

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

2009 NF Cost Report

Facility Name	Sussex County Homestead
Period Beginning:	January 1, 2009
Period Ending:	December 31, 2009
D.H.S.S. Number:	19510
Unisys Number:	4503902
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

<input type="checkbox"/>	Hospital
<input checked="" type="checkbox"/>	Nursing Facility
<input type="checkbox"/>	Residential Unit
<input type="checkbox"/>	Medical Day Care
<input type="checkbox"/>	Special Care:
	UNISYS #
<input type="checkbox"/>	Special Care:
	UNISYS #
<input type="checkbox"/>	Special Care:
	UNISYS #
<input type="checkbox"/>	Other-Specify:
	UNISYS #

B. Type of Ownership

<input type="checkbox"/>	Proprietary
<input type="checkbox"/>	Voluntary
<input checked="" type="checkbox"/>	Governmental
<input type="checkbox"/>	Other * SCNF- Specify:
	<u>Building</u> <u>Land</u>
Owned by Operator	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Leased from Related Organization	<input type="checkbox"/> <input type="checkbox"/>
Leased from Unrelated Organization	<input type="checkbox"/> <input type="checkbox"/>
Name of Licensee Corporation Owning Facility:	Sussex County
Name of Organization Operating Facility:	Sussex County

EXPENSES

SCHEDULE A

FACILITY NAME: Sussex County Homestead
 D. H. S. S. NUMBER: 19510
 UNISYS NUMBER: 4503902
 COST REPORT F.Y.E.: Dec 31, 2009

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			357,407			357,407			
2	Workers' Compensation Insurance			187,454			187,454			
3	Unemployment Insurance			23,360			23,360			
4	Disability Insurance			23,360			23,360			
5	Medical Insurance			1,422,152			1,422,152			
6	Dental Insurance									
7	Union Welfare									
8	Vision Insurance									
9	Uniforms									
10	Tuition Assistance									
11	Pension									
12	Employee's Physicals and Inoculations			376,095			376,095			
13	Other:									
14	Other:									
15	Other:									
16	General Fringe Benefit Recovery (Sch. A-1)									
17	GFRB			2,366,828		0	2,366,828	2,366,828	0	
Total General Fringe Benefits										
Management and Administration										
18	Management Fees and Related Expenses									
19	Home Office Costs, Not in Line 18 above									
20	Director's Fees and Expenses (Limit \$1,000)									
21	Related Party Compensation (4)									
22	Auto Leasing and Depreciation									
23	Other Auto Expenses									
24	Out of State Travel									
25	General Fringe Benefits (3)									
26	Special Fringe Benefits									
27	Dues									

EXPENSES

SCHEDULE A

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28		Other					0			
29	MGMT	Total Management (9)(0)	0	0	0	0	0	0	0	
Administrator										
30		Salary	2,080	109,106			109,106			
31		General Fringe Benefits (3)					0			
32		Special Fringe Benefits					0			
33		Out of State Travel					0			
34		Dues					0			
35		Auto Depreciation and Leasing					0			
36		Other Auto Expenses					0			
37		Other					0			
38	ADM	Total Administrator (9)	2,080	109,106	0	0	109,106	109,106	0	
Assistant Administrator										
39		Salary	2,080	73,663			73,663			
40		General Fringe Benefits (3)					0			
41		Special Fringe Benefits					0			
42		Out of State Travel					0			
43		Dues					0			
44		Auto Depreciation and Leasing					0			
45		Other Auto Expenses					0			
46		Other					0			
47	ASAD	Total Assistant Administrator (9)	2,080	73,663	0	0	73,663	73,663	0	
Other Administrative										
48		Home Office/Management Fees					0			
49		Office Personnel	14,800	370,704			370,704			
50		Office Supplies and Expenses		14,347			14,347			

EXPENSES

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FACILITY NAME: **Sussex County Homestead**
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51		Telephone			22,593		22,593			
52		License and Dues (8)			6,917		6,917			
53		Data Processing			15,103		15,103			
54		Insurance not related to property or employees			77,705		77,705			
55		Business Taxes			0		0			
56		Travel			3,085		3,085			
57		Accounting Fees			0		0			
58		Legal Fees			0		0			
59		Other Administrative Fees			73,541		73,541			
60		Seminars			7,399		7,399			
61		Medical Records / Medical Library			0		0			
62		Allowable Contributions			0		0			
63		Help Wanted Ads			13,894		13,894			
64		Services and Supplies Sold, Sch A-1, Line 4			0		0			
65		Purchase Discounts and Rebates, Sch A-1, Line 6			0		0			
66		Other OADM Recoveries, Sch A-1, Lines 15 - 17			0		0			
67		Amortization of Start-up Costs (7)			0		0			
68		MDS Coordinator	2,080	62,550			62,550			
69		Inservice Coordinator	1,387	64,539			64,539			
70		Quality Assurance					0			
71		Ward Clerk	2,080	29,816			29,816			
72		Other:					0			
73		Total Nursing Administration	5,547	156,905	0	0	156,905			
74		Allowable Employee Gifts and Party					0			
75		Other: County Allocations			645,596		645,596			
76		Other: Please See Note Below (12)	0	0	0	0	0			
77	OADM	Total Other Administrative	20,347	527,609	880,180	0	1,407,789	1,407,789	0	

EXPENSES

SCHEDULE A

FACILITY NAME: Sussex County Homestead
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 UNISYS NUMBER: 4503902
 COST REPORT F.Y.E.: Dec 31, 2009

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General Services										
78	FOOD	Food			277,513		277,513	277,513	0	
		Total Food			277,513	0	277,513	277,513	0	
Dietary, Laundry, and Housekeeping										
79	DIET	Dietary (1)	32,382	566,874	22,212		536,662	536,662	0	
80	LDLI	Laundry and Linen	4,160	69,599	157,919		227,518	227,518	0	
81	HSKP	Housekeeping	14,081	394,743	70,775		465,518	465,518	0	
82		Total Dietary, Laundry and Housekeeping	50,623	1,023,216	206,482	0	1,229,698	1,229,698	0	
Other General Services										
83		Disposal Service			20,686		20,686			
84		Exterminating Service			80		80			
85		Grounds Maintenance			4,961		4,961			
86		Motor Pool								
87		Plant Security								
88		Snow Removal			9,353		9,353			
89		Fire Drill								
90		Other.								
91		Other.								
92	OGSR	Total Other General Services	0	0	35,080	0	35,080	35,080	0	
Property Operating (2)										
93	MAIN	Maintenance (exclude auto)			320,954		320,954	320,954	0	
94	PTXL	Property Taxes (Land)								
95	PTXB	Property Taxes (Building)								
96		Electric			150,829		150,829			
97		Cable Television/Satellite TV			7,069		7,069			
98		Fuel Oil								

EXPENSES

SCHEDULE A

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99		Natural Gas					0			
100		Water & Sewerage			23,662		23,662			
101	UTIL	Total Utilities			181,560	0	181,560	181,560	0	
102	PRIN	Property Insurance			14,829		14,829	14,829	0	
103		Other				0	0	0	0	
104		Total Property Operating	0	0	517,343	0	517,343	517,343	0	
		Property Capital (2)								
105	DPAM	Depreciation and Amortization			130,342		130,342	130,342	0	
106	RTLE	Net Rentals and Leases			7,485		7,485	7,485	0	
107	INTR	Allowable Interest				0	0	0	0	
108		Total Property Capital			137,827	0	137,827	137,827	0	
		Nursing								
109	RNS	Nursing, RNs-Salaried	15,584	555,967			555,967	555,967	0	
110	RNCT	Nursing, RNs-Contracted					0	0	0	
111	LPNS	Nursing, LPNs-Salaried	24,970	575,866			575,866	575,866	0	
112	LPCT	Nursing, LPNs-Contracted					0	0	0	
113	OSAL	Nursing, Other-Salaried	94,059	1,554,766			1,554,766	1,554,766	0	
114	OSCT	Nursing, Other-Contracted					0	0	0	
115		Total Nursing	134,583	2,686,599	0	0	2,686,599	2,686,599	0	
		Other Patient Care								
116	MDDR	Medical Director			22,479		22,479	22,479	0	
117	PTAC	Patient Activities	10,951	210,296	9,157		219,453	219,453	0	
118	PHCS	Pharmaceutical Consultant			13,416		13,416	13,416	0	
119	NLDG	Non-Legend Drugs			27,866		27,866	27,866	0	
120	MDSP	Medical Supplies			51,058		51,058	51,058	0	

EXPENSES

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121	SOSR	Social Services	1,730	41,497	8,190		49,687	49,687	0	
122	OXYG	Oxygen (13)		2,666	2,666		2,666	2,666	0	
123		Total Other Patient Care	12,687	251,793	134,832	0	386,625	386,625	0	
Non-Routine/Non-Allowable										
127		Personal Expenses				0				
128		Interest assessed by DHSS				0				
129		Fines, Penalties and Non-Allowable Interest				0				
130		Amortization of Organization Cost				0				
131		Prescribed Drugs			149,105	-149,105				
132		Laboratory and X-Ray			7,167	-7,167				
133		Payments to Physicians (exclude Medical Director)				0				
134		Physical, Speech, Hearing and Occupational Therapy			450,275	-450,275				
135		Income Taxes, including NJ Corporate Business Tax on Net Income and subsequent years liability				0				
136		Gift Shop and Snack Bar			143	143				
137		Barber and Beauty Shop				0				
138		Contributions, except for Voluntary Fire and First Aid Companies in the vicinity of the Nursing Home				0				
139		Collection cost for overdue private patient accounts. (9)				0				
140		Promotional and Directory advertising except for bold print yellow page ads				0				
141		Expenses relating to future expansion, including Architect Fees				0				

EXPENSES

SCHEDULE A

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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
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	0	606,404	606,404	9,228,071	9,228,071	0	
161	XXXX	Total Expenses	222,400	7,038,814	2,795,661	606,404	9,228,071	9,228,071	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. For related lease, report depreciation and interest on lines 105 and 106.
- (3) if General Fringe Benefits are not reported on lines 1 through 16.
- (4) The cost of related parties should be reported in the Management Cost Center, except for those specifically working as the Administrator

EXPENSES

SCHEDULE A

FACILITY NAME: **Sussex County Homestead**
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 COST REPORT F.Y.E.: **Dec 31, 2009**

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(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)			
Line #	Abbrev	Cost Center	Hours	Salaries and Fringes	Fees and Other Expenses	Recovery and Eliminations	Net Total Expenses	Expenses Applicable to NF	Expenses Applicable to Non-NF ⁽¹⁰⁾	Allocation Basis Sch A-2

or Assistant Administrator.

Recoveries and Other Revenues

SCHEDULE A-1

FACILITY NAME: Sussex County Homestead

D. H. S. NUMBER: 19510

UNISYS NUMBER: 4503902

COST REPORT F.Y.E.: Dec 31, 2009

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WORDING ON THIS SCHEDULE

A. INCIDENTAL REVENUES		(1) AMOUNT	(2) 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:	-	

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

C. Other Revenues		Revenue
31	Investment Income	357
32	Trust Income	
33	Gifts and Bequests	
34	Gains/(Losses) On Sale Of Investments	
35	Permanent Declines In Market Value Of Investments	
36	Other: Medical Day Care	
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:	357
45	Total of Section A, B, and C:	357

- (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.

BASIS OF ALLOCATION SCHEDULE

SCHEDULE A-2

FACILITY NAME: **Sussex County Homestead**
 D. H. S. S. NUMBER: **19510**
 UNISYS NUMBER: **4503902**
 COST REPORT F.Y.E.: **Dec 31, 2009**

100% Nursing Facility

Special Care Program(s)

Code	Basis	(A)	(B)	(C)	(D)
		Applicable To NF	Applicable To Non-NF	Total	Percent Applicable To NF
0	DEFAULT (100% Nursing Facility)	1		1	100.0000%
1	Patient Days	35,377		35,377	100.0000%
2	Accumulated Costs	5,270,685		5,270,685	100.0000%
3	Number of Meals Served			0	#DIV/0!
4	Pounds of Laundry			0	#DIV/0!
5	Square Feet			0	#DIV/0!
6	Other:			0	#DIV/0!
7	Other:			0	#DIV/0!
8	Other:			0	#DIV/0!
9	Other:			0	#DIV/0!
10	Other:			0	#DIV/0!
11	Other:			0	#DIV/0!
12	Other:			0	#DIV/0!
13	Other:			0	#DIV/0!
14	Other:			0	#DIV/0!
15	Other:			0	#DIV/0!
16	Other:			0	#DIV/0!
17	Other:			0	#DIV/0!
18	Other:			0	#DIV/0!
19	Other:			0	#DIV/0!
20	Other:			0	#DIV/0!
21	Other:			0	#DIV/0!
22	Other:			0	#DIV/0!
23	Other:			0	#DIV/0!
24	Other:			0	#DIV/0!
25	Other:			0	#DIV/0!
26	Other:			0	#DIV/0!

Accumulated Costs, Schedule A 5,876,518

PATIENT DAYS AND BEDS

SCHEDULE B

FACILITY NAME: **Sussex County Homestead**
 D. H. S. S. NUMBER: **19510**
 UNISYS NUMBER: **4503902**
 COST REPORT F.Y.E.: **Dec 31, 2009**

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From: Jan 1, 2009 To: Dec 31, 2009

ACTUAL BASE PERIOD PATIENT DAYS

A. PATIENT DAYS

1. Private	4,176
2. Medicaid	27,271
3. Medicare	3,475
4. Therapeutic Leave	0
5. Other:	455
6. Sub Total	35,377
7. Medicaid Bed Hold Days	243
8. "Other" Bed Hold Days	174
9. Total Patient Days	35,794
10. Percent Occupancy	96.14%
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 **	(G) Total
		0	0	0		4,176
						27,271
						3,475
						0
						455
	0	0	0	0	0	35,377
						243
						174
	0	0	0	0	0	35,794
	0.00%	0.00%	0.00%	0.00%	0.00%	96.14%

B. LICENSED LONG TERM CARE BEDS *

PERIOD		DAYS	BEDS	MAXIMUM BED DAYS
FROM	TO			
Jan 1, 2009	To: Dec 31, 2009	365	102	37,230
	To:			
	To:			
	To:			
	To:			
	To:			
	To:			
Total:		365	102	37,230

Hospital Beds / Slots: _____
 Sheltered/Residential Beds: _____

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, 2009	To: Dec 31, 2009	365	102	37,230
	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.**

PATIENT DAYS AND BEDS

SCHEDULE B

FACILITY NAME: **Sussex County Homestead**
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From: Jan 1, 2009 **To:** Dec 31, 2009

D. SPECIAL CARE PROGRAM(S)

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

SCHEDULE B-1

DO NOT CHANGE PRE-PRINTED WORDING ON THIS SCHEDULE

Facility Name: Sussex County Homestead
D.H.S.S. Number: 19510

Report Period From: Jan 1, 2009 Through: Dec 31, 2009



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

Additional Nursing Services

	Jan 2009	Feb 2009	Mar 2009	Apr 2009	May 2009	Jun 2009	Jul 2009	Aug 2009	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Totals
Medicare													
1. Tracheotomy Care													0
2. Use of Respirator													0
3. Head Trauma													0
4. Intravenous Therapy													12
5. Wound Care													15
6. Oxygen Therapy													23
7. NIG Tube Feeding													9
Totals	3	6	4	4	7	2	5	6	4	5	6	7	60

	Jan 2009	Feb 2009	Mar 2009	Apr 2009	May 2009	Jun 2009	Jul 2009	Aug 2009	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Totals
Medicaid													
1. Tracheotomy Care													0
2. Use of Respirator													0
3. Head Trauma													0
4. Intravenous Therapy													12
5. Wound Care													20
6. Oxygen Therapy													5
7. NIG Tube Feeding													37
Totals	11	1	6	3	3	2	4	1	0	2	2	2	100

	Jan 2009	Feb 2009	Mar 2009	Apr 2009	May 2009	Jun 2009	Jul 2009	Aug 2009	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Totals
Private													
1. Tracheotomy Care													0
2. Use of Respirator													0
3. Head Trauma													0
4. Intravenous Therapy													0
5. Wound Care													1
6. Oxygen Therapy													9
7. NIG Tube Feeding													10
Totals	1	0	1	1	2	2	1	1	1	0	1	0	10

	Jan 2009	Feb 2009	Mar 2009	Apr 2009	May 2009	Jun 2009	Jul 2009	Aug 2009	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Totals
Other													
1. Tracheotomy Care													0
2. Use of Respirator													0
3. Head Trauma													0
4. Intravenous Therapy													1
5. Wound Care													4
6. Oxygen Therapy													2
7. NIG Tube Feeding													3
Totals	1	1	0	0	0	1	1	1	0	0	3	2	12

	Jan 2009	Feb 2009	Mar 2009	Apr 2009	May 2009	Jun 2009	Jul 2009	Aug 2009	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Totals
ACTIVITY OF CARE													
1. Tracheotomy Care	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Use of Respirator	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Head Trauma	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Intravenous Therapy	0	1	0	0	0	3	2	2	0	2	2	1	13
5. Wound Care	5	3	3	1	3	2	4	3	2	1	3	1	31
6. Oxygen Therapy	5	4	6	4	7	4	4	2	5	4	4	5	46
7. NIG Tube Feeding	6	0	4	2	3	1	1	0	1	2	2	5	26
Totals	16	8	11	12	9	5	12	8	8	11	10	12	119

PATIENT REVENUES

SCHEDULE B-2

Facility Name: **Sussex County Homestead**

Period Ending: **Dec-09**

Unisys Number: **4503902**

DHSS Number: **19510**

The Blue Highlighted 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	1,315,608							1,315,608
2. Contractual Allowances								0
3. Net Private Revenues	1,315,608	0	0	0	0	0	0	1,315,608
4. Gross Medicaid Revenues	5,883,659							5,883,659
5. Contractual Allowances								0
6. Net Medicaid Revenues	5,883,659	0	0	0	0	0	0	5,883,659
7. Gross Medicare Revenues	1,808,321							1,808,321
8. Contractual Allowances								0
9. Net Medicare Revenues	1,808,321	0	0	0	0	0	0	1,808,321
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*	182,079							182,079
14. Contractual Allowances								0
15. Other Net Revenues 2	182,079	0	0	0	0	0	0	182,079
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	9,189,667	0	0	0	0	0	0	9,189,667
20. Sum of Contractual Allowances	0	0	0	0	0	0	0	0
21. Sum of Net Revenues	9,189,667	0	0	0	0	0	0	9,189,667

*** Specify:**

Other Provider 1:

Other Provider 2:

Other Provider 3:

Therapies

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 third party payors without any deduction for expenses of any kind.

MISCELLANEOUS DATA

SCHEDULE B-3

FACILITY NAME: Sussex County Homestead

D. H. S. S. NUMBER: 19510

UNISYS NUMBER: 4503902

COST REPORT F.Y.E.: Dec 31, 2009

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

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

47
28
25

Physical Therapy
Occupational Therapy
Speech Therapy

100

Total Patient Therapy Sessions:

Indicate the following Medicare information:

Highmark
315378
10/1/2009

Medicare Intermediary
Medicare Provider Number
Effective date of Medicare Rate

Note : A Patient Therapy Session is one time period during which any number of physical, occupational and / or speech therapies treatment have been performed

SELECTED DATA

SCHEDULE C

Facility Name: **Sussex County Homestead**
 D. H. S. S. NUMBER: **19510**
 Unisys Number: **4503902**
 Period Ending: **Dec 31, 2009**

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

A. NURSING HOURS REQUIREMENT:

	Total Hours Paid	Total Hours Worked	Percent Worked
1. Nursing RNs Salaried, Schedule A, Line 109	15,554	13,747	
2. Nursing LPNs Salaried, Schedule A, Line 111	24,970	21,789	
3. Nursing Other Salaried, Schedule A, Line 113	94,059	76,814	
4. Total Nursing Salaried Hours	134,583	112,350	83%

B. CURRENT PROPERTY DATA:

	A Capitalized Maintenance & Replacement	B Additions	C Net Rental & Leases
5. Land			
6. Land Improvements	34,304		
7. Buildings including Additions	192,112		
8. Building Equipment			
9. Reimbursable Moveable Equipment	169,259		7,485
10. Non-Reimbursable Moveable Equipment			
11. Motor Vehicle (Other than for Administrator, Assistant Administrator or Management)			
12. Leasehold improvements & Other Amortization Item			
13. Special Program:			
14. Special Program:			
15. Special Program:			
16. TOTAL EXPENDITURES	395,675		7,485

RELATED PARTIES AND SELECTED EMPLOYEES

SCHEDULE D

Facility Name: Sussex County Homestead

D. H. S. S. NUMBER: 19510

Unisys Number: 4503902

Period Ending: Dec 31, 2009

**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		(E) Equity		(F) Reporting Period Transactions ⁽³⁾		(G) Schedule A Line Number
		Ending Balance	Balance	Rate	Rate	Percent of Total	Total	Nature of Transaction(s)	Amount	
1										
2										
3										
4										
5										

Data Regarding Selected Employees Including Related Parties

(1)	(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"/>	6 Administrator Jake Lighten	No	2,080	109,106	0	0	No
<input type="checkbox"/>	7 Asst. Administrator Barbara Wendland	No	2,080	73,663	0	0	No
<input type="checkbox"/>	8 Nursing Director Marguerite Duransky	No	2,080	80,565			No
<input type="checkbox"/>	9 Controller						
<input type="checkbox"/>	10 Chief Financial Officer						
<input type="checkbox"/>	11						
<input type="checkbox"/>	12						
<input type="checkbox"/>	13						
<input type="checkbox"/>	14						

(1) Name of Employee	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 expense, leases and any other transaction affecting data reported on Schedule A.

RECONCILIATION

FACILITY NAME: Sussex County Homestead
 D. H. S. NUMBER: 19510
 UNISYS NUMBER: 4503902
 COST REPORT F.Y.E.: Dec 31, 2009

EXPENSES				
	SCHEDULE	COLUMN	LINE	AMOUNT
1	A	B	161	9,183,667
2				1,671,936
3				0
4				
5				
6				
7				
8				
9				
10	A	B & C	161	9,184,475
11				9,184,475
12				0
13				
14				
15				
16				
17				

REVENUES				
	SCHEDULE	COLUMN	LINE	AMOUNT
1	B-2	H	21	9,183,667
2	A-1	*AMOUNT*	24+44	363
3	A-1	*AMOUNT*	30	
4				
5				9,190,030
6				9,190,030
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

Certification

SCHEDULE F

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

Jake Lighten
(Name) Administrator
(Title)

of the Sussex County Homestead
(Facility Name)
129 Morris Turnpike
(Street Address)
Newton NJ 07860-0000
(City) (State) (Zip Code)

19510 4503902
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, 2009 and ending on Dec 31, 2009, 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 (Please sign in blue ink)
(Date Signed)
(Phone Number)
(E-Mail address)

Schedule B Supplement

Patient Days and Revenue Details
 FACILITY NAME: City Homestead
 D. H. S. S. NUMBER: 19510
 UNISYS NUMBER: 4503902
 COST REPORT F.Y.E.: Dec 31, 2009

Total Patient Days		Total Revenue				
	Patient Days As Reported in Sch B	Days Reported NHA 100	Revenue Reported in Sch B-2	Revenue Reported NHA 100	Diff	
1	Medicaid	27,271	27,517	5,883,659	5,840,819	42,840
2	New Jersey	27,271	27,517	5,883,659	5,840,819	42,840
3	Routine	24,503	27,493	5,883,659	5,840,819	42,840
4	Hospice	2,744	0			0
5	Managed Care:	0	0			0
6	Respite (State Waiver Program)	24	24			0
7	Out of State	0	0	0	0	0
8	Routine	0	0			0
9	Hospice	0	0			0
10	Managed Care:	0	0			0
11	Respite (State Waiver Program)	0	0			0
12	Private Pay	4,176	4,347	1,315,608	1,146,035	169,573
13	Private Self Pay	4,118	4,347	1,315,608	1,146,035	169,573
14	Private Insurance	0	0			0
15	Pending Medicaid Days	58	0			58
16	Medicare	3,475	3,475	1,808,321	1,659,091	149,230
17	Part A Fee for Service (Full Payment & Co Ins Days)	3,475	3,475	1,808,321	1,659,091	149,230
18	Part C (Medicare Managed Care)	0	0			0
19	Other Governmental	0	0	0	0	0
20	Veteran's Administration	0	0			0
21	Tricare	0	0			0
22	County Respite	0	0			0

Patient Days and NHA 100 Information

Reconciliation to Schedule B Supplement

Sussex County Homestead

19510

4503902

December 31, 2009

FACILITY NAME:

D. H. S. S. NUMBER:

UNISYS NUMBER:

COST REPORT F.Y.E.:

	Patient Days As Reported in Sch B	1	2	3	4	Adjusted Patient Days	Days Reported NHA 100	Check
1 Medicaid	27,271	243	3	0	0	27,517	27,517	0
2 New Jersey	27,271	243	3	0	0	27,517	27,517	0
3 Routine	24,503	243	3			24,749	27,493	2,744
4 Hospice	2,744					2,744		2,744
5 Managed Care:						0		0
6 Respite (State Waiver Program)	24					24	24	0
7								
8 Out of State	0	0	0	0	0	0	0	0
9 Routine								
10 Hospice								
11 Managed Care:								
12 Respite (State Waiver Program)								
13								
14 Private Pay	4,176	162	3	0	0	4,335	4,347	12
15 Private Self Pay	4,118	162	3			4,277	4,347	70
16 Private Insurance								
17 Pending Medicaid Days	58	12				70		
18								
19 Medicare	3,475	0	0	0	0	3,475	3,475	0
20 Part A Fee for Service (Full Payment & Co Ins Days)	3,475					3,475	3,475	0
21 Part C (Medicare Managed Care)								
22								
23 Other Governmental	0	0	0	0	0	0	0	0
24 Veteran's Administration								
25 Tricare								
26 County Respite								
27 Other								
28 Other								
29								

