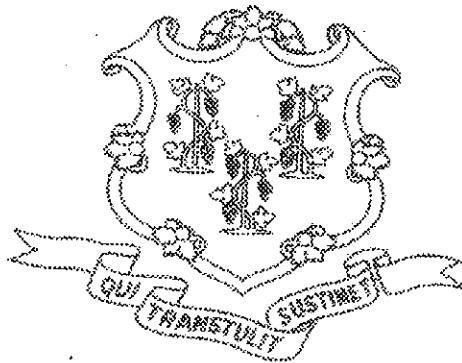


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) SecureCare Options, LLC	
Address (No. & Street, City, State, Zip Code) 60 West Street Rocky Hill CT	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2389	RHNS	(Specify)	Medicare Provider 07-5264
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH	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) SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	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 SecureCare Options, LLC [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) Jessica Dering			Printed Name (Owner)	
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 SecureCare Options, LLC	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 60 West Street Rocky Hill CT				
Report Prepared By PKF O'Connor Davies, LLP	Phone Number 860-257-1875	Date 2/10/2020		
Item	Total	CCNH	RHNS	(Specify)
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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

**General Information and Questionnaire
Partners/Members**

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2019	3 37
Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered	
SecureCare Options, LLC	60 West Street Rocky Hill	CT	
Name of Partners/Members	Business Address	Title	% Owned
Rocky Associates	245 South Benton St STE 100, Lakewood, CO 80226	Member	31.66
UTG Investments, LLC	2500 17th St, STE 201 Denver CO 802211	Member	31.66
LTC Associates, LLC	245 South Benton St STE 100, Lakewood, CO 80226	Member	31.66
Vantage Capital, LLC	c/o iCare, 341 Bidwell St Manchester CT 06040	Member	5.02

General Information and Questionnaire Corporate Owners

General Information and Questionnaire

Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2019	3B	37

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

Owner(s) of Facility

Name of Facility _____

Name of Facility	License No.	Report for Year Ended	Page	of
Secure Care Center, LLC	██████████	9/30/2019	4	37
Name of Related Individual or Company	Business Address	Description of Goods/Services Provided	Page # / Line #	Actual Cost to the Related Party
	Also Provides Goods/Services to Non-Related Parties	Indicate Where Costs are Included in Annual Report	Cost Reported	Actual Cost to the Related Party
Bidwell Care Center, LLC	333 Bidwell St., Manchester, CT 06040	Shared Employees	(13,924)	13,924
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105	Shared Employees	(19,160)	19,160
Chestnut Point Care Center, LLC	177 Main St. East Windsor, CT 06088	Shared Employees	(11,207)	11,207
Farmington Care Center, LLC	20 Scott Swango Rd. Farmington, CT 06032	Shared Employees	(14,132)	14,132
Geffe Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088	Shared Employees	(4,275)	4,275
Weslodge Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450	Shared Employees	(2,879)	2,879
Family Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106	Shared Employees	(30,419)	30,419
Alestage Care Center, LLC	349 Bidwell St. Manchester, CT 06040	Shared Employees	(10,440)	10,440
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002	Shared Employees	(2,884)	2,884
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06057	Shared Employees	-	-
Universal Healthcare Holdings, LLC	5 Greenwood Street, Hartford, CT 06106	Shared Employees	(23,096)	23,096
Touchpoints at Homecare, LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06057	Shared Employees	-	-
Elevate Counseling Services LLC	341 Bidwell St. Manchester, CT 06030	Shared Employees	-	-
Touchpoints Therapy LLC	341 Bidwell St. Manchester, CT 06040	OPT/ST Building Lease & Rent	13,581.00 22,222.27 10,914	179,285 351,645 (171,285) (351,645)
Care Management, LLC	341 Bidwell St. Manchester, CT 06040	iCare Help-Legal, Postage, Emp Recruitment & Marketing	16,15 M.E	19,824 (19,824)
Care Health Management, LLC	341 Bidwell St. Manchester, CT 06040	Shared EEs not part of main agmt Management Services, Direct Management Services, Indirect Management Services, Administrative	20,51 20,51 16,112	163,746 (163,746) 166,286 (166,286) 23,308 (23,308) 294,887 (294,887)

Share Options 401(k) Pension Auto Insurance Benefits Company

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility SecureCare Options, LLC	License No. 2389	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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "No," explain fully why such allocation was not made.
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.			
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.			

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.

IS A MESSAGE FROM WALLACE FOR ALL LEADERS !

** 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 SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	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 1 2 PKF O'Connor, Davies LLP 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Rd. Wethersfield CT
---	---

Services Provided by This Firm (*describe fully*)

1	\$
2 Taxes, financial statements, accounting support	\$ 10,994
3	\$
4	\$
	Charge for Services Provided
	\$ 10,994

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

Yes No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 #REF! 3 #REF! 4 American Arbitration, Kainen, Escalera, McKale 5 State Marshall and Treasurer State of CT	Telephone Number 860-570-2140
---	----------------------------------

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

1 341 Bidwell St. Manchester CT
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Lease and contract issues, general legal advice, labor law	\$ 17,410
2	\$
3	\$
4 Employment Arbitrations (\$650), General Consultation (\$114)	\$ 764
5 Conservatorships (see pg 28)	\$ 293
	Charge for Services Provided
	\$ 18,467

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

Yes No 15e

Schedule of Resident Statistics

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019						Page 8	Page of 37
		Period 10/1 Thru 6/30			Period 7/1 Thru 9/30				
Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total CCNH	RHNS (Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	95	95		95	95		95	95	
B. On last day of THIS report period	95	95		95	95		95	95	
2. Number of Residents									
A. As of midnight of PREVIOUS report period	87	87		87	87		93	93	
B. As of midnight of THIS report period	90	90		93	93		90	90	
3. Total Number of Days Care Provided During Period									
A. Medicare	790	790		689	689		101	101	
B. Medicaid (Conn.)	30,977	30,977		22,822	22,822		8,155	8,155	
C. Medicaid (other states)									
D. Private Pay	210	210		210	210				
E. State SSI for RCH									
F. Other (Specify)	730	730		546	546		184	184	
G. Total Care Days During Period (3A thru F)	32,707	32,707		24,267	24,267		8,440	8,440	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days									
B. Other Bed Reserve Days									
5. Total Resident Days (3G + 4A + 4B)	32,707	32,707		24,267	24,267		8,440	8,440	

Schedule of Resident Statistics (Cont'd)

Name of Facility SecureCare Options, LLC	License No. 2389	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)
	(1)	(2)	(3)	(1)	(2)	(3)
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	1	89						
Per Diem Rate								
a. One bed rm.		400.00		607.00				
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Physical Therapy Treatments**

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Speech Therapy Treatments**

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

D. **Total Occupational Therapy Treatments**

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Item	CCNH	Hours	RHNS	Hours	(Specify) 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)	159,986	2,086			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	60,561	2,046			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers					
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	89,414	2,384			
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	278,406	4,354			
b. RN					
1. Direct Care	591,519	13,280			
2. Administrative**	568,974	13,950			
c. LPN					
1. Direct Care	1,039,051	32,871			
2. Administrative**					
d. Aides and Attendants	2,111,990	107,545			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	244,701	9,032			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	448,331	14,687			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	150,208	6,776			
<i>A-13. Total Salary Expenditures</i>	<i>5,743,141</i>	<i>209,011</i>			

* 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)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ (4,617)	(306)				
Admissions Contracted Serv	\$ 31,741	665				
Central Supply Contracted Serv.	\$ (30,971)	(899)				
Respiratory Therapy	\$ 1,313					
Nursing Contracted Service IC	\$ (70,763)	(1,710)				
Total	\$ (73,297)	(2,250)	\$ -	-	\$ -	-

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

* 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***

*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 SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019		Page 13	of 37
Item	Total Cost and Hours				
	CCNH	Hours	RHNS	Hours	(Specify)
*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					
3. Pharmacist	16,689	222			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	70,181	1,344			
b. Other					
6. Social Worker	29,190	428			
7. Recreation Worker	21,919	35			
8. Physicians					
a. Medical Director (entire facility)	69,700	245			
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) Physician Care Contract Services	26,476	104			
9. Speech Therapist					
a. Resident Care	24,321	466			
b. Other					
10. Occupational Therapist					
a. Resident Care	25,838	495			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	33,980	410			
2. Administrative***					
b. LPN					
1. Direct Care	39,077	847			
2. Administrative***					
c. Aides	243	10			
d. Other					
12. Other (Specify) See Attached Schedule	(73,297)	(2,250)			
B-13 Total Fees Paid in Lieu of Salaries	284,317	2,356			

* 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*

* 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
SecureCare Options, LLC	2389	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 158,018	158,018		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 499,426	499,426		
5. Health Insurance	\$ 751,303	751,303		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 176,375	176,375		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$ 20,867	20,867		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 72	72		
d. Accounting and Auditing	\$ 10,994	10,994		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 18,467	18,467		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 48,468	48,468		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 37,171	37,171		
2. Cellular Phones	\$ 3,010	3,010		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
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	\$ 687,501	687,501		
Subtotal	\$ 2,411,922	2,411,922		

* 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

Description	CCNH	RHNS	(Specify)
Union Training	\$ 20,867		
Total	\$ 20,867	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		2,411,922	2,411,922		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	895	895		
3. Gifts to Staff and Residents	\$	1,109	1,109		
4. Employee Travel	\$	10,610	10,610		
5. Education Expenses Related to Seminars and Conventions	\$	7,643	7,643		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$	469	469		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	24,871	24,871		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	5,051	5,051		
4. Fund-Raising***	\$				
5. Medical Records	\$	740	740		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	2,086	2,086		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	6,483	6,483		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	210	210		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	137,780	137,780		
12. Administrative Management Services**	\$	294,887	294,887		
13. Other (<i>Specify</i>) See Attached Schedule	\$	133,196	133,196		
C-14 Total Administrative & General Expenditures	\$	3,037,952	3,037,952		

* 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)
Meals	\$ 469		
Total Other Travel and Entertainment	\$ 469	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Communications Special Events	\$ 5,051		
Total Other Advertising	\$ 5,051	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 6,323		
Other Dues	\$ 160		
Total Dues	\$ 6,483	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 210		
Total Contributions	\$ 210	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Relations	\$ 3,874		
Employee Relations	\$ 774		
Permits and Licenses	\$ 1,750		
Bank Fees	\$ 304		
Late Fees (see pg 28a)	\$ 29		
Insurance Deductible/Claims	\$ 7		
Admin Intercompany	\$ 37,204		
Administrative Contracted Service Labor	\$ 89,254		
Total Other Administrative and General	\$ 133,196	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	Page 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 #
iCare Management, LLC/iCare Health Management, LLC	294,887	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	166,286	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	23,308	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

* 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 SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019		Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 19,349	19,349			
2. Non-Food Supplies	\$				
3. Other (Specify) _____ Supplies, Minor equipm Maint.	\$ 18,636	18,636			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,272,720	1,272,720			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 1,310,705	1,310,705			
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 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 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) <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 SecureCare Options, LLC	License No. 2389	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. \$	973	973		
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>	\$	267,246	267,246		
c. Other (Specify) Supplies	\$	6,299	6,299		
3D. Total Laundry Expenditures (3a + b + c)	\$	274,518	274,518		
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 SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 28,955	28,955		
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.	\$ 237,305	237,305		
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	266,260	266,260		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	90,490	90,490		
b. Medicine Cabinet Drugs	\$	9,282	9,282		
c. Medical and Therapeutic Supplies	\$	120,241	120,241		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	4,461	4,461		
f. X-rays and Related Radiological Procedures***	\$	2,397	2,397		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	9,578	9,578		
i. Recreation	\$	8,463	8,463		
j. Direct Management Services*	\$	166,286	166,286		
k. Indirect Management Services*	\$	23,308	23,308		
l. Other (Specify)**** See Attached Schedule	\$	91,999	91,999		
5M. Total Resident Care Expenditures (5a - 5j)	\$	526,505	526,505		

* 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	(Specify)
Nursing Admin Supplies	\$ 678		
Nursing Minor Equipment	\$ 16,121		
Central Supplies	\$ 6,488		
Non Covered Doc	\$ 11,256		
Med Supplies Billable	\$ 8,584		
Vaccines Residents	\$ 253	\$ -	
Patient Special Needs	\$ 4,914		
IV Supplies	\$ 1,505		
Pen Therapy Supplies	\$ 7,405		
Medical Courier Service for Special Prescriptions	\$ 2,828		
Equip Rental	\$ 24,200		
Cable TV	\$ 7,767		
Total Other Resident Care	\$ 91,999	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended			Page of 21 37				
		9/30/2019							
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
SecureCare Options, LLC		Yes	No						
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	○	○	VENDOR	Housekeeping Services	237,305			20 4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	○	○	VENDOR	Laundry Services	267,246			19 3b
Eagle Elevator		○	○	VENDOR	Elevator Contract	744			22 6F
Bioserve, Inc.		○	○	VENDOR	Medical Waste	1,110			22 6F
Plummer All Season Landscaping		○	○	VENDOR	Snow Removal/Landscaping	25,864			22 6F
All Waste Inc		○	○	VENDOR	Trash removal	17,159			22 6F
American Health Tech	P.O. Box 9001006, Louisville, KY 40290	○	○	VENDOR	Software Maintenance Contract	10,448			16 M11
Automatic Data Processing		○	○	VENDOR	Payroll Services	43,531			16 M11
National Datacare Corp		○	○	VENDOR	Resident Trust Software	2,722			16 M11
Prime Care Technology services		○	○	VENDOR	Computer Consulting Services	51,871			16 M11
Priority Express		○	○	VENDOR	Courier Services	1,999			16 M11
Point Right Inc		○	○	VENDOR	Nursing Software Services				16 M11
US Security Inc		○	○	VENDOR	Security Contract Services	183,818			22 6F
Health Services Group		○	○	VENDOR	Dietary/Raw Food	1,276,331			18 a, b
Total Cost/Page Ref.***									

* 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 SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	64,808	64,808			
b. Heat	\$	34,189	34,189			
c. Light & Power	\$	80,114	80,114			
d. Water	\$	56,782	56,782			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	11,660	11,660			
f. Other (<i>itemize</i>)	\$	270,892	270,892			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	518,445	518,445			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	112,326	112,326			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	112,326	112,326			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	84,061	84,061			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	84,061	84,061			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	351,645	351,645			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	185,849	185,849			
c. Personal property taxes	\$	11,993	11,993			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	745,874	745,874			

* 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)
Elevator Service	\$ 744		
Fire Sprinkler	\$ 11,367		
Landscaping	\$ 13,964		
Medical Waste Removal	\$ 1,110		
Snow Removal	\$ 11,901		
Trash Removal	\$ 17,159		
Security Service	\$ 183,818		
Plant Contract	\$ 15,123		
Rent minor equipment	\$ 8,531		
	\$ 7,175		
Total Other Repairs and Maintenance	\$ 270,892	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended		Page	
SecureCare Options, LLC		2389		9/30/2019		23	
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
A. Land Improvements							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
A-4. Subtotal							
B. Building and Building Improvements							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
B-4. Subtotal							
C. Non-Movable Equipment							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
C-4. Subtotal							
	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
	Yes	No	Month	Year			
D. Movable Equipment							
1. Motor Vehicles (Specify name, model and year of each vehicle)							
a.							
b.							
c.							
d.							
2. Movable Equipment							
a. Acquired prior to this report period							
b. Disposals (attach schedule)							
c. Acquired during this report period (attach schedule)							
D-3. Subtotal							
E. Total Depreciation							

Schedule of Land Improvements Acquired during this report period

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

*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 Improvements		\$ -	\$ -	*
Deletions:				
Total deletions for Building Improvements		\$ -	\$ -	*

*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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2017	Replace Hot Water Boards: Saucier Mechanical	\$ 92,900	120	\$ 24,773
2/20/2017	Repair Driveway & Parking Lot: Multiple Vendors	\$ 30,523	96	\$ 9,856
4/4/2017	Install VOIP System: Comtech 21	\$ 17,592	120	\$ 4,251
8/4/2019	Vinyl Flooring: ACI Flooring & Facility Compliance	\$ 176,701	120	\$ 1,473
4/16/2019	Vinyl Flooring: ACI Flooring	\$ 5,972	120	\$ 249
12/7/2016	Concrete Patio & Walls: Plummer All Season Landscaping	\$ 62,312	180	\$ 11,424
4/16/2019	Replace Burner Tube: Saucier Mechanical	\$ 3,165	180	\$ 88
8/15/2019	Repair Piping: Direct Supply	\$ 8,692	300	\$ 29
Total additions for Leasehold Improvement		\$ 397,857		\$ 52,143 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - *

*Ties to Page 24, Line C3

****Ties to Page 24, Line C2**

Amortization Schedule*

Name of Facility SecureCare Options, LLC		License No. 2389		Report for Year Ended 9/30/2019		Report for Year Ended 9/30/2019		Page 24		Page of 37	
Item	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate % for This Year	Amortization for This Year	Totals			
								Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate % for This Year	Amortization for This Year
A. Organization Expense											
1. Organization Expense - Start-up Cos			5	870,024	870,024						
2. Organization Expense - Start-up Cos			5	4,271	4,271						
3. Organization Expense - Start-up Cos				(9,555)	(9,555)						
A-4. Subtotal											
B. Mortgage Expense											
1.											
2.											
3.											
B-4. Subtotal											
C. Leasehold Improvements and Other											
1. Acquired prior to this report period				520,268	291,209						
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)				397,857							
C-4. Subtotal											
D. Total Amortization											

* 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

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	\$					
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 SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
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)		\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)		\$ 17,772	17,772			
b. Insurance on Automobiles		\$ 65,061	65,061			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$ 3,795	3,795			
Other Ins, Crime						
14d. Total Insurance Expenditures (14a + b + c)		\$ 86,628	86,628			
15. Total All Expenditures (A-13 thru C-14)		\$ 12,794,345	12,794,345			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		2389	9/30/2019	28 37
			Item Description	Total Amount of Decrease	CCNH	RHNS
						(Specify)
Page 10 - Salaries and Wages						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$		
Page 13 - Professional Fees						
5.			Resident Care Physicians **	\$		
6.			Occupational Therapy	\$		
7.			Other - See attached Schedule	\$		
Pages 15 & 16 - Administrative and General						
8.			Discriminatory Benefits	\$		
9.	15	1c	Bad Debts	\$ 72	72	
10.			Accounting	\$		
10a.			Legal	\$ 293	293	
11.			Telephone	\$		
12.			Cellular Telephone	\$		
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	m3	Unallowable Advertising *	\$ 5,051	5,051	
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$		
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ 29	29	
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)			\$ 5,445	\$ 5,445		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16a		Late Fees	\$ 29		
Total Other A&G Adjustments			\$ 29	\$ -	\$ -

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

Name of Facility SecureCare Options, LLC				License No. 2389	Report for Year Ended 9/30/2019		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
Subtotals Brought Forward				\$ 5,445	5,445			
Page 20 - Resident Care Supplies***								
27.			Prescription Drugs	\$				
28.			Ambulance/Limousine	\$				
29.	20	5f	X-rays, etc	\$ 2,397	2,397			
30.	20	5h	Laboratory	\$ 9,578	9,578			
31.			Medical Supplies	\$				
32.			Oxygen (non emergency)	\$				
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 11,255	11,255			
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.			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	\$				
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)			\$ 28,675	28,675			

*** 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

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)

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

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

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

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)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 12,945,835	12,945,835				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 286,066	286,066				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,209,008	1,209,008				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,456,812)	(1,456,812)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 26,160	26,160				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 81,587	81,587				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 24	24				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 397	397				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 57,755	57,755				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 57,838	57,838				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 23,974	23,974				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 21,210	21,210				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 47,377	47,377				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 47,770	47,770				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ (81,599)	(81,599)				
b. Other (Specify) - Non-Medicare	\$ (134,373)	(134,373)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,132,217	13,132,217				
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 (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 148,607	148,607				
V. Total Other Revenue (1 thru 8)	\$ 148,607	148,607				
VI. Total All Revenue (III+V)	\$ 13,280,824	13,280,824				

* 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)
	Lab	\$ 4,403		
	Oxygen	\$ 52		
	Equipment	\$ 620		
	Radiology	\$ 2,285		
	IV Therapy	\$ 50		
	Contractual Allowance	\$ (89,009)		
	Total Other Resident Revenue - Medicare	\$ (81,599)	\$	\$

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

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	\$ 2,879		
	Oxygen	\$ 775		
	Equipment	\$ 19,252		
	Radiology	\$ 446		
	IV Therapy	\$ 3,195		
	Optum	\$ 69,569		
	Med Trans	\$ 8,208		
	DHMAS Reve	\$ 7,597		
	CA Ancillary	\$ (204,814)		
	CA Optum	\$ (40,827)		
	CA VBP	\$ (653)		
	Total Other Resident Revenue	\$ (134,373)	\$	\$

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Total Interest Income	\$ -	\$	\$	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Income	\$ 2,491		
	DHMAS Organization Revenue	\$ 146,406		
	Prior Yr Adjustment	\$ (290)		
	Total Other Revenue	\$ 148,607	\$	\$

G. Balance Sheet

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 2,427,998	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,113,141	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (49,214)	
4. Inventories			\$ 8,896	
5. Prepaid Expenses			\$ 179,902	
a. Prepaid Taxes	44,906			
b. Prepaid Insurance	130,623			
c. Prepaid other	4,373			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ (3,034,509)	
Due From (To) Related Parties	112,761			
Other Owners Reserves	(3,147,270)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 646,214	
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	918,125	\$	542,855
	Accum. Depreciation	375,270	Net	
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
6. Movable Equipment	*Historical Cost	780,154	\$	287,743
	Accum. Depreciation	492,411	Net	
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	64,705
Construction in Progress		64,705		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	895,303

* 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 SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,541,517
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 864,740	Accum. Depreciation 864,740	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	40,269
Patient Trust Funds		40,269		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	40,269
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,581,786

* 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 SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	Page 33	of 37										
Account				Amount										
Liabilities														
A. Current Liabilities														
1. Trade Accounts Payable				\$ 182,561										
2. Notes Payable (<i>itemize</i>)				\$										
See Schedule														
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name of Lender</th> <th style="text-align: left; padding: 2px;">Purpose</th> <th style="text-align: left; padding: 2px;">Amount</th> <th style="text-align: left; padding: 2px;">Date Due</th> <th style="text-align: left; padding: 2px;"></th> </tr> </thead> <tbody> <tr><td style="height: 150px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>					Name of Lender	Purpose	Amount	Date Due						
Name of Lender	Purpose	Amount	Date Due											
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 198,682										
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>)				\$ 1,072,075										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 30%;">Related Party Payables</td><td style="width: 70%; text-align: right;">69,027</td></tr> <tr><td>Accrued Expense</td><td style="text-align: right;">936,932</td></tr> <tr><td>Accrued Resident User Fees</td><td style="text-align: right;">(652)</td></tr> <tr><td>Accrued Workers Comp Expense</td><td style="text-align: right;">66,768 See Schedule</td></tr> </tbody> </table>				Related Party Payables	69,027	Accrued Expense	936,932	Accrued Resident User Fees	(652)	Accrued Workers Comp Expense	66,768 See Schedule			
Related Party Payables	69,027													
Accrued Expense	936,932													
Accrued Resident User Fees	(652)													
Accrued Workers Comp Expense	66,768 See Schedule													
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 1,453,318										

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				1,453,318
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>)				\$ 40,269
Patient Trust Funda	40,269			
See Schedule				
B-5. <i>Total Long-Term Liabilities</i> (Lines B1 thru 4)				\$ 40,269
C. <i>Total All Liabilities</i> (Lines A-13 + B-5)				\$ 1,493,587

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

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	Page 35	of 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			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(378,492)
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ 486,479
7. Total Net Worth			\$	112,987
C. Total Reserves and Net Worth			\$	112,987
D. Total Liabilities, Reserves, and Net Worth			\$	1,606,574

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
SecureCare Options, LLC	2389	9/30/2019	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 13,280,824		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 12,794,345		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 486,479		
D. Net Income or Deficit				\$ 486,479		
E. Balance				\$ 486,479		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
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				\$		
H. Balance at End of Period				\$ 486,479		

I. Preparer's/Reviewer's Certification

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2019	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 type="checkbox"/> (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	Date Signed
Printed Name of Preparer PKF O'Connor Davies LLP		
Address 100 Great Meadow Rd, Wethersfield CT		Phone Number 860-257-1875
Contacted Person Regarding Additional Information Needed Regarding This Report Kartik Patel		Phone Number 860-570-2140
Contact Email Address		