

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

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
Reporting Period:	From:	01/01/2023	To: 12/31/2023
Worksheet:	Schedule S - Attestation		

**A. Attestation**

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

of 3 Industrial Way East Operations LLC dba Jersey Shore Center  
(Name of Facility)

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

attached report for the cost report period beginning 01/01/23 and ending 12/31/2023

and to the best of my knowledge and belief, it is a true and correct statement of the information required.

Signature of Authorized Representative of Facility Date (mm/dd/yyyy)

NJ Finance  
Title

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

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicaid Provider Number	7319100	Medicare Provider Number	31-5364
NPI:	1457535742		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-1 - Facility Information		

**A. General Facility Information**

Medicaid NF Provider Number	7319100	NPI Number:	1457535742
Medicaid SCNF - AIDS Provider Number			
Medicaid SCNF - BMGT Provider Number			
Medicaid SCNF - Pediatric Provider Number			
Medicaid SCNF - TBI/Coma Provider Number			
Medicaid SCNF - Ventilator Provider Number			
Medicaid SCNF - Young Adult Provider Number			
Behavioral Health Nursing Facilities			
Medicare SNF Provider Number	31-5364		
Department of Health License Number	62214		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	3 Industrial Way East Operations LLC dba Jersey Shore Center		

**B. Physical Address**

Street Address:	3 Industrial Way East				
City:	Eatontown	State:	NJ	ZIP:	07724
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		158	158	7319100	
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>		158	158		

**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:	<input checked="" type="checkbox"/>

**State of New Jersey**  
**Department of Mental Health**  
**Medicaid Provider**

**Provider Name:** Educational Health Facility, Inc.  
**Medical Provider Number:** 220239  
**Medicaid Provider Number:** N/A  
**Effective Date:** 01/01/2018

**Signature:** \_\_\_\_\_  
**Date:** 11/15/2018

Billing Facility	January 2012		February 2012		March 2012		April 2012		May 2012		June 2012		July 2012		August 2012		September 2012		October 2012		November 2012		December 2012		Fiscal Year Total										
	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Days by Payer - Semi-Private (Bed-Report)	Revenue - Medicaid	Revenue - Other Payers	Revenue - Medicaid	Revenue - Other Payers	Revenue - Medicaid	Revenue - Other Payers				
01 Medicaid (State Users 2 and 3)	363	2,833	356	2,836	376	2,877	368	2,971	272	2,792	348	2,875	272	2,845	298	2,881	299	2,867	248	2,877	248	2,986	248	2,986	248	2,986	2,821	2,565	24,291	21,252,709.34	2,821	2,565	24,291	21,252,709.34	
02 New Jersey Health Care Through 2:00	363	2,833	356	2,836	376	2,877	368	2,971	272	2,792	348	2,875	272	2,845	298	2,881	299	2,867	248	2,877	248	2,986	248	2,986	248	2,986	24,291	21,252,709.34	24,291	21,252,709.34	24,291	21,252,709.34	24,291	21,252,709.34	
03.01 Nursing Care for Services	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	11,401	8,526,570.00	11,401	8,526,570.00	11,401	8,526,570.00	11,401	8,526,570.00	
03.02 No Utilization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
03.03 Medication	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	11,401	8,526,570.00	11,401	8,526,570.00	11,401	8,526,570.00	11,401	8,526,570.00	
03.04 Medication Adminstrator/Pharmacist	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	11,401	8,526,570.00	11,401	8,526,570.00	11,401	8,526,570.00	11,401	8,526,570.00	
03.05 Therapeutic Drug Delivery/Respiratory Therapist/PT	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	152	1,127	11,401	8,526,570.00	11,401	8,526,570.00	11,401	8,526,570.00	11,401	8,526,570.00	
04 Medicaid (Out of State Users 3.01 through 3.03)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
04.01 Medicaid Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
04.02 Medicaid Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
04.03 Medicaid Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
05 Private Pay and Other Payers (Insurance)	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	493	4,311	2,986	2,565	24,291	21,252,709.34	2,986	2,565	24,291	21,252,709.34	
05.01 Medicaid (Out of State Users 3.01 through 3.03)	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	18,444	1,650,139.34	18,444	1,650,139.34	18,444	1,650,139.34	18,444	1,650,139.34	
05.02 Part A - One Day Services (Full Payment) & Co-Ins Credit	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	27	236	18,444	1,650,139.34	18,444	1,650,139.34	18,444	1,650,139.34	18,444	1,650,139.34	
05.03 Part A - Short Stay/Respite/Pre-Admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
05.04 International General Medical Services (IGMS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
05.05 Medicaid and Out of State Payers (by the 2003 Policy Manual Amendment 1.010 revision)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
05.06 Part A One Day Service - Medication Admin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06 Private and Commercial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06.01 Other Governmental Payers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06.02 Charity Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
06.03 Other Charity and Funded Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07 Adult Health and Home Health/Respite Therapeutic/Lab Care/Out of Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07.01 Adult Health and Home Health/Respite Therapeutic/Lab Care/Out of Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07.02 Medication Administration	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07.03 Medication Administration/Pharmacist/PT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07.04 Medication Administration/Pharmacist/PT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07.05 Medication Administration/Pharmacist/PT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11 Fee-For-Service, Medically Necessary (FFSM)D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11 Total	364	4,501	357	4,507	376	4,594	372	4,693	274	4,712	348	4,542	274	4,542	298	4,542	299	4,542	248	4,577	248	4,948	248	4,948	248	4,948	46,100	40,788,314.00	46,100	40,788,314.00	46,100	40,788,314.00	46,100	40,788,314.00	

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

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicaid Provider Number	7319100	Medicare Provider Number	31-5364
NPI:	1457535742		
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)	10,585	\$7,670,357
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	447	\$0

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

Line 3	Private Patient Days	4,425	\$2,084,375
Line 4	Medicaid (Except Therapeutic and Bedhold)	36,765	\$9,569,186
Line 5	Respite Days	45	\$0
Line 6	Other Non-Medicare Days	186	\$466,682
Line 7	Assessed Days and Revenue	41,421	\$ 12,120,243
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 607,646.07	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 607,646.07	

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

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicaid Provider Number	7319100	Medicare Provider Number	31-5364
NPI:	1457535742		
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)	10,585	\$7,670,357
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	447	\$0

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

Line 3 Private Patient Days	4,425	\$2,084,375
Line 4 Medicaid (Except Therapeutic and Bedhold)	36,765	\$9,569,186
Line 5 Respite Days	45	\$0
Line 6 Other Non-Medicare Days	186	\$466,682
Line 7 Assessed Days and Revenue	41,421	\$ 12,120,243
Line 8 Classification Assessment Rate	\$ 14.67	
Line 9 Assessment Due	\$ 607,646.07	
Line 10 Penalty and Interest Due	\$ -	
Line 11 Total Amount Due	\$ 607,646.07	

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

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
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 PM 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:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicaid Provider Number	0	Medicare Provider Number	31-5364
NPI:	1457535742		
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)	52,006	18,982,190	52,453	486	107.9279835	397.3712121	489	108		24		9	132
2 SCNF - AIDS (S-3)	0	0			0	0							0
3 SCNF - BMGT (S-4)	0	0			0	0							0
4 SCNF - Pediatric (S-5)	0	0			0	0							0
5 SCNF - TBI/Coma (S-6)	0	0			0	0							0
6 SCNF - Ventilator (S-7)	0	0			0	0							0
7 SCNF - Young Adult (S-8)	0	0			0	0							0
8 Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
<b>9 Total (sum of lines 1-8)</b>		<b>18,982,190</b>	<b>52,453</b>	<b>486</b>	<b>108</b>	<b>397</b>	<b>489</b>	<b>108</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>9</b>	<b>132</b>

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State of New Jersey Department of Human Services Nursing Facility Cost Report									
Provider Name:	3 Industrial Way East Operations, LLC dba Jersey Shore Center								
Medicare Provider ID:	31-5364								
NPI:	1407935742								
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-1 and Schedule A-3)	C. Managerial Salaries and Benefits (Schedule A-2)	D. Contracted Employees (Schedule A-1 and Schedule A-3)	E. Supplies & Other	F. Total	G. Adjustment for Related Parties (See Schedule A-4)	H. Adjustment for Income Offsets (See Schedule A-8)	I. Adjusted Total
<b>A. Direct Routine Patient Care Costs</b>									
1	Direct Care - Nursing Facility	192,198	6,284,360	\$	\$	6,284,360	\$	\$	6,284,360
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>192,198</b>	<b>6,284,360</b>	<b>\$</b>	<b>\$</b>	<b>6,284,360</b>	<b>\$</b>	<b>\$</b>	<b>6,284,360</b>
<b>B. Routine Patient Care Costs - Not Directly Reported</b>									
11	Routine Medical Supplies			\$	202,751	202,751	\$	\$	202,751
12	OTC Drugs			\$	29,475	29,475	\$	\$	29,475
13	Enteral Feeding (Product and Supplies)			\$	5,615	5,615	\$	\$	5,615
14	Incontinency Products			\$	59,105	59,105	\$	\$	59,105
15	<b>Total Patient Care Costs - Not Directly Reported</b>			<b>\$</b>	<b>296,946</b>	<b>296,946</b>	<b>\$</b>	<b>\$</b>	<b>296,946</b>
<b>C. Patient Ancillary Costs</b>									
16	Radiology			\$	34,143	34,143	\$	\$	34,143
17	Laboratory			\$	49,670	49,670	\$	\$	49,670
18	Intravenous Therapy			\$	48,307	48,307	\$	\$	48,307
19	Oxygen Therapy			\$	28,219	28,219	\$	\$	28,219
20	Physical Therapy			\$	490,428	490,428	\$	\$	490,428
21	Occupational Therapy			\$	415,593	415,593	\$	\$	415,593
22	Speech Therapy			\$	238,285	238,285	\$	\$	238,285
23	Electrocardiography			\$	-	-	\$	\$	-
24	Medical Supplies Charged to Patients			\$	-	-	\$	\$	-
25	Prescription Drugs (not OTC)			\$	386,227	386,227	\$	\$	386,227
26	Pharmacy Non-Formulary			\$	-	-	\$	\$	-
27	Support Surfaces			\$	30,626	30,626	\$	\$	30,626
28	Ambulance			\$	33,833	33,833	\$	\$	33,833
29	Dental			\$	-	-	\$	\$	-
30	Physicians			\$	18,325	18,325	\$	\$	18,325
31	Other - Patient Ancillary Costs			\$	1,373	1,373	\$	\$	1,373
32	<b>Total Patient Ancillary Costs</b>	<b>18,694.00</b>		<b>\$</b>	<b>1,132,304</b>	<b>611,573</b>	<b>\$</b>	<b>1,743,877</b>	<b>\$</b>
<b>D. Nursing Administration</b>									
33	Director of Nursing, ADDN, Supervisors	8,112.00	260,628	\$	260,628	260,628	\$	\$	260,628
34	Inservice Education	2,542.94	122,389	\$	122,389	122,389	\$	\$	122,389
35	MDS Coordinator	-	-	\$	-	-	\$	\$	-
36	Staffing Coordinator	-	-	\$	-	-	\$	\$	-
37	Infection Control	280.00	11,233	\$	11,233	11,233	\$	\$	11,233
38	Medical Records/EMR	1,537.99	37,155	\$	37,155	37,155	\$	\$	37,155
39	Nursing License Fees	-	-	\$	-	-	\$	\$	-
40	Other - Nursing Administration	6,977.33	170,341	\$	170,341	170,341	\$	\$	170,341
41	<b>Total Nursing Administration</b>	<b>19,450.26</b>	<b>601,746</b>	<b>\$</b>	<b>601,746</b>	<b>601,746</b>	<b>\$</b>	<b>\$</b>	<b>601,746</b>
<b>E. Workforce Related Costs - Patient Care</b>									
42	Direct Patient Care Recruitment			\$	26,355	26,355	\$	\$	26,355
43	Direct Patient Care Retention			\$	-	-	\$	\$	-
44	<b>Total Workforce Related Costs - Patient Care</b>			<b>\$</b>	<b>26,355</b>	<b>26,355</b>	<b>\$</b>	<b>\$</b>	<b>26,355</b>
<b>G. Patient Support Services</b>									
45	Food (including supplements)			\$	318,536	318,536	\$	\$	318,536
46	Dietary Department			\$	903,378	903,378	\$	\$	903,378
47	Laundry Department			\$	232,808	232,808	\$	\$	232,808
48	Housekeeping Department			\$	362,124	362,124	\$	\$	362,124
49	Social Services			\$	325,732	325,732	\$	\$	325,732
50	Patient Activities			\$	177,074	177,074	\$	\$	177,074
51	Medical Director			\$	85,544	85,544	\$	\$	85,544
52	Pharmacy Consultant			\$	20,556	20,556	\$	\$	20,556
53	Auto Leasing and Depreciation - Direct Patient Care			\$	-	-	\$	\$	-
54	Other Auto Expense - Direct Patient Care			\$	-	-	\$	\$	-
55	Other - Patient Support Services			\$	64,891	64,891	\$	\$	64,891
56	<b>Total Patient Support Services</b>	<b>19,477</b>	<b>491,285</b>	<b>\$</b>	<b>3,502,065</b>	<b>498,199</b>	<b>\$</b>	<b>2,491,543</b>	<b>\$</b>
<b>H. Property Operating Costs</b>									
57	Maintenance	4,319.09	134,753	\$	134,753	134,753	\$	\$	134,753
58	Security	-	-	\$	-	-	\$	\$	-
59	Utilities (including telephone and cable services)			\$	349,000	349,000	\$	\$	349,000
60	Real Estate Tax			\$	229,553	229,553	\$	\$	229,553
61	Property Insurance			\$	63,853	63,853	\$	\$	63,853
62	<b>Total Property Operating Costs</b>	<b>4,319</b>	<b>134,753</b>	<b>\$</b>	<b>797,159</b>	<b>927,291</b>	<b>\$</b>	<b>\$</b>	<b>927,291</b>
<b>I. Administrative &amp; Operating Costs</b>									
63	Administrator	2,080.00	195,842	\$	195,842	195,842	\$	\$	195,842
64	Assistant Administrator	-	-	\$	-	-	\$	\$	-
65	Other Executive Staff	-	-	\$	-	-	\$	\$	-
66	Office Staff	14,801.13	555,340	\$	555,340	555,340	\$	\$	555,340
67	Management Fees			\$	850,248	850,248	\$	15,066	(7,403)
68	Office Supplies and Expenses			\$	16,676	16,676	\$	\$	16,676
69	Insurance not Related to Property or Employees			\$	224,166	224,166	\$	\$	224,166
70	Business Taxes			\$	78	78	\$	\$	78
71	Accounting Fees			\$	-	-	\$	\$	-
72	Legal Fees			\$	-	-	\$	\$	-
73	Advertising			\$	-	-	\$	\$	-
74	Allowable contributions			\$	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			\$	168,754	168,754	\$	\$	168,754
81	<b>Total Administrative &amp; General</b>	<b>16,881</b>	<b>555,340</b>	<b>\$</b>	<b>1,95,842</b>	<b>2,601,454</b>	<b>\$</b>	<b>15,066</b>	<b>(7,403)</b>
<b>J. Provider Tax (NHA 100)</b>									
82	Provider Tax (NHA 100)			\$	576,751	576,751	\$	\$	576,751
<b>K. Workforce Related Costs - Other</b>									
83	Patient Support & Other Recruitment			\$	1,560	1,560	\$	\$	1,560
84	Patient Support & Other Retention			\$	-	-	\$	\$	-
85	Professional Training			\$	28,169	28,169	\$	\$	28,169
86	Licensing and Dues			\$	28,855	28,855	\$	\$	28,855
87	<b>Total Workforce Related Costs - Other</b>			<b>\$</b>	<b>58,584</b>	<b>58,584</b>	<b>\$</b>	<b>\$</b>	<b>58,584</b>
<b>L. Fringe Benefits for Non-Management Employees</b>									
88	Payroll Taxes			\$	593,478	593,478	\$	\$	593,478
89	Workers' Compensation			\$	229,235	229,235	\$	\$	229,235
90	Unemployment			\$	71,986	71,986	\$	\$	71,986
91	Disability Insurance			\$	-	-	\$	\$	-
92	Medical Insurance			\$	261,415	261,415	\$	\$	261,415
93	Dental Insurance			\$	-	-	\$	\$	-
94	Union Welfare			\$	-	-	\$	\$	-
95	Vision Insurance			\$	-	-	\$	\$	-
96	Uniforms			\$	-	-	\$	\$	-
97	Tuition Assistance			\$	-	-	\$	\$	-
98	Retirement Benefits			\$	-	-	\$	\$	-
99	Life Insurance			\$	-	-	\$	\$	-
100	Other - Fringe Benefits			\$	-	-	\$	\$	-
101	<b>Total Fringe Benefits</b>			<b>\$</b>	<b>1,156,124</b>	<b>1,156,124</b>	<b>\$</b>	<b>\$</b>	<b>1,156,124</b>
<b>M. Property Capital Costs</b>									
102	Depreciation			\$	171,517	171,517	\$	44,980	\$
103	Mortgage Interest (Allowable Interest)			\$	-	-	\$	\$	-
104	Rental of Building			\$	2,486,117	2,486,117	\$	\$	2,486,117
105	Rental of Equipment			\$	29,072	29,072	\$	\$	29,072
106	<b>Total Property Capital Costs</b>			<b>\$</b>	<b>2,686,706</b>	<b>2,686,706</b>	<b>\$</b>	<b>44,980</b>	<b>\$</b>
<b>N. Non-Routine/Non-Allowable Costs</b>									
107	Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)			\$	6,939	529,965	\$	536,904	\$
<b>Total</b>		<b>271,020.12</b>	<b>8,067,484</b>	<b>\$</b>	<b>456,470</b>	<b>2,641,308</b>	<b>\$</b>	<b>8,545,769</b>	<b>\$</b>
								<b>19,711,031</b>	<b>\$</b>
								<b>60,046</b>	<b>(7,403)</b>
								<b>\$</b>	<b>19,763,674</b>

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

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
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)	38,107.44	\$1,787,141		
Licensed Practitioner Nurses (LPN)	46,744.26	\$1,878,643		
Certified Nursing Assistants (CNA)	107,346.52	\$2,618,576		
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total Nursing Facility</b>	<b>192,198.22</b>	<b>\$6,284,360</b>	<b>0.00</b>	<b>\$0</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:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-2 - Management Employees		

		Hours	Cost
<b>Administrator</b>			63
Name	Salary	2,080	195,842
Dimitry Ruchaevsky	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		195,842

<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	2,056	164,507
Kim Hollywood	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		164,507

<b>Assistant Director of Nursing</b>			33
Name	Salary	2,000	96,121
Vanessa Berberich	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		96,121

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

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

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

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

<b>TOTAL MANAGERIAL COMPENSATION</b>		\$	456,470
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**State of New Jersey  
Department of Human Services  
Nursing Facility Cost Report**

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
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		588.00	\$ 28,219	588.00		
5	Physical Therapy	20		6,866.00	\$ 450,207	6,866.00		
6	Occupational Therapy	21		8,292.00	\$ 415,593	8,292.00		
7	Speech Therapy	22		2,948.00	\$ 238,285	2,948.00		
8	Electro cardiology	23					-	
9	Physicians	30					-	
10	Other - Patient Ancillary Costs	31					-	
11	<b>Total Patient Ancillary Costs</b>		-	\$ -	18,694.00	\$ 1,132,304	18,694.00	Total
<b>E. Nursing Administration</b>								
12	Director of Nursing, ADON, Supervisors	33	4,056.00	\$ 260,628			4,056.00	
13	Inservice Education	34	2,542.94	\$ 122,389			2,542.94	
14	MDS Coordinator	35					-	
15	Staffing Coordinator	36					-	
16	Infection Control	37	280.00	\$ 11,233			280.00	
17	Medical Records/EMR	38	1,537.99	\$ 37,155			1,537.99	
18	Other - Nursing Administration	40	6,977.33	\$ 170,341			6,977.33	
19	<b>Total Nursing Administration</b>		15,394.26	\$ 601,746	-	\$ -	15,394.26	Total
<b>G. Patient Support Services</b>								
20	Dietary Department	46			\$ 866,361		-	
21	Laundry Department	47			\$ 219,645		-	
22	Housekeeping Department	48			\$ 330,515		-	
23	Social Services	49	9,588.34	\$ 324,767			9,588.34	
24	Patient Activities	50	8,883.08	\$ 166,518			8,883.08	
25	Medical Director	51			1,006.00	\$ 85,544	1,006.00	
26	Pharmacy Consultant	52					-	
27	Other - Patient Support Services	55					-	
28	<b>Total Patient Support Services</b>		18,471.42	\$ 491,285	1,006.00	\$ 1,502,065	19,477.42	Total
<b>H. Property Operating Costs</b>								
29	Maintenance	57	4,319.09	\$ 134,753			4,319.09	
30	Security	58					-	
31	<b>Total Property Operating Costs</b>		4,319.09	\$ 134,753	-	\$ -	4,319.09	Total
<b>I. Administrative &amp; Operating Costs</b>								
32	Office Staff	66	14,801.13	\$ 555,340			14,801.13	
33	<b>Total Administrative &amp; General</b>		14,801.13	\$ 555,340	-	\$ -	14,801.13	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			\$ 6,939		-	
37	Physician Private Offices	N/A					-	
38	Patient Laundry	N/A					-	
39	Other Non-Reimbursable Personnel	N/A					-	
40	<b>Non-Routine / Non-Allowable Costs</b>	107	-	\$ -	-	\$ 6,939	-	Total
<b>Total</b>			52,985.90	\$ 1,783,124	19,700.00	\$ 2,641,308	72,685.90	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):	3 Industrial Way East Operations LLC dba Jersey Shore Center	
Tax ID/EIN:	26-0865899	

**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:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
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	\$ 13,677
2	Gift, Flower, Coffee Shops and Canteen	
3	Barber and Beauty Shop	\$ 921
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.	\$ 3,250
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	\$ 512,117
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	<b>Non-Allowable Other Costs</b>	<b>\$ 529,965</b>

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

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-6 - Capital		

Capital Asset Balances and Depreciation Expense										
Type of Capital	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	Current Year Depreciation Expense (Schedule A Line 102 Column F)	Related Party Depreciation Adjustments (Schedule A Line 102 Column G)	Adjusted Total Depreciation Expense (Schedule A Line 102 Column I)
		Purchases	Donations	Total						
Land				\$0.00						
Land Improvement				\$0.00						\$0.00
Buildings and Fixtures	#####			\$0.00		#####				\$0.00
Building Improvements	\$633,427.00			\$0.00		\$627,885.00	\$57,737.00			\$57,737.00
Fixed Equipment	\$175,651.00	\$12,892.00		\$12,892.00		\$188,543.00	\$10,412.00			\$10,412.00
Major Moveable Equipment	\$915,595.00	\$13,209.00		\$13,209.00		\$928,804.00	\$103,368.00			\$103,368.00
Other				\$0.00						\$0.00
<b>Total</b>	#####	<b>\$26,101.00</b>	<b>\$0.00</b>	<b>\$26,101.00</b>	<b>\$0.00</b>	#####	\$0.00	\$171,517.00	\$0.00	<b>\$171,517.00</b>

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

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

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
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
------------------------	-------------------	-------------------------	--	---------------------------------------	-------------------------	---------------------	----------------------------

Buildings:							
Nursing Facilities						\$ -	\$ -
Administrative Facilities						\$ -	\$ -
Multi-purpose Facilities						\$ -	\$ -
Land Improvements						\$ -	\$ -
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 633,427	\$ -	12.094	\$ 119,918		\$ 52,375	\$ 461,133
Fixed Equipment	\$ 107,056	\$ -	11.0216	\$ 43,443		\$ 9,713	\$ 53,900
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Buildings</b>						\$ 62,089	

Equipment:							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 915,595	\$ -	18.2438	\$ 703,553		\$ 50,187	\$ 161,855
Computer Equipment	\$ 59,485	\$ -	45.44	\$ 25,945		\$ 1,309	\$ 32,231
Telephone and Communication Equipment	\$ 9,110	\$ -	23.773	\$ 8,327		\$ 383	\$ 399
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 72,362	\$ -	1			\$ 72,362	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
<b>Total Period Depreciation - Equipment</b>						\$ 124,241	

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  
Department of Human Services  
Nursing Facility Cost Report

Provider Name:	3 Industrial Way East Operations LLC dba Jersey Shore Center		
Medicare Provider ID:	31-5364		
NPI:	1457535742		
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>	\$ 27,394,932	\$ 27,394,932	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 2,084,375	\$ 2,084,375	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 17,318,320	\$ 17,318,320	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicare Routine Patient Revenue	\$ 6,581,319	\$ 6,581,319	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Patient Revenue	\$ 471,330	\$ 471,330	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospice Days Revenue	\$ 939,588	\$ 939,588	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Respite Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Ancillary Patient Revenue	\$ 3,795,535	\$ 3,795,535	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less Contractual Allowance	\$ (11,399,867)	\$ (11,399,867)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 19,790,600	\$ 19,790,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

**B. Offsettable Revenue**

Meals Served to Non-Patients												
Interest Revenue	7,403											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>	\$19,798,003.19	\$19,790,600.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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State of New Jersey  
 Department of Health Services  
 Nursing Facility Cost Report

Provider Name:	Industrial Sites East Operations LLC dba Jersey Shore Center			
Medicare Provider ID:	31-5264			
NPI:	142734742			
Reporting Period:	From:	01/2023	To:	12/31/2023
Worksheet:	Schedule B - Rent/Lease Rates for Use of Land			

Property #	Section A			Section B		Section C			Section D			Section E		Section F		Section G		Section H		Section I		Section J		Section K		Section L		Section M		Section N							
	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective date of current rental agreement: RESIDUALING	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	Industrial Site	Camden	07724	NA	Operative lease	CH2M HILL	4900 Dora Street	Trenton	08611	413-246-1039	74,720.00	-	74,720.00	100%	1/23/2014		1/23/2014	\$207,476.43	\$2,898,933.00	3.21																	
2																																					
3																																					
4																																					
5																																					
6																																					
7																																					
8																																					
9																																					
10																																					
<b>TOTAL</b>											74,720.00	-	74,720.00	100%																							
Source: Assessor's records as of Schedule B											74,720.00	-	74,720.00	100%																							

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:	145151142		
Provider Provider No.:	151364		
NPI:	145151142		
Reporting Period:	From:	06/01/2023	To: 02/21/2023
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	ORA 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 Expense As Defined by 10-45A-2.6	Capital Related Interest Expense As Defined by 10-45A-2.6	Non-Capital Interest Expense 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 in 10-45A-2.7	Patient Care Ratio		
Nursing Facility	32,006	34.873	67.08%	##E##	\$0	##E##	\$2,993,835	\$4,151,113	\$5,012,362	\$832,953	\$893,656	\$154,064	\$0	\$879,256	\$211,471	\$499,613	\$2,731,686	\$27,566	\$284,723	\$0	\$0	\$229,629	\$576,751	\$0	\$0	\$17,456,739	##E##	0.00%	
SNF ADL	0	0	0.00%	##E##	\$0	##E##	\$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 ADOT	0	0	0.00%	##E##	\$0	##E##	\$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%	##E##	\$0	##E##	\$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%	##E##	\$0	##E##	\$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%	##E##	\$0	##E##	\$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%	##E##	\$0	##E##	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Biharzoo Health Nursing Facility	0	0	0.00%	##E##	\$0	##E##	\$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%	##E##	\$0	##E##	\$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	32,006	34.873	67.08%	##E##	\$0	##E##	\$2,993,835	\$4,151,113	\$5,012,362	\$832,953	\$893,656	\$154,064	\$0	\$879,256	\$211,471	\$499,613	\$2,731,686	\$27,566	\$284,723	\$0	\$0	\$229,629	\$576,751	\$0	\$0	\$17,456,739	##E##	0.00%	
Non-Reimbursable							\$0	\$0	\$17,773	\$18,265	\$0	\$0	\$0	\$4,614	\$0	\$0	\$693	\$4,796	\$0	\$0	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Total Directly Assigned and Allocated Expenses Per Schedule B-1							\$2,993,835	\$4,151,113	\$5,012,362	\$850,726	\$918,921	\$154,064	\$0	\$883,870	\$216,085	\$499,613	\$2,737,681	\$32,362	\$289,519	\$0	\$0	\$229,631	\$576,751	\$0	\$0	\$17,456,739	##E##	0.00%	
Total Direct Patient Care Non-Reimbursable Cost																													
\$0 ##E##																													

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