

State of Connecticut Long-Term Care Facility
RATE COMPUTATION REPORT
Based on 10/01/2014 through 09/30/2015

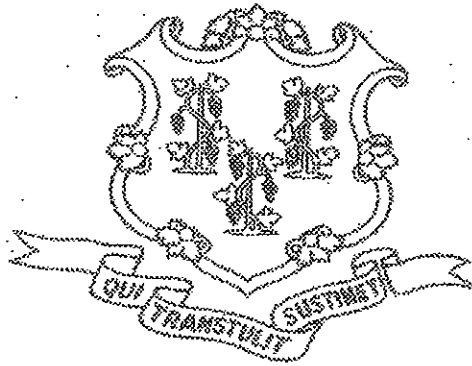
DRAFT

Salmon Brook Center

Facility: 309
Page: 22
Date: 01/08/2016

<u>Page - Lic. Type - Rate Yr</u>	<u>Error Message</u>
3-CCH	Physician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
3-CCH	Dietician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	Physician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	Dietician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	OT fees do not agree to OT fee adjustment
16-CCH	(2,599), Television Revenue is greater than reported on page 13
16-CCH	(4,281), Barber, Coffee, & Gift Shop is greater than reported on page 13
17	Administrator's salary needs to be entered
DRD	Bed Capacity not entered in the DRD
18	Annual Report Fair Rent (pg. 23, 24) Additions total (54,480) does not match Real Property Additions on pg. 18 of Rate Comp. (0)
RC-Nurs Fac-CCH	No Self Pay rates entered

State of Connecticut



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Annual Report of Long-Term Care Facility Cost Year 2015

RECEIVED

DEC 31 2015

DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center	
Address (No. & Street, City, State, Zip Code) 72 Salmon Brook Drive	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2372	RHNS	(Specify)	Medicare Provider 07-5060
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Medicaid Provider Numbers:	CCNH 000020412	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)	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon	2372	9/30/2015	1	37

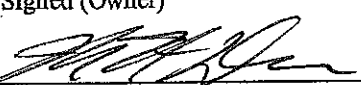
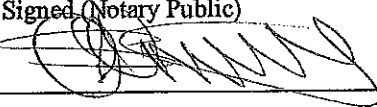
Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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
					11/13/2015
Printed Name (Administrator)			Printed Name (Owner)		
Neagle, Patrick John			Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	PA	11/13/15		/ /	
Address of Notary Public					

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 OLUSEGUN A. OMOLAJA, Notary Public
 Upper Darby Twp., Delaware County
 My Commission Expires May 28, 2017

(Notary Seal)

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon	2372	9/30/2015	1	37

Administrator's/Owner's Certification

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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.

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Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Neagle, Patrick John			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 72 Salmon Brook Drive				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2015	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 481,664	481,664		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 4,494,653	4,494,653		
5. All other wages paid	\$ 630,326	630,326		
6. Total Wages Paid	\$ 5,606,642	5,606,642		
7. Total salaries paid	\$ 198,056	198,056		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 5,804,698	5,804,698		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-633-8577		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook		Address (No. & Street, City, State, Zip) 72 Salmon Brook Drive		
License Numbers:	CCNH 2372	RHNS (Specify)	Medicare Provider No. 07-5060	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input 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 Neagle, Patrick John				
		Nursing Home Administrator's License No.:	1927	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/	License No. 2372	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center	101 East State Street, Kennett Square, PA 19348	PA		
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 Related Parties*

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon	License No. 2372	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes 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? Yes 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 Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>		Home Office	Pg 16/m12	472,945	472,945
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,673,410	1,673,410
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	55%	Staffing Pool	Pg 10/A12	165	165
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	85%	Case Management	Pg 13/B8, Pg 10/A12	48,000	48,000
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>		Staffing Pool	Pg 13/B11 a,b,c		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	43%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	76,250	76,250
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>		Insurance	Pg 27/14	151,780	151,780
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>		Capital Interest	Page 17, page 26-12A	44,784	44,784

* 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	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a	2372	9/30/2015	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)
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.

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook		License No. 2372	Report for Year Ended 9/30/2015	Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
					Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6c.

General Information and Questionnaire
Accounting Basis

Name of Facility 72 Salmon Brook Drive Operations	License No. 2372	Report for Year Ended 9/30/2015	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 Wiggin And Dana LLP 2 GOLDMAN, GRUDER & WOODS 3 4 5	Telephone Number 203-498-4400 203-899-8900
---	--

Address (*No. & Street, City, State, Zip Code*)
 1 One Century Tower, PO BOX 1832, New Harven, CT,06508
 2 200 connecticut AVE, Norwalk, CT 06854
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Probate Court on the collection fee	\$
2 Draft reply email to R. Wagner	\$
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 Legal Fees pg. 15 1-e

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended				Page	of			
	72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center		9/30/2015								
	2372		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	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period	130	130		130	130		130	130			
B. On last day of THIS report period	130	130		130	130		130	130			
2. Number of Residents											
A. As of midnight of PREVIOUS report period	104	104		104	104		104	118			
B. As of midnight of THIS report period	118	118		118	118		118	118			
3. Total Number of Days Care Provided During Period											
A. Medicare	11,841	11,841		9,296	9,296		2,545	2,545			
B. Medicaid (Conn.)	20,492	20,492		14,813	14,813		5,679	5,679			
C. Medicaid (other states)											
D. Private Pay	4,713	4,713		3,754	3,754		959	959			
E. State SSI for RCH											
F. Other (Specify)	4,088	4,088		2,906	2,906		1,182	1,182			
G. Total Care Days During Period (3A thru F)	41,134	41,134		30,769	30,769		10,365	10,365			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds											
A. Medicaid Bed Reserve Days	1	1		1	1						
B. Other Bed Reserve Days	21	21		19	19		2	2			
5. Total Resident Days (3G + 4A + 4B)	41,156	41,156		30,789	30,789		10,367	10,367			

Schedule of Resident Statistics (Cont'd)

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a			License No. 2372			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-ID				
No. of Residents	29		66		23								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	498.32		217.21		407.08								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								4,684	4,684				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								387	387				
C. Other								35,715	35,715				
D. Total Physical Therapy Treatments								40,786	40,786				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								837	837				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								10	10				
C. Other								6,281	6,281				
D. Total Speech Therapy Treatments								7,128	7,128				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,225	3,225				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								444	444				
C. Other								35,863	35,863				
D. Total Occupational Therapy Treatments								39,532	39,532				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Broc	2372	9/30/2015	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)	94,026	1,982				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	196,665	8,499				
5. Dietary Service						
a. Head Dietitian	33,066	1,096				
b. Food Service Supervisor	55,388	2,216				
c. Dietary Workers	393,209	23,809				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	58,646	2,451				
b. Other Maintenance Workers	16,843	1,150				
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	104,030	2,148				
b. RN						
1. Direct Care	1,225,258	34,437				
2. Administrative**	160,586	4,016				
c. LPN						
1. Direct Care	981,803	31,251				
2. Administrative**						
d. Aides and Attendants	1,934,265	113,195				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	142,361	7,246				
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	215,811	8,197				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	192,740	8,966				
A-13. Total Salary Expenditures	5,804,698	250,658				

* 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)

Position		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
Ward Clerks	0	90610	4142			0	0
Coordinator-Medical Supply	0	53293	2385			0	0
Central Supply	0	42898	2077			0	0
Medical Records	0	5938	362			0	0
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
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	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
Total		192740	8966	\$		\$	

Schedule of Other Fees (Page 13)

Service		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	148.85	n/a				
1020620010	Consulting Fees	409.70	n/a				
3010620020	Purchased Services	36,905.12	n/a				
3010620020	Purchased Services	(36,905.00)	n/a				
3015620020	Purchased Services	14.00	n/a				
3155620020	Purchased Services	60.84	n/a				
3155620020	Purchased Services	41,649.55	n/a				
1020620010	Consulting Fees	999.38	n/a				
	0	0					
	0						
	0						
Total		43282	0	\$		\$	

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		License No.		Report for Year Ended		Page	of		
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center		2372		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (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.

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		
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center		2372		9/30/2015		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***									
Neagle, Patrick John 7/24/15-present	17,240			Management of Center	366	2			
Blair Quasnitsohka 10/1/2014-4/25/2015	60,902			Management of Center	1,168	2			
Tarnowicz, Jona 4/16/2015-7/29/2015	15,883			Management of Center	448	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	License No.	Report for Year Ended	Page	of		
72 Salmon Brook Drive Operations LLC, d/b/a Saln	2372	9/30/2015	13	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	724	20				
2. Dentist	13,445	92				
3. Pharmacist	12,626	258				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,500,312	20,552				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	63,075	334				
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	72,163	925				
b. Other						
10. Occupational Therapist						
a. Resident Care	109,991	1,507				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	32,067	757				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	43,282					
B-13 Total Fees Paid in Lieu of Salaries	1,847,685	24,444				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.
 ** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.
 *** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Name of Facility		License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon H		2372	9/30/2015		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
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		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Sa	2372	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 218,868	218,868		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 107,614	107,614		
4. Social Security (F.I.C.A.)	\$ 419,621	419,621		
5. Health Insurance	\$ 662,213	662,213		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 207,209	207,209		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 28,201	28,201		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 302,018	302,018		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 33,204	33,204		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 25,957	25,957		
2. Cellular Phones	\$ 823	823		
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	\$ 1,677	1,677		
3. Resident Day User Fee	\$ 565,333	565,333		
Subtotal	\$ 2,572,737	2,572,737		

* 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**

72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
1020520020	Union Health & Welfare	846.70	0	
3005520020	Union Health & Welfare	468.92	0	
3030520020	Union Health & Welfare	4,014.45	0	
3080520020	Union Health & Welfare	1,717.22	0	
3225520020	Union Health & Welfare	19,088.81	0	
5035520020	Union Health & Welfare	165.90	0	
3080520050	Employee Benefits-Othe	1,000.00	0	
3225520050	Employee Benefits-Othe	898.78	0	
	0	0	-	0
	0	0	-	0
	0	0	-	0
Total		\$ 28,201	\$ -	\$ -

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
1020640110	Sales Tax	1677	0	0
1020640110	Sales Tax	0	0	0
	0	0	0	0
	0	0	-	
Total		\$ 1,677	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmo	2372	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,572,737	2,572,737			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,102	1,102			
5. Education Expenses Related to Seminars and Conventions	\$ 230	230			
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>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 9,681	9,681			
4. Fund-Raising***	\$				
5. Medical Records	\$ 240	240			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,818	3,818			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 16,969	16,969			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 249	249			
10. Contributions*** See Attached Schedule	\$ (571)	(571)			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 3,023	3,023			
12. Administrative Management Services**	\$ 616,035	616,035			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 38,019	38,019			
C-14 Total Administrative & General Expenditures	\$ 3,261,532	3,261,532			

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
1020630020 Advertising	40.5	0	0
1020630020 Advertising	384.88	0	0
1020630020 Advertising	1015.57	0	0
1020630330 Marketing Expense	6140.09	0	0
1020630330 Marketing Expense	265.57	0	0
1020630330 Marketing Expense	138.66	0	0
1020630331 Marketing Exp-Corps	685.65	0	0
1020630331 Marketing Exp-Corps	1540.72	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
Total Other Advertising	\$ 9,681	\$	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
1020630310	0	0	0
1020630310 Licenses and Certifca	16969	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1020630310	0	0	0
1020630310	0	0	0
Total Dues	\$ 16,969	\$	\$

Schedule of Contributions

Schedule C-1 - Management Services*

Name of Facility 72 Salmon Brook Drive Operations LLC,	License No. 2372	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	472,945	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	44,784	Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon		2372	9/30/2015		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 198,958	198,958			
2.	Non-Food Supplies	\$ 23,195	23,195			
3.	Other (Specify) _____	\$ (3,153)	(3,153)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
d. Other (Specify) _____						
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 219,000	219,000			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon		2372	9/30/2015	19	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. \$	5,952	5,952	
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. \$	5,708	5,708	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	223,109	223,109	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	234,769	234,769	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, d/b/a		2372	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)	
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	20,018	20,018			
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. \$	333,434	333,434			
c. Management Services*	\$					
d. Other (<i>Specify</i>)	\$					
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	353,452	353,452			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from	\$	517,460	517,460			
b. Medicine Cabinet Drugs	\$	18,200	18,200			
c. Medical and Therapeutic Supplies	\$	132,637	132,637			
d. Ambulance/Limousine***	\$	22,232	22,232			
e. Oxygen						
1. For Emergency Use	\$					
2. Other***	\$	18,594	18,594			
f. X-rays and Related Radiological Procedures***	\$	31,297	31,297			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory***	\$	60,205	60,205			
i. Recreation	\$	25,957	25,957			
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	80,612	80,612			
5K. Total Resident Care Expenditures (5a - 5j)	\$	907,195	907,195			

* 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)
3060610160	Incontinency	43734.38	0	0
3060610161	Incontinency - Rebates	-2814	0	0
3080630030	Advertising-Help Wan	1385.44	0	0
3080630030	Advertising-Help Wan	784.51	0	0
3080630080	Books, Dues & Subscr	288	0	0
3080630140	Education Expense	1793.38	0	0
3080630140	Education Expense	155.71	0	0
3080630140	Education Expense	604.36	0	0
3120630530	Supplies	1388.47	0	0
3155630530	Supplies	4957.97	0	0
3155630530	Supplies	8512.11	0	0
3170630530	Supplies	1109.65	0	0
3090630535	Office Supplies	71.48	0	0
3120630535	Office Supplies	0.03	0	0
3165630535	Office Supplies	6.06	0	0
3080630550	T&E-Lodging/Transpo	116.88	0	0
3120660080	Rental Expense	193.16	0	0
3155660080	Rental Expense	-101.66	0	0
3155660080	Rental Expense	7489.25	0	0
3010610300	Consolidated Billing	11047	0	0
3010610300	Consolidated Billing	-110.32	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
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	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Other Resident Care		\$ 80,612	\$ -	\$ -

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

Name of Facility		License No.	Report for Year Ended	Page of						
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center		2372	9/30/2015	21	37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No							
Healthcare Services Group	Drive, Bensalem, PA 19020	☉	○	Vendor Contracted	Laundry Purchased Services	223,109				19 3b
Healthcare Services Group	Drive, Bensalem, PA 19020	☉	○	Vendor Contracted	Housekeeping Purchased Services	333,434				20 4b
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, d/b/a	2372	9/30/2015		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 179,297	179,297			
b. Heat	\$ 35,712	35,712			
c. Light & Power	\$ 275,828	275,828			
d. Water	\$ 36,852	36,852			
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)	\$ 527,689	527,689			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 170	170			
b. Building & Building Improvements	\$ 308,595	308,595			
c. Non-Movable Equipment	\$ 3,726	3,726			
d. Movable Equipment	\$ 71,267	71,267			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 383,758	383,758			
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	\$ 1,451,755	1,451,755			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 196,379	196,379			
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,031,892	2,031,892			

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

Deletions:				
Total deletions for Non-Movable Equipment	\$		\$	**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2014	Sales and Use Tax 12/2014	591.00	7.00	63.32
1/31/2015	Sales and Use Tax Jan 2015	158.00	7.00	15.05
12/31/2014	Non-Tilt Overhead Table	236.27	10.00	17.72
5/31/2015	Maxwell Thomas Furniture	3,021.37	10.00	180.71
5/31/2015	Hubbell J-16-24 booster heater	4,770.48	10.00	159.02
12/31/2014	MATTRESS, GENESIS VISCO SBL	313.73	3.00	78.43
2/28/2015	2 MATTRESS, GENESIS VISCO SE	627.47	3.00	122.01
3/31/2015	2 MATTRESS, GENESIS VISCO SE	627.47	3.00	104.58
Total additions for Movable Equipment		\$ 19,918		\$ 987 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook	Date of Acquisition		License No. 2372	Report for Year Ended 9/30/2015	Basis for Computing Amortization**	Rate %	Page 24	of 37
	Month	Year						
A. Organization Expense				Accumulated Amort. to Beginning of Year's Operations				
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense				Cost to Be Amortized				
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 72 Salmon Brook Drive Operations LL	License No. 2372	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		130			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		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					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Healthcare REIT, Inc	Building and Equipment	04/01/11	20	1,451,755	
Address: One Seagate Suite 1500					
Toledo, OH 43603-1475					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LI		2372	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 44,784	44,784		
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)			\$ 44,784	44,784		

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations	2372	9/30/2015	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	44,784	44,784		
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)	\$ 44,784	44,784		
14. Insurance				
a. Insurance on Property (buildings only)	\$ 6,034	6,034		
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$ 145,747	145,747		
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$ 151,781	151,781		
15. Total All Expenditures (A-13 thru C-14)	\$ 15,384,477	15,384,477		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook				2372	9/30/2015	28	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	\$ 419	419		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,724,190	1,724,190		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 302,018	302,018		
10.			Accounting & 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 *	\$ 9,681	9,681		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ (571)	(571)		
21.			Unallowable Management Fees	\$ 660,819	660,819		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 14,675	14,675		
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)				\$ 2,711,231	2,711,231		

* 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	0	419	0
10	A-12d	unallowed C.N.A no license periods	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other Salaries Adjustment			\$ 419	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	142093.16	0
13	5	Rehabilitation Services	3195620020	1358218.49	0
13	9	Speech Therapist	3170620020	72163	0
13	10	Occupational Therapist	3105620020	109991.3	0
13	12	Other	3010620020	0.12	0
13	12	Other	3015620020	14	0
13	12	Respiratory Purchased Services	3155620020	41710.39	0
				0	0
				0	0
				0	0
				0	0
Total Other Fees Adjustments			\$ 1,724,190	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Collection Fees	1020630120	6595.85	0
16	m13	Estimated Accrual	1020660990	484.46	0
16	m13	Penalty	1020800030	0	0
16	m-13	Penalty and Fines	1020640080	7595	0
16	m-13	Non-recurring Charges	7010800030	0	0
16	m-12	0	0	0	0
16	m-8a	Dues to Chamber of Commerce	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other A&G Adjustments			\$ 14,675	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook				2372	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,711,231	2,711,231		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 517,460	517,460		
28.	20	5-d	Ambulance/Limousine	\$ 22,232	22,232		
29.	20	5-f	X-rays, etc	\$ 31,297	31,297		
30.	20	5-h	Laboratory	\$ 60,205	60,205		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 18,594	18,594		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 44,828	44,828		
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.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 115,201	115,201		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 3,521,048	3,521,048		

*** 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.

72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	10,937	3010610300	0
20	5-j	RHS Intercompany Supplies	13,470	3155630530	0
20	5-j	RHS Intercompany Rental	7,388	3155660080	0
20	5-j	Cable TV	13,034	3005666130	allow \$3600
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Other Ancillary Costs			\$ 44,828	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	115,201	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Other Adjustments			\$ 115,201	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, 2372		9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$ 8,181,985	8,181,985			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,779,216)	(3,779,216)			
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 5,106,948	5,106,948			
b. Medicare Room and Board Contractual Allowance **	\$ (1,694,102)	(1,694,102)			
4. a. Private-Pay Residents and Other	\$ 3,743,018	3,743,018			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,002,951)	(1,002,951)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 384,300	384,300			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (127,482)	(127,482)			
c. Prescription Drugs - Non-Medicare	\$ 190,448	190,448			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (53,128)	(53,128)			
2. a. Medical Supplies - Medicare	\$ 167	167			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (55)	(55)			
c. Medical Supplies - Non-Medicare	\$ 7	7			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (2)	(2)			
3. a. Physical Therapy - Medicare	\$ 1,601,262	1,601,262			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (531,179)	(531,179)			
c. Physical Therapy - Non-Medicare	\$ 545,293	545,293			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (149,330)	(149,330)			
4. a. Speech Therapy - Medicare	\$ 412,982	412,982			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (136,996)	(136,996)			
c. Speech Therapy - Non-Medicare	\$ 173,566	173,566			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (46,485)	(46,485)			
5. a. Occupational Therapy - Medicare	\$ 1,640,733	1,640,733			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (544,272)	(544,272)			
c. Occupational Therapy - Non-Medicare	\$ 553,025	553,025			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (151,639)	(151,639)			
6. a. Other (Specify) - Medicare	\$ 76,153	76,153			
b. Other (Specify) - Non-Medicare	\$ 29,831	29,831			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,422,881	14,422,881			
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	\$ 2,599	2,599			
5. Interest Income (Specify)	\$ 970	970			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 4,281	4,281			
8. Other (Specify)	\$ 522	522			
V. Total Other Revenue (1 thru 8)	\$ 8,373	8,373			
VI. Total All Revenue (III +V)	\$ 14,431,253	14,431,253			

* 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)
II-6-a	Medicare Part A	X-Ray	14,348.60	-	0
II-6-a	Medicare Part A	Laboratory	51,981.07	-	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplies	33,336.01	-	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	0
II-6-a	Medicare Part A	Audiology	40.42	-	0
II-6-a	Medicare Part A	Incontinency	-	-	0
II-6-a	Medicare Part A	Oxygen & Supplies	7,962.30	-	0
II-6-a	Medicare Part A	Physician Visit	-	-	0
II-6-a	Medicare Part A	Ambulance	2,470.38	-	0
II-6-a	Medicare Part A	Flu Shot	3,795.00	-	0
II-6-a	Contractuals-Medicare	X-Ray	(4,759.79)	-	0
II-6-a	Contractuals-Medicare	Laboratory	(17,243.41)	-	0
0	Contractuals-Medicare	Respiratory Therapy & Supplies	(11,065.02)	-	0
0	Contractuals-Medicare	Nursing Treatment Supplies	-	-	0
0	Contractuals-Medicare	Audiology	(13.41)	-	0
0	Contractuals-Medicare	Incontinency	-	-	0
0	Contractuals-Medicare	Oxygen & Supplies	(2,641.29)	-	0
0	Contractuals-Medicare	Physician Visit	-	-	0
0	Contractuals-Medicare	Ambulance	(819.55)	-	0
0	Contractuals-Medicare	Flu Shot	(1,258.90)	-	0
Total Other Resident Revenue - Medicare			\$ 76,153	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	80.00	-	0
II-6-b	Medicaid	Laboratory	562.95	-	0
II-6-b	Medicaid	Respiratory Therapy & Supplies	2,278.44	-	0
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Medicaid	Audiology	-	-	0
II-6-b	Medicaid	Incontinency	-	-	0
II-6-b	Medicaid	Oxygen & Supplies	1,316.70	-	0
II-6-b	Medicaid	Physician Visit	-	-	0
II-6-b	Medicaid	Ambulance	-	-	0
II-6-b	Medicaid	Flu Shot	-	-	0
II-6-b	Contractuals Medicaid	X-Ray	(36.95)	-	0
II-6-b	Contractuals Medicaid	Laboratory	(260.02)	-	0
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplies	(1,052.40)	-	0
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Contractuals Medicaid	Audiology	-	-	0
II-6-b	Contractuals Medicaid	Incontinency	-	-	0
II-6-b	Contractuals Medicaid	Oxygen & Supplies	(608.18)	-	0
II-6-b	Contractuals Medicaid	Physician Visit	-	-	0
II-6-b	Contractuals Medicaid	Ambulance	-	-	0
II-6-b	Contractuals Medicaid	Flu Shot	-	-	0
II-6-b	Private and Other	X-Ray	3,470.26	-	0

II-6-b	Private and Other	Laboratory	17,647.96	-	0
II-6-b	Private and Other	Respiratory Therapy & Supplies	9,854.03	-	0
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	0
II-6-b	Private and Other	Audiology	-	-	0
II-6-b	Private and Other	Incontinency	-	-	0
II-6-b	Private and Other	Oxygen & Supplies	4,662.60	-	0
II-6-b	Private and Other	Physician Visit	-	-	0
II-6-b	Private and Other	Ambulance	-	-	0
II-6-b	Private and Other	Flu Shot	-	-	0
II-6-b	Contractuals-Non-Medicaid	X-Ray	(1,465.77)	-	0
II-6-b	Contractuals-Non-Medicaid	Laboratory	(4,728.82)	-	0
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplies	(2,640.41)	-	0
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	(1,249.36)	-	0
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	-	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	-	0
0	0	0	-	-	0
Total Other Resident Revenue			\$ 29,831	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accou	0	970.06	0	0
0	0	0	-	0	0
0	0	0	-	0	0
Total Interest Income			\$ 970	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Salon Rent	0	151.00	0
IV-8	Medical Record	0	161.45	0
IV-8	Donation	0	210.04	0
Total Other Revenue		\$ 522	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC	2372	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	6,103
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,729,372
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	5,646
4. Inventories			\$	57,086
5. Prepaid Expenses			\$	50,427
a. Prepaid Expenses				
b. Prepaid Property Tax	42,377			
c. Prepaid Personal Property Tax				
d. Prepaid Personal Property Tax	8,050			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,848,634
B. Fixed Assets				
1. Land			\$	1,359,731
2. Land Improvements	*Historical Cost	1,702	\$	1,291
	Accum. Depreciation	411		
		Net		
3. Buildings	*Historical Cost	8,707,171	\$	7,659,743
	Accum. Depreciation	1,047,428		
		Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	37,046	\$	26,189
	Accum. Depreciation	10,857		
		Net		
6. Movable Equipment	*Historical Cost	453,918	\$	148,868
	Accum. Depreciation	305,050		
		Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	4,985
		4,985		

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	9,200,807

* 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
72 Salmon Brook Drive Operations LLC	2372	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	11,049,441
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>temize</i>)			\$	
6. Loans to Owners or Related Parties (<i>temize</i>)			\$	
	Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	(1,125,067)
	I/C Due to/Due From Owned	(1,125,067)		
	I/C Due to/Due From Multicare			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(1,125,067)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,924,374

* 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
72 Salmon Brook Drive Operations LLC, d/b/a	2372	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	456,911
2. Notes Payable (<i>itemize</i>)			\$	
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>)			\$	237,534
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	(13,850)
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>)			\$	455,592
Accrued Provider/Bed Tax	148,738	Accr Exp Electricity	25,303	
Accr Exp Other	4,265	Deferred Revenue	20,096	
Accr Exp Water and Sewer	24,879	Accr Exp Suspense	8,224	
A/R Credit Gross Up Liability	224,087	Accr Sales and Use Tax -		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,136,187

* 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		License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/		2372	9/30/2015	34	37
Account				Amount	
Total Brought Forward:				1,136,187	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>temize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>temize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>temize</i>)				\$ 12,895,869	
LT Debt-Financing Obligation		12,895,869			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 12,895,869	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 14,032,056	

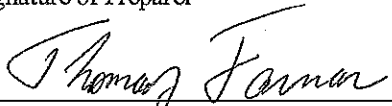
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LL	2372	9/30/2015	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 (equity)			\$	
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			\$	(1,840,587)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,313,870)
6. Gain or Loss for Period			\$	(953,225)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(4,107,682)
C. Total Reserves and Net Worth			\$	(4,107,682)
D. Total Liabilities, Reserves, and Net Worth			\$	9,924,374

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC,	2372	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(3,154,457)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,431,253
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,384,478
D. Net Income or Deficit			\$	(953,225)
E. Balance			\$	(4,107,682)
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 <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>			\$	(4,107,682)
09/30/15				

I. Preparer's/Reviewer's Certification

Name of Facility 72 Salmon Brook Drive Operations LLC,	License No. 2372	Report for Year Ended 9/30/2015	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				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Sr. Director of Reimbursement	Date Signed 12/28/2015		
Printed Name of Preparer Thomas Farnan Title -Sr. Director of Reimbursement				
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 978-247-5029		