

**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:	01/01/2023	To: 12/31/2023
Worksheet:	Schedule S - Attestation		

**A. Attestation**

I,	<div>Orrin Jaroslawicz</div>	,	<div>NJ Finance</div>
	(Name)		(Administrative Title)
of	<div>390 Red School Lane Operations LLC dba Lopatcong Center</div>		
	(Name of Facility)		
	<div>Phillipsburg</div>	,	<div>NJ</div>
	(City/Town)		(State)
	do certify that I have examined the		
attached report for the cost report period beginning	<div>01/01/23</div>	and ending	<div>12/31/2023</div>
and to the best of my knowledge and belief, it is a true and correct statement of the information required.			
<div></div>			<div></div>
Signature of Authorized Representative of Facility			Date (mm/dd/yyyy)
<div>NJ Finance</div>			
Title			

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:	Schedule S-1 - Facility Information		

#### A. General Facility Information

Medicaid NF Provider Number	4506502	NPI Number:	1265616551
Medicaid SCNF - AIDS Provider Number			
Medicaid SCNF - BMGT Provider Number			
Medicaid SCNF - Pediatric Provider Number			
Medicaid SCNF - TBI/Coma Provider Number			
Medicaid SCNF - Ventilator Provider Number			
Medicaid SCNF - Young Adult Provider Number			
Behavioral Health Nursing Facilities			
Medicare SNF Provider Number	31-5202		
Department of Health License Number	062105		
Cost Report Period	From:	1/1/2023 To:	12/31/2023 Date Completed:
Facility Name as Shown on Certification	390 Red School Lane Operations LLC dba Lopatcong Center		

#### B. Physical Address

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

#### C. Mailing Address

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

#### D. Home Office / Management Company

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

#### E. Facility Operation and Ownership

Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	Y/N:	No
Operator(s)—Provide names and addresses of any person who directly or indirectly, beneficially owns any interest in the building on which the provider is located. Add subsequent rows as needed.		
Operator Name:		
Address:		
City:	State:	ZIP:
Operator Name:		
Address:		
City:	State:	ZIP:
Owner(s)—Provide names and addresses of any person who, directly or indirectly, beneficially owns a 5% or greater interest in any mortgage, note, deed of trust, or other obligations secured in whole or part by the land on which or building in which the facility is located. List 100% of all current owners of the nursing home, including all principals and interested parties. Add subsequent rows as needed.		
Owner Name:		
Address:		
City:	State:	ZIP:
Owner Name:		
Address:		
City:	State:	ZIP:
Lessor(s)/Lessee(s)—Provide names and addresses of any person who, directly or indirectly, has any interest as a lessor or lessee in any lease or sublease of the land on which or the building in which the facility is located. Add subsequent rows as needed.		
Lessor Name:		
Address:		
City:	State:	ZIP:
Lessee Name:		
Address:		
City:	State:	ZIP:
Mortgage or Security Interest -- All entities with at least a 5% mortgage, deed of trust, or other security interest in the provider must be reported.		
Entity wit Mortgage or Security Interest Name:		
Address:		
City:	State:	ZIP:
Entity wit Mortgage or Security Interest Name:		
Address:		
City:	State:	ZIP:
Partnership—All general partnership interests—regardless of the percentage—must be reported. Provide name and addresses for each partner.		
Partner Name:		
Address:		
City:	State:	ZIP:
Partner Name:		
Address:		
City:	State:	ZIP:

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

Bed Type	Number of Beds Certified Solely	Number of Beds Certified Jointly	Number of Beds	Medicaid Provider Number	Facility Certification Date
<input checked="" type="checkbox"/> Nursing Facility		153	153	4506502	
Special Care Nursing Facility - AIDS					
Special Care Nursing Facility - BMGT					
Special Care Nursing Facility - Pediatric					
Special Care Nursing Facility - TBI/Coma					
Special Care Nursing Facility - Ventilator					
Special Care Nursing Facility - Young Adult					
Behavioral Health Nursing Facilities					
Assisted Living/Residential					
Other (Specify):					
Total	-	153	153		

#### G. Cost Report Preparer Information

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

State of New Jersey Department of Human Services Nursing Facility Care Report				
Provider Name:	285 Red School Lane Operations		Medicare Provider Number:	36-0002
Standard Provider Number:	000001			
NPI:	1265410011			
Reporting Period:	From:	1/1/2003	To:	12/31/2003
Worksheet:	Schedule C - Nursing Facility Steps Detail			

[illegible]

A - Nursing Facility Census				B - Report in-house days, bed hold days, and therapeutic leave days.								
Nursing Facility (5-2) 390 Red School Lane Operations LLC 4506502				SCNF - AIDS (5-3)			SCNF - BMGT (5-4)			SCNF - Pediatric (5-5)		
Name No Medicaid Provider ID				Semi-Private Private Private Total			Semi-Private Private Private Total			Semi-Private Private Private Total		
1 Bed 2 Beds Total				Private Semi-Private Total			Private Semi-Private Total			Private Semi-Private Total		
Beds 12 141 153				Private Semi-Private Total			Private Semi-Private Total			Private Semi-Private Total		
Census (Days)				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Medicaid/NJ Family/Care				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Medicaid/NJ Family/Care - Hospice				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Medicaid/NJ Family/Care - Respite				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Medicaid/NJ Family/Care - Therapeutic				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Pending Medicaid Days				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Pre-Eligibility Medical Expenses (PEME)				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Out of State Medicaid				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Out of State Medicaid - Hospice				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Medicare				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Tricare				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Private				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Other				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Total Patient Days for Per Day Cost				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Medicaid Bed Holds				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Medicaid Unreimbursable Therapeutic Leave				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Private Bed Holds				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
All Other Bed Holds				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Total Patient Days Including Bed Hold				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		
Maximum Bed Days Available				Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days			Private Days Semi-Private Days Total Days		

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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 Provider Number	31-5202
NPI:	1265616551		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-11 Part I - Nursing Home Assessment Information per Submitted NHA-100 (Combined)		

Facilities Long-Term Care Reporting Classification is:

	Number of Patient Days	Related Revenue Received Or Accrued Whole Dollars
Line 1 Medicare Days (For Information Purposes Only - Not Subject to Assessment)	7,977	\$5,272,228
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	365	\$0

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

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 Provider Number	31-5202
NPI:	1265616551		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule S-11 Part II - Nursing Home Assessment Information per Submitted NHA-100 - Nursing Facility		

Facilities Long-Term Care Reporting Classification is:

	Number of Patient Days	Related Revenue Received Or Accrued Whole Dollars
Line 1 Medicare Days (For Information Purposes Only - Not Subject to Assessment)	7,977	\$5,272,228
Line 2 Medicaid Therapeutic and Medicaid Bed Hold Days	365	\$0

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

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
Medicare Provider ID:	31-5202
NPI:	1265616551
Reporting Period:	From: 1/1/2023 To: 12/31/2023
Worksheet:	Schedule S-12 - Additional Information

#### A. Associated Individuals

Provide the names and addresses of following associated individuals with the facility. If any the facility or person named in any of the following items is a partnership, include the name and address of each partner. If any corporation named in response to any of the following items is a limited liability company, include the name and address of each member.

**Any person who owns or operates a related party to the facility or who is a principal, a member of the board of trustees, or a member of the board of directors of the facility. Add subsequent rows as needed.**

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

**Any person who has an ownership interest of 5% or more in a private equity fund that is invested in the NF. Add subsequent rows as needed.**

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

**For corporations that do not have shares traded on a national securities exchange or a commercial bank, savings bank, or S&L, the name and address of each officer, director, principal shareholder, and controlling person of such a corporation. Add subsequent rows as needed.**

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

**For corporations that do have shares traded or which is a bank or S&L, the name and address of the principal executive officers and each director, principal shareholder and controlling person of said corporation. Add subsequent rows as needed.**

Name:			
Address:			
City:	State:	ZIP:	

Name:			
Address:			
City:	State:	ZIP:	

**For LLCs, name and addresses of each member. Add subsequent rows as needed.**

Name:	Genesis Operations IV LLC		
Name:	GHC Holdings LLC		
Name:	Genesis Healthcare LLC		
Name:	GEN Operations I LLC		
Name:	GEN Operations II LLC		
Name:	FC-GEN Operations Investment		
Name:	SunDance Rehabilitation Holdco Inc.		
Name:	Sun Healthcare Group Inc.		
Name:	Genesis Healthcare Inc.		
Name:	HCCF Management Group XI LLC		
Name:	ZAC Properties XI LLC		
Address:	101 East State Street		
City:	Kennett Square	State:	PA ZIP: 19348

Name:	Arnold Whitman		
Address:	3820 Mansell Road Suite 280		
City:	Alpharetta	State:	GA ZIP: 30022

Name:	Steven Fishman		
Address:	1617 JFK Boulevard Suite 545		
City:	Philadelphia	State:	PA ZIP: 19103

Name:	Welltower Inc.		
Address:	4500 Dorr Street		
City:	Toledo	State:	OH ZIP: 43615

Nursing Facility  
Department of Human Services  
Nursing Facility Cost Report

Provider Name:

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:

Schedule S-13 - Average Length of Stay

Average Length of Stay		Number of Beds (Column 1)	Bed Days Available (Column 2)	Inpatient Days (Column 3)	Discharges (Column 4)	Average Length of Stay (FORM CMS-2540-10) (Column 5)	Average Length of Stay (Inpatient Days / Number of Patients) (Column 6)	Admissions (Column 7)	Medicaid Only (Column 8)	Dual Eligible (Column 9)	Medicare Only (Column 10)	Medicare Part A & B (Column 11)	Part C (Medicare Advantage) (Column 12)	Total Population (Column 13)
1	Nursing Facility (S-2)	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
5	SCNF - TB/Coma (S-6)	0	0			0	0							0
6	SCNF - Ventilator (S-7)	0	0			0	0							0
7	SCNF - Young Adult (S-8)	0	0			0	0							0
8	Behavioral Health Nursing Facility (S-9)	0	0			0	0							0
9	Total (sum of lines 1-8)		14,733,225	40,730	383	106	407	391	85	0	15	0	9	100



State of New Jersey Department of Human Services Nursing Facility Cost Report									
Provider Name:	390 Red School Lane Operations LLC dba Lopitong Center								
Medicare Provider ID:	31-5202								
NPI:	1226616551								
Reporting Period:	From: 1/1/2023 To: 12/31/2023								
Worksheet:	Schedule A - Total Expense								
	A. Employee and Contract Labor Hours (Schedule A-1 through A-3)	B. Non-Manual Managerial Wages (Schedule A-3)	C. Managerial Salaries and Benefits (Schedule A-2)	D. Contracted Employees (Schedule A-1 and Schedule A-3)	E. Supplies & Other	F. Total	G. Adjustment for Related Parties (See Schedule A-4)	H. Adjustment for Income Offsets (See Schedule A-8)	I. Adjusted Total
<b>A. Direct Routine Patient Care Costs</b>									
1 Direct Care - Nursing Facility	134,950	\$ 4,207,966		\$ 96,359		\$ 4,304,325	\$ -	\$ -	\$ 4,304,325
2 Direct Care - SCNF AIDS	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
3 Direct Care - SCNF BMGT	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
4 Direct Care - SCNF PEDIATRIC	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
5 Direct Care - SCNF TB/COMA	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
6 Direct Care - SCNF VENTILATOR	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
7 Direct Care - SCNF YOUNG ADULT	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
8 Direct Care - Behavioral Health Nursing Facility	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
9 Direct Care - OTHER SPECIFY	-	\$ -		\$ -		\$ -	\$ -	\$ -	\$ -
10 Total Direct Patient Care Costs - Direct Reported	134,950	\$ 4,207,966		\$ 96,359		\$ 4,304,325	\$ -	\$ -	\$ 4,304,325
<b>B. Routine Patient Care Costs - Not Directly Reported</b>									
11 Routine Medical Supplies				\$ 171,868	\$ 171,868	\$ -	\$ -	\$ -	\$ 171,868
12 OTC Drugs				\$ 27,130	\$ 27,130	\$ -	\$ -	\$ -	\$ 27,130
13 Enteral Feeding (Product and Supplies)				\$ 1,416	\$ 1,416	\$ -	\$ -	\$ -	\$ 1,416
14 Incontinency Products				\$ 41,830	\$ 41,830	\$ -	\$ -	\$ -	\$ 41,830
15 Total Patient Care Costs - Not Directly Reported				\$ 242,244	\$ 242,244	\$ -	\$ -	\$ -	\$ 242,244
<b>C. Patient Ancillary Costs</b>									
16 Radiology	-	\$ -		\$ 23,588	\$ 23,588	\$ -	\$ -	\$ -	\$ 23,588
17 Laboratory	-	\$ -		\$ 86,429	\$ 86,429	\$ -	\$ -	\$ -	\$ 86,429
18 Intravenous Therapy	-	\$ -		\$ 17,207	\$ 17,207	\$ -	\$ -	\$ -	\$ 17,207
19 Oxygen Therapy	71.00	\$ -		\$ 3,398	\$ 6,134	\$ 9,532	\$ -	\$ -	\$ 9,532
20 Physical Therapy	7,694.00	\$ -		\$ 383,858	\$ 385,383	\$ -	\$ -	\$ -	\$ 385,383
21 Occupational Therapy	6,276.00	\$ -		\$ 377,465	\$ 377,465	\$ -	\$ -	\$ -	\$ 377,465
22 Speech Therapy	1,641.00	\$ -		\$ 140,258	\$ 140,258	\$ -	\$ -	\$ -	\$ 140,258
23 Electrocardiography	-	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24 Medical Supplies Charged to Patients	-	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25 Prescription Drugs (not OTC)				\$ 243,795	\$ 243,795	\$ -	\$ -	\$ -	\$ 243,795
26 Pharmacy Non-Formulary				\$ 10,152	\$ 10,152	\$ -	\$ -	\$ -	\$ 10,152
27 Support Surfaces				\$ 31,037	\$ 31,037	\$ -	\$ -	\$ -	\$ 31,037
28 Ambulance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29 Dental	-	\$ -		\$ 11,424	\$ 11,424	\$ -	\$ -	\$ -	\$ 11,424
30 Physicians	-	\$ -		\$ 6,303	\$ 6,303	\$ -	\$ -	\$ -	\$ 6,303
31 Other - Patient Ancillary Costs	-	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
32 Total Patient Ancillary Costs	15,482.00	\$ -		\$ 903,979	\$ 438,591	\$ 1,342,570	\$ -	\$ -	\$ 1,342,570
<b>D. Nursing Administration</b>									
33 Director of Nursing, ADON, Supervisors	6,439.70	\$ 210,857	\$ 194,984	\$ -	\$ 405,841	\$ -	\$ -	\$ -	\$ 405,841
34 Inservice Education	3,352.00	\$ 180,043	\$ -	\$ -	\$ 180,043	\$ -	\$ -	\$ -	\$ 180,043
35 MDS Coordinator	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
36 Staffing Coordinator	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
37 Infection Control	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38 Medical Records/EMR	1,234.23	\$ 23,747	\$ -	\$ -	\$ 23,747	\$ -	\$ -	\$ -	\$ 23,747
39 Nursing License Fees	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
40 Other - Nursing Administration	6,833.21	\$ 185,766	\$ -	\$ -	\$ 94,587	\$ 280,353	\$ -	\$ -	\$ 280,353
41 Total Nursing Administration	17,859.14	\$ 600,412	\$ 194,984	\$ -	\$ 94,587	\$ 889,989	\$ -	\$ -	\$ 889,989
<b>E. Workforce Related Costs - Patient Care</b>									
42 Direct Patient Care Recruitment				\$ 80,334	\$ 80,334	\$ -	\$ -	\$ -	\$ 80,334
43 Direct Patient Care Retention				\$ 18,179	\$ 18,179	\$ -	\$ -	\$ -	\$ 18,179
44 Total Workforce Related Costs - Patient Care				\$ 98,513	\$ 98,513	\$ -	\$ -	\$ -	\$ 98,513
<b>G. Patient Support Services</b>									
45 Food (including supplements)				\$ 260,507	\$ 260,507	\$ -	\$ -	\$ -	\$ 260,507
46 Dietary Department	-	\$ -	\$ 755,549	\$ 29,451	\$ 785,000	\$ -	\$ -	\$ -	\$ 785,000
47 Laundry Department	-	\$ -	\$ 201,529	\$ 17,117	\$ 218,646	\$ -	\$ -	\$ (1,780)	\$ 216,866
48 Housekeeping Department		\$ -	\$ 379,333	\$ 18,956	\$ 398,289	\$ -	\$ -	\$ -	\$ 398,289
49 Social Services	6,086.54	\$ 186,504	\$ -	\$ -	\$ 186,748	\$ -	\$ -	\$ -	\$ 186,748
50 Patient Activities	9,121.17	\$ 154,435	\$ -	\$ 5,403	\$ 159,838	\$ -	\$ -	\$ -	\$ 159,838
51 Medical Director	834.00	\$ -	\$ -	\$ 70,911	\$ 70,911	\$ -	\$ -	\$ -	\$ 70,911
52 Pharmacy Consultant	-	\$ -	\$ -	\$ 15,422	\$ 15,422	\$ -	\$ -	\$ -	\$ 15,422
53 Auto Leasing and Depreciation - Direct Patient Care				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
54 Other Auto Expense - Direct Patient Care				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
55 Other - Patient Support Services	-	\$ -	\$ -	\$ 56,345	\$ 56,345	\$ -	\$ -	\$ -	\$ 56,345
56 Total Patient Support Services	16,042	\$ 340,939	\$ -	\$ 1,407,322	\$ 403,445	\$ 2,151,706	\$ -	\$ (1,780)	\$ 2,149,926
<b>H. Property Operating Costs</b>									
57 Maintenance	4,219.96	\$ 100,266	\$ -	\$ -	\$ 121,879	\$ 222,145	\$ -	\$ -	\$ 222,145
58 Security	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
59 Utilities (including telephone and cable services)				\$ 379,496	\$ 379,496	\$ -	\$ -	\$ -	\$ 379,496
60 Real Estate Tax				\$ 154,279	\$ 154,279	\$ -	\$ -	\$ -	\$ 154,279
61 Property Insurance				\$ 49,301	\$ 49,301	\$ -	\$ -	\$ -	\$ 49,301
62 Total Property Operating Costs	4,220	\$ 100,266	\$ -	\$ -	\$ 204,965	\$ 895,221	\$ -	\$ -	\$ 895,221
<b>I. Administrative &amp; Operating Costs</b>									
63 Administrator	2,000.00	\$ -	\$ 157,826		\$ 157,826	\$ -	\$ -	\$ -	\$ 157,826
64 Assistant Administrator	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
65 Other Executive Staff	-	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
66 Office Staff	14,085.66	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
67 Management Fees				\$ 631,810	\$ 631,810	\$ 8,298	\$ -	\$ (2,602)	\$ 637,506
68 Office Supplies and Expenses				\$ 16,774	\$ 16,774	\$ -	\$ -	\$ -	\$ 16,774
69 Insurance not Related to Property or Employees				\$ 161,945	\$ 161,945	\$ -	\$ -	\$ -	\$ 161,945
70 Business Taxes				\$ 78	\$ 78	\$ -	\$ -	\$ -	\$ 78
71 Accounting Fees				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
72 Legal Fees				\$ 1,125	\$ 1,125	\$ -	\$ -	\$ -	\$ 1,125
73 Advertising				\$ 250	\$ 250	\$ -	\$ -	\$ -	\$ 250
74 Allowable contributions				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
75 Allowable Employee Gifts and Party				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
76 Auto Leasing and Depreciation				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
77 Other Auto Expenses				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
78 Travel Expenses				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
79 Non-Capital Related Interest Expense				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
80 Other A&O costs				\$ 177,980	\$ 177,980	\$ -	\$ -	\$ -	\$ 177,980
81 Total Administrative & General	16,086	\$ -	\$ 157,826	\$ -	\$ 889,962	\$ 1,147,788	\$ 8,298	\$ (2,602)	\$ 1,153,484
<b>J. Provider Tax (NHA 100)</b>									
82 Provider Tax (NHA 100)				\$ 453,200	\$ 453,200	\$ -	\$ -	\$ -	\$ 453,200
<b>K. Workforce Related Costs - Other</b>									
83 Patient Support & Other Recruitment				\$ 1,560	\$ 1,560	\$ -	\$ -	\$ -	\$ 1,560
84 Patient Support & Other Retention				\$ 19,962	\$ 19,962	\$ -	\$ -	\$ -	\$ 19,962
85 Professional Training				\$ 19,839	\$ 19,839	\$ -	\$ -	\$ -	\$ 19,839
86 Licensing and Dues				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
87 Total Workforce Related Costs - Other				\$ 41,361	\$ 41,361	\$ -	\$ -	\$ -	\$ 41,361
<b>L. Fringe Benefits for Non-Management Employees</b>									
88 Payroll Taxes				\$ 429,289	\$ 429,289	\$ -	\$ -	\$ -	\$ 429,289
89 Workers' Compensation				\$ 129,413	\$ 129,413	\$ -	\$ -	\$ -	\$ 129,413
90 Unemployment				\$ 67,567	\$ 67,567	\$ -	\$ -	\$ -	\$ 67,567
91 Disability Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
92 Medical Insurance				\$ 154,693	\$ 154,693	\$ -	\$ -	\$ -	\$ 154,693
93 Dental Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
94 Union Welfare				\$ 13,498	\$ 13,498	\$ -	\$ -	\$ -	\$ 13,498
95 Vision Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
96 Uniforms				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97 Tuition Assistance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
98 Retirement Benefits				\$ 8,675	\$ 8,675	\$ -	\$ -	\$ -	\$ 8,675
99 Life Insurance				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
100 Other - Fringe Benefits				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
101 Total Fringe Benefits				\$ 803,135	\$ 803,135	\$ -	\$ -	\$ -	\$ 803,135
<b>M. Property Capital Costs</b>									
102 Depreciation				\$ 166,770	\$ 166,770	\$ 33,287	\$ -	\$ -	\$ 200,057
103 Mortgage Interest (Allowable Interest)				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
104 Rental of Building				\$ 1,149,259	\$ 1,149,259	\$ -	\$ -	\$ -	\$ 1,149,259
105 Rental of Equipment				\$ 23,750	\$ 23,750	\$ -	\$ -	\$ -	\$ 23,750
106 Total Property Capital Costs				\$ 1,339,779	\$ 1,339,779	\$ 33,287	\$ -	\$ -	\$ 1,373,066
<b>N. Non-Routine/Non-Allowable Costs</b>									
107 Non-Routine / Non-Allowable Costs (From Schedule A-3 & A-4)	-	\$ -	\$ -	\$ 5,265	\$ 271,585	\$ 276,850	\$ -	\$ -	\$ 276,850
<b>Total</b>	<b>204,638.69</b>	<b>\$ 5,249,583</b>	<b>\$ 352,810</b>	<b>\$ 2,412,925</b>	<b>\$ 5,881,357</b>	<b>\$ 13,896,675</b>	<b>\$ 41,585</b>	<b>\$ (4,382)</b>	<b>\$ 13,933,878</b>

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
<b>Nursing Facility (Schedule A Line 1)</b>				
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				
<b>Total Nursing Facility</b>	<b>132,775.89</b>	<b>\$4,207,966</b>	<b>2,174.33</b>	<b>\$96,359</b>
<b>Special Care Nursing Facility - AIDS (Schedule A Line 2)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - AIDS</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - BMGT (Schedule A Line 3)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - BMGT</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Pediatric (Schedule A Line 4)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - PEDIATRIC</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - TBI/COMA</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Vent (Schedule A Line 6)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - VENTILATOR</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Special Care Nursing Facility - Young Adult (Schedule A Line 7)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total SCNF - YOUNG ADULT</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Behavioral Health Nursing Facility (Schedule A Line 8)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>Total Behavioral Health Nursing Facility</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Other (Schedule A Line 9)</b>				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
<b>TOTAL - OTHER (SPECIFY)</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	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-2 - Management Employees		

		Hours	Cost
<b>Administrator</b>			63
Name	Salary	1,320	104,486
John Alvarez	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		104,486

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

<b>Director of Nursing</b>			33
Name	Salary	640	44,721
Donna Peterpaul	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		44,721

<b>Assistant Director of Nursing</b>			33
Name	Salary	1,336	79,779
Donna Peterpaul	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	<b>Total</b>		79,779

<b>Other</b>			
Name	Admin	Input Line Number	63
Christine Bradford	Salary	680	53,340
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		53,340

<b>Other</b>			
Name	DON	Input Line Number	33
Laura Sansone	Salary	80	6,210
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		6,210

<b>Other</b>			
Name	DON	Input Line Number	33
Teresa Simoney	Salary	928	60,811
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		60,811

<b>Other</b>			
Name	DON	Input Line Number	33
Josanne Phillips	Salary	48	3,463
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	<b>Total</b>		3,463

<b>TOTAL MANAGERIAL COMPENSATION</b>		\$	352,810
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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		
Medicare Provider ID:	31-5202		
NPI:	1265616551		
Reporting Period:	From:	1/1/2023 To:	12/31/2023
Worksheet:	Schedule A-3 - Non-Direct Care and Non-Managerial Wages and Contract Labor		

	A. Schedule A Line	B. Salaried Hours	C. Salary and Wages	D. Contract Labor Hours	E. Contract Labor Expense	F. Total Hours	
<b>C. Patient Ancillary Costs</b>							
1	Radiology	16				-	
2	Laboratory	17				-	
3	Intravenous Therapy	18				-	
4	Oxygen Therapy	19		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	<b>Total Patient Ancillary Costs</b>		-	\$ -	15,482.00	\$ 903,979	15,482.00
Total							
<b>E. Nursing Administration</b>							
12	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	<b>Total Nursing Administration</b>		14,827.14	\$ 600,412	-	\$ -	14,827.14
Total							
<b>G. Patient Support Services</b>							
20	Dietary Department	46			\$ 755,549	-	
21	Laundry Department	47			\$ 201,529	-	
22	Housekeeping Department	48			\$ 379,333	-	
23	Social Services	49	6,086.54	\$ 186,504		6,086.54	
24	Patient Activities	50	9,121.17	\$ 154,435		9,121.17	
25	Medical Director	51		834.00	\$ 70,911	834.00	
26	Pharmacy Consultant	52				-	
27	Other - Patient Support Services	55				-	
28	<b>Total Patient Support Services</b>		15,207.71	\$ 340,939	834.00	\$ 1,407,322	16,041.71
Total							
<b>H. Property Operating Costs</b>							
29	Maintenance	57	4,219.96	\$ 100,266		4,219.96	
30	Security	58				-	
31	<b>Total Property Operating Costs</b>		4,219.96	\$ 100,266	-	\$ -	4,219.96
Total							
<b>I. Administrative &amp; Operating Costs</b>							
32	Office Staff	66	14,085.66			14,085.66	
33	<b>Total Administrative &amp; General</b>		14,085.66	\$ -	-	\$ -	14,085.66
Total							
<b>N. Non-Routine/Non-Allowable Costs</b>							
34	Sales and Marketing Personnel	N/A				-	
35	Gift, Flower, Coffee Shops and Canteen	N/A				-	
36	Barber and Beauty Shop	N/A			\$ 5,265	-	
37	Physician Private Offices	N/A				-	
38	Patient Laundry	N/A				-	
39	Other Non-Reimbursable Personnel	N/A				-	
40	<b>Non-Routine / Non-Allowable Costs</b>	107	-	\$ -	-	\$ 5,265	-
Total							
<b>Total</b>			48,340.47	\$ 1,041,617	16,316.00	\$ 2,316,566	64,656.47
Total							

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Reporting Period:	From:	1/1/2023 To:
Worksheet:	Schedule A-4 Part I - Related Parties	
Provider DBA Name (if any):	390 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 c

#### A3. Management Contracts

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

#### A4. Relationship Status Options

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

#### A5. Goods/Services Category Options

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



[illegible]





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-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	<b>Non-Allowable Other Costs</b>	<b>\$ 271,585</b>

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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		
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 Depreciation Expense										
Type of Capital	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	Current Year Depreciation Expense (Schedule A Line 102 Column F)	Related Party Depreciation Adjustments (Schedule A Line 102 Column G)	Adjusted Total Depreciation Expense (Schedule A Line 102 Column I)
		Purchases	Donations	Total						
Land				\$0.00						
Land Improvement	\$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
<b>Total</b>	<b>#####</b>	<b>\$11,393.00</b>	<b>\$0.00</b>	<b>\$11,393.00</b>	<b>\$0.00</b>	<b>\$7,383,210.00</b>	<b>\$0.00</b>	<b>\$166,770.00</b>	<b>\$0.00</b>	<b>\$166,770.00</b>

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

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State of New Jersey Department of Human Services Nursing Facility Cost Report			
Provider Name:	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-7 - Depreciation Schedule		

Asset Name/Description	Capitalized Costs	Estimated Salvage Value	Weighted Average Estimated Useful Life (Years)	Prior Period Accumulated Depreciation	Prior Period Impairment	Period Depreciation	Asset Group Carrying Value
------------------------	-------------------	-------------------------	--	---------------------------------------	-------------------------	---------------------	----------------------------

<b>Buildings:</b>							
Nursing Facilities						\$ -	\$ -
Administrative Facilities						\$ -	\$ -
Multi-purpose Facilities						\$ -	\$ -
Land Improvements						\$ -	\$ -
Storage Facilities						\$ -	\$ -
Parking Garages						\$ -	\$ -

<b>Other:</b>							
Building Improv	\$ 689,010	\$ -	11.7283	\$ 348,162		\$ 58,748	\$ 282,101
Fixed Equipment	\$ 98,901		14.295	\$ 59,951		\$ 6,919	\$ 32,032
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -

<b>Total Period Depreciation - Buildings</b>						\$ 65,666	
--	--	--	--	--	--	-----------	--

<b>Equipment:</b>							
Medical Equipment						\$ -	\$ -
Other Equipment Used in Direct Care Services	\$ 764,895	\$ -	26.155	\$ 644,408		\$ 29,245	\$ 91,242
Computer Equipment	\$ 47,980		42.5655	\$ 32,544		\$ 1,127	\$ 14,309
Telephone and Communication Equipment	\$ 3,978	\$ -	127.47	\$ 3,828		\$ 31	\$ 120
Maintenance and Custodial Equipment						\$ -	\$ -

<b>Other:</b>							
Depreciation accelerated	\$ 24,891	\$ -	1			\$ 24,891	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -

<b>Total Period Depreciation - Equipment</b>						\$ 55,294	
--	--	--	--	--	--	-----------	--

<b>Vehicles:</b>							
Cars						\$ -	\$ -
Trucks						\$ -	\$ -
Vans						\$ -	\$ -

<b>Other:</b>							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -

<b>Total Period Depreciation - Vehicles</b>						\$ -	
---	--	--	--	--	--	------	--

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

<b>Other:</b>							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -

<b>Total Period Depreciation - Office Furniture and Fixtures</b>						\$ -	
--	--	--	--	--	--	------	--

<b>Software:</b>							
Medical Software (Including EHR)						\$ -	\$ -
Administrative Software						\$ -	\$ -

<b>Other:</b>							
						\$ -	\$ -
						\$ -	\$ -
						\$ -	\$ -

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

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

	Total	Nursing Facility	SCNF AIDS	SCNF BMGT	SCNF Pediatric	SCNF TBI/Coma	SCNF Ventilator	SCNF Young Adult	Behavioral Health Nursing Facility	Other	Offset 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										67
Rebates of Expenses											
Purchase Discounts											
Property Rentals											
Fringe Benefits											
Supplies Sold to Non-Patients											
Services Sold to Non-Patients											
Income from laundry and linen service received from patients	1,780										47
Retroactive payments for non-formulary pharmacy transactions											
Other:											
Other:											
Other:											
Other:											
Other:											
Other:											
Other:											
Other:											
Other:											

#### B. Other Non-Patient Revenue

County Funding											
Other:											
Other:											
Other:											
Other:											
Other:											
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
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[Index](#)

[illegible]

SCHEDULE A LINE	SCHEDULE A LINE DESCRIPTION	AMOUNT PAID	BRANDS/PRODUCTS	ROUTINE MEDICAL COUNCIL	OTD DEDUCT	INTERNAL FEEDING (PRODUCT AND COUNCIL)	RECONVITANT COUNCIL	DIAPYRINOL	LABORATORY	INTERVANT THERAPY	PHYSICAL THERAPY	OCCUPATIONAL THERAPY	OTHER THERAPY
	Allocation Method Cost to be Allocated												
		\$80,135	\$5,421,451	\$27,130	\$1,416	\$41,830	\$23,188	\$86,439	\$17,207	\$5,512	\$85,183	\$27,685	\$149,248

State of New Jersey Department of Human Services Nursing Facility Cost Report																															
Provider Name:		100 Bed School Lane Operations LLC-Bay Ledgecare Center																													
Medicare Provider ID:		21-52929																													
NPI:		1400044003																													
Reporting Period:		From: 01/01/2023 To: 12/31/2023																													
Worksheet:		Worksheet B-2 - Resident Rates for Use of Land																													
Property #	Section A			Section B		Section C		Section D				Section E		Section F		Section G		Section H		Section I		Section J		Section K		Section L		Section M		Section N	
	Property Address	Property City	Property ZIP	Related Party Transaction	Operating or Capital Lease	Lessor or Landlord Name	Lessor or Landlord Address	Lessor or Landlord City	Lessor or Landlord ZIP	Lessor or Landlord Phone Number	Direct Care - Nursing Facility (Square Footage)	Other Services Provided at this Property (Square Footage)	Total Square Footage	Percentage Square Footage Dedicated to Direct Care Nursing Facility	Original Lease Date	Effective dates of current rental agreement: 06/01/2016	Effective dates of current rental agreement: 06/01/2016	Monthly Lease/Rent Amount: \$26,173.58	Lease - Rent - Use of Land (Total Amount Paid for the Reporting Period): \$1,469,238.96	Average Price per Square Foot Nursing Facility: 1.31											
1	100 Bed School Lane	Phillipsburg	08862	No	Operating Lease	Veritas	10100 Christmas Park Place	Louisville	40223	617-6106756	\$5,789.00	-	\$5,789.00	100%	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A																															
B																															
C																															
D																															
E																															
F																															
G																															
H																															
I																															
J																															
K																															
L																															
M																															
N																															
TOTAL												\$5,789.00	-	\$5,789.00	100%																
Excluded Footage reflected in Schedule B												\$3,500.00	-	\$3,500.00	100%																

**10. Lease Contracts**  
Attach current copies of all lease contracts identified in section 8 above.

[illegible]



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

Provider Name:

1305010555

Medicare Provider ID:

351502

NPI:

3200858055

Reporting Period:

From: 10/01/2023 To: 12/31/2023

Worksheet:

Schedule C-1 - Patient Care Ratio

	Total Routine Patient Days	Medicaid/NI FamilyCare Routine Days	Medicaid/NI FamilyCare Routine Days to Total Routine Days Percentage	Medicaid/NI FamilyCare Routine Patient Revenue Bill and Paid	Medicaid/NI FamilyCare Routine Patient Revenue Bill and Paid	Total Medicaid/NI Family Care Patient Revenue for PCR	CNA Direct Care Compensation as Defined by 10-45A-2.1	Non-CNA Direct Care Compensation as Defined by 10-45A-2.3	Other Resident Care and Support Compensation as Defined by 10-45A-2.3	Administrative Compensation as Defined by 10-45A-2.3	Management Fees as Defined by 10-45A-2.3	Facility Operation Compensation	Non-Reimbursable Compensation	Direct Care Materials and Supplies Expenses as Defined by 10-45A-2.4	Other Materials and Supplies Expenses as Defined by 10-45A-2.4	Equipment, Maintenance, Telecommunication, and Utility Expenses Attributable to Building and Equipment Defined By 10-45A-3.6	Capital Cost Attributable to Building and Equipment Defined by 10-45A-2.5	Staff Training As Defined By 10-45A-2.6	Insurance Expense As Defined By 10-45A-2.6	Capital Related Interest Expense As Defined By 10-45A-2.6	Non-Capital Interest Expense As Defined By 10-45A-2.6	Fees and Taxes As Defined By 10-45A-2.6	NNA-100 Assessment As Defined By 10-45A-2.6	Additional Related Party and Income Related Adjustments	Non-Reimbursable Other Costs	Total Cost Per PCR Regulations	Allocated Cost as Defined in 10-45A-2.7	Patient Care Ratio	
Nursing Facility	49,305	27,475	67.92%	REF1	\$0	REF1	\$2,063,230	\$2,816,872	\$2,687,674	\$106,455	\$827,441	\$115,605	\$0	\$838,789	\$212,985	\$501,975	\$1,719,055	\$18,647	\$208,689	\$0	\$0	\$154,106	\$453,200	(\$1,780)	\$0	\$12,295,592	\$8,277,953	0.00%	
SNF ADL	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF ADULT	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DELUSING	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSOMIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00%	REF1	\$0	REF1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
SNF DYSPLASIA	0	0	0.00																										