

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Form Approved  
 OMB No. 0938-0463  
 Approval Expires 12-31-2021

Worksheet S Tuesday, May 21, 2024 at 8:51:57 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

- Provider 1.  Electronically prepared cost report;  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Manually prepared cost report 2.  Manually prepared cost report
3.  If this is an amended report enter the number of times the provider resubmitted this cost report
- 3.01  No Medicare Utilization. Enter "Y" for yes or leave blank for no.
- Contractor 4.  Cost Report Status 6. Contractor No. \_\_\_\_\_
- Manually prepared cost report 1] As Submitted 7.  First Cost Report Processed by Contractor
- 2] Settled without audit 8.  Last Cost Report Processed by Contractor
- 3] Settled with audit 9.  NPR Date: \_\_\_\_\_
- 4] Reopened 10.  If line 4, column 1 is "4": Enter number of times reopened: \_\_\_\_\_
- 5] Amended 11. Contractor Vendor Code \_\_\_\_\_
5. Date Received \_\_\_\_\_ 12.  Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Jewish Home at Rockleigh (31-5473) for the cost report period beginning January 1, 2023 and ending December 31, 2023, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	
	1	2
1   _____	<input type="checkbox"/>	<input type="checkbox"/>

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

- 2 |Printed name \_\_\_\_\_
- 3 |Title \_\_\_\_\_
- 4 |Signature date \_\_\_\_\_

PART III - SETTLEMENT SUMMARY

CMS #	SNF	Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	45,980	-5,958	0
100	Total	0	45,980	-5,958	0

ECR Encryption Information: \_\_\_\_\_ PI Encryption Information: \_\_\_\_\_

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet S-2 Part I Tuesday, May 21, 2024 at 8:51:57 AM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS

#

1 Street / P.O. Box: 10 Link Dr  
 2 City / State / Zip: ROCKLEIGH NJ 07647  
 3 County / CBSA Code / Urban/Rural: Bergen 35154 Urban

Payment System  
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Jewish Home at Rockleigh	31-5473	02/15/2002			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2023	12/31/2023				
15	Type of Control (See Instructions)		2				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N  
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N  
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? Yes

MISCELLANEOUS COST REPORTING INFORMATION

19 Is this a low Medicare Utilization cost report, enter "Y" for yes or "N" for no. N  
 If the response to line 19 is yes, Does this cost report meet your contractor's criteria for filing a low  
 19.01 utilization cost report? (Y/N) N

DEPRECIATION - ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED ON LINES 20 - 22.

20 Straight Line 2,851,531  
 21 Declining Balance.  
 22 Sum of the Years' Digits  
 23 Sum of lines 20 through 22 2,851,531  
 24 If depreciation is funded, enter the balance as of the end of the period.  
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N  
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N  
 Did you cease to participate in the Medicare program at the end of the period to which this cost report  
 27 applies (See PRM 15-1, Chapter 1)? N  
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	Part A	Part B	Other
	No	No	
29 Skilled Nursing Facility			
30 Nursing Facility			
32 SNF-Based HHA			
36 SNF-Based OLTC			

Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the  
 37 level of care given for Titles V & XIX patients? N  
 38 Are you legally-required to carry malpractice insurance? Yes  
 Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If  
 39 policy is "occurrence", enter 2. 1  
 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per  
 40 lawsuit. Enter in column 2 the monetary limit per policy year.

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses	303579		

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Y/N

42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N

Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column

43 1. N

If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name

44 and address of the home office on lines 45-47.

45 Name / Contractor Name / Contractor Number

46 Street / PO Box

47 City / State / Zip

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Worksheet S-2 Part II Tuesday, May 21, 2024 at 8:51:57 AM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
<b>PROVIDER ORGANIZATION AND OPERATION</b>				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	N		
<b>FINANCIAL DATA AND REPORTS</b>				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
<b>APPROVED EDUCATIONAL ACTIVITIES</b>				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
<b>BAD DEBTS</b>				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
<b>PS&amp;R DATA</b>				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	04/02/2024	Y 04/02/2024
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
<b>COST REPORT PREPARER CONTACT INFORMATION</b>				
19	First name/Last name/Title	1	William Hartung	2
20	Employer.		Zimmet Healthcare Services Group LLC	3
21	Telephone number/Email address.		732-970-0733	costreports@zhealthcare.com

JEWISH HOME AT ROCKLEIGH  
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Worksheet S-3 Part I Tuesday, May 21, 2024 at 8:51:57 AM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
		1	2	3	4	5	6	7
1	Skilled Nursing Facility	196	71,540	0	16,843	28,430	19,587	64,860
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	196	71,540	0	16,843	28,430	19,587	64,860

CMS #	Component	Discharges				Average Length of Stay				
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
		8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	586	99	317	1,002	0.00	28.74	287.17	64.73
2	Nursing Facility	0		0	0	0	0.00		0.00	0.00
4	Home Health Agency Cost					0				0.00
5	Other Long Term Care				0	0				0.00
8	Total	0	586	99	317	1,002	0.00	28.74	287.17	64.73

CMS #	Component	Admissions				FTE		
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
		17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	698	38	269	1,005	274.87	0
2	Nursing Facility	0		0	0	0	0.00	0
4	Home Health Agency Cost					0	0.00	0
5	Other Long Term Care				0	0	0.00	0
8	Total	0	698	38	269	1,005	274.87	0

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Worksheet S-3 Part II Tuesday, May 21, 2024 at 8:51:57 AM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Amount Reported	Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage
			from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	17,631,215	0	17,631,215	571,727.00	30.84
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	17,631,215	0	17,631,215	571,727.00	30.84
7	Other Long Term Care	0	0	0	0.00	
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	0	0	0	0.00	
12	Subtotal Excluded salary (Sum of lines 7-11)	0	0	0	0.00	
13	Total Adjusted Salaries (Line 6 - 12)	17,631,215	0	17,631,215	571,727.00	30.84
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	3,780,280	0	3,780,280	58,891.00	64.19
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	3,520,747	0	3,520,747		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	0	0	0		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	3,520,747	0	3,520,747		

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Worksheet S-3 Part III Tuesday, May 21, 2024 at 8:51:57 AM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	691,784	0	691,784	10,076	68.66
3	Plant Operation, Maint. & Repairs	703,819	0	703,819	33,866	20.78
4	Laundry & Linen Service	0	0	0	0	0.00
5	Housekeeping	813,045	0	813,045	45,344	17.93
6	Dietary	1,835,669	0	1,835,669	86,136	21.31
7	Nursing Administration	952,680	0	952,680	17,963	53.04
8	Central Services & Supply	40,234	0	40,234	2,103	19.13
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	89,814	0	89,814	2,080	43.18
11	Social Service	216,745	0	216,745	5,834	37.15
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	700,605	0	700,605	22,028	31.81
14	Total	6,044,395	0	6,044,395	225,430	26.81

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Worksheet S-3 Part IV Tuesday, May 21, 2024 at 8:51:57 AM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	78,627
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	1,611,094
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	99,252
11	Life Insurance (If employee is owner or beneficiary)	49,894
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	353,006
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	1,038,060
18	Medicare Taxes - Employer Portion Only	245,561
19	Unemployment Insurance	0
20	State or Federal Unemployment Taxes	45,253
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
	=====	
24	Total Wage Related Cost (Lines 1-23)	3,520,747
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

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Worksheet S-3 Part V Tuesday, May 21, 2024 at 8:51:57 AM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
<b>DIRECT SALARIES</b>						
<b>NURSING OCCUPATIONS</b>						
1	Registered Nurses (RNs)	2,591,358	372,939	2,964,297	46,752	63.40
2	Licensed Practical Nurses (LPNs)	2,050,853	336,468	2,387,321	54,049	44.17
3	Certified Nursing Assistants/Nursing Assistants/Aides	4,247,667	541,061	4,788,728	186,385	25.69
4	<b>Total Nursing (Sum of 1 - 3)</b>	<b>8,889,878</b>	<b>1,250,468</b>	<b>10,140,346</b>	<b>287,186</b>	<b>35.31</b>
5	Physical Therapists	921,946	96,746	1,018,692	15,895	64.09
6	Physical Therapy Assistants	462,716	61,778	524,494	11,364	46.15
7	Physical Therapy Aides	28,930	3,213	32,143	3,944	8.15
8	Occupational Therapists	361,660	40,653	402,313	7,233	55.62
9	Occupational Therapy Assistants	475,775	72,970	548,745	14,994	36.60
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	299,863	40,165	340,028	5,683	59.83
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
<b>CONTRACT LABOR</b>						
<b>NURSING OCCUPATIONS</b>						
14	Registered Nurses (RNs)	1,290,296		1,290,296	19,190	67.24
15	Licensed Practical Nurses (LPNs)	1,432,311		1,432,311	18,845	76.00
16	Certified Nursing Assistants/Nursing Assistants/Aides	1,049,101		1,049,101	20,762	50.53
17	<b>Total Nursing (Sum of 14 - 16)</b>	<b>3,771,708</b>		<b>3,771,708</b>	<b>58,797</b>	<b>64.15</b>
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	0		0	0	0.00
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	0		0	0	0.00
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	8,572		8,572	95	90.23
26	Other Medical Staff	0		0	0	0.00



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Worksheet A Tuesday, May 21, 2024 at 8:51:57 AM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		3,097,519	3,097,519	0	3,097,519	-52,395	3,045,124
2	Cap Rel Costs - Movable Equipment		617,126	617,126	0	617,126	-23,822	593,304
3	Employee Benefits	0	3,612,670	3,612,670	0	3,612,670	0	3,612,670
4	Administrative & General	691,784	4,636,308	5,328,092	0	5,328,092	-1,995,202	3,332,890
5	Plant Operation, Maint. & Repairs	703,819	1,566,388	2,270,207	0	2,270,207	0	2,270,207
6	Laundry & Linen Service	0	542,779	542,779	0	542,779	0	542,779
7	Housekeeping	813,045	85,885	898,930	0	898,930	0	898,930
8	Dietary	1,835,669	1,431,744	3,267,413	0	3,267,413	-19,805	3,247,608
9	Nursing Administration	952,680	81,235	1,033,915	0	1,033,915	0	1,033,915
10	Central Services & Supply	40,234	467,981	508,215	0	508,215	0	508,215
11	Pharmacy	0	28,764	28,764	0	28,764	0	28,764
12	Medical Records & Library	89,814	738	90,552	0	90,552	-3,125	87,427
13	Social Service	216,745	881	217,626	0	217,626	0	217,626
15	Activities	700,605	48,796	749,401	0	749,401	0	749,401
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	8,889,878	3,881,039	12,770,917	0	12,770,917	0	12,770,917
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	111,606	111,606	0	111,606	0	111,606
41	Laboratory	0	169,327	169,327	0	169,327	0	169,327
42	Intravenous Therapy	0	245,577	245,577	0	245,577	0	245,577
43	Oxygen (Inhalation) Therapy	0	61,169	61,169	0	61,169	0	61,169
44	Physical Therapy	1,452,896	222,883	1,675,779	0	1,675,779	0	1,675,779
45	Occupational Therapy	944,183	0	944,183	0	944,183	0	944,183
46	Speech Pathology	299,863	0	299,863	0	299,863	0	299,863
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	667,372	667,372	0	667,372	0	667,372
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	15,319	15,319	0	15,319	0	15,319
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	17,631,215	21,593,106	39,224,321	0	39,224,321	-2,094,349	37,129,972
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	481	481	0	481	0	481
91	Barber and Beauty Shop	0	37,665	37,665	0	37,665	0	37,665
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
100	TOTAL	17,631,215	21,631,252	39,262,467	0	39,262,467	-2,094,349	37,168,118

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-6 Tuesday, May 21, 2024 at 8:51:57 AM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Increases			Decreases					
		Code	COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
100	TOTAL RECLASSIFICATIONS				0	0			0	0

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-7 Tuesday, May 21, 2024 at 8:51:57 AM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	6,640,000	0	0	6,640,000	0
2	Land Improvements	2,320,208	0	26,808	2,293,400	1,432,313
3	Buildings & Fixtures	81,105,395	625,500	21,979	81,708,916	1,463,701
4	Building Improvements	0	0	0	0	0
5	Fixed Equipment	966,495	83,891	0	1,050,386	175,745
6	Movable Equipment	5,210,615	186,506	671,270	4,725,851	2,696,940
7	Subtotal	96,242,713	895,897	720,057	96,418,553	5,768,699
8	Reconciling Items	0	0	0	0	0
9	Total	96,242,713	895,897	720,057	96,418,553	5,768,699

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8 Tuesday, May 21, 2024 at 8:51:57 AM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment	Amount	Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
				1	2	
1	Investment income on restricted funds		0			
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
12	Adjustment resulting from transactions with related organizations	A81	0			
13	Laundry and Linen service		0			
14	Revenue - Employee meals		0			
15	Cost of meals - Guests		0			
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts	B	-3,125	Medical Records & Library		12
19	Vending machines	B	-85	Dietary		8
20	Income from imposition of interest, finance or penalty charges		0			
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Carls Place	B	-19,720	Dietary		8
26	Rental	B	-50,955	Cap Rel Costs - Bldgs & Fixtures		1
27	Guest Room Rental	B	-1,440	Cap Rel Costs - Bldgs & Fixtures		1
28	Misc Income	B	-371,739	Administrative & General		4
29	Interest	B	-419,345	Administrative & General		4
30	PR & Display Advertising	A	-657	Administrative & General		4
31	Donations	A	-6,000	Administrative & General		4
32	Provision for Bad Debt	A	-240,000	Administrative & General		4
33	Investment Fee	A	-2,500	Administrative & General		4
34	CNR Investment Fee	A	-41,901	Administrative & General		4
35	Gain(Loss) on Equip Disposal	A	-23,822	Cap Rel Costs - Movable Equipment		2
36	Unrealized Gain (Loss) Invest	B	-903,181	Administrative & General		4
37	Gain (Loss) on sale of Invest	B	-9,879	Administrative & General		4
100	TOTAL		=====			
			-2,094,349			

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-1 Tuesday, May 21, 2024 at 8:51:57 AM

Statement of Costs of Services from Related Organizations and Home Office Costs

I. Costs Incurred And Adjustments Required As A Result Of Transactions With Related Organizations Or Claimed Home Office Costs:

CMS #	Line No.	Cost Center	Expense Items	Amount		Adjustments
				Allowable In Cost	Amount Included in Wkst A col 5	
	1	2	3	4	5	6
1	4	Administrative & General Management		1,838,472	1,838,472	0
10		TOTALS		1,838,472	1,838,472	0

II. Interrelationship To Related Organization(s) And/Or Home Office:

The Secretary, by virtue of authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities and supplies furnished by organizations related to you by common ownership or control, represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

#	Symbol	Name	----- Related Organization(s) -----			
			Percentage of Ownership	Percent of Ownership	Type of Business	
1	E	Jewish Home At Rockleigh	100%	0%	Mgmt	

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in 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 relative of such person has financial interest in related 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 relative of such person has financial interest in provider
- G. Other:

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet A-8-2 Tuesday, May 21, 2024 at 8:51:57 AM

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation	Profess- ional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5% of Unadjusted RCE Limit
		3	4	5	6	7	8	9
100	Total	0	0	0		0	0	0

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of Col 12	Physician Cost of Malpractice Insurance Col 14	Provider Component Share of Col 15	Adjusted RCE Limit	RCE Dis- allowance	Adjustment
		12	13	14	15	16	17	18
100	Total	0	0	0	0	0	0	0

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Tuesday, May 21, 2024 at 8:51:57 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal 3A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	3,045,124	3,045,124							
2 Cap Rel Costs - Movable Equipment	593,304		593,304						
3 Employee Benefits	3,612,670	0		3,612,670					
4 Administrative & General	3,332,890	97,298	18,957	141,748	3,590,893	3,590,893			
5 Plant Operation, Maint. & Repairs	2,270,207	97,044	18,908	144,214	2,530,373	270,608	2,800,981		
6 Laundry & Linen Service	542,779	19,695	3,837	0	566,311	60,564	19,351	646,226	
7 Housekeeping	898,930	3,148	613	166,595	1,069,286	114,354	3,093	0	1,186,733
8 Dietary	3,247,608	157,234	30,635	376,132	3,811,609	407,629	154,488	0	65,983
9 Nursing Administration	1,033,915	2,014	392	195,206	1,231,527	131,704	1,979	0	845
10 Central Services & Supply	508,215	88,644	17,271	8,244	622,374	66,559	87,095	0	37,199
11 Pharmacy	28,764	0	0	0	28,764	3,076	0	0	0
12 Medical Records & Library	87,427	4,029	785	18,403	110,644	11,833	3,958	0	1,691
13 Social Service	217,626	15,547	3,029	44,411	280,613	30,010	15,276	0	6,524
15 Activities	749,401	110,145	21,460	143,555	1,024,561	109,571	108,221	0	46,222
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	12,770,917	2,248,434	438,080	1,821,553	17,278,984	1,847,894	2,209,155	630,194	943,545
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	111,606	0	0	0	111,606	11,936	0	0	0
41 Laboratory	169,327	145,059	28,263	0	342,649	36,644	142,525	0	60,874
42 Intravenous Therapy	245,577	33,169	6,463	0	285,209	30,501	32,589	0	13,919
43 Oxygen (Inhalation) Therapy	61,169	2,164	422	0	63,755	6,818	2,126	0	908
44 Physical Therapy	1,675,779	0	0	297,701	1,973,480	211,052	0	12,130	0
45 Occupational Therapy	944,183	0	0	193,465	1,137,648	121,665	0	0	0
46 Speech Pathology	299,863	15,920	3,102	61,443	380,328	40,674	15,642	0	6,681
47 Electrocardiology	0	5,580	1,087	0	6,667	713	5,483	0	2,342
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	667,372	0	0	0	667,372	71,371	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	15,319	0	0	0	15,319	1,638	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	37,129,972	3,045,124	593,304	3,612,670	37,129,972	3,586,814	2,800,981	642,324	1,186,733
90 Gift, Flower, Coffee Shops & Canteen	481	0	0	0	481	51	0	0	0
91 Barber and Beauty Shop	37,665	0	0	0	37,665	4,028	0	3,902	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	37,168,118	3,045,124	593,304	3,612,670	37,168,118	3,590,893	2,800,981	646,226	1,186,733

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Tuesday, May 21, 2024 at 8:51:57 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	4,439,709								
9 Nursing Administration	0	1,366,055							
10 Central Services & Supply	0	0	813,227						
11 Pharmacy	0	0	0	31,840					
12 Medical Records & Library	0	0	0	0	128,126				
13 Social Service	0	0	0	0	0	332,423			
15 Activities	0	0	0	0	0	0	1,288,575		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	4,439,709	1,366,055	813,227	31,840	128,126	332,423	1,288,575	31,309,727	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	123,542	0
41 Laboratory	0	0	0	0	0	0	0	582,692	0
42 Intravenous Therapy	0	0	0	0	0	0	0	362,218	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	73,607	0
44 Physical Therapy	0	0	0	0	0	0	0	2,196,662	0
45 Occupational Therapy	0	0	0	0	0	0	0	1,259,313	0
46 Speech Pathology	0	0	0	0	0	0	0	443,325	0
47 Electrocardiology	0	0	0	0	0	0	0	15,205	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	738,743	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	16,957	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	4,439,709	1,366,055	813,227	31,840	128,126	332,423	1,288,575	37,121,991	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	532	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	45,595	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	4,439,709	1,366,055	813,227	31,840	128,126	332,423	1,288,575	37,168,118	0



JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part I Tuesday, May 21, 2024 at 8:51:57 AM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
<hr/>	
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	31,309,727
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	123,542
41 Laboratory	582,692
42 Intravenous Therapy	362,218
43 Oxygen (Inhalation) Therapy	73,607
44 Physical Therapy	2,196,662
45 Occupational Therapy	1,259,313
46 Speech Pathology	443,325
47 Electrocardiology	15,205
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	738,743
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	16,957
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	37,121,991
90 Gift, Flower, Coffee Shops & Canteen	532
91 Barber and Beauty Shop	45,595
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	37,168,118

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Tuesday, May 21, 2024 at 8:51:57 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs 0	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	SubTotal 2A	Employee Benefits (Gross Salaries) 3	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	
1	Cap Rel Costs - Bldgs & Fixtures	0	0							
2	Cap Rel Costs - Movable Equipment	0	0	0						
3	Employee Benefits	0	0	0	0					
4	Administrative & General	0	97,298	18,957	116,255	116,255				
5	Plant Operation, Maint. & Repairs	0	97,044	18,908	115,952	0	8,760	124,712		
6	Laundry & Linen Service	0	19,695	3,837	23,532	0	1,961	862	26,355	
7	Housekeeping	0	3,148	613	3,761	0	3,702	138	0	7,601
8	Dietary	0	157,234	30,635	187,869	0	13,196	6,878	0	423
9	Nursing Administration	0	2,014	392	2,406	0	4,264	88	0	5
10	Central Services & Supply	0	88,644	17,271	105,915	0	2,155	3,878	0	238
11	Pharmacy	0	0	0	0	0	100	0	0	0
12	Medical Records & Library	0	4,029	785	4,814	0	383	176	0	11
13	Social Service	0	15,547	3,029	18,576	0	971	680	0	42
15	Activities	0	110,145	21,460	131,605	0	3,547	4,818	0	296
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	0	2,248,434	438,080	2,686,514	0	59,830	98,362	25,701	6,043
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	0	0	386	0	0	0
41	Laboratory	0	145,059	28,263	173,322	0	1,186	6,346	0	390
42	Intravenous Therapy	0	33,169	6,463	39,632	0	987	1,451	0	89
43	Oxygen (Inhalation) Therapy	0	2,164	422	2,586	0	221	95	0	6
44	Physical Therapy	0	0	0	0	0	6,832	0	495	0
45	Occupational Therapy	0	0	0	0	0	3,939	0	0	0
46	Speech Pathology	0	15,920	3,102	19,022	0	1,317	696	0	43
47	Electrocardiology	0	5,580	1,087	6,667	0	23	244	0	15
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	2,310	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	53	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	0	3,045,124	593,304	3,638,428	0	116,123	124,712	26,196	7,601
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	2	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	130	0	159	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	0	3,045,124	593,304	3,638,428	0	116,255	124,712	26,355	7,601

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Tuesday, May 21, 2024 at 8:51:57 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17	
1	Cap Rel Costs - Bldgs & Fixtures									
2	Cap Rel Costs - Movable Equipment									
3	Employee Benefits									
4	Administrative & General									
5	Plant Operation, Maint. & Repairs									
6	Laundry & Linen Service									
7	Housekeeping									
8	Dietary	208,366								
9	Nursing Administration	0	6,763							
10	Central Services & Supply	0	0	112,186						
11	Pharmacy	0	0	0	100					
12	Medical Records & Library	0	0	0	0	5,384				
13	Social Service	0	0	0	0	0	20,269			
15	Activities	0	0	0	0	0	0	140,266		
	ANCILLARY SERVICE COST CENTERS									
30	Skilled Nursing Facility	208,366	6,763	112,186	100	5,384	20,269	140,266	3,369,784	0
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS									
40	Radiology	0	0	0	0	0	0	0	386	0
41	Laboratory	0	0	0	0	0	0	0	181,244	0
42	Intravenous Therapy	0	0	0	0	0	0	0	42,159	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	2,908	0
44	Physical Therapy	0	0	0	0	0	0	0	7,327	0
45	Occupational Therapy	0	0	0	0	0	0	0	3,939	0
46	Speech Pathology	0	0	0	0	0	0	0	21,078	0
47	Electrocardiology	0	0	0	0	0	0	0	6,949	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	2,310	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS									
51	Support Surfaces	0	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS									
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	53	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotals	208,366	6,763	112,186	100	5,384	20,269	140,266	3,638,137	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	2	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0	289	0
92	Physicians Private Offices	0	0	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98	Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99	Negative Cost Center	0	0	0	0	0	0	0	0	0
100	TOTAL	208,366	6,763	112,186	100	5,384	20,269	140,266	3,638,428	0

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B Part II Tuesday, May 21, 2024 at 8:51:57 AM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
<hr/>	
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	3,369,784
31 Nursing Facility	0
33 Other Long Term Care	0
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	386
41 Laboratory	181,244
42 Intravenous Therapy	42,159
43 Oxygen (Inhalation) Therapy	2,908
44 Physical Therapy	7,327
45 Occupational Therapy	3,939
46 Speech Pathology	21,078
47 Electrocardiology	6,949
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	2,310
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	0
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	53
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	3,638,137
90 Gift, Flower, Coffee Shops & Canteen	2
91 Barber and Beauty Shop	289
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	3,638,428



JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Tuesday, May 21, 2024 at 8:51:57 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1 Cap Rel Costs - Bldgs & Fixtures						
2 Cap Rel Costs - Movable Equipment						
3 Employee Benefits						
4 Administrative & General						
5 Plant Operation, Maint. & Repairs						
6 Laundry & Linen Service						
7 Housekeeping						
8 Dietary						
9 Nursing Administration	64,860					
10 Central Services & Supply	0	64,860				
11 Pharmacy	0	0	64,860			
12 Medical Records & Library	0	0	0	64,860		
13 Social Service	0	0	0	0	64,860	
15 Activities	0	0	0	0	0	64,860
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	64,860	64,860	64,860	64,860	64,860	64,860
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0
45 Occupational Therapy	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51 Support Surfaces	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60 Clinic	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0
89 Subtotal	64,860	64,860	64,860	64,860	64,860	64,860
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	1,366,055	813,227	31,840	128,126	332,423	1,288,575

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Tuesday, May 21, 2024 at 8:51:57 AM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
103	Unit Cost Multiplier per Bp1	14.920715	2.907113	0.204902	0.000000	0.106944	14.660063	0.790763	6.261419	22.816883
104	Cost to be Allocated per Bp2	0	0	0	0	116,255	124,712	26,355	7,601	208,366
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.003462	0.652731	0.032250	0.040104	1.070850

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet B-1 Tuesday, May 21, 2024 at 8:51:57 AM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	
103	Unit Cost Multiplier per Bp1	21.061594	12.538190	0.490903	1.975424	5.125239	19.867021
104	Cost to be Allocated per Bp2	6,763	112,186	100	5,384	20,269	140,266
105	Unit Cost Multiplier per Bp2	0.104271	1.729664	0.001542	0.083010	0.312504	2.162596



JEWISH HOME AT ROCKLEIGH  
Provider CCN: 31-5473  
Period from 1/1/2023 to 12/31/2023

Worksheet B-2 Tuesday, May 21, 2024 at 8:51:57 AM

Post Step Down Adjustments

Worksheet B

Description	Part No.	Line No.	Amount
1	2	3	4

#

Worksheet has no records.

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet C Tuesday, May 21, 2024 at 8:51:57 AM

Ratio of Cost of Charges  
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total		Ratio
		1	2	
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	123,542	174,285	0.708850
41	Laboratory	582,692	178,789	3.259104
42	Intravenous Therapy	362,218	245,577	1.474967
43	Oxygen (Inhalation) Therapy	73,607	61,169	1.203338
44	Physical Therapy	2,196,662	2,670,290	0.822631
45	Occupational Therapy	1,259,313	2,190,946	0.574780
46	Speech Pathology	443,325	709,409	0.624922
47	Electrocardiology	15,205	0	0.000000
48	Medical Supplies Charged to Patients	0	0	0.000000
49	Drugs Charged to Patients	738,743	679,052	1.087903
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	16,957	15,319	1.106926
100	TOTAL	5,812,264	6,924,836	

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part I Tuesday, May 21, 2024 at 8:51:57 AM

Skilled Nursing Facility  
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of cost to charges 1	Health Care Program Charges		Health Care Program Cost	
			Part A 2	Part B 3	Part A 4	Part B 5
<b>ANCILLARY SERVICE COST CENTERS</b>						
40	Radiology	0.708850	129,915	0	92,090	0
41	Laboratory	3.259104	141,791	0	462,112	0
42	Intravenous Therapy	1.474967	49,986	0	73,728	0
43	Oxygen (Inhalation) Therapy	1.203338	0	0	0	0
44	Physical Therapy	0.822631	1,408,762	0	1,158,891	0
45	Occupational Therapy	0.574780	1,417,929	0	814,997	0
46	Speech Pathology	0.624922	359,757	0	224,820	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	0.000000	0	0	0	0
49	Drugs Charged to Patients	1.087903	546,744	0	594,804	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	1.106926	0	0	0	0
100	<b>TOTAL</b>		<b>4,054,884</b>	<b>0</b>	<b>3,421,442</b>	<b>0</b>

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet D Part II Tuesday, May 21, 2024 at 8:51:57 AM

Skilled Nursing Facility  
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.087903
2	Program vaccine charges	0
3	Program costs	0

Part III - CALCULATION OF PASS-THROUGH COSTS FOR INTERNS AND RESIDENTS

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	0	0.000000	92,090	0
41	Laboratory	0	0	462,112	0
42	Intravenous Therapy	0	0	73,728	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	1,158,891	0
45	Occupational Therapy	0	0	814,997	0
46	Speech Pathology	0	0	224,820	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	594,804	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	0	0	3,421,442	0

JEWISH HOME AT ROCKLEIGH  
Provider CCN: 31-5473  
Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Tuesday, May 21, 2024 at 8:51:57 AM

Nursing Facility  
Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	64,860
2	Private room days	0
3	Inpatient days incl. Program prvt.	16,843
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	31,309,727
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	9,903,800
7	General Inpatient routine service RCC	3.161385
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	31,309,727
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	482.73
17	Program routine service cost	8,130,621
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	8,130,621
20	Capital related cost allocated to inpati	3,369,784
21	Per diem capital related costs	51.95
22	Program capital related cost	874,994
23	Inpatient routine service cost	7,255,627
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	7,255,627
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

JEWISH HOME AT ROCKLEIGH  
Provider CCN: 31-5473  
Period from 1/1/2023 to 12/31/2023

Worksheet D-1 Tuesday, May 21, 2024 at 8:51:57 AM

Computation of Inpatient Routine Costs

Part II - Calculation of Inpatient Nursing & Allied Health Cost for PPS Pass-through  
Skilled Nursing Facility  
Title XVIII

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	64,860
2	Program inpatient days (see instructions)	16,843
3	Total Nursing & Allied Health costs ( see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.259682
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet E Tuesday, May 21, 2024 at 8:51:57 AM

Calculation of Reimbursement Settlement  
 Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	14,821,251
2	Nursing and Allied Health Education Activities (pass through payments)	0
		-----
3	Subtotal	14,821,251
4	Primary payor amounts	0
5	Coinsurance	1,670,800
6	Reimbursable bad debts (From your records)	72,182
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	36,905
8	Adjusted reimbursable bad debts. (See instructions)	46,918
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0
		-----
11	Subtotal	13,197,369
12	Interim payments (See instructions)	12,887,442
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	938
14.99	Sequestration adjustment (See instructions)	263,009
15	Balance due provider/program	45,980
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

17	Ancillary services Part B	0
18	Vaccine cost	0
19	Total reasonable costs	0
20	Medicare Part B ancillary charges	0
21	Cost of covered services	0
22	Primary payor amounts	0
23	Coinsurance and deductibles	0
24	Reimbursable bad debts	0
24.01	Reimbursable bad debts for dual eligible beneficiaries (see inst)	0
24.02	Adjusted reimbursable bad debts (see instructions)	0
		-----
25	Subtotal	0
26	Interim adjustment	5,958
27	Tentative adjustment	0
28	Other adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0
		-----
29	Balance due provider/program	-5,958
30	Protested amounts (Nonallowable cost report items)	0

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet E-1 Tuesday, May 21, 2024 at 8:51:57 AM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		12,887,442		5,958
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		12,887,442		5,958

TO BE COMPLETED BY CONTRACTOR

5	Items Below for INTERMEDIARIES:				
5.01	Settlement ... to Provider		0		0
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	Settlement ... to Program		0		0
5.99	SUBTOTAL		0		0
6.01	Net settlement ... to Provider		0		0
6.50	Net settlement ... to Program		0		0
7	TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: \_\_\_\_\_ Contractor Number: \_\_\_\_\_  
 8 Name of Contractor/Number 0 0



JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet G Tuesday, May 21, 2024 at 8:51:57 AM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
<b>CURRENT ASSETS</b>					
1	Cash on hand and in banks	1,880,457	0	0	0
2	Temporary investments	12,352,329	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	3,174,339	0	0	0
5	Other receivables	586,659	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	292,150	0	0	0
7	Inventory	56,880	0	0	0
8	Prepaid expenses	771,940	0	0	0
9	Other current assets	0	0	0	0
10	Due from other funds	0	0	0	0
11	<b>TOTAL CURRENT ASSETS</b>	<b>18,530,454</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FIXED ASSETS</b>					
12	Land	6,640,000	0	0	0
13	Land improvements	2,293,400	0	0	0
14	Less: Accumulated depreciation	1,688,725	0	0	0
15	Buildings	81,708,916	0	0	0
16	Less: Accumulated depreciation	28,414,555	0	0	0
17	Leasehold improvements	0	0	0	0
18	Less: Accumulated amortization	0	0	0	0
19	Fixed equipment	1,050,386	0	0	0
20	Less: Accumulated depreciation	273,998	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	4,725,851	0	0	0
24	Less: Accumulated depreciation	3,099,798	0	0	0
25	Minor equipment depreciable	795,360	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	203,965	0	0	0
28	<b>TOTAL FIXED ASSETS</b>	<b>63,940,802</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER ASSETS</b>					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	141,619	0	0	0
33	<b>TOTAL OTHER ASSETS</b>	<b>141,619</b>	<b>0</b>	<b>0</b>	<b>0</b>
34	<b>TOTAL ASSETS</b>	<b>82,612,875</b>	<b>0</b>	<b>0</b>	<b>0</b>

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet G Tuesday, May 21, 2024 at 8:51:57 AM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
<b>CURRENT LIABILITIES</b>					
35	Accounts payable	985,277	0	0	0
36	Salaries, wages & fees payable	2,210,530	0	0	0
37	Payroll taxes payable	33,375	0	0	0
38	Notes & loans payable (short term)	0	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	2,443,369	0	0	0
43	<b>TOTAL CURRENT LIABILITIES</b>	<b>5,672,551</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM LIABILITIES</b>					
44	Mortgage payable	0	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	-551,014	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	20,802,697	0	0	0
49		0	0	0	0
50	<b>TOTAL LONG TERM LIABILITIES</b>	<b>20,251,683</b>	<b>0</b>	<b>0</b>	<b>0</b>
51	<b>TOTAL LIABILITIES</b>	<b>25,924,234</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CAPITAL ACCOUNTS</b>					
52	General fund balance	56,688,641			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	<b>TOTAL FUND BALANCES</b>	<b>56,688,641</b>	<b>0</b>	<b>0</b>	<b>0</b>
60	<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<b>82,612,875</b>	<b>0</b>	<b>0</b>	<b>0</b>

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-1 Tuesday, May 21, 2024 at 8:51:57 AM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		56556100		0		0		0
2 Net income (loss)		132540						
3 Total		56688640		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Rounding	1		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		1		0		0		0
11 Subtotal		56688641		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	0		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		0		0		0		0
19 Fund balances - ending		56688641		0		0		0

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part I Tuesday, May 21, 2024 at 8:51:57 AM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	36,459,190		36,459,190
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	36,459,190		36,459,190
	ALL OTHER CARE SERVICES			
6	Ancillary services	6,678,137	0	6,678,137
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	43,137,327	0	43,137,327

JEWISH HOME AT ROCKLEIGH  
Provider CCN: 31-5473  
Period from 1/1/2023 to 12/31/2023

Worksheet G-2 Part II Tuesday, May 21, 2024 at 8:51:57 AM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		39,262,467
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	
14	Total Deductions		0
15	Total Operating Expenses		39,262,467

JEWISH HOME AT ROCKLEIGH  
 Provider CCN: 31-5473  
 Period from 1/1/2023 to 12/31/2023

Worksheet G-3 Tuesday, May 21, 2024 at 8:51:57 AM

Statement of Revenues and Expenses

CMS #	Description	
1	Total Patient Revenues	43,137,327
2	Less: contractual allowances and ...	8,282,700
3	Net Patient Revenues (Line 1 - 2)	34,854,627
4	Less: total operating expenses	39,262,467
5	Net income from service to patients (Line 3 - 4)	-4,407,840
	Other Income:	
6	Contributions, donations, bequests, etc.	2,724,181
7	Income from investments	1,332,405
8	Revenues from communications (Telephone and Internet service)	0
9	Revenues from television and radio service	0
10	Purchase discounts	0
11	Rebates and refunds of expenses	0
12	Parking lot receipts	0
13	Revenue from laundry and linen service	0
14	Revenue from meals sold to employees and guests	19,720
15	Revenue from rental of living quarters	0
16	Revenue from sale of medical and surgical supplies to other than patients	0
17	Revenue from sale of drugs to other than patients	0
18	Revenue from sale of medical records and abstracts	3,125
19	Tuition (fees, sales of textbooks, uniforms, etc)	0
20	Revenue from gifts, flowers, coffee shops, canteen	310
21	Rental of vending machines	0
22	Rental of skilled nursing space	52,395
23	Government appropriations	0
24	Barber & Beauty	36,505
24.01	Other Income	371,739
24.02		0
24.03		0
24.04		0
24.05	PPP Forgiveness	0
24.06		0
24.50	COVID-19 PHE Funding	0
25	Total other income	4,540,380
26	Total	132,540
27	Other Expenses (specify)	0
28		0
29		0
29.01		0
30	Total other expenses	0
31	Net income (or loss) for the period	132,540