	State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	1361 Route 72 W	est Operations	LLC dba South	ern Ocean Center							
Medicare Provider ID:	31-5332										
NPI:	1366626665										
Reporting Period:	From:	01/01/2023	To:	12/31/2023							
Worksheet:	Schedule S - Atte	Schedule S - Attestation									

A. Attesta	tion						
l,	Orri	n Jaroslawicz ,			NJ	l Finance	
		(Name)			(Admir	nistrative Title)	
of		1361 Route 72 We	st Opera	tions LLC dba S	Southern Ocea	n Center	
			(N	ame of Facility)			
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N	/lanahawkin	/		1]	_ do certity tha	at I have examin	ed the
	(City/Town)		(St	ate)			
attached r	eport for the co	ost report period beginning			01/01/23	and ending	12/31/2023
and to the	e best of my kno	wledge and belief, it is a true a	and corre	ect statement c	of the informat	ion required.	
]	
		Signature of Authorized Representa	tive of Fac	ility		-	Date (mm/dd/yyyy)
		NJ Finance]	
		Title				_	

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	A. General Facility Information								
	Medicaid NF Provider Number	623180	2		NPI Number:	1366626665			
	Medicaid SCNF - BMGT Provider Number								
	Mediciad SCNF - Pediatric Provider Number Medicaid SCNF - TBI/Coma Provider Number								
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<form>Interviewence:Inter</form>	Department of Health License Number								
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<form>Set of the set of the set</form>	Facility Name as Shown on Certification]	1361 Rou	te 72 West Operations LLC	ba Southern Ocean Center				
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detes:		i mortgage, deed of trust, or other securit	ty interest in the provider must be	reported.					
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and nership-will ganeral partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.	Address:								
Bed Type Number of Beds Certified Solely	City:			State:		ZIP:			
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	Employe Genesis Health Care			Phone Number: 410-494-	7657	×			

	State of New Jense Department of Human S	ervices																										
	Nursing Facility Cost Re	eport																										
der Name:	1361 Route 72 West Operations																											
cald Provider Number	6231822		Medicare Provider Numb	er	21-5222		1																					
	1366626665				_																							
tine Period.	Fram:	1/1/202	1		Ta:	12/21/2023	4																					
	Schedule S-2 - Nursing Facility Days																											
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			Februa		1	farch 2023		ori 2023	May 2023	_	June 2023	July 2023		Aurust 2023	1	ember 2023	Octobe			mber 2023		mber 2023				Fiscal Year Total		
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2.02 Ni FamilyCare	102	168		65 1.4	81 1	9 1660		1641	6 16	76	1 669	61	1655	108 1.21	69	1 1 587	70	1 202	91	1 221	64	1 801		19.9		5 88,549		5.61
2.03 Hospice	16	12		7	86	106	^	108		£6	10 115	-	117			96	18	72		41		51	3	11	S 444.014	\$ \$100		22
2.04 Respite (State Walver Program)										26														2	6 5 9.557	5 110	\$ (2.679) \$	
2.05 Therapeutic Dave Below Beneficiary 24 Dav Annual																								2	0		5	
2.06 Pending Medicaid Days																								2	0		\$	
3 Medicaid Out of State (Sum Lines 2.01 through 2.03)			2	0	0	0 0		0	0	0	0 0	0	0	0	0 0	0 0	0	0	0	0	0			2	0 5 -	\$.	s - s	
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4 Private Pav and Third-Party Insurance		60	5	16 9	16 I	1 714	(X	677	43 6	36 1	59 788	55	245	21 75	25	5 722	26	741	្ព	709	16	945	43	5 85	4 5 2.994.186		5	2.99
5 Medicare (Sum 5.01 through 5.03)	90	1 99	1 1	09 E	20 12	2 929	107	7 696	11	71 1	86 649	\$7	781	96 1,04	1 121	1,053	122	916	\$7	727	158	945	1,29	10,2	3 \$ 4,689,773	\$ 2,750,929	\$ (667,581) \$	7,99
5.01 Part A Fee for Service (Full Payment & Co. Ins. David	55	2 64	2	90 6	50 31	7 758	86	425	80 58	32	68 282	71	505	64 24	67	2 873	92	654	44	435	112	516	94	2 7.2		\$ 2,675,242	\$ (229.224) \$	5.43
5.02 Part C (Medicare Managed Care)	25	25	4	19 1	20 :	5 181	21	201	8 3	149	18 257	26	276	32 20	61	1 190	41	262	43	294	46	313	25	2,9	\$ 1,609,777	\$ 1,075,687	\$ (128,357) \$	2,55
5.03 Institutional Special Needs Plans (I-SNPs)					_																			2	2		5	
Medicaid days transitioned to Medicare by the 2023																												
5.04 public health emergency 1135 waiver										_														2	0		\$	
5.05 Part A Fee for Service Hospice Dava																								2	9		\$	
5 Tricam and CHAMPUS																												
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7 Other Governmenal Pavors				-		-				-			_		-									1			5	
S Charty Care All Other Days not listed above					-	-		*		1			14											1	0 \$ 229.178	\$ 27,779	5 (28,536) 5	21
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10.01 Medicaid NJ Red Holds		2	2		27	24		18		45	20		44	2		19		8		7		5		2 2	4		5	
10.02 NI Medicaid/NJ FamilyCare Therapeutic Days Over																									0		\$	
10.03 Medicaid Out of State Red Holds																								2	0		5	
10.04 Private Pay Bed Holds																								2	0		\$	
10.05 All Other Red Holds																								5	0		\$	
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11 Pre-Elizibility Medical Expenses (PEME) 12 Total																								2	0	53,882,188,07	5	12.76
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rovider Name:			1361 Route 72 W													Provider Name:				2 West Operat		ba Southern Or		_							
Aedicaid Provider Number			6231802 1366626665	N	Medicare P	rovider Num	ber 31-5	5332								Medicaid Provider Number			6231802			Medicare Prov	der Numbe	r	31-5332						
NPI: Reporting Period:			1366626665 From:	1/1/2023 T		12/31/2023										NPI: Reporting Period:				1/1/2023			-								
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A. Nursing Facility Census																A. Nursing Facility Census															
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	N	ursing Facil	ity (S-2)	Г	SC	NF - AIDS (S-	3)		CNF - BM	GT (S-4)	so	CNF - Pe	diatric (S-	-5)		Name	SC	NF - TBI/Co	oma (S-6)	7 6	SC	NF - Ventilator	(S-7)	ור	SCNF -	Young Adu	lt (S-8)	Behaviora	Health Nu	sing Facility (S-9)	Assisted Liv
Name	1361 Rout	e 72 West (Operations LLC d													NJ Medicaid Provider ID															
NJ Medicaid Provider ID	6231802] [
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Medicaid/NJ FamilyCare		22,174	23,170		•		-	-	_	-	-	_		-		Medicaid/NJ FamilyCare	-	-	-		-	-	-		-	-	-	-		-	
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Other		80	80	F												Other						-		1				-			
fotal Patient Days for Per Day Cost	2,733	42,262	44,995	F												Total Patient Days for Per Day Cost				-1 -				1							
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I Other Bed Holds			-	F												All Other Bed Holds						-		1				-			
Total Patient Days Including Bed Hold	2,733	42,556	45,289	F												Total Patient Days Including Bed Hold				-1 -				1							
Maximum Bed Days Available		46,720	49,640									_				Maximum Bed Days Available															

State of New Jersey Department of Human Services Nursing Facility Cost Report									
Provider Name:	1361 Route 72 West Ope	rations LLC d	ba Southerr	n Ocean Center					
Medicaid Provider Number	6231802		Medicare P	Provider Number	31-5332				
NPI:	1366626665								
Reporting Period:	From:	1/1/2023	To:	12/31/2023					
Worksheet:	orksheet: Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)								

Facilities I	ong-Term Care Reporting Classification is:		
			Related Revenue
		Number of	Received Or Accrued
		Patient Days	Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	11,542	\$7,993,121
		11,542	Ş7,555,121
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	294	\$0
LINE Z	Medicalu Melapeutic and Medicalu Bed Hold Days	294	
	Report Non-Medicare Days Subject To Assessmer	at .	
	Report Non-Weakare Days Subject to Assessmen		
Line 3	Private Patient Days	8,969	\$2,994,186
Line 5	Thrate Fallent Days	0,505	\$2,554,100
Line 4	Medicaid (Except Therapeutic and Bedhold)	24,378	\$6,551,592
LINE 4		24,378	\$0,331,332
Line 5	Respite Days	26	\$6,987
Line 5	Respire Days	20	Ş0,987
Line 6	Other Non-Medicare Days	80	\$217,420
LINE 0	Other Non-Wedicale Days	80	\$217,420
Line 7	Assessed Days and Revenue	33,453	\$ 9,770,185
Line /	Assessed Days and Revenue	55,455	Ş <u>9,770,185</u>
Line 8	Classification Assessment Rate	\$ 14.67	
LITEO	Classification Assessment Nate	Ş 14.07	
Line 9	Assessment Due	\$ 490,755.51	
LINE 9	Assessment Due	\$ 490,755.51	
Line 10	Penalty and Interact Due	Cć –	
Line 10	Penalty and Interest Due	\$ -	
1: 11	Tabel Areas web Dua	¢ 400 755 54	
Line 11	Total Amount Due	\$ 490,755.51	

<u>Index</u>

State of New Jersey Department of Human Services Nursing Facility Cost Report									
Provider Name:	1361 Route 72 West Ope	erations LLC d	ba Southeri	n Ocean Center					
Medicaid Provider Number	6231802		Medicare P	Provider Number	31-5332				
NPI:	1366626665								
Reporting Period:	From:	1/1/2023	To:	12/31/2023					
Worksheet:	Schedule S-11 Part II - Nu	Irsing Home A	Assessment	Information per Submitted N	HA-100 - Nursing Facility				

Facilities	Long-Term Care Reporting Classification is:		
			Related Revenue
		Number of	Received Or Accrued
		Patient Days	Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	11,542	\$7,993,121
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	294	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
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	

<u>Index</u>

	State of New Jersey										
Department of Human Services											
Nursing Facility Cost Report											
Provider Name:	1361 Route 72 W	/est Operations LLC dba Sou	thern Ocean Center								
Medicare Provider ID:	31-5332	31-5332									
NPI:	1366626665										
Reporting Period:	From:	1/1/2023 To:	12/31/2023								
Worksheet:	t: 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.

of a member of the b	bard of directors of the facility. Add subsequent rows as he	cucu.
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 row	as needed.	
Name:		
Address:		
City:	State:	ZIP:
Name:		
-		
Address:		
City:	State:	ZIP:

Name:		Genesis NJ Holdings LLC							
Name:		Genesis Operati	ons LLC						
Name:		GHC Holdings	LLC						
Name:		Genesis Healthc	are LLC						
Name:		GEN Operation	s I LLC						
Name:		GEN Operation:	s II LLC						
Name:		FC-GEN Operations	Investment						
Name:		SunDance Rehabilitation	on Holdco Inc.						
Name:		Sun Healthcare G	roup Inc.						
Name:		Genesis Healthc	are Inc.						
Name:		HCCF Management O	Group XI LLC						
Name:		ZAC Properties	XI LLC						
Address:		101 East State	Street						
City:	Kennett Square	State:	PA	ZIP:	19348				
Name:		Arnold Whiti	nan						
Address:		3820 Mansell Road Suite 280							
City:	Alpharetta	State:	GA	ZIP:	30022				
Name:		Steven Fishr	nan						

Address:		1617 JFK Boulevard Suite 545						
City:	Philadelphia	State:	PA	ZIP:	19103			
Name:		Welltower Inc.						
Address:		4500 Dorr Street						
City:	Toledo	State:	ОН	ZIP:	43615			

	Nursing Facility Department of Human Services Nursing Facility Oct Report													
Provider Name:		1361 Route 72 West	Operations LLC dba S	outhern Ocean Center										
Medicaid Provider N	Number	0				Medicare Provider Num	iber		31-5332					
NPI:		1366626665												
Reporting Period:		From:		1/1/2023					To:	12/31/202	3			
Worksheet:		Schedule S-13 - Aver	age Length of Stay											
		Number of Beds	Bed Days Available	Inpatient Days	Discharges	Average Length of Stay (FORM CMS-2540-10)	Average Length of Stay (Inpatient Days / Number of Patients)	Admissions	Medicaid Only	Dual Eligible	Medicare Only	Medicare Part A & B	Part C (Medicare Advantage)	Total Population
Average Length of S	Stay	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	(Column 6)	(Column 7)	(Column 8)	(Column 9)	(Column 10)	(Column 11)	(Column 12)	(Column 13)
1	Nursing Facility (S-2)	44,995	16,423,175	45,289	567	79.87477954	508.8651685	57	3 68		21		12	89
2	SCNF - AIDS (S-3)	0	0			C	0 0							0
3	SCNF - BMGT (S-4)	0	0			C	0 0							0
4	SCNF - Pediatric (S-5)	0	0			C	0 0							0
5	SCNF - TBI/Coma (S-6)	0	0			C	0							0
6	SCNF - Ventilator (S-7)	0	0			C	0 0							0
7	SCNF - Young Adult (S-8)	0	0			0	0 0							0
8	Behavioral Health Nursing Facility (S-9)	0	0			C	0 0							0
9	Total (sum of lines 1-8)		16,423,175	45,289	567	80	509	57	3 68	0	21	0	12	89

			State of New Je epartment of Huma	rsey						
Provider Name:	1361 Route 72 W	est Operations LLC d	Nursing Facility Cos	t Report						
Medicare Provider ID: NPI:	31-5332 1366626665									
Reporting Period: Worksheet:	From: Schedule A - Tota	I Expense	1/1/2023	To:	_	12/31/2023				
	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)		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
A. Direct Routine Patient Care Costs 1 Direct Care - Nursing Facility	165,991		H(2)	\$ 25,337		Other			S -	\$ 5,298,928
2 Direct Care - SCNF AIDS 3 Direct Care - SCNF BMGT	-	\$ - \$ -		s - s -				s - s -	s - s -	s - s -
4 Direct Care - SCNF PEDIATRIC 5 Direct Care - SCNF TBI/COMA 6 Direct Care - SCNF VENTILATOR		s - s -		<u>s</u> - <u>s</u> -			s - s -	\$ - \$ - \$ -	\$ - \$ - \$ -	\$ - \$ -
Direct Care - SCNF VENIDATOR Direct Care - SCNF YOUNG ADULT Direct Care - Behavioral Health Nursing Facility	-	\$ - \$ -		\$ - \$ -		Ē	\$ - \$ -	\$ - \$ -	<u>s</u> - s -	\$ - \$ -
9 Direct Care - OTHER SPECIFY 10 Total Direct Patient Care Costs - Direct Reported	165,991	\$ - \$ 5,273,591		\$ - \$ 25,337			\$- \$5,298,928	\$ - \$ -	\$ - \$ -	\$ - \$ 5,298,928
B. Routine Patient Care Costs - Not Directly Reported Routine Medical Supplies										
12 OTC Drugs 13 Enteral Feeding (Product and Supplies)					\$	181,652 22,181 4,809	\$ 22,181	s - s -	\$ - \$ - \$ -	\$ 181,652 \$ 22,181 \$ 4,809
14 Incontinency Products 15 Total Patient Care Costs - Not Directly Reported					\$ \$	58,685	\$ 58,685 \$ 267,327	ş -	s - s -	\$ 58,685 \$ 267,327
C. Patient Ancillary Costs										
16 Radiology 17 Laboratory 18 Intravenous Therapy		\$ - \$ -		\$ - \$ -	S S	25,614 42,785 22,231	\$ 25,614 \$ 42,785 \$ 22,231	s - s -	s - s - s -	\$ 25,614 \$ 42,785 \$ 22,231
19 Oxygen Therapy 20 Physical Therapy	1,392.00 8,877.00	s - s -		\$ 66,798 \$ 492,804		10,048 317	\$ 76,846 \$ 493,121	\$ - \$ -	s - s -	\$ 76,846 \$ 493,121
21 Occupational Therapy 22 Speech Therapy	8,613.00 2,726.00	\$ - \$ -		\$ 458,753 \$ 210,515	s	227	\$ 458,980 \$ 210,515	\$ - \$ -	\$ - \$ -	\$ 458,980 \$ 210,515
23 Electro cardiology 24 Medical Supplies Charged to Patients 25 Prescription Drugs (not OTC)		ş -]	\$ -		369,437	ş -	\$ - \$ -	s - s -	\$ - \$ - \$ 369,437
26 Pharmacy Non-Formulary 27 Support Surfaces					s	1,666	\$ - \$ 1,666	\$ - \$ - \$ -	\$ - \$ - \$ -	\$ - \$ 1,666
28 Ambulance 29 Dental			1		s	24,859	\$ 24,859 \$ -	\$- \$-	\$- \$-	\$ 24,859 \$ -
30 Physicians 31 Other - Patient Ancillary Costs 32 Total Patient Ancillary Costs		s - s -		\$ - \$ - \$ 1,228,870	S S	14,061 7,449 518,694	\$ 14,061 \$ 7,449 \$ 1,747,564	\$ - \$ -	\$ - \$ - \$ -	\$ 14,061 \$ 7,449
E. Nursing Administration					د .	J10,094				\$ 1,747,564
33 Director of Nursing, ADON, Supervisors 34 Inservice Education	8,272.00	\$ 262,014 \$ -	\$ 262,014 \$ -	\$ -			\$ 524,028 \$ -	\$ - \$ -	s - s -	\$ 524,028 \$ -
35 MDS Coordinator 36 Staffing Coordinator 37 Infection Control	-	\$ - \$ - \$ -	\$ - \$ -	\$ - \$ - \$ -			s - s -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ - \$ -
37 Infection Control 38 Medical Records/EMR 39 Nursing License Fees	1,990.97		\$ -	\$ -	s	7,950			s - s -	\$ 49,436 \$ -
40 Other - Nursing Administration 41 Total Nursing Administration	5,346.29 15,609.26		\$ \$ 262,014	\$- \$-	\$ \$	30,771 38,721		ş -	s - s -	\$ 240,288 \$ 813,751
F. Workforce Related Costs - Patient Care										
42 Direct Patient Care Recruitment 43 Direct Patient Care Retention 44 Total Workforce Related Costs - Patient Care					\$	111,353	\$ 111,353 \$ - \$ 111,353	s -	\$ - \$ - \$ -	\$ 111,353 \$ - \$ 111,353
G. Patient Support Services						111,555	, 11,555	· · ·	· · ·	, 111,555
45 Food (including supplements) 46 Dietary Department		ş -	\$ -	\$ 925,066	s s	265,681 34,893		\$ - \$ -	s - s -	\$ 265,681 \$ 959,959
47 Laundry Department 48 Housekeeping Department 49 Social Services	8.436.73	\$ - \$ - \$ 262.884	\$ - \$ -	\$ 203,992 \$ 351,499 \$	S S	10,479 23,098 597	\$ 214,471 \$ 374,597 \$ 263,481	\$ - \$ -	s - s - s -	\$ 214,471 \$ 374,597 \$ 263,481
49 Social Services 50 Patient Activities 51 Medical Director	8,436.73 7,607.37 458.00	\$ 143,636	s - s -	\$ - \$ 38,941	\$	6,249	\$ 149,885	s - s -	s - s -	\$ 263,481 \$ 149,885 \$ 38,941
52 Pharmacy Consultant 53 Auto Leasing and Depreciation - Direct Patient Care	-	\$ -	\$ -	\$ -	\$	23,033		s - s -	s - s -	\$ 23,033 \$ -
54 Other Auto Expense - Direct Patient Care 55 Other - Patient Support Services			\$ -	\$ -	s	74,909	\$ - \$ 74,909	s - s -	s - s -	\$ - \$ 74,909
56 Total Patient Support Services H. Property Operating Costs	16,502	\$ 406,520	5 -	\$ 1,519,498	5	438,939	\$ 2,364,957	ş .	\$ -	\$ 2,364,957
57 Maintenance 58 Security	4,262.55		\$ - \$ -	\$ - \$ -	\$	122,630		\$ - \$ -	\$ - \$ -	\$ 248,243 \$ -
59 Utilities (including telephone and cable services) 60 Real Estate Tax 61 Property Insurance					\$	350,811 157,376 49,455	\$ 350,811 \$ 157,376 \$ 49,455	\$ - \$ - \$ -	\$ - \$ - \$ -	\$ 350,811 \$ 157,376 \$ 49,455
62 Total Property Operating Costs	4,263	\$ 125,613	\$-	\$ -	\$		\$ 805,885		\$ -	\$ 805,885
I. Administrative & Operating Costs 63 Administrator	2,080.00		\$ 170,111							\$ 170,111
64 Assistant Administrator 65 Other Executive Staff 66 Office Staff	- 14,176.66	\$ 498,616	\$ - \$ -	- S -			\$ - \$ - \$ 498,616	\$ - \$ -	s - s -	\$ - \$ - \$ 498,616
67 Management Fees 68 Office Supplies and Expenses	14,170.00	3 458,010	<u>,</u>	1.2 -	s s	766,303 16,596	\$ 766,303 \$ 16,596	\$ 20,493 \$ -	\$ (4,767) \$ -	\$ 782,029 \$ 16,596
69 Insurance not Related to Property or Employees 70 Business Taxes					\$ \$	162,266 78	\$ 162,266 \$ 78	\$ - \$ -	\$ - \$ -	\$ 162,266 \$ 78
71 Accounting Fees 72 Legal Fees								\$ - \$ -	s - s -	s - s -
73 Advertising 74 Allowable contributions 75 Allowable Employee Gifts and Party					s	250	\$ - \$ 250 \$ -	\$ - \$ - \$ -	\$ - \$ - \$ -	\$ - \$ 250 \$ -
76 Auto Leasing and Depreciation 77 Other Auto Expenses					E		ş -	\$ - \$ -	\$- \$-	\$ - \$ -
78 Travel Expenses 79 Non-Capital Related Interest Expense							\$- \$-	\$ - \$ -	\$ - \$ -	\$ - \$ -
80 Other A&O costs 81 Total Administrative & General	16,257	\$ 498,616	\$ 170,111	\$ -	\$	103,159 1,048,652			\$. \$ (4,767)	\$ 103,159 \$ 1,733,105
J. Provider Tax (NHA 100) 82 Provider Tax (NHA 100)					\$	460,051	\$ 460,051	ş -	ş -	\$ 460,051
K. Workforce Related Costs - Other										
83 Patient Support & Other Recruitment 84 Patient Support & Other Retention 85 Professional Training					s	917	\$ 1,560 \$ - \$ 917	\$ -	\$ - \$ - \$ -	\$ 1,560 \$ - \$ 917
85 Professional Fraining 86 Licensing and Dues 87 Total Workforce Related Costs - Other					5	22,587 25,064	\$ 22,587 \$ 25,064	ş -	s - s -	\$ 22,587 \$ 25,064
L. Fringe Benefits for Non-Management Employees										
88 Payroll Taxes 89 Workers' Compensation 90 Unemployment					S S	511,757 171,207 75,525	\$ 511,757 \$ 171,207 \$ 75,525	\$ - \$ -	s - s -	\$ 511,757 \$ 171,207 \$ 75,525
90 Unemployment 91 Disability Insurance 92 Medical Insurance					s	75,535	\$ 75,535 \$ - \$ 346,747	s - s -	\$ - \$ - \$ -	\$ 75,535 \$ - \$ 346,747
93 Dental Insurance 94 Union Welfare					\$	6,802	\$ - \$ 6,802	\$ - \$ -	\$- \$-	\$ - \$ 6,802
95 Vision Insurance 96 Uniforms 97 Tuition Assistance							s - s -	s - s -	s - s -	\$ - \$ -
97 Tuition Assistance 98 Retirement Benefits 99 Life Insurance					s	44,602	\$ - \$ 44,602 \$ -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ 44,602 \$ -
100 Other - Fringe Benefits 101 Total Fringe Benefits					5	1,156,650	\$ - \$ - \$ 1,156,650	\$ - \$ -	s - s - s -	\$ - \$ 1,156,650
M. Property Capital Costs										
102 Depreciation 103 Mortgage Interest (Allowable Interest) 104 Rental of Building					S	2.805.644	\$ 169,171 \$ - \$ 2.805.644	\$ 40,872 \$ - \$ -	s - s -	\$ 210,043 \$ - \$ 2,805,644
104 Rental of Building 105 Rental of Equipment 106 Total Property Capital Costs					\$ \$ \$	2,805,644 25,596 3,000,411	\$ 25,596	\$ - \$ - \$ 40,872	s - s -	\$ 2,805,644 \$ 25,596 \$ 3,041,283
N. Non-Routine/Non-Allowable Costs							·			
107 Non-Routine / Non-Allowable Costs (from Schedule A-3 & A-4)	-	\$ -	\$ -	\$ 12,661	\$	400,866	\$ 413,527	\$ -	ş -	\$ 413,527
Total	240,229.44	\$ 6,817,356	\$ 432,125	\$ 2,786,366	\$	8,147,000	\$ 18,182,847	\$ 61,365	\$ (4,767)	\$ 18,239,445

State of New Jersey							
	Department of Human Services						
	Nursing Facility Cost Report						
Provider Name:	1361 Route 72 West Operation	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	200.05	404.007
Licensed Practitioner Nurses (LPN)	52,500.18	\$2,010,063	288.36	\$21,907
Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN)	88,436.09	\$2,061,148	98.59	\$3,430
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)	0.00	ŰÇ	0.00	ŬÇ.
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)	0100	ţ.	0.00	ţ.
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 (PT)				
Respiratory Therapy (RT) Other Medical Staff				
Total Behavioral Health Nursing Facility	0.00	\$0	0.00	\$0
Other (Schedule A Line 9)	5.00	٥ <u>ټ</u>	5.00	٥ <u>ټ</u>
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 (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 - Manag	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	ame Salary		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 COMPEN	SATION		\$ 432,125

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-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
Patie	ent 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
12	Director of Nursing, ADON, Supervisors	33	4,136.00	\$ 262,03	4		4,136.00
	Sing Administration	22	4 136 00	¢ 262.0	4		4 126 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	\$ 41,48	6		1,990.97
18	Other - Nursing Administration	40	5,346.29	\$ 209,51	.7		5,346.29
19	Total Nursing Administration		11,473.26			\$ -	11,473.26
	ent Support Services						
	Dietary Department	46				\$ 925,066	
20	Laundry Department	40				\$ 203,992	-
	Housekeeping Department					\$ 203,992	-
22 23	Social Services	48 49	8,436.73	\$ 262,88		\$ 551,499	- 8,436.73
	Patient Activities	50	7,607.37	\$ 143,63			7,607.37
24 25		50	7,007.37	ş 143,6:	458.00	\$ 38,941	458.00
25	Medical Director	51			458.00	\$ 38,941	
26	Pharmacy Consultant	-					-
27	Other - Patient Support Services	55	10 011 10	é 406 5	450.00	Ć 4 540 400	-
28	Total Patient Support Services		16,044.10	\$ 406,52	458.00	\$ 1,519,498	16,502.10
Decer	anth Operating Costs						
	perty Operating Costs Maintenance	57	4,262.55	\$ 125,63			4,262.55

25 Maintenance	57	4,202.33	Ý 125,015			4,202.33	
30 Security	58					-	
31 Total Property Operating Costs		4,262.55	\$ 125,613	-	\$-	4,262.55	Total
							_
I. Administrative & Operating Costs							
32 Office Staff	66	14,176.66	\$ 498,616			14,176.66	

32 Office Staff	66	14,176.66	Ş	498,616			14,176.66	
33 Total Administrative & General		14,176.66	\$	498,616	-	\$ -	14,176.66	Total
								_
N. Non-Routine/Non-Allowable Costs								1
34 Sales and Marketing Personnel	N/A						-	

- 1			,						-
	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
									_
	Total			45,956.57	\$ 1,543,765	22,066.00	\$ 2,761,029	68,022.57	Total

Reporting Period:	From:	1/1/2023 To:				
Worksheet:	Schedule A-4 Part I - Related Parties	hedule A-4 Part I - Related Parties				
Provider DBA Name (if any):	1361 Route 72 West Operations LLC dba Sout	361 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.						
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
1	IT	I - IT
L	Lab	J - Lab
К	Maintenance	K - Maintenance
L	Management	L - Management
M	Medical Supplies	M - Medical Supplies
N	N/A	N - N/A
0	Other	O - Other
Ρ	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 P										
under Name.	1 Mil Reute 72 Wed Coecidors LLC dba to	uther Power Faithy					ATM AND	Contract in the second s									-
edicaid Provider Number	P		Medicare Provider Number														
PL	186926693																
No the Period	Prom.	1/1/202	H 16	12/31/202													
witchest:	Schedule A-4 Part II - Related Parties																
under DBA Name (if any).	1011 Naule 72 Well Consider LLC dballs	when Open Certer															
n 12/EN.	28-0838998																
Paramienting of Salatad Sala Silowohis Fort																	
Column 1	Column 2	Column 1	Calume 6	Column 3	Calume 6	Calumo 7	Column 8	Column 9	Column 10	Calume 11	Column 13	Column 13	Column 14	Column 15	Column 16	Column 17	Calumn 18
Eate of Transaction	Mercify Where Related Party Carts Assess on Cord Records	Identify the PCK data field(c), by regulation section, that this out is included in.	Relationship to Provider (see Ad Schedule A-d Part L Relationship Status Distores Defines J	Name of Related Factor	Address of Tenderd Factor	Cartal Naves fielded Party	Phone Number of Related Party	trial Address of Related Party	Decosition of the Social-Services Provided by Related Patty	Category of Goods/benkics Provided by Related Pathy (See A5 Schedule A-d Path Coods/benkies Category Options, Bellow J	Type of Topsadars	Method for Determining the Allowable Cont or Method for Determining the Allowable Cont or	Total(Adua) Amount Paul ta	Method of Payment to Related Party (e.g. motor, our resident, monthly fee, fait feel	Allowable Actual Cost or PMY of the Goods/Dervice/Provided In S1	Cost on Facility Books	Aduction
New I	AND STAND STAND	MALE PERSON P.	Cherrifeandal ar eae-feancad, saechy	denecs Administrative Services LLC [1] and sendly be			\$12,040-\$110	and there exists an ensure of the	Each office provers	0-Dther	Inter-company	Home office cost report		TOTAL CARGE AND A DESCRIPTION OF A DESCR	1788.798.02	\$756,321.00	
New J			Cher Ifrandal ar non-francati, sanchy	deners Administrative Service (UC(1) and service be		MACONI	932 000-9330	arfa Barreshic com	Castalbackeffer	C-Caller	Inter-campany	Home office cost report		INTER GENERALLY	140.872.00	52.00	
Arrait Next			Other (feanual or non-feancal), savolv Other (feanual or non-feancal), savolv	Connects Advantation Services LLC (3) calls specify being		Michel	412 660-4350	arts Barrachtz com arts Barrachtz com		C - Casifai W - Thetaay	Inter-campany Inter-campany	Contraction cost mount		INTER COMPANY INTER COMPANY	140.812.00		
New K			Other (Teandal or non-feancal), cavchy Other (Teandal or non-feancal), cavchy	Powerback Retabilitation ORS (2) calls specify below Powerback Retabilitation ORS (2) calls specify below		Mictory	412 660-4150	arta Barracahoz com arta Barracahoz com		W-Thesay W-Thesay	Inter-campany Inter-campany	Certrait enge		INDEX COMPANY INDEX COMPANY	5418,718,00	5458,733,00	
Neuk Neuk			Other (Teandal or non-feancial, cavchy) Other (Teandal or non-feancial, cavchy)	Powerback Retabilitation ORS (2) calls specify below Powerback Retabilitation ORS (2) calls specify below		Mictory	812 660-8350	arla Bawacaho, com arla Bawacaho, com		W-Thesev W-Thesev	Inter-campany Inter-campany	Certrait enge		Inter campany Inter campany	\$210.313.00	\$210,313,00	
			Cline Iteandal or non-fisiandal, cardini Titler Iteandal or non-fisiandal, cardini							W-Thesev							
And well					ATTENTION MANAGEMENT AND ADDRESS OF TAXABLE	Suran Plumbon	411 777.3611	curst mathematical con-	Museum Associal Resources elevaniant		Reflect of the Second	PEARSTERNE		Turbar attended of	675.007.00	61% 227 <i>%</i>	
And well			retur if examples and featurely search:	Researcher's Balancington, Ball (1) cold martle balow		Mistary	417 444,4755	whether are been as a second s		W. Pharton	Reflect of the Second	PEARSTERNE		Terrar Contention	144 THE /1	644 TRY 10	
Access			Other if eardal or ear-feancad, saechy		101 East Mary Moved Kennell Square PR, 20104	Mitches	\$32,666-\$332	arfa thanneis hou com	Melicipiector	D-Consultants	Inter-campany	Contract on the		THOM GROMARY.	\$38.941.00		
Manthly			Other if eardal or ear-feancad, saechy	They're realth care Medical Grauss of N1 U.C. (2) col 4 so		Reithardari	121 412-2111	arts @veauchesith.com	teleanneoiten	D-Consultants	Associate secold	Contract on the		Account agentite	\$38,000.00	114.000.00	
Manthly			Other if eardal or ear-feancad, saechy	Langevity Health Plan (2) cal & specify below	11782 US Hishway One Ste. 5007 Fain Beach Gardens, FL 13408	Brendan Raper	701.147-9384	Brendan care officing with eathering and	Theory tracking provides	D-Consultants	Associate secold	Contract on the		Account agentite	\$2,402.00	\$2,400.00	ai ini
				(1) Other specify Parent entity of Provider has fisiancia													
				trained in the wished sarts.													
				(2) Other as Officer - dewtor or other key person of th													
				aarent entity of Provider has a financial interest in													
				the related early.													
																	10
																(10
																	10
																	10
																	10
Task															\$2,199,216.00	\$2,077,811.0	00 583,383.

Provider Name:	1361 Route 72 West Operations LLC dba Sour	361 Route 72 West Operations LLC dua Southern Ocean Center						
Medicaid Provider Number	0	Medicare Provider Number	0					
NPI:	1366626665							
Reporting Period:	From:	1/1/2023 To:	12/31/2023					
Worksheet:	Schedule A-4 Part III - Related Parties							
Provider DBA Name (if any):	1361 Route 72 West Operations LLC dba Southern Ocean Center							
Tax ID/EIN:	26-0858998							

C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider (B2), including all 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 (B2).

Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Relationship to Nursing Home (see A4 Schedule A-4 Part I. Relationship Status	Namer of Britericals and Interested Barties (on conarate source)	Bercontran of Augustria of Each Brincipal or Interacted Batty	Address	Phone Number	Email Address
Options below)	warries of Frincipals and interested Farties (on separate rows)	reicentage of ownership of Each Philipal of Interested Party	Address	Filolie Nalliber	Linai Address
	Relationship to Nursing Home (see A4	Relationship to Nursing Home (see A4 Schedule A-4 Part I. Relationship Status	Relationship to Nursing Home (see A4 Schedule A4 Part L Relationship Status	Relationship to Nursing Home (see A4 Schedule A4 Part I. Relationship Status	Relationship to Nursing Home (see A4 Schedule A4 Part L Relationship Status

1361 Route 72 West Operations LLC dba Southern Ocean Center						
0 Medicare Provider Number 0						
1366626665						
From:	1/1/2023 To:	12/31/2023				
Schedule A-4 Part IV - Related Parties						
1361 Route 72 West Operations LLC dba Southern Ocean Center						
26-0858998						
	0 1366626665 From: Schedule A-4 Part IV - Related Parties 1361 Route 72 West Operations LLC dba Sou	1966628665 From: 1/1/2028 To: Schedule A P art IV - Related Parties 151 Route 72 West Operations LLC dba Southern Ocean Center				

C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider in section B1 of Schedule A-4 III, including all principals and interested parties and including 100% of the owners, principals, and interested parties in any entity identified as a principal or interested party in the third-party entity exercising substantial management control over the provider. Table C2

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Name of Any Third Party Entity Identified as a						
Principal or Interested Party in the Entitly Identified in	Names of Principals and Interested Parties					
Table C1 Schedule A-4 Part III.		Percentage of Ownership of Each Principal or Interested Party	Type of Business	Address	Phone Number	Email Address
Tuble er senedale A 4 ratem.	(on separate rows)	refeating of ownership of cache hindpar of interested Farty	Type of business	Huncis	Those Namoer	Emanydarcss

State of New Jersey								
	Department of Human Services							
	Nursing Facility Cost Report							
Provider Name:	1361 Route 72 West Operations LLC dba Southern Oce	ean Center						
Medicare Provider ID:	31-5332							
NPI:	1366626665							
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	\$ 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

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-6 - Capital							

Capital Asset Balances and Depreciation 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	\$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.

State of New Jersey Department of Human Services								
Nursing Facility Cost Report								
Provider Name:	1361 Route 72 West Ope	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 - Depreciat	Schedule A-7 - Depreciation Schedule						

Asset Name/Description	Capi	talized Costs		Estimated alvage Value	Weighted Average Estimated Useful Life (Years)	Prior Period Accumulated Depreciation	Prior Period Impairment		Period Depreciation	Asset Group Carrying Value
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:								Ş	-	ş -
Building Improv	\$	985,398	\$	-	13.2832	\$ 210,332		\$	74,184	\$ 700,883
Fixed Equipment	\$	68,246	\$	-	12.5603			\$	5,433	\$ 20,126
		,						\$	-	\$ -
								\$	-	\$-
								\$	-	\$-
Total Period Depreciation - Buildings								\$	89,202	
Equipment:										
Medical Equipment								\$	-	\$ -
Other Equipment Used in Direct Care Services	\$	867,797	\$	-	27.9069			\$	31,096	\$ 114,682
Computer Equipment	\$	65,540	\$	-	31.923			\$	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	\$ -
		30,909	Ŷ		1			\$	-	\$ -
								\$	-	\$ -
								\$	-	\$ -
								\$	-	\$ -
Total Period Depreciation - Equipment								\$	64,213	
Vehicles:								ć		ć
Cars Trucks								\$ \$	-	\$ - \$ -
Vans								\$	-	<u>\$</u> -
Other:								Ý		Ŷ
								\$	-	\$ -
								\$	-	\$ -
								\$	-	\$ -
Total Period Depreciation - Vehicles								\$	-	
Office Furniture and Fixtures:										
Office Desks, Cabinets, and Chairs								\$	-	\$ -
Electronic Office Equipment Appliances								\$ \$	-	\$ - \$ -
Utility Installations								\$ \$		\$ -
Other:								Ŷ	_	- Ļ
otien								\$	-	\$ -
								\$	-	\$ -
								\$	-	\$ -
								\$	-	\$ -
								\$	-	\$-
								\$	-	\$ -
Total Period Depreciation - Office Furniture and Fixtur								\$ \$	-	\$-
	es							Ş	-	
Software: Medical Software (Including EHR)								\$	-	\$ -
Administrative Software								\$ \$	-	<u>\$</u> - \$-
Other:								د ا	-	
								\$	-	\$ -
								\$	-	\$ -
								\$	-	\$ -
Total Period Depreciation - Software								\$	-	
Limited-life Intangible Assets:										
Other:								<u> </u>		
								\$	-	\$ -
								\$	-	\$ -
								\$	-	\$-

\$ \$

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 Ocea	an 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

															Be	havioral		
													SC	NF Young	Healt	th Nursing		Offset
	Total	Nu	rsing Facility	SCN	IF AIDS	SCNF BMGT	SC	NF Pediatric	SCNF TE	BI/Coma	SCNF V	entilator		Adult	F	acility	Other	Line
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
	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 ne	on-formulary pharmacy transactions	
	Other:	

B. Other Non-Patient Revenu

B. Other Non-Patient Revenue		
	County Funding	
	Other:	

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$17,768,073.48 \$17,763,306.48

Total Revenue

Alternational and a second a second and a second	805 S SAGS SAGS SAGS SAGS SAGS SAGS SAGS SA	126632665 From: Chandrad B. Advantant Basel Direct Care - Nursing Facility 2 Birect Care - Nursing Facility 2 Birect Care - Nursing Facility 1 44,995 Direct Care - Nursing Facility 1 44,995 Direct Care - Nursing Facility 1 32,218	2 Direct Care - SCNF AIDS 2	Direct Care 3 3 5 Direct Care 5 Direct Care 5 SCNF BMOT 2 4 Direct Care 5 SCNF BMOT 2 4 Direct Care 5 SCNF PEOLATES 4 Direct Care 5 SCNF SCNF 5 SCNF SCNF 5 SCNF SCNF 5 SCNF SCNF SCNF SCNF SCNF SCNF SCNF SCNF SCNF SCN	SD SC SC Direct Care - SCNI TBJ/CDMA 5		Direct Care - SCNF YOUNG ADULT 7 SO Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavioral Health Nursing Facility 8 50	Direct Care- OTHER SPECIFY 9 \$0	Radiology Li 16	iboratory 17											eeping Social	Patient Me Activities Dir 50	edical Pharmacy rector Consultant 51 52	Other - Patient Support 55	Total Property Operating Costs 62 62	Total Total risistrative & Relat General ,	Workforce ted Costs - Other Capital Co 50	rty Non-Routine / Non-Allowable ts Costs 107	Total
Basis Codes C Patient Day Basis Codes	805 S SAGS SAGS SAGS SAGS SAGS SAGS SAGS SA	Direct Care - Muraing Facility 1 55.273.1091 Direct Care - Muraing Facility 2.4.950 Direct Care - Muraing Facility 1 Direct Care - Muraing Facility 1 Jacobian Direct Care - Muraing Facility 1 Jacobian Ja	SD Direct Care SCNF AIDS 2 Direct Care SCNF AIDS 2 Direct Care SCNF AIDS 2 Direct Care	SD Direct Care SCNF EMGT SCNF EMGT 3 Direct Care SCNF EMGT SCNF EMGT 3 Chreat Care SCNF 2004759 4 Direct Care SCNF 2004759 Chreat Care SCNF PEDUATES SCNF PE	SD SC SC Direct Care - SCNI TBJ/CDMA 5	Direct Care - SCNF VENTILATOR 6	50	50	Direct Care - OTHER SPECIFY 9 50	Radiology Li 16	iboratory											eeping Social	Patient Me	edical Pharmacy rector Consultant	Other - Patient Support Services 55	Total Property Operating Costs 62	Total Total ministrative & Relat General El	Workforce ted Costs - Other 87 206	rty Non-Routine / Non-Alowable ts Lorts 107	Total
Easin Codes C Patient Days Basin Codes D Basin Markin E Matain Server Basin Codes	Adol5 Adolese Adol5 Adol6 Adol	1 55.273.591 55.273.592 Direct Care - Mursing Facility 24.930 Direct Care - Mursing Facility 44.095 Direct Care - Mursing Facility 1 32.230	SD Direct Care SCNF AIDS 2 Direct Care SCNF AIDS 2 Direct Care SCNF AIDS 2 Direct Care	SD Direct Care SCNF EMGT SCNF EMGT 3 Direct Care SCNF EMGT SCNF EMGT 3 Chreat Care SCNF 2004759 4 Direct Care SCNF 2004759 Chreat Care SCNF PEDUATES SCNF PE	SD SC SC Direct Care - SCNI TBJ/CDMA 5	Direct Care - SCNF VENTILATOR 6	50	50	Direct Care - OTHER SPECIFY 9 50	Radiology La	iboratory											eeping Social	Patient Me	edical Pharmacy rector Consultant	Other - Patient Support Services 55	Total Property Operating Costs 62	Total Total ministrative & Relat General 81	Workforce ted Costs - Other Capital Co 87 106	rty Non-Routine / Non-Allowable ts Costs 107	Total
Easin Codes C Patient Days Basin Codes D Basin Markin E Matain Server Basin Codes	50500 5055 1997 8055 8055 8055 8055	1 24.910 Direct Care - Narsing Facility 1 44,995 Direct Care - Narsing Facility 1 32.219	Direct Care - SCNF AIDS 2 Direct Care - SCNF AIDS 2	Direct Care SCNF BMGT PEDIATRI 3 4 0			Direct Care - SONF YOUNG ADULT 7			50	17 50	Intravenous Therapy Ow 18 SD	rygen Therapy Physical 19 21 50	10 Co	Copational Therapy Speec 21 50	ch Therapy 22 23	e Physicians 20	ns Other - Patient Ancillary Costs 31 50 52	t Total Nursing For Administration su 41 0 \$\$13.016	2004 (including Dietary Department 45 45 45 50 5	t Laundry Department 47 48	eeping Social ment Services 1 49 50 \$262,884	50 3 5143.636	51 52 50 50	50 50	510.611			50 S0 m	
Bash Codes C Patient Day Bash Codes D Non-Medic Bash Codes C Mash Serve Bash Codes	Moss Inter BAcis BAcis BAcis BAcis BAcis BAcis BAcis Autoritien	1 44,995 Direct Care - Nursing Facility 1 32,219	Direct Care - SCNF AIDS 2	0 Direct Con	E Direct Care - SCNI TBI/CDMA	Direct Core, Core		Health Numine Facility	Direct Care - N OTHER N SPEOFY 9	on-Routine / on-Allowable Costs 107	Total 24.910																			
Basis Codes D Non-Medica Basis Codes E Matah Serve Basis Codes	BAGIS Bicare Days (MUA100 Definition) BAGIS roved	1 32,219	Direct Care - SCNF AIDS 2	0 Direct Can		Direct Care - SCNF VENTILATOR 6	Direct Care - SONF YOUNG ADULT 7	Direct Care - Behavioral Health Nursing Facility B	Direct Care - OTHER SPEOFY 9	Total																				
Basis Codes	rved	32.219		Direct Care - SCNF SCNF BMGT PEDIATRI 3 4	O C Oirect Care - SCN TBJ/CDMA S	Direct Care - SCNF VENTILATOR 6	1	0	Total	44,995																				
Basis Codes		Direct Care - Nursine Facility		0 Direct Care SCNF BMGT 3 4	<u> </u>		•	Direct Care - Behavioral Health Nursine Facility B	32.219 Direct Care - OTHER SPECIFY 9	Total																				
F Pounds of s	BASIS	115.867 Direct Care - Nursing Facility		Direct Care - SCNF SCNF BMGT PEDIATRI 3 4	-		-		Direct Care -	135.867 Total																				
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G Salary & Co Basis Codes	Contract Services Direct Nursing Hours BASIS	165.990.87 Direct Care - Nursine Facility	0.00 Direct Care - SCNF AIDS 2 0.00	Direct Con		0.05	0.00	0.00	0.0 Direct Care- OTHER SPECIFY 9 0.00	165.990.87 Total																				
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i Accumulate	ated Cont BASIS	1 \$22,340,459 Direct Care - Narsing Facility		3 4 50 Direct Care SCNF BMGT PEDIATRI 3 4		50	50	50 Direct Care - Behavioral Health Nursing Facility 8			22,753,986 Total																			
J Radiology C	y Charges	1 578.872 Direct Care - Narsine Facility		3 4 Direct Care - SCNF BMGT 3 4	_	1			9 Direct Care - N OTHER N SPECIFY 9	on-Routine /	\$78.872																			
K Laboratory	ery Charoes	1 S157.676 Direct Care - Narsing Facility		3 4 Direct Care SCNF BMGT 3 4	-			B Direct Care - Behavioral Health Nursing Facility B			Total 5157.676 Total																			
L Intravenous		1 \$22,630 Direct Care - Narsing Facility		3 4 Direct Care SCNF BMGT 3 4		1	-		9 Direct Care - N OTHER SPECIFY 9		\$22,630 Total																			
M Oxygen The		1 \$104,242 Direct Care - Narsing Facility		3 4 Direct Care SCNF BMGT 3 4				B Direct Care - Behavioral Health Nursing Facility B			\$104,242 Total																			
N Physical The		1 51.303.843 Direct Care - Nursing Facility		3 4 Direct Care- SCNF BMGT 3 4	-	-		B Direct Care - Behavioral Health Nursing Facility B			51.303.843 Total																			
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State of New Jensey Degaritment of Unimum Services Norming Facility Cont Report

	State of New Jenny Department of Human Services	
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A, COST CENTERS TO BE ALLOCATED		
101 Total Fringe Benefits	\$1,156,650	
11 Routine Medical Supplies	5181,652 55,817,355	
12 OTC Drugs 13 Enteral Feeding (Product and Supplies)	52,181 50 50 50 50 50	
14 Incontinency Products	553,455 50 50 50 50	
16 Radiology	525,614 30 50 50 50 50	35.64. 52
17 Laboratory 18 Intravenous Therapy	542,785 50 50 50 50 50 50 50 50 50	9236 9 9236 9
19 Oxeen Therapy	32220 39 39 39 39 39 30 30 30 30 355346 50 50 50 50 50 50 50 50 50	576.446 52
20 Physical Therapy	\$493,121 50 50 50 50 50 50 50 50 50 50	5493.121 549
21 Occupational Therapy	5458,880 50 50 50 50 50 50 50 50 50 50	5458,000 545
22 Speech Therapy 23 Electro cardiology	5210.515 50 50 50 50 50 50 50 50 50 50 50 50 50	523655 527 50
24 Medical Supplies Charged to Patients		
25 Prescription Drugs (not OTC)	\$369,427 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	a 6 2
26 Pharmacy Non-Formulary 27 Support Surfaces	50 90 50 50 50 50 50 50 50 50 50 50 50 50 50	9 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4
27 support surfaces 28 Ambulance	31,666 30 30 30 30 30 30 30 30 30 30 30 30 30	
29 Dental	50 50 50 50 50 50 50 50 50 50 50 50 50 5	
22 Physicians	514,061 50 50 50 50 50 50 50 50 50 50 50 50 50	144441 144 144 144 144 144 144 144 144
21 Other - Patient Ancillary Costs	\$7.449 50 50 50 50 50 50 50 50 50 50 50 50 50	
41 Total Nursing Administration 44 Total Workforce Related Costs - Patient Care	SH11751 S97.000 50	
45 Food (including supplements)	\$265,681 50 50 50 50 50 50 50 50 50 50 50 50 50	
66 Dietary Department	<u>3669,659</u> 50 50 50 50 50 50 50 50 50 50 50 50	a <u>aa</u> <u>aa</u> <u>aa</u> <u>aa</u> <u>aa</u> <u>aa</u> <u>aa</u> <u>a</u>
47 Laundry Department	S214.071 50 <	
48 Housekeeping Department 49 Social Services	5274,552 50 50 50 50 50 50 50 50 50 50 50 50 50	a) a b c c c c c c c c c c c c c c c c c c
50 Patient Activities	\$149,885 \$24,370 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
51 Medical Director	510,041 90 90 90 90 90 90 90 90 90 90 90 90 90	0 00 10 10 10 10 10 10 10 10 10 10 10 10
52 Pharmacy Consultant 53 Auto Leasing and Depreciation - Direct Patient Care	521.013 50 <t< td=""><td>20 20 20 20 20 20 20 20 20 20 20 20 20 2</td></t<>	20 20 20 20 20 20 20 20 20 20 20 20 20 2
54 Other Auto Expense - Direct Patient Care		
55 Other - Patient Support Services	\$74,000 50 50 50 50 50 50 50 50 50 50 50 50	(a) (b) (c) (c) <th(c)< th=""> <th(c)< th=""> <th(c)< th=""></th(c)<></th(c)<></th(c)<>
62 Total Property Operating Costs 106 Total Property Capital Costs	SM05.885 531.312 50	
87 Total Workforce Related Costs - Other	\$25,664 \$9 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	a) a b c c c c c c c c c c c c c c c c c c
81 Total Administrative & General	\$1,732,105 \$84,596 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
82 Provider Tax (NHA 100)	\$460,051 \$90 \$00 \$00 \$00 \$00 \$00 \$00 \$00 \$00 \$00	02 02 02 02 02 02 02 02 02 02 02 02 02 0
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7 Direct Care - SCNF YOUNG ADULT 8 Direct Care - Behavioral Health Nursing Facility	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10 10<
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107 Non-Routine / Non-Allowable Costs	5411.57 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
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icare Provider ID:		31-5332																		
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rtine Period:		From:	1/1/2023		12/31/2023															
sheet:		Schedule 8-2 - Averas	te Rates for Use of La	nd																
		Section A		Section B	Section C			Section D			Section E	Section F	Section G	Section H	Section 1	Section J	Section K	Section L	Section M	Section N
Property #	Property Address	Property City	Property 21P	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord 23P	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Numing Facility	Original Lease Date	Effective dates of current rental agreement: BEGINNING		Monthly Lease/Rent Amount	Period)	Average Price per Square Fo Nursing Facility
1 1	361 Route 72 West	Manahawkin	08050	No	Operating Lease	CNDAT/HUD	4500 Dorr Street	Toledo	43615-4040	419-346-5939	54,605.00		54.605.03	2 100%	7/18/201		1/31/2032	\$233.803.67	52.805.644.00	
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Provider Name: Medicare Provider ID: NR1: Reporting Period: Worksheet:		Department of			01/01/2023		To:	12/31/2023																				
	Total Routine Patient Days	Medicaid/NJ FamilyCare Routine Days	Medicaid/NJ FamilyCare Routine Days to Total Routine Days Percentage	Revenue Bill and	Medicaid/NJ FamilyCare Routine Patient Revenue Billed But Not Paid	Total Medicaid/NJ Family Care Patient Revenue for PCR	CNA Direct Care Compensation as Defined by 10:49A- 2.3	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	Management Fees as Defined by 10:49A-2.3	Facility Operations Compensation	Non- Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10:49A-2.4	Other Materials and Supplies Expenses as Defined by 10:49A- 2.4	Equipment, Maintenance, Telecommunicatio m, And Utility Expenses Attributable to Buildings and Equipment Defined by 10:49A-2.5	Capital Cost Attributable to Buildings and Equipment Defined by 10:49A-2.5	Staff Training As Defined By 10:49A-2.6	Insurance 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	NHA-100 Assessment As Defined By 10:49A- 2.6	Additional Related Party and Income Related Adjustments	Non- Reimbursable Other Costs	Total Cost Per PCR Regulations	Allocated Cost as Defined in 10:49A-2.7	Patient Care Ratio
Nursing Facility	4390	23.170	51.493	HREFT	50	#REF1	\$2,414,278	\$3,779,381	\$2,857,060	\$739.632	\$767.817	\$146,925	50	\$856,340	\$141.532	\$473,441	\$3,041,283	\$900	\$208,772	50	50	\$157,453	\$460.051	50	50	\$16,044,865	\$8,261,501	0.00%
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Total Directly Assigned and Allocated t	Expenses ver schedule b-1	1	1	1	1	1	52,414,278	\$3,779,381	\$2,857,060	5753,323	>782,029	\$146,925	50	\$656,340	\$144,152	\$473,441	53,041,283	5917	5211,721	50	\$0	5157,454	Total Direct Pa	\$0	>400,865	\$10,479,221		******