	49,771	\$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	0.00%	49,771	\$0	49,771	\$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 Expense	44,905	23.12%	51,495	49,771	\$0	\$2,454,278	\$1,779,381	\$2,857,060	\$789,633	\$767,817	\$146,025	\$0	\$856,540	\$141,332	\$473,451	\$1,041,283	\$990	\$208,772	\$0	\$0	\$157,451	\$460,001	\$0	\$0	\$16,044,865	\$8,261,501	0.00%	
Non-Reimbursable						\$0	\$0	\$0	\$11,095	\$14,262	\$0	\$0	\$0	\$2,610	\$0	\$0	\$17	\$1,049	\$0	\$0	\$1	\$0	\$0	\$400,866	\$494,356	\$0	\$0	0.00%
Total Directly Assigned and Allocated Expenses Per Schedule B-1						\$2,454,278	\$1,779,381	\$2,857,060	\$799,728	\$782,079	\$146,025	\$0	\$856,540	\$144,332	\$473,451	\$1,041,283	\$997	\$212,721	\$0	\$0	\$157,451	\$460,866	\$0	\$0	\$16,479,221	\$8,761,501	0.00%	

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Total Direct Patient Care Non-Reimbursable Cost \$0 \$447,018 \$454,356 \$12,662