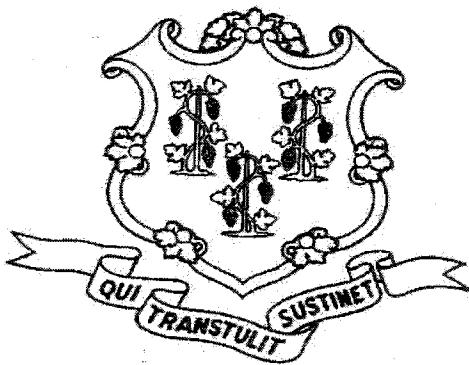


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed)

Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center

Address (No. & Street, City, State, Zip Code)

99 South Canaan Road, Canaan, CT 06018

Type of Facility

Chronic and Convalescent  
 Nursing Home only  
(CCNH)

Rest Home with Nursing  
 Supervision only  
(RHNS)

(Specify)

Report for Year Beginning

10/1/2018

Report for Year Ending

9/30/2019

License Numbers:	CCNH 843-C	RHNS	(Specify)	Medicare Provider 07-5202
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000008433	RHNS	ICF-IID
----------------------------	-------------------	------	---------

### For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer	N 843-C	9/30/2019	1	37

**Administrator's/Owner's Certification**

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 and supporting schedules prepared for Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Kevin O'Connell		Printed Name (Owner)	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-1A Rev. 6/95

**State of Connecticut**  
**Department of Social Services**  
55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>		Page 1A	of 37
Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center	Period Covered: From 10/1/2018 To 9/30/2019		
Address of Facility 99 South Canaan Road, Canaan, CT 06018			
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/27/2020	
Item	Total	CCNH	RHNS
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. <b>Total Wages Paid</b>	\$		
7. Total salaries paid	\$		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-824-5137	9/30/2019	2	37
Name of Facility (as shown on license)      Address (No. & Street, City, State, Zip)			
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing 299 South Canaan Road, Canaan, CT 06018			
License Numbers:	CCNH 843-C	RHNS	(Specify)
Medicare Provider No. 07-5202			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:	Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully.	
N/A			
<b>Administrator</b>			
Name of Administrator Kevin O'Connell	Nursing Home Administrator's License No.: 1687		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name N/A	License No.:		

# **General Information and Questionnaire**

## **Partners/Members**

# **General Information and Questionnaire**

## **Corporate Owners**

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A	843-C	9/30/2019	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Robert T. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation	99 South Canaan Road, Canaan, CT 06018	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			

THE GEER CORPORATION

Board of Directors  
2019

Name

**Russell Riva**

*Chairman*

Director/Officer  
1973-present

**James Sok**

*Vice Chairman*

Director/Officer  
2018-present

**Maureen McCarthy**

*Treasurer*

Director/Officer  
2018-present

**Eileen Fox**

*Secretary*

Director/Officer  
2016-present

**Dennis J. Kobylarz, M.D.**

Director  
2003-present

**Mary Monnier**

Director

**Robert Segalla**

Director

2012-present

**Michael Schopp**

Director

2013-present

**David Soper**

Director

2016-present

**Lance Leifert**

Director

2018-present

**Emeritus**

**Frances W. Perotti**

1989-2018

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Ge	843-C	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

## General Information and Questionnaire

### Related Parties\*

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A Geer N	License No. 843-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.
---	--------------------------------------	--------------------------	---

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," provide the following information:
---	--------------------------------------	--------------------------	--

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Geer Corporation	99 South Canaan Roa, North Canaan CT	<input type="radio"/>	<input checked="" type="radio"/>		Management Services	16 M12	673,531	842,571
Geer Village	77 South Canaan Road North Canaan CT	<input type="radio"/>	<input checked="" type="radio"/>		Marketing Services	10 a12n	31,248	31,248
Geer Foundation	77 South Canaan Road North Canaan CT	<input type="radio"/>	<input checked="" type="radio"/>		Strategic Planning and Marketing Services	10 a12n	13,418	13,418
CA Linidell	P.O. Box 899 Canaan, CT	<input type="radio"/>	<input checked="" type="radio"/>		Various Maintenance Supplies	22 6A-F	5,811	5,811
CA Linidell	P.O. Box 899 Canaan, CT	<input type="radio"/>	<input checked="" type="radio"/>		Routine Patient Supplies	20 Line 5b	60	60
CA Linidell	P.O. Box 899 Canaan, CT	<input type="radio"/>	<input checked="" type="radio"/>		Other Nursing Supplies	20 Line 5b	1,056	1,056
CA Linidell	P.O. Box 899 Canaan, CT	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Supplies	18 2a2	N/A This Year	N/A This Year
CA Linidell	P.O. Box 899 Canaan, CT	<input type="radio"/>	<input checked="" type="radio"/>		Recreation Supplies	20 5i	51	51
Dr Dennis Kobylarz	10 Granite Avenue, Canaan, CT	<input type="radio"/>	<input checked="" type="radio"/>		Medical Director	13 Ba8	2,500	2,500

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire Related Parties\***

P4a

Name of Related Individual or Company	Business Address	Also Provides Goods / Services to Non-Related Parties	Description of Goods / Services Provided	Indicate Where Costs are Included in Annual Report Page# / Line#	Cost Reported	Actual Cost to the Related Party
Quotidian Health, Inc	P.O. Box 609 Canaan, CT	0.00%	Medical Director	13 Ba8	66,000	66,000
Lindell Fuel	P.O. Box 609 Canaan, CT	0.00%	Fuel Oil and Propane	22 6b	74,717	74,717
Lindell Gasoline	P.O. Box 609 Canaan, CT	0.00%	Gas	16 L6	1,799	1,799
Riva Just Ask Rental	P.O. Box 899 , Canaan CT	0.00%	Rental Equipment	22 6f	4,160	4,160
Conquest Consulting	30 Tower Lane, 4th Floor	0.00%	Internet Marketing	16 m13	17,033	17,033
Lindell Fuel	P.O. Box 609 Canaan, CT	0.00%	Plumbing and Heating Supplies	22 6a-f	267	267

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A	License No. 843-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

N/A
-----

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A
-----

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

N/A
-----

## General Information and Questionnaire

### Leases (Excluding Real Property)

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility		License No.		Report for Year Ended			Page	of
		843-C		9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Konica Minolta 21146 Network Place, Chicago	<input type="radio"/>	<input checked="" type="radio"/>	Copier	Various	Various	20,836	20,836	
Pitney Bowes PO Box 371887, Pittsburg, PA	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	10/16/20	10/1/2019	910	910	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	21,746	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

# **General Information and Questionnaire**

## **Accounting Basis**

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital,	843-C	9/30/2019	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?  Yes  No If "No," explain.

N/A

### **Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1    Marcum LLP	555 Long Wharf Drive, New Haven CT 06511
2    Maletta and Company	
3	
4	

**Services Provided by This Firm (describe fully)**

1	Accounting, Audit, and reimbursement services (Cost Reports)	\$ 47,862
2	Preparation of the 990	\$ 4,485
3		\$
4		\$
		Charge for Services Provided
		\$ 52,347

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Yes       No      Page 15, Line 1d

## **Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

Address (No. & Street, City, State, Zip Code)

**Services Provided by This Firm (*describe fully*)**

1	See attached	\$	92,795
2		\$	
3		\$	
4		\$	
5		\$	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.

Page 15, Line 1e

Geer Nursing and Rehab  
 Medicaid Cost Report  
 Legal Expense CY 2019

<u>Provider</u>	<u>GL Account</u>				
	<u>502610</u>	<u>502620</u>	<u>502630</u>	<u>502640</u>	<u>502650 Totals</u>
SEIGER GFELLER LAURIE, LLP	5,174				5,174
Murtha, Cullina, Richter		78,347	1,008	600	79,955
EDWARD BIXLER		405			405
Kainen, Escalera, & Michale		300		3,413	3,713
DONALD W. LIGHT		158			158
Kevin F. Nelligan, LLC		2,440			2,440
TOWN OF CANTON		20			20
Treasurer State of CT		450			450
<b>Total</b>	<b>5,174</b>	<b>79,052</b>	<b>4,076</b>	<b>-</b>	<b>92,314</b>
<b>Immaterial Variance</b>					<b>481</b>
<b>Amount Per TB</b>					<b><u>92,795</u></b>

**Invoices available upon audit**

## Schedule of Resident Statistics

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehab			License No. 843-C				Report for Year Ended 9/30/2019				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					120	120			120	120		
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents					106	106			95	95		
A. As of midnight of PREVIOUS report period	106	106			106	106			95	95		
B. As of midnight of THIS report period	101	101			95	95			101	101		
3. Total Number of Days Care Provided During Period					1,690	1,690			652	652		
A. Medicare	2,342	2,342			1,690	1,690			652	652		
B. Medicaid (Conn.)	25,449	25,449			18,845	18,845			6,604	6,604		
C. Medicaid (other states)	323	323			231	231			92	92		
D. Private Pay	6,700	6,700			5,333	5,333			1,367	1,367		
E. State SSI for RCH												
F. Other (Specify)	948	948			687	687			261	261		
G. Total Care Days During Period (3A thru F)	35,762	35,762			26,786	26,786			8,976	8,976		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	98	98			96	96			2	2		
B. Other Bed Reserve Days	20	20			20	20						
5. Total Resident Days (3G + 4A + 4B)	35,880	35,880			26,902	26,902			8,978	8,978		

## Schedule of Resident Statistics (Cont'd)

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A	License No. 843-C	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(1)	(2)	(3)	(1)	(2)	(3)					

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	10	74		17				
Per Diem Rate								
a. One bed rm.	Various	236.16		524.44				
b. Two bed rms.	Various	236.16		447.16				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)	TOTAL	CCNH	RHNS	(Specify)
1. Maintenance Treatments	12,364	12,364		
2. Restorative Treatments				
C. Other	25,115	25,115		
D. <b>Total Physical Therapy Treatments</b>	38,638	38,638		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)	4,865	4,865	
1. Maintenance Treatments	456	456	
2. Restorative Treatments			
C. Other	9,883	9,883	
D. <b>Total Speech Therapy Treatments</b>	15,204	15,204	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)	25,753	25,753	
1. Maintenance Treatments	1,797	1,797	
2. Restorative Treatments			
C. Other	32,341	32,341	
D. <b>Total Occupational Therapy Treatments</b>	59,891	59,891	

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing	843-C	9/30/2019		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	110,002	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	155,787	8,569			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	440,752	28,750			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	154,715	8,025			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	150,504	3,269			
b. RN					
1. Direct Care	1,519,937	32,830			
2. Administrative**	167,668	4,189			
c. LPN					
1. Direct Care	601,923	23,650			
2. Administrative**					
d. Aides and Attendants	1,833,233	111,694			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	191,521	10,074			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists					
k. Pharmacists	214,652	5,222			
l. Podiatrists					
m. Social Workers/Case Management	80,228	2,783			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	911,677	16,918			
<i>A-13. Total Salary Expenditures</i>	<b>6,532,599</b>	<b>258,053</b>			

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

\*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule of Other Salaries and Wages (Page 10)**

**Schedule of Other Fees (Page 13)**

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-11 Rev. 10/2005

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Ref				License No. 843-C		Report for Year Ended 9/30/2019			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include **all** employment worked during the cost year.

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-12 Rev. 10/2005

**Schedule A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Reh				843-C		9/30/2019			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Kevin O'Connell	110,002			Non Discrim	Administrator of Facility	2,080	A2			
<b>Section IV - Assistant Administrators</b>										

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

\*\* Include all other employment worked during the cost year.

\*\*\* If more than one Administrator is reported, include dates of employment for each.

## B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
		843-C	9/30/2019	13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian	30,813	616			
2. Dentist	90	Monthly			
3. Pharmacist	7,881	105	Est		
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	175,630	2,342			
b. Other					
6. Social Worker	2,250	30	Est.		
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	68,500	250			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	69,110	921			
b. Other					
10. Occupational Therapist					
a. Resident Care	272,228	3,630			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	119,208	1,025			
2. Administrative***					
b. LPN					
1. Direct Care	7,560	126			
2. Administrative***					
c. Aides	278,467	6,479			
d. Other					
12. Other (Specify)					
See Attached Schedule	4,575				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,036,312	15,524			

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

**Report of Expenditures**  
**Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\***

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Mary AnnHabberg, 208 Park Road 2nd Floor, Wtby	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive 888 Worcester St Wellesley, MA 02482	Dentisit	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Konylarz 10 Granite Avenue, Canaan, CT	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Board Member	
Quotidian Health	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Board Member	
Genesis Rehabilitation Services 101 E State Street, Kennet Square	PT ST OT	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Staffing, LLC	RN Staffing	<input type="radio"/>	<input checked="" type="radio"/>		
Medical Solutions, LLC	RN Staffing	<input type="radio"/>	<input checked="" type="radio"/>		
Axis Pacific, LLC	RN Staffing	<input type="radio"/>	<input checked="" type="radio"/>		
Brightstar Care	LPN Staffing	<input type="radio"/>	<input checked="" type="radio"/>		
Geron Nursing & Respite Care, Inc 42 Main St New Milford	RN, LPN Aide Staffing	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

## C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	272,192	272,192		
2. Disability Insurance	\$	35,468	35,468		
3. Unemployment Insurance	\$	23,558	23,558		
4. Social Security (F.I.C.A.)	\$	462,272	462,272		
5. Health Insurance	\$	813,300	813,300		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	17,909	17,909		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	564,435	564,435		
d. Accounting and Auditing	\$	52,347	52,347		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$	92,795	92,795		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	22,690	22,690		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	24,620	24,620		
2. Cellular Phones	\$	2,557	2,557		
i. Appraisal ( <i>Specify purpose and attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	688,616	688,616		
<b>Subtotal</b>	\$	3,072,759	3,072,759		

\* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

**\*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Attachment Page 15

## **Schedule of Other Employee Benefits**

### **Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
	0		
<b>Total</b>	\$ -	\$ -	\$ -

**C. Expenditures Other Than Salaries (cont'd) - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		16	37
Item		Total	CCNH	RHNS	(Specify)
	<b><i>Subtotals Brought Forward:</i></b>	3,072,759	3,072,759		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 81,787	81,787			
2. Holiday Parties for Staff	\$ 3,496	3,496			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 28,087	28,087			
5. Education Expenses Related to Seminars and Conventions	\$ 8,558	8,558			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 29,855	29,855			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 18,090	18,090			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 31,256	31,256			
4. Fund-Raising***	\$				
5. Medical Records	\$ 1,343	1,343			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 13,536	13,536			
7. Postage	\$ 7,889	7,889			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,689	8,689			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 3,634	3,634			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 339,586	339,586			
12. Administrative Management Services**	\$ 673,531	673,531			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 354,504	354,504			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,676,600	4,676,600			

\* Do not include Subscriptions, which should go in item 9.

\*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\*\* Facility should self-disallow the expense on Page 28 of the Cost Report.

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Marketing (Disallowed)	31,256		
<b>Total Other Advertising</b>	<b>\$ 31,256</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
	0		
CABCF Dues	\$ 7,803		
AANAC	\$ 341		
Credit Card Annual Dues fees	\$ 460		
ALTCFM	\$ 85		
<b>Total Dues</b>	<b>\$ 8,689</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
	0		
Non Allowable Expenses (Late Fees, Penalties, Etc - Disallowed)	\$ 58,877		
ADC Expenses (Disallowed)	\$ 239,814		
Marketing (Disallowed)	\$ 35,951		
Employee Recognition (Disallowed)	\$ 8,689		
Bank Fees (Routine)	\$ 8,854		
Licenses	\$ 1,340		
Copier Rental	\$ 979		
<b>Total Other Administrative and General</b>	<b>\$ 354,504</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-17 Rev. 10/97

**Schedule C-1 - Management Services\***

Name of Facility Robert C. Geer Memorial Hospital, Inc. D	License No. 843-C	Report for Year Ended 9/30/2019	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Geer Corporation- Canaan CT	673,531	Mgmt of Facility, HR, Maintenance, AP, AR and Benefits	Page 16 m12

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

**C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended		Page of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer N	843-C	9/30/2019		18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 328,641	328,641		
2. Non-Food Supplies	\$ 30,648	30,648		
3. Other (Specify) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$			
c. Other (Specify) _____ Other Dietary Supplies	\$ 44	44		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 359,333</b>	<b>359,333</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$5,302
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				P30 IV1
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No			If yes, specify amt.	
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

**C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs  
(See Note on Page 5)**

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nu	License No. 843-C	Report for Year Ended 9/30/2019	Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	4,299	4,299	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	85,979	85,979	
c. Other (Specify)	\$	6,560	6,560	
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>96,838</b>	<b>96,838</b>	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

\*\*\* Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care**  
**Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 49,558	49,558		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt.	\$ 266,955	266,955		
C. Other (Specify)	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>316,513</b>	<b>316,513</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	968,188	968,188		
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	116,248	116,248		
c. Medical and Therapeutic Supplies	\$	55,206	55,206		
d. Ambulance/Limousine***	\$	177,623	177,623		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	45,281	45,281		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$				
i. Recreation	\$	44,172	44,172		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)****	\$	130,517	130,517		
See Attached Schedule					
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>1,537,235</b>	<b>1,537,235</b>		

\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

## **Schedule of Other Resident Care**

**Report of Expenditures**  
**Schedule C-2 - Individuals or Firms Providing Services by Contract \***

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilita				License No. 843-C	Report for Year Ended 9/30/2019				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	PO Box 901006, Louisville KY	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	46,769				16 m11
EMS, LLC	245 Main St Suite 204 Chester NJ	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	266,955				20 4b
Kone, Inc	16 Old Forge Road, Rocky Hill, CT	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Services	11,533				22 6f
Point Click Care	Suite 155 Bloomington, MN	<input type="radio"/>	<input checked="" type="radio"/>		Software Servies	36,675				16 m11
Unitex	145 S Satelite Road, South Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	85,979				19 Var
USA Hauling & Recycling	P.O. Box 808 East Windsor CT	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	31,067				22 6f
Datahal, LLC		<input type="radio"/>	<input checked="" type="radio"/>		IT Support	70,992				16 m11
Conquest Consulting	30 Tower Lane 4th Floor Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	Board of Director	Internet Marketing	17,033				16 m13
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

**C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property**

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	18,693	18,693			
b. Heat	\$	74,717	74,717			
c. Light & Power	\$	97,857	97,857			
d. Water	\$	30,655	30,655			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	21,746	21,746			
f. Other ( <i>itemize</i> )	\$	107,273	107,273			
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$	350,941	350,941			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$	3,641	3,641			
b. Building & Building Improvements	\$	80,606	80,606			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	89,092	89,092			
*7e. <b>Total Depreciation Costs (7a + b + c + d)</b>	\$	173,339	173,339			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$	1,073	1,073			
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs (8a + b + c + d)</b>	\$	1,073	1,073			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. <b>Total Property Expenses (7e + 8e + 9 + 10)</b>	\$	174,412	174,412			

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
	0		
Various Contracted Maintenance	\$ 10,234		
O/S Plum,Heat, Refrig	\$ 5,449		
O/S Electrical	\$ 450		
O/S Carpet/Flooring	\$ 11,553		
O/S Elevators	\$ 15,773		
O/S State Required	\$ 181		
O/S Water	\$ 1,184		
O/S Miscellaneous	\$ 31,067		
Trash Removal	\$ 564		
Supplies State Required	\$ 8,103		
Supplies Miscellaneous	\$ 129		
Landscaping Snow Removal	\$ 3,200		
Landscaping	\$ 68		
Snow Removal	\$ 19,318		
Internet Services			
<b>Total Other Repairs and Maintenance</b>	<b>\$ 107,273</b>	<b>\$ -</b>	<b>\$ -</b>

## Depreciation Schedule

**Schedule of Land Improvements Acquired during this report period**

**\*Ties to Page 23, Line A3**

**\*\*Ties to Page 23, Line A2**

**Schedule of Building Improvements Acquired during this report period**

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

**\*Ties to Page 23, Line C3**

**\*\*Ties to Page 23, Line C2**

**Schedule of Movable Equipment Acquired during this report period**

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

**Schedule of Leasehold Improvements Acquired during this report period**

**\*Ties to Page 24, Line C3**

\*\*Ties to Page 24, Line C2

Robert C. Geer Memorial Hospital d/b/a Geer Nursing & Rehab.  
 Depreciation Schedule  
 FYE 09/30/2019

<u>Description</u>	<u>Acquisition Date</u>	<u>Historical Costs</u>	<u>Cost to be Depre</u>	<u>Method</u>	<u>Useful Life</u>	<u>09/30/17 Accum Depre</u>	<u>09/30/18 Depre</u>	<u>09/30/18 Accum Depre</u>	<u>09/30/19 Depre</u>	<u>09/30/19 Accum Depre</u>	<u>NBV CHECK</u>
<b><u>Land Improvements</u></b>											
Acquired Prior	Various	88,488	88,488	S/L	Var	88,488	-	88,488	-	88,488	-
<b>2009 Additions</b>											
Parking lot striping	11/12/2008	800	800	S/L	2	800	-	800	-	800	-
Grading/Paving of narrow strip in parking lot	10/30/2008	11,000	11,000	S/L	8	11,000	-	11,000	-	11,000	-
		11,800	11,800			11,800	-	11,800	-	11,800	-
<b>Prior to 2011</b>		<b>100,288</b>	<b>100,288</b>			<b>100,288</b>	-	<b>100,288</b>	-	<b>100,288</b>	-
<b>2011 Additions</b>											
Grease Trap	6/29/2011	12,733	12,733	S/L	15	5,942	849	6,791	849	7,640	5,093
Heated Sidewalks - Front of Building	8/24/2011	19,890	19,890	S/L	15	9,282	1,326	10,608	1,326	11,934	7,956
<b>Total 2011</b>		<b>32,623</b>	<b>32,623</b>			<b>15,224</b>	<b>2,175</b>	<b>17,399</b>	<b>2,175</b>	<b>19,574</b>	<b>13,049</b>
<b>2012 Additions</b>											
Fill & Resurface Sinkhole in Parking Lot	12/1/2011	3,000	3,000	-	8	2,063	375	2,438	375	2,813	188
<b>Total 2012</b>		<b>3,000</b>	<b>3,000</b>			<b>2,063</b>	<b>375</b>	<b>2,438</b>	<b>375</b>	<b>2,813</b>	<b>188</b>
<b>2014 Additions</b>											
Remove/Replace Rear Patio & Ambulance Entr. Con	7/1/2014	3,666	3,666	S/L	8	1,604	458	2,062	458	2,520	1,147
<b>Total 2014</b>		<b>3,666</b>	<b>3,666</b>			<b>1,604</b>	<b>458</b>	<b>2,062</b>	<b>458</b>	<b>2,520</b>	<b>1,147</b>
<b>2018 Additions</b>											
Handicapped Lines and Signs - per HUD to be capita	2/20/2018	1,899	1,899	S/L	3	-	633	633	633	1,266	633
<b>Total 2018</b>		<b>1,899</b>	<b>1,899</b>				<b>633</b>	<b>633</b>	<b>633</b>	<b>1,266</b>	<b>633</b>
<b>Total Land Improvements</b>		<b>141,476</b>	<b>141,476</b>			<b>119,178</b>	<b>3,641</b>	<b>122,819</b>	<b>3,841</b>	<b>126,460</b>	<b>15,016</b>
<b>Building Improvements</b>											
Acquired Prior	Various	1,464,936	1,464,936	S/L	Var	1,464,936	-	1,464,936	-	1,464,936	-
Painting/Floor Sanding (Adult Day Care)	9/24/2008	11,711	-	N/A	10	-	-	-	-	-	11,711
Architect Interior Design	4/30/2008	69,164	69,164	S/L	20	34,581	3,458	38,039	3,458	41,497	27,667
Roof Work Second Half	3/12/2008	57,450	57,450	S/L	10	57,450	-	57,450	-	57,450	-
Electric Doors	3/17/2008	16,238	16,238	S/L	10	16,238	-	16,238	-	16,238	-
<b>Total 2008</b>		<b>154,563</b>	<b>142,852</b>			<b>108,269</b>	<b>3,458</b>	<b>111,727</b>	<b>3,458</b>	<b>115,185</b>	<b>39,378</b>
<b>2009 Additions</b>											
HUD Building Renovation - General Contractor	11/30/2008	603,249	603,249	S/L	20	271,462	30,162	301,624	30,162	331,786	271,463
HUD Renovation - Bathroom Tubs	11/30/2008	57,108	57,108	S/L	10	51,397	5,711	57,108	-	57,108	-
HUD Renovation - Lights	11/30/2008	37,783	37,783	S/L	10	34,005	3,779	37,783	-	37,783	-
HUD Renovation - Carpet/Vinyl Flooring	11/30/2008	83,966	83,966	S/L	10	75,569	8,396	83,966	-	83,966	-
HUD Building Renovation - General Contractor	9/30/2009	102,908	102,908	S/L	20	46,308	5,145	51,453	5,145	56,598	46,310
HUD Renovation - Wallpaper/Paint	11/30/2008	61,790	61,790	S/L	5	98,864	(37,074)	61,790	-	61,790	-
		<b>946,804</b>	<b>946,804</b>			<b>577,605</b>	<b>16,118</b>	<b>593,724</b>	<b>35,307</b>	<b>629,031</b>	<b>317,773</b>
<b>2010 Additions</b>											
Outpatient Renovations*	9/30/2010	144,090	-	S/L	20	-	-	-	-	-	144,090
Misc Renovations (New Windows)	9/30/2010	110,332	110,332	S/L	20	44,134	5,517	49,651	5,517	55,168	55,164
		<b>254,422</b>	<b>110,332</b>			<b>44,134</b>	<b>5,517</b>	<b>49,651</b>	<b>5,517</b>	<b>55,168</b>	<b>199,253</b>
<b>Prior to 2011</b>		<b>2,820,725</b>	<b>2,664,924</b>			<b>2,194,945</b>	<b>25,093</b>	<b>2,220,038</b>	<b>44,282</b>	<b>2,264,320</b>	<b>556,405</b>
<b>2011 Additions</b>											
Kitchen Cabinets & Counter Tops	3/1/2011	4,467	4,467	S/L	15	2,085	298	2,383	298	2,681	1,786
Front Entrance Rebuild	6/15/2011	5,700	5,700	S/L	20	1,995	285	2,280	285	2,565	3,135
Hospice Room Buildout - Room #235	6/30/2011	12,275	12,275	S/L	15	5,728	818	6,546	818	7,364	4,911
Automatic Doors - Ambulance Entrance	3/29/2011	6,825	6,825	S/L	10	4,778	683	5,461	683	6,144	681

Lounge Kitchenettes	7/12/2011	7,306	7,306	S/L	15	3,409	487	3,896	487	4,383	2,923
New Windows - Back of Building	8/16/2011	33,729	33,729	S/L	20	11,805	1,686	13,491	1,686	15,177	18,552
Maintenance Shed Roof Replacement	8/23/2011	18,500	18,500	S/L	20	6,475	925	7,400	925	8,325	10,175
Elevator Locks	4/12/2011	1,985	1,985	S/L	20	694	99	793	99	892	1,092
Back flow kit	7/29/2011	1,569	1,569	S/L	20	549	78	627	78	705	864
Outpatient Business Office Buildout	6/30/2011	3,440	3,440	S/L	15	1,605	229	1,834	229	2,063	1,377
<b>Total 2011</b>		<b>95,796</b>	<b>95,796</b>			<b>39,123</b>	<b>5,588</b>	<b>44,711</b>	<b>5,588</b>	<b>50,299</b>	<b>45,497</b>
<b>2012 Additions</b>											
Carpet (for ADC)	6/30/2012	2,865	-	S/L	5	-	-	-	-	-	2,865
Carpet	11/30/2011	2,284	2,284	S/L	5	2,284	-	2,284	-	2,284	-
Dementia Unit Doors and Installation	10/27/2011	11,146	11,146	S/L	10	6,131	1,115	7,246	1,115	8,361	2,785
Patio Automatic Doors	10/25/2011	6,975	6,975	S/L	10	3,837	698	4,535	698	5,233	1,742
Private Rooms #330 & 326 - Remodel Costs	1/25/2012	9,851	9,851	S/L	15	3,612	657	4,269	657	4,926	4,925
Emergency Outlets added to all Rooms	1/20/2012	18,758	18,758	S/L	10	10,317	1,876	12,193	1,876	14,069	4,689
Bariatric Rooms #220 & 320 - Remodel Costs	1/25/2012	22,055	22,055	S/L	15	8,086	1,470	9,556	1,470	11,026	11,028
Remodel 4 Rooms - As Needed	7/20/2012	9,757	9,757	S/L	15	3,577	650	4,227	650	4,877	4,880
<b>Total 2012</b>		<b>83,691</b>	<b>80,826</b>			<b>37,845</b>	<b>6,466</b>	<b>44,311</b>	<b>6,466</b>	<b>50,777</b>	<b>32,914</b>

**2013 Additions**

Remodel 2nd and 3rd floor Activity Rooms	5/31/2013	31,577	31,577	S/L	15	9,473	2,105	11,578	2,105	13,683	17,894
Lower Level Entrance (For ADC)	8/30/2013	21,359	-	S/L	25	-	-	-	-	-	21,359
<b>Total 2013</b>		<b>52,936</b>	<b>31,577</b>			<b>9,473</b>	<b>2,105</b>	<b>11,578</b>	<b>2,105</b>	<b>13,683</b>	<b>39,263</b>

**2014 Additions**

3 Fire Doors	9/30/2014	1,208	1,208	S/L	20	211	60	271	60	331	877
Pharmacy Remodel - Not Allowed	11/27/2013	46,416	-	S/L	15	-	-	-	-	-	46,416
Laundry Room - Remove wall	1/14/2014	2,696	2,696	S/L	15	629	180	809	180	989	1,707
Remodel Room #236 - Incl new bath stall	3/18/2014	12,618	12,618	S/L	15	2,944	841	3,785	841	4,626	7,992
Remodel Old Staff Lounge to Housekeeping Office - R	9/18/2014	10,928	10,928	S/L	15	2,550	729	3,279	729	4,008	6,920
Carpet & Vinyl Plank (For ADC)	11/15/2013	6,838	-	S/L	15	-	-	-	-	-	6,838
New ADC Entrance (For ADC)	10/18/2013	5,176	-	S/L	25	-	-	-	-	-	5,176
<b>Total 2014</b>		<b>85,881</b>	<b>27,451</b>			<b>6,335</b>	<b>1,810</b>	<b>8,145</b>	<b>1,810</b>	<b>9,955</b>	<b>75,926</b>

**2015 Additions**

New Windows (For ADC)	6/17/2015	7,922	-	S/L	25	-	-	-	-	-	7,922
First floor office renovations	10/17/2014	32,588	32,588	S/L	15	5,432	2,173	7,605	2,173	9,778	22,810
Resident room renovations	5/27/2015	23,380	23,380	S/L	15	3,897	1,559	5,456	1,559	7,015	16,365
Concrete work	12/30/2014	6,710	6,710	S/L	20	839	336	1,175	336	1,511	5,199
<b>Total 2015</b>		<b>70,600</b>	<b>62,678</b>			<b>10,168</b>	<b>4,068</b>	<b>14,236</b>	<b>4,068</b>	<b>18,304</b>	<b>52,296</b>

**2016 Additions**

Resident Room Renovations	4/1/2016	12,236	12,236	S/L	15	1,224	816	2,040	816	2,856	9,380
New Windows	12/21/2016	15,646	15,646	S/L	25	939	626	1,565	626	2,191	13,455
<b>Total 2016</b>		<b>27,882</b>	<b>27,882</b>			<b>2,163</b>	<b>1,442</b>	<b>3,605</b>	<b>1,442</b>	<b>5,047</b>	<b>22,836</b>

**2017 Additions**

New Hot Water Tank	4/26/2017	11,376	11,376	S/L	20	284	569	853	569	1,422	9,954
2nd Floor Renovations	4/24/2017	30,093	30,093	S/L	15	1,003	2,006	3,009	2,006	5,015	25,078
<b>Total 2017</b>		<b>41,469</b>	<b>41,469</b>			<b>1,287</b>	<b>2,575</b>	<b>3,862</b>	<b>2,575</b>	<b>6,437</b>	<b>35,032</b>

**2018 Additions**

5 year Tank Inspection and Cleaning	6/30/2018	6,500	6,500	S/L	5	-	1,300	1,300	1,300	2,600	3,900
Plumbing Repairs	1/1/2018	5,481	5,481	S/L	10	-	548	548	548	1,096	4,385
New Office for Assistant Maintenance Director	5/1/2018	7,600	7,600	S/L	5	-	1,520	1,520	1,520	3,040	4,560
Lighting	3/31/2018	42,947	42,947	S/L	5	-	8,589	8,589	8,589	17,178	25,769
<b>Total 2018 Additions</b>		<b>62,528</b>	<b>62,528</b>			<b>-</b>	<b>11,957</b>	<b>11,957</b>	<b>11,957</b>	<b>23,914</b>	<b>38,614</b>

**2018 Disposals**

CARPETING REC ROOM	7/27/2001	(3,205)	(3,205)	S/L	15	-	-	(3,205)	-	(3,205)	-
DIETARY FLOOR TILE	7/8/2002	(1,925)	(1,925)	S/L	10	-	-	(1,925)	-	(1,925)	-
ELEVATOR DOOR ZONE SWITCHES	9/30/2002	(4,821)	(4,821)	S/L	10	-	-	(4,821)	-	(4,821)	-
Installation of panels Sunroom(GN200409)	2/24/2004	(672)	(672)	S/L	10	-	-	(672)	-	(672)	-
Add Air Conditioning cafe(GN200422)	6/10/2004	(8,814)	(8,814)	S/L	10	-	-	(8,814)	-	(8,814)	-
Ceiling Tile per code.(GN200425)	7/22/2004	(697)	(697)	S/L	10	-	-	(697)	-	(697)	-
Shaw carpet installation(GN200439)	4/19/2004	(2,765)	(2,765)	S/L	10	-	-	(2,765)	-	(2,765)	-
Patch & Repair walls/ceiling Rehab.(GN413)	10/28/2003	(1,527)	(1,527)	S/L	10	-	-	(1,527)	-	(1,527)	-
Roof Work - first half of building	10/31/2004	(55,503)	(55,503)	S/L	10	-	-	(55,503)	-	(55,503)	-
Parapet Wall Repair - Part of Roof Work	12/15/2004	(8,215)	(8,215)	S/L	10	-	-	(8,215)	-	(8,215)	-
Split A/C unit for Rehab	10/28/2005	(1,995)	(1,995)	S/L	5	-	-	(1,995)	-	(1,995)	-
HUD Renovation - Wallpaper/Paint	11/30/2008	(61,790)	(61,790)	S/L	5	-	-	(61,790)	-	(61,790)	-
Carpet	11/30/2011	(2,284)	(2,284)	S/L	5	-	-	(2,284)	-	(2,284)	-
Assets Fully Depreciated (9/30/00 W/S)	Var	(75,810)	(75,810)	S/L	Var	-	-	(75,810)	-	(75,810)	-
CARPETING	1/31/1998	(978)	(978)	S/L	15	-	-	(978)	-	(978)	-
<b>Total 2018 Disposals</b>		<b>(231,001)</b>	<b>(140,862)</b>			<b>-</b>	<b>-</b>	<b>(140,862)</b>	<b>-</b>	<b>(140,862)</b>	<b>-</b>

**2019 Acquisitions**

Business Office Renovations	11/1/2018	9,383	9,383	S/L	15	-	-	313	313	9,070	
<b>Total Building Improvements 2019</b>		<b>9,383</b>	<b>9,383</b>			<b>-</b>	<b>-</b>	<b>313</b>	<b>313</b>	<b>9,070</b>	
<b>Total Building Improvements</b>		<b>3,119,890</b>	<b>2,963,652</b>			<b>2,301,338</b>	<b>61,104</b>	<b>2,221,580</b>	<b>80,606</b>	<b>2,302,186</b>	<b>907,843</b>

**Non-Movable Equipment**

Acquired Prior	Various	1,423,561	1,416,154	S/L	Var	1,423,561	-	1,423,561	-	1,423,561	-
<b>Total 2008</b>		<b>1,423,561</b>	<b>1,416,154</b>			<b>1,423,561</b>	<b>-</b>	<b>1,423,561</b>	<b>-</b>	<b>1,423,561</b>	<b>-</b>

**2018 Disposals**

Prior to 2007 Acquisitions

**Total 2018 Disposals**

	(1,423,561)	(1,416,154)	S/L	Var	-	-	(1,423,561)	-	(1,423,561)	-
	<b>(1,423,561)</b>	<b>(1,416,154)</b>					<b>(1,423,561)</b>		<b>(1,423,561)</b>	

**Total Non-Movable Equipment**

					<b>1,423,561</b>				<b>1,423,561</b>	
					<b>1,423,561</b>				<b>1,423,561</b>	

**Movable Equipment**

Autos	Various	142,531	131,909	S/L	Var	131,909	-	131,909	-	131,909	10,622
Autos	9/30/2008	6,434	6,434	S/L	4	6,434	-	6,434	-	6,434	-
Auto Dispositions	8/28/2008	(23,674)	(23,674)			(23,674)	-	(23,674)	-	(23,674)	-
<b>2009 Additions</b>											
1995 GMC K-3500 Dump Truck	12/18/2008	5,000	5,000	S/L	4	5,000	-	5,000	-	5,000	-
ADC 2009 Bus (2009 Ford E350)	7/21/2009	50,878	50,878	S/L	4	50,878	-	50,878	-	50,878	-
<b>Total 2009</b>		<b>55,878</b>	<b>55,878</b>			<b>55,878</b>	-	<b>55,878</b>	-	<b>55,878</b>	-

**2010 Additions**

2000 Bus	5/14/2010	2,000	2,000	S/L	4	2,000	-	2,000	-	2,000	-
<b>Total 2010</b>		<b>2,000</b>	<b>2,000</b>			<b>2,000</b>	-	<b>2,000</b>	-	<b>2,000</b>	-

**2011 Additions**

Startrans Senator Bus		52,684	52,684	S/L	4	52,684	-	52,684	-	52,684	-
<b>Total 2011</b>		<b>52,684</b>	<b>52,684</b>			<b>52,684</b>	-	<b>52,684</b>	-	<b>52,684</b>	-

**2014 Additions**

Jim's Garage - Van Repair (ADC)	6/4/2014	2,700	-	S/L	4	-	-	-	-	-	2,700
<b>Total 2014</b>		<b>2,700</b>	-			-	-	-	-	-	<b>2,700</b>

**2015 Additions**

Bus purchased off of lease from CIT (ADC)	7/7/2015	15,924	-	S/L	4	-	-	-	-	-	15,924
<b>Total 2015</b>		<b>15,924</b>	-			-	-	-	-	-	<b>15,924</b>

**2016 Additions**

2010 Ford Truck	10/22/2015	14,500	14,500	S/L	4	5,438	3,625	9,063	3,625	12,688	1,813
<b>Total 2016</b>		<b>14,500</b>	<b>14,500</b>			<b>5,438</b>	<b>3,625</b>	<b>9,063</b>	<b>3,625</b>	<b>12,688</b>	<b>1,813</b>

**2018 Disposals**

Various Vehicle Disposals	Various	(209,969)	(180,723)	S/L	Var	-	-	(180,723)	-	(180,723)	(29,246)
<b>Total 2018 Disposals</b>		<b>(209,969)</b>	<b>(180,723)</b>			<b>-</b>	<b>-</b>	<b>(180,723)</b>		<b>(180,723)</b>	<b>(29,246)</b>

**2019 Addition**

2003 Ford 550	7/12/2019	3,140	3,140						392	392	2,747			
<b>Total Auto</b>		<b>62,148</b>	<b>62,148</b>						<b>230,669</b>	<b>3,625</b>	<b>53,571</b>	<b>4,017</b>	<b>57,588</b>	<b>4,560</b>

Movable Prior Subtotal	Various	1,615,634	1,614,831		1,615,634	-	1,615,634	-	1,615,634	-	
		1,615,634	1,614,831		1,615,634	-	1,615,634	-	1,615,634	-	
2007 Acquisitions											
10/12/2006	568	568	S/L	10	171	57	228	57	285	283	
12/26/2006	1,277	1,277	S/L	5	766	255	1,021	255	1,276	1	
3/14/2007	800	800	S/L	5	480	160	640	160	800	-	
3/16/2007	1,730	1,730	S/L	5	1,038	346	1,384	346	1,730	-	
3/31/2007	1,000	1,000	S/L	10	300	100	400	100	500	500	
4/20/2007	1,905	1,905	S/L	10	572	191	763	191	954	951	
4/24/2007	3,961	3,961	S/L	10	1,188	396	1,584	396	1,980	1,981	
4/30/2007	1,575	1,575	S/L	3	1,575	-	1,575	-	1,575	-	
5/8/2007	6,000	6,000	S/L	10	1,800	600	2,400	600	3,000	3,000	
5/30/2007	1,604	1,604	S/L	10	481	160	641	160	801	803	
5/31/2007	2,506	2,506	S/L	10	752	251	1,003	251	1,254	1,252	
6/20/2007	1,897	1,897	S/L	10	569	190	759	190	949	948	
7/25/2007	1,804	1,804	S/L	15	361	120	481	120	601	1,203	
10/19/2006	2,987	2,987	S/L	10	896	299	1,195	299	1,494	1,493	
10/24/2009	1,073	1,073	S/L	10	322	107	429	107	536	537	
11/22/2006	(5,350)	(5,350)	S/L	5	(3,567)	(1,783)	(5,350)	-	(5,350)	-	
8/9/2007	1,482	1,482	S/L	10	444	148	592	148	740	742	
9/27/2007	4,920	4,920	S/L	5	2,952	984	3,936	984	4,920	-	
9/30/2007	5,710	5,710	S/L	5	3,426	1,142	4,568	1,142	5,710	-	
7/11/2007	12,182	12,182	S/L	12	3,045	1,015	4,060	1,015	5,075	7,107	
<b>Total 2007 Acquisitions</b>		<b>49,631</b>		<b>49,631</b>		<b>17,571</b>	<b>4,738</b>	<b>22,309</b>	<b>6,521</b>	<b>28,830</b>	<b>20,801</b>
<b>2008 Additions/(Deletions)</b>											
80 Electric Beds	3/19/2008	122,472	122,472	S/L	12	102,060	10,206	112,266	10,206	122,472	0
108 Mattresses	4/29/2008	34,639	34,639	S/L	7	34,639	-	34,639	-	34,639	-
Resident Furniture	9/17/2008	75,072	75,072	S/L	10	75,071	1	75,072	-	75,072	-
Computers	9/30/2008	16,626	16,626	S/L	5	16,626	-	16,626	-	16,626	-
Copiers	9/30/2008	10,700	10,700	S/L	5	10,700	-	10,700	-	10,700	-
Wheelchairs	9/30/2008	28,023	28,023	S/L	10	28,021	2	28,023	-	28,023	-
Ice machine	9/30/2008	9,528	9,528	S/L	10	9,528	-	9,528	-	9,528	-
Dishwasher	7/31/2008	39,084	39,084	S/L	10	39,082	2	39,084	-	39,084	-
(6,000)	(6,000)	S/L	10	(6,000)	-	(6,000)	-	(6,000)	-	(6,000)	-
<b>Total 2008 Additions(Deletions)</b>		<b>330,144</b>		<b>330,144</b>		<b>309,726</b>	<b>10,211</b>	<b>319,937</b>	<b>10,206</b>	<b>330,143</b>	<b>0</b>
<b>2009 Additions</b>											
Rebuild 10k (2) Water Storage Tanks (Part of Sprinkl	11/19/2008	10,020	10,020	S/L	20	4,509	501	5,010	501	5,511	4,509
Pharmacy A/C	10/29/2008	2,658	2,658	S/L	5	2,658	-	2,658	-	2,658	-
Infrared Door Detectors (2)	11/25/2008	4,519	4,519	S/L	10	4,067	452	4,519	-	4,519	-
Computers (3)	11/30/2008	1,817	1,817	S/L	5	1,817	-	1,817	-	1,817	-
46" LCD TV	11/30/2008	1,198	1,198	S/L	5	1,198	-	1,198	-	1,198	-
Websmart Router	11/30/2008	1,169	1,169	S/L	5	1,169	-	1,169	-	1,169	-
Magna Twin Vacuum	11/16/2008	2,160	2,160	S/L	8	2,160	-	2,160	-	2,160	-
Spot Extractor Vacuum Sweeper	11/12/2008	2,855	2,855	S/L	8	2,855	-	2,855	-	2,855	-
Bed Side Rails	10/1/2008	583	583	S/L	12	438	49	487	49	536	47
HP Pavilion Notebook PC	11/30/2008	1,307	1,307	S/L	5	1,307	-	1,307	-	1,307	-
Export Software	11/29/2008	1,000	1,000	S/L	3	666	334	1,000	-	1,000	-
Waste Rolloffs	10/28/2008	1,895	1,895	S/L	15	1,137	126	1,263	126	1,389	506
HUD Project - Furniture	10/16/2008	105,427	105,427	S/L	15	63,255	7,028	70,283	7,028	77,311	28,115
Misc (see detail)	9/30/2009	15,656	15,656	S/L	5	15,656	-	15,656	-	15,656	-
Unassembled (W.B. Mason) Chairs & File Cabinets	11/26/2008	2,208	2,208	S/L	15	1,324	147	1,471	147	1,618	589
		<b>154,471</b>		<b>154,471</b>		<b>104,216</b>	<b>8,636</b>	<b>112,853</b>	<b>7,851</b>	<b>120,704</b>	<b>33,767</b>
<b>2010 Additions</b>											
Software*		8,493	-	S/L	3	-	-	-	-	-	8,493
Outpatient Freezer*		280	-	S/L	10	-	-	-	-	-	280
Outpatient Treatment Table*		2,000	-	S/L	15	-	-	-	-	-	2,000
MDI e Time		13,703	13,703	S/L	3	13,703	-	13,703	-	13,703	-
Misc Computer Equipment		2,814	2,814	S/L	5	2,814	-	2,814	-	2,814	-
28 Air Conditioners		3,094	3,094	S/L	5	3,094	-	3,094	-	3,094	-
Lift Parts		3,408	3,408	S/L	10	2,727	341	3,068	340	3,408	(0)
Aerial Life		1,240	1,240	S/L	10	992	124	1,116	124	1,240	-
Cubical Curtains		7,083	7,083	S/L	5	7,083	-	7,083	-	7,083	-

Broda Midline Thigh Belt	2,600	2,600	S/L	10	2,080	260	2,340	260	2,600	-	
3 Trapezam, support, adapters	2,079	2,079	S/L	10	1,664	208	1,872	208	2,080	(0)	
Misc Furniture	9,880	9,880	S/L	10	7,904	988	8,892	988	9,880	(0)	
	<u>56,675</u>	<u>45,902</u>			<u>42,062</u>	<u>1,921</u>	<u>43,983</u>	<u>1,920</u>	<u>45,903</u>	<u>10,773</u>	
<b>Prior to 2011 (w/o auto)</b>	<b>2,156,924</b>	<b>2,145,348</b>	-	<b>0</b>	<b>2,071,638</b>	<b>20,769</b>	<b>2,092,407</b>	<b>19,977</b>	<b>2,112,384</b>	<b>44,540</b>	
<b>2011 Additions</b>											
Washer & Dryer	10/28/2010	1,198	1,198	S/L	10	839	120	959	120	1,079	119
Dishwasher Rebuild	11/30/2010	3,573	3,573	S/L	10	2,501	357	2,858	357	3,215	358
Outpatient Laser System	12/15/2010	17,575	17,575	S/L	5	17,575	-	17,575	-	17,575	-
Outpatient Treatment Table	6/21/2011	1,619	1,619	S/L	15	756	108	864	108	972	647
Misc Furniture and Equipment	9/30/2011	56,765	56,765	S/L	10	39,735	5,676	45,411	5,676	51,087	5,678
<b>Total 2011</b>	<b>80,730</b>	<b>80,730</b>			<b>61,405</b>	<b>6,261</b>	<b>67,666</b>	<b>6,261</b>	<b>73,927</b>	<b>6,803</b>	
<b>2012 Additions</b>											
Drapes and Blinds	11/8/2011	6,215	6,215	S/L	5	6,215	-	6,215	-	6,215	-
Freezer and Tank Repairs	10/15/2011	12,861	12,861	S/L	10	7,074	1,286	8,360	1,286	9,646	3,216
Ceiling Lifts	5/24/2012	17,149	17,149	S/L	10	9,432	1,715	11,147	1,715	12,862	4,287
Tank Style Hot Water Heater	3/6/2012	8,400	8,400	S/L	10	4,620	840	5,460	840	6,300	2,100
Bariatric Lift	9/30/2012	4,949	4,949	S/L	10	2,722	495	3,217	495	3,712	1,237
Bariatric Lift	5/11/2012	2,005	2,005	S/L	10	1,102	200	1,302	200	1,502	503
Boston Orthotics - Chair	11/1/2011	1,500	1,500	S/L	10	825	150	975	150	1,125	375
Trays, Pellets, Covers, Cart	12/12/2011	5,086	5,086	S/L	10	2,798	509	3,307	509	3,816	1,270
4 32" TVs	12/12/2011	1,112	1,112	S/L	5	1,112	-	1,112	-	1,112	-
Computer Server	12/23/2011	1,959	1,959	S/L	5	1,959	-	1,959	-	1,959	-
Carpet Extractor	1/10/2012	9,097	9,097	S/L	5	9,097	-	9,097	-	9,097	-
Trapeze and Bases	2/21/2012	1,175	1,175	S/L	10	647	118	765	118	883	292
Rebuild Mower	3/30/2012	3,137	3,137	S/L	3	3,137	-	3,137	-	3,137	-
10 Personal Computers	4/2/2012	4,079	4,079	S/L	5	4,079	-	4,079	-	4,079	-
Medical Cart	6/18/2012	3,332	3,332	S/L	10	1,833	333	2,166	333	2,499	834
Boston Orthotics - Chair	6/18/2012	4,500	4,500	S/L	10	2,475	450	2,925	450	3,375	1,125
Hobart Slicer	7/27/2012	1,650	1,650	S/L	10	908	165	1,073	165	1,238	413
<b>Total 2012</b>	<b>88,206</b>	<b>88,206</b>			<b>60,033</b>	<b>6,261</b>	<b>66,294</b>	<b>6,261</b>	<b>72,555</b>	<b>15,651</b>	
<b>2013 Additions</b>											
Motorola Ham Radio	11/14/2012	5,024	5,024	S/L	5	4,522	502	5,024	-	5,024	-
Bulletin Boards	5/30/2013	2,317	2,317	S/L	10	1,043	232	1,275	232	1,507	810
Dietary Kitchen Office Carpet	10/16/2012	1,122	1,122	S/L	10	505	112	617	112	729	393
Chaise Lounges	12/31/2012	4,680	4,680	S/L	10	2,106	468	2,574	468	3,042	1,638
Pathlinks Server	11/29/2013	3,346	3,346	S/L	5	3,011	335	3,346	-	3,346	-
Combo Walker & Wheelchairs	1/1/2013	2,503	2,503	S/L	10	1,126	250	1,376	250	1,626	877
Dart Chart Computers & Accessories	6/30/2013	4,185	4,185	S/L	5	3,767	419	4,185	-	4,185	-
3 Concentrators	5/20/2013	1,669	1,669	S/L	10	751	167	918	167	1,085	584
E-time upgrade Computers & Accessories	5/21/2013	3,082	3,082	S/L	5	2,774	309	3,082	-	3,082	-
Lift Chairs	5/22/2013	3,900	3,900	S/L	10	1,755	390	2,145	390	2,535	1,365
2 Bariatric Beds	6/24/2013	6,392	6,392	S/L	10	2,876	639	3,515	639	4,154	2,238
Cruiser III Walker	5/30/2013	907	907	S/L	10	408	91	499	91	590	317
Cart Punch Cards	8/26/2013	2,346	2,346	S/L	10	1,056	235	1,291	235	1,526	820
Broda Chair	6/7/2013	3,250	3,250	S/L	10	1,463	325	1,788	325	2,113	1,138
4 Comfort Lift Chairs	7/23/2013	3,970	3,970	S/L	10	1,787	397	2,184	397	2,581	1,390
Drug Cart	9/24/2013	2,577	2,577	S/L	10	1,180	258	1,418	258	1,676	901
Sewage Grinder	9/19/2013	7,096	7,096	S/L	10	3,194	710	3,904	710	4,614	2,482
Benches & Plaques	9/25/2013	2,384	2,384	S/L	10	1,072	238	1,310	238	1,548	835
Split A/C System (for ADC)	5/23/2013	6,400	-	S/L	10	-	-	-	-	6,400	-
ADC Downstairs Furniture (for ADC)	7/23/2013	9,443	-	S/L	10	-	-	-	-	9,443	-
<b>Total 2013</b>	<b>76,594</b>	<b>60,751</b>			<b>34,375</b>	<b>6,076</b>	<b>40,452</b>	<b>4,512</b>	<b>44,964</b>	<b>31,630</b>	

**2014 Additions**

ADP Payroll Server	6/30/2014	6,000	6,000	S/L	5	4,200	1,200	5,400	600	6,000	-
10 Dining Chairs	6/30/2014	2,073	2,073	S/L	10	725	207	932	207	1,139	934
Touch Computer	6/30/2014	980	980	S/L	5	686	196	882	98	980	(0)
Pharmacy Server	6/30/2014	1,093	1,093	S/L	5	766	219	985	109	1,094	(0)
Misc Furniture	6/30/2014	1,435	1,435	S/L	10	503	144	647	144	791	644
Wheelchair Scale	6/30/2014	3,305	3,305	S/L	10	1,157	331	1,488	331	1,819	1,486
5 "Boneless" Computers	6/30/2014	1,554	1,554	S/L	5	1,088	311	1,399	155	1,554	(0)
21 yr Dell Sonic-wall Computer	6/30/2014	1,091	1,091	S/L	5	763	218	981	109	1,090	0
Installation of 39 cameras for 24 hour security	6/30/2014	5,419	5,419	S/L	10	1,897	542	2,439	542	2,981	2,438
10 New Mattresses	6/30/2014	10,124	10,124	S/L	7	5,062	1,446	6,508	1,446	7,954	2,170
Blood Coagulation Meter Kit	6/30/2014	2,331	2,331	S/L	5	1,632	466	2,098	234	2,332	(0)
Outpatient Hydrocollator	6/30/2014	1,228	1,228	S/L	10	430	123	553	123	676	552
Electronic Health Records System	6/30/2014	10,658	10,658	S/L	5	7,461	2,132	9,593	1,065	10,658	(0)
Tent for Resident Patio	6/30/2014	4,518	4,518	S/L	8	1,977	565	2,542	565	3,107	1,411
20 Vanity Overbed Tables	6/30/2014	1,814	1,814	S/L	15	423	121	544	121	665	1,149
Outdoor Deck Furniture (for ADC)	7/28/2014	1,213	-	S/L	15	-	-	-	-	-	1,213
Outdoor Condensing unit for Laundry	7/30/2014	3,400	3,400	S/L	15	794	227	1,021	227	1,248	2,152
<b>Total 2014</b>		<b>58,236</b>	<b>57,023</b>			<b>29,563</b>	<b>8,448</b>	<b>38,011</b>	<b>6,076</b>	<b>44,087</b>	<b>14,149</b>

**2015 Additions**

Heater	11/17/2014	931	931	S/L	10	279	93	372	93	465	466
Lifts	10/20/2014	1,814	1,814	S/L	10	544	181	725	181	906	908
Heat Sealer	4/8/2015	3,413	3,413	S/L	5	2,048	683	2,731	682	3,413	(0)
Recliners	6/19/2015	4,894	4,894	S/L	15	979	326	1,305	326	1,631	3,263
Recliners	6/5/2015	763	763	S/L	15	153	51	204	51	255	508
Thera Glide	6/10/2015	1,120	1,120	S/L	15	224	75	299	75	374	746
Lifts	6/18/2015	1,113	1,113	S/L	10	334	111	445	111	556	557
Food Warmer	6/1/2015	1,310	1,310	S/L	10	393	131	524	131	655	655
Resident Beds	7/20/2015	5,518	5,518	S/L	12	1,380	460	1,840	460	2,300	3,218
Patio Furniture	7/28/2015	1,014	1,014	S/L	10	304	101	405	101	506	508
Housekeeping Equipment	11/24/2014	7,124	7,124	S/L	5	4,275	1,425	5,700	1,424	7,124	0
Housekeeping Equipment	12/1/2014	7,124	7,124	S/L	5	4,275	1,425	5,700	1,424	7,124	0
Housekeeping Equipment	1/1/2015	7,124	7,124	S/L	5	4,275	1,425	5,700	1,424	7,124	0
Resident Lifts	1/1/2015	2,754	2,754	S/L	10	826	275	1,101	275	1,376	1,378
Resident Lifts	1/1/2015	5,496	5,496	S/L	10	1,649	550	2,199	550	2,749	2,747
Electronic Health Records System	4/1/2015	48,451	48,451	S/L	5	29,070	9,690	38,760	9,690	48,450	0
<b>Total 2015</b>		<b>99,963</b>	<b>99,963</b>			<b>51,006</b>	<b>17,002</b>	<b>68,008</b>	<b>16,998</b>	<b>85,006</b>	<b>14,957</b>

**2016 Additions**

Outdoor Condensing Unit	4/21/2016	27,012	27,012	S/L	15	2,701	1,801	4,502	1,801	6,303	20,709
Equipment	6/30/2016	83,562	83,562	S/L	10	12,534	8,356	20,890	8,356	29,246	54,316
<b>Total 2016</b>		<b>110,574</b>	<b>110,574</b>			<b>15,236</b>	<b>10,157</b>	<b>25,393</b>	<b>10,157</b>	<b>35,550</b>	<b>75,025</b>

**2017 Additions**

Nas Server	1/9/2017	3,968	3,968	S/L	5	397	794	1,191	794	1,985	1,983
Mattresses	12/30/2016	14,688	14,688	S/L	7	1,049	2,098	3,147	2,098	5,245	9,443
Motor/Sling	4/4/2017	4,750	4,750	S/L	10	238	475	713	475	1,188	3,562
Clock System	7/1/2017	6,799	6,799	S/L	5	680	1,360	2,040	1,360	3,400	3,399
<b>Total 2017</b>		<b>30,205</b>	<b>30,205</b>			<b>2,364</b>	<b>4,727</b>	<b>7,091</b>	<b>4,727</b>	<b>11,818</b>	<b>18,387</b>

**2018 Additions**

Food Processor	4/2/2018	1,732	1,732	S/L	3	-	577	577	577	1,154	578
Custom Build Desk and Shelving	11/13/2017	2,350	2,350	S/L	3	-	783	783	783	1,566	784
Mattress	11/17/2017	2,640	2,640	S/L	3	-	880	880	880	1,760	880
Overhead Tables	10/4/2017	1,265	1,265	S/L	5	-	253	253	253	506	759
PT Exercise Equipment	8/6/2018	2,950	2,950	S/L	3	-	983	983	983	1,966	984
TV's with mounts	11/27/2017	4,963	4,963	S/L	3	-	1,654	1,654	1,654	3,308	1,655
<b>Total 2018 Additions</b>		<b>15,900</b>	<b>15,900</b>			<b>-</b>	<b>5,130</b>	<b>5,130</b>	<b>5,130</b>	<b>10,260</b>	<b>5,640</b>

**2018 Disposals**

Prior to 2007 Acquisitions	Various	(1,587,154)	(1,587,154)	S/L	Var	-	-	(1,587,154)	-	(1,587,154)	-
Furniture - 2 chests	10/12/2006	(568)	(568)	S/L	10	-	-	(228)	-	(228)	(340)
Garbage disposal	12/26/2006	(1,277)	(1,277)	S/L	5	-	-	(1,021)	-	(1,021)	(256)
1022 Copier	3/14/2007	(800)	(800)	S/L	5	-	-	(640)	-	(640)	(160)
1224C Copier	3/16/2007	(1,730)	(1,730)	S/L	5	-	-	(1,384)	-	(1,384)	(346)
Painted Bear Display	3/31/2007	(1,000)	(1,000)	S/L	10	-	-	(400)	-	(400)	(600)
Geer Campus Signs	4/20/2007	(1,905)	(1,905)	S/L	10	-	-	(763)	-	(763)	(1,142)
Sarita Lift #1 Major Repair	4/24/2007	(3,961)	(3,961)	S/L	10	-	-	(1,584)	-	(1,584)	(2,377)
Tapit Software	4/30/2007	(1,575)	(1,575)	S/L	3	-	-	(1,575)	-	(1,575)	-
ADP Payroll Server	5/8/2007	(6,000)	(6,000)	S/L	5	-	-	(2,400)	-	(2,400)	(3,600)
Furniture - 2 Williamsburg Style chests/Cabinets/Tabl	5/30/2007	(1,604)	(1,604)	S/L	10	-	-	(641)	-	(641)	(963)
Leased Sarita Lift Purchase	5/31/2007	(2,506)	(2,506)	S/L	10	-	-	(1,003)	-	(1,003)	(1,503)
Furniture - 2 TV Wardrobes	6/20/2007	(1,897)	(1,897)	S/L	10	-	-	(759)	-	(759)	(1,138)
Walk-in Freezer Compressor Major Repair	10/19/2006	(2,987)	(2,987)	S/L	10	-	-	(1,195)	-	(1,195)	(1,792)
Oil Burner Major Repair	10/24/2006	(1,073)	(1,073)	S/L	10	-	-	(429)	-	(429)	(644)
Computer Rebate - 9/30/06 Purchase	11/22/2006	5,350	5,350	S/L	5	-	-	5,350	-	5,350	-
Joerns Healthcare Trapeze & Motors	8/9/2007	(1,482)	(1,482)	S/L	10	-	-	(592)	-	(592)	(890)
Snoezelen Room System	9/27/2007	(4,920)	(4,920)	S/L	5	-	-	(3,936)	-	(3,936)	(984)
Computers	9/30/2007	(5,710)	(5,710)	S/L	5	-	-	(4,568)	-	(4,568)	(1,142)
108 Mattresses	4/29/2008	(34,639)	(34,639)	S/L	7	-	-	(34,639)	-	(34,639)	-
Computers	9/30/2008	(16,626)	(16,626)	S/L	5	-	-	(16,626)	-	(16,626)	-
Copiers	9/30/2008	(10,700)	(10,700)	S/L	5	-	-	(10,700)	-	(10,700)	-
Wheelchairs, etc (See detail)	9/30/2008	(28,023)	(28,023)	S/L	10	-	-	(28,023)	-	(28,023)	-
2008 Addition - New Dishwasher	7/31/2008	(39,084)	(39,084)	S/L	10	-	-	(39,084)	-	(39,084)	-
Pharmacy A/C	10/29/2008	(2,658)	(2,658)	S/L	5	-	-	(2,658)	-	(2,658)	-
Computers (3)	11/30/2008	(1,817)	(1,817)	S/L	5	-	-	(1,817)	-	(1,817)	-
46" LCD TV	11/30/2008	(1,198)	(1,198)	S/L	5	-	-	(1,198)	-	(1,198)	-
Websmart Router	11/30/2008	(1,169)	(1,169)	S/L	5	-	-	(1,169)	-	(1,169)	-
Magna Twin Vacuum	11/16/2008	(2,160)	(2,160)	S/L	8	-	-	(2,160)	-	(2,160)	-
Spot Extractor Vacuum Sweeper	11/12/2008	(2,855)	(2,855)	S/L	8	-	-	(2,855)	-	(2,855)	-
HP Pavilion Notebook PC	11/30/2008	(1,307)	(1,307)	S/L	5	-	-	(1,307)	-	(1,307)	-
Export Software	11/29/2008	(1,000)	(1,000)	S/L	3	-	-	(1,000)	-	(1,000)	-
Waste Rolloffs	10/28/2008	(1,895)	(1,895)	S/L	15	-	-	(1,263)	-	(1,263)	(632)
Misc (see detail)	9/30/2009	(15,656)	(15,656)	S/L	5	-	-	(15,656)	-	(15,656)	-
PTOS Software	9/30/2010	(8,493)	(8,493)	S/L	3	-	-	-	-	-	(8,493)
Cubical Curtains	11/11/2009	(7,083)	(7,083)	S/L	5	-	-	(7,083)	-	(7,083)	-
MDI eTime	10/7/2009	(13,703)	(13,703)	S/L	3	-	-	(13,703)	-	(13,703)	-
Misc Computer Equipment (see detail)	9/30/2010	(2,814)	(2,814)	S/L	5	-	-	(2,814)	-	(2,814)	-
28 Air Conditioners	7/30/2010	(3,094)	(3,094)	S/L	5	-	-	(3,094)	-	(3,094)	-
Outpatient Laser System	12/15/2010	(17,575)	(17,575)	S/L	5	-	-	(17,575)	-	(17,575)	-
Drapes and Blinds	11/8/2011	(6,215)	(6,215)	S/L	5	-	-	(6,215)	-	(6,215)	-
Tank Style Hot Water Heater	3/6/2012	(8,400)	(8,400)	S/L	10	-	-	(5,460)	-	(5,460)	(2,940)
Computer Server	12/23/2011	(1,959)	(1,959)	S/L	5	-	-	(1,959)	-	(1,959)	-
Carpet Extractor	1/10/2012	(9,097)	(9,097)	S/L	5	-	-	(9,097)	-	(9,097)	-
Rebuild Mower	3/30/2012	(3,137)	(3,137)	S/L	3	-	-	(3,137)	-	(3,137)	-
10 Personal Computers	4/2/2012	(4,079)	(4,079)	S/L	5	-	-	(4,079)	-	(4,079)	-
4 32" TVs	12/12/2011	(1,112)	(1,112)	S/L	5	-	-	(617)	-	(617)	(495)
Pathlinks Server	11/29/2013	(3,346)	(3,346)	S/L	5	-	-	(3,346)	-	(3,346)	-
Dart Chart Computers & Accessories	6/30/2013	(4,185)	(4,185)	S/L	5	-	-	(4,185)	-	(4,185)	-
3 Concentrators	5/20/2013	(1,669)	(1,669)	S/L	10	-	-	(918)	-	(918)	(751)
E-time upgrade Computers & Accessories	5/21/2013	(3,082)	(3,082)	S/L	5	-	-	(3,082)	-	(3,082)	-
Lift Chairs	5/22/2013	(3,900)	(3,900)	S/L	10	-	-	(2,145)	-	(2,145)	(1,755)
Touch Computer	6/30/2014	(980)	(980)	S/L	5	-	-	(882)	-	(882)	(98)
Pharmacy Server	6/30/2014	(1,093)	(1,093)	S/L	5	-	-	(985)	-	(985)	(109)
21 yr Dell Sonic-wall Computer	6/30/2014	(1,091)	(1,091)	S/L	5	-	-	(981)	-	(981)	(109)
Electronic Health Records System	2014	(10,658)	(10,658)	S/L	5	-	-	(9,593)	-	(9,593)	(1,065)
<b>Total 2018 Disposals</b>		<b>(1,900,350)</b>	<b>(1,900,350)</b>			-	-	<b>(1,866,027)</b>	-	<b>(1,866,027)</b>	<b>(34,323)</b>

**Total 2019 Acquisitions/Disposal**

Bladder Scanner with Stand	03/18/209	8,039.37	8,039	S/L	10	-	-	402	402	7,637
Computer Upgrade	3/1/2019	33,964.85	33,965	S/L	5	-	-	3,397	3,397	30,568
Compressor	11/1/2018	1,888.79	1,889	S/L	10	-	-	94	94	1,794
WanderGuard	4/18/2019	1,041.10	1,041	S/L	10	-	-	52	52	989
Sander	FY 2019	4,300.00	4,300	S/L	10	-	-	215	215	4,065
Electric Steam Table - Used	FY 2019	500.00	500	S/L	5	-	-	50	50	450
Lift	FY 2019	7,708.00	7,708	S/L	10	-	-	385	385	7,323
Extractor	FY 2019	2,763.78	2,764	S/L	5	-	-	276	276	2,487

Dual Motor Vac  
Total 2019 Acquisitions\*\*

FY 2019

1,039.37	1,039	S/L
<u>61,245</u>	<u>61,245</u>	

5

104	104	935
<u>4,976</u>	<u>4,976</u>	<u>56,269</u>

Total Movable	878,226	849,594	84,831	544,424	85,075	629,499	248,727	
Auto	<u>62,148</u>	<u>62,148</u>	<u>3,625</u>	<u>53,571</u>	<u>4,017</u>	<u>57,588</u>	<u>4,560</u>	
<b>Total Movable</b>	<b><u>940,374</u></b>	<b><u>911,742</u></b>	<b><u>-</u></b>	<b><u>88,456</u></b>	<b><u>597,994</u></b>	<b><u>89,093</u></b>	<b><u>687,087</u></b>	<b><u>253,287</u></b>
<b>Total Per Depreciation Schedule</b>	<b>4,201,740</b>							
Mov. Equip. Variance Rolled from PY	29,774							
Rounding	-							
<b>Total Per Cost Report Pg. 23</b>	<b>4,231,514</b>							
<b>Total Per Trial Balance</b>	<b>4,981,553</b>							
Less: ADC	745,442							
<b>Total Peer TB w/o ADC</b>	<b>4,236,111</b>							
Variance	(4,597)							

F/S vs C/R NBV - Page 31, Line B9      545,831  
F/S vs C/R Dep. - Page 36, Line F1      20,448

\*Outpatient Services

'o Be Depreciated Adjusted on Cost report only for error

### **Amortization Schedule\***

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing			License No. 843-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
<b>A-4. Subtotal</b>									
<b>B. Mortgage Expense</b>									
1. Mortgage Expense	Var	Var		91,230	44,001	SL		1,073	
2.									
3.									
<b>B-4. Subtotal</b>									1,073
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>									
<b>D. Total Amortization</b>									1,073

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

### C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Robert C. Geer Memorial Hospital, Inc	License No. 843-C	Report for Year Ended 9/30/2019	Page 25	of 37																																								
11. Property Questionnaire																																												
<b>Part A</b> Is the property either owned by the Facility or leased from a Related Party?* <input checked="" type="radio"/> Yes <input type="radio"/> No <small>*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or  business association to any person or organization from whom buildings are leased, then it is considered  a related party transaction.</small>																																												
<table border="1"> <tr> <th>Description</th> <th>Total</th> </tr> <tr> <td>1. Date Land Purchased</td> <td></td> </tr> <tr> <td>2. Date Structure Completed</td> <td></td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td></td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>120</td> </tr> <tr> <td>6. Square Footage</td> <td></td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td>    a. Land</td> <td></td> </tr> <tr> <td>    b. Building</td> <td></td> </tr> </table>					Description	Total	1. Date Land Purchased		2. Date Structure Completed		3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure		5. Total Licensed Bed Capacity	120	6. Square Footage		7. Acquisition Cost		a. Land		b. Building																					
Description	Total																																											
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6. Square Footage																																												
7. Acquisition Cost																																												
a. Land																																												
b. Building																																												
<b>Part B - Owner and Related Parties</b> <table border="1"> <tr> <th></th> <th>1st Mortgage</th> <th>2nd Mortgage</th> <th>3rd Mortgage</th> <th>4th Mortgage</th> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>    a. Type of Financing (e.g., fixed, variable)</td> <td>Fixed</td> <td>Fixed</td> <td></td> <td></td> </tr> <tr> <td>    b. Date Mortgage Obtained</td> <td>04/26/11</td> <td>03/01/18</td> <td></td> <td></td> </tr> <tr> <td>    c. Interest Rate for the Cost Year</td> <td>4.59%</td> <td>3.63%</td> <td></td> <td></td> </tr> <tr> <td>    d. Term of Mortgage (number of years)</td> <td>32</td> <td>35</td> <td></td> <td></td> </tr> <tr> <td>    e. Amount of Principal Borrowed</td> <td>21,946,900</td> <td>21,946,900</td> <td>***</td> <td></td> </tr> <tr> <td>    f. Principal balance outstanding as of 9/30/19</td> <td></td> <td></td> <td>***</td> <td></td> </tr> </table>						1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)	Fixed	Fixed			b. Date Mortgage Obtained	04/26/11	03/01/18			c. Interest Rate for the Cost Year	4.59%	3.63%			d. Term of Mortgage (number of years)	32	35			e. Amount of Principal Borrowed	21,946,900	21,946,900	***		f. Principal balance outstanding as of 9/30/19			***	
	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage																																								
1. Financing																																												
a. Type of Financing (e.g., fixed, variable)	Fixed	Fixed																																										
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e. Amount of Principal Borrowed	21,946,900	21,946,900	***																																									
f. Principal balance outstanding as of 9/30/19			***																																									
<b>Complete if Mortgage was Refinanced  During Current Cost Year</b> <table border="1"> <tr> <td>g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					g. Type of Financing (e.g., fixed, variable)					h. Date of Refinancing					i. New Interest Rate					j. Term of Mortgage (number of years)					k. Amount of Principal Borrowed					l. Principal Outstanding on Note Paid-Off														
g. Type of Financing (e.g., fixed, variable)																																												
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j. Term of Mortgage (number of years)																																												
k. Amount of Principal Borrowed																																												
l. Principal Outstanding on Note Paid-Off																																												
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b> <table border="1"> <tr> <th>Name and Address of Lessor</th> <th>Property Leased</th> <th>Date of Lease</th> <th>Term of Lease</th> <th>Annual Amount of Lease</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																			
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																								

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

**C. Expenditures Other Than Salaries (cont'd) - Interest**

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage		\$ 89,973	89,973			
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 89,973	89,973			

(Carry Subtotals forward to next page )

**C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance**

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2019			27	37
Item		Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		89,973	89,973			
12. C. Movable Equipment						
1. Automotive Equipment	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$					
12. D. Other Interest Expense (Specify)	\$					
<b>13. Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	<b>89,973</b>	<b>89,973</b>			
14. Insurance						
a. Insurance on Property (buildings only)	\$	30,620	30,620			
b. Insurance on Automobiles	\$	2,515	2,515			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$					
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$	24,997	24,997			
D&O Insurance						
<b>14d. Total Insurance Expenditures (14a + b + c)</b>	\$	<b>58,132</b>	<b>58,132</b>			
<b>15. Total All Expenditures (A-13 thru C-14)</b>	\$	<b>15,228,888</b>	<b>15,228,888</b>			

## **D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.		843-C	9/30/2019	28	37
						Total Amount of Decrease	
						CCNH	RHNS
<b>Page 10 - Salaries and Wages</b>						(Specify)	
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$	863,789	863,789	
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$	272,228	272,228	
7.			Other - See attached Schedule	\$	4,575	4,575	
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	564,435	564,435	
10.			Accounting	\$			
10a.			Legal	\$	481	481	
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$	1,117	1,117	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$	31,256	31,256	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$	(169,040)	(169,040)	
22.	16	m6	Barber and Beauty	\$	13,536	13,536	
23.			Other - See attached Schedule	\$	344,116	344,116	
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV8	Meals to employees, guests and others who are not residents	\$	5,302	5,302	
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$	1,931,795	1,931,795		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12k	Pharmacist	\$ 214,652		
10	A12n	Marketing	\$ -		
10	A12o	Adult Day Care	\$ 291,610		
10	A12o	Outpatient Wages	\$ 357,527		
<b>Total Other Salaries Adjustment</b>			\$ 863,789	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Various Outside Clinical Services	\$ 4,575		
<b>Total Other Fees Adjustments</b>			\$ 4,575	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Non Allowable Expenses (Late Fees, Penalties, Etc - Disallowed)	\$ 58,877		
16	m13	ADC Expenses (Disallowed)	\$ 239,814		
16	m13	Marketing (Disallowed)	\$ 35,951		
16	m13	Employee Recognition (Disallowed)	\$ 8,689		
15	1a9	Pharmacy for Individual Employee (Disallowed on page 28)	\$ 785		
<b>Total Other A&amp;G Adjustments</b>			\$ 344,116	\$ -	\$ -

Geer Nursing & Rehabilitation Center  
 Calculation of Allowable Management Fees  
 September 30, 2019

Page 28a/29a

Description

Total Expenses (See Reconciliation on Page 36)  
 (Less) Management Fee

**13,246,836**  
 (673,531) \*

Amount Used for Allocation

**\$ 14,573,305**

	<b>Description</b>	<b>% Total</b>	<b>Mgmt Fee Alloc - COST</b>	<b>Mgmt Fee Alloc - Charge</b>	<b>(1) Nonallowable Benefits</b>	<b>\$ 138,367</b> Page 29, Line 49
Portion Applicable to ADC Expenses	\$ -	0.0000%	\$ - *	\$ -		
Portion Applicable to Pharmacy	266,877	1.8313%	16,217 *	12,334		673,531
Portion Applicable to Outpatient Rehab	440,198	3.0206%	26,749 *	20,345	Management Fee Charged to Facility	842,571
Portion Application to Geer Nursing	13,866,230	95.1481%	842,571	640,852	Management Fee at Cost	
	<b>\$ 14,573,305</b>	<b>100.00%</b>	<b>885,536</b>	<b>673,531</b>	<b>Total Management Fee Disallowed</b>	<b>\$ (169,040)</b> Page 28, Line 21

\*Changed to a charge base for 2011. 2017 Actual cost of Management Company is

**\$ 885,536** Ties to Page 4 Actual

Description

	<b>Salaries</b>	<b>Consult</b>	<b>Benefits(1)</b>	<b>Other</b>	<b>Total</b>	
Adult Day Care	-		-	-	-	ADC Salaries & Benefits are Self-Disallowed
Pharmacy	214,652	-	52,225	266,877		
Outpatient	354,056	-	86,142	440,198		
Marketing	0		-	-		
	<b>\$ 568,708</b>	<b>\$ -</b>	<b>\$ 138,367</b>	<b>\$ -</b>	<b>\$ 707,075</b>	

Total Salaries Page 10  
 Self-Disallowed ADC Salaries  
 Total Salaries Page 10 Revised

**6,532,599**  
**291,610** Self Disallowed Salaries on Page 10/13  
**6,240,989**

Total Benefits Page 15  
 Self-Disallowed ADC Benefits  
 Total Benefits Revised

**1,579,039** ADC Benefits are not included  
**60,383** Self-Disallowed Benefits on Page 16, Line m13  
**1,518,656**

Salaries to Benefit Ratio  
 Non-Allowable Salaries  
 Non-Allowable Benefits

24.33%  
**\$ 568,708**  
**\$ 138,367** (1)

**Geer Nursing & Rehabilitation Center**  
**Calculation of Cellular Phone Disallowance**  
**September 30, 2019**

**Page 28a**

**Cellular Phone Disallowance**

Total Cost	<small>Page 15, line 1h2</small>	\$ 2,557
Total Allowance		1,440
<b>Total Disallowance</b>		<b><u>\$ 1,117</u></b> <small>Page 28, line 12</small>

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-29 Rev. 9/2018

**D. Adjustments to Statement of Expenditures (cont'd)**

Name of Facility			License No.	Report for Year Ended		Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing			843-C	9/30/2019		29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 1,931,795	1,931,795		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 968,188	968,188		
28.	20	5d	Ambulance/Limousine	\$ 177,623	177,623		
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.	20	5c	Medical Supplies	\$ 21,708	21,708		
32.	20	5e2	Oxygen (non emergency)	\$ 45,281	45,281		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 173,175	173,175		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 6,192	6,192		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 254,887	254,887		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 3,578,849	3,578,849		

\*\*\* Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Lost Resident Item (Disallowed)	\$ 2,280		
20	5i	Medicare Add-on Expense (Disallowed)	\$ 64,787		
20	5i	Private Add-on Expenses ( Disallowed)	\$ 1,200		
20	5i	Medicare Outside Services (Disallowed)	\$ 232		
20	5i	Outpatient Supplies (Disallowed)	\$ 39,742		
20	5i	Cable /TV Disallowance (See attached)	\$ 26,323		
20	5i	Various Patient Specific Supplies (See attached)	\$ 21,708		
20	5c	Billable Supplies	\$ 533		
20	5i	Therapy Supplies (See attached)	\$ 2,228		
20	5i	ST Therapy Supplies (Disallowed Patient Specific)	\$ 14,142		
<b>Total Other Ancillary Costs</b>			\$ 173,175	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

### Schedule of Other Property Adjustments

### **Schedule of Other - Indirect Adjustments**

**Total Other Adjustments** \$ - \$ - \$ -

Page 29

### **Schedule of Other - Miscellaneous Administrative Adjustments**

Page Ref Line Ref Description

**Schedule of Other - Direct Adjustments**

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
See	Attached	Maintenance Disallowance	\$ 5,121		
See	Attached	Benefits Related to Non-Allowable Salaries	\$ 138,367		
See	Attached	Outpatient Therapy Disallowance	\$ 21,528		
See	Attached	Pharmacy Therapy Disallowance	\$ 7,151		
30	IV3	Telephone System	\$ 5,117		
30	IV 8	Special Event X-mas Bazzar Income	\$ 13		
30	IV 8	Administrative Income	\$ 46,369		
30	IV 8	VA Income	\$ 23,082		
30	IV 8	Visiting Nurse Receipts	\$ 2,837		
30	IV1	Meals sold to guests, employees & others	\$ 5,302		
<b>Total Other Adjustments</b>			<b>\$ 254,887</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Unallowable Building Interest**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Geer Nursing & Rehabilitation Center**  
**Calcualtion of Outpatient/Pharmacy Overhead Disallowance**  
**September 30, 2019**

**Page 29a**

**Outpatient Therapy - Housekeeping Disallowance**

Current Medicaid Rate	\$ 236.16	Page 9
Est % Attributable to Main and Property		
Overhead Costs	10%	
Total Benefits Page 15	\$ 23.62	
Average Ratio of O/P Rehab Sq Ft	2.540%	
Average CPPD	\$ 0.60	
Total Patient Days for Period		35,880 Page 8
<b>Estimated Overhead Disallowance</b>	<b>\$ 21,528</b>	

**Outpatient Therapy -Overhead Disallowance**

Heat	74,717
Light & Power	97,857
Water	28,967
<b>Total Utilities</b>	<b>201,541</b>
Average Ratio of O/P Rehab Sq to Total	2.54%

**Amount Disallowed for Outpatient Therapy** \$ 5,119

**Total Outpatient Therapy Disallowance** \$ 26,647

**Pharmacy**

Average Medicaid Rate	\$ 236.16
Est % Attributable to Main and Property	
Overhead Costs	10%
Amount Per Day	\$ 23.62
Estimated Pharmacy Dept Square FT (341 SF/57,480)	0.844%
Est Avg Cost PPD	\$ 0.20
Total Days	35,880

**Estimated Overhead Disallowance for Pharmacy** \$ 7,151

**Square Footage Calculations**

	<b>Square Ft</b>	<b>% to Total</b>
Total Facility Square Feet	57,480	
Out-Patient Therapy Square Feet	1,460	2.540%
In-Patient Therapy Square Feet	540	0.940%
Pharmacy Square Feet	485	0.844%

**Robert C. Geer Nursing & Rehabilitation Center**  
**Disallowance of ADC Maintenance Expenses**  
**September 30, 2019**

**Page 29a**

Geer Nursing and Rehabilitation provides lawn maintenance, snow removal and minor maintenance of equipment used by the Adult Day Care Center. If this work was to be contracted and provide by an outside vendor the Provider estimates that the cost of this labor would be approximately \$4,124 (\$20.62 per hour x 40 hours per week x 5 weeks)

Maintenance Salaries to be disallowed	\$ 4,124	<b>N.01b</b>
Salary Percent to Total Salaries	0.063%	
Total Benefits	<u>1,579,039</u>	
Non allowable Benefit Portion		<u>997</u>
<b>Total Disallowance</b>	<b>\$</b>	<b><u>5,121</u></b>

Total Cable TV Expense	29,923	TB Linked
Total Monthly Fee Allowed	\$ 300	
Total Months	12	
Total Allowable Expense	\$ 3,600	
Partial Year Cost Report (365 out of 365 Days)	365	
Days in Cost Report Year	365	
Partial Year Allowable %	100.00%	
Revised Allowable Cost	\$ 3,600	
<b>Disallowed Expense</b>	<b><u>\$ 26,323</u></b>	<b>{a}</b>

**Tickmark**

{a}

Ties to page 29a

**Geer Nursing & Rehab**

September 30, 2019

**Medical Supply Disallowance Calculation****Page 29a Attachment**

	<u>Amount</u>
Revenue for Medicare Medical Supplies	0
Revenue for Non- Medicare Medical Supplies	533
<b>Total Non-Allowable Billable Medical Supply Expenses Pg 20 5c</b>	<b>533</b>

**Billable Medical Supplies**

	Page 20, LN 5L
Account: 5360500000 Patient Supplies Rehab	4,231
Percent Related to Occupational Therapy*	53%
Amount Related to Occupational Therapy	<b>2,228</b>

**Out-Patient Therapy Expenses (100% Disallowed)**

	Page 20, LN 5L
Account: 6040000000 Out-Pat Ther. Supply/Billable	57
Account: 6040100000 Out-Pat Office Supplies	1,634
Account: 6042000000 Out Pat Therapy Supplies/General	32
Account: 6048000000 Out Pat Dues & Subscriptions	10,978
Account: 6061000000 Out Pat Advertising	0
Account: 6325000000 Out Pat Contracted Services	0
Account: 6332000000 Out Pat Software	7,896
Account: 6340000000 Out-Pat Ther. Supply/Billable	1,881
Account: 6340100000 Out-Pat Office Supplies	2,243
Account: 6342000000 Out Pat Therapy Supplies/General	2,576
Account: 6344000000 Out Pat Bad Debts Expense	12,000
Account: 6348000000 Out Pat Therapy Dues & Subscriptions	210
Account: 6349100000 Out Pat Cell Phones	235
Account: 6361000000 Out Pat Advertising	0
	<b>39,742</b>

**Patient Specific Beds (100% Disallowed)**

	Page 20, LN 5c
Account: 5341000000 Medical Supplies/Spec. Beds	<b>21,708</b>

**Total Medical Supply Disallowance****63,678** Page 29a**\* Page 9 Therapy Treatments**

Physical Therapy Treatments	38,638	34%
Speech Therapy Treatments	15,204	13%
Occupational Therapy Treatments	59,891	53%
	<b>113,733</b>	<b>100%</b>

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 11,456,857	11,456,857				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,852,513)	(5,852,513)				
2. a. Medicaid (All other states)	\$ 18,850	18,850				
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,084,054	1,084,054				
b. Medicare Room and Board Contractual Allowance **	\$ (333,023)	(333,023)				
4. a. Private-Pay Residents and Other	\$ 3,851,166	3,851,166				
b. Private-Pay Room and Board Contractual Allowance **	\$ (755,155)	(755,155)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 85,508	85,508				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 1,284,765	1,284,765				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 533	533				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 340,845	340,845				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 1,311,512	1,311,512				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 108,595	108,595				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 37,220	37,220				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 557,150	557,150				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 136,700	136,700				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ 11,754	11,754				
b. Other (Specify) - Non-Medicare	\$ 119,004	119,004				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,463,822	13,463,822				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 5,302	5,302				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$ 5,117	5,117				
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 35	35				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 16,500	16,500				
8. Other (Specify)	\$ 1,258,720	1,258,720				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,285,674	1,285,674				
<b>VI. Total All Revenue</b> (III +V)	\$ 14,749,496	14,749,496				

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare****Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30 II6a	Lab Revenue Medicare	\$ 7,999		
30 II6a	X-Ray Revenue Medicare	\$ 3,755		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 11,754</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue****Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30 II6B	X-Ray Medicaod	\$ -		
30 II6B	LAB REVENUE - MEDICAID	\$ 99		
30 II6B	LAB REVENUE - MANAGED CARE	\$ 1,605		
30 II6B	X-RAY MANAGED CARE	\$ 523		
30 II6B	CCI/PAC/CBS Income	\$ 114,480		
30 II6B	X-RAY MANAGED CARE	\$ 2,197		
<b>Total Other Resident Revenue</b>		<b>\$ 119,004</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Cash	Immaterial	\$ 0		
30 IV 5	Cash	Immaterial	\$ 28		
			\$ 7		
<b>Total Interest Income</b>			<b>\$ 35</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Rec. for Geer Nursing (Disallowed)	\$ 0		
30 IV 8	Scholarship Income (No Associated Expense)	\$ 3,230		
30 IV 8	Wheeler Trust Fund Income (All Associated Expenses Disallowed)	\$ 5,525		
30 IV 8	Alzheimer Aide Grant (All Associated Expenses Disallowed)	\$ 6,375		
30 IV 8	Alzheimer Aide Grant (All Associated Expenses Disallowed)	\$ 10,884		
30 IV 8	WCAAA Title 11 B Grant Income (All Associated Expenses Disallowed)	\$ 9,150		
30 IV 8	Canaan Foundation (All Associated Expenses Disallowed)	\$ 1,501		
30 IV 8	ADC Income (All Associated Expenses Disallowed)	\$ 34,227		
30 IV 8	Various DAR Income and Donations (All Associated Expenses Disallowed)	\$ 646,013		
30 IV 8	Special Event X-mas Bazaar Income	\$ 13		
30 IV 8	WCAAA Respite Income (All Associated Expenses Disallowed)	\$ 4,594		
30 IV 8	VA Income	\$ 23,082		
30 IV 8	Visiting Nurse Receipts	\$ 2,837		
30 IV 8	Administrative Income	\$ 46,369		
30 IV 8	Unrestricted Donation Income (No Associated Expense)	\$ 6,402		
30 IV 8	Food Request Income ADC (All Associated Expenses Disallowed)	\$ 22,158		
30 IV 8	Trans GN Charge Back (All Associated Expenses Disallowed)	\$ 61,297		
30 IV 8	Trans GV Charge Back (All Associated Expenses Disallowed)	\$ 34,722		
30 IV 8	Trans ADC Charge Back (All Associated Expenses Disallowed)	\$ 177,623		
30 IV 8	Transportation Income (All Associated Expenses Disallowed)	\$ 62,460		
30 IV 8	OPM Phone System (No Associated Expense)	\$ 100,258		
<b>Total Other Revenue</b>		<b>\$ 1,258,720</b>	<b>\$ -</b>	<b>\$ -</b>

## G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 361,843	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,215,880	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 9,000	
4. Inventories			\$ 70,347	
5. Prepaid Expenses			\$ 43,472	
a. Prepaid Comm/Prop/Liability Insurance	25,891			
b. Prepaid Auto	(2,020)			
c. Prepaid Ins D&O	7,842			
d. See Schedule	11,759			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$ 46,366	
Mortgage Insurance	6,671			
Insurance Reserve	39,695			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 1,746,908	
B. Fixed Assets				
1. Land			\$ 137,129	
2. Land Improvements	*Historical Cost 141,476		\$ 15,015	
	Accum. Depreciation 126,461	Net		
3. Buildings	*Historical Cost 3,119,891		\$ 817,705	
	Accum. Depreciation 2,302,186	Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost 878,226		\$ 248,727	
	Accum. Depreciation 629,499	Net		
7. Motor Vehicles	*Historical Cost 62,148		\$ 4,560	
	Accum. Depreciation 57,588	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$ 1,154,178	
F/S vs CR 590,519				
See Schedule 563,659				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 2,377,314	

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

**Schedule of Prepaid Expenses Page 31 Line A5**

**Schedule of Other Current Assets (itemized) Page 31 Line A8**

**Schedule of Other Fixed Assets (Itemize) Page 31 Line B9**

**Schedule of Other Assets Page 32 Line D7**

**Schedule of Notes Payable (Itemize) Page 33 Line A2**

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

## G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc.	843-C	9/30/2019	32	37
Account				Amount
Total Brought Forward:				\$ 4,124,222
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost	Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost	37,554		
	Accum. Depreciation	1,609	Net	\$ 35,945
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care ( <i>itemize</i> )				\$
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$ 4,015,400
Name and Address		Amount	Loan Date	
Woods, Foundation, Geer				
Village, Geer Corp, Geer				
Woods		4,015,400	Various	
7. Other Assets ( <i>itemize</i> )				\$ 600,595
Invest Income ADC		600,595		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$ 4,651,940
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$ 8,776,162

\* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

## **G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A	843-C	9/30/2019	33	37
<b>Account</b>				<b>Amount</b>
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 2,712,785
2. Notes Payable ( <i>itemize</i> )				\$ 40,369
Current Portion of HUD				33,466
C&LM Loan Current				6,903
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$ 584,007
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$
6. Accrued Payroll Taxes Payable				\$
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable ( <i>Current Portion</i> )				\$
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities ( <i>itemize</i> )				\$ 186,451
Deferred Income Dial A Ride				29,518
Deferred Income Operations				Life Insurance Premium 599
Wellner Scholarships				19,430
HRA Deductible				Accrued Legal/Profession 60,000
				18,206
				58,698
				See Schedule
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				<b>\$ 3,523,612</b>

\* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

## G. Balance Sheet (cont'd)

Name of Facility Robert C. Geer Memorial Hospital, Inc. D/E	License No. 843-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				3,523,612
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 2,122,883
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 592,146
Name and Address of Lender	Amount	Loan Date		
Geer Corp	592,146			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 2,715,029
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 6,238,641

State of Connecticut

**Annual Report of Long-Term Care Facility**

CSP-35 Rev. 6/95

**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc.	843-C	9/30/2019	35	37
Account				Amount
<b>A. Reserves</b>				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
<b>B. Net Worth</b>				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$ 600,595
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 2,436,766
6. Gain or Loss for Period		10/1/2018	thru	9/30/2019
				\$ (499,840)
7. Total Net Worth				\$ 2,537,521
<b>C. Total Reserves and Net Worth</b>				\$ 2,537,521
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ 8,776,162

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital, Inc.	843-C	9/30/2019	36   37
Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$ 3,037,361
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$ 14,749,496
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$ 15,249,336
D. Net Income or Deficit			\$ (499,840)
E. Balance			\$ 2,537,521
F. Additions			
1. Additional Capital Contributed ( <i>itemize</i> )			
Total Expenses P27    \$15,228,888			
FS vs CR                    20,448			
Total Expenses            \$15,249,336			
2. Other ( <i>itemize</i> )			
F-3. Total Additions			\$
G. Deductions			
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$
Name and Address (No., City, State, Zip)	Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$
Purpose	Amount		
3. Total Deductions			\$
<b>H. Balance at End of Period</b>	09/30/19		\$ 2,537,521

## I. Preparer's/Reviewer's Certification

Name of Facility Robert C. Geer Memorial Hospital, Inc.	License No. 843-C	Report for Year Ended 9/30/2019	Page 37	of 37
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*Check appropriate category*

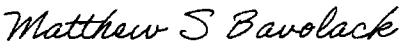
Chronic and Convalescent Nursing  
Home only (CCNH)

Rest Home with Nursing  
Supervision only (RHNS)

(Specify)

### Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer 	Title Principal	Date Signed 02/13/2020
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Printed Name of Preparer

Matthew S. Bavolack

Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600
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Contacted Person Regarding Additional Information Needed Regarding This Report Shaun Powell	Phone Number 860-824-3860
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Contact Email Address spowell@geercares.org	
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## **ACCOUNTANTS' CONSULTING REPORT**

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

***MARCUM LLP***

New Haven, CT  
February 12, 2020