

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

Provider Name:	200 Reynolds Avenue Operations LLC dba Troy Hills Center		
Medicaid Provider Number	4491700	Medicare Provider Number	31-5138
NPI:	1174707475		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-1 - Facility Information		

A. General Facility Information

Medicaid NF Provider Number	4491700	NPI Number:	1174707475
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	31-5138		
Department of Health License Number	061416		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	200 Reynolds Avenue Operations LLC dba Troy Hills Center		

B. Physical Address

Street Address:	200 Reynolds Avenue		
City:	Parsippany	State:	NJ ZIP: 07054
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		130	130	4491700	
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		130	130		

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"/>	

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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)	4,763	\$3,406,553
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	349	\$0

Report Non-Medicare Days Subject To Assessment

Line 3 Private Patient Days	1,921	\$660,095
Line 4 Medicaid (Except Therapeutic and Bedhold)	30,460	\$8,096,765
Line 5 Respite Days	61	\$16,215
Line 6 Other Non-Medicare Days	46	\$153,882
Line 7 Assessed Days and Revenue	32,488	\$ 8,926,956
Line 8 Classification Assessment Rate	\$ 14.67	
Line 9 Assessment Due	\$ 476,598.96	
Line 10 Penalty and Interest Due	\$ -	
Line 11 Total Amount Due	\$ 476,598.96	

[Index](#)

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NPI:	1174707475		
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)	4,763	\$3,406,553
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[Index](#)

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NPI:	1174707475		
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 Operations VI 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
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Provider Name:	200 Reynolds Avenue Operations LLC dba Troy Hills Center		
Medicaid Provider Number	0	Medicare Provider Number	31-5138
NPI:	1174707475		
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)	37,251	13,596,615	37,600	257	146.3035019	432.183908	244	80		7		7	87
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)		13,596,615	37,600	257	146	432	244	80	0	7	0	7	87

[Index](#)

State of New Jersey Department of Human Services Nursing Facility Cost Report	
Provider Name:	200 Reynolds Avenue Operations LLC dba Troy Hill Center
Medicare Provider ID:	31-5138
NPI:	4114707475
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	131,055	4,002,778		450,575	4,453,353			4,453,353	
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	131,055	4,002,778		450,575	4,453,353			4,453,353	
B. Routine Patient Care Costs - Not Directly Reported										
11	Routine Medical Supplies				136,218	136,218			136,218	
12	OTC Drugs				16,728	16,728			16,728	
13	Enteral Feeding (Product and Supplies)				2,044	2,044			2,044	
14	Incontinency Products				55,570	55,570			55,570	
15	Total Patient Care Costs - Not Directly Reported				210,560	210,560			210,560	
C. Patient Ancillary Costs										
16	Radiology				21,470	21,470			21,470	
17	Laboratory				23,565	23,565			23,565	
18	Intravenous Therapy				13,561	13,561			13,561	
19	Oxygen Therapy				18,200	18,200			18,200	
20	Physical Therapy	6,800.00			808	327,854			327,854	
21	Occupational Therapy	4,057.00			916	246,935			246,935	
22	Speech Therapy	3,535.00			206,916	206,916			206,916	
23	Electrocardiography									
24	Medical Supplies Charged to Patients									
25	Prescription Drugs (not OTC)				176,356	176,356			176,356	
26	Pharmacy Non-Formulary									
27	Support Surfaces				25,677	25,677			25,677	
28	Ambulance				22,199	22,199			22,199	
29	Dental									
30	Physicians				23,001	23,001			23,001	
31	Other - Patient Ancillary Costs				193	193			193	
32	Total Patient Ancillary Costs	14,392.00			779,481	326,546	1,106,027		1,106,027	
D. Nursing Administration										
33	Director of Nursing, ADDN, Supervisors	6,744.00	234,883	197,250		432,133			432,133	
34	Inservice Education	8.00	369			369			369	
35	MDS Coordinator									
36	Staffing Coordinator	76.77	1,658			1,658			1,658	
37	Infection Control									
38	Medical Records/EMR	1,726.30	32,844			34,975			67,819	
39	Nursing License Fees									
40	Other - Nursing Administration	598.50	16,536			127,630			144,166	
41	Total Nursing Administration	9,153.57	286,289	197,250		162,605			646,144	
E. Workforce Related Costs - Patient Care										
42	Direct Patient Care Recruitment					70,434			70,434	
43	Direct Patient Care Retention									
44	Total Workforce Related Costs - Patient Care					70,434			70,434	
G. Patient Support Services										
45	Food (including supplements)					228,509			228,509	
46	Dietary Department					776,107			776,107	
47	Laundry Department					171,470			171,470	
48	Housekeeping Department					322,020			322,020	
49	Social Services	3,608.00	179,937			27,683			157,620	
50	Patient Activities	6,057.41	125,927			6,337			132,264	
51	Medical Director	460.00				39,125			39,125	
52	Pharmacy Consultant					(1,907)			(1,907)	
53	Auto Leasing and Depreciation - Direct Patient Care									
54	Other Auto Expense - Direct Patient Care									
55	Other - Patient Support Services					87,758			87,758	
56	Total Patient Support Services	10,125	255,864		3,308,722	399,115	1,963,701		1,963,701	
H. Property Operating Costs										
57	Maintenance	3,998.88	112,460			117,937			230,397	
58	Security					3,573			3,573	
59	Utilities (including telephone and cable services)					354,078			354,078	
60	Real Estate Tax					163,534			163,534	
61	Property Insurance					46,679			46,679	
62	Total Property Operating Costs	3,999	112,460			685,801			798,261	
I. Administrative & Operating Costs										
63	Administrator	2,176.00				165,976			165,976	
64	Assistant Administrator									
65	Other Executive Staff									
66	Office Staff	15,097.98	457,203			457,203			457,203	
67	Management Fees					524,780	113,820	(4,180)	634,420	
68	Office Supplies and Expenses					18,180			18,180	
69	Insurance not Related to Property or Employees					159,055			159,055	
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									
78	Travel Expenses									
79	Non-Capital Related Interest Expense									
80	Other A&O costs					236,833			236,833	
81	Total Administrative & General	17,274	457,203	165,976		939,176	1,562,355	113,820	(4,180)	1,671,995
J. Provider Tax (NHA 100)										
82	Provider Tax (NHA 100)					453,362			453,362	
K. Workforce Related Costs - Other										
83	Patient Support & Other Recruitment					1,560			1,560	
84	Patient Support & Other Retention									
85	Professional Training					5,738			5,738	
86	Licensing and Dues					13,335			13,335	
87	Total Workforce Related Costs - Other					20,633			20,633	
L. Fringe Benefits for Non-Management Employees										
88	Payroll Taxes					387,891			387,891	
89	Workers' Compensation					157,686			157,686	
90	Unemployment					53,937			53,937	
91	Disability Insurance									
92	Medical Insurance					247,056			247,056	
93	Dental Insurance									
94	Union Welfare					7,072			7,072	
95	Vision Insurance									
96	Uniforms									
97	Tuition Assistance									
98	Retirement Benefits					44,740			44,740	
99	Life Insurance									
100	Other - Fringe Benefits									
101	Total Fringe Benefits					898,382			898,382	
M. Property Capital Costs										
102	Depreciation					230,089		33,182	263,271	
103	Mortgage Interest (Allowable Interest)									
104	Rental of Building					1,433,646			1,433,646	
105	Rental of Equipment					39,572			39,572	
106	Total Property Capital Costs					1,703,307		33,182	1,736,489	
N. Non-Routine/Non-Allowable Costs										
107	Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)				8,467	811,674			820,141	
Total		185,999.11	5,114,594	363,226	2,547,245	6,681,595	14,706,660	147,002	(4,180)	14,849,482

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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)	32,272.10	\$1,636,519	1,157.67	\$86,923
Licensed Practitioner Nurses (LPN)	16,987.65	\$601,612	4,624.33	\$287,332
Certified Nursing Assistants (CNA)	73,955.23	\$1,764,647	2,058.29	\$76,320
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	123,214.98	\$4,002,778	7,840.29	\$450,575
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	872	70,147
Mary Kalman	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		70,147

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

Director of Nursing			33
Name	Salary	152	10,027
Bila Aishlinn	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		10,027

Assistant Director of Nursing			33
Name	Salary	1,192	63,338
Adriene Green	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		63,338

Other			
Name	Admin	Input Line Number	63
Roy David	Salary	1,000	73,115
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		73,115

Other			
Name	Assoc Admin	Input Line Number	63
Vita Martirano	Salary	304	22,714
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		22,714

Other			
Name	DON	Input Line Number	33
Nancy Umstead	Salary	648	45,336
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		45,336

Other			
Name	DON	Input Line Number	33
Josanne Phillips	Salary	1,024	78,549
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		78,549

TOTAL MANAGERIAL COMPENSATION			\$ 363,226
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NPI:	1174707475		
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					-	
5	Physical Therapy	20			\$ 6,800	\$ 326,546	6,800.00	
6	Occupational Therapy	21			\$ 4,057	\$ 246,019	4,057.00	
7	Speech Therapy	22			\$ 3,535	\$ 206,916	3,535.00	
8	Electro cardiology	23					-	
9	Physicians	30					-	
10	Other - Patient Ancillary Costs	31					-	
11	Total Patient Ancillary Costs		-	\$ -	14,392.00	\$ 779,481	14,392.00	Total
E. Nursing Administration								
12	Director of Nursing, ADON, Supervisors	33	3,728.00	\$ 234,883			3,728.00	
13	Inservice Education	34	8.00	\$ 369			8.00	
14	MDS Coordinator	35					-	
15	Staffing Coordinator	36	76.77	\$ 1,658			76.77	
16	Infection Control	37					-	
17	Medical Records/EMR	38	1,726.30	\$ 32,844			1,726.30	
18	Other - Nursing Administration	40	598.50	\$ 16,536			598.50	
19	Total Nursing Administration		6,137.57	\$ 286,289	-	\$ -	6,137.57	Total
G. Patient Support Services								
20	Dietary Department	46				\$ 776,107	-	
21	Laundry Department	47				\$ 171,470	-	
22	Housekeeping Department	48				\$ 322,020	-	
23	Social Services	49	3,608.00	\$ 129,937			3,608.00	
24	Patient Activities	50	6,057.41	\$ 125,927			6,057.41	
25	Medical Director	51			460.00	\$ 39,125	460.00	
26	Pharmacy Consultant	52					-	
27	Other - Patient Support Services	55					-	
28	Total Patient Support Services		9,665.41	\$ 255,864	460.00	\$ 1,308,722	10,125.41	Total
H. Property Operating Costs								
29	Maintenance	57	3,998.88	\$ 112,460			3,998.88	
30	Security	58					-	
31	Total Property Operating Costs		3,998.88	\$ 112,460	-	\$ -	3,998.88	Total
I. Administrative & Operating Costs								
32	Office Staff	66	15,097.98	\$ 457,203			15,097.98	
33	Total Administrative & General		15,097.98	\$ 457,203	-	\$ -	15,097.98	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				\$ 8,467	-	
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	-	\$ -	-	\$ 8,467	-	Total
Total			34,899.84	\$ 1,111,816	14,852.00	\$ 2,096,670	49,751.84	Total

[Index](#)

Reporting Period:	From:	1/1/2023 To:
Worksheet:	Schedule A-4 Part I - Related Parties	
Provider DBA Name (if any):	200 Reynolds Avenue Operations LLC dba Troy Hills Center	
Tax ID/EIN:	26-0865155	

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:	200 Reynolds Avenue Operations LLC dba Troy Hills Center		
Medicare Provider ID:	31-5138		
NPI:	1174707475		
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	\$ 11,142
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.	\$ 226,600
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	\$ 573,932
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	Non-Allowable Other Costs	\$ 811,674

[Index](#)

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

Provider Name:	200 Reynolds Avenue Operations LLC dba Troy Hills Center		
Medicare Provider ID:	31-5138		
NPI:	1174707475		
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	\$134,397.00			\$0.00		\$134,397.00		\$12,452.00		\$12,452.00
Buildings and Fixtures	\$3,972,631.00			\$0.00		\$3,972,631.00				\$0.00
Building Improvements	\$1,527,506.00			\$0.00		\$1,527,506.00		\$134,707.00		\$134,707.00
Fixed Equipment	\$180,333.00			\$0.00		\$180,333.00		\$6,543.00		\$6,543.00
Major Moveable Equipment	\$748,063.00			\$0.00		\$748,063.00		\$76,387.00		\$76,387.00
Other				\$0.00						\$0.00
Total	#####	\$0.00	\$0.00	\$0.00	\$0.00	\$6,562,930.00	\$0.00	\$230,089.00	\$0.00	\$230,089.00

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.

[Index](#)

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

Provider Name:	200 Reynolds Avenue Operations LLC dba Troy Hills Center		
Medicare Provider ID:	31-5138		
NPI:	1174707475		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-7 - Depreciation Schedule		

Asset Name/Description	Capitalized Costs	Estimated Salvage Value	Weighted Average Estimated Useful Life (Years)	Prior Period Accumulated Depreciation	Prior Period Impairment	Period Depreciation	Asset Group Carrying Value
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Buildings:							
Nursing Facilities						\$ -	\$ -
Administrative Facilities						\$ -	\$ -
Multi-purpose Facilities						\$ -	\$ -
Land Improvements	\$ 134,397	\$ -	10.6519	\$ 59,156		\$ 12,617	\$ 62,624
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -
Other:							
Building Improv	\$ 1,527,506	\$ -	11.42339	\$ 691,421		\$ 133,717	\$ 702,367
Fixed Equipment	\$ 123,580	\$ -	18.888	\$ 90,381		\$ 6,543	\$ 26,657
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Buildings						\$ 152,877	

Equipment:							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 748,063	\$ -	15.1849	\$ 499,986		\$ 49,264	\$ 198,813
Computer Equipment	\$ 39,500	\$ -	30.043	\$ 17,750		\$ 1,315	\$ 20,436
Telephone and Communication Equipment	\$ 17,253	\$ -	17.5178	\$ 13,054		\$ 985	\$ 3,214
Maintenance and Custodial Equipment						\$ -	\$ -
Other:							
Depreciation accelerated	\$ 30,444	\$ -	1			\$ 30,444	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
Total Period Depreciation - Equipment						\$ 82,007	

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:	200 Reynolds Avenue Operations LLC dba Troy Hills Center		
Medicare Provider ID:	31-5138		
NPI:	1174707475		
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	\$ 16,617,391	\$ 16,617,391	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 660,095	\$ 660,095	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 12,458,024	\$ 12,458,024	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicare Routine Patient Revenue	\$ 2,618,665	\$ 2,618,665	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Patient Revenue	\$ 190,935	\$ 190,935	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospice Days Revenue	\$ 663,394	\$ 663,394	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Respite Days Revenue	\$ 26,277	\$ 26,277	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Ancillary Patient Revenue	\$ 2,635,632	\$ 2,635,632	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Less Contractual Allowance	\$ (6,919,515)	\$ (6,919,515)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ 12,333,509	\$ 12,333,509	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsettable Revenue

Meals Served to Non-Patients												
Interest Revenue	4,180											67
Rebates of Expenses												
Purchase Discounts												
Property Rentals												
Fringe Benefits												
Supplies Sold to Non-Patients												
Services Sold to Non-Patients												
Income from laundry and linen service received from patients												
Retroactive payments for non-formulary pharmacy transactions												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												
Other:												

B. Other Non-Patient Revenue

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

Total Revenue	\$12,337,688.79	\$12,333,508.79	\$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:	200 Reynolds Animal Operations LLC -85a Two 10th Center			
Medicare Provider ID:	31-51138			
NPI:	1176701413			
Reporting Period:	From:	01/2023	To:	12/31/2023
Worksheet:	Schedule B - Leases 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: RESIDENC	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	200 Reynolds Avenue	Parvaneh	07054	NA	Operating lease	Mohini	200 W. 3100 Street	New York	10029	313,781,000	46,000.00	-	46,000.00	100%																							
2																																					
3																																					
4																																					
5																																					
6																																					
7																																					
8																																					
9																																					
10																																					
TOTAL											46,000.00	-	46,000.00	100%																							
Source: Assessor's record in Schedule B											46,000.00	-	46,000.00	100%																							

Lease Contracts
 Attach current copies of all lease contracts identified in section A above

