

**STATE OF NEW JERSEY**  
 Department of Health and Senior Services  
 Nursing Facility Rate Setting and Reimbursement Cost Report  
 Input Data

**CLIENT COPY**

2006 NF Cost Report

Facility Name	Sussex County Homestead
Period Beginning:	January 1, 2006
Period Ending:	December 31, 2006
D.H.S.S. Number:	20510
Unisys Number:	4505506
Facility Telephone:	(973) 948-5400
FAX Number:	(973) 948-5810
Email Address:	

Number of Months: 12

*Please type in the green cells ONLY.*

Website: \_\_\_\_\_

General Administrative Information  
 (Check all applicable blocks with an "X")

         A. Type of Facility

         Hospital

Nursing Facility

         Residential Unit

         Medical Day Care

         B. Type of Ownership

         Proprietary

         Voluntary

Governmental

Other \* SCNF- Specify: \_\_\_\_\_

Special Care:	
UNISYS #	
Special Care:	
UNISYS #	
Special Care:	
UNISYS #	
Other-Specify:	
UNISYS #	

	Building	Land
Owned by Operator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Leased from Related Organization		
Leased from Unrelated Organization		
Name of Licensee Corporation Owning Facility:	Sussex County	
Name of Organization Operating Facility:	Sussex County	

# EXPENSES

FACILITY NAME: Sussex County Homestead  
 D. H. S. S. NUMBER: 20510  
 UNISYS NUMBER: 4505506  
 COST REPORT F.Y.E.: Dec 31, 2006

The Blue Highlighted Cells  
 have calculations.  
 DO NOT ERASE!

DO NOT CHANGE PRE-PRINTED  
 WORDING ON THIS SCHEDULE

Line #	Abbrev	Cost Center	(A) Hours	(B) Salaries and Fringes	(C) Fees and Other Expenses	(D) Recovery and Eliminations	(E) Net Total Expenses	(F) Expenses Applicable to NF	(G) Expenses Applicable to Non-NF (10)	(H) Allocation Basis Sch A-2
General Fringe Benefits										
1		FICA		352,728			352,728			
2		Workers' Compensation Insurance		130,486			130,486			
3		Unemployment Insurance		11,527			11,527			
4		Disability Insurance		11,527			11,527			
5		Medical Insurance		1,386,474			1,386,474			
6		Dental Insurance					0			
7		Union Welfare					0			
8		Vision Insurance					0			
9		Uniforms					0			
10		Tuition Assistance					0			
11		Pension		127,259			127,259			
12		Employee's Physicals and Inoculations		3,242			3,242			
13		Other.					0			
14		Other.					0			
15		Other.					0			
16		General Fringe Benefit Recovery (Sch. A-1)					0			
17	GFRB	Total General Fringe Benefits:		2,023,243			2,023,243	2,023,243	0	
Management and Administration										
18		Management Fees and Related Expenses					0			
19		Home Office Costs, Not in Line 18 above					0			
20		Director's Fees and Expenses (Limit \$1,000)					0			
21		Related Party Compensation (4)					0			
22		Auto Leasing and Depreciation					0			
23		Other Auto Expenses					0			
24		Out of State Travel					0			
25		General Fringe Benefits (3)					0			
26		Special Fringe Benefits					0			
27		Dues					0			

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28		Other					0			
29	MGMT	Executive Director Total Management: (5) (6)	0	0	0	0	0	0	0	
30		Administrator	2,080	97,019			97,019			
31		Salary					0			
32		General Fringe Benefits (3)					0			
33		Special Fringe Benefits					0			
34		Out of State Travel					0			
35		Dues					0			
36		Auto Depreciation and Leasing					0			
37		Other Auto Expenses					0			
38	ADM	Other Total Administrator: (6)	2,080	97,019	0	0	97,019	97,019	0	
39		Assistant Administrator	2,080	70,416			70,416			
40		Salary					0			
41		General Fringe Benefits (3)					0			
42		Special Fringe Benefits					0			
43		Out of State Travel					0			
44		Dues					0			
45		Auto Depreciation and Leasing					0			
46		Other Auto Expenses					0			
47	ASAD	Other Total Assistant Administrator: (6)	2,080	70,416	0	0	70,416	70,416	0	
48		Other Administrative								
49		Home Office/Management Fees	13,522	276,521			276,521			
50		Office Personnel Office Supplies and Expenses			9,927		9,927			

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51		Telephone			17,268		17,268			
52		License and Dues (8)			7,715		7,715			
53		Data Processing			10,305		10,305			
54		Insurance not related to property or employees					0			
55		Business Taxes			2,163		2,163			
56		Travel					0			
57		Accounting Fees					0			
58		Legal Fees			93,585		93,585			
59		Other Administrative Fees			5,161		5,161			
60		Seminars					0			
61		Medical Records / Medical Library					0			
62		Allowable Contributions			2,621		2,621			
63		Help Wanted Ads					0			
64		Services and Supplies Sold, Sch A-1, Line 4					0			
65		Purchase Discounts and Rebates, Sch A-1, Line 6					0			
66		Other OADM Recoveries, Sch A-1, Lines 15 - 17					0			
67		Amortization of Start-up Costs (7)					0			
68		MDS Coordinator	2,080	54,576			54,576			
69		Inservice Coordinator	3,149	73,108			73,108			
70		Quality Assurance	4,160	50,025			50,025			
71		Ward Clerk	440	6,590			6,590			
72		Other:	9,829	184,299	0	0	184,299			
73		Total Nursing Administration:								
74		Allowable Employee Gifts and Party			614,175		614,175			
75		Other: County Allocations			0	0	0			
76		Other: Please See Note Below (12)	0	0	0	0	0			
77	OADM	Total Other Administrative:	23,351	460,820	762,920	0	1,223,740	1,223,740	0	

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General Services										
78	FOOD	Food			241,716		241,716	241,716	0	
		Total Food:			241,716	0	241,716	241,716	0	
Dietary, Laundry, and Housekeeping										
79	DIET	Dietary (1)	35,502	541,966	5,403		547,369	547,369	0	
80	LDLI	Laundry and Linen	4,160	61,747	145,356		207,103	207,103	0	
81	HSKP	Housekeeping	14,677	187,600	54,794		242,394	242,394	0	
82		Total Dietary, Laundry, and Housekeeping:	54,339	791,313	205,553	0	996,866	996,866	0	
Other General Services										
83		Disposal Service			16,069		16,069			
84		Exterminating Service			3,015		3,015			
85		Grounds Maintenance			12,091		12,091			
86		Motor Pool					0			
87		Plant Security			1,589		1,589			
88		Snow Removal					0			
89		Fire Drill					0			
90		Other:					0			
91		Other:			32,764		32,764	32,764	0	
92	OGSR	Total Other General Services:	0	0	32,764	0	32,764	32,764	0	
Property Operating (2)										
93	MAIN	Maintenance (exclude auto)	15,837	278,882	123,114		401,996	401,996	0	
94	PTXL	Property Taxes (Land)					0	0	0	
95	PTXB	Property Taxes (Building)					0	0	0	
96		Electric			112,788		112,788			
97		Cable Television/Satellite TV			7,690		7,690			
98		Fuel Oil			66,548		66,548			

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99		Natural Gas			4,677		4,677			
100		Water & Sewerage			1,223		1,223			
101	UTIL	Total Utilities:			192,926	0	192,926	192,926	0	
102	PRIN	Property Insurance			6,204		6,204	6,204	0	
103		Other:								
104		Total Property Operating:	15,837	278,882	322,244	0	601,126	601,126	0	
		Property Capital (2)								
105	DPAM	Depreciation and Amortization			134,503		134,503	134,503	0	
106	RTLE	Net Rentals and Leases			33,957		33,957	33,957	0	
107	INTR	Allowable Interest					0	0	0	
108		Total Property Capital:			168,460	0	168,460	168,460	0	
		Nursing								
109	RNS	Nursing, RN's-Salaried	17,254	580,303			580,303	580,303	0	
110	RNCT	Nursing, RN's-Contracted					0	0	0	
111	LPNS	Nursing, LPN's-Salaried	23,635	500,932			500,932	500,932	0	
112	LPCT	Nursing, LPN's-Contracted					0	0	0	
113	OSAL	Nursing, Other-Salaried	101,892	1,629,149			1,629,149	1,629,149	0	
114	OSCT	Nursing, Other-Contracted					0	0	0	
115		Total Nursing:	142,781	2,710,384	0	0	2,710,384	2,710,384	0	
		Other Patient Care								
116	MDDR	Medical Director			17,781		17,781	17,781	0	
117	PTAC	Patient Activities	10,174	166,331	-40,602		125,729	125,729	0	
118	PHCS	Pharmaceutical Consultant			16,567		16,567	16,567	0	
119	NLDG	Non-Legend Drugs			24,591		24,591	24,591	0	
120	MDSP	Medical Supplies			43,875		43,875	43,875	0	

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121	SOSR	Social Services	2,080	35,656			35,656	35,656	0	
122	OXYG	Oxygen			5,812		5,812	5,812	0	
123		Total Other Patient Care:	12,254	201,987	68,024	0	270,011	270,011	0	
124		Total Patient Care (Nursing & Other)								
125		Total Before Non-Routine/Non-Allowable								
126		Accumulated Costs								
127		Non-Routine/Non-Allowable								
128		Personal Expenses								
129		Interest assessed by DHSS								
130		Fines, Penalties and Non-Allowable Interest								
131		Amortization of Organization Cost			40,173	-40,173				
132		Prescribed Drugs			5,666	-5,666				
133		Laboratory and X-Ray								
134		Payments to Physicians (exclude Medical Director)								
135		Physical, Speech, Hearing and Occupational Therapy			138,465	-138,465				
136		Income Taxes, including NJ Corporate Business Tax on Net Income and subsequent years liability								
137		Gift Shop and Snack Bar								
138		Barber and Beauty Shop								
139		Contributions, except for Voluntary Fire and First Aid Companies in the vicinity of the Nursing Home								
139		Collection cost for over due private patient accounts.								

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140		Promotional and Directory advertising except for bold print yellow page ads				0				
141		Expenses relating to future expansion, to include Architect Fees				0				
142		Fund Raising Expenses				0				
143		Utilization Review				0				
144		Dental Services				0				
145		Employee Gifts and Party (including Christmas Party)				0				
146		Ambulance Services				0				
147		Home Office / Management Fees				0				
148		Bad Debts				0				
149		PROVIDER TAX EXPENSE				0				
150		Other: Ancillary				0				
151		Other: Misc				0				
152		Other: Respiratory Therapy				0				
153		Other: Special Care Nursing Facility				0				
154		Other: Medical Day Care				0				
155		Other: Other Patient Services				0				
156		Other:				0				
157		Other:				0				
158		Other:				0				
159		Other:				0				
160	NRNA	Total Non-Routine/Non-Allowable Expenses:	0	184,304	184,304	-184,304	0	0	0	0
161	XXXX	Total Expenses	252,722	6,634,064	1,985,985	184,304	8,435,745	8,435,745	0	0

NOTES:

- (1) Place an "X" in this block if Dietary is 100% Contracted.
- (2) Amounts paid by lessor for property operating, should be netted from line 105 and reported on line(s) 93, 94, 95, 96 and 101 as applicable.





# EXPENSES

Sussex County Homestead

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	OADM		0	0	0	0				
Total of "Other" items:			0	0	0	0				

Recoveries and Other Revenues

FACILITY NAME: Sussex County Homestead

D. H. S. NUMBER: 20510

UNISYS NUMBER: 4505506

COST REPORT F.Y.E.: Dec 31, 2006

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A. INCIDENTAL REVENUES		(1)	(2)
		AMOUNT	COST CENTER
1	Meals Sold to Guests or Employees		FOOD
2	Rooms Rented to Employees		RTLE
3	Equipment Rentals Excluding Routine Care		RTLE
4	Services And Supplies Sold		OADM
5	Telephone and Vending Machine Commissions		OADM
6	Purchase Discounts and Rebates		OADM
7	Laundry Services to Employees		LDLI
8	Private Nursing Services		RNS
9	Medical Supplies sold to other than patients		MDSP
10	Cable Television		UTIL
11	Property Rentals		RTLE
12	Interest		INTR
13	General Fringe Benefits		GFRB
14	General Fringe Benefits		GFRB
15	Other: (Specify)		OADM
16	Other: (Specify)		OADM
17	Other: (Specify)		OADM
18	Other: (Specify)		
19	Other: (Specify)		
20	Other: (Specify)		
21	Other: (Specify)		
22	Other: (Specify)		
23	Other: (Specify)		
24	Total Revenues/Recoveries:		

- (1) Enter the line item amounts on Schedule A, Column G for the appropriate cost centers
- (2) Enter the cost center syntax (i.e., ADM, DIET, HSKP) from Schedule A where the line items for eliminations and recoveries appear on Schedule A, Column D. Cost Center abbreviations which may be used include: DIET, DPAM, HSKP, LDLI, MAIN, MDDR, MDSP, NLDG, OGSR, OSCT, OXYG, PHCS, PRIN, PTAC, PTXB, PTXL, AND SOSR.
- (3) Indicate the center that the majority of cost are credited, for this center and all others.

B: RESTRICTED FUNDS EXPENSED FOR OPERATING COSTS		(1)	(2)
		AMOUNT	COST CENTER
25	Other:		
26	Other:		
27	Other:		
28	Other:		
29	Other:		
30	Total Restricted Funds Expensed:		

C: Other Revenues		Revenue
		Item
31	Investment Income	
32	Trust Income	
33	Gifts and Bequests	
34	Gains/(Losses) On Sale Of Investments	
35	Permanent Declines In Market Value Of Investments	
36	Other: (Specify)	Misc. Net 275
37	Other: (Specify)	
38	Other: (Specify)	
39	Other: (Specify)	
40	Other: (Specify)	
41	Other: (Specify)	
42	Other: (Specify)	
43	Other: (Specify)	
44	Total Other Revenues:	275

45	Total of Section A, B, and C:	275
----	-------------------------------	-----

(NOTE: All income items that have not been reported on Schedule B-2 are to be reported on this schedule.)



# PATIENT DAYS AND BEDS

# SCHEDULE B

FACILITY NAME: Sussex County Homestead  
 D. H. S. S. NUMBER: 20510  
 UNISYS NUMBER: 4505506  
 COST REPORT F.Y.E.: Dec 31, 2006

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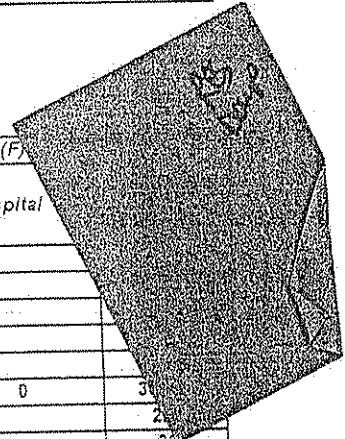
From: Jan 1, 2006 To: Dec 31, 2006

## ACTUAL BASE PERIOD PATIENT DAYS

### A. PATIENT DAYS

1. Private
2. Medicaid
3. Medicare
4. Therapeutic Leave
5. Other:
6. Sub Total
7. Medicaid Bed Hold Days
8. "Other" Bed Hold Days
9. Total Patient Days
10. Percent Occupancy
11. Medical Day Care Days

(A) Nursing Facility	(B) Residential/ Shelter	(C) Special Program # 1	(D) Special Program # 2	(E) Special Program # 3	(F) Hospital	
6,536		0	0	0		
29,091						
1,159						
36,786	0	0	0	0	0	36,786
227						227
36						36
37,049	0	0	0	0	0	37,049
99.51%	0.00%	0.00%	0.00%	0.00%	0.00%	99.51%



Hospital Beds:

Sheltered/Residential Beds:

### B. LICENSED LONG TERM CARE BEDS \*

PERIOD		DAYS	BEDS	MAXIMUM BED DAYS
FROM	TO			
Jan 1, 2006	To: Dec 31, 2006	365	102	37,230
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
Total:		365	102	37,230

Maximum Available Bed Days	37,230
Licensed Beds At Period End	102
Weighted NF Licensed Beds	102

### C. MAINTAINED LONG TERM CARE BEDS \*

PERIOD		DAYS	BEDS	AVAILABLE BED DAYS
FROM	TO			
Jan 1, 2006	To: Dec 31, 2006	365	102	37,230
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
Total:		365	102	37,230

Total Days In Period	365
Maximum Available Bed Days	37,230
Weighted NF Maintained Beds	102

\* A copy of the Department of Health Licensing letter(s) acknowledging any bed changes during the reporting period must be submitted with this Cost Report.

\*\* Use these sections ONLY if Hospital Costs are reported on Schedule A.

### D. SPECIAL CARE PROGRAM(S)

# PATIENT DAYS AND BEDS

## SCHEDULE B

FACILITY NAME: Sussex County Homestead  
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 UNISYS NUMBER: 4505506  
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From: Jan 1, 2006 To: Dec 31, 2006

Special Program # 1 Beds		PERIOD		DAYS	BEDS	AVAILABLE BED DAYS
FROM	TO					
	To:					
	To:					
	To:					
Total:				0	0	0

Program # 1 Weighted Beds
Licensed Beds At Period End

Special Program # 2 Beds		PERIOD		DAYS	BEDS	AVAILABLE BED DAYS
FROM	TO					
	To:					
	To:					
	To:					
Total:				0	0	0

Program # 2 Weighted Beds
Licensed Beds At Period End

Special Program # 3 Beds		PERIOD		DAYS	BEDS	AVAILABLE BED DAYS
FROM	TO					
	To:					
	To:					
	To:					
Total:				0	0	0

Program # 3 Weighted Beds
Licensed Beds At Period End

**NURSING SERVICES CLASSIFICATION**

Facility Name: Sussex County Homestead  
 O.H.S.S. Number: 20510

Report Period From: Jan 1, 2006 Through: Dec 31, 2006

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Note: Completion of this Schedule will be used in setting of facility rate and is subject to Clinical Audit

	Jan 2006	Feb 2006	Mar 2006	Apr 2006	May 2006	Jun 2006	Jul 2006	Aug 2006	Sep 2006	Oct 2006	Nov 2006	Dec 2006	Totals
<b>Additional Nursing Services</b>													
<b>Medicare</b>													
Tracheotomy Care													
Use of Respirator													
Head Trauma													
Intravenous Therapy													
Wound Care													
Oxygen Therapy													
NIG Tube Feeding													
<b>Totals</b>	2	4	0	0	0	1	1	1	1	4	2	1	11
<b>Medicaid</b>													
Tracheotomy Care													
Use of Respirator													
Head Trauma													
Intravenous Therapy													
Wound Care													
Oxygen Therapy													
NIG Tube Feeding													
<b>Totals</b>	9	9	11	8	10	6	6	5	7	7	5	7	66
<b>Medicaid</b>													
Tracheotomy Care													
Use of Respirator													
Head Trauma													
Intravenous Therapy													
Wound Care													
Oxygen Therapy													
NIG Tube Feeding													
<b>Totals</b>	2	1	1	1	2	0	1	0	0	0	0	0	11
<b>Other</b>													
Tracheotomy Care													
Use of Respirator													
Head Trauma													
Intravenous Therapy													
Wound Care													
Oxygen Therapy													
NIG Tube Feeding													
<b>Totals</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>QUALITY OF CARE</b>													
Tracheotomy Care													
Use of Respirator													
Head Trauma													
Intravenous Therapy													
Wound Care													
Oxygen Therapy													
NIG Tube Feeding													
<b>Totals</b>	14	15	12	10	11	7	7	7	6	8	9	9	111
													<b>Sum of Total Activities Reported</b>

# PATIENT REVENUES

# SCHEDULE B-2

Facility Name: Sussex County Homestead  
 Period Ending: Dec-06  
 Unisys Number: 4505506  
 DHSS Number: 20510

The Blue Hignlited Cells have calculations  
 DO NOT ERASE!

DO NOT CHANGE PRE-PRINTED  
WORDING ON THIS SCHEDULE

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	Nursing Facility NF	Residential / Shelter	Special Program # 1	Special Program # 2	Special Program # 3	Hospital	Other Patient Revenue	Total
1. Gross Private Revenues	1,592,145							1,592,145
2. Contractual Allowances								0
3. Net Private Revenues	1,592,145	0	0	0	0	0	0	1,592,145
4. Gross Medicaid Revenues	5,271,147							5,271,147
5. Contractual Allowances								0
6. Net Medicaid Revenues	5,271,147	0	0	0	0	0	0	5,271,147
7. Gross Medicare Revenues	284,681							284,681
8. Contractual Allowances								0
9. Net Medicare Revenues	284,681	0	0	0	0	0	0	284,681
10. Other Gross Revenues 1*								0
11. Contractual Allowances								0
12. Other Net Revenues 1	0	0	0	0	0	0	0	0
13. Other Gross Revenues 2*	106,260							106,260
14. Contractual Allowances								0
15. Other Net Revenues 2	106,260	0	0	0	0	0	0	106,260
16. Other Gross Revenues 3*								0
17. Contractual Allowances								0
18. Other Net Revenues 3	0	0	0	0	0	0	0	0
19. Sum of Gross Revenues	7,254,233	0	0	0	0	0	0	7,254,233
20. Sum of Contractual Allowances	0	0	0	0	0	0	0	0
21. Sum of Net Revenues	7,254,233	0	0	0	0	0	0	7,254,233

\* Specify:

Other Provider 1: \_\_\_\_\_  
 Other Provider 2: \_\_\_\_\_ Therapies  
 Other Provider 3: \_\_\_\_\_

**NOTES:**

- A. All Patient Revenue and Related deductions from Revenue are to be Recorded on this Schedule.
- B. DO NOT include Bad Debts as a part of Allowances. Bad Debts are listed on Schedule A Line 148.
- C. Report Allowances as an Absolute Value.
- D. Revenue received or accrued means the amount received or receivable, whether in cash or in kind, from patients, third party payors, and others for nursing home services furnished by the nursing home provider, including retroactive adjustments under reimbursement agreements with thrid party payors without any deduction for expenses of any kind.



MISCELLANEOUS DATA

FACILITY NAME: Sussex County Homestead

D. H. S. S. NUMBER: 20510

UNISYS NUMBER: 4505506

COST REPORT F.Y.E.: Dec 31, 2006

DO NOT CHANGE PRE-PRINTED  
WORDING ON THIS SCHEDULE

Indicate the number of treatments for Medicaid patients which were unreimbursed by Medicare or other payers:

Physical Therapy	
Occupational Therapy	
Speech Therapy	7

Total Therapy Treatments: 7

Indicate the following Medicare information:

Medicare Intermediary	Riverbend
Medicare Provider Number	31-5378
Effective date of Medicare Rate	10/1/2006

SELECTED DATA

SCHEDULE

Facility Name: Sussex County Homestead  
 D. H. S. S. NUMBER: 20510  
 Unisys Number: 4505506  
 Period Ending: Dec 31, 2006

DO NOT CHANGE PRE-PRINTED  
 WORDING ON THIS SCHEDULE

A. NURSING HOURS REQUIREMENT:

	Total Hours Paid	Total Hours Worked	Percent Worked
1. Nursing RN's Salaried, Schedule A, Line 109	17,254	14,591	
2. Nursing LPN's Salaried, Schedule A, Line 111	23,635	19,895	
3. Nursing Other Salaried, Schedule A, Line 113	101,892	84,063	
4. Total Nursing Salaried Hours	142,781	118,549	

B. CURRENT PROPERTY DATA:

	A	B	C
	Capitalized Maintenance & Replacement	Additions	Net Rental & Leases
5. Land			
6. Land Improvements			
7. Buildings Including Additions	203,515		
8. Building Equipment			
9. Reimbursable Moveable Equipment	11,405		33,957
10. Non-Reimbursable Moveable Equipment			
11. Motor Vehicles (Other than for Administrator)			
12. Leasehold Improvements & Other Amortization Item			
13. Special Program:			
14. Special Program:			
15. Special Program:			
16. TOTAL EXPENDITURES	214,920		33,957

SCHEDULE D

RELATED PARTIES AND SELECTED EMPLOYEES

Facility Name: Sussex County Homestead

D. H. S. S. NUMBER: 20510

Unisys Number: 4505506

Period Ending: Dec 31, 2006

DO NOT CHANGE PRE-PRINTED  
WORDING ON THIS SCHEDULE

Data Concerning Related Parties Other Than Employees

(A) Related Party Type (2)	(B) Related Party Name	(C) Loans		(D) Annual Interest Rate	(E) Equity Percent of Total	(F) Reporting Period Transactions Nature of Transaction(s)	(G) Schedule A Amount	Line Number
		Ending Balance	Balance					
1								
2								
3								
4								
5								

Data Regarding Selected Employees Including Related Parties

	(H) Name of Employee	(I) Live on Premises?	(J) Hours Worked	(K) Annual Compensation	(L) Special Fringe Benefits	(M) Auto Expense and Other	(N) Related Party (Yes/No)
<input type="checkbox"/> (1)	Barbara Wendland	No	2,080	70,416	0	0	No
<input type="checkbox"/> (1)	Lee Ann McCarthy	No	2,080	70,087			No
<input type="checkbox"/> (1)	Administrator	No					
<input type="checkbox"/> (1)	Asst. Administrator	No					
<input type="checkbox"/> (1)	Nursing Director	No					
<input type="checkbox"/> (1)	Controller	No					
<input type="checkbox"/> (1)	Chief Financial Officer	No					
<input type="checkbox"/> (1)							
<input type="checkbox"/> (1)							
<input type="checkbox"/> (1)							
<input type="checkbox"/> (1)							
<input type="checkbox"/> (1)							

Name of Employee (1)	Facility Name	Position	Hours Worked

- (1) Check if Employee works in another Facility. The bottom section MUST be completed for any employee listed on Lines 6-14.
- (2) Type Owner or Related to Owner.
- (3) Include compensation, purchases, interest expenses, leases and any other transaction affecting data reported on Schedule A.

SCHEDULE E

RECONCILIATION

FACILITY NAME: Sussex County Homestead  
 D. H. S. S. NUMBER: 20510  
 UNISYS NUMBER: 4505506  
 COST REPORT F.Y.E.: Dec 31, 2006

EXPENSES				
	SCHEDULE	COLUMN	LINE	AMOUNT
1	A	B	161	4,610,821
2				4,610,821
3				0
4				
5				
6				
7				
8				
9				
10	A	B & C	161	8,620,049
11				8,619,721
12				328
13				
14				328
15				
16				
17				

REVENUES				
	SCHEDULE	COLUMN	LINE	AMOUNT
1	B-2	H	21	7,254,233
2	A-1	"AMOUNT"	24+44	275
3	A-1	"AMOUNT"	30	
4				
5				7,254,508
6				7,254,508
7				0
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

Certification

SCHEDULE F

CERTIFICATION BY TRUSTEE, OWNER, OFFICER, PARTNER OR ADMINISTRATOR OF PROVIDER

of the Jake Lighten Administrator  
 (Name) (Title)  
Sussex County Homestead  
 (Facility Name)  
129 Morris Turnpike  
 (Street Address)  
Newton NJ 07860-0000  
 (City) (State) (Zip Code)  
20510 4505506  
 DHSS Number: Unisys Number:

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT  
MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report, supporting schedules, and financial information prepared for the facility with a Cost Report period beginning on Jan 1, 2006 and ending on Dec 31, 2006, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions, except as noted, and relate to patient care.

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 (Date Signed)  
 \_\_\_\_\_  
 (Phone Number)  
 \_\_\_\_\_  
 (E-Mail address)

# Details of Legal, Other Professional, and Contracted Services

Any expenses that exceeds on an annual amount of \$15,000 to any consultant or firm must be reported on this schedule and a copy of the contract should be submitted with the cost report. If the contract was filed in prior year, there is no need to resubmit unless it has been revised.

**DO NOT CHANGE PRE-PRINTED WORDING ON THIS SCHEDULE**

FACILITY NAME: Sussex County Homestead  
 D. H. S. S. NUMBER: 20510  
 UNISYS NUMBER: 4505506  
 COST REPORT F.Y.E.: Dec 31, 2006

## Legal Fees

Name of Firm	Description of Services	Amount on Cost Report	Does a Related Party Exist?	Name of Related Party & Relationship
INA				

Please type in the green cells for this page.

## Other Professional / Consultant Fees

Payee	Description of Services	Amount on Cost Report	Does a Related Party Exist?	Name of Related Party & Relationship	Have these services been provided by this firm or another firm in the past?	If Yes, indicate the Provider and Year
SA Group	Pharmacy Consultant	16567	No		Yes	Same
Jura Care	Therapy	138465	No		Yes	Same
Jony Depaola	Medical Director	17781	No		Yes	Same

