		Department of			
Provider Name:	390 Red School		ity Cost Report		
Medicare Provider ID:	31-5202	Lane Operation	<u> </u>	cong center	
NPI:	1265616551				
Reporting Period:	From:	01/01/2023	To:	12/31/2023	
Worksheet:	Schedule S - Atte	estation			

A. Attest	ation					
I,	Orrin Jaroslawicz ,			NJ Fir	nance	
	(Name)			(Administr	ative Title)	
of	390 Red School Lar	ne Op	erations LLC db	oa Lopatcong Cent	er	
		(N	ame of Facility)			
	Phillipsburg ,,	N	IJ	do certify that I	have examine	ed the
	(City/Town)	(Sta	ate)			
attached	report for the cost report period beginning			01/01/23 ar	nd ending	12/31/2023
and to th	e best of my knowledge and belief, it is a true and	l corre	ect statement o	of the information	required.	
					[	
	Signature of Authorized Representative	of Fac	ility			Date (mm/dd/yyyy)
	NJ Finance					
	Title					

		State of New Jers	ey		
		Department of Human	Services		
		Nursing Facility Cost I	Report		
Provider Name:	390 Red School Lane Operations LLC	dba Lopatcong Center			
Medicaid Provider Number	4506502		Medicare Provide	r Number 31-5202	
NPI:	1265616551				
Reporting Period:	From:	1/1/2023	To:	12/31/2023	
Worksheet:	Schedule S-1 - Facility Information				

A. General Facility Information						
Medicaid NF Provider Number	4506	502		NPI Number:	1265616551	
Medicaid SCNF - AIDS Provider Number						-
Medicaid SCNF - BMGT Provider Number						
Mediciad 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	31-5	202				
Department of Health License Number	0621	105				
Cost Report Period	From:	1/1/2023	To:	12/31/2023	Date Completed:	
Facility Name as Shown on Certification		390 Re	ed School Lane Operations LL	C dba Lopatcong Center		

Street Address:		390 Red School La	ane		
City:	Phillipsburg	State:	NJ	ZIP:	8865
Contact Person:	Rick Fink	Phone:	410-494-7657	Ext:	
Contact Person Email:	rick.fink@genesishcc.com	Fax:	410-337-6831	Ext:	

Address:		101 East State St	reet		
City:	Kennett Square	State:	PA	ZIP:	19348
D. Home Office / Management Company					

D. Home Office / Management Company					
Home Office / Management Company Name:		Genesis Health	care		
Address:		101 East State S	itreet		
City:	Kennett Square	State:	PA	ZIP:	19348

Jey: State: ZIP:						
perator(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.		-1			V/N	
perator Name:	as the provider changed ownership immediate	ely prior to the beginning or the cost reporting	period?		Y/N	: NO
pleastor Name:	Inerator(s)Provide names and addresses of a	ny parson who directly or indirectly haneficial	y owns any interest in the huidling on which the provider is lo	habean as new transparent tower as needed		
State: ZIP:		my person who directly of indirectly, beneficial	y owns any interest in the building on which the provider is to	ated. Add subsequent rows as needed.		
Departant Name:  Departant Name:  Departant Name:  Departant Name:  Dity:  State:  Dity:  State:  Dity:  Departant Name:  Dity:  State:  Dity:  State:  Dity:  State:  Dity:  Departant Name:  Dity:  Departant Name:  Dity:  State:  Dity:  Departant Name:  Dity:  State:  Dity:  Departant Name:  Dity:  Departant Name:  Dity:  Departant Name:  Dity:  State:  Dity:  Departant Name:  Dity: Departant Name:  Dity: Depar						
Departed Name:    Departed Name:			99	to:	7ID:	
Address:	city.		30	te.	ZIF.	
Address:	Onerator Name:					
Devertish—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 hand 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.    Commer Name:						
Devent(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 bar 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.    Downer Name:			St	te:	7IP:	
Sare 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.					<del></del>	
Sare 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(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	rust, or other obligations secured in whole	or	
Name:   Name						
Address:   State:   ZIP:		,				
City: State: ZIP:						
Downer Name:    Address:   State:   ZIP:			St.	te:	7IP:	
Address:					<del></del>	
Address:	Owner Name:					
Ester   ZIP:						
Lessor (s)/Lesses (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 sessor Name:			St.	te:	7IP:	
he facility is located. Add subsequent rows as needed.  sessor Name:  didress:  lity:  State:  State:  ZIP:  State						
essee Name:  ddress:  totage or Security Interest — All entities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be reported.  Intity wit Mortgage or Security Interest Name:  ddress:  Intity wit Mortgage or Security Interest Name:  Intity wit Mortgage or S			s any interest as a lessor or lessee in any lease or sublease of	ne land on which or the building in which		
Lessee Name:  Address:  Lity:  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:  Lity:  State:  ZIP:  ZIP:  Intity wit Mortgage or Security Interest Name:  Lity:  State:  ZIP:  ZIP:  Partnership-All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.  Partner Name:  deddress:  Lity:  Description:  State:  ZIP:	the facility is located. Add subsequent rows as n		s any interest as a lessor or lessee in any lease or sublease of t	ne land on which or the building in which		
Montgage or Security Interest - All entities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be reported.  Montgage or Security Interest Name:  Address:  City:  State:  ZIP:  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:			s any interest as a lessor or lessee in any lease or sublease of t	ne land on which or the building in which		
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.  Intitly with Mortgage or Security Interest Name:  Address:  Entity with Mortgage or Security Interest Name:  City:  State:  ZIP:  ZIP:  Partnership-All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.  Partnership-All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.	the facility is located. Add subsequent rows as n Lessor Name: Address:			-	ZIP:	
City: State: ZIP: ZIP: State: ZIP: State: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP: ZIP	the facility is located. Add subsequent rows as n Lessor Name: Address:			-	ZIP:	
Montgage or Security Interest - All entities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be reported.  Montgage or Security Interest Name:  Address:  City:  State:  ZIP:  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:	the facility is located. Add subsequent rows as n Lessor Name: Address: City: Lessee Name:			-	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:	the facility is located. Add subsequent rows as n Lessor Name: Address: City: Lessee Name:			-		
Entity wit Mortgage or Security Interest Name:  dddress:  Entity wit Mortgage or Security Interest Name:  State:  ZIP:  Entity wit Mortgage or Security Interest Name:  State:  ZIP:  Partnership-Ali general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.  Partner Name:  dddress:	the facility is located. Add subsequent rows as n essor Name: Address: City: Lessee Name: Address:		St	te:		
Address:  City:  State:  ZIP:  ZIP:  State:  State:  ZIP:  State:  State:  State:  State:  ZIP:  State:  State: State: State: State: State: State: State: State: State: State: State: State: State: St	the facility is located. Add subsequent rows as n essor Name: address: City: Lessee Name: address: City:	needed.	St St	te:		
Entity wit Mortgage or Security Interest Name:  Address:  State:  ZIP:  Address:  ZIP:  ZI	the facility is located. Add subsequent rows as n essor Name: address: City: Lessee Name: address: City:	needed.	St St	te:		
Entity wit Mortgage or Security Interest Name:  dddress:  City:  State:  ZIP:  Partnership-All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.  Partner Name:  dddress:	the facility is located. Add subsequent rows as n Lessor Name: Address: City: Lessee Name: Address: City: Mortgage or Security Interest All entities with	neded.	St St	te:		
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:	the facility is located. Add subsequent rows as n Lessor Name: Address: City: Lessee Name: Address: City: City: City: Mortgage or Security Interest All entities with Entity wit Mortgage or Security Interest Name:	neded.	St St	te:	ZIP:	
Address:    State: ZIP:	he facility is located. Add subsequent rows as n essor Name: Address: Lity: essee Name: Address: Lity: Mortgage or Security Interest — All entities with nitty wit Mortgage or Security Interest Name: Address:	neded.	St  St r security interest in the provider must be reported.	te:	ZIP:	
City: State: ZIP:  Partnership-All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.  Partner Name:  dardress:	the facility is located. Add subsequent rows as n Lessor Name: Address: City: Lessee Name: Address: City: Mortgage or Security Interest — All entities with Entity wit Mortgage or Security Interest Name: Address:	neded.	St  St r security interest in the provider must be reported.	te:	ZIP:	
Partnership—All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.  Partner Name:  dddress:	he facility is located. Add subsequent rows as n essor Name: Address: Lity: essee Name: Address: Lity: Wortgage or Security Interest - All entities with inity with Mortgage or Security Interest Name: Address:	nat least a 5% mortgage, deed of trust, or othe	St  St r security interest in the provider must be reported.	te:	ZIP:	
Partner Name: Address: Second Sec	the facility is located. Add subsequent rows as n tessor Name: Address: City: Lessee Name: Address: Lity: Wortgage or Security Interest All entities with Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address:	nat least a 5% mortgage, deed of trust, or othe	St  St r security interest in the provider must be reported.	te:	ZIP:	
Partner Name: Address: Section 1.	the facility is located. Add subsequent rows as n lessor Name: Address: Lity:	nat least a 5% mortgage, deed of trust, or othe	St  St  St  St	te:	ZIP: ZIP:	
Address:	the facility is located. Add subsequent rows as n lessor Name: Address: Lity:	n at least a 5% mortgage, deed of trust, or othe	St  St  St  St  St	te:	ZIP: ZIP:	
	the facility is located. Add subsequent rows as n lessor Name: Address: Lity:	n at least a 5% mortgage, deed of trust, or othe	St  St  St  St  St	te:	ZIP: ZIP:	
	he facility is located. Add subsequent rows as nessor Name: Address: Lity:  essee Name: Address: Lity:  Mortgage or Security Interest — All entities with Litty with Mortgage or Security Interest Name: Address: Lity:	n at least a 5% mortgage, deed of trust, or othe	St  St  St  St  St	te:	ZIP: ZIP:	
	the facility is located. Add subsequent rows as n tessor Name: Address: City: Lessee Name: Address: City: Wortgage or Security Interest All entities with Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Entity wit Mortgage or Security Interest Name: Address: City: Partnership-All general partnership interests— Partnership-All general partnership interest— Partnership interest— Partnership interest— Partnership interest— Partnership interest— Partnership inter	n at least a 5% mortgage, deed of trust, or othe	St  St  St  St  St	te:	ZIP: ZIP:	

artner Na	ime:							
ddress:								
lity:					State:		ZIP:	
Type of	Facility (Place an "X" in all that apply)							
								1
	Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid	Provider Number	Facility Certification Date	
Х	Nursing Facility		153	153	4	1506502		
	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 (Specfiy):							
	Total	-	153	153				

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

	State of New Jersey				
	Department of Human Se				
Provider Name:	Number Facility Cost Re 390 Red School Lane Operations	part			
Medicald Provider Number	4506502		Medicare Provider Number	31-5202	
NP:	1265606551				
Reporting Period:	From:	1/1/2023		Tec	12/31/2023
	Schedule S-2 - Nursing Facility Days				
Worksheet:	Detail				

	Detail						l .																					
	Detail						1																					
	January 20	223	Februa	nv 2023	- N	March 2023	April 2022		May 2023		June 2023	July 2023		Aurust 2023	Sec	otember 2023	Octobe	er 2023	Nov	ember 2023	Decen	nber 2023				Fiscal Year Total		
Nursing Facility			Days by Payor -(Private	Days by Payor - See	emi- (Private	Days by Payor - Semi	(Private Days b	y Payor - Semi- (Pi	livate Days by Payor	Semi- (Private	Days by Payor - Semi-	(Private Days by Pay	r - Semi (Pri	ste Days by Payor - Sen	i- (Private	Days by Payor - Semi-	(Private Da	tays by Payor - Semi-	(Private	Days by Payor - Semi-	(Private	Days by Payor - Semi	(Private	Days by Payor - Sen	Revenue for Days			Revenue + Ancillary
	Days by Payor - [Private Rooms]	Private Red Rooms)	Rooms)	Private Red Room	ns) Rooms)	Private Red Rooms)	Rooms) Privat	e Bed Rooms) Ro	oms) Private Red Ro		Private Red Rooms)	Rooms) Private Red	Rooms) Roo				Rooms) Pr	rivate Bed Rooms)	Rooms)	Private Bed Rooms)	Rooms)	Private Red Rooms)	Rooms)	Private Red Rooms)				- Contractual Allo
1 Medicald (Sum Lines 2 and 2)	21	4 186		27 1.7	719 22	26 1.980	261	1.093		2.000 2	1 1.955	229	2.177	271 2.26		24 2.182	280	2,304	240	2.429	259	2.291	2.061	25.120				
2 New Jersey (Sum 2.05 through 2.05)	21	4 1,84	2 2	27 1,7	719 22	26 1,980	261	1,893	279	2,000 21	1 1,955	229	2,177	271 2,26	4 27	74 2,182	290	2,304	240	2,419	259	2,391	3,061	25,120			-\$5,425,340.60 \$	\$ 7,
2.01 Routine Fee For Service		2	1		19	31		30	_	101	124	31	199	20 23	5 6	60 288	31	245	30	357	31	300	213	1,960			\$ (418,252) \$	-
2.02 Ni FamilyCare	21	4 179	5 2	27 16	572 22	26 1,888	261	1.922	229	1.825 2	1,755	248	1,854	241 1.86	4 2	14 1769	249	1.966	210	1,990	228	1.993	2,549	22.150		S 47,777 S	S (4.812.302) S	5 (
2.03 Hospice 2.04 Respite State Walver Program)		9	4		28	61		60	_	74	72		94	14	4	125	_	93		82	_	98		99	S 444,108		(190,167) \$ (4,610) \$	•
2.05 Respos pass Waver Program; 2.05 Therapeutic Dava Sellow Seneficiary 24 Day Annual									_		- 4		_		4								- 0		5 10,788	2 40 2	(4,619) 5	-
2.05 Pending Medicaid Days										_			_	_	_											_		-
Z.Ob Pending Medicald Lays																											,	,
3 Medicald Out of State (Sum Lines 3.01 through 3.03)			Α.	0	0	٥ .					0 0	Α.		٥	0	Δ Δ								-				,
3.01 Routine Fee For Service			*		-	•	-	-	-	-	0	-	-	-		9	-			,	-		- 0		-			-
3.02 Managed Care																							- 0	-		-		ŧ .
3.03 Hospice																								-				
																									_	_		
4 Private Pay and Third-Party Insurance	2	1 22	1	28 2	234 3	21 215	20	233	21	469	2 429	21	250	21 26	4 3	20 247	- 44	274	60	268	47	276	426	167	5 1,721,419			5
5 Medicare (Sum S.01 through S.03)	6	1 95	1	11 7	719 5	53 710	9	596		504	6 527	0	530	0 52	5 3	29 447	32	726	57	695	50	699	221	7,640		\$ 2,126,797 \$		
5.02 Part A Fee for Service (Full Payment & Co. Ins David	6	1 78	8	11 2	556 5	S) 471	9	418		250	.6 362		429	27	1 3	22 240	32	509	52	457	22	441	289	5.392		5 2222.941 5	(1.448.27E) \$	
5.02 Part C (Medicare Managed Care)		16	3		563	225		178		154	175		101	15	4 :	17 207		227	5	238	17	258	29	2,251	\$ 1,199,963	\$ 902,856 \$	\$ (585,327) \$	\$
5.03 Institutional Special Needs Plans (1-SNPs)													_				_				_			+	-	$\rightarrow$		<u>.                                    </u>
Medicald days transitioned to Medicare by the 202																								1		(	/ .	
5.04 public health emergency 1135 waiver 5.05 Part & See for Service Mounting Days					_				_	_			_	_	_		_								-			,
5.05 Part A Fee for Service Hospice Days																									-	_		4
6 Tricam and CHAMPUS																							_		_	-		_
7 Other Governmenal Payors					22								- 13										- 0		-	-	- ;	<del>-</del>
Il Charity Care		_	-		**																		- 0			$\overline{}$	- 6	-
9 All Other Days not listed above													10	2	1	22							-		\$ 259,405	S 87,068 S	28.531) \$	š
																									_			_
Bed Holds and Non-Reimbursable Therapeutic Leave (Sum of Lines																								361				
10.01 through 10.07)		0 2	*		44	9 44	1 "	- 29		**	0 1/	9	40	0 2	4	9 5		44		1 1		12		100	1, .,	's -ls	-   s	\$
10.01 Medicald NJ Red Holds		2	9		66	22		29		28	27		40	2	2	25		22		1		12		1 ar				5
10.02 Ni Medicaid/Ni FamilyCare Therapeutic Days Over																							0					\$
10.03 Medicald Out of State Red Holds																											- 3	5
10.04 Private Pay Sed Holds																												\$
10.05 All Other Red Holds																							- 0					\$
11 Pre-Elipbility Medical Expenses (PEME)																								_		_		_
11 Pre-Eliribility Medical Expenses (PEME) 12 Total																			-					36.911		\$3,277,728.89	-57.487.474.40 S	5

	State of New Jersey										
Department of Human Services											
Nursing Facility Cost Report											
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center										
Medicaid Provider Number	4506502		Medicare	Provider Number	31-5202						
NPI:	1265616551										
Reporting Period:	From:	1/1/2023	To:	12/31/2023							
Worksheet:	Worksheet: Schedule S-10 - Census										

	N	ursing Facil	ity (S-2)
Name	390 Red Si	thool Lane	Operations LLC
NJ Medicaid Provider ID	4506502		
	1 Bed	2 Beds	Total
eds	12	141	153
		Semi-	
	Private	Private	
ensus (Days)	Days	Days	Total Days
tedicaid/NJ FamilyCare	3,061	24,114	27,175
fedicaid/NJ FamilyCare - Hospice	-	988	988
Medicaid/NJ FamilyCare - Respite	-	24	24
Medicaid/NJ FamilyCare - Therapeutic	-	-	
ending Medicaid Days	-	-	-
re-Eligibility Medical Expenses (PEME)	-	-	
ut of State Medicaid	-	-	-
Out of State Medicaid - Hospice	-	-	
Medicare	328	7,649	7,977
ricare	-	-	-
Private	426	3,643	4,069
ther	-	132	132
otal Patient Days for Per Day Cost	3,815	36,550	40,365
Medicaid Bed Holds	-	365	365
edicaid Unreimburable Therapeutic Leave	-		-
ivate Bed Holds	-	-	-
II Other Bed Holds	-	-	-
otal Patient Days Including Bed Hold	3,815	36,915	40,730
Maximum Bed Days Available	4,380	51.465	55.845

						Department Nursing Fa	cility Cost I	Services							
Provider Name:				Lane Oper	rations LLC	dba Lopatcong Ce									
Medicaid Provider Number			4506502			Medicare Provid	er Number		31-5202						
IPI:			1265616551												
Reporting Period:			From:	1/1/2023	To:	12/31/2023									
Worksheet:			Schedule S-10	Census											
A. Nursing Facility Census Report in-house days, b				days.								1			
Name	SC	NF - TBI/Co	ma (S-6)		SC	NF - Ventilator (	-7)		SCNF -	Young Adu	It (S-8)		Behavioral H	ealth Nursii	ng Facility (S-9)
NJ Medicaid Provider ID															
		Semi-		l						Semi-		ı		Semi-	
	Private	Private	Total		Private	Semi-Private	Total		Private	Private	Total		Private	Private	Total
Beds	riivate	riivate	I Otal	ı	riivate	Jenn-Private	Total		riivate	riivate	Iotai	1	riivate	riivate	iotai
eus		Semi-	-	ı			-			Semi-		1		Semi-	
	Private	Private			Private	Semi-Private	Total		Private	Private	Total			Private	
ensus (Days)	Davs	Davs	Total Days		Davs	Days	Davs		Days	Davs	Davs		Private Days	Days	Total Days
ledicaid/NJ FamilyCare	Duys	- Duys	- Iourbays	1	Days	- Duya	Duys		Duys .	Duys	Duys	1	-	- Duys	Total Days
Medicaid/NJ FamilyCare - Hospice		-	-						-		-	1		-	_
Medicaid/NJ FamilyCare - Respite	-	-			-		-		-	-	-	1	-	-	-
// Medicaid/NJ FamilyCare - Therapeutic	-				-		-			-		1	-		-
ending Medicaid Days			-			-	-		-	-	-	1	-		-
re-Eligibility Medical Expenses (PEME)	-	-	-		-	-	-		-	-	-	1	-	-	-
Out of State Medicaid	-	-	-		-	-	-		-	-	-	1	-	-	-
Out of State Medicaid - Hospice	-	-	-		-	-	-		-	-	-	1	-	-	-
Medicare	-	-	-		-	-	-		-	-	-	1	-	-	-
ricare	-	-	-		-	-	-		-	-	-	1	-	-	-
rivate	-	-	-		-	-	-		-	-	-	1	-	-	-
ther	-	-	-		-	-	-		-	-	-	1	-	-	-
otal Patient Days for Per Day Cost					-							1			-
ledicaid Bed Holds			-			-	-		-	-	-	1	-		-
Medicaid Unreimburable Therapeutic Leave	-	-	-		-	-	-		-	-	-	1	-		-
rivate Bed Holds			-			-	-		-	-	-	1	-		-
III Other Bed Holds	-	-	-		-	-	-		-	-	-	1	-		-
												1			
otal Patient Days Including Bed Hold		-			-		-					l			

State of New Jersey  Department of Human Services  Nursing Facility Cost Report								
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center							
Medicaid Provider Number	4506502		Medicare I	Provider Number	31-5202			
NPI:	1265616551							
Reporting Period:	From:	1/1/2023	To:	12/31/2023				
Worksheet:	Norksheet: Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)							

Facilities	Long-Term Care Reporting Classification is:		
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	Number of Patient Days 7,977	Related Revenue Received Or Accrued Whole Dollars \$5,272,228
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	365	\$0
	Report Non-Medicare Days Subject To Assessme	ent	
Line 3	Private Patient Days	4,069	\$1,721,419
Line 4	Medicaid (Except Therapeutic and Bedhold)	28,163	\$7,292,414
Line 5	Respite Days	24	\$6,214
Line 6	Other Non-Medicare Days	132	\$317,942
Line 7	Assessed Days and Revenue	32,388	\$ 9,337,990
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 475,131.96	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 475,131.96	

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State of New Jersey  Department of Human Services  Nursing Facility Cost Report								
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center							
Medicaid Provider Number	4506502		Medicare I	Provider Number	31-5202			
NPI:	1265616551							
Reporting Period:	From:	1/1/2023	To:	12/31/2023				
Worksheet:	Norksheet: Schedule S-11 Part II - Nursing Home Assessment Information per Submitted NHA-100 - Nursing Facility							

Facilities	Long-Term Care Reporting Classification is:		
		Number of	Related Revenue Received Or Accrued
		Patient Days	Whole Dollars
Line 1	Medicare Days (For Information Purposes Only - Not Subject to Assessment)	7,977	\$5,272,228
Line 2	Medicaid Therapeutic and Medicaid Bed Hold Days	365	\$0
	Report Non-Medicare Days Subject To Assessme	nt	
Line 3	Private Patient Days	4,069	\$1,721,419
Line 4	Medicaid (Except Therapeutic and Bedhold)	28,163	\$7,292,414
Line 5	Respite Days	24	\$6,214
Line 6	Other Non-Medicare Days	132	\$317,942
Line 7	Assessed Days and Revenue	32,388	\$ 9,337,990
Line 8	Classification Assessment Rate	\$ 14.67	
Line 9	Assessment Due	\$ 475,131.96	
Line 10	Penalty and Interest Due	\$ -	
Line 11	Total Amount Due	\$ 475,131.96	

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		partment of Human Services Nursing Facility Cost Report						
Provider Name: Medicare Provider ID:		ane Operations LLC dba Lopatco	ng Center					
VPI:	31-5202 1265616551							
Reporting Period:	From:	1/1/2023 To:	12/31/2023					
Worksheet:	Schedule S-12 - A	dditional Information						
A. Associated Individu	als							
n any of the following response to any of the Any person who own:	items is a partnership, included following items is a limited less or operates a related party	iciated individuals with the facili de the name and address of eac iability company, include the na to the facility or who is a princ ity. Add subsequent rows as ne	h partner. If any corp me and address of e ipal, a member of t	poration nam each member	ed in			
Name:								
Address:								
City:		State:		ZIP:				
Name:								
Address:								
City:		State:		ZIP:				
Name:								
Address:								
City:		State:		ZIP:				
		or more in a private equity fun	d that is invested in	the NF.				
Add subsequent rows	as needed.							
Address:								
City:		State:		ZIP:				
Mamai								
Name: Address:								
City:		State:		ZIP:				
Add subsequent rows Name: Address:								
City:		State:		ZIP:				
Name:								
Address:								
City:		State:		ZIP:				
-	ctor, principal shareholder a	hich is a bank or S&L, the name and controlling person of said c		principal exe	ecutive			
Address:								
City:		State:		ZIP:				
Name:								
Address:								
City:		State:		ZIP:				
For II Company	droccos of each warming	d subsequent verse						
Name:	uresses of each member. Ad	d subsequent rows as needed.  Genesis Operations	IV LLC					
Name:		GHC Holdings LI						
Name:		Genesis Healthcare	LLC					
Name:		GEN Operations I						
lama.								
	FC-GEN Operations Investment							
Name:		GEN Operations II						
Name: Name: Name:		GEN Operations II FC-GEN Operations Inv SunDance Rehabilitation Sun Healthcare Gro	Holdco Inc. ıp Inc.					
Name: Name: Name: Name:		GEN Operations II FC-GEN Operations Inv SunDance Rehabilitation Sun Healthcare Grot Genesis Healthcare	Holdco Inc. up Inc. e Inc.					
Name: Name: Name: Name: Name:		GEN Operations II FC-GEN Operations In SunDance Rehabilitation Sun Healthcare Groi Genesis Healthcare HCCF Management Gro	Holdco Inc. up Inc. e Inc. up XI LLC					
Name: Name: Name: Name: Name: Name:		GEN Operations II FC-GEN Operations Inv SunDance Rehabilitation Sun Healthcare Grou Genesis Healthcare HCCF Management Gro ZAC Properties XI	Holdco Inc. up Inc. e Inc. up XI LLC					
Name: Name: Name: Name: Name: Name: Name: Name: Name:	Kennett Square	GEN Operations II FC-GEN Operations In SunDance Rehabilitation Sun Healthcare Groi Genesis Healthcare HCCF Management Gro	Holdco Inc. up Inc. e Inc. up XI LLC	ZIP:	1934			
Name: Name: Name: Name: Name: Name: Name: Name: Caddress: City:	Kennett Square	GEN Operations II FC-GEN Operations In SunDance Rehabilitation Sun Healthcare Groi Genesis Healthcare HCCF Management Gro ZAC Properties XI 101 East State Str	Holdco Inc. up Inc. linc. up XI LLC LLC eeet PA	ZIP:	1934			
Name: Name: Name: Name: Name: Name: Name: City:	Kennett Square	GEN Operations II FC-GEN Operations In SunDance Rehabilitation Sun Healthcare Grou Genesis Healthcare HCCF Management Gro ZAC Properties XI 101 East State Str State: Arnold Whitma	Holdco Inc. up Inc. up Inc. up XI LLC LLC eet PA	ZIP:	1934			
Name: Name: Name: Name: Name: Name: Name: City: Name: Name:		GEN Operations III FC-GEN Operations III SunDance Rehabilitation Sun Healthcare Grou Genesis Healthcare HCCF Management Gro ZAC Properties XI 101 East State Str State: Arnold Whitma 3820 Mansell Road St	Holdco Inc.  pp Inc.  e Inc.  pp Inc.  pp Inc.  pp XI LLC  LLC  eet  PA  n  uite 280					
Name: Naddress:	Kennett Square  Alpharetta	GEN Operations II FC-GEN Operations In SunDance Rehabilitation Sun Healthcare Grou Genesis Healthcare HCCF Management Gro ZAC Properties XI 101 East State Str State: Arnold Whitma	Holdco Inc. up Inc. up Inc. up XI LLC LLC eet PA	ZIP:	1934			
Name: Name: Name: Name: Name: Name: Name: Name: Name: Address: City: Name: Name: Name: Name: Name: Name:		GEN Operations II FC-GEN Operations III SunDance Rehabilitation Sun Healthcare Grou Genesis Healthcare HCCF Management Gro ZAC Properties XI 101 East State Str State:  Arnold Whitma 3820 Mansell Road St State:  Steven Fishma	Holdco Inc.  pp Inc.  e Inc.  pp Inc.  pp Inc.  pp Inc.  pp Inc.  pp XI LLC  LLC  eet  PA  n  nite 280  GA					
Name: Name: Name: Name: Name: Name: Name: Name: Address: City: Name: Address: City: Name: Address:	Alpharetta	GEN Operations II FC-GEN Operations IN SunDance Rehabilitation Sun Healthcare Grou Genesis Healthcare HCCF Management Gro ZAC Properties XI 101 East State Str State:  Arnold Whitma 3820 Mansell Road St State:  Steven Fishma 1617 JFK Boulevard St	Holdco Inc.  up Inc. e Inc.  up Inc. e Inc.  up XI LLC  LLC  eet  PA  n  uite 280  GA  n  uite 545	ZIP:	3002			
Name:		GEN Operations II FC-GEN Operations III SunDance Rehabilitation Sun Healthcare Grou Genesis Healthcare HCCF Management Gro ZAC Properties XI 101 East State Str State:  Arnold Whitma 3820 Mansell Road St State:  Steven Fishma	Holdco Inc.  pp Inc.  e Inc.  pp Inc.  pp Inc.  pp Inc.  pp Inc.  pp XI LLC  LLC  eet  PA  n  nite 280  GA					
Name: Name: Name: Name: Name: Name: Name: Name: Name: Address: City: Name: Name: Name: Name: Name: Name:	Alpharetta	GEN Operations II FC-GEN Operations IN SunDance Rehabilitation Sun Healthcare Grou Genesis Healthcare HCCF Management Gro ZAC Properties XI 101 East State Str State:  Arnold Whitma 3820 Mansell Road St State:  Steven Fishma 1617 JFK Boulevard St	Holdco Inc. up Inc. l Inc. l Inc. up Inc. l Inc. up XI LLC LLC eet PA  n GA n uite 545 PA	ZIP:	3002			

Nursing Facility Department of Human Services Nursing Facility Cost Report								
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center							
Medicaid Provider Number	0		Medicare Provider Number	31-5202				
NPI:	1265616551							
Reporting Period:	From:	1/1/2023		To:	12/31/2023			
Worksheet:								

			Bed Days Available		Discharges	(FORM CMS-2540-10)		Admissions	Medicaid Only	Dual Eligible	Medicare Only	& B	Part C (Medicare Advantage)	Total Population
Average Length o	f Stay	(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)	(Column 6)	(Column 7)	(Column 8)	(Column 9)	(Column 10)	(Column 11)	(Column 12)	(Column 13)
1	Nursing Facility (S-2)	40,365	14,733,225	40,730	383	106.3446475	407.3	391	85		15		9	100
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
	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)		14,733,225	40,730	383	106	407	391	85	0	15	0	9	100

viedica	er Name:	390 Red School I	Lane Operations LLC	Nursing Facility Co. dba Lopatcong Cente	t Report					
NPI: Reporti	re Provider ID:	31-5202 1265616551 From:		1/1/2023	To:	12/31/2023				
Vorksh		Schedule A - Tot	al 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 1
1	ect Routine Patient Care Costs Direct Care - Nursing Facility	134,950	\$ 4,207,966		\$ 96,359		\$ 4,304,325	\$ -	\$ -	\$ 4,304,
3	Direct Care - SCNF AIDS Direct Care - SCNF BMGT	-	\$ - \$ -		\$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$
4 5 6	Direct Care - SCNF PEDIATRIC Direct Care - SCNF TBI/COMA Direct Care - SCNF VENTILATOR		\$ - \$ - \$ -		\$ -		\$ -	\$ - \$ -	\$ - \$ -	\$
7	Direct Care - SCNF VENTILATOR  Direct Care - SCNF YOUNG ADULT  Direct Care - Behavioral Health Nursing Facility		\$ - \$ -		\$ -		\$ -	\$ - \$ -	\$ -	\$
9	Direct Care - OTHER SPECIFY  Total Direct Patient Care Costs - Direct Reported	134.950	\$ -		\$ -		\$ -	\$ -	\$ -	\$ 4,304,
	tine Patient Care Costs - Not Directly Reported	134,530	1,207,300		30,333		7 4,304,323	,		1 4,504,
11	Routine Medical Supplies OTC Drugs					\$ 171,868 \$ 27,130	\$ 171,868 \$ 27,130	\$ - \$ -	\$ - \$ -	\$ 171, \$ 27,
13 14	Enteral Feeding (Product and Supplies) Incontinency Products					\$ 1,416 \$ 41,830	\$ 1,416 \$ 41,830	\$ -	\$ - \$ -	\$ 1,
	Total Patient Care Costs - Not Directly Reported ent Ancillary Costs					\$ 242,244	\$ 242,244	\$ -	\$ -	\$ 242,
16	Radiology Laboratory	-	\$ - \$ -		\$ - \$ -	\$ 23,588 \$ 86,429	\$ 23,588 \$ 86,429	\$ - \$ -	\$ - \$ -	\$ 23, \$ 86,
18 19	Intravenous Therapy Oxygen Therapy	71.00	\$ -		\$ -	\$ 17,207 \$ 6,134	\$ 17,207 \$ 9,532	\$ - \$ -	\$ - \$ -	\$ 17,
20 21	Physical Therapy Occupational Therapy	7,494.00 6,276.00			\$ 382,858 \$ 377,465	\$ 2,525	\$ 385,383 \$ 377,465	\$ - \$ -	\$ - \$ -	\$ 385, \$ 377,
22 23	Speech Therapy Electro cardiology	1,641.00	\$ - \$ -		\$ 140,258		\$ 140,258 \$ -	\$ - \$ -	\$ - \$ -	\$ 140, \$
24 25	Medical Supplies Charged to Patients Prescription Drugs (not OTC)					\$ 243,795	\$ - \$ 243,795	\$ - \$ -	\$ - \$ -	\$ 243,
26 27	Pharmacy Non-Formulary Support Surfaces					\$ 10,152	\$ 10,152	\$ - \$ -	\$ - \$ -	\$ 10,
28 29 30	Ambulance Dental Physicians		s -	1	s -	\$ 31,037 \$ 11,421	\$ 31,037 \$ - \$ 11,421	\$ - \$ -	\$ - \$ -	\$ 31, \$ \$ 11,
31 32	Other - Patient Ancillary Costs  Total Patient Ancillary Costs	15,482.00	s -	-	\$ .	\$ 6,303	\$ 6,303	\$ -	\$ -	\$ 6,
. Nur	sing Administration									
33 34	Director of Nursing, ADON, Supervisors Inservice Education	6,439.70 3,352.00		\$ 194,984 \$ -	\$ -		\$ 405,841 \$ 180,043	\$ - \$ -	\$ - \$ -	\$ 405, \$ 180,
35 36	MDS Coordinator Staffing Coordinator	-	\$ -	\$ -	\$ -		\$ - \$ -		\$ - \$ -	\$
37 38 39	Infection Control Medical Records/EMR Nursing License Fees	1,234.23	\$ 23,747	\$ -	\$ -		\$ 23,747	\$ - \$ -	\$ - \$ -	\$ 23,
40 41	Other - Nursing Administration  Total Nursing Administration	6,833.21 17,859.14	\$ 185,766 \$ 600,412	\$ -	\$ -	\$ 94,587 \$ 94,587		\$ -	\$ - \$ -	\$ 280,
	kforce Related Costs - Patient Care	17,033.14	J 000,411	3 134,304	1,5	34,507	3 003,303	- 1		1 000,
42 43	Direct Patient Care Recruitment Direct Patient Care Retention Total Workforce Related Costs - Patient Care					\$ 80,334 \$ 18,179 \$ 98,513	\$ 18,179	s -	\$ - \$ -	\$ 80 \$ 18 \$ 98
Pati	ient Support Services					c 260 507	\$ 260,507	£	s -	\$ 260,
45 46 47	Food (including supplements) Dietary Department Laundry Department	-	\$ - \$ -	\$ -	\$ 755,549 \$ 201,529	\$ 260,507 \$ 29,451 \$ 17,117	\$ 785,000 \$ 218,646	\$ - \$ -	\$ - \$ (1,780)	\$ 785,
48 49	Housekeeping Department Social Services	6,086.54	\$ -	\$ - \$ -	\$ 379,333	\$ 18,956 \$ 244	\$ 398,289 \$ 186,748	\$ -	\$ -	\$ 398, \$ 186,
50 51	Patient Activities Medical Director	9,121.17 834.00	\$ 154,435		\$ -	\$ 5,403	\$ 159,838 \$ 70,911	\$ - \$ -	\$ - \$ -	\$ 159,
52 53	Pharmacy Consultant Auto Leasing and Depreciation - Direct Patient Care	-	\$ -	\$ -	\$ -	\$ 15,422	\$ 15,422 \$ -	\$ - \$ -	\$ - \$ -	\$ 15,
54 55 56	Other Auto Expense - Direct Patient Care Other - Patient Support Services Total Patient Support Services	16,042	\$ -	\$ - \$ -	\$ -	\$ 56,345 \$ 403,445	\$ - \$ 56,345 \$ 2,151,706		\$ - \$ - \$ (1,780)	\$ \$ 56, \$ 2,149,
. Pro	perty Operating Costs  Maintenance	4,219.96	\$ 100,266	\$ -	\$ -	\$ 121,879	\$ 222,145	\$ -	s -	\$ 222,
58 59	Security Utilities (including telephone and cable services)	-	\$ -	s -	\$ -	\$ 379,496	\$ - \$ 379,496	\$ - \$ -	\$ - \$ -	\$ 379,
60 61	Real Estate Tax Property Insurance					\$ 154,279 \$ 49,301	\$ 154,279 \$ 49,301	\$ - \$ -	\$ - \$ -	\$ 154, \$ 49,
62	Total Property Operating Costs inistrative & Operating Costs	4,220	\$ 100,266	\$ -	\$ -	\$ 704,955	\$ 805,221	s -	s -	\$ 805,
	Administrator Assistant Administrator	2,000.00		\$ 157,826			\$ 157,826	\$ -	\$ -	\$ 157
65 66	Other Executive Staff Office Staff	14,085.66	s -	\$ -	\$ -		\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ \$
67 68	Management Fees Office Supplies and Expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				\$ 631,810 \$ 16,774	\$ 631,810 \$ 16,774	\$ 8,298 \$ -	\$ (2,602) \$ -	\$ 637,
69 70	Insurance not Related to Property or Employees Business Taxes					\$ 161,945 \$ 78	\$ 161,945 \$ 78	\$ - \$ -	\$ - \$ -	\$ 161,
71 72	Accounting Fees Legal Fees					\$ 1,125	\$ - \$ 1,125	\$ - \$ -	\$ - \$ -	\$ 1
73 74	Advertising Allowable contributions					\$ 250	\$ - \$ 250	\$ - \$ -	\$ - \$ -	\$
75 76	Allowable Employee Gifts and Party Auto Leasing and Depreciation						\$ - \$ -	\$ - \$ -	\$ -	\$
							\$ -	S -	\$ -	\$
	Other Auto Expenses Travel Expenses						s -	c		e
78 79 80	Travel Expenses Non-Capital Related Interest Expense Other A&O costs	16,086	s -	\$ 157,826	s -	\$ 177,980 \$ 989,962	\$ - \$ - \$ 177,980 \$ 1,147,788	\$ - \$ - \$ 8,298	\$ - \$ - \$ (2,602)	
78 79 80 81	Travel Expenses Non-Capital Related Interest Expense Other A&O costs Total Administrative & General	16,086	s -	\$ 157,826		\$ 989,962	\$ 1,147,788	\$ -		\$ 1,153
78 79 80 81 Prov 82	Travel Expenses  Other ARO Costs  Total Administrative & General  Get Pack (NHA 200)  Provider Tax (NHA 200)  Information (NHA 200)	16,086	\$ -	\$ 157,826		\$ 989,962	\$ 1,147,788	\$ - \$ 8,298	\$ -	\$ 1,153,
78 79 80 81 Prov 82	Travel Expenses Non-Capital Related Interest Expense Other ARO costs Tratel Administrative & General Sera Tast (NIAS 100) Froulder Tast (NIAS 100)	16,086	\$ -	\$ 157,826		\$ 989,962 \$ 453,200 \$ 1,560	\$ 1,147,788 \$ 453,200 \$ 1,560 \$ -	\$ - \$ 8,298		\$ 1,153, \$ 453
78 79 80 81 Prov 82 Wor 83 84 85 86	Travel Expenses  Non-Capital Related interest Expense Other AGO costs  Total Administrative & General  MGS Tax (NHA 100) Provider Tax (NHA 100)  Afforce Related Costs Other  Patient Support & Other Recyulment	16,086	S -	\$ 157,826		\$ 989,962	\$ 1,147,788 \$ 453,200 \$ 1,560 \$ - \$ 19,962 \$ 19,839	\$ - \$ 8,298	\$ - \$ - \$ -	\$ 1,153 \$ 453 \$ 1 \$ 1 \$ 1 \$ 19 \$ 19
78 79 80 81 Prov 82 Woo 83 84 85 86 87	Travel Expenses  Other AGO costs  Other AGO costs  Total Administrative & General  ider Tax (NHA 100)  Provider Tax (NHA 100)  Provider Tax (NHA 100)  Patient Support & Other Recruitment  Total Workplore Related Costs - Other  See Bendfilt for Non Management Employees  Payrol Taxes	16,086	\$ -	\$ 157,826		\$ 989,962 \$ 453,200 \$ 1,560 \$ 19,62 \$ 19,839 \$ 41,361 \$ 429,289	\$ 1,147,788 \$ 453,200 \$ 1,560 \$ - \$ 19,962 \$ 19,963 \$ 41,361 \$ 429,289	\$	\$ - \$ - \$ - \$ - \$ -	\$ 1,153, \$ 453 \$ 1 \$ 1 \$ 1 \$ 19 \$ 19 \$ 41,
78 79 80 81 82 82 83 84 85 86 87 Frin 88 89 90	Travel Expenses  Non-Capilal Related Interest Expense Other ARO Costs Trotal Administrative & General Total Administrative & General Seet 7s (NHA 100)  Morce Related Costs - Other Pervision Tax (NHA 100)  Morce Related Costs - Other Recruitment Patient Support & Other Retention  Licensing and Dues Total Workforce Related Costs - Other Seet According to the Cost - Other Pervision Taxes  Related Costs - Other Related Costs - Other  See Benefits for Non-Management Employees Pervision Taxes  Licensing Related Costs - Other  See Benefits for Non-Management Employees Pervision Taxes	16,086	\$ -	\$ 157,826		\$ 989,962 \$ 1,560 \$ 19,962 \$ 19,839 \$ 41,361	\$ 1,147,788 \$ 453,200 \$ 1,560 \$ - \$ 19,962 \$ 19,839 \$ 41,361	\$ 8,298 \$ -   \$ -	\$ - \$ - \$ - \$ - \$ -	\$ 1,153, \$ 453 \$ 1 \$ 1 \$ 1 \$ 19 \$ 19 \$ 41,
78 79 80 81 82 Wor 83 84 85 86 87 Frin 90 91 92	Travel Expenses  Onter ABO Costs  Total Administrative & General  See Tas (MMA 100)  More Related Costs  Travel Arministrative & General  See Tas (MMA 100)  More Related Costs - Other  Patients Support & Other Recruitment  Patients Support & Other Recruitment  Patients Support & Other Recruitment  Travel Workforce Related Costs - Other  See Benefits for Non-Managament Employees  Payrol Taxes  Workers' Compensation  Unemblyment  Unemblyment  Medical Insurance	16,086	\$ -	\$ 157,826		\$ 989,962 \$ 1,560 \$ 19,962 \$ 19,839 \$ 41,361 \$ 429,289 \$ 129,413	\$ 1,147,788 \$ 453,200 \$ 1,560 \$ 19,862 \$ 19,839 \$ 41,361 \$ 429,289 \$ 129,413	\$ 8,298 \$ -   \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 1,153 \$ 453 \$ 1 \$ 1 \$ 1 \$ 19 \$ 19 \$ 41,
78 79 80 81 82 Wor 83 84 85 86 87 Frin 90 91 92 93 94	Travel Expenses  Non-Capilal Related Interest Expense Other A&O costs Tratel Administrative & General  Total Administrative & General  Total Administrative & General  Travelder Tax (NHA 100)  **Morce Related Costs - Other Patient's Support & Other Recruitment Travell's Support & Other Relation Travell's Support & Other Relation  Workers' Composition Unemployment Unemploy	16,086	\$ -	\$ 157,826		\$ 989,962 \$ 1,560 \$ 19,962 \$ 19,393 \$ 41,361 \$ 429,289 \$ 129,413 \$ 67,567	\$ 1,147,788 \$ 453,200 \$ 1,560 \$ 1,962 \$ 19,962 \$ 19,339 \$ 41,361 \$ 429,289 \$ 129,413 \$ 67,567 \$ 5	\$	\$ - \$ - \$ 5	\$ 1,153 \$ 453 \$ 1 5 \$ 19 \$ 19 \$ 41,0 \$ 129 \$ 129 \$ 129 \$ 154 \$ 129 \$ 154 \$ 129 \$ 154 \$ 154 \$ 155 \$ 154 \$ 155 \$ 155
778 779 80 81 81 82 Wood 83 84 85 86 87 Fring 90 91 92 93 94 95 96	Travel Expenses  Non-Capital Related Interest Expense Other ARO costs Tratel Administrative & General  Total Administrative & General  Total Administrative & General  Morrer Related Costs - Other Provider Tax (NHA 100)  Morrer Related Costs - Other Patients Support & Other Relevation Professional Training Levening and Due Professional Training Levening and Due Related Support & Other Relevation Professional Training Levening and Due Related Support & Other Related Vision Insurance Medical Insurance Medical Insurance Medical Insurance Medical Insurance Usion Insurance Usion Insurance Uniforms Uniforms	15,086		\$ 157,826		\$ 989,962 \$ 1,560 \$ 19,962 \$ 19,839 \$ 41,361 \$ 429,289 \$ 129,413 \$ 67,567 \$ 154,693	\$ 1,147,788 \$ 1,560 \$ 1,560 \$ 1,560 \$ 1,962 \$ 19,962 \$ 19,363 \$ 41,361 \$ 429,289 \$ 129,413 \$ 67,567 \$ 5 5 \$ 154,693 \$ 154,693	\$ 8,298 \$ - \$ \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 1,153 \$ 453 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1
778 779 80 81 82 Work 83 84 85 86 87 Frim 90 91 92 93 94 95 96 97 98	Travel Expenses  Onter ABO Costs  Total Administrative & General  Met Pas (MIAS 00)  Provider Tan (MIAS 00)  More and Ministrative & General  Met Pas (MIAS 00)  More and Ministrative & M	15,086	φ ·	\$ 157,826		\$ 989,962 \$ 1,560 \$ 19,962 \$ 19,839 \$ 41,361 \$ 429,289 \$ 129,413 \$ 67,567 \$ 154,693	\$ 1,147,788 \$ 1,560 \$ 1,560 \$ 1,560 \$ 1,962 \$ 19,962 \$ 19,363 \$ 41,361 \$ 429,289 \$ 129,413 \$ 67,567 \$ 5 5 \$ 154,693 \$ 154,693	\$	\$ - \$ - \$ 5	\$ 1,153 \$ 453 \$ 1 \$ 1 \$ 1 \$ 19 \$ 19 \$ 419 \$ 429 \$ 129 \$ 154 \$ 129 \$ 154 \$ 129 \$ 155 \$ 155 \$ 195 \$
778 779 80 81 82 Wor 82 83 84 85 86 87 90 91 92 93 94 95 96 97 98 99 99	Travel Expenses  Non-Capital Related Interest Expense Other ARO costs Total Administrative & General  Met Park (MMA 500)  More a Related Costs - Other Provider Tark (MMA 500)  More a Related Costs - Other Provider Tark (MMA 500)  More a Related Costs - Other Provider Tark (MMA 500)  More a Related Costs - Other  Total Workforce Related Costs - Other  Security of the Costs - Other  Total Workforce Related Costs - Other  Security of the Costs - Other  Total Workforce - Other  Total Other - Fringe Benefits	16,086	s .	\$ 157,826		\$ 989,962 \$ 1,560 \$ 1,560 \$ 19,962 \$ 14,361 \$ 423,289 \$ 41,361 \$ 154,333 \$ 154,343 \$ 154,3	\$ 1,147,788 \$ 1,500 \$ 1,500 \$ 1,962 \$ 19,839 \$ 41,861 \$ 429,289 \$ 129,413 \$ 19,413 \$ 175,413 \$ 175,4	\$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 1,153 \$ 453 \$ 19 \$ 19 \$ 41 \$ 12 \$ 19 \$ 19 \$ 19 \$ 19 \$ 19 \$ 19 \$ 19 \$ 19
778 779 80 81 82 Wor 82 Wor 83 84 85 86 87 Frin 99 91 99 99 99 99 99 90 91 90 91 91 91 91 91 91 91 91 91 91 91 91 91	Travel Expenses  Onter ABO Costs  Total Administrative & General  See Tas (MMA 100)  More Related Costs - Other Recruitment Paralent Support & Other Recruitment Patient Support & Other Recruitment Patient Support & Other Recruitment Patient Support & Other Retention Professional Training  Total Workforce Related Costs - Other  See Benefits for Non-Managament Employees Payrol Taxes  Workers' Compensation  Unembyrment  Medical Insurance Dental Insurance Dental Insurance Uniforms  Uniforms  Uniforms  Uniforms  Related States  Related States  Uniforms  Related States  Related States  Related States  Uniforms  Related States  Related S	16,086	\$ .	\$ 157,826		\$ 989,962 \$ 1560 \$ 1560 \$ 19,962 \$ 19,962 \$ 14,261 \$ 429,289 \$ 129,413 \$ 129,413 \$ 175,676 \$ 134,98	\$ 1,147,788 \$ 1,500 \$ 1,500 \$ 1,962 \$ 19,839 \$ 41,861 \$ 429,289 \$ 129,413 \$ 19,413 \$ 175,413 \$ 175,4	\$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ 1,153 \$ 453 \$ 19 \$ 19 \$ 41 \$ 12 \$ 19 \$ 19 \$ 19 \$ 19 \$ 19 \$ 19 \$ 19 \$ 19
78 79 80 81 Prov 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101	Travel Expenses Non-Capital Related Interest Expense Other ARO costs Total Administrative & General  dies Tax (NUA 500) Provider Tax (NUA 500) Provider Tax (NUA 500)  MAYORE Related Costs - Other Patient Support & Other Recruitment Union Welfare Un	16,086		\$ 157,826		\$ 989,962  \$ 453,200  \$ 15,560  \$ 19,962  \$ 19,962  \$ 19,839  \$ 12,341  \$ 07,567  \$ 13,498  \$ 8,675  \$ 803,155	\$ 1,147,788  \$ 453,200  \$ 1.50	\$	\$ - \$ 5 - \$	\$ 1,153 \$ 453 \$ 1 \$ 2 \$ 19 \$ 419 \$ 419 \$ 129 \$ 129 \$ 129 \$ 129 \$ 129 \$ 129 \$ 129 \$ 5 200 \$ 803
778 779 80 81 82 Work 82 Work 83 84 85 86 87 Fring 90 91 92 93 94 95 96 97 98 90 100 101 Pro 102 103 104 105	Travel Expenses  Non-Capital Related Interest Expense Other ARO costs Total Administrative & General  Seet 7s (NIMA 100)  Provider Tan (NIMA 100)  Sécre & NIMA 100)  Sécre & NIMA 100  Sécre &	16,086		\$ 157,826		\$ 989,962 \$ 453,200 \$ 15,600 \$ 15,962 \$ 19,962 \$ 10,839 \$ 125,413 \$ 12	\$ 1,147,788  \$ 453,200  \$ 1,56	\$	\$ - \$ - \$ 5	\$ 1,153 \$ 453 \$ 1 \$ 2 \$ 19 \$ 419 \$ 429 \$ 129 \$ 129 \$ 129 \$ 5 200 \$ 8 \$ 200 \$ 300 \$ 3000 \$ 300 \$ 300 \$ 300 \$ 300 \$ 300 \$ 300 \$ 300 \$ 300 \$ 30
778 779 80 81 82 Wor 82 Wor 83 84 85 86 87 87 90 91 92 93 94 95 96 97 98 99 91 100 101	Travel Expenses  Onter ABO Costs  Total Administrature & General  Set 7 to (NIMA 100)  Morce Related Costs - Other  Provider Tax (NIMA 100)  Morce Related Costs - Other  Patient's Support & Other Recruitment  Patient's Support & Other Recruitment  Patient's Support & Other Recruitment  Lemning and Dues  Total Workforce Related Costs - Other  Set Sensitis for Non-Managament Employees  Payrol Taxes  Related Costs - Other Set Sensitis - Other  Set Sensitis for Non-Managament Employees  Payrol Taxes  Medical Invariance  Destal Insurance  Dental Insurance  Uniforms  Uniforms  Tutlon Assistance  Retirement Benefits  Let Insurance  Other - Fringe Benefits  Total Fringe Benefits  Detty Cyptal Costs  Despreciation  Mortgage Interest (Allowable Interest)  Rental of Budings  Rental of Equipment  Rental of Equipment  Total Proper York Optal Costs	16,086	5 .	\$ 157,826		\$ 989,962 \$ 43,200 \$ 15,600 \$ 15,962 \$ 19,962 \$ 19,962 \$ 129,413 \$ 129,413 \$ 129,413 \$ 129,413 \$ 129,413 \$ 13,498 \$ 13,498 \$ 13,498 \$ 13,498 \$ 10,115 \$ 106,770 \$ 106,770 \$ 11,40,259 \$ 11,40,259 \$ 11,40,259 \$ 11,40,259	\$ 1,147,788  \$ 453,200  \$ 1,56	\$	\$ - \$ - \$ 5	\$ 1,153 \$ 453 \$ 1 \$ 2 \$ 19 \$ 419 \$ 429 \$ 129 \$ 129 \$ 129 \$ 5 200 \$ 8 \$ 200 \$ 300 \$ 3000 \$ 300 \$ 300 \$ 300 \$ 300 \$ 300 \$ 300 \$ 300 \$ 300 \$ 30
778 779 80 81 82 Work 82 Work 83 84 85 86 87 91 92 93 94 95 96 97 98 99 90 100 101	Travel Expenses  Non-Capital Related Interest Expense Other ARO costs Total Administrative & General  Seet 7s (NIMA 100)  Provider Tan (NIMA 100)  Sécre & NIMA 100)  Sécre & NIMA 100  Sécre &					\$ 989,962 \$ 453,200 \$ 15,600 \$ 13,962 \$ 139,623 \$ 243,260 \$ 129,413 \$ 129,413 \$ 129,413 \$ 135,433 \$	S	\$	\$ - \$ - \$ 5	\$ 453 \$ 19 \$ 19 \$ 19 \$ 429 \$ 129 \$ 129 \$ 129 \$ 129 \$ 129 \$ 5 154 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15 \$ 15 \$ 17 \$ 15 \$ 17 \$ 15 \$

State of New Jersey							
Department of Human Services							
Nursing Facility Cost Report							
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Center						
Medicare Provider ID:	31-5202						
NPI:	1265616551						
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)	28,662.92	\$1,334,857		
Licensed Practitioner Nurses (LPN)	31,629.23	\$1,177,331	781.31	\$48,344
Certified Nursing Assistants (CNA)	72,483.74	\$1,695,778	1,393.02	\$48,015
Advanced Practice Nurses (APN) Respiratory Therapy (RT)				
Other Medical Staff				
Total Nursing Facility	132,775.89	\$4,207,966	2,174.33	\$96,359
Special Care Nursing Facility - AIDS (Schedule A Line 2)	102), 70.03	\$ 1,207,500	2,17 1100	<b>\$30,00</b>
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff	2.00	40	2.00	40
Total SCNF - AIDS Special Care Nursing Facility - BMGT (Schedule A Line 3)	0.00	\$0	0.00	\$0
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)	0.00	ŞU	0.00	<b>\$</b> 0
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		4.0		
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)				
Respiratory Therapy (RT)	0.00	\$0	0.00	\$0
Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9)	0.00	\$0	0.00	\$0
Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN)	0.00	\$0	0.00	\$0
Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN)	0.00	\$0	0.00	\$0
Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA)	0.00	\$0	0.00	\$0
Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN)	0.00	\$0	0.00	\$0
Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN) Respiratory Therapy (RT)	0.00	\$0	0.00	\$0
Respiratory Therapy (RT) Other Medical Staff Total Behavioral Health Nursing Facility Other (Schedule A Line 9) Registered Nurses (RN) Licensed Practitioner Nurses (LPN) Certified Nursing Assistants (CNA) Advanced Practice Nurses (APN)	0.00	\$0	0.00	\$0

	State of New		
	Department of Hur Nursing Facility C		
Provider Name:		Operations LLC dba Lopatco	ng Center
Medicare Provider ID:	31-5202		
NPI: Reporting Period:	1265616551 From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-2 - Manag		12/31/2023
Administrator		Hours	Cost
Name	Salary	1,320	104,486
John Alvarez	Payroll Taxes	1,320	104,400
	Health Insurance		
State Linearine Number/Tune	Retirement Benefits		
State Licensing Number/Type	Other Total		104,486
			101,100
Assistant Administrator			64
Name	Salary Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		-
Director of Nursing			33
Name	Salary	640	44,721
Donna Peterpaul	Payroll Taxes		
	Health Insurance Retirement Benefits		
State Licensing Number/Type	Other		
, , , , , , , , , , , , , , , , , , , ,	Total		44,721
Assistant Director of Nursing Name	Salary	1,336	33 79,779
Donna Peterpaul	Payroll Taxes	2,550	, , , , , ,
	Health Insurance		
Chaha Liannaina Numban/Tura	Retirement Benefits Other		
State Licensing Number/Type	Total		79,779
			,
Other Name	Ladari.	to a little Ni selece	
Name Christine Bradford	Admin Salary	Input Line Number 680	53,340
omistine bradiera	Payroll Taxes	000	33,310
	Health Insurance		
State Licensing Number/Type	Retirement Benefits Other		
	Total		53,340
			,
Other			
Name Laura Sansone	DON Salary	Input Line Number	6,210
Eddid Salisone	Payroll Taxes		0,210
	Health Insurance		
State Licensing Number/Type	Retirement Benefits Other		
	Total		6,210
			,
Other			
Name Teresa Simoney	DON Salary	Input Line Number 928	60,811
reresa simoney	Payroll Taxes	328	00,011
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other <b>Total</b>		60,811
	iJtai		00,611
Other			
	DON	Input Line Number	33
Name			
Name Josanne Phillips	Salary	48	3,463
		48	3,463
	Salary Payroll Taxes	48	3,463

Other **Total** 

TOTAL MANAGERIAL COMPENSATION

3,463

352,810

\$

State of New Jersey								
	Department of Human Services Nursing Facility Cost Report							
Provider Name:								
Medicare Provider ID:	31-5202							
NPI:	1265616551	1265616551						
Reporting Period:	From:	1/1/	2023 To:	12/31/2023				
Worksheet:	Schedule A-3 - Non-Dire	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
atie	nt Ancillary Costs						
1	Radiology	16					-
2	Laboratory	17					-
3	Intravenous Therapy	18					-
4	Oxygen Therapy	19			71.00	\$3,398	71.00
5	Physical Therapy	20			7,494.00	\$ 382,858	7,494.00
6	Occupational Therapy	21			6,276.00	\$ 377,465	6,276.00
7	Speech Therapy	22			1,641.00	\$ 140,258	1,641.00
8	Electro cardiology	23					-
9	Physicians	30					-
10	Other - Patient Ancillary Costs	31					-
11	Total Patient Ancillary Costs		-	\$ -	15,482.00	\$ 903,979	15,482.00
Vursi	ing Administration						
	Director of Nursing, ADON, Supervisors	33	3,407.70	\$ 210,857			3,407.70
13	Inservice Education	34	3,352.00	\$ 180,043			3,352.00
14	MDS Coordinator	35					-
15	Staffing Coordinator	36					-
16	Infection Control	37					-
17	Medical Records/EMR	38	1,234.23	\$ 23,747			1,234.23
18	Other - Nursing Administration	40	6,833.21	\$ 185,766			6,833.21
19	Total Nursing Administration		14,827.14	\$ 600,412	-	\$ -	14,827.14
Patie	ent Support Services						
	Dietary Department	46				\$ 755,549	-
	Laundry Department	47				\$ 201,529	-
	Housekeeping Department	48				\$ 379,333	_
	Social Services	49	6,086.54	\$ 186,504		7 0.0,000	6,086.54
	Patient Activities	50	9,121.17	\$ 154,435			9,121.17
	Medical Director	51			834.00	\$ 70,911	834.00
	Pharmacy Consultant	52					-
	Other - Patient Support Services	55					-
	Total Patient Support Services		15,207.71	\$ 340,939	834.00	\$ 1,407,322	16,041.71
Pron	erty Operating Costs						
	Maintenance	57	4,219.96	\$ 100,266			4,219.96
30	Security	58					-
31	Total Property Operating Costs		4,219.96	\$ 100,266	-	\$ -	4,219.96
dm <u>i</u>	nistrative & Operating Costs						
	Office Staff	66	14,085.66				14,085.66
33	Total Administrative & General		14,085.66	\$ -	-	\$ -	14,085.66
Non-	Routine/Non-Allowable Costs						
	Sales and Marketing Personnel	N/A					-
	Gift, Flower, Coffee Shops and Canteen	N/A					-
	Barber and Beauty Shop	N/A				\$ 5,265	-
	Physician Private Offices	N/A				. 2,205	-
	Patient Laundry	N/A					-
	Other Non-Reimbursable Personnel	N/A					-
40	Non-Routine / Non-Allowable Costs	107	-	\$ -	-	\$ 5,265	-

Index

Reporting Period:	From:	1/1/2023 To:				
Worksheet:	Schedule A-4 Part I - Related Parties	chedule A-4 Part I - Related Parties				
Provider DBA Name (if any):	390 Red School Lane Operations LLC dba Lopa	90 Red School Lane Operations LLC dba Lopatcong Center				
Tax ID/EIN:	26-0866040					

# A1. Related Party Contracts

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

# A2. Competitive Procurement

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

A3. Management Contracts
Attach current copies of all contracts with entities exercising substantial management control over the provider.

A4. Relationship Status Options	
A	Individual has financial interest (stockholder, partner, etc.) in the entity exercising substantial management control and in the provider.
В	Corporation, partnership, or other organization has financial interest in provider.
С	Provider has financial interest in corporation, partnership, or other organization.
D	Director, officer, administrator or key person of provider or organization
E	Individual is director, officer, administrator or key person of provider and related organization
F	Director, officer, administrator or key person of related organization or immediate family relationship of such person having financial interest in provider
G	Other (financial or non-financial), specify:

A5. Goods/Services Category Options		
A	Accounting/Billing	A - Accounting/Billing
В	Administration	B - Administration
С	Capital	C - Capital
D	Consultants	D - Consultants
E	DME	E - DME
F	Food Service	F - Food Service
G	Insurance	G - Insurance
Н	Interest	H - Interest
I	IT	I - IT
J	Lab	J - Lab
K	Maintenance	K - Maintenance
L	Management	L - Management
М	Medical Supplies	M - Medical Supplies
N	N/A	N - N/A
0	Other	O - Other
P	Pharmacy	P - Pharmacy
Q	Rent	Q - Rent
R	Salary & Benefits	R - Salary & Benefits
S	Security	S - Security
Т	Shared Services	T - Shared Services
U	Staffing	U - Staffing
V	Taxes	V - Taxes
W	Therapy	W - Therapy
X	Transportation	X - Transportation

							Department of H										
ane.	\$100 Red School Lane Doesstons LLC disasse	continued Facility					Notice Delite	College									
and Provider Number	D. Company of the Com	DATE OF THE PARTY	Medican Poyole Symbol														
	1205000331																
ting Period.	Program.	1/1/202	II to	12/31/202													
dest	Schedule A-S Pat II - Related Patters																
ler DBA Name if anyl:	190 Red School Lane Doerations LLC display	sactiona Certor															
ten.	26-0X66000																
Constitution of Existed State Effective Cost																	
Column 1	Column 2	Column 1	Calumi 6	Column 5	Calume 6	Culums 7	Column II	Column 9	Column 10	Calume 11	Column 13	Column 11	Calumn 14	Column 15	Column 16	Column 17	Culumn 18
			Relationship to Provider (see Ad Schedule A-4 Part I. Relationship Status							Category of Goods/Services Provided by Related Farty (See AS Schedule R-4 Fart I. Goods/Services Category Options,		Method for Determining the Allowable Cost or	Total (Adva) Amount Faid to	Method of Payment to Rebord Porty (e.g.			
Este of Transaction	Assets on Cost Resorts	cost scincladed in.	Dictors briow I	Name of Beland Facts	Address of Related Forth		Phone Number of Related Party		Description of the Soudo/Services Provided by Related Farty	\$40w1		MEX of the Soudulances Provided		musics, our resident, monthly fee, flat feel	disodubences Provided In ST		
Annual	- 67		Other (financial or non-financial), saecfy:	Server Administrative Services SEC (3) on it sweetly be		Miletex	\$32,646-8330	arla thereexists com	tad of crowses	O-Diller	Inter-camagey	rome office cest report		DO THOW COMMONY	\$660,308	5631,820	18,218
Annual Annual	102		Other (financial or non-financial, specify: Other (financial or non-financial, specify:	Committee Services (SE (3) call 4 seeds before Powerback Rehabilitation (RS (3) call 4 seeds before		Michellera	632 660-6330 632 660-6330	orla thereexistics com orla thereexistics com	Cantal back office	C-Codsi W-Thesay	Inter-company Inter-company	Point office cect report Contract price	10.	DE THE COMMENT	\$11.297 \$192.898		111,217
Annual Annual	30		Other Iferance or non-ferances, savolv.	Powerback Retabilitation DRS (2) call 6 specify below Powerback Retabilitation DRS (2) call 6 specify below		Mindre	432 666-6330	orladianescalca.com	PI	W-Thesay W-Thesay	Inter-company Inter-company	Contract once Contract once		03 Interconcerv 03 Interconcerv	1177.000	10 1127.443.	
Monte	- 44		Other (financial or non-financial, specify)	Powerback Rehabilitation (RS (2) cold specify below		Mindel	932 000-9330	orfo there exists com		W-Thesay	1000 Gamagery	Contract prop	5277.000	03 trow company	1100214		40
Accord .	- 4		Other Disposal or non-freedom confer-		ATTEMPT AND	Suran Pumbon	435 777,3651	curso controllistication	Muston Associal Sancoron obsessed	II. Staffer	Marinana	FOURTHOOM		M Total Comment	100.70		- 40
Baseri	- 10		The Heaville on franch sach	Rosenburk Baltabilitation Bill (1) and county below	TEST EAST STORE STREET PRODUCTS COME TO TREAT	Ministra	437.646.6330	arts Manuscratter com.		W. Tharton	NAME OF TRANSPORT	FORTING COOK		TO THOSe COMMONS	51.192		10
Annual			Other (Terangation non-financial), specify:	Allow Med Partners GPS (3) call & specify below		Miletery	932 660-9330	orfurtherresistics.com	Medical Director	D-Consultants	Inter-company	Contract once	577.511	OD THOW COMMONY	530,911.0		in.
Martilly	30		Other (Terangal or non-financial), specify:	Yngwichesthicare Medical Straug of NI ILC (2) cold or	1449 E7th Movet Suite 216 Brookley NV 11218	5rishadhandari	929 695-7883	info@vision2eeth.com	teksamnungsan	D-Consultants	Accounts sayoble	Contract once		DD Account cavable	518.600		10
Marchiv	20		Other (financial or non-financial), saecfin	Langeville Health Film (2) call & specify below	11782 US Highway One Ste. 5007 Falin Beach Gardens, FL E1808	Brendan Kaper	700 107-9180	Brendan raper thorsewity health plan com-	Theory insurance consulting	D-Coroutants	Accounts sevolvin	Contract once	\$1,050	DD Account cavable	\$1,050.0	11.092	10
																	10
																	10
																	16
				(1) Other specify Parent entity of Provider has finance													400
				traved is the wisted sards.													10.
				(2) Other as Officer, devotor or other key person of the													10
				savesteetby of Provider has a financial interest in													io
				the relationship													in.
																	661
																	10
																	10
																	10
																	16
								-									- Mic
															\$1,794,094	00 51,722,105	561.383

Provider Name:	390 Red School Lane Operations LLC dba Lop	Red School Lane Operations LLC dba Lopatrong Center							
Medicaid Provider Number	0	Medicare Provider Number	0						
NPI:	1265616551								
Reporting Period:	From:	1/1/2023 To:	12/31/2023						
Worksheet:	Schedule A-4 Part III - Related Parties	Schedule A-4 Part III - Related Parties							
Provider DBA Name (if any):	390 Red School Lane Operations LLC dba Lop	390 Red School Lane Operations LLC dba Lopatcong Center							
Tax ID/EIN:	26-0866040								

### C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider (82), including all principals and interested parties in any entity identified as a principal or interested party in the third-party entity exercising substantial management control over the provider (82).

T-1	-1-	•	

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
ame of Entity Exercising Substantial Management	Relationship to Nursing Home (see A4 Schedule A-4 Part I. Relationship Status					
ntrol	Options below)	Names of Principals and Interested Parties (on separate rows)	Percentage of Ownership of Each Principal or Interested Party	Address	Phone Number	Email Address
						1
						1

Provider Name:	390 Red School Lane Operations LLC dba Lo	Red School Lane Operations LLC dba Lopatrong Center							
Medicaid Provider Number	0	Medicare Provider Number	0						
NPI:	1265616551								
Reporting Period:	From:	1/1/2023 To:	12/31/2023						
Worksheet:	Schedule A-4 Part IV - Related Parties	Schedule A-4 Part IV - Related Parties							
Provider DBA Name (if any):	390 Red School Lane Operations LLC dba Lo	90 Red School Lane Operations LLC dba Lopatcong Center							
Tax ID/EIN:	26-0866040								

### C. Management Control

Provide the following information for 100% of the current owners of any entity exercising substantial management control over the provider in section B1 of Schedule A-4 III, including all principals and interested parties and including 100% of the owners, principals, and interested parties in any entity exercising substantial management control over the provider.

Ta	hl.		

Table C2						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Name of Any Third Party Entity Identified as a						
Principal or Interested Party in the Entitly Identified in	Names of Principals and Interested Parties					
Table C1 Schedule A-4 Part III.		Percentage of Ownership of Each Principal or Interested Party	Type of Business	Address	Phone Number	Email Address
	( )	,	7,			

	State	of Nov. Jorsey	
		of New Jersey	
	Departmen	t of Human Services	
	Nursing Fa	acility Cost Report	
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong C	enter	
Medicare Provider ID:	31-5202		
NPI:	1265616551		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-5 - Non-Allowable Costs		

		Cost
Line	Non-Routine / Non-Allowable Costs	
1	Sales and Marketing Department	\$ 16,342
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.	
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	\$ 255,243
23	Other (Specify)	
24	Other (Specify)	
25	Other (Specify)	
26	Other (Specify)	
27	Other (Specify)	
28	Non-Allowable Other Costs	\$ 271,585

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		State of New Jersey Department of Human Se	Services
		Nursing Facility Cost Rep	eport
Provider Name:	390 Red School Lane Op	perations LLC dba Lopatcong Co	Center
Medicare Provider ID:	31-5202		
NPI:	1265616551		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-6 - Capital		

Capital Asset Balances and Depreci	ation Expense									
			Acquisitions						Related Party	
								Current Year	Depreciation	Adjusted Total
							Fully	Depreciation Expense	Adjustments	Depreciation Expense
	Beginning				Disposals and	Ending	Depreciated	(Schedule A Line 102	(Schedule A Line 102	(Schedule A Line 102
Type of Capital	Balances	Purchases	Donations	Total	Retirements	Balance	Assets	Column F)	Column G)	Column I)
Land				\$0.00						
Land Improvement	\$121,550.00			\$0.00		\$121,550.00		\$24,475.00		\$24,475.00
Buildings and Fixtures	\$5,645,501.00			\$0.00		\$5,645,501.00				\$0.00
Building Improvements	\$689,011.00			\$0.00		\$689,011.00		\$73,592.00		\$73,592.00
Fixed Equipment	\$150,860.00	\$7,829.00		\$7,829.00		\$158,689.00		\$8,356.00		\$8,356.00
Major Moveable Equipment	\$764,895.00	\$3,564.00		\$3,564.00		\$768,459.00		\$60,347.00		\$60,347.00
Other				\$0.00						\$0.00
Total	###########	\$11,393.00	\$0.00	\$11,393.00	\$0.00	\$7,383,210.00	\$0.00	\$166,770.00	\$0.00	\$166,770.00

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 Ser Nursing Facility Cost Rep		
Provider Name:	390 Red School Lan	e Operations LLC dba Lopat		
Medicare Provider ID:	31-5202			
NPI:	1265616551			
Reporting Period:	From:	1/1/2023 To:	12/31	/2023
Worksheet:	Schedule A-7 - Depr	eciation Schedule		

Reporting renou.	FIUIII.			10.	12/31/2023			
Worksheet:	Schedu	ile A-7 - Dep	reciation Schedule					
				Weighted	Duine Dovine			
			Estimated	Average	Prior Period	Prior Period	Period	Asset Group
Asset Name/Description	Capita	alized Costs	Salvage Value	Estimated Useful	Accumulated	Impairment	Depreciation	Carrying Valu
			Suivage value	Life (Years)	Depreciation	iii puii ii ciic	Depreciation	carrying vaic
				Life (rears)	l l			
Buildings:								
Iursing Facilities							\$ -	\$
Administrative Facilities							\$ -	\$
Aulti-purpose Facilities							\$ -	\$
and Improvements							\$ -	\$
							\$ -	
torage Facilities								т
arking Garages							\$ -	\$
Other:								
uilding Improv	\$	689,010	\$ -	11.7283	\$ 348,162		\$ 58,748	\$ 282,
ixed Equipment	\$	98,901		14.295			\$ 6,919	\$ 32,
	- 1				7 00,000		\$ -	\$
	_							
	-						\$ -	\$
							\$ -	\$
otal Period Depreciation - Buildings							\$ 65,666	
quipment:								
ledical Equipment							\$ -	\$
other Equipment Used in Direct Care Services	\$	764,895	\$ -	26.155	\$ 644,408		\$ 29,245	\$ 91,
			· -					
omputer Equipment	\$	47,980		42.5655			\$ 1,127	\$ 14,
elephone and Communication Equipment	\$	3,978	\$ -	127.47	\$ 3,828		\$ 31	\$ :
Naintenance and Custodial Equipment							\$ -	\$
Other:	•							
epreciation accelerated	\$	24,891	\$ -	1			\$ 24,891	\$
epresidant decelerated		24,031	¥	1			\$ 24,891	
							\$ -	\$
							\$ -	\$
							\$ -	\$
otal Period Depreciation - Equipment							\$ 55,294	
rehicles:								
							\$ -	ć
ars								\$
rucks							\$ -	\$
'ans							\$ -	\$
Other:								
							\$ -	\$
							\$ -	\$
							\$ -	\$
otal Period Depreciation - Vehicles							\$ -	٠
						'	7	
Office Furniture and Fixtures:								
Office Desks, Cabinets, and Chairs							\$ -	\$
lectronic Office Equipment							\$ -	\$
appliances							\$ -	\$
Itility Installations							\$ -	\$
ther:								
							\$ -	\$
							\$ -	\$
							\$ -	\$
							\$ -	\$
							\$ -	\$
							\$ -	\$
							\$ -	\$
							\$ -	
otal Period Depreciation - Office Furniture and Fixtures	es							
·	58							
oftware:	es						٥	
oftware: Medical Software (Including EHR)	es						\$ -	\$
oftware: Medical Software (Including EHR) dministrative Software	es						\$ - \$ -	
oftware: Medical Software (Including EHR) dministrative Software	es							
oftware: ledical Software (Including EHR) dministrative Software	es						\$ -	\$
oftware: Medical Software (Including EHR) dministrative Software	25						\$ -	\$
oftware: Medical Software (Including EHR) dministrative Software	25						\$ - \$ -	\$ \$ \$
oftware: ledical Software (Including EHR) dministrative Software tther:	es						\$ - \$ - \$ -	\$ \$ \$
oftware: ledical Software (Including EHR) dministrative Software ther:	225						\$ - \$ -	\$ \$ \$
oftware: ledical Software (Including EHR) dministrative Software ther:  otal Period Depreciation - Software	225						\$ - \$ - \$ -	\$ \$ \$
oftware: ledical Software (Including EHR) dedical Software (Including EHR) dther:  otal Period Depreciation - Software mited-life Intangible Assets:	225						\$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$
oftware: Aledical Software (Including EHR) Administrative Software Other:  otal Period Depreciation - Software imited-life Intangible Assets:	es						\$ - \$ - \$ -	\$ \$ \$ \$ \$
oftware: dedical Software (Including EHR) definistrative Software dther:  otal Period Depreciation - Software imited-life Intangible Assets:	25						\$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$
oftware: Aledical Software (Including EHR) Administrative Software Other:  otal Period Depreciation - Software imited-life Intangible Assets:	es						\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
oftware: Aledical Software (Including EHR) Administrative Software Other:  otal Period Depreciation - Software imited-life Intangible Assets:	es						\$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
oftware: dedical Software (Including EHR) definistrative Software dther:  otal Period Depreciation - Software imited-life Intangible Assets:	25						\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Total Period Depreciation - Office Furniture and Fixtures Software: Medical Software (Including EHR) Administrative Software Other:  Total Period Depreciation - Software  Simited-life Intangible Assets: Other:							\$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

	State of New Jersey			
	Department of Human Services			
	Nursing Facility Cost Report			
Provider Name:	390 Red School Lane Operations LLC dba Lopatcong Cer	nter		
Medicare Provider ID:	31-5202			
NPI:	1265616551			
Reporting Period:	From:	1/1/2023	To:	12/31/2023
Worksheet:	Schedule A-8 - Revenue			

A. General Revenue									Behavioral		
								SCNF Young	<b>Health Nursing</b>		Offset
	Total	<b>Nursing Facility</b>	SCNF AIDS	SCNF BMGT	SCNF Pediatric	SCNF TBI/Coma	SCNF Ventilator	Adult	Facility	Other	Line
Total Routine Patient Revenue	\$ 18,819,963	\$ 18,819,963	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Private Routine Patient Revenue	\$ 1,721,419	\$ 1,721,419	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Medicaid/NJ FamilyCare Routine Patient Revenue	\$ 12,215,210	\$ 12,215,210	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Pending Medicaid Days	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Pre-Eligibility Medical Expenses (PEME)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Out of State Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Medicare Routine Patient Revenue	\$ 4,169,034	\$ 4,169,034	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Other Patient Revenue	\$ 259,405	\$ 259,405	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Hospice Days Revenue	\$ 444,108	\$ 444,108	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Respite Days Revenue	\$ 10,788	\$ 10,788	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Therapeutic Leave Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Bed Hold Days Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Ancillary Patient Revenue	\$ 3,277,729	\$ 3,277,729	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Less Contractual Allowance	\$ (7,487,474)	\$ (7,487,474	) \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
	\$ 14,610,218	\$ 14,610,218	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

B. Offsetable Revenue		
	Meals Served to Non-Patients	
	Interest Revenue	2,602
	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	1,780
Retroactive payments for n	on-formulary pharmacy transactions	
	Other:	

B. Other Non-Patient Revenue	e	
	County Funding	
	Other:	

Total Revenue \$14,614,599.94 \$14,610,217.94 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

		State of New Jersey Department of Human San	nke		ı																											
Provider Name: Medicare Provide	er D:	Number Facility Cost Rep 290 Red School Lane Operation 31-5202	ions LLC dba Locatcone Center																													
Recording Period: Worksheet:	Ė	From: Schedule B - Allocation Basis	1/1/2023 To:	12/31/2023																												
Allocated Statistic  Basis Codes  A No	cs  BASIS  on-Managerial Salaries	Direct Care - Nursing Facility 1 54,207,966	Direct Care -   Direct Care -   SCNF   AUS   2   3   4   5   5   5   5   5   5   5   5   5	Direct Care - SCNF TBI/CDMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavioral Health Nursing Facility B	rect Care - OTHER SPECIFY Radiology 9 16	Laboratory 17		Intravenous Therapy 18	Intravenous Therapy Uwygen Theraps	Infravenous Therapy 18 29 20 50 50 50	Intravenous												Section   Contraction   Cont			Companies   Comp		The control of the	Companies   Comp
Basis Codes	BASIS suare Footage	Direct Care - Marsine Facility 1 33.363	Direct Care - Direct Care - SCNF SCNF AIDS SCNF BMGT PEDIATRIC	Direct Care - SCNF TBUCDMA 5	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavioral Health Nursine Facility B	rect Care - Non-Routine, OTHER Non-Allowabl SPECIFY Costs 9 207	Total 23.36			·																				
Basis Codes C Pat	BASIS Ident Days	Direct Care - Nursing Facility 1 40,265	2 3 4		Direct Care - SCNF VENTILATOR 6		Direct Care - Behavioral Health Nursing Facility B 0	rect Care - OTHER SPECIFY Total 9 0 40,35																								
Basis Codes  D No	BASIS on-Medicare Days (NHA100 Definition)	Direct Care - Nursing Facility 1 31.376	2 3 4	-	Direct Care - SCNF VENTILATOR 6 0	Direct Care - SONF YOUNG ADULT 7 0		Total 31.175	7																							
Basis Codes E Me	BASIS leak Served	Direct Care - Nursine Facility 1 122.190	2 3 4				Direct Care - Behavioral Health Nursine Facility	122.19																								
Basis Codes  F Pos	BASIS ounds of Laundry	Direct Care - Nursing Facility 1 40,730	2 3 4 DI BASIS Patient Days		Direct Care - SCNF VENTILATOR 6		Direct Care - Behavioral Health Nursing Facility																									
Basis Codes  G Sal	BAGIS Sary & Contract Services Direct Nursing Hour	Direct Care - Nursing Facility 1 124 950 22	2 3 4	0.00	0.00	0.00	0.00	rect Care - OTHER SPECIFY Total 9 0.0 134,950.2 rect Care -	_																							
Basis Codes H Die	BASIS rect Patient Care Salary Hours	Direct Care - Nursine Facility 1 132,775.89	2 3 4		0.00		Direct Care - Behavioral Health Numine Facility B 0.00			7																						
Basis Codes	BAGIS cournulated Cost	Direct Care - Nursing Facility 1 \$17,258,566	50 50 50	~	50	50	Direct Care - Behavioral Health Nursing Facility  8 \$0	50   5276,85	_	]																						
Basis Codes  J Rac	8ASIS adiology Charges	Direct Care - Nursing Facility 2 \$30,723	2 3 4			Direct Care - SONF YOUNG ADULT 7 Direct Care - SONF			\$30.72	]																						
Basis Codes  K Lab	BASIS Boratory Chantes	Direct Care - Nursine Facility 1 \$102.503	2 3 4				Direct Care - Behavioral Health Nursine Facility  B  Direct Care - Behavioral		5102.50	1																						
Basis Codes  L Into	BASIS itravenous Therapy Charges	Direct Care - Nursing Facility 1 \$18,104	2 3 4				Direct Care - Behavioral Health Nursing Facility  B  Direct Care - Behavioral		_	]																						
M Oc	BASIS oygen Therapy Charges BASIS	Direct Care - Nursing Facility  1  5847  Direct Care - Nursing Facility	2 3 4 7 Direct Care-	-			Direct Care - Behavioral Health Nursing Facility  B  Direct Care - Behavioral Health Nursing Facility  B		\$843	]																						
Basis Codes  N Ph	BASIS hysical Therapy Charges BASIS	Direct Care - Nursing Facility  \$1,222.590  Direct Care - Nursing Facility	Direct Care-				Health Nursing Facility  B  Direct Care - Behavioral Health Nursing Facility  B		51.222.590	]																						
Basis Codes  D Do	BASIS  ccupational Therapy Charges  BASIS	Direct Care - Nursing Facility  \$1,218,835  Direct Care - Nursing Facility	Direct Care			POUNG ADULT 7  Direct Care - SONF YOUNG ADULT 7	Health Nursing Facility  B  Direct Care - Behavioral Health Nursing Facility  B		\$1,218,835	1																						
P Spi	seech Therapy Charges  BASIS	\$409,270 Direct Care - Narsing Facility	Direct Care - Direct Care - SCNF		Direct Care - SCNF VENTILATOR 6	7 Direct Care - SCNF YOUNG ADULT 7	In In		3409,170	1																						
Q De	ectrocardiology Charges	Direct Care - Narsing Facility	Direct Care			7 Direct Care - SONF YOUNG ADULT 7	B Direct Care - Behavioral Health Nursing Facility B		- 50	1																						
R Me	edical Supplies Charged to Patient Charges  BASIS	Direct Care - Narsing Facility	Direct Care - Direct Care - SCAE				Direct Care - Behavioral Health Nursing Facility		Total	]																						
Basis Codes	rescription Drugs (Not OTC) Charges	\$242,556  Direct Care - Nursing Facility	Direct Care Direct Care SCAE		Direct Care - SCNF VENTILATOR		Direct Care - Sehavioral Health Nursing Facility		3242,331																							
T Phy Basis Codes	narmacy Non-Formulary Charges  BASIS	Direct Care - Nursing Facility	Direct Care-				Direct Care - Behavioral Health Nursing Facility		Total																							
U Sug Basis Codes	apport Surfaces Charges	S1,473 Direct Care - Nursing Facility 1	Direct Care-				Direct Care - Behavioral Health Nursing Facility		\$1,477	1																						
Sasis Codes W De	mbulance Charges  BASIS  BASIS	\$40,730 Direct Care - Nursing Facility 1	Direct Care - Direct Care - SCNF SMST PEDATRIC 2 3 4	Direct Care - SCNF TBI/COMA S	Direct Care - SCNF VENTILATOR 6	Direct Care - SCNF YOUNG ADULT 7	Direct Care - Behavioral Health Nursing Facility	rect Care - Non-Routine OTHER Non-Allowabil SPECIFY Costs 9 107																								
W De	ental Charges.  BASIS	Direct Care - Namine Facility	Direct Care-				Direct Care - Behavioral Health Nursine Facility B		- 2																							

| Desiration | Des

	Scar of Time Internet or Comments of Time Int	
Provider Name:	Number States Lane Operations LLC das Lopatong Center 200 Red School Lane Operations LLC das Lopatong Center	
Provider Name: Medicare Provider ID:	1919 Her Sufficient Linder Spheritecons LLL, Stock Logistrating Lenton. 31-1-522	
NP:	130564551	
Reporting Period:	From: \$1,0000 To: 12/12/2022	
Warksheet	Schedule 8-1 - Allocated Coots	
If there are errors on this tab please ensure Schedule & is fille correctly	to be	
Little		
		MEDICAL OTHER - AUTO LEASING AND OTHER AUTO TOTAL DRECT
	SINTERAL ESCONG SOUTH AND MODERAL PROPERTY STREET S	SUPPLICE PRECEDENCE PREMANANCY DEPORTED PROMOTED SOURCE PROMOT
A I NE SCHEDULE A UNE DESCRIPTION	ANISTRA PORT CRACE SHOCK CHARGE CONTROLLY CHARGE CONTROLL	
Allocation Me	fethod A C C C C C I V I M N O P O	
Cost To Be Alloc	scand \$803,125 \$5,421,651 \$27,200 \$1,416 \$41,820 \$23,588 \$86,429 \$17,207 \$9,522 \$385,388 \$277,665 \$140,258 \$0	0 50 5243,795 50 503,552 531,037 50 513,421 56,000 5981,840 5983,600 5216,866 5390,300 5216,865 570,011 515,422 50 50 56,566 5820,561 51,772,066 541,61 51,153,400 5453,000
Cost Multi	015299022 124.21070185 0.67211693 0.03507990 1.03579382 0.7675256 0.94316508 0.95095294 11.25382307 0.21521851 0.20049327 0.34351915 0.00000000	00 0,00000000 1,005/2010 0,00000000 0,00000000 0,00000000 0,000000
A. COST CRITISES TO BE ALLOCATED	5802.135	
101 Total Fringe Benefits 11 Routine Medical Supplies	507,000 55,205,500	
12 OTC Drugs	\$27,130 50 50	
	\$1,416 90 50 50	
14 Incontinency Products	\$41,870 \$0 \$0 \$0 \$0	
16 Radiology 17 Laboratory	\$23,5586 50 50 50 50 50 50 50 50 50 50 50 50 50	52,008. 52,208. 52,208. 53,000. 566,000 566,00
19 Intravenous Therapy	\$6,000 50 50 50 50 50 50 50 50 50 50 50	989,0292 308,029 947,797 517,297 517,297
	59,512 90 50 50 50 50 50 50 50 50 50	
	\$285,283 50 50 50 50 50 50 50 50 50	CHICAGO CHICAG
21 Occupational Therapy	\$277,665 50 50 50 50 50 50 50 50 50 50 50	5372,965 5272,965 5563,254 5663,254
22 Speech Therapy 23 Electro cardiology	\$140,258 50 50 50 50 50 50 50 50 50 50 50	\$440,250
24 Medical Supplies Charged to Patients		
25 Prescription Drugs (not OTC)	\$240,765 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	6 50 50 51 51 51 51 51 51 51 51 51 51 51 51 51
26 Pharmacy Non-Formulary	\$0 90 90 90 90 90 90 90 90 90 90 90 90 90	
27 Support Surfaces	\$10,152 90 90 90 90 90 90 90 90 90 90 90 90 90	50 50 50 50 50 50 50 50 50 50 50 50 50 5
28 Ambulance 29 Dental	\$31,037 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	6 \$6 \$6 \$6 \$6 \$6
29 Directal 20 Physicians	10 30 30 30 10 10 10 30 30 30 30 30 30 30 30 30 30 30 30 30	50 50 50 50 50 50 50 50 50 50 50 50 50 5
21 Other - Patient Ancillary Costs	31.41 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	0 50 50 50 50 50 50 50 50 50 50 50 50 50
41 Total Nursing Administration	\$880,082 \$61,877 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
	\$86,513 S0	0 90 90 90 90 90 90 90 90 90 90
45 Food (including supplements)	\$260,507 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	4 50 50 50 50 50 50 50 50 50 50
46 Dietary Department	\$785,000 50 50 50 50 50 50 50 50 50 50 50 50	0 90 90 90 90 90 90 90 90 90 90 90 90 90
42 Laundry Department 48 Housekeeping Department	\$216,666 50 50 50 50 50 50 50 50 50 50 50 50 50	8 50 50 50 50 50 50 50 50 50 50 50 50 50
49 Social Services	\$105748 \$28,533 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
50 Patient Activities	\$159,838 \$22,627 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	0 90 50 50 90 90 90 90 50 50 50 50 90 90 90 90 90 90
51 Medical Director	\$70,911 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
52 Pharmacy Consultant 53 Auto Leasing and Depreciation - Direct Patient	\$15,422 50 50 50 50 50 50 50 50 50 50 50 50 50	0 50 50 50 50 50 50 50 50 50 50 50 50 50
54 Other Auto Expense - Direct Patient Care	# Care 50 50 50 50 50 50 50 50 50 50 50 50 50	a 50 50 50 50 50 50 50 50 50 50 50 50 50
SS Other - Patient Support Services	SECRET 20 20 20 20 20 20 20 20 20 20 20 20 20	
62 Total Property Operating Costs	\$805,221 \$15,860 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
106 Total Property Capital Costs	\$1,272,066 90 90 90 90 90 90 90 90 90 90 90 90 90	
87 Total Workforce Related Costs - Other 81 Total Administrative & General	\$64,364 50 50 50 50 50 50 50 50 50 50 50 50 50	
82 Provider Tax (NHA 100)	31,514(66) 30 30 50 50 50 50 50 50 50 50 50 50 50 50 50	
	•	
B. NON-ALLOCATING COST CENTERS		
1 Direct Care - Nursing Facility 2 Direct Care - SCNE AIDS	\$4,204,205 \$443,738 \$5,412,465 \$27,200 \$1,416 \$41,200 \$33,508 \$66,209 \$17,307 \$9,522 \$385,389 \$277,465 \$140,208 \$0.00 \$0	0 50 5443745 50 50.510,510 510
2 Direct Care - SCNF RMGT	20 30 30 30 30 30 30 30 30 30 30 30 30 30	0 50 50 50 50 50 50 50 50 50 50 50 50 50
4 Direct Care - SCNF PEDIATRIC	90 90 90 90 90 90 90 90 90 90 90 90 90 9	0 50 50 50 50 50 50 50 50 50 50 50 50 50
5 Direct Care - SCNF TBy/COMA	20 20 20 20 20 20 20 20 20 20 20 20 20 2	
6 Direct Care - SCNF VENTILATOR	50 50 50 50 50 50 50 50 50 50 50 50 50	
2 Direct Care - SCNF YOUNG ADULT	50 50 50 50 50 50 50 50 50 50 50 50 50	0 50 50 50 50 50 50 50 50 50 50 50 50 50
Direct Care - Behavioral Health Nursing Facility     Direct Care - OTHER SPECEY	7 50 50 50 50 50 50 50 50 50 50 50 50 50	0 90 92 90 90 90 90 90 90 90 90 90 90 90 90 90
107 Non-Routine / Non-Allowable Costs	30 30 30 30 30 30 30 30 30 30 30 30 30 3	
<u> </u>		
C. COST CENTERS EXCLUDED FROM ALLOCATION		
Total	\$12,992,979 \$6,052,718 \$5,412,651 \$27,120 \$1,416 \$41,820 \$23,588 \$86,420 \$17,207 \$9,532 \$185,833 \$277,465 \$140,258 \$9	0 90 SH3786 50 SH3.557 SELECT 90 SH3.607 90 SH3.607 SH
none .	\$5,346,5883 (50) \$0 \$0 \$0 \$0 \$0 \$0 \$0.5546,588 (50) \$0 \$0 \$0	0 50 50 50 50 50 50 50 50 50 50 50 50 50

	State of New Jersey
	Geostment of Human Envices
	Number Sacility Cost Report
Provider Name: Medicare Provider ID:	200 Red School Laser Coversions LLC das Locarizone Center
Medicare Provider ID:	11-0202
NPI:	
Reporting Period:	From: 1/1/2023 To: 1/1/11/2023
Worksheet:	Schoolshi D-2 - Average Rights for Use of Land

		Section 5. Section 9. Section 6.																		
		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 #	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address			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 dates of current rental agreement: BEGINNING	Effective dates of current rental agreement:	Monthly Lease/Rent Amount	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period)	Average Price per Square Foot Nursing Facility
	390 Red School Lane	Phillipsburg	08865	No	Operating Lease	Ventas	10350 Ormsby Park Place	Losisville	40223	877-6VENTAS	55.783.00	-	55.781.00	100%			12/31/2020	\$95,771.58	\$1,149,259,00	1.72
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	Total Routine Patient Days	Medicaid/NI FamilyCare Routine Days	Medicaid/NJ FamilyCare Routine Days to Total Routine Days Percentage	Revenue Bill and	Medicaid/NJ FamilyCare Routine Patient Revenue Billed But Not Paid	Total Medicald/N3 Family Care Patient Revenue for PCR	CNA Direct Care Compensation as Defined by 10:49A- 2.3	Non-CNA Direct Care Compensation a Defined by 10:49A-2.3	Other Resident Care and Support Compensation as Defined by 10:49A- 2.3	Administrative Compensation as Defined by 10:49A-2.3	Management Fees as Defined by 10:49A-2.3	Facility Operations Compensation	Non- Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10:49A-2.4	Other Materials and Supplies Expenses as Defined by 10:49A 2.4	Equipment, Maintenance, Telecommunicatio ns, And Utility Expenses Attributable to Buildings and Equipment Defined by 10-49A-2.5	Capital Cost Attributable to Buildings and Equipment Defined by 10:49A-2.5	Staff Training As Defined By 10:49A-2.6	10:49A-2.6		Interest Expense As	Taxes As				Total Cost Per PCR Regulations	Allocated Cost as P Defined in 10:49A-2.7	atient Care Ratio
Nursing Facility	40.365	27.175	67.325	s weer	50	WREFT	\$2,003,230	\$2,944,872	\$2,687,674	\$156.441	\$627.441	\$115,605	50	5838.789	\$212.986	\$501,375	\$1,373,066	\$19.647	\$208.680	50	50	\$154,356	\$453,200	(\$1.780)	sn	\$12,295,592 \$	8 277 393	0.00%
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Behavioral Health Nursing Facility	0	0	0.009	G WREFT	50	MREFI	\$0	50	50	50	50	50	\$0	\$0	\$0	\$0	\$0	50	\$0	50	\$0	\$0	\$0	\$0	\$0	50	\$0	0.00%
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Total Allowable Expense	40,365	27,175	67.329	G WREFT	50	MREFI	\$2,003,230	\$2,944,872	\$2,687,674	\$156,441	\$627,441	\$115,606	\$0	\$838,789	\$212,986	\$501,375	\$1,373,066	\$19,647	\$208,689	50	50	\$154,356	\$0	(\$1,780)	50	\$12,295,592 \$	8,277,393	0.00%
Non-Reimbursable							\$0	50	50	\$2,510	\$10,065	50	\$0	50	\$3,417		\$0	\$315	\$2,557	50	50	\$1	50	\$0	\$271,585	\$290,450		_
Total Directly Assigned and Allocated E	xpenses Per Schedule B-1		1	1	1	1	\$2,003,230	\$2,944,872	\$2,687,674	\$158,951	\$637,506	\$115,606	\$0	\$838,789	\$216,403	\$501,375	\$1,373,066	\$19,962	\$211,246	50	50	\$154,357	\$0	(\$1,780)	\$271,585	\$12,586,042		_

Total Direct Patient Care 50 Assessment Assessment Statement State