



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

Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicaid Provider Number	4492200	Medicare Provider Number	14290
NPI:	1376727669		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-1 - Facility Information		

**A. General Facility Information**

Medicaid NF Provider Number	4492200	NPI Number:	1376727669
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	14290		
Department of Health License Number	061406		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	84 Cold Hill Road Operations LLC dba Holly Manor		

**B. Physical Address**

Street Address:	84 Cold Hill Road		
City:	Mendham	State:	NJ ZIP: 07945
Contact Person:	Rick Fink	Phone:	410-494-7657 Ext:
Contact Person Email:	rick.fink@genesishcc.com	Fax:	410-337-6831 Ext:

**C. Mailing Address**

Address:	101 East State Street		
City:	Kennett Square	State:	PA ZIP: 19348

**D. Home Office / Management Company**

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

**E. Facility Operation and Ownership**

Has the provider changed ownership immediately prior to the beginning of the cost reporting period? Y/N: No

Operator(s)—Provide names and addresses of any person who directly or indirectly, beneficially owns any interest in the building on which the provider is located. Add subsequent rows as needed.

Operator Name:			
Address:			
City:		State:	ZIP:
Operator Name:			
Address:			
City:		State:	ZIP:

Owner(s)—Provide names and addresses of any person who, directly or indirectly, beneficially owns a 5% or greater interest in any mortgage, note, deed of trust, or other obligations secured in whole or part by the land on which or building in which the facility is located. List 100% of all current owners of the nursing home, including all principals and interested parties. Add subsequent rows as needed.

Owner Name:			
Address:			
City:		State:	ZIP:
Owner Name:			
Address:			
City:		State:	ZIP:

Lessor(s)/Lessee(s)—Provide names and addresses of any person who, directly or indirectly, has any interest as a lessor or lessee in any lease or sublease of the land on which or the building in which the facility is located. Add subsequent rows as needed.

Lessor Name:			
Address:			
City:		State:	ZIP:
Lessee Name:			
Address:			
City:		State:	ZIP:

Mortgage or Security Interest -- All entities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be reported.

Entity wit Mortgage or Security Interest Name:			
Address:			
City:		State:	ZIP:
Entity wit Mortgage or Security Interest Name:			
Address:			
City:		State:	ZIP:

Partnership—All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.

Partner Name:			
Address:			
City:		State:	ZIP:
Partner Name:			
Address:			
City:		State:	ZIP:

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

Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid Provider Number	Facility Certification Date
<input checked="" type="checkbox"/> Nursing Facility		124	124	4492200	
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):					
<b>Total</b>		124	124		

**G. Cost Report Preparer Information**

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





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Medicaid Provider Number	4492200	Medicare Provider Number	14290
NPI:	1376727669		
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)	6,776	\$5,101,254
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	256	\$0

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

Line 3	Private Patient Days	3,569	\$1,219,354
Line 4	Medicaid (Except Therapeutic and Bedhold)	24,793	\$6,621,128
Line 5	Respite Days	0	\$0
Line 6	Other Non-Medicare Days	27	\$145,968
Line 7	Assessed Days and Revenue	28,389	\$ 7,986,449
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 416,466.63	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 416,466.63	

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Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicaid Provider Number	4492200	Medicare Provider Number	14290
NPI:	1376727669		
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)	6,776	\$5,101,254
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	256	\$0

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

Line 3	Private Patient Days	3,569	\$1,219,354
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Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicare Provider ID:	14290		
NPI:	1376727669		
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:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicaid Provider Number	0	Medicare Provider Number	14290
NPI:	1376727669		
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)	35,165	12,835,225	35,421	278	127.4136691	466.0657895	271	65		11		9	76
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 - TB/Coma (S-6)	0	0			0	0							0
6 SCNF - Ventilator (S-7)	0	0			0	0							0
7 SCNF - Young Adult (S-8)	0	0			0	0							0
8 Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
<b>9 Total (sum of lines 1-8)</b>		<b>12,835,225</b>	<b>35,421</b>	<b>278</b>	<b>127</b>	<b>466</b>	<b>271</b>	<b>65</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>9</b>	<b>76</b>

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Medicare Provider ID:	14290									
NPI:	1376727669									
Reporting Period:	From:	1/1/2023	To:	12/31/2023						
Worksheet:	Schedule A - Total Expense									
	A. Employee and Contract Labor Hours (Schedule A-1 through A-3)	B. Non-Managerial Wages (Schedule A-3)	C. Managerial Salaries and Benefits (Schedule A-2)	D. Contracted Employees (Schedule A-1 and Schedule A-3)	E. Supplies & Other	F. Total	G. Adjustment for Related Parties (See Schedule A-4)	H. Adjustment for Income Offsets (See Schedule A-8)	I. Adjusted Total	
<b>A. Direct Routine Patient Care Costs</b>										
1	Direct Care - Nursing Facility	129,780	\$ 4,118,658	\$ 187,311		\$ 4,305,969	\$ -	\$ -	\$ 4,305,969	
2	Direct Care - SCNF AIDS	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
3	Direct Care - SCNF BMGT	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
4	Direct Care - SCNF PEDIATRIC	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
5	Direct Care - SCNF TB/COMA	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
6	Direct Care - SCNF VENTILATOR	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
7	Direct Care - SCNF YOUNG ADULT	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
8	Direct Care - Behavioral Health Nursing Facility	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
9	Direct Care - OTHER SPECIFY	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
10	<b>Total Direct Patient Care Costs - Direct Reported</b>	<b>129,780</b>	<b>\$ 4,118,658</b>	<b>\$ 187,311</b>		<b>\$ 4,305,969</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,305,969</b>	
<b>B. Routine Patient Care Costs - Not Directly Reported</b>										
11	Routine Medical Supplies				\$ 132,198	\$ 132,198	\$ -	\$ -	\$ 132,198	
12	OTC Drugs				\$ 24,759	\$ 24,759	\$ -	\$ -	\$ 24,759	
13	Enteral Feeding (Product and Supplies)				\$ 1,203	\$ 1,203	\$ -	\$ -	\$ 1,203	
14	Incontinency Products				\$ 36,244	\$ 36,244	\$ -	\$ -	\$ 36,244	
15	<b>Total Patient Care Costs - Not Directly Reported</b>				<b>\$ 194,404</b>	<b>\$ 194,404</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 194,404</b>	
<b>C. Patient Ancillary Costs</b>										
16	Radiology			\$ 27,696	\$ 27,696	\$ 27,696	\$ -	\$ -	\$ 27,696	
17	Laboratory			\$ 38,115	\$ 38,115	\$ 38,115	\$ -	\$ -	\$ 38,115	
18	Intravenous Therapy			\$ 28,190	\$ 28,190	\$ 28,190	\$ -	\$ -	\$ 28,190	
19	Oxygen Therapy	40	\$ 80	\$ 2,362	\$ 2,362	\$ 14,944	\$ -	\$ -	\$ 14,944	
20	Physical Therapy	319,258	\$ 17	\$ 5,604	\$ 5,604	\$ 6,210	\$ -	\$ -	\$ 6,210	
21	Occupational Therapy	279,756	\$ 57	\$ 5,430	\$ 5,430	\$ 5,430	\$ -	\$ -	\$ 5,430	
22	Speech Therapy	264,854	\$ 31	\$ 3,311	\$ 3,311	\$ 3,311	\$ -	\$ -	\$ 3,311	
23	Electrocardiography			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
24	Medical Supplies Charged to Patients			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25	Prescription Drugs (not OTC)			\$ 187,039	\$ 187,039	\$ 187,039	\$ -	\$ -	\$ 187,039	
26	Pharmacy Non-Formulary			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
27	Support Surfaces			\$ 21,263	\$ 21,263	\$ 21,263	\$ -	\$ -	\$ 21,263	
28	Ambulance			\$ 34,855	\$ 34,855	\$ 34,855	\$ -	\$ -	\$ 34,855	
29	Dental			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
30	Physicians			\$ 19,361	\$ 19,361	\$ 19,361	\$ -	\$ -	\$ 19,361	
31	Other - Patient Ancillary Costs			\$ 199	\$ 199	\$ 199	\$ -	\$ -	\$ 199	
32	<b>Total Patient Ancillary Costs</b>	<b>863,918.25</b>	<b>\$ -</b>	<b>\$ 16,707</b>	<b>\$ 369,906</b>	<b>\$ 386,613</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 386,613</b>	
<b>D. Nursing Administration</b>										
33	Director of Nursing, ADDN, Supervisors	8,251.63	\$ 247,380	\$ -	\$ -	\$ 494,760	\$ -	\$ -	\$ 494,760	
34	Inservice Education		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
35	MDS Coordinator		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
36	Staffing Coordinator		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
37	Infection Control		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
38	Medical Records/EMR	2,237.04	\$ 49,434	\$ -	\$ 1,039	\$ 50,473	\$ -	\$ -	\$ 50,473	
39	Nursing License Fees		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
40	Other - Nursing Administration	2,356.13	\$ 98,856	\$ -	\$ -	\$ 43,363	\$ 142,219	\$ -	\$ 142,219	
41	<b>Total Nursing Administration</b>	<b>12,844.80</b>	<b>\$ 395,670</b>	<b>\$ 247,380</b>	<b>\$ -</b>	<b>\$ 44,402</b>	<b>\$ 687,452</b>	<b>\$ -</b>	<b>\$ 687,452</b>	
<b>E. Workforce Related Costs - Patient Care</b>										
42	Direct Patient Care Recruitment				\$ 73,993	\$ 73,993	\$ -	\$ -	\$ 73,993	
43	Direct Patient Care Retention				\$ -	\$ -	\$ -	\$ -	\$ -	
44	<b>Total Workforce Related Costs - Patient Care</b>				<b>\$ 73,993</b>	<b>\$ 73,993</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 73,993</b>	
<b>G. Patient Support Services</b>										
45	Food (including supplements)			\$ 822,140	\$ 203,299	\$ 203,299	\$ -	\$ -	\$ 203,299	
46	Dietary Department			\$ -	\$ 29,044	\$ 85,184	\$ -	\$ -	\$ 85,184	
47	Laundry Department			\$ 254,103	\$ 2,152	\$ 256,255	\$ -	\$ -	\$ 256,255	
48	Housekeeping Department			\$ 239,024	\$ 15,386	\$ 254,410	\$ -	\$ -	\$ 254,410	
49	Social Services	4,616.66	\$ 185,174	\$ -	\$ 193	\$ 185,367	\$ -	\$ -	\$ 185,367	
50	Patient Activities	5,463.06	\$ 112,755	\$ -	\$ 2,917	\$ 115,672	\$ -	\$ -	\$ 115,672	
51	Medical Director	421.00	\$ -	\$ -	\$ 35,841	\$ 35,841	\$ -	\$ -	\$ 35,841	
52	Pharmacy Consultant			\$ -	\$ 26,689	\$ 26,689	\$ -	\$ -	\$ 26,689	
53	Auto Leasing and Depreciation - Direct Patient Care			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
54	Other Auto Expense - Direct Patient Care			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
55	Other - Patient Support Services			\$ -	\$ 63,674	\$ 63,674	\$ -	\$ -	\$ 63,674	
56	<b>Total Patient Support Services</b>	<b>10,501</b>	<b>\$ 297,930</b>	<b>\$ -</b>	<b>\$ 1,351,108</b>	<b>\$ 443,354</b>	<b>\$ 1,992,392</b>	<b>\$ -</b>	<b>\$ 1,992,392</b>	
<b>H. Property Operating Costs</b>										
57	Maintenance	4,236.40	\$ 120,947	\$ -	\$ -	\$ 102,250	\$ 223,197	\$ -	\$ 223,197	
58	Security		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
59	Utilities (including telephone and cable services)			\$ -	\$ 264,260	\$ 264,260	\$ -	\$ -	\$ 264,260	
60	Real Estate Tax			\$ -	\$ 209,857	\$ 209,857	\$ -	\$ -	\$ 209,857	
61	Property Insurance			\$ -	\$ 52,064	\$ 52,064	\$ -	\$ -	\$ 52,064	
62	<b>Total Property Operating Costs</b>	<b>4,236.40</b>	<b>\$ 120,947</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 426,431</b>	<b>\$ 749,378</b>	<b>\$ -</b>	<b>\$ 749,378</b>	
<b>I. Administrative &amp; Operating Costs</b>										
63	Administrator	2,683.00	\$ -	\$ 207,043	\$ -	\$ 207,043	\$ -	\$ -	\$ 207,043	
64	Assistant Administrator			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
65	Other Executive Staff			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
66	Office Staff	13,872.48	\$ 465,502	\$ -	\$ -	\$ 465,502	\$ -	\$ -	\$ 465,502	
67	Management Fees			\$ 512,530	\$ 512,530	\$ 85,720	\$ (2,378)	\$ -	\$ 595,874	
68	Office Supplies and Expenses			\$ 9,591	\$ 9,591	\$ 9,591	\$ -	\$ -	\$ 9,591	
69	Insurance not Related to Property or Employees			\$ 108,752	\$ 108,752	\$ 108,752	\$ -	\$ -	\$ 108,752	
70	Business Taxes			\$ 78	\$ 78	\$ 78	\$ -	\$ -	\$ 78	
71	Accounting Fees			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
72	Legal Fees			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
73	Advertising			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
74	Allowable contributions			\$ 250	\$ 250	\$ 250	\$ -	\$ -	\$ 250	
75	Allowable Employee Gifts and Party			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
76	Auto Leasing and Depreciation			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
77	Other Auto Expenses			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
78	Travel Expenses			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
79	Non-Capital Related Interest Expense			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
80	Other A&O costs			\$ 86,964	\$ 86,964	\$ 86,964	\$ -	\$ -	\$ 86,964	
81	<b>Total Administrative &amp; General</b>	<b>16,555</b>	<b>\$ 465,502</b>	<b>\$ 207,043</b>	<b>\$ -</b>	<b>\$ 718,165</b>	<b>\$ 1,390,710</b>	<b>\$ 85,720</b>	<b>\$ (2,378)</b>	<b>\$ 1,474,054</b>
<b>J. Provider Tax (NHA 100)</b>										
82	Provider Tax (NHA 100)				\$ 396,119	\$ 396,119	\$ -	\$ -	\$ 396,119	
<b>K. Workforce Related Costs - Other</b>										
83	Patient Support & Other Recruitment				\$ 1,560	\$ 1,560	\$ -	\$ -	\$ 1,560	
84	Patient Support & Other Retention				\$ 673	\$ 673	\$ -	\$ -	\$ 673	
85	Professional Training				\$ 20,388	\$ 20,388	\$ -	\$ -	\$ 20,388	
86	Licensing and Dues				\$ -	\$ -	\$ -	\$ -	\$ -	
87	<b>Total Workforce Related Costs - Other</b>				<b>\$ 22,621</b>	<b>\$ 22,621</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 22,621</b>	
<b>L. Fringe Benefits for Non-Management Employees</b>										
88	Payroll Taxes				\$ 401,158	\$ 401,158	\$ -	\$ -	\$ 401,158	
89	Workers' Compensation				\$ 168,831	\$ 168,831	\$ -	\$ -	\$ 168,831	
90	Unemployment				\$ 50,565	\$ 50,565	\$ -	\$ -	\$ 50,565	
91	Disability Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	
92	Medical Insurance				\$ 314,639	\$ 314,639	\$ -	\$ -	\$ 314,639	
93	Dental Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	
94	Union Welfare				\$ 6,816	\$ 6,816	\$ -	\$ -	\$ 6,816	
95	Vision Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	
96	Uniforms				\$ -	\$ -	\$ -	\$ -	\$ -	
97	Tuition Assistance				\$ -	\$ -	\$ -	\$ -	\$ -	
98	Retirement Benefits				\$ 45,621	\$ 45,621	\$ -	\$ -	\$ 45,621	
99	Life Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	
100	Other - Fringe Benefits				\$ -	\$ -	\$ -	\$ -	\$ -	
101	<b>Total Fringe Benefits</b>				<b>\$ 987,610</b>	<b>\$ 987,610</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 987,610</b>	
<b>M. Property Capital Costs</b>										
102	Depreciation				\$ 53,557	\$ 53,557	\$ 31,086	\$ -	\$ 84,643	
103	Mortgage Interest (Allowable Interest)				\$ -	\$ -	\$ -	\$ -	\$ -	
104	Rental of Building				\$ 1,377,094	\$ 1,377,094	\$ (638,972)	\$ -	\$ 738,122	
105	Rental of Equipment				\$ 13,969	\$ 13,969	\$ -	\$ -	\$ 13,969	
106	<b>Total Property Capital Costs</b>				<b>\$ 1,444,620</b>	<b>\$ 1,444,620</b>	<b>\$ (607,886)</b>	<b>\$ -</b>	<b>\$ 836,794</b>	
<b>N. Non-Routine/Non-Allowable Costs</b>										
107	Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)			\$ 1,281	\$ 375,317	\$ 376,598	\$ -	\$ -	\$ 376,598	
<b>Total</b>		<b>1,037,836.10</b>	<b>\$ 3,398,706</b>	<b>\$ 454,423</b>	<b>\$ 1,556,407</b>	<b>\$ 5,598,942</b>	<b>\$ 13,008,478</b>	<b>\$ (522,166)</b>	<b>\$ (2,378)</b>	<b>\$ 12,483,936</b>

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

Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicare Provider ID:	14290		
NPI:	1376727669		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-1 - Direct Costs		

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

Yes

	Salaried Hours	Wages	Contract Labor Hours	Contract Labor Expense
<b>Nursing Facility (Schedule A Line 1)</b>				
Registered Nurses (RN)	16,820.26	\$892,134		
Licensed Practitioner Nurses (LPN)	30,461.94	\$1,294,233	2,573.61	\$163,612
Certified Nursing Assistants (CNA)	79,317.70	\$1,932,291	606.94	\$23,699
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total Nursing Facility</b>	<b>126,599.90</b>	<b>\$4,118,658</b>	<b>3,180.55</b>	<b>\$187,311</b>
<b>Special Care Nursing Facility - AIDS (Schedule A Line 2)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - AIDS</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - BMGT (Schedule A Line 3)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - BMGT</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Pediatric (Schedule A Line 4)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - PEDIATRIC</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - TBI/COMA</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Vent (Schedule A Line 6)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - VENTILATOR</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Young Adult (Schedule A Line 7)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - YOUNG ADULT</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Behavioral Health Nursing Facility (Schedule A Line 8)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total Behavioral Health Nursing Facility</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Other (Schedule A Line 9)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>TOTAL - OTHER (SPECIFY)</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicare Provider ID:	14290		
NPI:	1376727669		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-2 - Management Employees		

		Hours	Cost
<b>Administrator</b>			63
Name	Salary	1,179	83,953
Vita Martirano	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		83,953

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

<b>Director of Nursing</b>			33
Name	Salary	2,040	139,770
Linda Gaeta	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		139,770

<b>Assistant Director of Nursing</b>			33
Name	Salary	2,038	105,306
April Kovalovsky	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		105,306

<b>Other</b>		Input Line Number	
Name	Admin		63
Laura Sansone	Salary	1,504	123,090
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		123,090

<b>Other</b>		Input Line Number	
Name	ADON		33
Stephanie Le	Salary	40	1,920
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		1,920

<b>Other</b>		Input Line Number	
Name	ADON		33
Augustina Okoli	Salary	8	384
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		384

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

<b>TOTAL MANAGERIAL COMPENSATION</b>		\$	454,423
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**State of New Jersey  
Department of Human Services  
Nursing Facility Cost Report**

Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicare Provider ID:	14290		
NPI:	1376727669		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-3 - Non-Direct Care and Non-Managerial Wages and Contract Labor		

	A. Schedule A Line	B. Salaried Hours	C. Salary and Wages	D. Contract Labor Hours	E. Contract Labor Expense	F. Total Hours		
<b>C. Patient Ancillary Costs</b>								
1	Radiology	16					-	
2	Laboratory	17					-	
3	Intravenous Therapy	18					-	
4	Oxygen Therapy	19		49.00	\$ 2,362	49.00		
5	Physical Therapy	20		319,258.37	\$ 5,604	319,258.37		
6	Occupational Therapy	21		279,756.57	\$ 5,430	279,756.57		
7	Speech Therapy	22		264,854.31	\$ 3,311	264,854.31		
8	Electro cardiology	23					-	
9	Physicians	30					-	
10	Other - Patient Ancillary Costs	31					-	
11	<b>Total Patient Ancillary Costs</b>		- \$	-		863,918.25	\$ 16,707	<b>863,918.25</b> Total
<b>E. Nursing Administration</b>								
12	Director of Nursing, ADON, Supervisors	33	4,125.63	\$ 247,380			4,125.63	
13	Inservice Education	34					-	
14	MDS Coordinator	35					-	
15	Staffing Coordinator	36					-	
16	Infection Control	37					-	
17	Medical Records/EMR	38	2,237.04	\$ 49,434			2,237.04	
18	Other - Nursing Administration	40	2,356.13	\$ 98,856			2,356.13	
19	<b>Total Nursing Administration</b>		<b>8,718.80</b>	<b>\$ 395,670</b>		- \$	<b>8,718.80</b>	Total
<b>G. Patient Support Services</b>								
20	Dietary Department	46			\$ 822,140		-	
21	Laundry Department	47			\$ 254,103		-	
22	Housekeeping Department	48			\$ 239,024		-	
23	Social Services	49	4,616.66	\$ 185,174			4,616.66	
24	Patient Activities	50	5,463.06	\$ 112,755			5,463.06	
25	Medical Director	51			421.00	\$ 35,841	421.00	
26	Pharmacy Consultant	52					-	
27	Other - Patient Support Services	55					-	
28	<b>Total Patient Support Services</b>		<b>10,079.72</b>	<b>\$ 297,930</b>	<b>421.00</b>	<b>\$ 1,351,108</b>	<b>10,500.72</b>	Total
<b>H. Property Operating Costs</b>								
29	Maintenance	57	4,236.40	\$ 120,947			4,236.40	
30	Security	58					-	
31	<b>Total Property Operating Costs</b>		<b>4,236.40</b>	<b>\$ 120,947</b>		- \$	<b>4,236.40</b>	Total
<b>I. Administrative &amp; Operating Costs</b>								
32	Office Staff	66	13,872.48	\$ 465,502			13,872.48	
33	<b>Total Administrative &amp; General</b>		<b>13,872.48</b>	<b>\$ 465,502</b>		- \$	<b>13,872.48</b>	Total
<b>N. Non-Routine/Non-Allowable Costs</b>								
34	Sales and Marketing Personnel	N/A					-	
35	Gift, Flower, Coffee Shops and Canteen	N/A					-	
36	Barber and Beauty Shop	N/A			\$ 1,281		-	
37	Physician Private Offices	N/A					-	
38	Patient Laundry	N/A					-	
39	Other Non-Reimbursable Personnel	N/A					-	
40	<b>Non-Routine / Non-Allowable Costs</b>	<b>107</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 1,281</b>	<b>-</b>	Total
<b>Total</b>			<b>36,907.40</b>	<b>\$ 1,280,048</b>	<b>864,339.25</b>	<b>\$ 1,369,096</b>	<b>901,246.65</b>	Total

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Reporting Period:	From:	1/1/2023 To:
Worksheet:	Schedule A-4 Part I - Related Parties	
Provider DBA Name (if any):	84 Cold Hill Road Operations LLC dba Holly Manor	
Tax ID/EIN:	26-0866432	

**A1. Related Party Contracts**

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

**A2. Competitive Procurement**

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

**A3. Management Contracts**

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

**A4. Relationship Status Options**

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

**A5. Goods/Services Category Options**

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









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

Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicare Provider ID:	14290		
NPI:	1376727669		
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	
2	Gift, Flower, Coffee Shops and Canteen	
3	Barber and Beauty Shop	\$ 1,112
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.	\$ 9,770
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	\$ 364,436
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
<b>28</b>	<b>Non-Allowable Other Costs</b>	<b>\$ 375,317</b>

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

Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicare Provider ID:	14290		
NPI:	1376727669		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-6 - Capital		

<b>Capital Asset Balances and Depreciation Expense</b>										
Type of Capital	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	Current Year Depreciation Expense (Schedule A Line 102 Column F)	Related Party Depreciation Adjustments (Schedule A Line 102 Column G)	Adjusted Total Depreciation Expense (Schedule A Line 102 Column I)
		Purchases	Donations	Total						
Land				\$0.00						
Land Improvement	\$40,944.00			\$0.00		\$40,944.00		\$3,748.00		\$3,748.00
Buildings and Fixtures				\$0.00						\$0.00
Building Improvements	\$86,080.00	\$35,055.00		\$35,055.00		\$121,135.00		\$7,323.00		\$7,323.00
Fixed Equipment	\$20,629.00	\$10,336.00		\$10,336.00		\$30,965.00		\$583.00		\$583.00
Major Moveable Equipment	\$94,185.00	\$18,306.00		\$18,306.00		\$112,491.00		\$41,903.00		\$41,903.00
Other				\$0.00						\$0.00
<b>Total</b>	<b>\$241,838.00</b>	<b>\$63,697.00</b>	<b>\$0.00</b>	<b>\$63,697.00</b>	<b>\$0.00</b>	<b>\$305,535.00</b>	<b>\$0.00</b>	<b>\$53,557.00</b>	<b>\$0.00</b>	<b>\$53,557.00</b>

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

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Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicare Provider ID:	14290		
NPI:	1376727669		
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						\$ -	\$ -
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 86,080	\$ -	14.876	\$ 5,786		\$ 5,786	\$ 74,507
Fixed Equipment	\$ 5,832	\$ -	9.99	\$ 569		\$ 584	\$ 4,680
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Buildings</b>						\$ 6,370	

Equipment:							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 94,185		6.7267	\$ 21,654		\$ 14,002	\$ 58,529
Computer Equipment	\$ 14,797		15.268	\$ 1,407		\$ 969	\$ 12,421
Telephone and Communication Equipment						\$ -	\$ -
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 32,567		1			\$ 32,567	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Equipment</b>						\$ 47,538	

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

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

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

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

State of New Jersey  
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Provider Name:	84 Cold Hill Road Operations LLC dba Holly Manor		
Medicare Provider ID:	14290		
NPI:	1376727669		
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	Health Nursing Facility			
<b>Total Routine Patient Revenue</b>	\$ 17,312,075	\$ 17,312,075	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 1,219,354	\$ 1,219,354	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 10,388,724	\$ 10,388,724	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicare Routine Patient Revenue	\$ 4,092,015	\$ 4,092,015	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Patient Revenue	\$ 181,339	\$ 181,339	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospice Days Revenue	\$ 1,430,642	\$ 1,430,642	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Respite Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Ancillary Patient Revenue	\$ 2,942,633	\$ 2,942,633	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less Contractual Allowance	\$ (7,167,004)	\$ (7,167,004)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 13,087,704	\$ 13,087,704	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

**B. Offsetable Revenue**

Meals Served to Non-Patients												
Interest Revenue	2,376											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:												

<b>Total Revenue</b>	\$13,090,079.65	\$13,087,703.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Property #	Section A			Section B		Section C		Section D			Section E	Section F	Section G	Section H	Section I	Section J	Section K	Section L	Section M	Section N	
	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective date of current rental agreement: RESIDENTS	Effective date of current rental agreement: RND	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility	
1	88 Care 118 Road	Montclair	07042	Yes	Operating Lease	NewJC Care JV	8877 8th Avenue	New York	10017	460,320 (67%)	64,336 (0%)	460,320 (0%)	100%				1/21/2014	\$148,738 (0%)	\$1,377,098 (0%)	2.98	
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
<b>TOTAL</b>											64,336 (0%)	-	64,336 (0%)	0%							644,131 (0%)
Source: Accounts receivable in Schedule #											27,540 (0%)	-	27,540 (0%)								

**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:	1175727669		
Medicare Provider No.:	1175727669		
NPI:	1175727669		
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 Routine Patient Revenue Bill and Paid	Total Medicaid/NI Family Care Patient Revenue for PCR	ONA Direct Care Compensation as Defined by 10-45A-2.1	Non-CNA Direct Care Compensation as Defined by 10-45A-2.3	Other Resident Care and Support Compensation as Defined by 10-45A-2.3	Administrative Compensation as Defined by 10-45A-2.3	Management Fees as Defined by 10-45A-2.3	Facility Operation Compensation	Non-Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10-45A-2.4	Other Materials and Supplies Expenses as Defined by 10-45A-2.4	Equipment, Maintenance, Telecommunications, and Utility Expenses Attributable to Building and Equipment Defined by 10-45A-2.5	Capital Cost Attributable to Building and Equipment Defined by 10-45A-2.5	Staff Training As Defined by 10-45A-2.6	Insurance Expenses As Defined by 10-45A-2.6	Capital Related Interest Expenses As Defined by 10-45A-2.6	Non-Capital Interest Expenses As Defined by 10-45A-2.6	Fees and Taxes As Defined by 10-45A-2.6	NNA-100 Assessment As Defined by 10-45A-2.6	Additional Resident Party and Income Related Adjustments	Non-Reimbursable Other Costs	Total Cost Per PCR Regulation	Allocated Cost as Defined by 10-45A-2.7	Patient Care Ratio	
Nursing Facility	35,145	21,792	61.97%	0.00%	0.00%	\$2,309,473	\$2,749,941	\$2,418,071	\$789,760	\$381,285	\$143,072	\$0	\$636,133	\$115,941	\$366,510	\$836,734	\$657	\$158,241	\$0	\$0	\$209,931	\$393,130	\$0	\$0	\$11,683,220	\$7,261,122	0.00%	
SNF ADULT	0	0	0.00%	0.00%	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF PEDIATRIC	0	0	0.00%	0.00%	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF PSYCHIA	0	0	0.00%	0.00%	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF WENTWATER	0	0	0.00%	0.00%	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF WINGARD	0	0	0.00%	0.00%	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Biharawal Health Nursing Facility	0	0	0.00%	0.00%	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Other	0	0	0.00%	0.00%	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Total Allowable Expenses	35,145	21,792	61.97%	0.00%	0.00%	\$2,309,473	\$2,749,941	\$2,418,071	\$789,760	\$381,285	\$143,072	\$0	\$636,133	\$115,941	\$366,510	\$836,734	\$657	\$158,241	\$0	\$0	\$209,931	\$393,130	\$0	\$0	\$11,683,220	\$7,261,122	0.00%	
Non-Reimbursable						\$0	\$0	\$0	\$17,045	\$14,309	\$0	\$0	\$0	\$2,812	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$175,917	\$42,772	0.00%
Total Directly Assigned and Allocated Expenses Per Schedule B-1						\$2,309,473	\$2,764,250	\$2,418,071	\$789,760	\$395,594	\$143,072	\$0	\$636,133	\$118,753	\$366,510	\$836,734	\$657	\$158,241	\$0	\$0	\$209,931	\$393,130	\$0	\$0	\$11,859,137	\$7,303,894	0.00%	
Total Direct Patient Care																										\$0	#####	#####
Non-Reimbursable Cost																										\$41,054	\$412,772	\$1,282

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