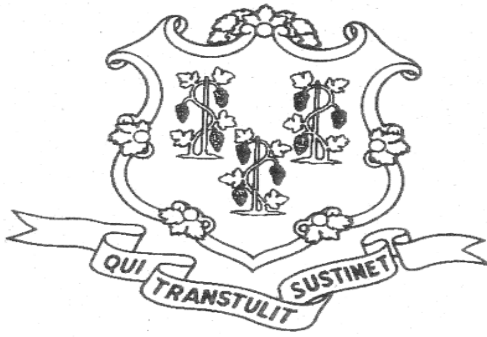


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Gladeview Health Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 60 Boston Post Rd, Old Saybrook, CT 06475	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2024C	RHNS	Other	Medicare Provider 07-5313
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Medicaid Provider Numbers:	CCNH 2024C	RHNS	ICF-IID
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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) Gladeview Health Care Center, LLC	License No. 2024C	Report for Year Ended 9/30/2018	Page 1	of 37
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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 Gladeview Health Care Center, LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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) Paul Knutsen			Printed Name (Owner) Linda Silberstein		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Gladeview Health Care Center, LLC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 60 Boston Post Rd, Old Saybrook, CT 06475				
Report Prepared By Gladeview Health Care Center	Phone Number 860-388-6696	Date 4/11/2019		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (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 860-388-6696		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Gladeview Health Care Center, LLC		Address (No. & Street, City, State, Zip) 60 Boston Post Rd, Old Saybrook, CT 06475		
License Numbers:	CCNH 2024C	RHNS	Other	Medicare Provider No. 07-5313
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input 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.				
Administrator				
Name of Administrator Paul Knutsen		Nursing Home Administrator's License No.:	001500	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Linda Silberstein		License No.:	None	

General Information and Questionnaire
Corporate Owners

Name of Facility Gladeview Health Care Center, LLC	License No. 2024C	Report for Year Ended 9/30/2018	Page 3A	of 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	
Gladeview Health Care Center	60 Boston Post Road Old Saybrook, CT 06475		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Linda Silberstein	60 Boston Post Road Old Saybrook, CT 06475	President	100	
Names of Stockholders Owning at Least 10% of Shares				
Same as above				

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Gladeview Health Care Center, LLC	License No. 2024C	Report for Year Ended 9/30/2018	Page 5	of 37
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? <input type="radio"/> Yes <input checked="" type="radio"/> 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.)				
<input type="radio"/> Yes <input checked="" type="radio"/> 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
Gladeview Health Care Center, LLC		2024C		9/30/2018			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						
Pitney Bowes Global Financial, PO Box 371896, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage machine	06/10/14	Month to Month	Various		1,348
Wells Fargo Leasing, PO Box 6434, Carol Stream, IL 60197	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/04/16	48 months	1,239		14,831
	<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"/>						
							Total ***	16,179

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

* 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 Gladeview Health Care Center, LLC	License No. 2024C	Report for Year Ended 9/30/2018	Page 7	of 37
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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.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Simione, Macca and Larrow	4130 Whitney Ave, Hamden, CT 06518
2 Craig J Lubiski and Company	225 Pitkin St, East Hartford, CT 06108
3	
4	

Services Provided by This Firm (*describe fully*)

1 401k Audit, tax return	\$ 9,032
2 Medicare Cost report	\$ 6,463
3	\$
4	\$
	Charge for Services Provided
	\$ 15,495

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No PG 15 Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Shipman and Goodwin	860-251-5000
2 Murtha Cullina	(203) 772-7700
3 Littler Mendelson	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
 1 1 Constitution Plaza, Hartford, CT 06103
 2 265 Church St, New Haven, CT 06510
 3 650 California St 20th Floor, San Francisco, CA 94108
 4
 5

Services Provided by This Firm (*describe fully*)

1 Religious issues and general	\$ 539
2 Policy and procedure manual update	\$ 3,200
3 Gladeview vs Judith Odhiambo (disallowed)	\$ 3,346
4	\$
5	\$
	Charge for Services Provided
	\$ 7,085

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No PG 15 Line 1e

Schedule of Resident Statistics

Name of Facility Gladeview Health Care Center, LLC			License No. 2024C			Report for Year Ended 9/30/2018				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	132	132			132	132			132	132			
B. On last day of THIS report period	132	132			132	132			132	132			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	119	119			119	119			122	122			
B. As of midnight of THIS report period	132	132			122	122			132	132			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,942	3,942			2,770	2,770			1,172	1,172			
B. Medicaid (Conn.)	31,116	31,116			23,418	23,418			7,698	7,698			
C. Medicaid (other states)													
D. Private Pay	5,283	5,283			4,008	4,008			1,275	1,275			
E. State SSI for RCH													
F. Other (Specify) Managed Care	3,344	3,344			3,219	3,219			125	125			
G. Total Care Days During Period (3A thru F)	43,685	43,685			33,415	33,415			10,270	10,270			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	312	312			216	216			96	96			
B. Other Bed Reserve Days	5	5			5	5							
5. Total Resident Days (3G + 4A + 4B)	44,002	44,002			33,636	33,636			10,366	10,366			

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Gladeview Health Care Center, LLC			License No. 2024C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(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.													
Change in Resident Days									CCNH	RHNS	Other		
1st change													
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	Other	R.C.H.	ICF-MR					
No. of Residents	12	92		28									
Per Diem Rate													
a. One bed rm.	Various	239.15		415.00									
b. Two bed rms.	Various	239.15		395.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									1,521	1,521			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									203	203			
C. Other									7,800	7,800			
D. Total Physical Therapy Treatments									9,524	9,524			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									294	294			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									34	34			
C. Other									1,063	1,063			
D. Total Speech Therapy Treatments									1,391	1,391			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,267	1,267			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									21	21			
2. Restorative Treatments									163	163			
C. Other									7,880	7,880			
D. Total Occupational Therapy Treatments									9,331	9,331			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Gladeview Health Care Center, LLC	2024C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input type="radio"/> Yes <input checked="" type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	201,110	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	171,543	2,040				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	341,834	12,018				
5. Dietary Service						
a. Head Dietitian	53,709	1,787				
b. Food Service Supervisor	57,533	2,168				
c. Dietary Workers	443,270	26,652				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,692	2,073				
b. Other Maintenance Workers	37,997	2,061				
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	316,257	4,244				
b. RN						
1. Direct Care	1,171,639	8,019				
2. Administrative**	242,478	31,561				
c. LPN						
1. Direct Care	378,831	12,186				
2. Administrative**						
d. Aides and Attendants	2,013,170	105,851				
e. Physical Therapists	331,032	6,807				
f. Speech Therapists	87,640	1,461				
g. Occupational Therapists	161,647	4,049				
h. Recreation Workers	152,735	8,061				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
Inhalation Therapist	75,480	1,948				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	115,981	3,917				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,421,578	239,023				

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

Name of Facility				License No.	Report for Year Ended				Page	of
Gladeview Health Care Center, LLC				2024C	9/30/2018				11	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	Other							
Section I - Operators/Owners										
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).										

* 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.

**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
Gladeview Health Care Center, LLC				2024C	9/30/2018				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	Other							
Section III - Administrators***										
Paul Knutsen	201,110			Health & Life insurance. Payroll taxes	Day to day operations of the nursing home	2,120	A2			
Section IV - Assistant Administrators										
Linda Silberstein	171,543			Health & Life insurance. Payroll taxes	Day to day operations of the nursing home	2,040	A3			

*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		
Gladeview Health Care Center, LLC	2024C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	12,540	120				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	540	6				
b. Other	1,200	16				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	34,880	607				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	45,295	498				
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	360	3				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	233,216	5,411				
2. Administrative***						
c. Aides	39,890	1,574				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	367,921	8,235				

* 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 Gladeview Health Care Center, LLC		License No. 2024C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
William H. Johnson MSW, Inc. PO Box 1354, Belchertown, MA 01007	Social Worker	<input type="radio"/>	<input checked="" type="radio"/>			
Prakash Huded MS, 28 Marlboro, Rd., Portland CT	Medical Director, Physician Services	<input type="radio"/>	<input checked="" type="radio"/>			
Med Options, PO Box 5023, New Britain, CT 06050	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>			
SDX Swallowing Diagnostics, PO Box 484, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Dental Group, One Prestige Dr., Suite 107, Meriden, CT 06450	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network, PO Box 982, Southington, CT 06489	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Mukerjee, 71 Quail Run, Madison, CT 06443	Cardiac Services	<input type="radio"/>	<input checked="" type="radio"/>			
Dr Balsamo, 687 Cambell Ave, West Haven, CT 06516	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>			
Pact LLC 322 East Main St, Branford, CT 06405	Physician Services	<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"/>			
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		<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
Gladeview Health Care Center, LLC	2024C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 175,225	175,225		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 100,671	100,671		
4. Social Security (F.I.C.A.)	\$ 462,553	462,553		
5. Health Insurance	\$ 497,309	497,309		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 18,333	18,333		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 120,000	120,000		
d. Accounting and Auditing	\$ 15,495	15,495		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 7,085	7,085		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 37,046	37,046		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,689	21,689		
2. Cellular Phones	\$ 5,547	5,547		
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 (<i>Specify</i>) See Attached Schedule	\$ 90	90		
3. Resident Day User Fee	\$ 845,826	845,826		
Subtotal	\$ 2,306,869	2,306,869		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Gladeview Health Care Center, LLC	2024C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
<i>Subtotals Brought Forward:</i>	2,306,869	2,306,869			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 12,135	12,135			
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 5,598	5,598			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 25	25			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 10,641	10,641			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 3,674	3,674			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 6,843	6,843			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 14,295	14,295			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,610	1,610			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 2,069	2,069			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 153,036	153,036			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 13,281	13,281			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 2,530,076	2,530,076			

* 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	Other
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
Academy of Nutrition and Diet	\$ 234		
ALTCFM	\$ 405		
CAHCF	\$ 10,065		
Treasurer State of CT - License renewal	\$ 1,100		
Connecticut River Area Health District	\$ 330		
CT Bureau of Elevators	\$ 480		
Other	\$ 1,681		
Total Dues	\$ 14,295	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
	\$ 2,069		
Total Contributions	\$ 2,069	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Bank charges	\$ 7,680		
Employee physicals	\$ 5,601		
Total Other Administrative and General	\$ 13,281	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Gladeview Health Care Center, LLC	License No. 2024C	Report for Year Ended 9/30/2018	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 #
N/A			

*** 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
Gladeview Health Care Center, LLC		2024C	9/30/2018	18	37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	332,874	332,874		
2. Non-Food Supplies	\$	56,544	56,544		
3. Other (<i>Specify</i>) _____ Supplements	\$	12,289	12,289		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$			
c. Other (<i>Specify</i>) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$	401,707	401,707	
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. 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 Gladeview Health Care Center, LLC		License No. 2024C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
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. \$				
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>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	166,219	166,219		
c. Other (<i>Specify</i>) Supplies		\$	9,884	9,884		
3D. Total Laundry Expenditures (3a + b + c)		\$	176,103	176,103		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue 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)				

* 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 3E.

*** 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
Gladeview Health Care Center, LLC		2024C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	31,736	31,736		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	358,983	358,983		
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	390,719	390,719		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Partners Pharmacy	\$	275,058	275,058		
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	178,548	178,548		
	d. Ambulance/Limousine***	\$	33,766	33,766		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	41,206	41,206		
	f. X-rays and Related Radiological Procedures***	\$	8,693	8,693		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	32,515	32,515		
	i. Recreation	\$	18,576	18,576		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	59,036	59,036		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	647,398	647,398		

* 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

Description	CCNH	RHNS	Other
Therapy equipment rental	\$ 8,495		
Cable TV	\$ 30,755		
Medical Equipement Rental	\$ 19,786		
Total Other Resident Care	\$ 59,036	\$ -	\$ -

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

Name of Facility Gladeview Health Care Center, LLC			License No. 2024C		Report for Year Ended 9/30/2018			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	Other	Pg	Line
Partners Pharmacy	PO Box 9689, Uniondale, NY 11555	<input type="radio"/>	<input checked="" type="radio"/>		Pharmacy supplies and service	275,058			20	5a2
PointClickCare	Suite 4, Mississauga, ON L5N 8E9	<input type="radio"/>	<input checked="" type="radio"/>		Computer services	47,726			16	M11
Paycom	Oklahoma City, OK 73142	<input type="radio"/>	<input checked="" type="radio"/>		Payroll processing	34,532			16	M11
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish removal	36,698			22	6f
Sullivan Lawn Service	8 Piney Branch Road, Ivorytown, CT	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	68,495			22	6f
Controlled Air	21 Thompson Rd, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	113,237			22	6a
Heritage Health Care Services	1009 Reservoir Ave., Cranston, RI 02910	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping and Laundry	525,202			19,20	3b,4b
		<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"/>							

* 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			Page	of
Gladeview Health Care Center, LLC	2024C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 96,899	96,899				
b. Heat	\$ 32,563	32,563				
c. Light & Power	\$ 132,726	132,726				
d. Water	\$ 55,847	55,847				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 16,179	16,179				
f. Other (<i>itemize</i>)	\$ 113,205	113,205				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 447,419	447,419				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 12,082	12,082				
d. Movable Equipment	\$ 33,854	33,854				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 45,936	45,936				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 10,202	10,202				
c. Leasehold Improvements	\$ 18,773	18,773				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 28,975	28,975				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,222,496	1,222,496				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 4,449	4,449				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,301,856	1,301,856				

* 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	Other
Maintenance supplies	\$ 29,658		
Groundskeeping	\$ 55,423		
Rubbish removal	\$ 28,124		
Total Other Repairs and Maintenance	\$ 113,205	\$ -	\$ -

Depreciation Schedule

Name of Facility Gladeview Health Care Center, LLC		License No. 2024C		Report for Year Ended 9/30/2018				Page 23	of 37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		0	0	0	0	0	0	0					
2. Disposals (attach schedule)		0	0	0	0	0	0	0					
3. Acquired during this report period (attach schedule)		0	0	0	0	0	0	0					
A-4. Subtotal									0				
B. Building and Building Improvements													
1. Acquired prior to this report period		0	0	0	0	0	0	0					
2. Disposals (attach schedule)		0	0	0	0	0	0	0					
3. Acquired during this report period (attach schedule)		0	0	0	0	0	0	0					
B-4. Subtotal									0				
C. Non-Movable Equipment													
1. Acquired prior to this report period		237,802	0	237,802	179,342	0	0	12,082					
2. Disposals (attach schedule)		0	0	0	0	0	0	0					
3. Acquired during this report period (attach schedule)		0	0	0	0	0	0	0					
C-4. Subtotal									12,082				
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.	0	0	0	0	0	0	0	0	0	0	0	0	
b.	0	0	0	0	0	0	0	0	0	0	0	0	
c.	0	0	0	0	0	0	0	0	0	0	0	0	
d.	0	0	0	0	0	0	0	0	0	0	0	0	
2. Movable Equipment													
a.	Acquired prior to this report period			9	2017	610,238	0	610,238	483,839	SL	Var	27,596	
b.	Disposals (attach schedule)			0	0	(63,013)	0	0	(63,013)	0	0	0	
c.	Acquired during this report period (attach schedule)			0	0	89,113	0	0	0	0	0	6,258	
D-3. Subtotal												33,854	
E. Total Depreciation													45,936

Gladeview Health Care Center, LLC
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/21/2018	Computer	\$ 532	3	\$ 88
1/22/2018	Exercise bike	\$ 14,404	5	\$ 1,440
2/9/2018	Reclining Wheelchair	\$ 1,867	5	\$ 187
6/25/2018	Network access points	\$ 3,403	5	\$ 340
5/31/2018	Portable air conditioners	\$ 4,049	5	\$ 405
9/21/2018	Tray System	\$ 1,769	10	\$ 88
1/19/2018	Therapy equipment	\$ 17,907	8	\$ 1,119
1/4/2018	Therapy equipment	\$ 29,859	8	\$ 1,866
8/17/2018	Steam Tables/Buffer shelf	\$ 6,277	10	\$ 314
9/28/2018	Heated dish dispenser	\$ 3,946	10	\$ 197
9/4/2018	Electric beds	\$ 5,100	12	\$ 213
Total additions for Movable Equipmen		\$ 89,113		\$ 6,258 *
Deletions:				
9/30/2018	Therapy equipment	\$ (9,306)		
9/30/2018	Televisions	\$ (4,273)		
9/30/2018	Electric beds	\$ (2,479)		
9/30/2018	Diswasher	\$ (979)		
9/30/2018	Computers	\$ (39,150)		
9/30/2018	Mattress	\$ (903)		
9/30/2018	Other	\$ (5,923)		
Total deletions for Movable Equipmen		\$ (63,013)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/10/2018	Metal frame door	\$ 1,980	10	\$ 99
8/16/2018	Visu-temp shower	\$ 1,671	10	\$ 84
Total additions for Leasehold Improvermen		\$ 3,651		\$ 183 *
Deletions:				
Total deletions for Leasehold Improvermen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Gladeview Health Care Center, LLC			2024C		9/30/2018			24	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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Mortgage cost	12	2011	10	269,173	258,661	SL		10,202	
2.									
3.									
B-4. Subtotal									10,202
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2017		922,987	826,586			18,590	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				3,651				183	
C-4. Subtotal									18,773
D. Total Amortization									28,975

* 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 Gladeview Health Care Center, LLC	License No. 2024C	Report for Year Ended 9/30/2018	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*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.					
Description		Total			
1. Date Land Purchased		01/01/85			
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		11/20/87			
5. Total Licensed Bed Capacity		132			
6. Square Footage					
7. Acquisition Cost					
a. Land		450,000			
b. Building		7,222,138			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed			
b. Date Mortgage Obtained		12/27/14			
c. Interest Rate for the Cost Year		3.72%			
d. Term of Mortgage (number of years)		30			
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of 9/30/18		9,141,825			
Complete if Mortgage was Refinanced During Current Cost Year					
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					
Part C - Arms-Length Leases for Real Property Improvements Only					
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			Page	of
Gladeview Health Care Center, LLC		2024C	9/30/2018			26	37
Item			Total	CCNH	RHNS	Other	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
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)			\$				

(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
Gladeview Health Care Center, LLC	2024C	9/30/2018	27	37
Item	Total	CCNH	RHNS	Other
Subtotals Brought Forward:				
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)	\$	1,375	1,375	
Other				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	1,375	1,375	
14. Insurance				
a. Insurance on Property (buildings only)	\$	11,704	11,704	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	11,704	11,704	
15. Total All Expenditures (A-13 thru C-14)	\$	12,697,856	12,697,856	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Gladeview Health Care Center, LLC				2024C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 161,647	161,647		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 45,295	45,295		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a5	Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 120,000	120,000		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 4,467	4,467		
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$ 7,534	7,534		
14.	16	L3	Gifts, flowers and coffee shops	\$ 12,135	12,135		
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.	16	M2&	Automobile Expense (e.g. personal use)	\$ 14,315	14,315		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 365,393	365,393		

* 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.

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

Name of Facility				License No.	Report for Year Ended	Page	of
Gladeview Health Care Center, LLC				2024C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 365,393	365,393		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 275,058	275,058		
28.	20	5d	Ambulance/Limousine	\$ 33,766	33,766		
29.	20	5f	X-rays, etc	\$ 8,693	8,693		
30.	20	5h	Laboratory	\$ 32,515	32,515		
31.	20	5c	Medical Supplies	\$ 8,927	8,927		
32.	20	5e2	Oxygen (non emergency)	\$ 41,206	41,206		
33.	20	5j	Occupational Therapy	\$ 8,495	8,495		
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
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	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 56,965	56,965		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 831,018	831,018		

*** 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.

Gladeview Health Care Center, LLC
 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5j	Cable TV	\$ 30,755		
30	IV8	Misc income	\$ 26,210		
Total Other Adjustments			\$ 56,965	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Gladeview Health Care Center, LLC	2024C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,441,659	11,441,659				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,191,649)	(4,191,649)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,538,392	1,538,392				
b. Medicare Room and Board Contractual Allowance **	\$ 254,455	254,455				
4. a. Private-Pay Residents and Other	\$ 3,823,316	3,823,316				
b. Private-Pay Room and Board Contractual Allowance **	\$ (219,008)	(219,008)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 156,403	156,403				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (129,742)	(129,742)				
c. Prescription Drugs - Non-Medicare	\$ 133,691	133,691				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (133,691)	(133,691)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 422,488	422,488				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (371,876)	(371,876)				
c. Physical Therapy - Non-Medicare	\$ 192,294	192,294				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (192,294)	(192,294)				
4. a. Speech Therapy - Medicare	\$ 159,324	159,324				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (135,204)	(135,204)				
c. Speech Therapy - Non-Medicare	\$ 50,036	50,036				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (50,036)	(50,036)				
5. a. Occupational Therapy - Medicare	\$ 457,053	457,053				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (412,867)	(412,867)				
c. Occupational Therapy - Non-Medicare	\$ 197,909	197,909				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (197,909)	(197,909)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,792,744	12,792,744				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 42	42				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 26,211	26,211				
V. Total Other Revenue (1 thru 8)	\$ 26,253	26,253				
VI. Total All Revenue (III +V)	\$ 12,818,997	12,818,997				

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Gladeview Health Care Center, LLC	2024C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	409,293
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,560,477
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	155,130
4. Inventories			\$	24,951
5. Prepaid Expenses			\$	88,118
a. Insurance	46,019			
b. Taxes	39,563			
c. Other	2,536			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,237,969
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>926,638</u>		\$	81,279
	Accum. Depreciation <u>845,359</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>237,802</u>		\$	46,378
	Accum. Depreciation <u>191,424</u>	Net		
6. Movable Equipment	*Historical Cost <u>636,338</u>		\$	181,658
	Accum. Depreciation <u>454,680</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	309,315

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Gladeview Health Care Center, LLC	2024C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,547,284
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			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)			\$	37,271
Deferred financing fee				37,271

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	37,271
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,584,555

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Gladeview Health Care Center, LLC		License No. 2024C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	552,506
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	392,112
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	9,626
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>)				\$	225,110
Accounting		15,100	Other	42	
Refunds		2,564			
Provider fee		207,404	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,179,354

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Gladeview Health Care Center, LLC	License No. 2024C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				1,179,354
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,179,354

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

Name of Facility	License No.	Report for Year Ended	Page	of
Gladeview Health Care Center, LLC	2024C	9/30/2018	35	37
Account			Amount	
A. Reserves				
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. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,283,060
6. Gain or Loss for Period			\$	121,141
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	1,405,201
C. Total Reserves and Net Worth			\$	1,405,201
D. Total Liabilities, Reserves, and Net Worth			\$	2,584,555

I. Preparer's/Reviewer's Certification

Name of Facility Gladeview Health Care Center, LLC	License No. 2024C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>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.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Gladeview Health Care Center				
Address Address			Phone Number	
60 Boston Post Road, Old Saybrook, CT 06475			860-388-6696	
Annual Report Contact			Phone Number	
Jason Moore			860-388-6696	
Annual Report Contact Email Address				
jmoore@gladeviewcares.com				