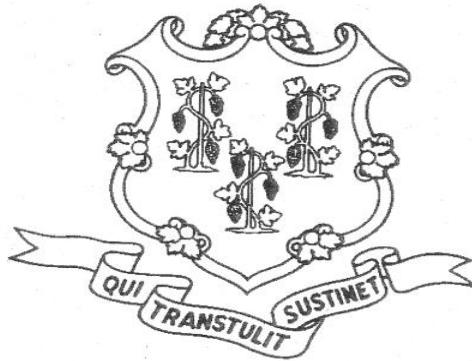


State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2022

Name of Facility (as licensed) The Reservoir Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 1 Emily Way, West Hartford, CT 06107	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2203-C	RHNS	(Specify)	Medicare Provider 07-5407
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 21668	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) The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022	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 The Reservoir Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Altius,Christal Mala		Printed Name (Owner) Diane Morris - VP Reimbursement	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Reservoir Care and Rehabilitation Center	Period Covered:		From 10/1/2021	To 9/30/2022
Address of Facility 1 Emily Way, West Hartford, CT 06107				
Report Prepared By Rick Fink	Phone Number 410-494-7657	Date 12/28/2022		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,075,057	3,075,057	
5. All other wages paid	\$	550,377	550,377	
6. Total Wages Paid	\$	3,625,434	3,625,434	
7. Total salaries paid	\$	269,715	269,715	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	3,895,149	3,895,149	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-561-7022	9/30/2022	2	37

Name of Facility (as shown on license) The Reservoir Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 1 Emily Way, West Hartford, CT 06107		
License Numbers: CCNH 2203-C	CCNH 2203-C	RHNS	(Specify)	Medicare Provider No. 07-5407
Type of Facility (Check appropriate box(es)) <input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 Altius,Christal Mala	Nursing Home Administrator's License No.: 2143
---	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:

General Information and Questionnaire

Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022	Page 3A	of 37
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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	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			
Names of Stockholders Owning at Least 10% of Shares			
See Attached			

General Information and Questionnaire

Individual Proprietorship

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

HARBORSIDE CONNECTICUT LIMITED PARTNERSHIP
Chain of Ownership for The Reservoir

Harborside Health I LLC 101 East State Street Kennett Square PA 19348 FEIN: 51-0304578	General Partner of: Harborside Connecticut LP
Harborside Healthcare Advisors, LP 101 East State Street Kennett Square PA 19348 FEIN: 04-2985690	100% Member of Harborside Health I, LLC
Harborside Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 04-3307188	99% Partner of: Harborside Healthcare Advisors, LP
KHI, LLC* 101 East State Street Kennett Square PA 19348	1% Partner of Harborside Healthcare LLC
SunBridge Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 85-0370802	100% Member of Harborside Healthcare LLC
Genesis Holdings LLC. 101 East State Street Kennett Square PA 19348 FEIN 30-0843337	100% Member of SunBridge Healthcare LLC
Genesis HealthCare LLC 101 East State Street Kennett Square PA 19348 FEIN: 27-3237296	100% Member of Genesis Holdings LLC

Genesis HealthCare LLC

EIN: 27-3237296
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090
101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, L

FC-GEN Operations Investment, LLC

EIN: 27-3237005
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 64.0%)
Sundance Rehabilitation Holdco, Inc. (5.2%)

Other members (30.8%) who hold rights to income and losses but no rights as to control:

- Members that are disclosed herein as owners of Genesis Healthcare, Inc. (designated with an *); and
- Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the OTC Market)
(f/k/a Skilled Healthcare Group, Inc.)
EIN: 20-3934755
101 East State Street
Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC* (approximately 11.0%)

ZAC Properties XI, LLC* (approximately 7.6%)
Welltower, Inc. (approximately 5.6%)
Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579
1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103

Ownership

[Steven E. Fishman](#)^[2]

1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103
Other members that do not trigger 5% ownership test

Welltower Inc.

EIN: 34-1096634
4500 Dorr Street
Toledo, OH 43615

Ownership

(publicly traded company on the New York Stock Exchange) _____

[\[1\]](#) HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be

[\[2\]](#) ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishma

General Information and Questionnaire

Related Parties*

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022	Page 4	of 37				
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No			If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No			If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	#VALUE!	#VALUE!
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	636,974	636,974
	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>					
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 15	458,181	451,896
Respiratory Health Services NCRHS C	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	1,418	1,418
Insurance Program Insur_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	18,957	18,957
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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.)

Yes 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 Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

* 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 The Reservoir Care and Rehabilitation	License No. 2203-C	Report for Year Ended 9/30/2022	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 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

1 Year end financial audit 2 3 4	\$ \$ \$ \$
	Charge for Services Provided \$

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

Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Woods LLC 2 Mark J. Witkin 3 4 5	Telephone Number 203-899-8900 617-367-2500
---	--

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

1 200 Connecticut Ave Norwalk, CT 06854
2 One Boston Place -37th Floor Boston, MA 02108
3
4
5

Services Provided by This Firm (*describe fully*)

1 Property Ownership search 2 Saving the R.E Taxes Assetsment Reduction 3 4 5	\$ \$ \$ \$
	Charge for Services Provided \$

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

Yes No

Schedule of Resident Statistics

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C			Report for Year Ended 9/30/2022				Page 8 of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					75	75						
A. On last day of PREVIOUS report period	75	75										
B. On last day of THIS report period	75	75							75	75		
2. Number of Residents					59	59						
A. As of midnight of PREVIOUS report period	59	59										
B. As of midnight of THIS report period	65	65							65	65		
3. Total Number of Days Care Provided During Period					2,978	2,978			1,062	1,062		
A. Medicare	4,040	4,040										
B. Medicaid (Conn.)	12,743	12,743			9,593	9,593			3,150	3,150		
C. Medicaid (other states)												
D. Private Pay	1,880	1,880			1,450	1,450			430	430		
E. State SSI for RCH												
F. Other (Specify)	3,467	3,467			2,264	2,264			1,203	1,203		
G. Total Care Days During Period (3A thru F)	22,130	22,130			16,285	16,285			5,845	5,845		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					7	7						
A. Medicaid Bed Reserve Days	7	7										
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	22,137	22,137			16,292	16,292			5,845	5,845		

Schedule of Resident Statistics (Cont'd)

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022	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.

	Change in Resident Days	CCNH	RHNS	(Specify)
		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	(Specify)	R.C.H.	ICF-MR
No. of Residents	15	33		17				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	655.16	284.83		525.19				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B		TOTAL	CCNH	RHNS	(Specify)
		867	867		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments		179	179		
C. Other		11,831	11,831		
D. Total Physical Therapy Treatments		12,877	12,877		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B		546	546		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments		16	16		
C. Other		1,442	1,442		
D. Total Speech Therapy Treatments		2,004	2,004		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B		700	700		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments		108	108		
C. Other		11,421	11,421		
D. Total Occupational Therapy Treatments		12,229	12,229		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of		
		9/30/2022		10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No							
Total Cost and Hours							
Item	CCNH	Hours	RHNS	Hours	(Specify) 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)	153,796	2,000					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	295,388	11,909					
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	51,975	2,057					
b. Other Maintenance Workers	22,812	1,037					
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	115,920	1,364					
b. RN							
1. Direct Care	940,863	13,610					
2. Administrative**	141,894	3,351					
c. LPN							
1. Direct Care	802,642	17,352					
2. Administrative**							
d. Aides and Attendants	1,132,039	50,013					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	63,995	2,955					
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	116,207	3,445					
n. Marketing							
o. Other (Specify) See Attached Schedule	57,618	2,083					
<i>A-13. Total Salary Expenditures</i>	3,895,149	111,176					

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

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
The Reservoir Care and Rehabilitation Center				2203-C		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Altius,Christal Mala - 8/10/2022 - present	15,162				Management of Center	224	2			
Penamon,Amanda O 10/11/2021- 8/10/22 -	125,133				Management of Center	1,560	2			
Salvietti,Carol Anne 10/1/2021- 11/10/2021 -	13,500				Management of Center	216	2			
Section IV - Assistant Administrators										
-										
-										
-										
-										

*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 The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) 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	2,720	19			
3. Pharmacist	13,972	285			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	280,849	3,847			
b. Other					
6. Social Worker	750	15			
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	60,960	323			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	82,394	1,056			
b. Other					
10. Occupational Therapist					
a. Resident Care	274,881	3,765			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	157,094	2,620			
2. Administrative***					
b. LPN					
1. Direct Care	197,001	4,652			
2. Administrative***					
c. Aides	104,086	4,261			
d. Other					
12. Other (Specify)					
See Attached Schedule	65,525				
B-13 Total Fees Paid in Lieu of Salaries	1,240,232	20,843			

* 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
		9/30/2022		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	97,285	97,285		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	42,831	42,831		
4. Social Security (F.I.C.A.)	\$	280,948	280,948		
5. Health Insurance	\$	158,059	158,059		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	26,321	26,321		
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$	16,796	16,796		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	122,240	122,240		
d. Accounting and Auditing	\$	9,450	9,450		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	0	0		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$	14,871	14,871		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	12,416	12,416		
2. Cellular Phones	\$	585	585		
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	\$	207	207		
3. Resident Day User Fee	\$	318,369	318,369		
Subtotal	\$	1,100,379	1,100,379		

* 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)
1020520020	\$ 137	\$ -	\$ -
3005520020	\$ 43	\$ -	\$ -
3080520020	\$ 500	\$ -	\$ -
3215520020	\$ 4,865	\$ -	\$ -
3225520020	\$ 10,942	\$ -	\$ -
5035520020	\$ 167	\$ -	\$ -
1020520060	\$ 143	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 16,796	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
0	\$ -	\$ -	\$ -
-	\$ 207	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 207	\$ -	\$ -

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

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	1,100,379	1,100,379		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	15,443	15,443		
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	64	64		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	11,234	11,234		
4. Fund-Raising***	\$				
5. Medical Records	\$	38	38		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	1,249	1,249		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	7,166	7,166		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	39,151	39,151		
12. Administrative Management Services**	\$	411,098	411,098		
13. Other (<i>Specify</i>) See Attached Schedule	\$	134,475	134,475		
C-14 Total Administrative & General Expenditures	\$	1,720,296	1,720,296		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 8,277	\$ -	\$ -
Marketing Expense	\$ 1,417	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 1,518	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Marketing Expense	\$ 22	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Advertising	\$ 11,234	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 7,166	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Dues	\$ 7,166	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ -	\$ -	\$ -
Political Contributions	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 2,336	\$ -	\$ -
Collection Fees	\$ 13,558	self-disallowed	\$ -
Education Expense	\$ -	\$ -	\$ -
Employee Physicals	\$ 6,443	\$ -	\$ -
Employee Relations	\$ 5,133	\$ -	\$ -
Printing	\$ 191	\$ -	\$ -
Training Expense	\$ 213	\$ -	\$ -
Fines & Penalties	\$ 48,217	self-disallowed	\$ -
Miscellaneous	\$ 1	\$ -	\$ -
Rental Expense	\$ 5,131	\$ -	\$ -
Accrued Expense Estimation	\$ -	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 465	\$ -	\$ -
Recruiting Fees	\$ 41,319	\$ -	\$ -
Recruiting Fees	\$ 6,400	\$ -	\$ -
Non-recurring Charges	\$ -	\$ -	\$ -
Uniforms	\$ -	\$ -	\$ -
Equipment Non-Capitalized	\$ 4,993	\$ -	\$ -
Employee Relations	\$ 75	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Total Other Administrative and General	\$ 134,475	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
The Reservoir Care and Rehabilitation Ce	2203-C	9/30/2022	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 #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	#VALUE!	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

* 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 The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 122,965	122,965		
2. Non-Food Supplies	\$ 16,330	16,330		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 573,484	573,484		
c. Other (Specify) _____	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 712,780	712,780		
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) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022		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. \$	3,356	3,356		
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. \$	3,328	3,328		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$	151,813	151,813		
c. Other (<i>Specify</i>)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	158,497	158,497		
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 The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 8,165	8,165		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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.	\$ 226,349	226,349		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	234,514	234,514		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	145,445	145,445		
b. Medicine Cabinet Drugs	\$	24,794	24,794		
c. Medical and Therapeutic Supplies	\$	132,682	132,682		
d. Ambulance/Limousine***	\$	484	484		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	33,695	33,695		
f. X-rays and Related Radiological Procedures***	\$	4,514	4,514		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	27,566	27,566		
i. Recreation	\$	16,781	16,781		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)****	\$	64,402	64,402		
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	450,363	450,363		

* 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)
Incontinency	\$ 25,386	\$ -	\$ -
Advertising-Help Wanted	\$ (134)	\$ -	\$ -
Advertising-Help Wanted	\$ 11,156	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ 58	\$ -	\$ -
Supplies	\$ 780	\$ -	\$ -
Supplies	\$ 1,816	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 12	\$ -	\$ -
Office Supplies	\$ 66	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 6,613	\$ -	\$ -
Consolidated Billing	\$ 8,314	\$ -	\$ -
Tuition Reimbursement	\$ 250	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
T&E-Lodging/Transportation	\$ 45	\$ -	\$ -
Licenses & Certifications	\$ 888	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
T&E-Lodging/Transportation	\$ 9,152	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 64,402	\$ -	\$ -

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

* 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 The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2022			Page 22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 264,570	264,570			
b. Heat	\$ 59,956	59,956			
c. Light & Power	\$ 151,331	151,331			
d. Water	\$ 33,848	33,848			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 509,705	509,705			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 4,740	4,740			
b. Building & Building Improvements	\$ 45,631	45,631			
c. Non-Movable Equipment	\$ 647	647			
d. Movable Equipment	\$ 16,536	16,536			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 67,554	67,554			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,833	1,833			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 195,569	195,569			
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 264,956	264,956			

* 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

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

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

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

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/30/2022	Water Source Heat Pump	\$ 6,213	06 08	\$ 388
5/31/2022	Water Source Heat Pump Pymt # 1	\$ 4,285	06 07	\$ 217
6/30/2022	(2) Water Source Heat Pumps 1 ton & 2 t	\$ 18,569	06 06	\$ 714
6/30/2022	Water Source Heat Pump	\$ 6,795	06 06	\$ 261
7/31/2022	Water Source Heat Pump	\$ 10,256	06 05	\$ 266
1/31/2022	New Control Board for Elevator - Final Pm	\$ 5,557	06 11	\$ 536
1/31/2022	New Control Board for Elevator - Frist Pm	\$ 5,557	06 11	\$ 536
Total additions for Building Improvements		\$ 57,231		\$ 2,918
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**

Schedule of Movable Equipment Acquired during this report period

***Ties to Page 23, Line D2c**

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

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

The Reservoir Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2022

773,834.45

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT
57008	150080	Movable E	006831	000	Sun Valua	12/1/2012	10,310.00	P
57008	150088	Movable E	006832	000	Sun Valua	12/1/2012	12,700.00	P
57008	150110	Movable E	006833	000	Sun Valua	12/1/2012	24,990.00	P
57008	150085	Movable E	007201	000	Pump mot	3/31/2013	4,301.33	P
57008	150080	Movable E	007467	000	Attendant	5/31/2013	7,790.17	P
57008	150085	Movable E	007800	000	Tracer recl	8/31/2013	150.00	P
57008	150085	Movable E	007801	000	Tracer IV	8/31/2013	100.00	P
57008	150085	Movable E	007900	000	Tracer IV	9/30/2013	100.00	P
57008	150080	Movable E	008074	000	Attendant	11/30/2013	648.37	P
57008	150085	Movable E	008174	000	OmniCycle	12/31/2013	7,019.11	P
57008	150085	Movable E	008427	000	18" SILVE	2/28/2014	276.60	P
57008	150085	Movable E	008616	000	Big Blue B	4/30/2014	461.68	P
57008	150100	Movable E	008740	000	Credit Car	5/31/2014	73.07	P
57008	150085	Movable E	008851	000	2 ReliaCar	6/30/2014	295.50	P
57008	150085	Movable E	008852	000	Countertop	6/30/2014	2,439.65	P
57008	150085	Movable E	009070	000	8 ReliaCar	9/30/2014	1,182.02	P
57008	150085	Movable E	009176	000	Heavy duty	10/31/2014	250.00	P
57008	150080	Movable E	009244	000	Parts and r	11/30/2014	4,354.72	P
57008	150085	Movable E	009242	000	wheelchair	11/30/2014	250.00	P
57008	150085	Movable E	009243	000	ReliaCare	11/30/2014	272.88	P
57008	150088	Movable E	009305	000	MATTRE	12/31/2014	508.35	P
57008	150085	Movable E	009396	000	wheelchair	1/31/2015	470.00	P
57008	150080	Movable E	009441	000	Actuator o	2/28/2015	1,276.20	P
57008	150085	Movable E	009437	000	wheelchair	2/28/2015	250.00	P
57008	150085	Movable E	009438	000	wheelchair	2/28/2015	250.00	P
57008	150088	Movable E	009520	000	MATTRE	3/31/2015	508.35	P
57008	150088	Movable E	009524	000	MATTRE	3/31/2015	313.73	P
57008	150110	Movable E	009615	000	HP 400 M	4/30/2015	428.35	P
57008	150110	Movable E	009616	000	HP 400 M	4/30/2015	428.35	P
57008	150085	Movable E	009675	000	UltraWide	5/31/2015	365.01	P
57008	150088	Movable E	009674	000	MATTRE	5/31/2015	508.36	P
57008	150085	Movable E	010015	000	Direct Cho	8/31/2015	74.67	P
57008	150085	Movable E	010016	000	Economy C	8/31/2015	75.48	P
57008	150110	Movable E	010014	000	N McAllis	8/31/2015	436.70	P
57008	150085	Movable E	010052	000	Direct Cho	9/30/2015	133.42	P
57008	150085	Movable E	010056	000	Lt Duty Fo	9/30/2015	462.28	P

57008	150085	Movable E010057	000 Undercoun	9/30/2015	2,043.60	P
57008	150088	Movable E010055	000 12 MATTI	9/30/2015	3,764.80	P
57008	150100	Movable E010054	000 5 Logan O	9/30/2015	801.45	P
57008	150117	Movable E010053	000 Data Drop	9/30/2015	1,000.00	P
57008	150080	Movable E010141	000 Sales and I	10/31/2015	64.00	P
57008	150085	Movable E010370	000 Ice Machir	1/31/2016	2,234.80	P
57008	150087	Movable E010636	000 Pocket tag	3/31/2016	618.96	P
57008	150085	Movable E010764	000 2 medical	4/30/2016	1,055.08	P
57008	150087	Movable E010762	000 Pocket tag	4/30/2016	618.96	P
57008	150087	Movable E010763	000 DIRECT C	4/30/2016	483.88	P
57008	150080	Movable E010881	000 Attendant	5/31/2016	1,177.31	P
57008	150085	Movable E010882	000 comforter	5/31/2016	1,352.77	P
57008	150088	Movable E010880	000 13 MATTI	5/31/2016	4,078.52	P
57008	150117	Movable E010879	000 2 Scout co	5/31/2016	2,111.13	P
57008	150080	Movable E010922	000 4 Hoyer Pr	6/30/2016	17,196.76	P
57008	150080	Movable E011020	000 Hoyer Bari	7/31/2016	3,666.12	P
57008	150080	Movable E011021	000 2 HOYER	7/31/2016	495.08	P
57008	150085	Movable E011148	000 Direct Cho	8/31/2016	80.53	P
57008	150085	Movable E011293	000 Direct Cho	10/31/2016	68.09	P
57008	150085	Movable E011294	000 Double 3 C	10/31/2016	2,254.62	P
57008	150080	Movable E011529	000 Boston Dia	1/31/2017	671.05	P
57008	150080	Movable E011835	000 24 fire exti	3/31/2017	2,174.86	P
57008	150080	Movable E011891	000 Spot Vital	4/30/2017	1,468.67	P
57008	150080	Movable E011963	000 Welch All	5/31/2017	3,026.87	P
57008	150080	Movable E011964	000 Spot Vital	5/31/2017	1,461.76	P
57008	150080	Movable E011965	000 Mobile Sta	5/31/2017	595.88	P
57008	150088	Movable E011962	000 2 DermaFl	5/31/2017	4,162.50	P
57008	150100	Movable E011961	000 Valencia L	5/31/2017	298.82	P
57008	150088	Movable E012038	000 Gas Grill	6/30/2017	317.99	P
57008	150075	Non Mova 012314	000 payment #	10/31/2017	6,195.00	P
57008	150075	Non Mova 012421	000 Final payn	11/30/2017	1,380.00	P
57008	150080	Movable E012420	000 Unimac #8	11/30/2017	22,367.00	P
57008	150087	Movable E012478	000 Reclining	12/31/2017	3,400.00	P
57008	150087	Movable E012479	000 Powersmai	12/31/2017	845.48	P
57008	150050	Bldg Imp 012537	000 Water Sou	1/31/2018	6,381.00	R
57008	150085	Movable E012535	000 Double De	1/31/2018	12,238.72	P
57008	150085	Movable E012536	000 Single Qui	1/31/2018	274.37	P
57008	150100	Movable E012534	000 Logan Offi	1/31/2018	186.68	P
57008	150057	Bldg Imp 012686	000 Manningto	3/31/2018	17,957.00	R
57008	150085	Movable E012685	000 Reach-In F	3/31/2018	2,933.11	P
57008	150088	Movable E012683	000 DermaFlo	3/31/2018	2,143.14	P
57008	150088	Movable E012684	000 17 MATTI	3/31/2018	4,104.23	P
57008	150080	Movable E012773	000 Washer/Ex	4/30/2018	14,743.64	P
57008	150087	Movable E012772	000 Entrapmen	4/30/2018	1,380.23	P
57008	150057	Bldg Imp 012944	000 Water Sou	6/30/2018	2,885.00	R

57008	150058	Bldg Imp	012943	000	Labor and	6/30/2018	2,658.75	R
57008	150075	Non Mova	012941	000	1 HP Belt	6/30/2018	321.06	P
57008	150075	Non Mova	012942	000	A/C Unit C	6/30/2018	10,736.03	P
57008	150100	Movable E	012940	000	Logan Offi	6/30/2018	187.07	P
57008	150085	Movable E	013013	000	1/2 Gal 3.5	7/31/2018	448.30	P
57008	150085	Movable E	013014	000	(2) Direct	7/31/2018	233.96	P
57008	150085	Movable E	013091	000	(8) Wheelc	8/31/2018	927.84	P
57008	150085	Movable E	013255	2019	8 Oak Park	10/31/2018	2,737.11	P
57008	150088	Movable E	013254	2019	7 Visco M	10/31/2018	1,689.98	P
57008	150050	Bldg Imp	013350	2019	1st install	11/30/2018	3,175.00	R
57008	150050	Bldg Imp	013594	2019	Second&F	02/28/19	3,520.00	R
57008	150050	Bldg Imp	013682	2019	Water Sou	03/31/19	2,645.00	R
57008	150075	Non Mova	013683	2019	2 Whalen 1	03/31/19	6,311.88	P
57008	150085	Movable E	013681	2019	10 Basic W	03/31/19	1,239.80	P
57008	150080	Movable E	013799	2019	2nd Floor	04/30/19	4,663.45	P
57008	150085	Movable E	013795	2019	Electric Cc	04/30/19	1,304.03	P
57008	150085	Movable E	013796	2019	Six Pan St	04/30/19	5,771.59	P
57008	150085	Movable E	013797	2019	Food Proce	04/30/19	1,292.59	P
57008	150085	Movable E	013798	2019	1/2 Gallon	04/30/19	486.58	P
57008	150050	Bldg Imp	013881	2019	Push Butt	05/31/19	492.39	R
57008	150080	Movable E	013879	2019	Rolling Sta	05/31/19	308.39	P
57008	150080	Movable E	013880	2019	Attendant	05/31/19	8,071.94	P
57008	150100	Movable E	013878	2019	16 Logan C	05/31/19	2,697.20	P
57008	150050	Bldg Imp	013989	2019	Allocate G	06/30/19	5,314.52	R
57008	150088	Movable E	013988	2019	8 Mattress	06/30/19	1,931.41	P
57008	150050	Bldg Imp	014070	2019	Allocate G	07/31/19	8,112.07	R
57008	150050	Bldg Imp	014072	2019	First Instal	07/31/19	2,645.00	R
57008	150085	Movable E	014071	2019	Whirlpool	07/31/19	953.95	P
57008	150080	Movable E	014178	2019	Insignia 55	08/31/19	265.86	P
57008	150028	Land Imp	014266	2019	Asphalt pa	09/30/19	14,219.00	R
57008	150085	Movable E	014265	2019	Electric Ca	09/30/19	718.90	P
57008	150100	Movable E	014264	2019	Logan Offi	09/30/19	145.54	P
57008	150057	Bldg Imp	014358	2020	New Carp	10/31/19	21,664.74	P
57008	150080	Movable E	014357	2020	4 Spots Vi	10/31/19	8,480.24	P
57008	150080	Movable E	015156	2020	Portable A	06/30/20	583.86	P
57008	150080	Movable E	015158	2020	2 - Portabl	07/31/20	1,248.76	P
57008	150085	Movable E	015159	2020	Dome Stor	07/31/20	1,329.35	P
57008	150085	Movable E	015303	2020	Electric C	09/30/20	761.44	P
57008	150088	Movable E	014781	2020	10 - Panac	03/31/20	2,296.95	P
57008	150100	Movable E	014447	2020	Logan Offi	11/30/19	145.54	P
57008	150087	Movable E	015508	###	Genesis 76	10/31/20	\$ 324	P
57008	150085	Movable E	015614	###	Heated 2 S	01/31/21	\$ 2,967	P
57008	150087	Movable E	015677	###	Mini Root	02/28/21	\$ 898	P
57008	150088	Movable E	015735	###	40 - Panac	03/31/21	\$ 8,592	P
57008	150100	Movable E	015734	###	1 - 310 Ser	03/31/21	\$ 445	P

57008	150088	Movable E	015819	###	35 - Panac	04/30/21	\$	7,518	P
57008	150085	Movable E	015892	###	18 - Windo	05/31/21	\$	21,126	P
57008	150085	Movable E	015893	###	Medium D	05/31/21	\$	1,979	P
57008	150050	Bldg Imp	015458	###	3 - Water S	11/30/20	\$	33,062	P
57008	150050	Bldg Imp	015736	###	Electrical	03/31/21	\$	48,743	P
57008	150057	Bldg Imp	015894	###	Reconstruct	05/31/21	\$	206,558	P
57008	150057	Bldg Imp	015935	###	Video Surv	06/30/21	\$	883	P
57008	150050	Bldg Imp	016193	###	Water Sou	4/30/2022		6212.57	R
57008	150050	Bldg Imp	016207	###	Water Sou	5/31/2022		4285	R
57008	150050	Bldg Imp	016228	###	(2) Water	6/30/2022		18568.71	R
57008	150050	Bldg Imp	016229	###	Water Sou	6/30/2022		6795.14	R
57008	150050	Bldg Imp	016247	###	Water Sou	7/31/2022		10256.39	R
57008	150055	Bldg Imp	016133	###	New Contr	1/31/2022		5556.79	R
57008	150080	Movable E	016149	###	New Heat	2/28/2022		9374.19	P
57008	150080	Movable E	016194	###	HoyerPro	4/30/2022		3739.24	P



Sch 23 Total Deprn	67,554.11
Sch 29 total Deprn Adj	24,949.24
Total Deprn Expense	<u><u>92,503.35</u></u>

773,834.45	238,371.57	92,503.35	330,874.92
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	Prior Accum Depreciation	Current YTD Depreciation	Current Accum Depreciation
			9/30/2022

DeprMeth	EstLife	Depreciable Basis	10/1/2021	2,022.00	6,141.71
SLMM	07 00	10,310.00	10,310.00	-	10,310.00
SLMM	03 00	12,700.00	12,700.00	-	12,700.00
SLMM	02 00	24,990.00	24,990.00	-	24,990.00
SLMM	10 00	4,301.33	3,656.11	430.13	4,086.24
SLMM	07 00	7,790.17	7,790.17	-	7,790.17
SLMM	10 00	150.00	121.25	15.00	136.25
SLMM	10 00	100.00	80.83	10.00	90.83
SLMM	10 00	100.00	80.00	10.00	90.00
SLMM	07 00	648.37	648.37	-	648.37
SLMM	10 00	7,019.11	5,439.80	701.91	6,141.71
SLMM	10 00	276.60	209.76	27.66	237.42
SLMM	10 00	461.68	342.43	46.17	388.60
SLMM	10 00	73.07	53.60	7.31	60.91
SLMM	10 00	295.50	214.24	29.55	243.79
SLMM	10 00	2,439.65	1,768.77	243.97	2,012.74
SLMM	10 00	1,182.02	827.40	118.20	945.60
SLMM	10 00	250.00	172.92	25.00	197.92
SLMM	07 00	4,354.72	4,251.02	103.70	4,354.72
SLMM	10 00	250.00	170.83	25.00	195.83
SLMM	10 00	272.88	186.48	27.29	213.77
SLMM	03 00	508.35	508.35	-	508.35
SLMM	10 00	470.00	313.33	47.00	360.33
SLMM	07 00	1,276.20	1,200.27	75.93	1,276.20
SLMM	10 00	250.00	164.58	25.00	189.58
SLMM	10 00	250.00	164.58	25.00	189.58
SLMM	03 00	508.35	508.35	-	508.35
SLMM	03 00	313.73	313.73	-	313.73
SLMM	03 00	428.35	428.35	-	428.35
SLMM	03 00	428.35	428.35	-	428.35
SLMM	10 00	365.01	231.17	36.50	267.67
SLMM	03 00	508.36	508.36	-	508.36
SLMM	10 00	74.67	45.44	7.47	52.91
SLMM	10 00	75.48	45.93	7.55	53.48
SLMM	03 00	436.70	436.70	-	436.70
SLMM	10 00	133.42	80.05	13.34	93.39
SLMM	10 00	462.28	277.38	46.23	323.61

SLMM	10 00	2,043.60	1,226.16	204.36	1,430.52
SLMM	03 00	3,764.80	3,764.80	-	3,764.80
SLMM	10 00	801.45	480.90	80.15	561.05
SLMM	07 00	1,000.00	857.17	142.83	1,000.00
SLMM	07 00	64.00	54.08	9.14	63.22
SLMM	10 00	2,234.80	1,266.39	223.48	1,489.87
SLMM	05 00	618.96	618.96	-	618.96
SLMM	10 00	1,055.08	571.51	105.51	677.02
SLMM	05 00	618.96	618.96	-	618.96
SLMM	05 00	483.88	483.88	-	483.88
SLMM	07 00	1,177.31	897.01	168.19	1,065.20
SLMM	10 00	1,352.77	721.49	135.28	856.77
SLMM	03 00	4,078.52	4,078.52	-	4,078.52
SLMM	07 00	2,111.13	1,608.48	301.59	1,910.07
SLMM	07 00	17,196.76	12,897.57	2,456.68	15,354.25
SLMM	07 00	3,666.12	2,705.94	523.73	3,229.67
SLMM	07 00	495.08	365.44	70.73	436.17
SLMM	10 00	80.53	40.93	8.05	48.98
SLMM	10 00	68.09	33.49	6.81	40.30
SLMM	10 00	2,254.62	1,108.52	225.46	1,333.98
SLMM	07 00	671.05	447.39	95.87	543.26
SLMM	07 00	2,174.86	1,398.11	310.69	1,708.80
SLMM	07 00	1,468.67	926.66	209.81	1,136.47
SLMM	07 00	3,026.87	1,873.78	432.41	2,306.19
SLMM	07 00	1,461.76	904.88	208.82	1,113.70
SLMM	07 00	595.88	368.90	85.13	454.03
SLMM	03 00	4,162.50	4,162.50	-	4,162.50
SLMM	10 00	298.82	129.48	29.88	159.36
SLMM	03 00	317.99	317.99	-	317.99
SLMM	10	6,195.00	2,426.38	619.50	3,045.88
SLMM	10	1,380.00	529.00	138.00	667.00
SLMM	7	22,367.00	12,248.60	3,195.29	15,443.88
SLMM	5	3,400.00	2,550.00	680.00	3,230.00
SLMM	5	845.48	634.12	169.10	803.21
SLMM	10	6,381.00	2,343.27	638.10	2,981.37
SLMM	10	12,238.72	4,494.39	1,223.87	5,718.26
SLMM	10	274.37	100.75	27.44	128.19
SLMM	10	186.68	68.55	18.67	87.22
SLMM	10	17,957.00	6,307.97	1,795.70	8,103.67
SLMM	10	2,933.11	1,030.34	293.31	1,323.65
SLMM	3	2,143.14	2,500.33	-	2,500.33
SLMM	3	4,104.23	4,788.27	-	4,788.27
SLMM	7	14,743.64	7,196.30	2,106.23	9,302.54
SLMM	5	1,380.23	943.16	276.05	1,219.20
SLMM	10	2,885.00	941.42	288.50	1,229.92

SLMM	5	2,658.75	1,728.19	531.75	2,259.94
SLMM	10	321.06	104.77	32.11	136.87
SLMM	10	10,736.03	3,503.34	1,073.60	4,576.94
SLMM	10	187.07	61.05	18.71	79.76
SLMM	10	448.30	142.43	44.83	187.26
SLMM	10	233.96	74.33	23.40	97.72
SLMM	10	927.84	286.64	92.78	379.43
SLMM	7	2,737.11	1,140.46	391.02	1,531.48
SLMM	3	1,689.98	1,643.04	563.33	2,206.36
SLMM	7	3,175.00	1,285.12	453.57	1,738.69
SLMM	10	3,520.00	909.33	352.00	1,261.33
SLMM	10	2,645.00	661.25	264.50	925.75
SLMM	10	6,311.88	1,577.97	631.19	2,209.16
SLMM	10	1,239.80	309.95	123.98	433.93
SLMM	7	4,663.45	1,610.00	666.21	2,276.21
SLMM	10	1,304.03	315.14	130.40	445.54
SLMM	10	5,771.59	1,394.80	577.16	1,971.96
SLMM	10	1,292.59	312.38	129.26	441.63
SLMM	10	486.58	117.59	48.66	166.25
SLMM	10	492.39	114.89	49.24	164.13
SLMM	7	308.39	102.80	44.06	146.85
SLMM	7	8,071.94	2,690.65	1,153.13	3,843.78
SLMM	10	2,697.20	629.35	269.72	899.07
SLMM	10	5,314.52	1,195.77	531.45	1,727.22
SLMM	3	1,931.41	1,448.56	643.80	2,092.36
SLMM	10	8,112.07	1,757.62	811.21	2,568.82
SLMM	10	2,645.00	573.08	264.50	837.58
SLMM	10	953.95	206.69	95.40	302.08
SLMM	7	265.86	79.13	37.98	117.11
SLMM	3	14,219.00	9,479.33	4,739.67	14,219.00
SLMM	10	718.90	143.78	71.89	215.67
SLMM	10	145.54	29.11	14.55	43.66
SLMM	10	21,664.74	4,152.41	2,166.47	6,318.88
SLMM	7	8,480.24	2,321.97	1,211.46	3,533.43
SLMM	7	583.86	104.26	83.41	187.67
SLMM	7	1,248.76	208.13	178.39	386.52
SLMM	10	1,329.35	155.09	132.94	288.03
SLMM	10	761.44	76.14	76.14	152.29
SLMM	3	2,296.95	1,148.48	765.65	1,914.13
SLMM	10	145.54	26.68	14.55	41.24
SLMM	5	324.37	59.47	64.87	124.34
SLMM	7	2,967.03	282.57	423.86	706.44
SLMM	5	897.58	104.72	179.52	284.23
SLMM	3	8,592.23	1,432.04	2,864.08	4,296.12
SLMM	7	444.53	31.75	63.50	95.26

SLMM	3	7,518.20	1,044.19	2,506.07	3,550.26
SLMM	7	21,126.43	1,006.02	3,018.06	4,024.08
SLMM	7	1,979.15	94.25	282.74	376.98
SLMM	8	33,062.09	3,443.97	4,132.76	7,576.73
SLMM	7	48,743.23	3,481.66	6,963.32	10,444.98
SLMM	7	206,557.57	9,836.07	29,508.22	39,344.30
SLMM	7	883.13	31.54	126.16	157.70
SLMM	7	6,212.57	-	369.80	369.80
SLMM	7	4,285.00	-	204.05	204.05
SLMM	7	18,568.71	-	663.17	663.17
SLMM	7	6,795.14	-	242.68	242.68
SLMM	7	10,256.39	-	244.20	244.20
SLMM	7	5,556.79	-	529.22	529.22
SLMM	7	9,374.19	-	781.18	781.18
SLMM	7	3,739.24	-	222.57	222.57

Amortization Schedule*

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
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

Name of Facility The Reservoir Care and Rehabilitation	License No. 2203-C	Report for Year Ended 9/30/2022	Page 25	of 37																																					
11. Property Questionnaire																																									
Part A Is the property either owned by the Facility <input checked="" type="radio"/> Yes <input type="radio"/> No or leased from a Related Party? <small>*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.</small>																																									
<table border="1"> <thead> <tr> <th>Description</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td>n/a</td> </tr> <tr> <td>2. Date Structure Completed</td> <td>n/a</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td></td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>75</td> </tr> <tr> <td>6. Square Footage</td> <td></td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td>n/a</td> </tr> <tr> <td> b. Building</td> <td>n/a</td> </tr> </tbody> </table>		Description	Total	1. Date Land Purchased	n/a	2. Date Structure Completed	n/a	3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure		5. Total Licensed Bed Capacity	75	6. Square Footage		7. Acquisition Cost		a. Land	n/a	b. Building	n/a																				
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7. Acquisition Cost																																									
a. Land	n/a																																								
b. Building	n/a																																								
Part B - Owner and Related Parties <table border="1"> <thead> <tr> <th></th> <th>1st Mortgage</th> <th>2nd Mortgage</th> <th>3rd Mortgage</th> <th>4th Mortgage</th> </tr> </thead> <tbody> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)					b. Date Mortgage Obtained					c. Interest Rate for the Cost Year					d. Term of Mortgage (number of years)					e. Amount of Principal Borrowed					f. Principal balance outstanding as of				
	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage																																					
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a. Type of Financing (e.g., fixed, variable)																																									
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f. Principal balance outstanding as of																																									
Complete if Mortgage was Refinanced During Current Cost Year <table border="1"> <tbody> <tr> <td>g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Date of Refinancing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i. New Interest Rate</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> </tr> <tr> <td>l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		g. Type of Financing (e.g., fixed, variable)				h. Date of Refinancing				i. New Interest Rate				j. Term of Mortgage (number of years)				k. Amount of Principal Borrowed				l. Principal Outstanding on Note Paid-Off																			
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Part C - Arms-Length Leases for Real Property Improvements Only <table border="1"> <thead> <tr> <th>Name and Address of Lessor</th> <th>Property Leased</th> <th>Date of Lease</th> <th>Term of Lease</th> <th>Annual Amount of Lease</th> </tr> </thead> <tbody> <tr> <td>GMF-CT</td> <td>Facility Lease</td> <td>12/21/2018-12</td> <td>10 years</td> <td>1,833</td> </tr> <tr> <td>650 Madison Avenue New York, NY 10022</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	GMF-CT	Facility Lease	12/21/2018-12	10 years	1,833	650 Madison Avenue New York, NY 10022																										
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																					
GMF-CT	Facility Lease	12/21/2018-12	10 years	1,833																																					
650 Madison Avenue New York, NY 10022																																									

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 9/30/2022			Page 26 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					
00					
2. Second Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
3. Third Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
4. Fourth Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
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 The Reservoir Care and Rehabilita	License No. 2203-C	Report for Year Ended 9/30/2022			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						
00						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
00						
B. Item	Rate	Amount				
Lender						
Address of Lender						
00						
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)		\$	14,848	14,848		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	4,109	4,109		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$	18,957	18,957		
15. Total All Expenditures (A-13 thru C-14)		\$	9,205,449	9,205,449		

D. Adjustments to Statement of Expenditures

Name of Facility The Reservoir Care and Rehabilitation Center				License No. 2203-C	Report for Year Ended 9/30/2022		Page 28 of 37
Item No.	Page No.	Line No.	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	\$ 67,242	67,242		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 646,197	646,197		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 122,240	122,240		
10.			Accounting	\$			
10a.			Legal	\$			
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	m-2 &	Unallowable Advertising *	\$ 11,234	11,234		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ #VALUE!	#VALUE!		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ #VALUE!	#VALUE!		
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	\$ 25,515	25,515		
Subtotal (Items 1 - 26)				\$ #VALUE!	#VALUE!		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 67,242	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Salaries Adjustment			\$ 67,242	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 51,540	\$ -	\$ -
13	5	Rehabilitation Services	\$ 229,309	\$ -	\$ -
13	9	Speech Therapist	\$ 82,394	\$ -	\$ -
13	10	Occupational Therapist	\$ 274,881	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ 241	\$ -	\$ -
13	12	Respiratory Purchased Services	\$ 1,547	\$ -	\$ -
13	11a	Nursing Agency Purchased -RN	\$ 2,547	\$ -	\$ -
13	11b	Nursing Agency Purchased -LPN	\$ 2,446	\$ -	\$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	\$ 1,292	\$ -	\$ -
Total Other Fees Adjustments			\$ 646,197	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 13,558	\$ -	\$ -
16	m-13	Estimated Accrual	\$ -	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ 48,217	\$ -	\$ -
16	m-12	Management Fee disallowed	\$ -	\$ -	\$ -
15	1-a-1	adj workers comp	#VALUE!	\$ -	\$ -
22	6.a	10.88% disallowed regional office	\$ 28,785	\$ -	\$ -
22	6.b	10.88% disallowed regional office	\$ 6,523	\$ -	\$ -
22	6.c	10.88% disallowed regional office	\$ 16,465	\$ -	\$ -
22	6.d	10.88% disallowed regional office	\$ 3,683	\$ -	\$ -
22	6.f	10.88% disallowed regional office	\$ -	\$ -	\$ -
Total Other A&G Adjustments			#VALUE!	\$ -	\$ -

Schedule of Housekeeping Exp adj

Page Ref	Line Ref	Description	CCNH	RHNS
20	4. b	10.88% disallowed regional office-Housekeeping	\$ 24,627	\$ -
20	4.a.1	10.88% disallowed regional office-Housekeeping-Other	\$ 888	\$ -
Total Housekeeping Expenditures adj			\$ 25,515	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility The Reservoir Care and Rehabilitation Center				License No. 2203-C	Report for Year Ended 9/30/2022		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)	
			Subtotals Brought Forward	\$ #VALUE!	#VALUE!			
			Page 20 - Resident Care Supplies***					
27.	20	5-a-2	Prescription Drugs	\$ 145,445	145,445			
28.	20	5-d	Ambulance/Limousine	\$ 484	484			
29.	20	5-f	X-rays, etc	\$ 4,514	4,514			
30.	20	5-h	Laboratory	\$ 27,566	27,566			
31.			Medical Supplies	\$				
32.	20	5-e-2	Oxygen (non emergency)	\$ 33,695	33,695			
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$ 16,744	16,744			
			Page 22 - Maintenance and Property					
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (3,671)	(3,671)			
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	\$ 8,387	8,387			
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$ #VALUE!	#VALUE!			
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)	\$ #VALUE!	#VALUE!			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 8,314	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 1,816	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 6,613	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Ancillary Costs			\$ 16,744	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ 0	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (5,500)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (1,847)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (17,602)	\$ -	\$ -
22	10.b	10.88% disallowed regional office-Real Estate Tax	\$ 21,278	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (3,671)	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 8,387	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Adjustments			\$ 8,387	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	#VALUE!	\$ -	\$ -
0	0-Jan	10.88% disallowed regional office-Land Fair Rent	\$ 816	\$ -	\$ -
0	0-Jan	10.88% disallowed regional office-Real Property Fair Rent	\$ 56,774	\$ -	\$ -
27	14.a	10.88% disallowed regional office-Property Insurance	\$ 1,615	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Other Adjustments			#VALUE!	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2022			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)		\$ 6,511,455	6,511,455			
b. Medicaid Room and Board Contractual Allowance **		\$ (2,900,361)	(2,900,361)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 2,223,132	2,223,132			
b. Medicare Room and Board Contractual Allowance **		\$ (256,345)	(256,345)			
4. a. Private-Pay Residents and Other		\$ 2,921,459	2,921,459			
b. Private-Pay Room and Board Contractual Allowance **		\$ (940,138)	(940,138)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 79,503	79,503			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (9,167)	(9,167)			
c. Prescription Drugs - Non-Medicare		\$ 119,088	119,088			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (38,870)	(38,870)			
2. a. Medical Supplies - Medicare		\$ 245	245			
b. Medical Supplies - Medicare Contractual Allowance **		\$ (28)	(28)			
c. Medical Supplies - Non-Medicare		\$ 90	90			
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$ (40)	(40)			
3. a. Physical Therapy - Medicare		\$ 335,572	335,572			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (38,694)	(38,694)			
c. Physical Therapy - Non-Medicare		\$ 340,471	340,471			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (110,593)	(110,593)			
4. a. Speech Therapy - Medicare		\$ 106,039	106,039			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (12,227)	(12,227)			
c. Speech Therapy - Non-Medicare		\$ 78,851	78,851			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (25,655)	(25,655)			
5. a. Occupational Therapy - Medicare		\$ 317,113	317,113			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (36,566)	(36,566)			
c. Occupational Therapy - Non-Medicare		\$ 343,863	343,863			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (111,706)	(111,706)			
6. a. Other (<i>Specify</i>) - Medicare		\$ 21,395	21,395			
b. Other (<i>Specify</i>) - Non-Medicare		\$ 9,430	9,430			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 8,927,317	8,927,317			
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>)		\$ 57	57			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$ 50	50			
8. Other (<i>Specify</i>)		\$ 466,813	466,813			
V. Total Other Revenue (1 thru 8)		\$ 466,921	466,921			
VI. Total All Revenue (III +V)		\$ 9,394,237	9,394,237			

* 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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid- X-Ray	155.00	-	-
II-6-b	Medicaid- Laboratory	72.00	-	-
II-6-b	Medicaid- Respiratory Therapy & Supplies	264.00	-	-
II-6-b	Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid- Audiology	-	-	-
II-6-b	Medicaid- Incontinency	-	-	-
II-6-b	Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Medicaid- Physician Visit	-	-	-
II-6-b	Medicaid- Ambulance	-	-	-
II-6-b	Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Medicaid- X-Ray	(69,04)	-	-
II-6-b	Contractuals-Medicaid- Laboratory	(32,07)	-	-
II-6-b	Contractuals-Medicaid- Respiratory Therapy & Supplies	(117,59)	-	-
II-6-b	Contractuals-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Medicaid- Ambulance	-	-	-
II-6-b	Contractuals-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- X-Ray	3,175.86	-	-
II-6-b	Non-Medicaid- Laboratory	8,158.76	-	-
II-6-b	Non-Medicaid- Respiratory Therapy & Supplies	264.00	-	-
II-6-b	Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Non-Medicaid- Audiology	-	-	-
II-6-b	Non-Medicaid- Incontinency	-	-	-
II-6-b	Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Non-Medicaid- Physician Visit	-	-	-
II-6-b	Non-Medicaid- Ambulance	1,905.04	-	-
II-6-b	Non-Medicaid- Flu Shot	-	-	-
II-6-b	Non-Medicaid- Capitation Contracts	-	-	-
II-6-b	Contractuals-Non-Medicaid- X-Ray	(1,022.01)	-	-
II-6-b	Contractuals-Non-Medicaid- Laboratory	(2,625.52)	-	-
II-6-b	Contractuals-Non-Medicaid- Respiratory Therapy & Supplies	(84.96)	-	-
II-6-b	Contractuals-Non-Medicaid- Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid- Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid- Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid- Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid- Ambulance	(613.05)	-	-
II-6-b	Contractuals-Non-Medicaid- Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid- Capitation Contracts	-	-	-
	0 -	-	-	-
Total Other Resident Revenue		\$ 9,430	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts-		\$ 57	\$ -	-
0			\$ -	\$ -	\$ -
0			\$ -	\$ -	\$ -
Total Interest Income		\$ 57	\$ -	\$ -	

Schedule of Other Revenue

G. Balance Sheet

Name of Facility The Reservoir Care and Rehabilitation	License No. 2203-C	Report for Year Ended 9/30/2022	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 4,416	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,530,730	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (110,523)	
4. Inventories			\$ 30,286	
5. Prepaid Expenses			\$ 24,244	
a. Prepaid Expenses				
b. Prepaid Property Tax	21,079			
c. Prepaid Personal Property Tax	3,165			
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)			\$ 1,479,152	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost 14,219		\$	
	Accum. Depreciation 14,219	Net		
3. Buildings	*Historical Cost 390,871		\$ 319,592	
	Accum. Depreciation 71,279	Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost 6,312		\$ 4,046	
	Accum. Depreciation 2,266	Net		
6. Movable Equipment	*Historical Cost 101,660		\$ 67,569	
	Accum. Depreciation 34,091	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)			\$ 391,207	

* 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

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	ROU Bldg Asset-Oper Lease	
32	D7	AccumAmort-ROU Bldg OprLease	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 15,372
33	A12	Accr Exp Water and Sewer	\$ 1,668
33	A12	Accr Exp Gas	\$ 4,061
33	A12	Accr Exp Electricity	\$ 5,183
33	A12	Accr Exp Suspense	\$ 75,233
33	A12	A/R Credit Gross Up Liability	\$ 38,516
33	A12	Accrued Provider/Bed Tax	\$ 94,975
33	A12	Accr Gross Rec Tax-FY11	\$ 81,621
33	A12	Accr Sales and Use Tax - FY18	\$ 133
33	A12	CP-Self Insurance WC Reserve	\$ 16,883
33	A12	CP-Self Insurance GPL Reserve	\$ 365,534
33	A12		
Total Other Current Liabilities (Itemize)			\$ 698,969

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

Page Ref	Line Ref	Description	
		Total Other Current Liabilities (Itemize)	\$ -

G. Balance Sheet (cont'd)

Name of Facility The Reservoir Care and Rehabilitation	License No. 2203-C	Report for Year Ended 9/30/2022	Page 32	of 37
Account		Amount		
Total Brought Forward:			\$	1,870,359
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>)			\$	(592,093)
I/C Due to/Due From Owned	(592,093)			
I/C Due to/Due From Multicare				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(592,093)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,278,267

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2022	33 37
Account			Amount
Liabilities			
A. Current Liabilities			
1. Trade Accounts Payable			\$ 509,895
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>)			\$ 121,930
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$
6. Accrued Payroll Taxes Payable			\$ 591
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>)			\$ 698,969
See Schedule			698,969
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 1,331,385

* 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 The Reservoir Care and Rehabilitation Cent	License No. 2203-C	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,331,385	
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>)				\$ 1,038,355
LT Debt-Financing Obligation		1,038,321		
Escheatable Funds		34		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,038,355
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,369,740

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation	2203-C	9/30/2022	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			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,280,260)
6. Gain or Loss for Period	10/1/2021	thru	9/30/2022	\$ 188,786
7. Total Net Worth			\$	(1,091,474)
C. Total Reserves and Net Worth				\$
D. Total Liabilities, Reserves, and Net Worth				\$ 1,278,266

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
The Reservoir Care and Rehabilitation C	2203-C	9/30/2022	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (1,280,262)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 9,394,236		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 9,205,448		
D. Net Income or Deficit				\$ 188,788		
E. Balance				\$ (1,091,474)		
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				\$ (1,091,474)		

I. Preparer's/Reviewer's Certification

Name of Facility The Reservoir Care and Rehabilitation	License No. 2203-C	Report for Year Ended 9/30/2022	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		
Rick Fink		
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 410-494-7657
Contacted Person Regarding Additional Information Needed Regarding This Report Rick Fink		Phone Number 410-494-7657
Contact Email Address Rick.Fink@genesishcc.com		