

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

Provider Name:	54 Sharp Street Operations LLC dba Millville Center		
Medicaid Provider Number	4474007	Medicare Provider Number	31-5243
NPI:	1770767063		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-1 - Facility Information		

A. General Facility Information

Medicaid NF Provider Number	4474007	NPI Number:	1770767063
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	31-5243		
Department of Health License Number	060608		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	54 Sharp Street Operations LLC dba Millville Center		

B. Physical Address

Street Address:	54 Sharp Street		
City:	Millville	State:	NJ ZIP: 08332
Contact Person:	Rick Fink	Phone:	410-494-7657 Ext:
Contact Person Email:	rick.fink@genesishcc.com	Fax:	410-337-6831 Ext:

C. Mailing Address

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

D. Home Office / Management Company

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

E. Facility Operation and Ownership

Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	Y/N:	No
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Operator(s)—Provide names and addresses of any person who directly or indirectly, beneficially owns any interest in the building on which the provider is located. Add subsequent rows as needed.

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

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

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

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

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

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

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

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

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

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

Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid Provider Number	Facility Certification Date
<input checked="" type="checkbox"/> Nursing Facility		167	167	4474007	
Special Care Nursing Facility - AIDS					
Special Care Nursing Facility - BMGT					
Special Care Nursing Facility - Pediatric					
Special Care Nursing Facility - TBI/Coma					
Special Care Nursing Facility - Ventilator					
Special Care Nursing Facility - Young Adult					
Behavioral Health Nursing Facilities					
Assisted Living/Residential					
Other (Specify):					
Total		167	167		

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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Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)		

Facilities Long-Term Care Reporting Classification is:

		Number of Patient Days	Related Revenue Received Or Accrued Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	11,402	\$7,355,472
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	735	\$0

Report Non-Medicare Days Subject To Assessment

Line 3	Private Patient Days	7,007	\$876,394
Line 4	Medicaid (Except Therapeutic and Bedhold)	30,809	\$7,839,690
Line 5	Respite Days	134	\$34,098
Line 6	Other Non-Medicare Days	106	\$1,982,877
Line 7	Assessed Days and Revenue	38,056	\$ 10,733,059
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 558,281.52	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 558,281.52	

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NPI:	1770767063		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule S-11 Part II - Nursing Home Assessment Information per Submitted NHA-100 - Nursing Facility		

Facilities Long-Term Care Reporting Classification is:

	Number of Patient Days	Related Revenue Received Or Accrued Whole Dollars
Line 1 Medicare Days (For Information Purposes Only - Not Subject to Assessment)	11,402	\$7,355,472
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	735	\$0

Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	7,007	\$876,394
Line 4 Medicaid (Except Therapeutic and Bedhold)	30,809	\$7,839,690
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Line 7 Assessed Days and Revenue	38,056	\$ 10,733,059
Line 8 Classification Assessment Rate	\$ 14.67	
Line 9 Assessment Due	\$ 558,281.52	
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Line 11 Total Amount Due	\$ 558,281.52	

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Medicare Provider ID:	31-5243		
NPI:	1770767063		
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:	54 Sharp Street Operations LLC dba Millville Center		
Medicaid Provider Number	0	Medicare Provider Number	31-5243
NPI:	1770767063		
Reporting Period:	From: 1/1/2023	To:	12/31/2023
Worksheet:	Schedule S-13 - Average Length of Stay		

		Number of Beds (Column 1)	Bed Days Available (Column 2)	Inpatient Days (Column 3)	Discharges (Column 4)	Average Length of Stay (FORM CMS-2540-10) (Column 5)	Average Length of Stay (Inpatient Days / Number of Patients) (Column 6)	Admissions (Column 7)	Medicaid Only (Column 8)	Dual Eligible (Column 9)	Medicare Only (Column 10)	Medicare Part A & B (Column 11)	Part C (Medicare Advantage) (Column 12)	Total Population (Column 13)
Average Length of Stay														
1	Nursing Facility (S-2)	49,458	18,052,170	50,193	671	74.80327869	432.6982759	657	92		24		11	116
2	SCNF - AIDS (S-3)	0	0			0	0							0
3	SCNF - BMGT (S-4)	0	0			0	0							0
4	SCNF - Pediatric (S-5)	0	0			0	0							0
5	SCNF - TBI/Coma (S-6)	0	0			0	0							0
6	SCNF - Ventilator (S-7)	0	0			0	0							0
7	SCNF - Young Adult (S-8)	0	0			0	0							0
8	Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
9	Total (sum of lines 1-8)		18,052,170	50,193	671	75	433	657	92	0	24	0	11	116

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State of New Jersey Department of Human Services Nursing Facility Cost Report										
Provider Name:	54 Sharp Street Operations LLC dba Millville Center									
Medicare Provider ID:	31-5243									
NPI:	4770767063									
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	
A. Direct Routine Patient Care Costs										
1	Direct Care - Nursing Facility	185,741	5,817,794		3,013	5,820,807			5,820,807	
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	Total Direct Patient Care Costs - Direct Reported	185,741	5,817,794		3,013	5,820,807			5,820,807	
B. Routine Patient Care Costs - Not Directly Reported										
11	Routine Medical Supplies					157,264			157,264	
12	OTC Drugs					20,549			20,549	
13	Enteral Feeding (Product and Supplies)					2,651			2,651	
14	Incontinency Products					48,688			48,688	
15	Total Patient Care Costs - Not Directly Reported					229,152			229,152	
C. Patient Ancillary Costs										
16	Radiology					26,519			26,519	
17	Laboratory					47,239			47,239	
18	Intravenous Therapy					33,454			33,454	
19	Oxygen Therapy					153,360			153,360	
20	Physical Therapy					609,774			609,774	
21	Occupational Therapy					759,777			759,777	
22	Speech Therapy					135,689			135,689	
23	Electrocardiography									
24	Medical Supplies Charged to Patients									
25	Prescription Drugs (not OTC)					329,988			329,988	
26	Pharmacy Non-Formulary									
27	Support Surfaces					16,342			16,342	
28	Ambulance					75,063			75,063	
29	Dental									
30	Physicians					44,061			44,061	
31	Other - Patient Ancillary Costs					1,383			1,383	
32	Total Patient Ancillary Costs	29,205.00				1,658,600			1,658,600	
D. Nursing Administration										
33	Director of Nursing, ADDN, Supervisors	6,039.85	184,221			368,442			368,442	
34	Inservice Education	706.08	35,554			35,554			35,554	
35	MDS Coordinator									
36	Staffing Coordinator									
37	Infection Control									
38	Medical Records/EMR	2,152.17	58,077			58,077			58,077	
39	Nursing License Fees									
40	Other - Nursing Administration	7,941.80	181,472			65,622			247,094	
41	Total Nursing Administration	16,839.90	459,323			65,622			709,166	
E. Workforce Related Costs - Patient Care										
42	Direct Patient Care Recruitment					50,225			50,225	
43	Direct Patient Care Retention									
44	Total Workforce Related Costs - Patient Care					50,225			50,225	
G. Patient Support Services										
45	Food (including supplements)					339,048			339,048	
46	Dietary Department					30,133			895,524	
47	Laundry Department					207,768			218,235	
48	Housekeeping Department					350,116			376,876	
49	Social Services					48			251,274	
50	Patient Activities	8,611.37	251,206			6,549			152,777	
51	Medical Director	61,146.00				719			719	
52	Pharmacy Consultant					43,277			43,277	
53	Auto Leasing and Depreciation - Direct Patient Care									
54	Other Auto Expense - Direct Patient Care									
55	Other - Patient Support Services					59,485			59,485	
56	Total Patient Support Services	77,368	397,434			1,424,994			2,338,366	
H. Property Operating Costs										
57	Maintenance	4,034.39	123,943			118,505			242,448	
58	Security									
59	Utilities (including telephone and cable services)					449,819			449,819	
60	Real Estate Tax					279,305			279,305	
61	Property Insurance					71,025			71,025	
62	Total Property Operating Costs	4,034	123,943			918,654			1,042,597	
I. Administrative & Operating Costs										
63	Administrator	2,080.00				150,879			150,879	
64	Assistant Administrator									
65	Other Executive Staff									
66	Office Staff	15,207.75	462,827			462,827			462,827	
67	Management Fees					701,883			831,999	
68	Office Supplies and Expenses					20,609			20,609	
69	Insurance not Related to Property or Employees					189,593			189,593	
70	Business Taxes					78			78	
71	Accounting Fees									
72	Legal Fees									
73	Advertising									
74	Allowable contributions					250			250	
75	Allowable Employee Gifts and Party									
76	Auto Leasing and Depreciation									
77	Other Auto Expenses					2,358			2,358	
78	Travel Expenses									
79	Non-Capital Related Interest Expense									
80	Other A&O costs					127,023			127,023	
81	Total Administrative & General	17,288	462,827			1,041,794			1,765,616	
J. Provider Tax (NHA 100)										
82	Provider Tax (NHA 100)					488,350			488,350	
K. Workforce Related Costs - Other										
83	Patient Support & Other Recruitment					1,560			1,560	
84	Patient Support & Other Retention									
85	Professional Training					886			886	
86	Licensing and Dues					21,940			21,940	
87	Total Workforce Related Costs - Other					24,386			24,386	
L. Fringe Benefits for Non-Management Employees										
88	Payroll Taxes					545,292			545,292	
89	Workers' Compensation					128,345			128,345	
90	Unemployment					105,186			105,186	
91	Disability Insurance									
92	Medical Insurance					170,098			170,098	
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	Total Fringe Benefits					948,921			948,921	
M. Property Capital Costs										
102	Depreciation					73,688			116,025	
103	Mortgage Interest (Allowable Interest)									
104	Rental of Building					1,866,373			1,005,823	
105	Rental of Equipment					37,826			37,826	
106	Total Property Capital Costs					1,977,887			1,159,674	
N. Non-Routine/Non-Allowable Costs										
107	Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)					4,668			751,223	
Total		330,416.30	7,261,321	335,100	3,091,275	7,605,862	18,293,558	(705,672)	(4,274)	17,583,612

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Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-1 - Direct Costs		

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

	Salaried Hours	Wages	Contract Labor Hours	Contract Labor Expense
Nursing Facility (Schedule A Line 1)				
Registered Nurses (RN)	24,317.47	\$1,173,839		
Licensed Practitioner Nurses (LPN)	49,377.99	\$1,917,456	40.46	\$2,023
Certified Nursing Assistants (CNA)	111,965.59	\$2,726,499	39.60	\$990
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	185,661.05	\$5,817,794	80.06	\$3,013
Special Care Nursing Facility - AIDS (Schedule A Line 2)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - AIDS	0.00	\$0	0.00	\$0
Special Care Nursing Facility - BMGT (Schedule A Line 3)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - BMGT	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Pediatric (Schedule A Line 4)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - PEDIATRIC	0.00	\$0	0.00	\$0
Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - TBI/COMA	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Vent (Schedule A Line 6)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - VENTILATOR	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Young Adult (Schedule A Line 7)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - YOUNG ADULT	0.00	\$0	0.00	\$0
Behavioral Health Nursing Facility (Schedule A Line 8)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Behavioral Health Nursing Facility	0.00	\$0	0.00	\$0
Other (Schedule A Line 9)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
TOTAL - OTHER (SPECIFY)	0.00	\$0	0.00	\$0

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Worksheet:	Schedule A-2 - Management Employees		

		Hours	Cost
Administrator			63
Name	Salary	2,080	150,879
Lawrence Sullivan	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		150,879

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

Director of Nursing			33
Name	Salary	2,072	138,930
Linda Fallucca	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		138,930

Assistant Director of Nursing			33
Name	Salary	948	45,291
Amanda Stevanus	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		45,291

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

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

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

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

TOTAL MANAGERIAL COMPENSATION		\$	335,100
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NPI:	1770767063		
Reporting Period:	From:	1/1/2023	To: 12/31/2023
Worksheet:	Schedule A-3 - Non-Direct Care and Non-Managerial Wages and Contract Labor		

	A. Schedule A Line	B. Salaried Hours	C. Salary and Wages	D. Contract Labor Hours	E. Contract Labor Expense	F. Total Hours		
C. Patient Ancillary Costs								
1	Radiology	16					-	
2	Laboratory	17					-	
3	Intravenous Therapy	18					-	
4	Oxygen Therapy	19		3,195.00	\$153,360	3,195.00		
5	Physical Therapy	20		10,469.00	\$ 609,774	10,469.00		
6	Occupational Therapy	21		13,713.00	\$ 759,777	13,713.00		
7	Speech Therapy	22		1,828.00	\$ 135,689	1,828.00		
8	Electro cardiology	23					-	
9	Physicians	30					-	
10	Other - Patient Ancillary Costs	31					-	
11	Total Patient Ancillary Costs		-	\$ -	29,205.00	\$ 1,658,600	29,205.00	Total
E. Nursing Administration								
12	Director of Nursing, ADON, Supervisors	33	3,019.85	\$ 184,221			3,019.85	
13	Inservice Education	34	706.08	\$ 35,554			706.08	
14	MDS Coordinator	35					-	
15	Staffing Coordinator	36					-	
16	Infection Control	37					-	
17	Medical Records/EMR	38	2,152.17	\$ 58,077			2,152.17	
18	Other - Nursing Administration	40	7,941.80	\$ 181,472			7,941.80	
19	Total Nursing Administration		13,819.90	\$ 459,323	-	\$ -	13,819.90	Total
G. Patient Support Services								
20	Dietary Department	46			\$ 866,391		-	
21	Laundry Department	47			\$ 207,768		-	
22	Housekeeping Department	48			\$ 350,116		-	
23	Social Services	49	8,611.27	\$ 251,206			8,611.27	
24	Patient Activities	50	7,550.88	\$ 146,228			7,550.88	
25	Medical Director	51			61,146.00	\$ 719	61,146.00	
26	Pharmacy Consultant	52					-	
27	Other - Patient Support Services	55					-	
28	Total Patient Support Services		16,162.15	\$ 397,434	61,146.00	\$ 1,424,994	77,308.15	Total
H. Property Operating Costs								
29	Maintenance	57	4,034.39	\$ 123,943			4,034.39	
30	Security	58					-	
31	Total Property Operating Costs		4,034.39	\$ 123,943	-	\$ -	4,034.39	Total
I. Administrative & Operating Costs								
32	Office Staff	66	15,207.75	\$ 462,827			15,207.75	
33	Total Administrative & General		15,207.75	\$ 462,827	-	\$ -	15,207.75	Total
N. Non-Routine/Non-Allowable Costs								
34	Sales and Marketing Personnel	N/A					-	
35	Gift, Flower, Coffee Shops and Canteen	N/A					-	
36	Barber and Beauty Shop	N/A			\$ 4,668		-	
37	Physician Private Offices	N/A					-	
38	Patient Laundry	N/A					-	
39	Other Non-Reimbursable Personnel	N/A					-	
40	Non-Routine / Non-Allowable Costs	107	-	\$ -	-	\$ 4,668	-	Total
Total			49,224.19	\$ 1,443,527	90,351.00	\$ 3,088,262	139,575.19	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):	54 Sharp Street Operations LLC dba Millville Center	
Tax ID/EIN:	26-0866164	

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:	54 Sharp Street Operations LLC dba Millville Center		
Medicare Provider ID:	31-5243		
NPI:	1770767063		
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	\$ 13,436
2	Gift, Flower, Coffee Shops and Canteen	
3	Barber and Beauty Shop	
4	Physicians' Private Offices	
5	Patients' Laundry	
6	Personal Expenses	
7	Interest assessed by DHSS or borrowings to repay DHSS fines and penalties	
8	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	
9	Costs incurred by providers for fines or monetary penalties imposed for violations of Federal, State, or local laws.	\$ 45,068
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	\$ 688,551
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	Non-Allowable Other Costs	\$ 747,055

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

Provider Name:	54 Sharp Street Operations LLC dba Millville Center		
Medicare Provider ID:	31-5243		
NPI:	1770767063		
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	\$8,449.00			\$0.00		\$8,449.00		\$479.00		\$479.00
Buildings and Fixtures	\$63,137.00			\$0.00		\$63,137.00				\$0.00
Building Improvements	\$455,534.00	\$9,126.00		\$9,126.00		\$464,660.00		\$29,684.00		\$29,684.00
Fixed Equipment	\$21,025.00	\$9,903.00		\$9,903.00		\$30,928.00		\$758.00		\$758.00
Major Moveable Equipment	\$117,125.00	\$28,435.00		\$28,435.00		\$145,560.00		\$42,767.00		\$42,767.00
Other				\$0.00						\$0.00
Total	\$665,270.00	\$47,464.00	\$0.00	\$47,464.00	\$0.00	\$712,734.00	\$0.00	\$73,688.00	\$0.00	\$73,688.00

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

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

Provider Name:	54 Sharp Street Operations LLC dba Millville Center		
Medicare Provider ID:	31-5243		
NPI:	1770767063		
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	\$ 8,449	\$ -	74.477	\$ 38		\$ 113	\$ 8,298
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 455,534	\$ -	16.1658	\$ 35,598		\$ 28,179	\$ 391,757
Fixed Equipment	\$ 7,580	\$ -	10	\$ 1,895		\$ 758	\$ 4,927
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Buildings						\$ 29,050	

Equipment:							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 117,125	\$ -	6.8956	\$ 29,071		\$ 16,986	\$ 71,069
Computer Equipment	\$ 11,525	\$ -	6.906	\$ 2,862		\$ 1,669	\$ 6,994
Telephone and Communication Equipment	\$ 1,921	\$ -	9.9997	\$ 265		\$ 192	\$ 1,463
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 17,727	\$ -	1			\$ 17,727	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Equipment						\$ 36,573	

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

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

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

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

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

Provider Name:	54 Sharp Street Operations LLC dba Millville Center		
Medicare Provider ID:	31-5243		
NPI:	1770767063		
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			
Total Routine Patient Revenue	\$ 22,415,930	\$ 22,415,930	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 876,394	\$ 876,394	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 12,186,486	\$ 12,186,486	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicare Routine Patient Revenue	\$ 5,912,263	\$ 5,912,263	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Patient Revenue	\$ 2,517,152	\$ 2,517,152	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospice Days Revenue	\$ 866,862	\$ 866,862	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Respite Days Revenue	\$ 56,774	\$ 56,774	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Ancillary Patient Revenue	\$ 5,396,375	\$ 5,396,375	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less Contractual Allowance	\$ (9,723,774)	\$ (9,723,774)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 18,088,531	\$ 18,088,531	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsettable Revenue

Meals Served to Non-Patients												
Interest Revenue	2,425											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	1,849											47
Retroactive payments for non-formulary pharmacy transactions												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												

B. Other Non-Patient Revenue

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

Total Revenue	\$18,092,805.30	\$18,088,531.30	\$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:	54 Dean Street Operations LLC dba Millie Center
Medicare Provider ID:	31-5243
NPI:	177037062
Reporting Period:	From: 01/01/2019 To: 12/31/2019
Worksheet:	Worksheet: 2 - Resident Rates for Use of Land

Property #	Section A			Section B		Section C		Section D			Section E		Section F		Section G		Section H		Section I		Section J		Section K		Section L		Section M		Section N	
	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective date of current rental agreement: RESIDENTS	Effective date of current rental agreement: RND	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility										
1	54 Dean Street	Millie	08132	YN	Operative lease	WestCo LLC	2877 8th Avenue	New York	10012	460,520.4579	66,693.00	66,693.00	100%				1/31/2019	\$236,313.83	\$1,854,638.00	3.38										
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
10																														
TOTAL											66,693.00	-	66,693.00	100%																
Source: Assessor's records as of 12/31/2019											66,693.00	-	66,693.00	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:	170767063		
Medicare Provider No.:	315245		
NPI:	372027063		
Report Period:	From:	06/01/2023	To: 02/31/2023
Worksheet:	Schedule C-1 - Patient Care Ratio		

Total Routine Patient Days	Medicaid/NI FamilyCare Routine Days	Medicaid/NI FamilyCare Routine Days to Total Routine Days Percentage	Medicaid/NI FamilyCare Routine Patient Revenue Bill and Paid	Medicaid/NI FamilyCare Routine Patient Revenue Bill 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 Expenses 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 by 10-45A-2.7	Patient Care Ratio		
Nursing Facility	49,458	28.763	58,165	##E##	\$0	##E##	\$1,081,292	\$1,497,293	\$2,577,034	\$651,673	\$384,878	\$140,140	\$0	\$880,765	\$165,658	\$548,324	\$1,159,674	\$836	\$254,285	\$0	\$0	\$279,381	\$488,300	(\$1,889)	\$0	\$14,511,152	\$8,439,686	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 ADST	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%
Biharcep 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	49,458	28.763	58,165	##E##	\$0	##E##	\$1,081,292	\$1,497,293	\$2,577,034	\$651,673	\$384,878	\$140,140	\$0	\$880,765	\$165,658	\$548,324	\$1,159,674	\$836	\$254,285	\$0	\$0	\$279,381	\$488,300	(\$1,889)	\$0	\$14,511,152	\$8,439,686	0.00%	
Non-Reimbursable							\$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 Directly Assigned and Allocated Expenses Per Schedule B-1							\$1,081,292	\$1,497,293	\$2,577,034	\$651,673	\$384,878	\$140,140	\$0	\$880,765	\$165,658	\$548,324	\$1,159,674	\$836	\$254,285	\$0	\$0	\$279,381	\$488,300	(\$1,889)	\$0	\$14,511,152	\$8,439,686	0.00%	

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Total Direct Patient Care
Non-Reimbursable Cost \$0 ##E##E##E ##E##E##E
\$811,531 \$808,784 \$4,747