

State of New Jersey Department of Human Services Nursing Facility Cost Report				
Provider Name:	GREEN HILL, INC.			
Medicare Provider ID:	31-5416			
NPI:	1528061868			
Reporting Period:	From:	01/01/2022	To:	12/31/2022
Worksheet:	Schedule A-1 - Direct Costs			

Does the nursing facility directly identify direct patient care salary and contract labor expense or is the expenses allocated to the appropriate cost center?

Identifies direct patient care salaries

	Salaried Hours	Wages	Contract Labor Hours	Contract Labor Expense
Nursing Facility (Schedule A Line 1)				
Registered Nurses (RN)		\$893,952		\$458,054
Licensed Practitioner Nurses (LPN)		\$638,955		\$274,630
Certified Nursing Assistants (CNA)		\$944,440		\$595,261
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff		\$7,789		
Total Nursing Facility	0.00	\$2,485,136	0.00	\$1,327,945
Special Care Nursing Facility - AIDS (Schedule A Line 2)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - AIDS	0.00	\$0	0.00	\$0
Special Care Nursing Facility - BMGT (Schedule A Line 3)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - BMGT	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Pediatric (Schedule A Line 4)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - PEDIATRIC	0.00	\$0	0.00	\$0
Special Care Nursing Facility - TBI/Coma (Schedule A Line 5)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - TBI/COMA	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Vent (Schedule A Line 6)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - VENTILATOR	0.00	\$0	0.00	\$0
Special Care Nursing Facility - Young Adult (Schedule A Line 7)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				
Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total SCNF - YOUNG ADULT	0.00	\$0	0.00	\$0
Behavioral Health Nursing Facility (Schedule A Line 8)				
Registered Nurses (RN)				
Licensed Practitioner Nurses (LPN)				

Certified Nursing Assistants (CNA)				
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
Total Behavioral Health Nursing Facility	0.00	\$0	0.00	\$0
Other (Schedule A Line 9)				
Registered Nurses (RN)		\$29,833		
Licensed Practitioner Nurses (LPN)		\$105,987		
Certified Nursing Assistants (CNA)				\$691,814
Advanced Practice Nurses (APN)				
Respiratory Therapy (RT)				
Other Medical Staff				
TOTAL - OTHER (SPECIFY)	0.00	\$135,820	0.00	\$691,814

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Worksheet:	Schedule A-2 - Management Employees		

		Hours	Cost
Administrator			63
Name	Salary		183,074
Anna Chbihi	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	3288 Total		183,074

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

Director of Nursing			33
Name	Salary		
	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		-

Assistant Director of Nursing			33
Name	Salary		
	Payroll Taxes		
	Health Insurance		
	Retirement Benefits		
State Licensing Number/Type	Other		
	Total		-

Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		-

Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		-

Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		-

Other			
Name		Input Line Number	65
	Salary		
	Payroll Taxes		
	Health Insurance		
State Licensing Number/Type	Retirement Benefits		
	Other		
	Total		-

TOTAL MANAGERIAL COMPENSATION	\$ 183,074
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Worksheet:	Schedule A-3 - Non-Direct Care and Non-Managerial Wages and Contract Labor		

	A. Schedule A Line	B. Salaried Hours	C. Salary and Wages	D. Contract Labor Hours	E. Contract Labor Expense	F. Total Hours	
A. Patient Ancillary Costs							
1	Radiology	16					-
2	Laboratory	17					-
3	Intravenous Therapy	18					-
4	Oxygen Therapy	19					-
5	Physical Therapy	20	\$ 197,060		\$ 274,334		-
6	Occupational Therapy	21	\$ 98,521		\$ 72,739		-
7	Speech Therapy	22	\$ 81,039		\$ 1,077		-
8	Electro cardiology	23					-
9	Physicians	30					-
10	Other - Patient Ancillary Costs	31					-
	11 Total Patient Ancillary Costs		\$ 376,620	-	\$ 348,150		Total -
B. Nursing Administration							
12	Director of Nursing, ADON, Supervisors	33	\$ 143,434				-
13	Inservice Education	34	\$ 51,095				-
14	MDS Coordinator	35	\$ 100,074				-
15	Staffing Coordinator	36					-
16	Infection Control	37					-
17	Medical Records/EMR	38					-
18	Other - Nursing Administration	40					-
	19 Total Nursing Administration		\$ 294,603	-	\$ -		Total -
C. Patient Support Services							
20	Dietary Department	46	\$ 732,615		\$ 48,283		-
21	Laundry Department	47			\$ 12,655		-
22	Housekeeping Department	48	\$ 443,287		\$ 47,186		-
23	Social Services	49	\$ 193,039				-
24	Patient Activities	50	\$ 228,292				-
25	Medical Director	51			\$ 37,500		-
26	Pharmacy Consultant	52			\$ 23,285		-
27	Other - Patient Support Services	55					-
	28 Total Patient Support Services		\$ 1,597,233	-	\$ 168,909		Total -
D. Property Operating Costs							
29	Maintenance	57	\$ 181,244		\$ 424,551		-
30	Security	58					-
	31 Total Property Operating Costs		\$ 181,244	-	\$ 424,551		Total -
I. Administrative & Operating Costs							
32	Office Staff	66	\$ 358,739		\$ 43,574		-
	33 Total Administrative & General		\$ 358,739	-	\$ 43,574		Total -
N. Non-Routine/Non-Allowable Costs							
34	Sales and Marketing Personnel	N/A					-
35	Gift, Flower, Coffee Shops and Canteen	N/A					-
36	Barber and Beauty Shop	N/A					-
37	Physician Private Offices	N/A					-
38	Patient Laundry	N/A					-
39	Other Non-Reimbursable Personnel	N/A					-
	40 Non-Routine / Non-Allowable Costs	107	\$ -	-	\$ -		Total -
Total			\$ 2,808,439	-	\$ 985,184		Total -

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