# **State of Connecticut**



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

Cost Year 2016

| Name of Facility (as licensed)                           |                |                                                              |                                     |          |              |      |               |  |  |
|----------------------------------------------------------|----------------|--------------------------------------------------------------|-------------------------------------|----------|--------------|------|---------------|--|--|
| 1145 Poquonnock Road Operations LLC ,d/b/a Groton center |                |                                                              |                                     |          |              |      |               |  |  |
| Address (No. & Street, City, State, Zip Code)            |                |                                                              |                                     |          |              |      |               |  |  |
| 1145 Poquonock Road, Groton, CT                          | 06340          |                                                              |                                     |          |              |      |               |  |  |
| Type of Facility                                         |                |                                                              |                                     |          |              |      |               |  |  |
| Chronic and Convalescent  Nursing Home only (CCNH)       |                | Rest Home with Nursing Supervision only  (RHNS)  □ (Specify) |                                     |          | (Specify)    |      |               |  |  |
| Report for Year Beginning                                | Report for Yea | r Ending                                                     |                                     |          |              |      |               |  |  |
| 10/1/2015                                                |                | 9/30/2016                                                    |                                     |          |              |      |               |  |  |
|                                                          |                |                                                              |                                     |          |              |      |               |  |  |
| License Numbers: CCNH 2374                               |                | RHNS                                                         | (Specify) Medicare Provi<br>07-5270 |          |              |      |               |  |  |
|                                                          | ·              |                                                              |                                     |          |              |      |               |  |  |
| Medicaid Provider Numbers:                               | CC             | CNH RHNS                                                     |                                     |          | ICF-IID      |      |               |  |  |
|                                                          | 000020355      |                                                              |                                     |          |              |      |               |  |  |
| For Department Use Only                                  |                |                                                              |                                     |          |              |      |               |  |  |
| Sequence Number   Signed and                             | Date           | Sequence N                                                   | lumber                              | Cionada  | nd Notonia   | , d  | Date Received |  |  |
| Assigned Notarized                                       | Received       | Assign                                                       | ied                                 | Signed a | and Notarize | eu - | Date Received |  |  |
|                                                          |                |                                                              |                                     |          |              |      |               |  |  |
|                                                          |                |                                                              |                                     |          |              |      |               |  |  |

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CSP-1 Rev.9/2002

#### **General Information**

| Name of Facility (as licensed)                    | License No. | Report for Year Ended | Page | of |
|---------------------------------------------------|-------------|-----------------------|------|----|
| 1145 Poquonnock Road Operations LLC ,d/b/a Groton | 2374        | 9/30/2016             | 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 IMPRISIONMENT 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 1145 Poquonnock Road Operations LLC ,d/b/a Groton center [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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)       |          |      | Printed Name (Owner)           |                    |
| Diane Thomas                       |          |      | Keith Davis, V.P. of Reimb., C | 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 Adjus                           | Page<br>1A | of<br>37   |           |            |           |
|-------------------------------------------------------------|------------|------------|-----------|------------|-----------|
| Name of Facility                                            | Period Cov | ered:      | From      | То         |           |
| 1145 Poquonnock Road Operations LLC ,d/b/a Groton center    |            |            |           | 10/1/2015  | 9/30/2016 |
| Address of Facility                                         |            |            |           |            |           |
| 1145 Poquonock Road, Groton, CT 06340                       |            |            |           |            |           |
| Report Prepared By                                          |            | Phone Num  |           | Date       |           |
| Thomas Farnan                                               |            | 978-247-50 | 29        | 12/21/2016 |           |
|                                                             |            |            |           |            |           |
| Item                                                        |            | Total      | CCNH      | RHNS       | (Specify) |
| 1. Dietary wages paid                                       | \$         | 643,347    | 469,643   |            | 173,704   |
| 2. Laundry wages paid                                       | \$         |            |           |            |           |
| 3. Housekeeping wages paid                                  | \$         |            |           |            |           |
| 4. Nursing wages paid                                       | \$         | 4,138,193  | 3,792,444 |            | 345,749   |
| 5. All other wages paid                                     | \$         | 639,692    | 448,658   |            | 191,034   |
| 6. Total Wages Paid                                         | \$         | 5,421,232  | 4,710,745 |            | 710,487   |
| 7. Total salaries paid                                      | \$         | 380,913    | 328,385   |            | 52,528    |
| 8. Total Wages and Salaries Paid (As per page 10 of Report) | \$         | 5,802,145  | 5,039,130 |            | 763,015   |

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 Fac                | cility Report for Year I  | Ended Page          | of           |
|------------------------------------------------------------|---------------------------------|---------------------------|---------------------|--------------|
|                                                            | 860-446-9960                    | 9/30/2016                 | 2                   | 37           |
| Name of Facility (as shown on license)                     | Address (No                     | o. & Street, City, State, | Zip )               |              |
| 1145 Poquonnock Road Operations LLC ,d/b/a Groton          | center 1145 Poquo               | onock Road, Groton, Cl    | Γ 06340             |              |
| CCNH                                                       | RHNS                            | (Specify)                 |                     | Provider No. |
| License Numbers: 237                                       | 4                               |                           | 07-5270             |              |
| Type of Facility (Check appropriate box(es))               |                                 |                           |                     |              |
| Chronic and Convalescent Nursing Home only (CCNH)          | Rest Home with Supervision only |                           | pecify)             |              |
| Type of Ownership (Check appropriate box)                  |                                 |                           |                     |              |
| O Proprietorship O LLC O Partnership                       | O Profit Corp.                  | O Non-Profit Corp.        | O Government        | O Trust      |
|                                                            |                                 | Date Opened Da            | te Closed           |              |
| If this facility opened or closed during report year provi | de:                             |                           |                     |              |
| Has there been any change in ownership                     |                                 |                           |                     |              |
| or operation during this report year?                      | O Yes                           | • No If'                  | 'Yes," explain full | y.           |
|                                                            |                                 |                           |                     |              |
| Administrator                                              |                                 |                           |                     |              |
| Name of Administrator                                      |                                 | Nursing Home              |                     |              |
| Diane Thomas                                               |                                 | Administrator's           |                     |              |
|                                                            |                                 | License No.:              | :                   |              |
| Other Operators/Owners who are assistant administrator     | rs (full or part time)          | •                         | <del></del>         |              |
| Name                                                       |                                 | License No.:              |                     |              |
|                                                            |                                 |                           |                     |              |
|                                                            |                                 |                           |                     |              |
|                                                            |                                 |                           |                     |              |
|                                                            |                                 |                           |                     |              |
|                                                            |                                 |                           |                     |              |
|                                                            |                                 |                           |                     |              |

## General Information and Questionnaire Partners/Members

| Name of Facility           |                         | License No. | Report for Y | ear Ended                    | Page of |  |
|----------------------------|-------------------------|-------------|--------------|------------------------------|---------|--|
| 1145 Poquonnock Road Opera | tions LLC ,d/b/a Grotor | 2374        | 9/30/2016    |                              | 3 37    |  |
| Legal Name of Part         |                         |             |              | /or Town(s) in<br>Registered |         |  |
|                            |                         |             |              |                              |         |  |
| Name of Partners/Members   | Business Ac             | ddress      | ,            | Γitle                        | % Owned |  |
|                            |                         |             |              |                              |         |  |
|                            |                         |             |              |                              |         |  |
|                            |                         |             |              |                              |         |  |
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|                            |                         |             |              |                              |         |  |
|                            |                         |             |              |                              |         |  |

# **General Information and Questionnaire Corporate Owners**

| Name of Facility                                 | License No.          | Report for Year End   | ded               | Page      | of     |
|--------------------------------------------------|----------------------|-----------------------|-------------------|-----------|--------|
| 1145 Poquonnock Road Operations LLC ,d/b         | 2374                 | 9/30/2016             |                   | 3A        | 37     |
| If this facility is owned or operated as a corpo | oration, provide the | following information | on:               |           |        |
| Legal Name of Corporation                        | Busines              | ss Address            | State(s) in Which | ch Incorp | orated |
| 1145 Poquonnock Road                             | 101 East State Str   | eet, Kennett Square,  | PA                |           |        |
| Operations LLC ,d/b/a Groton                     | PA 19348             |                       |                   |           |        |
| center                                           |                      |                       |                   |           |        |
|                                                  |                      |                       |                   |           |        |
| Name of Directors, Officers                      | Busines              | ss Address            | Title             | No. Sh    |        |
| ,                                                |                      |                       |                   | Held by   | Each   |
| See Attached                                     |                      |                       |                   |           |        |
|                                                  |                      |                       |                   |           |        |
|                                                  |                      |                       |                   |           |        |
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|                                                  |                      |                       |                   |           |        |
|                                                  |                      |                       |                   |           |        |
|                                                  |                      |                       |                   |           |        |
| Names of Stockholders Owning at Least            |                      |                       |                   |           |        |
| 10% of Shares                                    |                      |                       |                   |           |        |
| 1070 of Shares                                   |                      |                       |                   |           |        |
|                                                  |                      |                       |                   |           |        |
| See Attached                                     |                      |                       |                   |           |        |
|                                                  |                      |                       |                   |           |        |
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|                                                  |                      |                       |                   |           |        |

## General Information and Questionnaire Individual Proprietorship

| Name of Facility                                      |                    | Report for Year Ended         | Page | of |
|-------------------------------------------------------|--------------------|-------------------------------|------|----|
| 1145 Poquonnock Road Operations LLC ,d/b/a Gro        | 2374               | 9/30/2016                     | 3B   | 37 |
| If this facility is owned or operated as an individua |                    | ovide the following informati | ion: |    |
|                                                       | ner(s) of Facility |                               |      |    |
|                                                       |                    |                               |      |    |
|                                                       |                    |                               |      |    |
|                                                       |                    |                               |      |    |
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|                                                       |                    |                               |      |    |
|                                                       |                    |                               |      |    |

### General Information and Questionnaire Related Parties\*

| Name of Facility                                   |                                                                                                                              | License       | e No.                             |                   | Report for Year Ended              |                                                          | Page         | of                    |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------|-------------------|------------------------------------|----------------------------------------------------------|--------------|-----------------------|
| 1145 Poquonnock Road                               | Operations LLC ,d/b/a Groton                                                                                                 |               | 2374                              |                   | 9/30/2016                          |                                                          | 4            | 37                    |
|                                                    | eiving compensation from the fa                                                                                              | •             |                                   | _                 |                                    | If "Yes," provide the                                    |              |                       |
| marriage, ability to cont                          | rol, ownership, family or busine                                                                                             | ess asso      | ciation?                          | 0                 | Yes                                | complete the inform                                      | nation on Pa | ige 11 of the report. |
| including the rental of p related through family a | ompanies which provide goods roperty or the loaning of funds t ssociation, common ownership, owners, operators, or officials | to this f     | acility,<br>l, or bus             | iness             | ⊙ Yes O No                         | If "Yes," provide th                                     | ne following | information:          |
| Name of Related                                    | Business                                                                                                                     | Good<br>Non-F | so Provi<br>ls/Servi<br>Related l | ces to<br>Parties | Description of Goods/Services      | Indicate Where<br>Costs are Included<br>in Annual Report | Cost         | Actual Cost to the    |
| Individual or Company                              | Address 101 East State Street, Kennett                                                                                       | Yes           | No                                | %**               | Provided                           | Page # / Line #                                          | Reported     | Related Party         |
| Genesis Health Ventures                            | Square, PA 19348                                                                                                             | •             | 0                                 |                   | Home Office                        | Pg 16/m12                                                | 724,223      | 724,223               |
| Genesis ElderCare<br>Rehabilitation Services       | 101 East State Street, Kennett<br>Square, PA 19348                                                                           | •             | 0                                 | 62%               | PT/OT/ST- Direct and Indirect Cost | Pg 13/B5, 9,10                                           | 733,126      | 733,126               |
| Genesis ElderCare Staffing<br>Services             | 101 East State Street, Kennett<br>Square, PA 19348                                                                           | •             | 0                                 | 56%               | Staffing Pool                      | Pg 10/A12                                                | 1,415        | 1,415                 |
| Genesis ElderCare Physician<br>Services            | 101 East State Street, Kennett<br>Square, PA 19348                                                                           | •             | 0                                 | 83%               | Case Management                    | Pg 13/B8, Pg 10/A12                                      | 69,174       | 69,174                |
| Career Staffing                                    | 101 East State Street, Kennett<br>Square, PA 19348                                                                           | •             | 0                                 |                   | Staffing Pool                      | Pg 13/B11 a,b,c                                          |              |                       |
| Respiratory Health Services                        | 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286                                                                    | •             | 0                                 | 51%               | Respiratory Therapy                | Pg 13/B12, Pg 20/C5E                                     | 87,025       | 87,025                |
| Liberty Health (Insurance)                         | 101 East State Street, Kennett<br>Square, PA 19348                                                                           | •             | 0                                 |                   | Insurance                          | Pg 27/14                                                 | 358,313      | 358,313               |
| Genesis Healthcare Corp.                           | 101 East State Street, Kennett<br>Square, PA 19348                                                                           | •             | 0                                 |                   | Capital Interest                   | Pg 17 and Pg26-12a1                                      | 62,833       | 62,833                |
|                                                    |                                                                                                                              | 0             | 0                                 |                   |                                    |                                                          |              |                       |

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> 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              |
|--------------------------------------------------------------------------------------------------|-------------|-------------|--------------------------------------|----------------------|
| 1145 Poquonnock Road Operations LLC ,d/b/a (                                                     | 2374        |             | 9/30/2016                            | 5 37                 |
| If the facility is licensed as CDH and/or RCH or                                                 | provides A  | IDS or TBI  | services with special Medicaid       | rates, costs         |
| must be allocated to CCNH and RHNS as follow                                                     | rs:         |             | _                                    |                      |
| Item                                                                                             |             |             | Method of Allocation                 |                      |
| Dietary                                                                                          |             | Number of   | meals served to residents            |                      |
| Laundry                                                                                          |             | Number of   | pounds processed                     |                      |
| Housekeeping                                                                                     |             | Number of   | square feet serviced                 |                      |
|                                                                                                  |             | Number of   | hours of routine care provided       | by EACH              |
| Nursing                                                                                          |             | employee o  | classification, i.e., Director (or   | Charge Nurse),       |
|                                                                                                  |             | Registered  | Nurses, Licensed Practical Nur       | rses, Aides and      |
|                                                                                                  |             | Attendants  |                                      |                      |
| Direct Resident Care Consultants                                                                 |             | Number of   | hours of resident care provided      | l by EACH            |
|                                                                                                  |             | specialist  | (See listing page 13 )               |                      |
| Maintenance and operation of plant                                                               |             | Square fee  | t                                    |                      |
| Property costs (depreciation)                                                                    |             | Square fee  | t                                    |                      |
| Employee health and welfare                                                                      |             | Gross salar |                                      |                      |
| Management services                                                                              |             |             | e cost center involved               |                      |
| All other General Administrative expenses                                                        |             |             | rect and Allocated Costs             |                      |
| The preparer of this report must answer the follow                                               | wing questi | ons applica | ble to the cost information prov     | ided.                |
| 1. In the preparation of this Report, were all                                                   | • Yes       | O No        | If "No," explain fully why suc       | h allocation was not |
| costs allocated as required?                                                                     | O 1 Cs      | 0 110       | made.                                |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  | 1           | 1           | <u> </u>                             |                      |
| 2. Explain the allocation of related company exp                                                 | enses and a | ittach copy | of appropriate supporting data.      |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |
| 2. D'14. F. 'l'4                                                                                 | C 11 11 .   | 1           | 1:                                   |                      |
| 3. Did the Facility appropriately allocate and sel (e.g., Assisted Living, Home Health, Outpatie |             |             | •                                    | ie cost centers?     |
| (e.g., 715515ted Diving, 110the Health, Outputte                                                 | in Bervices | , Madit Day |                                      | 1 11 .1              |
|                                                                                                  | • Yes       | O No        | If "No," explain fully why suc made. | h allocation was not |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |
|                                                                                                  |             |             |                                      |                      |

### **General Information and Questionnaire Leases (Excluding Real Property)**

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

| Name of Facility                         |           |                  | License No.                 | Report for Y |         |                  | Page | of   |
|------------------------------------------|-----------|------------------|-----------------------------|--------------|---------|------------------|------|------|
| 1145 Poquonnock Road Operations LLC ,d   | /b/a Grot | ton cent         | 2374                        | 9/30/2016    |         |                  | 6    | 37   |
|                                          | Own       | ed * to<br>ners, |                             |              |         |                  |      |      |
|                                          | _         | ators,           |                             | Date of      | Term of | Annual<br>Amount | Am   | ount |
| Name and Address of Lessor               | Yes       | No               | Description of Items Leased | Lease**      | Lease   | of Lease         | Clai | med  |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
|                                          | 0         | 0                |                             |              |         |                  |      |      |
| Is a Mileage Log Book Maintained for All | Leased V  | ehicles          | ? O Yes                     | 0            | No      | Total ***        |      |      |

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

CSP-7 Rev. 6/95

# General Information and Questionnaire Accounting Basis

| Name of Facility License No.                        | Report for Year Ended                                            | Page               |             |
|-----------------------------------------------------|------------------------------------------------------------------|--------------------|-------------|
| 1145 Poquonnock Road Operations 233                 | 9/30/2016                                                        | 7                  | 37          |
| The records of this facility for the period covered | by this report were maintained on the following basis:           |                    |             |
|                                                     |                                                                  |                    |             |
| ● Accrual O Cash O Modified Ca                      | sh                                                               |                    |             |
| Is the accounting basis for this                    |                                                                  |                    |             |
| period the same as for the • Yes                    | If "No," explain.                                                |                    |             |
| previous period? O No                               |                                                                  |                    |             |
|                                                     |                                                                  |                    |             |
|                                                     |                                                                  |                    |             |
|                                                     |                                                                  |                    |             |
|                                                     |                                                                  |                    |             |
| Independent Accounting Firm                         |                                                                  |                    |             |
| Name of Accounting Firm                             | Address (No. & Street, City, State, Zip Code)                    |                    |             |
| 1 KPMG Peat Marwick                                 | 1600 Market Street, Philadelphia, PA 19                          | 103                |             |
| 2                                                   |                                                                  |                    |             |
| 3                                                   |                                                                  |                    |             |
| 4                                                   |                                                                  |                    |             |
| Services Provided by This Firm (describe fully)     |                                                                  |                    |             |
| 1 Year end financial audit                          |                                                                  | \$                 |             |
| 2                                                   |                                                                  | \$                 |             |
| 3                                                   |                                                                  | \$                 |             |
| 4                                                   |                                                                  | \$                 |             |
| <del></del>                                         |                                                                  | Charge for Service | og Providad |
|                                                     |                                                                  |                    | es Provided |
|                                                     |                                                                  | \$                 |             |
|                                                     | This Report? If Yes, Specify Expense Classification and Line No. |                    |             |
| O Yes O No                                          |                                                                  |                    |             |
| Legal Services Information                          |                                                                  | T. 1 N 1           |             |
| Name of Legal Firm or Independent Attorney          |                                                                  | Telephone Numbe    | r           |
| 1 State of Connecticut - Court of Probate           |                                                                  |                    |             |
| 2<br>3 Bloom & Witkin                               |                                                                  | (17.456.0500       |             |
|                                                     |                                                                  | 617-456-0500       |             |
| 4 5                                                 |                                                                  |                    |             |
| Address (No. & Street, City, State, Zip Code)       |                                                                  |                    |             |
|                                                     |                                                                  |                    |             |
| 1 45 Fort Hill Road Groton, CT 06340<br>2           |                                                                  |                    |             |
| 3 175 Federal Street Boston, MA 02110               |                                                                  |                    |             |
| 4                                                   |                                                                  |                    |             |
| 5                                                   |                                                                  |                    |             |
| Services Provided by This Firm (describe fully)     |                                                                  |                    |             |
| Conservatorship & Marshall fees                     |                                                                  | \$ 5               | 599         |
| 2                                                   |                                                                  | \$                 |             |
| 3                                                   |                                                                  | \$                 |             |
| 4                                                   |                                                                  | \$                 |             |
|                                                     |                                                                  |                    |             |
| 5                                                   |                                                                  | \$                 | D           |
|                                                     |                                                                  | Charge for Service |             |
|                                                     |                                                                  | \$ 5               | 599         |
|                                                     | This Report? If Yes, Specify Expense Classification and Line No. |                    |             |
| • Yes O No Legal Fees                               | og. 15 1-e                                                       |                    |             |
| · · · · · · · · · · · · · · · · · · ·               |                                                                  |                    |             |

## **Schedule of Resident Statistics**

| Name of Facility                                                                                                                                                  |                     |               | License N     | No.             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Report fo   | r Year Ende | d      | 243 162 243 162 162 117 167 120 1,149 1,149 8,831 8,831 1,553 854 3,732 340 340 |            | of        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------|---------------|-----------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|---------------------------------------------------------------------------------|------------|-----------|
| 1145 Poquonnock Road Operations LLC ,d/b/a Grote                                                                                                                  | on center           |               | 2             | 374             |        | CCNH         RHNS         (Specify)         Total         CCNH           162         81         243         162           162         81         243         162           142         62         162         117           117         45         167         120           4,060         1,149         1,149           27,726         8,831         8,831           3,303         1,689         1,553         854           1,095         340         340         340 |             | 8           | 37     |                                                                                 |            |           |
|                                                                                                                                                                   |                     |               |               |                 |        | Period 10/                                                                                                                                                                                                                                                                                                                                                                                                                                                              | /1 Thru 6/3 | 30          |        | Period 7/                                                                       | 1 Thru 9/3 | 30        |
|                                                                                                                                                                   |                     | Total         | Total         | m . 1           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             |        |                                                                                 |            |           |
|                                                                                                                                                                   | Total All<br>Levels | CCNH<br>Level | RHNS<br>Level | Total (Specify) | Total  | CCNH                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RHNS        | (Specify)   | Total  | CCNH                                                                            | RHNS       | (Specify) |
| Certified Bed Capacity                                                                                                                                            | Levels              | Bever         | Level         | (Бреспу)        | Total  | CCIVII                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | KIIVO       | (Бреспу)    | Total  | CCIVII                                                                          | Kinto      | (Бреспу)  |
| A. On last day of PREVIOUS report period                                                                                                                          | 243                 | 162           |               | 81              | 243    | 162                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | 81          | 243    | 162                                                                             |            | 81        |
| B. On last day of THIS report period                                                                                                                              | 243                 | 162           |               | 81              | 243    | 162                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | 81          | 243    | 162                                                                             |            | 81        |
| 2. Number of Residents                                                                                                                                            |                     |               |               |                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             |        |                                                                                 |            |           |
| A. As of midnight of PREVIOUS report period                                                                                                                       | 204                 | 142           |               | 62              | 204    | 142                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | 62          | 162    | 117                                                                             |            | 45        |
| B. As of midnight of THIS report period                                                                                                                           | 167                 | 120           |               | 47              | 162    | 117                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | 45          | 167    | 120                                                                             |            | 47        |
| 3. Total Number of Days Care Provided During Period                                                                                                               |                     |               |               |                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             |        |                                                                                 |            |           |
| A. Medicare                                                                                                                                                       | 5,209               | 5,209         |               |                 | 4,060  | 4,060                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |             | 1,149  | 1,149                                                                           |            |           |
| B. Medicaid (Conn.)                                                                                                                                               | 36,557              | 36,557        |               |                 | 27,726 | 27,726                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |             | 8,831  | 8,831                                                                           |            |           |
| C. Medicaid (other states)                                                                                                                                        |                     |               |               |                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |             |        |                                                                                 |            |           |
| D. Private Pay                                                                                                                                                    | 6,545               | 4,157         |               | 2,388           | 4,992  | 3,303                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 1,689       | 1,553  | 854                                                                             |            | 699       |
| E. State SSI for RCH                                                                                                                                              | 14,523              |               |               | 14,523          | 10,791 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 10,791      | 3,732  |                                                                                 |            | 3,732     |
| F. Other (Specify)                                                                                                                                                | 1,435               | 1,435         |               |                 | 1,095  | 1,095                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |             | 340    | 340                                                                             |            |           |
| G. Total Care Days During Period (3A thru F)                                                                                                                      | 64,269              | 47,358        |               | 16,911          | 48,664 | 36,184                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 12,480      | 15,605 | 11,174                                                                          |            | 4,431     |
| <ol> <li>Total Number of Days Not Included in Figures in 3G<br/>for Which Revenue Was Received for Reserved Beds</li> <li>A. Medicaid Bed Reserve Days</li> </ol> | 709                 |               |               | 709             | 566    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 566         | 143    |                                                                                 |            | 143       |
| B. Other Bed Reserve Days                                                                                                                                         | 46                  | 19            |               | 27              | 29     | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | 10          | 17     |                                                                                 |            | 17        |
| 5. Total Resident Days (3G + 4A + 4B)                                                                                                                             | 65,024              | 47,377        |               | 17,647          | 49,259 | 36,203                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 13,056      | 15,765 | 11,174                                                                          |            | 4,591     |

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# **Schedule of Resident Statistics (Cont'd)**

| Name of Faci       | lity      |                |                         | Licer  | ise No.   |         |          |         | Report  | for Year           | Ended            |                  | Page        | of          |
|--------------------|-----------|----------------|-------------------------|--------|-----------|---------|----------|---------|---------|--------------------|------------------|------------------|-------------|-------------|
| 1145 Poquoni       | nock Ro   | ad Oper        | ations LLC ,d/b/        | 2      | 2374      |         |          |         |         | 9/30/2016<br>O Yes |                  |                  | 9           | 37          |
|                    | -         | -              | in the certified b      | -      | pacity du | ring tl | ne repo  | rt year | r?      | 0                  | Yes              | •                | No          |             |
| If "YES'           | ', provid |                | llowing informat        | ion:   |           |         |          |         |         |                    |                  |                  |             |             |
|                    |           | Place of       | f Change                |        | Cl        | nange   | in Bed   | S       |         | Ca                 | pacity Afte      | er Change        |             |             |
| Date of            | CCNH      | RHNS           | (Specify)               |        | Lost      |         | (        | Gaine   | d       |                    |                  |                  |             |             |
| Change             |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
| Change             | (1)       | (2)            | (3)                     | (1)    | (2)       | (3)     | (1)      | (2)     | (3)     | CCNH               | RHNS             | (Specify)        | Reason fo   | or Change   |
|                    |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    | <u> </u>  |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    | -         | _              | in certified bed o      | -      |           | the re  | eport ye | ar (as  | reporte | ed in item         | 4 above) p       | provide the num  | ber of      |             |
| KESIDI             | ENIDA     | 13 101         | 90 days followin        | guie   | change.   |         |          |         |         |                    |                  |                  |             |             |
|                    |           |                | Change in Ro            | esiden | t Days    |         |          |         |         | CC                 | CNH              | RHNS             | (Spe        | cify)       |
| 1st chan           |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
| 2nd char           |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
| 3rd chan           | -         |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
| 4th chan 6. Number |           | lanta an       | d Rates on Septe        | mbor   | 20 of Co. | nt Voc  |          |         |         | <u>l</u>           |                  |                  |             |             |
| o. Number          | or Kesic  | ients and      | Medicare                | mber   | Medi      |         | u        |         |         | Se                 | elf-Pay          |                  | Other Stat  | e Assisted  |
|                    |           |                | Wicarcarc               |        | Wicar     | Cara    |          |         |         |                    | II-I dy          |                  | Other State | e 715515teu |
|                    |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    | Item      |                | CCNH                    | C      | CNH       | RI      | HNS      | CO      | CNH     | R1                 | INS              | (Specify)        | R.C.H.      | ICF-IID     |
| No. of R           |           | ,              | 12                      |        | 97        | 1(1     | 11110    |         | 11      | KI                 | 1110             | (specify)        | 53          | ICI IID     |
| Per Dien           |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
| a. One b           |           |                |                         |        |           |         |          |         |         |                    |                  | 122.00           |             |             |
| b. Two             |           |                | 507.34                  |        | 208.48    |         |          |         | 314.49  |                    |                  | 115.00           | 94.00       |             |
| c. Three           | or more   | e              |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
| bed r              | ms.       |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    |           |                |                         |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    |           | -              | al Therapy Treat        | ments  |           |         |          |         |         | TO                 | TAL              | CCNH             | RHNS        | (Specify)   |
|                    | Medica    |                |                         |        |           |         |          |         |         |                    | 4,542            | 4,542            |             |             |
| В.                 |           |                | lusive of Part B)       |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    |           |                | e Treatments Treatments |        |           |         |          |         |         |                    |                  | 205              |             |             |
| C                  | Other     | torative       | Treatments              |        |           |         |          |         |         |                    | 807              | 807              |             |             |
|                    |           | Physical       | Therapy Treatn          | onts   |           |         |          |         |         |                    | 14,070<br>19,419 | 14,070<br>19,419 |             |             |
|                    |           |                | Therapy Treatm          |        |           |         |          |         |         |                    | 19,419           | 19,419           |             |             |
|                    | Medica    |                |                         | icitts |           |         |          |         |         |                    | 499              | 499              |             |             |
|                    |           |                | lusive of Part B)       |        |           |         |          |         |         |                    |                  | .,,              |             |             |
|                    | 1. Mai    | ntenance       | e Treatments            |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    | 2. Rest   | torative       | Treatments              |        |           |         |          |         |         |                    | 53               | 53               |             |             |
|                    | Other     |                |                         |        |           |         |          |         |         |                    | 1,456            | 1,456            |             |             |
|                    |           |                | herapy Treatme          |        |           |         |          |         |         |                    | 2,008            | 2,008            |             |             |
|                    |           | _              | ational Therapy         | Γreatn | nents     |         |          |         |         |                    |                  |                  |             |             |
|                    | Medica    |                |                         |        |           |         |          |         |         |                    | 2,546            | 2,546            |             |             |
| B.                 |           |                | lusive of Part B)       |        |           |         |          |         |         |                    |                  |                  |             |             |
|                    |           |                | e Treatments            |        |           |         |          |         |         |                    |                  |                  |             |             |
| ~                  |           | torative       | Treatments              |        |           |         |          |         |         | ļ                  | 667              | 667              |             |             |
|                    | Other     | )              | 1 Tl                    |        | 4         |         |          |         |         | 1                  | 12,651           | 12,651           |             |             |
| D.                 | 1 otal C  | <i>ccupati</i> | onal Therapy T          | reatm  | ents      |         |          |         |         | 1                  | 15,864           | 15,864           |             |             |

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### Report of Expenditures - Salaries & Wages

| Name of Facility                                                     | License No.      |              | Report for Year |           | Page            | of         |
|----------------------------------------------------------------------|------------------|--------------|-----------------|-----------|-----------------|------------|
| 1145 Poquonnock Road Operations LLC ,d/b/a Groton center             | 2374             |              | 9/30/2016       |           | 10              | 37         |
| Are time records maintained by all individuals receiving comp        | ensation?        | •            | Yes             | 0         | No              |            |
|                                                                      |                  |              | Total Cost      | and Hours |                 |            |
|                                                                      |                  |              |                 |           |                 |            |
|                                                                      |                  |              |                 |           | (2 .2 .         |            |
| 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)                                                      | 95,448           | 1,526        |                 |           | 35,303          | 565        |
| Assistant Administrator (Complete also Sec. IV                       |                  |              |                 |           |                 |            |
| of Schedule A1)                                                      | 46,573           | 1,410        |                 |           | 17,225          | 522        |
| 4. Other Administrative Salaries (telephone                          |                  |              |                 |           |                 |            |
| operator, clerks, receptionists, etc.)                               | 148,475          | 6,777        |                 |           | 54,915          | 2,506      |
| 5. Dietary Service                                                   | 10.014           | 402          |                 |           | 6.006           | 102        |
| Head Dietitian     Food Service Supervisor                           | 18,914<br>47,992 | 492<br>1,561 |                 |           | 6,996<br>17,751 | 182<br>578 |
| c. Dietary Workers                                                   | 402,737          | 26,498       |                 |           | 148,957         | 9,800      |
| 6. Housekeeping Service                                              | 102,707          | 20,170       |                 |           | 110,507         | ,,,,,,     |
| a. Head Housekeeper                                                  |                  |              |                 |           |                 |            |
| b. Other Housekeeping Workers                                        |                  |              |                 |           |                 |            |
| 7. Repairs & Maintenance Services                                    | 20.022           | 1.001        |                 |           | 21212           | 0.55       |
| a. Engineer or Chief of Maintenance                                  | 30,823           | 1,091        |                 |           | 24,218          | 857        |
| b. Other Maintenance Workers 8. Laundry Service                      | 29,516           | 1,712        |                 |           | 23,192          | 1,345      |
| a. Supervisor                                                        |                  |              |                 |           |                 |            |
| b. Other Laundry Workers                                             |                  |              |                 |           |                 |            |
| 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                        | 186,364          | 4,209        |                 |           |                 |            |
| b. RN                                                                |                  | .,,          |                 |           |                 |            |
| Direct Care                                                          | 892,738          | 24,452       |                 |           |                 |            |
| 2. Administrative**                                                  | 143,699          | 3,841        |                 |           |                 |            |
| c. LPN                                                               |                  |              |                 |           |                 |            |
| Direct Care     Administrative**                                     | 1,030,501        | 35,947       |                 |           | 15,496          | 560        |
| d. Aides and Attendants                                              | 1,659,725        | 102,850      |                 |           | 305,923         | 18,448     |
| e. Physical Therapists                                               | 1,037,723        | 102,030      |                 |           | 303,723         | 10,440     |
| f. Speech Therapists                                                 |                  |              |                 |           |                 |            |
| g. Occupational Therapists                                           |                  |              |                 |           |                 |            |
| h. Recreation Workers                                                | 118,815          | 6,360        |                 |           | 43,945          | 2,352      |
| i. Physicians                                                        |                  |              |                 |           |                 |            |
| Medical Director     Utilization Review                              |                  |              |                 |           |                 |            |
| 3. Resident Care***                                                  |                  |              |                 |           |                 |            |
| 4. Other (Specify)                                                   |                  |              |                 |           |                 |            |
|                                                                      |                  |              |                 |           |                 |            |
| j. Dentists                                                          |                  |              |                 |           |                 |            |
| k. Pharmacists                                                       |                  |              |                 |           |                 |            |
| Podiatrists     M. Social Workers/Case Management                    | 121,029          | 4,487        |                 |           | 44,764          | 1,660      |
| n. Marketing                                                         | 121,029          | 4,48/        |                 |           | 44,704          | 1,000      |
| o. Other (Specify)                                                   |                  |              |                 |           |                 |            |
| See Attached Schedule                                                | 65,781           | 3,561        |                 |           | 24,330          | 1,317      |
| A-13. Total Salary Expenditures                                      | 5,039,129        | 226,774      |                 |           | 763,015         | 40,692     |

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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

|                        |   | CC    | NH    | RH   | INS   | (Spec     | eify) |
|------------------------|---|-------|-------|------|-------|-----------|-------|
| Position               |   | \$    | Hours | \$   | Hours | \$        | Hours |
| Ward Clerks            | 0 | 0     | 0     |      |       | 0         | 0     |
| Nursing Unit Secretary | 0 | 22341 | 1282  |      |       | 8263      | 474   |
| Central Supply         | 0 | 24052 | 1159  |      |       | 8896      | 429   |
| Medical Records        | 0 | 19387 | 1120  |      |       | 7171      | 414   |
| Nursing Unit Secretary | 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                  |   | 65781 | 3561  | \$ - | -     | \$ 24,330 | 1,317 |
|                        |   | 0     | 0     |      |       | 0         | 0     |

Schedule of Other Fees (Page 13)

|            |                    | CC        | NH    | RH   | NS    | (Spec | cify) |
|------------|--------------------|-----------|-------|------|-------|-------|-------|
| Service    |                    | \$        | Hours | \$   | Hours | \$    | Hours |
| 1020620010 | Consulting Fees    | 498.91    | n/a   |      |       | 0     |       |
| 3010620020 | Purchased Services | 200.00    | n/a   |      |       |       |       |
| 3155620020 | Purchased Services | 109.75    | n/a   |      |       |       |       |
| 3155620020 | Purchased Services | 53,814.46 | n/a   |      |       |       |       |
| 1020620010 | Consulting Fees    | 518.79    | n/a   |      |       |       |       |
| 0          | 0                  | -         | n/a   |      |       |       |       |
| 0          | 0                  | -         | n/a   |      |       |       |       |
| 0          | 0                  | -         | n/a   |      |       |       |       |
| 0          | 0                  | 0         | n/a   |      |       |       |       |
|            |                    |           |       |      |       |       |       |
| 0          |                    |           |       |      |       |       |       |
|            |                    |           |       |      |       |       |       |
|            |                    |           |       |      |       |       |       |
|            |                    |           |       |      |       |       |       |
|            |                    |           |       |      |       |       |       |
|            |                    |           |       |      |       |       |       |
|            |                    |           |       |      |       | _     |       |
|            |                    |           |       |      |       |       |       |
| Total      |                    | 55142     | 0     | \$ - | -     | \$ -  | -     |
|            |                    | 0         |       |      |       |       |       |

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                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------|----------------------------------------|------------------------------------------|--------------------------|-----------------------|-----------------------------------------------|--------------------------|--------------------------|
| 1145 Poquonnock Road Operatio                                                                                                                                                                                    | ns LLC ,d/b | o/a Groton c | enter     | 2374                                   |                                          | 9/30/2016                |                       |                                               | 11                       | 37                       |
|                                                                                                                                                                                                                  |             | Salary Pai   | d         | Fringe Benefits                        |                                          | T 1                      | Line Where            |                                               | T . 1                    |                          |
| Name                                                                                                                                                                                                             | CCNH        | RHNS         | (Specify) | and/or Other Payments (describe fully) | Full Description of<br>Services Rendered | Total<br>Hours<br>Worked | Claimed on<br>Page 10 | Name and Address of All<br>Other Employment** | Total<br>Hours<br>Worked | Compensation<br>Received |
| Section I - Operators/Owners                                                                                                                                                                                     |             |              |           |                                        |                                          |                          |                       |                                               |                          |                          |
|                                                                                                                                                                                                                  |             |              |           |                                        |                                          |                          |                       |                                               |                          |                          |
|                                                                                                                                                                                                                  |             |              |           |                                        |                                          |                          |                       |                                               |                          |                          |
|                                                                                                                                                                                                                  |             |              |           |                                        |                                          |                          |                       |                                               |                          |                          |
| Section II - Other related<br>parties of Operators/Owners<br>employed in and paid by<br>facility (EXCEPT those who<br>may be the Administrator or<br>Assistant Administrators who<br>are identified on Page 12). |             |              |           |                                        |                                          |                          |                       |                                               |                          |                          |
|                                                                                                                                                                                                                  |             |              |           |                                        |                                          |                          |                       |                                               |                          |                          |
|                                                                                                                                                                                                                  |             |              |           |                                        |                                          |                          |                       |                                               |                          |                          |
|                                                                                                                                                                                                                  |             |              |           |                                        |                                          |                          |                       | _                                             |                          |                          |
|                                                                                                                                                                                                                  |             |              |           |                                        |                                          |                          |                       |                                               |                          |                          |

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

<sup>\*\*</sup> Include all employment worked during the cost year.

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 Y          | ear Ended             |                                               | Page            | of                       |
|------------------------------------------|--------------|-------------|-----------|------------------------------|---------------------------------------|-----------------------|-----------------------|-----------------------------------------------|-----------------|--------------------------|
| 1145 Poquonnock Road Operations          | s LLC ,d/b/a | a Groton ce | nter      | 2374                         |                                       | 9/30/2016             |                       |                                               | 12              | 37                       |
|                                          |              | Salary Pai  | d         | Fringe Benefits and/or Other |                                       |                       | Line Where            |                                               | Total           |                          |
| Name                                     | CCNH         | RHNS        | (Specify) | Payments (describe fully)    | Full Description of Services Rendered | Total Hours<br>Worked | Claimed on<br>Page 10 | Name and Address of All<br>Other Employment** | Hours<br>Worked | Compensation<br>Received |
| Section III - Administrators***          |              |             |           |                              |                                       |                       |                       |                                               |                 |                          |
| Diane Thomas                             | 95,448       |             | 35,303    |                              | Management of<br>Center               | 2,091                 | 2                     |                                               |                 |                          |
|                                          |              |             |           |                              |                                       |                       |                       |                                               |                 |                          |
|                                          |              |             |           |                              |                                       |                       |                       |                                               |                 |                          |
| Section IV - Assistant<br>Administrators |              |             |           |                              |                                       |                       |                       |                                               |                 |                          |
| Patrick Townsend                         | 32,990       |             | 12,202    |                              | Management of<br>Center               | 1,460                 | 3                     |                                               |                 |                          |
| Terelak,Monique Arents                   | 13,582       |             | 5,024     |                              |                                       | 472                   |                       |                                               |                 |                          |
|                                          |              |             |           |                              |                                       |                       |                       |                                               |                 |                          |
|                                          |              |             |           |                              |                                       |                       |                       |                                               |                 |                          |

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

<sup>\*\*</sup> Include all other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

**B. Report of Expenditures - Professional Fees** 

| Name of Facility                                 | License No. | CS - 1 1 U | Report for Y |           | Daga       | of     |
|--------------------------------------------------|-------------|------------|--------------|-----------|------------|--------|
| 1145 Poquonnock Road Operations LLC ,d/b/a Grot  |             | 7.4        | 9/30/2016    | ear Ended | Page<br>13 | 37     |
| 1143 Foquolillock Road Operations EEC ,d/b/a Gro | 231         | 4          | Total Cost   | and Hauma | 13         | 31     |
|                                                  |             |            | Total Cost   | and nours |            |        |
|                                                  |             |            |              |           |            |        |
| Item                                             | CCNH        | Hours      | RHNS         | Hours     | (Specify)  | Hours  |
| *B. Direct care consultants paid on a fee        | CCNII       | 110415     | KIINS        | Tiours    | (Specify)  | 110015 |
| for service basis in lieu of salary              |             |            |              |           |            |        |
| (For all such services complete Schedule B1)     |             |            |              |           |            |        |
| Dietitian                                        | 785         | 21         |              |           |            |        |
| 2. Dentist                                       | 17,922      | 123        |              |           |            |        |
| 3. Pharmacist                                    | 12,015      | 245        |              |           |            |        |
| 4. Podiatrist                                    | 12,013      | 243        |              |           |            |        |
| 5. Physical Therapy                              |             |            |              |           |            | _      |
| a. Resident Care                                 | 687,717     | 9,421      |              |           |            |        |
| b. Other                                         | 007,717     | 7,721      |              |           |            |        |
| 6. Social Worker                                 |             |            |              |           |            |        |
| 7. Recreation Worker                             |             |            |              |           |            |        |
| 8. Physicians                                    |             |            |              |           |            |        |
| a. Medical Director (entire facility)            | 107,830     | 571        |              |           |            |        |
| b. Utilization Review                            | 107,030     | 3/1        |              |           |            |        |
| (Title 18 and 19 only) monthly meeting           |             |            |              |           |            |        |
| c. Resident Care**                               |             |            |              |           |            |        |
| d. Administrative Services facility              |             |            |              |           |            |        |
| 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                                 | 46,154      | 592        |              |           |            |        |
| b. Other                                         |             |            |              |           |            |        |
| 10. Occupational Therapist                       |             |            |              |           |            |        |
| a. Resident Care                                 | 82,166      | 1,126      |              |           |            |        |
| b. Other                                         |             |            |              |           |            |        |
| 11. Nurses and aides and attendants              |             |            |              |           |            |        |
| a. RN                                            |             |            |              |           |            |        |
| 1. Direct Care                                   |             |            |              |           |            |        |
| 2. Administrative***                             |             |            |              |           |            |        |
| b. LPN                                           |             |            |              |           |            |        |
| 1. Direct Care                                   | 1,425       | 31         |              |           |            |        |
| 2. Administrative***                             |             |            |              |           |            |        |
| c. Aides                                         |             |            |              |           |            |        |
| d. Other                                         |             |            |              |           |            |        |
| 12. Other (Specify)                              |             |            |              |           |            |        |
| See Attached Schedule                            | 55,142      |            |              |           |            |        |
| B-13 Total Fees Paid in Lieu of Salaries         | 1,011,156   | 12,129     |              |           |            |        |

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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    |
|------------------------------------------------------------------------------------------|------------------------------------|-----------------|--------------|------------|-------------------|-------|
| 1145 Poquonnock Road Operations LLC,                                                     | d/b/a Groton c 2374                |                 | 9/30/2016    |            | 14                | 37    |
| Name of Aller CV Park                                                                    | E 11 E -1                          |                 | to Owners,   | F 1        |                   | 1.1   |
| Name & Address of Individual                                                             | Full Explanation of Service        | Operator<br>Yes | rs, Officers | Explai     | nation of Relatio | nship |
| Genesis Eldercare Hospitality Services, 101 East                                         | Dietary Services                   |                 | No           | Common Own | ership            |       |
| State Street, Kennett Square, PA 19348                                                   |                                    | •               | 0            |            | P                 |       |
| Genesis Eldercare Rehabilitation Services, 101                                           | Physical, Occupational, and Speech | •               | 0            | Common Own | ership            |       |
| East State Street, Kennett Square, PA 19348                                              | Therapy                            | •               |              |            |                   |       |
| Genesis Eldercare Physician Services, 101 East<br>State Street, Kennett Square, PA 19348 | Medical Director                   | •               | 0            | Common Own | -                 |       |
| Genesis Eldercare Staffing Services, 101 East<br>State Street, Kennett Square, PA 19348  | Nursing Pool                       | •               | 0            | Common Own | ership            |       |
| Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286   | Respiratory and Oxygen Supplies    | •               | 0            | Common Own | ership            |       |
|                                                                                          |                                    | 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            |            |                   |       |

<sup>\*</sup> Use additional sheets if necessary.

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

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

| Name of  | f Facility License                                | No.    | Report for Y | ear Ended | Page | of        |
|----------|---------------------------------------------------|--------|--------------|-----------|------|-----------|
| 1145 Po  | quonnock Road Operations LLC ,d/b/a Q 23          | 374    | 9/30/2016    |           | 15   | 37        |
|          | -                                                 |        |              |           |      |           |
|          |                                                   |        |              |           |      |           |
|          | Item                                              |        | Total        | CCNH      | RHNS | (Specify) |
| 1. Adm   | ninistrative and General                          |        |              |           |      |           |
| a. I     | Employee Health & Welfare Benefits                |        |              |           |      |           |
| 1        | 1. Workmen's Compensation                         | \$     | 268,039      | 233,194   |      | 34,845    |
| 2        | 2. Disability Insurance                           | \$     |              |           |      |           |
| 3        | 3. Unemployment Insurance                         | \$     | 91,979       | 80,022    |      | 11,957    |
|          | 4. Social Security (F.I.C.A.)                     | \$     | 425,994      | 370,615   |      | 55,379    |
| 5        | 5. Health Insurance                               | \$     | 522,712      | 454,759   |      | 67,953    |
| 6        | 6. Life Insurance (employees only)                |        |              |           |      |           |
|          | (not-owners and not-operators)                    | \$     |              |           |      |           |
| 7        | 7. Pensions (Non-Discriminatory)                  | \$     |              |           |      |           |
|          | (not-owners and not-operators)                    |        |              |           |      |           |
| 8        | 8. Uniform Allowance                              | \$     |              |           |      |           |
| 9        | 9. Other (Specify)                                | \$     |              |           |      |           |
|          | See Attached Schedule                             |        |              |           |      |           |
| b. I     | Personal Retirement Plans, Pensions, and          | \$     |              |           |      |           |
| I        | Profit Sharing Plans for Owners and               |        |              |           |      |           |
| (        | Operators (Discriminatory)*                       |        |              |           |      |           |
|          |                                                   |        |              |           |      |           |
| c. I     | Bad Debts*                                        | \$     | 116,270      | 84,877    |      | 31,393    |
| d. A     | Accounting and Auditing                           | \$     |              |           |      |           |
| e. I     | Legal (Services should be fully described on Page | 27) \$ | 599          | 437       |      | 162       |
| f. I     | Insurance on Lives of Owners and                  | \$     |              |           |      |           |
| (        | Operators (Specify )*                             |        |              |           |      |           |
| g. (     | Office Supplies                                   | \$     | 37,631       | 27,471    |      | 10,160    |
| h.       | Telephone and Cellular Phones                     |        |              |           |      |           |
| 1        | 1. Telephone & Pagers                             | \$     | 37,669       | 27,498    |      | 10,171    |
| 2        | 2. Cellular Phones                                | \$     | 505          | 369       |      | 136       |
| i. A     | Appraisal (Specify purpose and                    | \$     |              |           |      |           |
| (        | attach copy )*                                    |        |              |           |      |           |
|          |                                                   |        |              |           |      |           |
|          | Corporation Business Taxes (franchise tax)        | \$     |              |           |      |           |
| k. (     | Other Taxes (Not related to property - See Page 2 | 22)    |              |           |      |           |
| 1        | 1. Income*                                        | \$     |              |           |      |           |
| 2        | 2. Other (Specify)                                | \$     | 444          | 324       |      | 120       |
|          | See Attached Schedule                             |        |              |           |      |           |
| 3        | 3. Resident Day User Fee                          | \$     | 871,446      | 871,446   |      |           |
| Subtotal | !                                                 | \$     | 2,373,288    | 2,151,012 |      | 222,276   |

<sup>\*</sup> 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

1145 Poquonnock Road Operations LLC ,d/b/a Groton center 9/30/2016

Attachment Page 15

### **Schedule of Other Employee Benefits**

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

Schedule of Other Taxes

| Description |           | CCNH   | RHNS | (Specify) |
|-------------|-----------|--------|------|-----------|
| 1020640110  | Sales Tax | 324.12 | 0    | 119.88    |
| 1020640110  | Sales Tax | 0      | 0    | 0         |
| 0           | 0         | 0      | 0    | 0         |
| 0           | 0         | 0      |      |           |
|             |           |        |      |           |
|             |           |        |      |           |
| Total       |           | \$ 324 | \$ - | \$ 120    |

\_\_\_\_\_

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

| Name of Facility                                  | License No.         | Report for ` | Year Ended | Page | of        |
|---------------------------------------------------|---------------------|--------------|------------|------|-----------|
| 1145 Poquonnock Road Operations LLC ,d/b/a Groto  | 2374                | 9/30/2016    |            | 16   | 37        |
|                                                   |                     |              |            |      |           |
|                                                   |                     |              |            |      |           |
| Item                                              |                     | Total        | CCNH       | RHNS | (Specify) |
| Subtotal                                          | s Brought Forward:  | 2,373,288    | 2,151,012  |      | 222,276   |
| Travel and Entertainment                          | <u> </u>            |              |            |      |           |
| Resident Travel and Entertainment                 | \$                  |              |            |      |           |
| 2. Holiday Parties for Staff                      | \$                  | 245          | 179        |      | 66        |
| 3. Gifts to Staff and Residents                   | \$                  |              |            |      |           |
| 4. Employee Travel                                | \$                  | 2,737        | 1,998      |      | 739       |
| 5. Education Expenses Related to Seminars an      | d Conventions \$    | 1,034        | 755        |      | 279       |
| 6. Automobile Expense (not purchase or depre      | eciation) \$        |              |            |      |           |
| 7. Other ( <i>Specify</i> )                       | \$                  |              |            |      |           |
| See Attached Schedule                             |                     |              |            |      |           |
| m. Other Administrative and General Expenses      |                     |              |            |      |           |
| 1. Advertising Help Wanted (all such expenses     | \$                  | 125          | 91         |      | 34        |
| 2. Advertising Telephone Directory (all such ex   | xpenses )*** \$     |              |            |      |           |
| 3. Advertising Other (Specify)***                 | \$                  | 10,497       | 7,663      |      | 2,834     |
| See Attached Schedule                             |                     |              |            |      |           |
| 4. Fund-Raising***                                | \$                  |              |            |      |           |
| 5. Medical Records                                | \$                  |              |            |      |           |
| 6. Barber and Beauty Supplies (if this service in | is supplied \$      |              |            |      |           |
| directly and not by contract or fee for service   | e)***               |              |            |      |           |
| 7. Postage                                        | \$                  | 4,202        | 3,067      |      | 1,135     |
| * 8. Dues and Membership Fees to Professional     | \$                  | 11,784       | 8,603      |      | 3,182     |
| Associations (Specify)                            |                     |              |            |      |           |
| See Attached Schedule                             |                     |              |            |      |           |
| 8a. Dues to Chamber of Commerce & Other Non-A     | llowable Org.*** \$ |              |            |      |           |
| 9. Subscriptions                                  | \$                  | 175          | 128        |      | 47        |
| 10. Contributions***                              | \$                  | 2,059        | 2,059      |      |           |
| See Attached Schedule                             |                     |              |            |      |           |
| 11. Services Provided by Contract (Specify and    | Complete \$         | 2,301        | 1,680      |      | 621       |
| Schedule C-2, Page 21 for each firm or indi       | ividual)            |              |            |      |           |
| 12. Administrative Management Services**          | \$                  | 576,648      | 420,953    |      | 155,695   |
| 13. Other (Specify)                               | \$                  | 41,889       | 30,579     |      | 11,310    |
| See Attached Schedule                             |                     |              |            |      |           |
| C-14 Total Administrative & General Expenditures  | \$                  | 3,026,984    | 2,628,766  |      | 398,218   |

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

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

#### Schedule of Other Travel and Entertainment

|      | RHNS | CCNH | Description                          |
|------|------|------|--------------------------------------|
| 0    |      |      |                                      |
| 0    |      |      |                                      |
| 0    |      |      |                                      |
| 0    |      |      |                                      |
| 0    |      |      |                                      |
| 0    |      |      |                                      |
|      |      |      |                                      |
| \$ - | \$ - | \$ - | Total Other Travel and Entertainment |
|      | \$ - | \$ - | Total Other Travel and Entertainment |

Schedule of Other Advertising

| Description             |   |                       | CCNH     | RHNS | (Specify) |
|-------------------------|---|-----------------------|----------|------|-----------|
| 1020630020              |   | Advertising           | 201.21   | 0    | 74.4201   |
| 1020630020              |   | Advertising           | 843.54   | 0    | 311.9958  |
| 1020630020              |   | Advertising           | 4,986.41 | 0    | 1844.289  |
| 1020630330              |   | Marketing Expense     | 9.73     | 0    | 3.5991    |
| 1020630330              |   | Marketing Expense     | 307.37   | 0    | 113.6862  |
| 1020630330              |   | Marketing Expense     | 24.86    | 0    | 9.1935    |
| 1020630331              |   | Marketing Exp- Corpor | 1,289.90 | 0    | 477.0846  |
|                         | 0 | 0                     | -        | 0    | 0         |
|                         | 0 | 0                     | -        | 0    | 0         |
|                         | 0 | 0                     | 1        | 0    | 0         |
|                         | 0 | 0                     | 1        | 0    | 0         |
|                         | 0 | 0                     | 1        | 0    | 0         |
|                         | 0 | 0                     | 1        | 0    | 0         |
|                         | 0 | 0                     | -        | 0    | 0         |
|                         | 0 | 0                     | -        | 0    | 0         |
|                         | 0 | 0                     | 1        | 0    | 0         |
|                         | 0 | 0                     | 0        | 0    | 0         |
|                         | 0 | 0                     | 0        | 0    | 0         |
|                         |   |                       |          |      |           |
|                         |   |                       |          |      |           |
|                         |   |                       |          |      |           |
|                         |   |                       |          |      |           |
|                         |   |                       |          |      |           |
|                         |   |                       |          |      |           |
|                         |   |                       |          |      |           |
| Total Other Advertising |   |                       | \$ 7,663 | \$ - | \$ 2,834  |

#### Schedule of Dues

| Description |                         | CCNH      | RHNS | (Specify) |
|-------------|-------------------------|-----------|------|-----------|
| 1020630310  | Licenses and Certificat | 0         | 0    | 0         |
| 1020630310  | Licenses and Certificat | 8602.6777 | 0    | 3181.8123 |
| 1020630310  | 0                       | 0         | 0    | 0         |
| 1020630310  | 0                       | 0         | 0    | 0         |
| 1020630310  | 0                       | 0         | 0    | 0         |
| 1020630310  | 0                       | 0         | 0    | 0         |
| 1020630310  | 0                       | 0         | 0    | 0         |
| 1020630310  | 0                       | 0         | 0    | 0         |
| 1020630310  | 0                       | 0         | 0    | 0         |
| 1020630310  | 0                       | 0         | 0    | 0         |
| 1020630310  | 0                       | 0         | 0    | 0         |
|             |                         |           |      |           |
| 0           | 0                       | 0         | 0    | 0         |
| 0           | 0                       | 0         | 0    | 0         |
|             |                         |           |      |           |
|             |                         |           |      |           |
| Total Dues  |                         | \$ 8,603  | \$ - | \$ 3,182  |
|             |                         | \$ -      |      | \$ -      |

| Description                |                         | CCNH     | RHNS | (Specify) |
|----------------------------|-------------------------|----------|------|-----------|
| 1020630135                 | Political Contributions | 2058.51  | 0    | 0         |
| 1020630200                 | 0                       | 0        | 0    | 0         |
| 1020630200                 | 0                       | 0        | 0    | 0         |
| <b>Total Contributions</b> |                         | \$ 2,059 | \$ - | \$ -      |
|                            |                         | \$ -     |      |           |

5 -

Schedule of Other Administrative and General

| Description                            |                       | CCNH       | RHNS | (Specify) |
|----------------------------------------|-----------------------|------------|------|-----------|
| 1020630060                             | Bank Service Charges  | 5993.8986  | 0    | 2216.9214 |
| 1020630120                             | Collection Fees       | 2694.8169  | 0    | 996.7131  |
| 1020630120                             | Collection Fees       | 62.269     | 0    | 23.031    |
| 1020630140                             | Education Expense     | 143.6421   | 0    | 53.1279   |
| 1020630140                             | Education Expense     | 2.5112     | 0    | 0.9288    |
| 1020630180                             | Employee Physicals    | 8120.6587  | 0    | 3003.5313 |
| 1020630200                             | Employee Relations    | 1240.6058  | 0    | 458.8542  |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
|                                        | Employee Relations    | 20.44      | 0    |           |
| 1020630200                             | 1 /                   |            | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      |      | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630200                             | Employee Relations    | 20.44      | 0    | 7.56      |
| 1020630380                             | Printing              | 106.6968   | 0    | 39.4632   |
| 1020630610                             | Training Expense      | 183.3103   | 0    | 67.7997   |
| 1020630610                             | Training Expense      | 518.4168   | 0    | 191.7432  |
| 1020640080                             | Fines & Penalties     | 6168.5     | 0    | 2281.5    |
| 1020640090                             | Miscellaneous         | 43.873     | 0    | 16.227    |
| 1020640090                             | Miscellaneous         | 27.1633    | 0    | 10.0467   |
| 1020660080                             | Rental Expense        | 4689.0601  | 0    | 1734.3099 |
| 1020660990                             | Accrued Expense Estin | -1287.9317 | 0    | -476.3583 |
| 5095720020                             | Cap Stk/Franchise Tax | 69.8172    | 0    | 25.8228   |
| 1020720070                             | State Tax Annual Repo | 29.2       | 0    | 10.8      |
| 1020640080                             | Fines & Penalties     | 1423.5     | 0    | 526.5     |
| 1020630120                             | Collection Fees       | 1.46       | 0    | 0.54      |
| 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                                      | 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 Administrative and General |                       | \$ 30,579  | \$ - | \$ 11,310 |

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

| Name of Facility<br>1145 Poquonnock Road Operations LLC            | License No.<br>2374 | Report for Year Ended 9/30/2016                                          | Page of 17   37                             |
|--------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------|---------------------------------------------|
| Name & Address of Individual or                                    | Cost of Management  | Full Description of Mgmt. Service                                        | Indicate Where Costs are Included in Annual |
| Company Supplying Service                                          | Service             | Provided                                                                 | Report Page #/Line #                        |
| Genesis Health Ventures, 101 East St.,<br>Kennett Square, PA 19348 | 724,223             | Mgmt Services, Property Mgmt<br>Assisting, MIS, Personnel,<br>Compliance | pg 16 m-12                                  |
| Genesis Health Ventures, 101 East St.,<br>Kennett Square, PA 19348 | 62,833              | Capital Interest                                                         | pg 26 12-A-1                                |
|                                                                    |                     |                                                                          |                                             |
|                                                                    |                     |                                                                          |                                             |
|                                                                    |                     |                                                                          |                                             |
|                                                                    |                     |                                                                          |                                             |

<sup>\*</sup> 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)

|            |                                               | 11            |              | ii rage 5)    | 1                     |                 |      |          |
|------------|-----------------------------------------------|---------------|--------------|---------------|-----------------------|-----------------|------|----------|
| 1          |                                               |               | License      |               | Report for Year Ended |                 | Page | of       |
| 114:       | 5 Poquonnock Road Operations LLC ,d/b/a Gr    | oton          |              | 2374          | 9/30/2016             | 5               | 18   | 37       |
|            |                                               |               |              |               |                       |                 |      |          |
|            | Item                                          |               |              | Total         | CCNH                  | RHNS            | (S   | specify) |
| 2.         | Dietary                                       |               |              |               |                       |                 |      |          |
|            | a. In-House Preparation & Service             |               |              |               |                       |                 |      |          |
|            | 1. Raw Food                                   |               | \$           | 305,048       | 222,685               |                 |      | 82,363   |
|            | 2. Non-Food Supplies                          |               | \$           |               | 30,527                |                 |      | 11,291   |
|            | 3. Other ( <i>Specify</i> )                   |               | \$           |               | (972)                 | )               |      | (360)    |
|            | (-1 3)                                        |               |              | ( )== /       |                       |                 |      | (        |
|            |                                               |               |              |               |                       |                 |      |          |
|            | b. Purchased Services (by contract other      |               | \$           | 4,590         | 3,351                 |                 |      | 1,239    |
|            | than through Management Services)             |               |              |               |                       |                 |      |          |
|            | (Complete Schedule C-2 att. Page 21)          |               |              |               |                       |                 |      |          |
|            | c. Management Services**                      |               | \$           |               |                       |                 |      |          |
|            | d. Other (Specify)                            |               | . \$         | 40            | 29                    |                 |      | 11       |
|            |                                               |               |              |               |                       |                 |      |          |
|            | T (ID' (D) (O) I (O) I                        |               |              |               |                       |                 |      |          |
| 2E.        | Total Dietary Expenditures $(2a + b + c + d)$ |               | \$           | 350,164       | 255,620               |                 |      | 94,544   |
|            |                                               |               |              |               |                       |                 |      |          |
| 2F.        | Dietary Questionnaire                         |               |              | Total         | CCNH                  | RHNS            | (S   | pecify)  |
| G.         | Resident Meals: Total no. of meals served pe  | r day         | / <b>:</b> * |               |                       |                 |      |          |
| H.         | Is cost of employee meals included in 2E?     | 0             | Yes          | •             | No                    |                 |      |          |
| I.         | Did you receive revenue from employees?       | 0             | Yes          | •             | No                    | If yes, specify |      |          |
| _          |                                               |               |              | 2.7           |                       | amt.            |      |          |
| J.         | Where is the revenue received reported in the | Cos           | t Repor      | t? (Page/Line | Item)                 |                 |      |          |
|            | Is cost of meals provided to persons other    |               |              | _             |                       | If yes, specify |      |          |
| K.         | than employees or residents (i.e., Board      | 0             | Yes          | •             | No                    | cost.           |      |          |
|            | Members, Guests) included in 2E?              |               |              |               |                       | cost.           |      |          |
| L.         | Is any revenue collected from these people?   | $\circ$       | Vec          | •             | No                    | If yes, specify |      |          |
| <b>L</b> . | is any revenue concetted from these people.   |               | 105          |               | 110                   | amt.            |      |          |
| M.         | Where is the revenue received reported in the | Cos           | t Repor      | t? (Page/Line | Item)                 |                 |      |          |
|            | Is cost of food (other than meals, e.g.,      |               |              |               |                       |                 |      |          |
| N.         | snacks at monthly staff meetings, board       | 0             | Yes          | •             | No                    | If yes, specify |      |          |
| 1.1.       | meetings) provided to employees included      | _             | 103          | J             | 110                   | cost.           |      |          |
|            | in 2E?                                        |               |              |               |                       |                 |      |          |
|            | Is any managed at 1 from 1 miles              | $\overline{}$ | V            |               | N.                    | If yes, specify |      |          |
| O.         | Is any revenue collected from employees?      | O             | Yes          | •             | No                    | amt.            |      |          |
| P.         | Where is the revenue received reported in the | Cos           | t Repor      | t? (Page/Line | Item)                 |                 |      |          |
|            |                                               |               |              |               |                       |                 |      |          |

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

<sup>\*\*</sup> 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  |         | Report for Y |                       | Page            | of      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|--------------|-----------------------|-----------------|---------|
| 1145 Poquonnock Road Operations LLC ,d/b/a Groton of                                                                                                     | <u> </u> | 2374    | 9/30/2016    | T                     | 19              | 37      |
| Item                                                                                                                                                     |          | Total   | CCNH         | RHNS                  | (S <sub>1</sub> | pecify) |
| <ul> <li>3. Laundry</li> <li>a. In-House Processing*</li> <li>1. Bed linens, cubicle curtains, draperies, gowns and other resident care items</li> </ul> | Lbs.     | 9,572   | 6,988        |                       |                 | 2.594   |
| washed, ironed, and/or processed.***                                                                                                                     | Allıt. 5 | 9,372   | 0,988        |                       |                 | 2,584   |
| 2. Employee items including uniforms, gowns, etc. washed, ironed and/or                                                                                  | Lbs.     |         |              |                       |                 |         |
| processed.***                                                                                                                                            | Amt. \$  |         |              |                       |                 |         |
| 3. Personal clothing of residents washed, ironed, and/or processed.***                                                                                   | Lbs.     |         |              |                       |                 |         |
| washed, froned, and/or processed.                                                                                                                        | Amt. \$  |         |              |                       |                 |         |
| 4. Repair and/or purchase of linens.***                                                                                                                  | Lbs.     |         |              |                       |                 |         |
| h Donaharad Carriera dan antarat adam                                                                                                                    | Amt. \$  | 6,479   |              |                       |                 | 1,749   |
| b. Purchased Services (by contract other than through Management Services)                                                                               | \$       | 263,758 | 192,543      |                       |                 | 71,215  |
| (Complete Schedule C-2 att. Page 21)                                                                                                                     |          |         |              |                       |                 |         |
| c. Management Services**                                                                                                                                 | \$       |         |              |                       |                 |         |
| d. Other (Specify)                                                                                                                                       | \$       |         |              |                       |                 |         |
| 3E. Total Laundry Expenditures (3a + b + c + d)                                                                                                          | \$       | 279,809 | 204,261      |                       |                 | 75,548  |
| 3F. Laundry Questionnaire                                                                                                                                | •        |         | •            | •                     | •               |         |
| G. Is cost of employee laundry included in 3E?                                                                                                           | Yes      | •       | No           | If yes, specify cost. |                 |         |
| 1 3                                                                                                                                                      | Yes      | •       | 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?                                                              | Yes      | •       | No           | If yes, specify cost. |                 |         |
| K. Did you receive revenue from these people?                                                                                                            | Yes      | •       | No           | If yes, specify amt.  |                 |         |
| L. Where is the revenue received reported in the Cost                                                                                                    | Report?  |         | (Page/Line   | Item)                 |                 |         |

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> 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)

|     |                                                    |                  | Repo | ort for Year E | nded    | Page | of        |
|-----|----------------------------------------------------|------------------|------|----------------|---------|------|-----------|
| 114 | 5 Poquonnock Road Operations LLC ,d/b/a            | 2374             |      | 9/30/2016      |         | 20   | 37        |
|     |                                                    |                  |      |                |         |      |           |
|     |                                                    |                  |      |                |         |      |           |
|     | Item                                               | T                |      | Total          | CCNH    | RHNS | (Specify) |
| 4.  | Housekeeping                                       | Sq. Ft. Serviced |      |                |         |      |           |
|     | a. In-House Care                                   | by Personnel     |      |                |         |      |           |
|     | 1. Supplies - Cleaning (Mops, pails, brooms, etc.) | Amt.             | \$   | 28,889         | 16,178  |      | 12,711    |
|     | b. Purchased Services (by contract other           | Sq. Ft. Serviced |      |                |         |      |           |
|     | than through Management Services)                  | by Personnel     |      |                |         |      |           |
|     | (Complete Schedule C-2 att.                        | Amt.             | \$   | 396,183        | 221,862 |      | 174,321   |
|     | Page 21)                                           | 1 11111          | Ψ    | 0,0,100        | 221,002 |      | 1, 1,021  |
|     | c. Management Services*                            | I                | \$   |                |         |      |           |
|     | d. Other (Specify)                                 |                  | \$   |                |         |      |           |
|     |                                                    |                  | - 1  |                |         |      |           |
| 4E. | Total Housekeeping Expenditures (4a +              | b+c+d)           | \$   | 425,072        | 238,040 |      | 187,032   |
| 5.  | Resident Care (Supplies)**                         |                  |      |                |         |      |           |
|     | a. Prescription Drugs***                           |                  | - 1  |                |         |      |           |
|     | 1. Own Pharmacy                                    |                  | \$   |                |         |      |           |
|     | 2. Purchased from                                  |                  | \$   | 284,816        | 284,816 |      |           |
|     |                                                    |                  |      |                |         |      |           |
|     | b. Medicine Cabinet Drugs                          |                  | \$   | 32,059         | 32,059  |      |           |
|     | c. Medical and Therapeutic Supplies                |                  | \$   | 107,829        | 107,829 |      |           |
|     | d. Ambulance/Limousine***                          |                  | \$   | (2,095)        | (2,095) |      |           |
|     | e. Oxygen                                          |                  |      |                |         |      |           |
|     | 1. For Emergency Use                               |                  | \$   |                |         |      |           |
|     | 2. Other***                                        |                  | \$   | 20,847         | 20,847  |      |           |
|     | f. X-rays and Related Radiological                 |                  | \$   | 11,409         | 11,409  |      |           |
|     | Procedures***                                      |                  |      |                |         |      |           |
|     | g. Dental (Not dentists who should be inc          | luded under      | \$   |                |         |      |           |
|     | salaries or fees)                                  |                  |      |                |         |      |           |
|     | h. Laboratory***                                   |                  | \$   | 37,381         | 37,381  |      |           |
|     | i. Recreation                                      |                  | \$   | 47,677         | 26,699  |      | 20,978    |
|     | j. Other (Specify)****                             |                  | \$   | 93,659         | 52,449  |      | 41,210    |
|     | See Attached Schedule                              |                  |      |                |         |      |           |
| 5K. | Total Resident Care Expenditures (5a - 5           | j)               | \$   | 633,582        | 571,394 |      | 62,188    |

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

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

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

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

### **Schedule of Other Resident Care**

| Incontinency - Rebate   (4,028.94)   - (3,165.60)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Description               |   |                       | CCNH       | RHNS | (Specify)  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---|-----------------------|------------|------|------------|
| Incontinency - Rebate   (4,028.94)   . (3,165.60)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3060610160                |   | Incontinency          | 38,294.51  | -    | 30,088.54  |
| Advertising-Help War   276.88   -   217.54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3060610161                |   | Incontinency - Rebate | (70.31)    | -    | (55.24)    |
| Advertising-Help Wat   157.42                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3060610161                |   | Incontinency - Rebate | (4,028.94) | -    | (3,165.60) |
| Books, Dues & Subsc   208.16   -   163.55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3080630030                |   | Advertising-Help War  | 276.88     | -    | 217.54     |
| 3080630140         Education Expense         597.56         -         469.51           3120630530         Supplies         448.24         -         352.19           3155630530         Supplies         5,463.23         -         4,292.53           3155630530         Supplies         2,034.10         -         1,598.23           3170630530         Supplies         279.20         -         219.37           3120660080         Rental Expense         1,278.12         -         1,004.23           3120660080         Rental Expense         403.80         -         317.28           3155660080         Rental Expense         167.90         -         113.192           3155660080         Rental Expense         6.123.60         -         4,811.40           3010610300         Consolidated Billing         815.42         -         640.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3080630030                |   | Advertising-Help War  | 157.42     | -    | 123.68     |
| Supplies   348.24   -   352.19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3080630080                |   | Books, Dues & Subsc   | 208.16     | -    | 163.55     |
| Supplies   S,463.23   -   4,292.53     3155630530   Supplies   2,034.10   -   1,598.23     3170630530   Supplies   2,79.20   -   219.37     3120660080   Rental Expense   1,278.12   -   1,004.23     3120660080   Rental Expense   403.80   -   317.28     3155660080   Rental Expense   167.90   -   131.92     3155660080   Rental Expense   6,123.60   -   4,811.40     3010610300   Consolidated Billing   815.42   -   640.68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3080630140                |   | Education Expense     | 597.56     | -    | 469.51     |
| Supplies   2,034.10   -   1,598.23   3170630530   Supplies   279.20   -   219.37   312066080   Rental Expense   1,278.12   -   1,004.23   312066080   Rental Expense   1,278.12   -   1,004.23   312066080   Rental Expense   167.90   -   131.92   315566080   Rental Expense   167.90   -   131.92   315566080   Rental Expense   6,123.60   -   4,811.40   3010610300   Consolidated Billing   815.42   -   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68   640.68  | 3120630530                |   | Supplies              | 448.24     | -    | 352.19     |
| 3170630530         Supplies         279.20         -         219.37           3120660080         Rental Expense         1.278.12         -         1,004.23           3120660080         Rental Expense         403.80         -         317.28           3155660080         Rental Expense         167.90         -         131.92           3155660080         Rental Expense         6,123.60         -         4,811.40           3010610300         Consolidated Billing         815.42         -         640.68           0         0         0         -         -         -           10         0         0         -         -         -           10         0         0         -         -         -         -           10         0         0         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3155630530                |   | Supplies              | 5,463.23   | -    | 4,292.53   |
| 3120660080         Rental Expense         1,278.12         -         1,004.23           3120660080         Rental Expense         403.80         -         317.28           3155660080         Rental Expense         167.90         -         131.92           3155660080         Rental Expense         6,123.60         -         4,811.40           3010610300         Consolidated Billing         815.42         -         640.68           0         0         0         -         -         -           10         0         0         -         -         -           10         0         0         -         -         -         -           10         0         0         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         - </td <td>3155630530</td> <td></td> <td>Supplies</td> <td>2,034.10</td> <td>-</td> <td>1,598.23</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3155630530                |   | Supplies              | 2,034.10   | -    | 1,598.23   |
| 312066080         Rental Expense         403.80         -         317.28           3155660080         Rental Expense         167.90         -         131.92           3155660080         Rental Expense         6,123.60         -         4,811.40           3010610300         Consolidated Billing         815.42         -         640.68           0         0         0         -         -         -           10         0         0         -         -         -           10         0         0         -         -         -         -           10         0         0         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3170630530                |   | Supplies              | 279.20     | -    | 219.37     |
| Section   Sect | 3120660080                |   | Rental Expense        | 1,278.12   | -    | 1,004.23   |
| 315566080         Rental Expense         6,123.60         -         4,811.40           3010610300         Consolidated Billing         815.42         -         640.68           0         0         -         -         -         -           1         0         0         -         -         -         -         -           1         0         0         0         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3120660080                |   | Rental Expense        | 403.80     | -    | 317.28     |
| 3010610300         Consolidated Billing         815.42         —         640.68           0         0         —         —         —           1         0         0         —         —         —           1         0         0         —         —         —         —           1         0         0         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —         —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3155660080                |   | Rental Expense        | 167.90     | -    | 131.92     |
| 0       0       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3155660080                |   | Rental Expense        | 6,123.60   | -    | 4,811.40   |
| 0       0       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3010610300                |   | Consolidated Billing  | 815.42     | -    | 640.68     |
| 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       0       -       -       -         0       0       -       -       -         0       0       -       -       -         0       0       -       -       -         0       0       0       -       -       -         0       0       0       0       0       0         0 <td></td> <td>0</td> <td>0</td> <td>-</td> <td>-</td> <td>-</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | 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       -       -       -       -         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       0.00       0.00         0       0       0.00       0.00       0.00       0.00         0       0       0.00       0.00       0.00       0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | 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       0.00       0.00       0.00         0       0       0.00       0.00       0.00       0.00         0       0       0.00       0.00       0.00       0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 0 | 0                     | -          | -    | -          |
| 0       0       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | 0 | 0                     | -          | -    | -          |
| 0       0       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | 0 | 0                     | -          | -    | -          |
| 0     0     -     -     -       0     0     -     -     -       0     0     -     -     -       0     0     -     -     -       0     0     -     -     -       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 0 | 0                     | -          | -    | -          |
| 0     0     -     -     -       0     0     -     -     -       0     0     -     -     -       0     0     -     -     -       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 0 | 0                     | -          | -    | -          |
| 0     0     -     -     -       0     0     -     -     -       0     0     -     -     -       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 0 | 0                     | -          | -    | -          |
| 0     0     -     -     -       0     0     -     -     -       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 0 | 0                     | -          | -    | -          |
| 0     0     -     -     -       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | 0 | 0                     | -          | -    | -          |
| 0     0     0.00     0.00       0     0     0.00     0.00       0     0     0.00     0.00       0     0     0.00     0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | 0 | 0                     | -          | -    | -          |
| 0     0     0.00     0.00     0.00       0     0     0.00     0.00     0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | 0 | 0                     | -          | -    | -          |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | 0 | 0                     | 0.00       | 0.00 | 0.00       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | 0 | 0                     | 0.00       | 0.00 | 0.00       |
| Total Other Resident Care         \$ 52,449         \$ -         \$ 41,210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | 0 | 0                     | 0.00       | 0.00 | 0.00       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total Other Resident Care |   |                       | \$ 52,449  | \$ - | \$ 41,210  |

# $\label{lem:condition} \textbf{Report of Expenditures} \\ \textbf{Schedule C-2 - Individuals or Firms Providing Services by Contract *} \\$

| Name of Facility<br>1145 Poquonnock Road Oper | rations II C. d/b/a Gra      | License No.<br>2374  | Report for Year Ende 9/30/2016 |                             |                                       |         | Page 21    | of<br>37     |    |      |
|-----------------------------------------------|------------------------------|----------------------|--------------------------------|-----------------------------|---------------------------------------|---------|------------|--------------|----|------|
| 1143 Poquonnock Road Oper                     | rations LLC ,d/b/a Gro       | ton center           |                                | 2374                        | 9/30/2010                             |         |            |              | 21 | 37   |
|                                               |                              | Related ** Operators |                                |                             |                                       |         | Total Cost | /Page Ref.** | *  |      |
| Name of Individual or<br>Company              | Address                      | Yes                  | No                             | Explanation of Relationship | Full Explanation of Service Provided* | CCNH    | RHNS       | (Specify)    | Ρα | Line |
| Healthcare Services Group                     | Drive, Bensalem, PA<br>19020 | O                    | •                              | Vendor Contracted           | Laundry Purchased Services            | 192,544 | KIIIVS     | 71,215       |    | 3b   |
| Healthcare Services Group                     | Drive, Bensalem, PA<br>19020 | 0                    | 0                              | Vendor Contracted           | Housekeeping Purchased<br>Services    | 221,863 |            | 174,321      |    | 4b   |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |
|                                               |                              | 0                    | 0                              |                             |                                       |         |            |              |    |      |

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

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 Ye | ear Ended |      | Page of   |
|--------------------------------------------------------|----|---------------|-----------|------|-----------|
| 1145 Poquonnock Road Operations LLC ,d/b/ 2374         |    | 9/30/2016     |           |      | 22   37   |
|                                                        |    |               |           |      |           |
| Item                                                   |    | Total         | CCNH      | RHNS | (Specify) |
| 6. Maintenance & Operation of Plant                    |    |               |           |      |           |
| a. Repairs & Maintenance                               | \$ | 177,011       | 99,126    |      | 77,885    |
| b. Heat                                                | \$ | 36,415        | 20,392    |      | 16,023    |
| c. Light & Power                                       | \$ | 264,750       | 148,260   |      | 116,490   |
| d. Water                                               | \$ | 60,144        | 33,681    |      | 26,463    |
| e. Equipment Lease ( <i>Provide detail on page 6</i> ) | \$ |               |           |      |           |
| f. Other (itemize)                                     | \$ |               |           |      |           |
| See Attached Schedule                                  |    |               |           |      |           |
| 6g. Total Maint. & Operating Expense (6a - 6f)         | \$ | 538,320       | 301,459   |      | 236,861   |
| 7. Depreciation ( <i>complete schedule page 23*</i> )  |    |               |           |      |           |
| a. Land Improvements                                   | \$ | 209           | 117       |      | 92        |
| b. Building & Building Improvements                    | \$ | 909,742       | 509,456   |      | 400,286   |
| c. Non-Movable Equipment                               | \$ | 25,961        | 14,538    |      | 11,423    |
| d. Movable Equipment                                   | \$ | 102,724       | 57,525    |      | 45,199    |
| *7e. Total Depreciation Costs (7a + b + c + d)         | \$ | 1,038,636     | 581,636   |      | 457,000   |
| 8. Amortization (Complete att. Schedule Page 24*)      |    |               |           |      |           |
| a. Organization Expense                                | \$ |               |           |      |           |
| b. Mortgage Expense                                    | \$ |               |           |      |           |
| c. Leasehold Improvements                              | \$ |               |           |      |           |
| d. Other (Specify)                                     | \$ |               |           |      |           |
| *8e. Total Amortization Costs (8a + b + c + d)         | \$ |               |           |      |           |
| 9. Rental payments on leased real property less        |    |               |           |      |           |
| real estate taxes included in item 10b                 | \$ | 2,709,813     | 1,517,495 |      | 1,192,318 |
| 10. Property Taxes                                     |    |               |           |      |           |
| a. Real estate taxes paid by owner                     | \$ |               |           |      |           |
| b. Real estate taxes paid by lessor                    | \$ | 238,977       | 133,827   |      | 105,150   |
| c. Personal property taxes                             | \$ |               |           |      |           |
| 11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)  | \$ | 3,987,426     | 2,232,958 |      | 1,754,468 |

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

### **Schedule of Other Repairs and Maintenance**

| Description                                | CCNH | RHNS | (Specify) |
|--------------------------------------------|------|------|-----------|
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
|                                            |      |      |           |
| <b>Total Other Repairs and Maintenance</b> | \$ - | \$ - | \$ -      |

CSP-23 Rev. 10/2006

**Depreciation Schedule** 

| Depreciation Schedule                                                                            |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
|--------------------------------------------------------------------------------------------------|----------------------|---------------------------|-------------|-------|-----------------------------------------|-----------------------------------------|---------------------------|------------------------------------------------------------|----------------------------------------|----------------|----------------------------|-----------|
|                                                                                                  |                      |                           | License No. |       |                                         | Report for Year Ended                   |                           |                                                            | Page                                   | of             |                            |           |
| 1145 Poquonnock Road Operations LLC ,d/b                                                         | /a Gro               | ton ce                    | nter        |       | 237                                     | 4                                       |                           | 9/30/2016                                                  |                                        |                | 23                         | 37        |
| Property Item                                                                                    |                      |                           |             |       | Historical Cost<br>Exclusive of<br>Land | Less<br>Salvage<br>Value                | Cost to Be<br>Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of Computing Depreciation       | Useful<br>Life | Depreciation for This Year | Totals    |
|                                                                                                  | A. Land Improvements |                           |             |       |                                         | _ openion                               | Promoto                   | P                                                          |                                        |                |                            |           |
| Acquired prior to this report period                                                             |                      |                           |             | 4,185 |                                         | 4,185                                   | 732                       | S/L                                                        | Various                                | 209            |                            |           |
| Disposals (attach schedule)                                                                      |                      |                           |             | .,    |                                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                           |                                                            |                                        |                |                            |           |
| 3. Acquired during this report period (attach schedule)                                          |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| A-4. Subtotal                                                                                    |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            | 209       |
| B. Building and Building Improvements                                                            |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| 1. Acquired prior to this report period                                                          |                      |                           |             |       | 16,607,021                              |                                         | 16,607,021                | 3,315,377                                                  | S/L                                    | Various        | 907,125                    |           |
| 2. Disposals (attach schedule)                                                                   |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| 3. Acquired during this report period (attack                                                    | ch sche              | dule)                     |             |       | 69,525                                  |                                         | 69,525                    |                                                            |                                        |                | 2,617                      |           |
| B-4. Subtotal                                                                                    |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            | 909,742   |
| C. Non-Movable Equipment                                                                         |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| Acquired prior to this report period                                                             |                      |                           |             |       | 221,885                                 |                                         | 221,885                   | 99,639                                                     | S/L                                    | Various        | 25,794                     |           |
| 2. Disposals (attach schedule)                                                                   |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| 3. Acquired during this report period (attack)                                                   | ch sche              | dule)                     |             |       | 15,575                                  |                                         | 15,575                    |                                                            |                                        |                | 167                        |           |
| C-4. Subtotal                                                                                    |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            | 25,961    |
|                                                                                                  | logb                 | iileage<br>book<br>ained? |             |       | Historical Cost<br>Exclusive of<br>Land | Less<br>Salvage<br>Value                | Cost to Be<br>Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of<br>Computing<br>Depreciation | Useful<br>Life | Depreciation for This Year | Totals    |
| D. Marabla Francisco                                                                             | res                  | NO                        | Month       | Year  | Land                                    | varue                                   | Depreciated               | Tear's Operations                                          | Depreciation                           | Life           | 101 Tills Teal             | Totals    |
| D. Movable Equipment  1. Motor Vehicles (Specify name, model and year of each vehicle) a. b.     |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| C.                                                                                               |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| d.                                                                                               |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| 2. Movable Equipment                                                                             |                      |                           |             |       | 000.006                                 |                                         | 000.000                   | 365,300                                                    | S/L                                    | Vorious        | 100,954                    |           |
| <ul><li>a. Acquired prior to this report period</li><li>b. Disposals (attach schedule)</li></ul> |                      |                           |             |       | 909,086                                 |                                         | 909,086                   | 303,300                                                    | 3/L                                    | Various        | 100,954                    |           |
| c. Acquired during this report period                                                            |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            |           |
| (attach schedule)                                                                                |                      |                           |             |       | 23,006                                  |                                         | 23,006                    |                                                            |                                        |                | 1,770                      |           |
| D-3. Subtotal                                                                                    |                      |                           |             |       | 23,006                                  |                                         | 23,006                    |                                                            |                                        |                | 1,770                      | 102,724   |
| E. Total Depreciation                                                                            |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            | 1,038,636 |
| E. Total Depreciation                                                                            |                      |                           |             |       |                                         |                                         |                           |                                                            |                                        |                |                            | 1,030,030 |

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

|                                               | mprovements required during one report person |      | Useful |              |
|-----------------------------------------------|-----------------------------------------------|------|--------|--------------|
| <b>Acquisition Date</b>                       | <b>Description of Item</b>                    | Cost | Life   | Depreciation |
| Additions:                                    |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
| Total additions for                           | Land Improvements                             | 0    |        | 0            |
| Deletions:                                    |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
|                                               |                                               |      |        |              |
| Total deletions for Land Improvements \$ - \$ |                                               |      |        |              |
| **************************************        |                                               |      |        |              |

<sup>\*</sup>Ties to Page 23, Line A3

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

|                            | g improvements required during time report period |           | Useful |              |
|----------------------------|---------------------------------------------------|-----------|--------|--------------|
| <b>Acquisition Date</b>    | <b>Description of Item</b>                        | Cost      | Life   | Depreciation |
| Additions:                 |                                                   |           |        |              |
| 10/31/2015                 | Mannington vinyl plank flooring                   | 13,921.22 | 10.00  | 1,276.11     |
| 12/31/2015                 | 4 in Viking dry pipe valve                        | 5,959.19  | 20.00  | 223.47       |
| 3/31/2016                  | 2 New awning canvases                             | 2,977.80  | 10.00  | 148.89       |
| 4/30/2016                  | 4 in covebase vinyl                               | 510.48    | 10.00  | 21.27        |
| 5/31/2016                  | Reno 4 shower stalls                              | 13,500.00 | 10.00  | 450.00       |
| 6/30/2016                  | 2nd install pay for showers                       | 13,500.00 | 10.00  | 337.50       |
| 8/31/2016                  | Final payment on bathroom reno                    | 19,155.90 | 10.00  | 159.63       |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
|                            |                                                   |           |        |              |
| <b>Total additions for</b> | Building Improvements                             | \$ 69,525 |        | \$ 2,617     |
| <b>Deletions:</b>          |                                                   |           |        |              |

<sup>\*\*</sup>Ties to Page 23, Line A2

| Total deletions for Building Improvements |  | \$ - | \$ | - |
|-------------------------------------------|--|------|----|---|

<sup>\*</sup>Ties to Page 23, Line B3

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

|                              |                                                    |           | Useful |              |
|------------------------------|----------------------------------------------------|-----------|--------|--------------|
| <b>Acquisition Date</b>      | <b>Description of Item</b>                         | Cost      | Life   | Depreciation |
| Additions:                   |                                                    |           |        |              |
| 6/30/2016                    | First payment on C Wing condensing unit compressor | 1,345.00  | 10.00  | 33.63        |
| 6/30/2016                    | Final payment on C Wing condensing unit compressor | 1,345.00  | 10.00  | 33.63        |
| 7/31/2016                    | 1st install payment E wing condenser/evaporator    | 4,160.00  | 10.00  | 69.33        |
| 8/31/2016                    | First install on Trane condenser                   | 1,822.00  | 10.00  | 15.18        |
| 8/31/2016                    | Final install on Trane condenser                   | 1,822.50  | 10.00  | 15.19        |
| 9/30/2016                    | Final install payment E wing condenser/e           | 5,080.00  | 10.00  | -            |
| <b>Total additions for</b>   | Non-Movable Equipment                              | \$ 15,575 |        | \$ 167       |
| <b>Deletions:</b>            |                                                    |           |        |              |
|                              |                                                    |           |        |              |
|                              |                                                    |           |        |              |
|                              |                                                    |           |        |              |
|                              |                                                    |           |        |              |
|                              |                                                    |           |        |              |
| <b>Total deletions for</b> 1 | Non-Movable Equipment                              | \$ -      |        | \$ -         |

<sup>\*</sup>Ties to Page 23, Line C3

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

|                         |                                        |           | Useful |              |
|-------------------------|----------------------------------------|-----------|--------|--------------|
| <b>Acquisition Date</b> | Description of Item                    | Cost      | Life   | Depreciation |
| Additions:              |                                        |           |        |              |
| 10/31/2015              | Attendant Bladder Scanner              | 584.91    | 7.00   | 76.60        |
| 3/31/2016               | Digital Lift Scale, 600 lb. Capacity   | 1,483.54  | 7.00   | 105.97       |
| 7/31/2016               | Sales and Use Tax                      | 9.00      | 7.00   | 0.21         |
| 7/31/2016               | Attendant Vital Signs Monitor and cart | 4,237.63  | 7.00   | 100.90       |
| 10/31/2015              | Maxi Rest Bariatric Bed, 3-Fun         | 3,286.80  | 10.00  | 301.29       |
| 10/31/2015              | Box pleated valances                   | 2,782.83  | 10.00  | 255.09       |
| 3/31/2016               | Detecto Fold-Up Portable Wheelchair    | 2,004.20  | 10.00  | 100.21       |
| 3/31/2016               | 3 GE REFRIGERATOR                      | 2,505.56  | 10.00  | 125.28       |
| 3/31/2016               | 10 MATTRESS,GENESIS VISCO SELECT       | 3,137.33  | 3.00   | 522.89       |
| 4/30/2016               | MATTRESS GENESIS SLCT BARIMATT         | 364.41    | 3.00   | 50.61        |
| 6/30/2016               | 1 Cisco network switch                 | 1,304.06  | 5.00   | 65.20        |
| 6/30/2016               | 1 Cisco Catalyst 2960X                 | 1,306.20  | 5.00   | 65.31        |
|                         |                                        |           |        |              |
|                         |                                        |           |        |              |
| Total additions for     | Movable Equipment                      | \$ 23,006 |        | \$ 1,770     |

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

| <b>Deletions:</b>            |      |    |   |   |
|------------------------------|------|----|---|---|
|                              |      |    |   |   |
|                              |      |    |   |   |
|                              |      |    |   | · |
|                              |      |    |   |   |
|                              |      |    |   |   |
|                              |      |    |   |   |
| <b>Total deletions for I</b> | \$ - | \$ | - |   |

<sup>\*</sup>Ties to Page 23, Line D2c

## Schedule of Leasehold Improvements Acquired during this report period

|                         |                            |      | Useful |              |
|-------------------------|----------------------------|------|--------|--------------|
| <b>Acquisition Date</b> | <b>Description of Item</b> | Cost | Life   | Depreciation |
| Additions:              |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
| Total additions for     | Leasehold Improvement      | \$ - |        | \$ -         |
| <b>Deletions:</b>       |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
|                         |                            |      |        |              |
| Total deletions for l   | Leasehold Improvement      | \$ - |        | \$ -         |
| *E: 4 D 24 I            |                            |      | 1      |              |

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

## **Amortization Schedule\***

| Name of  | Facility                             |          |          | License No.  |            | Report for Year Ended |                |      | Page          | of     |
|----------|--------------------------------------|----------|----------|--------------|------------|-----------------------|----------------|------|---------------|--------|
| 1145 Poq | quonnock Road Operations LLC ,d/b/s  | a Grotor | n center | 2374         |            | 9/30/2016             |                |      | 24            | 37     |
|          |                                      |          |          |              |            | Accumulated           |                |      |               |        |
|          |                                      | Date     | e of     |              |            | Amort. to             |                |      |               |        |
|          |                                      | Acqui    | sition   |              |            | Beginning of          | Basis for      |      |               |        |
|          |                                      |          |          |              |            |                       |                |      |               |        |
|          |                                      |          |          | Length of    | Cost to Be | Year's                | Computing      | Rate | Amortization  |        |
|          | Item                                 | Month    | Year     | Amortization | Amortized  | Operations            | Amortization** | %    | for This Year | Totals |
| A. Org   | ganization Expense                   |          |          |              |            |                       |                |      |               |        |
| 1.       |                                      |          |          |              |            |                       |                |      |               |        |
| 2.       |                                      |          |          |              |            |                       |                |      |               |        |
| 3.       |                                      |          |          |              |            |                       |                |      |               |        |
| A-4. Sub | btotal                               |          |          |              |            |                       |                |      |               |        |
| В. Мо    | ortgage Expense                      |          |          |              |            |                       |                |      |               |        |
| 1.       |                                      |          |          |              |            |                       |                |      |               |        |
| 2.       |                                      |          |          |              |            |                       |                |      |               |        |
| 3.       |                                      |          |          |              |            |                       |                |      |               |        |
| B-4. Sub |                                      |          |          |              |            |                       |                |      |               |        |
| C. Lea   | asehold Improvements and Other       |          |          |              |            |                       |                |      |               |        |
| 1        | Acquired prior to this report period |          |          |              |            |                       |                |      |               |        |
| 2.       | Disposals (attach schedule)          |          |          |              |            |                       |                |      |               |        |
| 3        | Acquired during this report period   |          |          |              |            |                       |                |      |               |        |
| (        | (attach schedule)                    |          |          |              |            |                       |                |      |               |        |
| C-4. Sub | btotal                               |          |          |              |            |                       |                |      |               |        |
| D. Tota  | tal Amortization                     |          |          |              |            |                       |                |      |               |        |

<sup>\*</sup> Straight-line method must be 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.

<sup>\*\*</sup> Specify which of the following bases were used:

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

| Name of Facility License No. 1145 Poquonnock Road Operations LI 23                                                                        | o.<br>374   | Report for Year Er 9/30/2016 | nded         |              | Page of 25   37                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|--------------|--------------|------------------------------------------------------|
| 11. Property Questionnaire                                                                                                                |             | <u>I</u>                     |              |              |                                                      |
| Part A                                                                                                                                    |             |                              |              |              |                                                      |
| Is the property either owned by the Facility or leased from a Related Party?*                                                             | 0           | Yes                          | •            | No           | If "Yes," complete Part B. If "No," complete Part C. |
| *If any owner or operator of this facility is related<br>business association to any person or organization<br>related party transaction. |             |                              | •            |              |                                                      |
| Description                                                                                                                               |             | Total                        |              |              |                                                      |
| Date Land Purchased                                                                                                                       |             |                              |              |              |                                                      |
| 2. Date Structure Completed                                                                                                               |             |                              |              |              |                                                      |
| 3. If <b>NOT</b> Original Owner, Date of Purchas                                                                                          | se          |                              |              |              |                                                      |
| 4. Date of Initial Licensure                                                                                                              |             |                              |              |              |                                                      |
| 5. Total Licensed Bed Capacity                                                                                                            |             | 243                          | -            |              |                                                      |
| 6. Square Footage                                                                                                                         |             |                              |              |              |                                                      |
| 7. Acquisition Cost                                                                                                                       |             |                              |              |              |                                                      |
| a. Land<br>b. Building                                                                                                                    |             |                              | -            |              |                                                      |
| Part B - Owner and Related Parties                                                                                                        |             | 1-4 M                        | Ond Martana  | 21 M         | 441- Mantagas                                        |
| 1. Financing                                                                                                                              |             | 1st Mortgage                 | 2nd Mortgage | 3rd Mortgage | 4th Mortgage                                         |
| a. Type of Financing (e.g., fixed, variate                                                                                                | de)         |                              |              |              |                                                      |
| b. Date Mortgage Obtained                                                                                                                 | лс)         |                              |              |              |                                                      |
| 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                                                                                                       |             |                              |              |              |                                                      |
| <b>During Current Cost Year</b>                                                                                                           |             |                              |              |              |                                                      |
| g. Type of Financing (e.g., fixed, variab                                                                                                 | ole)        |                              |              |              |                                                      |
| h. Date of Refinancing                                                                                                                    |             |                              |              |              |                                                      |
| i. New Interest Rate                                                                                                                      |             |                              |              |              |                                                      |
| j. Term of Mortgage (number of years)                                                                                                     |             |                              |              |              |                                                      |
| k. Amount of Principal Borrowed                                                                                                           |             |                              |              |              |                                                      |
| Principal Outstanding on Note Paid-                                                                                                       |             |                              |              |              |                                                      |
| Part C - Arms-Length Leases for Real                                                                                                      |             |                              |              |              |                                                      |
| Name and Address of Lessor                                                                                                                |             | perty Leased                 |              |              | Annual Amount of Lease                               |
| Well Tower /Healthcare REIT, Inc                                                                                                          | Building ar | nd Equipment                 | 04/01/11     | 20           | 2,709,813                                            |
| 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 Yea                        | r Ended     |      | Page of   |
|-------------------------------------------------------|------------|---------------------------------------|-------------|------|-----------|
| 1145 Poquonnock Road Operations Ll 2374               |            | 9/30/2016                             |             |      | 26   37   |
| Item                                                  |            | Total                                 | CCNH        | RHNS | (Specify) |
| 12. Interest                                          |            |                                       |             |      |           |
| A. Building, Land Improvement & Non-Movable           |            |                                       |             |      |           |
| Equipment                                             | Φ.         |                                       |             |      |           |
| 1. First Mortgage Name of Lender                      | \$<br>Data | 62,832                                | 35,186      |      | 27,646    |
| Ivame of Lender                                       | Rate       |                                       |             |      |           |
| Address of Lender                                     |            |                                       |             |      |           |
|                                                       |            |                                       |             |      |           |
| 2. Second Mortgage                                    | \$         |                                       |             |      |           |
| Name of Lender                                        | Rate       |                                       |             |      |           |
| A 11 CT 1                                             |            |                                       |             |      |           |
| Address of Lender                                     |            |                                       |             |      |           |
| 3. Third Mortgage                                     | \$         |                                       |             |      |           |
| Name of Lender                                        | Rate       |                                       |             |      |           |
|                                                       |            |                                       |             |      |           |
| Address of Lender                                     |            |                                       |             |      |           |
| 4. E. al Martin                                       | Φ.         |                                       |             |      |           |
| 4. Fourth Mortgage Name of Lender                     | Rate       |                                       |             | _    |           |
| Ivalile of Leffder                                    | Rate       |                                       |             |      |           |
| Address of Lender                                     |            |                                       |             |      |           |
|                                                       |            |                                       |             |      |           |
| B. CHEFA Loan Information                             |            |                                       |             |      |           |
| 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) | \$         | 62,832                                | 35,186      |      | 27,646    |
| 12 D1. Tomi Duming Interest Expense (A1 - A4 + D3)    | Ф          | · · · · · · · · · · · · · · · · · · · | Subtotals f |      | L         |

(Carry Subtotals forward to next page )

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

| Name of Facility License I 1145 Poquonnock Road Operation 23 | No.<br>374  |                | Report for Y 9/30/2016 | ear Ended  |        | Page 27 | of<br>37 |
|--------------------------------------------------------------|-------------|----------------|------------------------|------------|--------|---------|----------|
| 1143 Foquolinock Road Operation 23                           | 0/4         |                | 9/30/2010              |            |        | 2.1     | 37       |
| Item                                                         |             |                | Total                  | CCNH       | RHNS   | (Spec   | oifu)    |
|                                                              | totals Dro  | ught Forward:  |                        | 35,186     | KIIINS |         | 27,646   |
| 12. C. Movable Equipment                                     | totals blo  | ugiit Porward. | 02,832                 | 33,160     |        |         | 27,040   |
| 1. Automotive Equipment                                      |             | \$             |                        |            |        |         |          |
| A. Item                                                      | Rate        | Amount         |                        |            |        |         |          |
| A. Itelli                                                    | Rate        | Amount         |                        |            |        |         |          |
| Lender                                                       |             | I              |                        |            |        |         |          |
| Address of Lender                                            |             |                |                        |            |        |         |          |
| 2. Other (Specify)                                           |             | \$             |                        |            |        |         |          |
| A. Item                                                      | Rate        | Amount         |                        |            |        |         |          |
| Lender                                                       |             |                |                        |            |        |         |          |
| Lender                                                       |             |                |                        |            |        |         |          |
| Address of Lender                                            |             |                |                        |            |        |         |          |
| B. Item                                                      | Rate        | Amount         |                        |            |        |         |          |
| Lender                                                       |             |                |                        |            |        |         |          |
|                                                              |             |                |                        |            |        |         |          |
| Address of Lender                                            |             |                |                        |            |        |         |          |
| 12. C. 3. Total Movable Equipment Inte                       | rest        |                |                        |            |        |         |          |
| Expense (C1 + 2)                                             |             | \$             |                        |            |        |         |          |
| 12. D. Other Interest Expense ( <i>Specify</i> )             |             | \$             |                        |            |        |         |          |
|                                                              |             |                |                        |            |        |         |          |
|                                                              |             |                |                        |            |        |         |          |
| 13. Total All Interest Expense (12B7 + 12                    | C3 + 12D    | 9) \$          | 62,832                 | 35,186     |        |         | 27,646   |
| 14. Insurance                                                |             |                |                        |            |        |         |          |
| a. Insurance on Property (buildings of                       | only)       | \$             | 34,073                 | 19,081     |        |         | 14,992   |
| b. Insurance on Automobiles                                  |             | \$             |                        |            |        |         |          |
| c. Insurance other than Property (as                         | specified a |                |                        | المقوا     |        |         |          |
| 1. Umbrella (Blanket Coverage )                              |             | \$<br>\$       | 324,240                | 181,574    |        | 1       | 142,666  |
| 2. Fire and Extended Coverage                                |             |                |                        |            |        |         |          |
| 3. Other ( <i>Specify</i> )                                  |             |                |                        |            |        |         |          |
|                                                              |             |                |                        |            |        |         |          |
|                                                              |             |                |                        |            |        |         |          |
| 141 77 4 17 77 79 79 79                                      | 1 . \       | Φ.             | 250 212                | 200 477    |        |         | 55.650   |
| 14d. Total Insurance Expenditures (14a +                     |             | \$             |                        | 200,655    |        | -       | 157,658  |
| 15. Total All Expenditures (A-13 thru C-                     | 14)         | \$             | 16,475,802             | 12,718,625 |        | 3,7     | 757,178  |

## D. Adjustments to Statement of Expenditures

|      | e of Fa       |        | k Pond Operations LLC d/h/s Greton center  | Lic  | cense No. | Report for Year 9/30/2016 | r Ended | Page of   |
|------|---------------|--------|--------------------------------------------|------|-----------|---------------------------|---------|-----------|
| 1143 | roque         | лнос   | k Road Operations LLC ,d/b/a Groton center | 1    | Total     | 9/30/2010                 |         | 28   37   |
| T4   | D             | т :    |                                            |      |           |                           |         |           |
|      | Page          |        | Itana Danasiatian                          |      | Amount of | CONIL                     | DIING   | (C:C)     |
| No.  | No.           | No.    | Item Description                           |      | Decrease  | CCNH                      | RHNS    | (Specify) |
|      | <i>10 - S</i> | aları  | es and Wages                               | Ф    |           |                           |         |           |
| 1.   |               |        | Outpatient Service Costs                   | \$   |           |                           |         |           |
| 2.   |               |        | Salaries not related to Resident Care      | \$   |           |                           |         |           |
| 3.   |               |        | Occupational Therapy                       | \$   | 25055     | 25055                     |         |           |
| 4.   | 10 7          |        | Other - See attached Schedule              | \$   | 26,977    | 26,977                    |         |           |
|      |               |        | sional Fees                                | Φ.   |           |                           |         |           |
| 5.   | 13            | 8-c    | Resident Care Physicians **                | \$   |           |                           |         |           |
| 6.   |               |        | Occupational Therapy                       | \$   |           |                           |         |           |
| 7.   | 15.0          | 1/     | Other - See attached Schedule              | \$   | 791,861   | 791,861                   |         |           |
|      | s 15 &        | 16 -   | Administrative and General                 | _    |           |                           |         |           |
| 8.   |               |        | Discriminatory Benefits                    | \$   |           |                           |         |           |
| 9.   | 15            | 1-c    | Bad Debts                                  | \$   | 116,270   | 84,877                    |         | 31,393    |
| 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 *                  | \$   | 10,497    | 7,663                     |         | 2,834     |
| 19.  |               |        | Income Tax / Corporate Business Tax        | \$   |           |                           |         |           |
| 20.  |               |        | Fund Raising / Contributions               | \$   | 2,059     | 2,059                     |         |           |
| 21.  |               |        | Unallowable Management Fees                | \$   | 639,480   | 456,139                   |         | 183,341   |
| 22.  |               |        | Barber and Beauty                          | \$   |           |                           |         |           |
| 23.  |               |        | Other - See attached Schedule              | \$   | (3,068)   | (3,068)                   |         |           |
| Page | 18 - I        | )ietar | y Expenditures                             |      |           |                           |         |           |
| 24.  |               |        | Meals to employees, guests and others      |      |           |                           |         |           |
|      |               |        | who are not residents                      | \$   |           |                           |         |           |
|      | 19 - I        | aund   | ry Expenditures                            |      |           |                           |         |           |
| 25.  |               |        | Laundry services to employees, guests      |      |           |                           |         |           |
|      |               |        | and others who are not residents           | \$   |           |                           |         |           |
| Page | 20 - I        | Iouse  | keeping Expenditures                       |      |           |                           |         |           |
| 26.  |               |        | Housekeeping services to employees, guests |      |           |                           |         |           |
|      |               |        | and others who are not residents           | \$   |           |                           |         |           |
|      |               |        | Subtotal (Items 1 - 26)                    | ) \$ | 1,584,077 | 1,366,508                 |         | 217,568   |

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page )

<sup>\*\*</sup> 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           | 26977.19342 | 0    | 0         |
| 0           | 0          | Assistant Administrator's salary disall | 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 | Salaries A | djustment                               |             | \$ 26,977   | \$ - | \$ -      |

#### **Schedule of Fees Adjustments**

| Page Ref           | Line Ref                     |                               | Description | CCNH       | RHNS | (Specify) |
|--------------------|------------------------------|-------------------------------|-------------|------------|------|-----------|
| 13                 | 5                            | Rehabilitation Services       | 3120620020  | 136,362.39 | 0    | 0         |
| 13                 | 5                            | Rehabilitation Services       | 3195620020  | 473,054.52 | 0    | 0         |
| 13                 | 9                            | Speech Therapist              | 3170620020  | 46,154.43  | 0    | 0         |
| 13                 | 10                           | Occupational Therapist        | 3105620020  | 82,165.67  | 0    | 0         |
| 13                 | 12                           | Other                         | 3010620020  | 200.00     | 0    | 0         |
| 13                 | 12                           | Other                         | 3015620020  | -          | 0    | 0         |
| 13                 | 12                           | Respiratory Purchased Servies | 3155620020  | 53,924.21  | 0    | 0         |
|                    |                              |                               |             |            | 0    | 0         |
|                    |                              |                               |             |            | 0    | 0         |
|                    |                              |                               |             |            | 0    | 0         |
|                    |                              |                               |             |            | 0    | 0         |
|                    |                              |                               |             |            | 0    | 0         |
| <b>Total Other</b> | Total Other Fees Adjustments |                               |             |            | \$ - | \$ -      |
|                    |                              | ·                             | •           | ¢          |      |           |

\_\_\_\_

#### Schedule of Other A&G Adjustments

| Page Ref          | Line Ref           |                  | Description           | CCNH       | RHNS | (Specify) |
|-------------------|--------------------|------------------|-----------------------|------------|------|-----------|
| 16                | m-8a               | 1020630310       | Chamber of Commerce   | 0          | 0    | 0         |
| 16                | 16 m-13 1020630120 |                  | Collection Fees       | 3778.83    | 0    | 0         |
| 16                | m-13               | 1020660990       | Estimated Accrual     | -1764.29   | 0    | 0         |
| 16                | m-13               | 7010800030       | Non-recurring charges | 0          | 0    | 0         |
| 16                | m-13               | 1020640080       | Penalty and Fines     | 10400      | 0    | 0         |
| 16                | m-12               | 0                | 0                     | 0          | 0    | 0         |
| 15                | 1-a-1              | adj workers comp | 0                     | -15482.16  | 0    | 0         |
| 0                 | 0                  | 0                | 0                     | 0          | 0    | 0         |
| 0                 | 0                  | 0                | 0                     | 0          | 0    | 0         |
| 0                 | 0                  | 0                | 0                     | 0          | 0    | 0         |
|                   |                    |                  |                       |            |      |           |
|                   |                    |                  |                       |            |      |           |
|                   |                    |                  |                       |            |      |           |
| <b>Total Othe</b> | r A&G Adj          | ustments         |                       | \$ (3,068) | \$ - | \$ -      |
|                   | •                  |                  |                       | 0          | _    |           |

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

CSP-29 Rev. 10/2006

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

|       |         |        | D. Adjustments to Stateme                  |          |           |              |           | T    |         |
|-------|---------|--------|--------------------------------------------|----------|-----------|--------------|-----------|------|---------|
|       | e of Fa | -      |                                            |          | ense No.  | Report for Y | ear Ended | Page | of      |
| 1145  | Poque   | onnoc  | k Road Operations LLC ,d/b/a Groton center |          | 2374      | 9/30/2016    | 1         | 29   | 37      |
|       |         |        |                                            |          | Total     |              |           |      |         |
|       | Page    |        |                                            |          | Amount of |              |           |      |         |
| No.   | No.     | No.    | Item Description                           |          | Decrease  | CCNH         | RHNS      | (Sp  | ecify)  |
|       |         |        | Subtotals Brought Forward                  | \$       | 1,584,077 | 1,366,508    |           |      | 217,568 |
| Page  | 20 - I  | Reside | nt Care Supplies***                        |          |           |              |           |      |         |
| 27.   | 20      | 5-a-2  | Prescription Drugs                         | \$       | 284,816   | 284,816      |           |      |         |
| 28.   | 20      | 5-d    | Ambulance/Limousine                        | \$       | (2,095)   | (2,095)      |           |      |         |
| 29.   | 20      | 5-f    | X-rays, etc                                | \$       | 11,409    | 11,409       |           |      |         |
| 30.   | 20      | 5-h    | Laboratory                                 | \$       | 37,381    | 37,381       |           |      |         |
| 31.   |         |        | Medical Supplies                           | \$       |           |              |           |      |         |
| 32.   | 20      | 5-e-2  | Oxygen (non emergency)                     | \$       | 20,847    | 20,847       |           |      |         |
| 33.   |         |        | Occupational Therapy                       | \$       |           |              |           |      |         |
| 34.   |         |        | Other - See Attached Schedule              | \$       | 62,566    | 62,566       |           |      |         |
| Page  | 22 - N  | Mainte | enance 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 - I  | nsura  | nce                                        |          |           |              |           |      |         |
| 40.   |         |        | Mortgage Insurance                         | \$       |           |              |           |      |         |
| 41.   |         |        | Property Insurance                         | \$       |           |              |           |      |         |
| Othe  | r - Mi  | scella | 1 4                                        |          |           |              |           |      |         |
| 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,      | 7        |           |              |           |      |         |
|       |         |        | enhancement or promotion of the            |          |           |              |           |      |         |
|       |         |        | providers interest                         | \$       |           |              |           |      |         |
| 48.   |         |        | Interest Income on Accounts Rec            | \$       |           |              |           |      |         |
| 49.   |         |        | Other (include personnel and other         | 4        |           |              |           |      |         |
| .,,   |         |        | costs unrelated to resident care) - See    |          |           |              |           |      |         |
|       |         |        | Attached Schedule                          | \$       | 282,137   | 282,137      |           |      |         |
| Not 1 | For Pr  | ofit P | roviders Only                              | 4        | 232,137   | 202,107      |           |      |         |
| 50.   |         |        | Building/Non Movable Eq. Depreciation      | $\dashv$ |           |              |           |      |         |
| 50.   |         |        | Unallowable Building Interest -            |          |           |              |           |      |         |
|       |         |        | See Attached Schedule                      | \$       |           |              |           |      |         |
| 51    | Total   | Amo    | unt of Decrease (Items 1 - 50)             | \$       | 2,281,138 | 2,063,570    |           |      | 217,568 |
| 31.   | 1 ગાલા  | Amol   | um oj Decreuse (Hems 1 - 50)               | Ф        | 2,281,138 | 2,003,370    |           | 1    | 217,308 |

<sup>\*\*\*</sup> 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 | 1456.1    | 3010610300 | 0            |
| 20                | 5-ј         | Respiratory Supplies | 13388.09  | 3155630530 | 0            |
| 20                | 5-j         | Respiratory Rental   | 11234.82  | 3155660080 | 0            |
| 20                | 5-i         | Cable TV             | 36487.21  | 3005660130 | allow \$3600 |
| 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            |
| <b>Total Othe</b> | r Ancillary | Costs                | \$ 62,566 | \$ -       | \$ -         |
|                   |             |                      | \$ -      |            | <u> </u>     |

#### Schedule of Excess Movable Equipment Depreciation

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

#### **Schedule of Other Property Adjustments**

| Page Ref           | Line Ref   | Description | CCNH | RHNS | (Specify)     |
|--------------------|------------|-------------|------|------|---------------|
| Page Ref           | Line Ref   | Description | CCNH | RHNS | (Specify)-RCH |
| 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             |
| <b>Total Other</b> | r Property | Adjustments | \$ - | \$ - | \$ -          |

| Page Ref    | Line Ref                | Description                        | CCNH        | RHNS | (Specify) |
|-------------|-------------------------|------------------------------------|-------------|------|-----------|
|             |                         |                                    |             |      |           |
|             |                         |                                    |             |      |           |
|             |                         |                                    |             |      |           |
|             |                         |                                    |             |      |           |
| 27          | 14,c1                   | General liability Insurance Adjust | 282137.1692 | 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 | Total Other Adjustments |                                    | \$ 282,137  | \$ - | \$ -      |
|             |                         |                                    | \$ -        |      |           |

#### Schedule of Unallowable Building Interest

| Page Ref           | Line Ref    | Description     | CCNH | RHNS | (Specify) |
|--------------------|-------------|-----------------|------|------|-----------|
| 0                  | 0           | 0               | 0    | 0    | 0         |
|                    |             |                 |      |      |           |
|                    |             |                 |      |      |           |
|                    |             |                 |      |      |           |
|                    |             |                 |      |      |           |
|                    |             |                 |      |      |           |
|                    |             |                 |      |      |           |
|                    |             |                 |      |      |           |
| 0                  | 0-Jan       | 0               | 0    | 0    | 0         |
| 0                  | 0-Jan       | 0               | 0    | 0    | 0         |
| <b>Total Unall</b> | lowable Bui | ilding Interest | \$ - | \$ - | \$ -      |

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

CSP-30 Rev.10/2005

#### F. Statement of Revenue

| Name of Facility License No. 1145 Poquonnock Road Operations LLC ,c 2374            |    | Report for Ye<br>9/30/2016 | ear Ended   |      | Page of 30   37 |
|-------------------------------------------------------------------------------------|----|----------------------------|-------------|------|-----------------|
| Item                                                                                |    | Total                      | CCNH        | RHNS | (Specify)       |
| I. Resident Room, Board & Routine Care Revenue                                      |    |                            |             |      |                 |
| 1. a. Medicaid Residents (CT only)                                                  | \$ | 11,031,516                 | 9,156,158   |      | 1,875,358       |
| b. Medicaid Room and Board Contractual Allowance **                                 | \$ | (3,545,699)                | (2,942,930) |      | (602,769)       |
| 2. a. Medicaid (All other states)                                                   | \$ |                            |             |      |                 |
| b. Other States Room and Board Contractual Allowance **                             | \$ |                            |             |      |                 |
| 3. a. Medicare Residents(all inclusive)                                             | \$ | 1,931,380                  | 1,931,380   |      |                 |
| b. Medicare Room and Board Contractual Allowance **                                 | \$ | (673,291)                  | (673,291)   |      |                 |
| 4. a. Private-Pay Residents and Other                                               | \$ | 3,848,945                  | 3,040,667   |      | 808,278         |
| b. Private-Pay Room and Board Contractual Allowance **                              | \$ | (348,803)                  | (275,554)   |      | (73,249)        |
| II. Other Resident Revenue                                                          |    | (                          | (           |      |                 |
| a. Prescription Drugs - Medicare                                                    | \$ | 230,069                    | 230,069     |      |                 |
| b. Prescription Drugs - Medicare Contractual Allowance **                           | \$ | (80,203)                   | (80,203)    |      |                 |
| c. Prescription Drugs - Non-Medicare                                                | \$ | 79,165                     | 44,332      |      | 34,833          |
| d. Prescription Drugs - Non-Medicare Contractual Allowance **                       | \$ | (9,135)                    | (5,116)     |      | (4,019)         |
| 2. a. Medical Supplies - Medicare                                                   | \$ | 294                        | 294         |      | (1,422)         |
| b. Medical Supplies - Medicare Contractual Allowance **                             | \$ | (103)                      | (103)       |      |                 |
| c. Medical Supplies - Non-Medicare                                                  | \$ | 261                        | 146         |      | 115             |
| d. Medical Supplies - Non-Medicare Contractual Allowance **                         | \$ | (61)                       | (34)        |      | (27)            |
| 3. a. Physical Therapy - Medicare                                                   | \$ | 820,592                    | 820,592     |      | (=1)            |
| b. Physical Therapy - Medicare Contractual Allowance **                             | \$ | (286,063)                  | (286,063)   |      |                 |
| c. Physical Therapy - Non-Medicare                                                  | \$ | 207,511                    | 116,206     |      | 91,305          |
| d. Physical Therapy - Non-Medicare Contractual Allowance **                         | \$ | (28,755)                   | (16,103)    |      | (12,652)        |
| 4. a. Speech Therapy - Medicare                                                     | \$ | 199,015                    | 199,015     |      | (12,032)        |
| b. Speech Therapy - Medicare Contractual Allowance **                               | \$ | (69,378)                   | (69,378)    |      |                 |
| c. Speech Therapy - Non-Medicare                                                    | \$ | 37,068                     | 20,758      |      | 16,310          |
| d. Speech Therapy - Non-Medicare Contractual Allowance **                           | \$ | (4,768)                    | (2,670)     |      | (2,098)         |
| 5. a. Occupational Therapy - Medicare                                               | \$ | 702,113                    | 702,113     |      | (2,000)         |
| b. Occupational Therapy - Medicare Contractual Allowance **                         | \$ | (244,761)                  | (244,761)   |      |                 |
| c. Occupational Therapy - Non-Medicare                                              | \$ | 184,835                    | 103,508     |      | 81,327          |
| d. Occupational Therapy - Non-Medicare Contractual Allowance **                     | \$ | (25,595)                   | (14,333)    |      | (11,262)        |
| 6. a. Other (Specify) - Medicare                                                    | \$ | 139,488                    | 78,113      |      | 61,375          |
| b. Other (Specify) - Non-Medicare                                                   | \$ | 105,740                    | 59,214      |      | 46,525          |
| III. Total Resident Revenue (Section I. thru Section II.)                           | \$ | 14,201,376                 | 11,892,026  |      | 2,309,350       |
| IV. Other Revenue*                                                                  | Ψ  | 14,201,370                 | 11,092,020  |      | 2,309,330       |
|                                                                                     | ¢  |                            |             |      |                 |
| Meals sold to guests, employees & others      Partial of recovery to recoverible to | \$ |                            |             |      |                 |
| 2. Rental of rooms to non-residents                                                 | \$ |                            |             |      |                 |
| 3. Telephone                                                                        | \$ |                            |             |      |                 |
| 4. Rental of Television and Cable Services  5. Interest Income (Specific)           | \$ | 2.000                      | 2.000       |      |                 |
| 5. Interest Income (Specify)                                                        | \$ | 3,060                      | 3,060       |      |                 |
| 6. Private Duty Nurses' Fees                                                        | \$ |                            |             |      | 1               |
| 7. Barber, Coffee, Beauty and Gift shops                                            | \$ |                            |             |      | 1               |
| 8. Other (Specify)                                                                  | \$ | 9,161                      | 9,161       |      |                 |
| V. Total Other Revenue (1 thru 8)                                                   | \$ | 12,221                     | 12,221      |      |                 |
| VI. Total All Revenue (III +V)                                                      | \$ | 14,213,598                 | 11,904,248  |      | 2,309,350       |

 $<sup>* \ \</sup>textit{Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.}$ 

<sup>\*\*</sup> 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                                | X-Ray                          | 8,441.92    | 1    | 6,632.94    |
| II-6-a     | Medicare                                | Laboratory                     | 87,405.11   | -    | 68,675.44   |
| II-6-a     | Medicare                                | Respiratory Therapy & Supplies | 20,668.51   | 1    | 16,239.54   |
| II-6-a     | Medicare                                | Nursing Treatment Supplies     | -           | 1    | -           |
| II-6-a     | Medicare                                | Audiology                      | -           | -    | -           |
| II-6-a     | Medicare                                | Incontinency                   | -           | 1    | -           |
| II-6-a     | Medicare                                | Oxygen & Supplies              | -           | -    | -           |
| II-6-a     | Medicare                                | Physician Visit                | -           | 1    | -           |
| II-6-a     | Medicare                                | Ambulance                      | -           | -    | -           |
| II-6-a     | Medicare                                | Flu Shot                       | 3,401.44    | -    | 2,672.56    |
| II-6-a     | Contractuals-Medicare                   | X-Ray                          | (2,942.91)  | 1    | (2,312.28)  |
| II-6-a     | Contractuals-Medicare                   | Laboratory                     | (30,469.97) | 1    | (23,940.69) |
| II-6-a     | Contractuals-Medicare                   | Respiratory Therapy & Supplies | (7,205.17)  | -    | (5,661.21)  |
| II-6-a     | Contractuals-Medicare                   | Nursing Treatment Supplies     | -           | 1    | -           |
| II-6-a     | Contractuals-Medicare                   | Audiology                      | -           | 1    | -           |
| II-6-a     | Contractuals-Medicare                   | Incontinency                   | -           | -    | -           |
| II-6-a     | Contractuals-Medicare                   | Oxygen & Supplies              | -           | 1    | -           |
| II-6-a     | Contractuals-Medicare                   | Physician Visit                | -           | -    | -           |
| II-6-a     | Contractuals-Medicare                   | Ambulance                      | 1           | 1    | -           |
| II-6-a     | Contractuals-Medicare                   | Flu Shot                       | (1,185.76)  | 1    | (931.67)    |
| 0          | 0                                       | 0                              | -           | -    | -           |
| Total Othe | Total Other Resident Revenue - Medicare |                                |             | \$ - | \$ 61,375   |
|            |                                         |                                | \$ -        |      | \$ -        |

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

| Page Ref | <b>Description</b>       |                                | CCNH       | RHNS | (Specify)    |
|----------|--------------------------|--------------------------------|------------|------|--------------|
| II-6-b   | Medicaid                 | X-Ray                          | 43.68      | 0    | 34.32        |
| II-6-b   | Medicaid                 | Laboratory                     | 523.04     | 0    | 410.96       |
| II-6-b   | Medicaid                 | Respiratory Therapy & Supplies | 11854.3152 | 0    | 9314.1048    |
| II-6-b   | Medicaid                 | Nursing Treatment Supplies     | 0          | 0    | 0            |
| II-6-b   | Medicaid                 | Audiology                      | 0          | 0    | 0            |
| II-6-b   | Medicaid                 | Incontinency                   | 0          | 0    | 0            |
| II-6-b   | Medicaid                 | Oxygen & Supplies              | -70.224    | 0    | -55.176      |
| II-6-b   | Medicaid                 | Physician Visit                | 0          | 0    | 0            |
| II-6-b   | Medicaid                 | Ambulance                      | 0          | 0    | 0            |
| II-6-b   | Medicaid                 | Flu Shot                       | 0          | 0    | 0            |
| II-6-b   | Contractuals-Medicaid    | X-Ray                          | (14.04)    | 0    | -11.03097731 |
| II-6-b   | Contractuals-Medicaid    | Laboratory                     | (168.11)   | 0    | -132.0888822 |
| II-6-b   | Contractuals-Medicaid    | Respiratory Therapy & Supplies | (3,810.16) | 0    | -2993.696933 |
| II-6-b   | Contractuals-Medicaid    | Nursing Treatment Supplies     | -          | 0    | 0            |
| II-6-b   | Contractuals-Medicaid    | Audiology                      | -          | 0    | 0            |
| II-6-b   | Contractuals-Medicaid    | Incontinency                   | -          | 0    | 0            |
| II-6-b   | Contractuals-Medicaid    | Oxygen & Supplies              | 22.57      | 0    | 17.73441737  |
| II-6-b   | Contractuals-Medicaid    | Physician Visit                | -          | 0    | 0            |
| II-6-b   | Contractuals-Medicaid    | Ambulance                      | -          | 0    | 0            |
| II-6-b   | Contractuals-Medicaid    | Flu Shot                       | -          | 0    | 0            |
| II-6-b   | Private,insurance, other | X-Ray                          | 949.36     | 0    | 745.9276     |
| II-6-b   | Private,insurance, other | Laboratory                     | 21,490.57  | 0    | 16885.4488   |

| Private,insurance, other     | Respiratory Therapy & Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7,086.97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5568.332                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Private,insurance, other     | Nursing Treatment Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Private,insurance, other     | Audiology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Private,insurance, other     | Incontinency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Private,insurance, other     | Oxygen & Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 76.61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 60.192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Private,insurance, other     | Physician Visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Private,insurance, other     | Ambulance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Private,insurance, other     | Flu Shot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Private,insurance, other     | Capitation Contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 26,295.36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20660.64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Contractuals-Non-Medicaid    | X-Ray                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (86.03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -67.5981879                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Contractuals-Non-Medicaid    | Laboratory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (1,947.54)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -1530.209823                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Contractuals-Non-Medicaid    | Respiratory Therapy & Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (642.24)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -504.6188837                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Contractuals-Non-Medicaid    | Nursing Treatment Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Contractuals-Non-Medicaid    | Audiology                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Contractuals-Non-Medicaid    | Incontinency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Contractuals-Non-Medicaid    | Oxygen & Supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6.94)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -5.45477889                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Contractuals-Non-Medicaid    | Physician Visit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Contractuals-Non-Medicaid    | Ambulance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Contractuals-Non-Medicaid    | Flu Shot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Contractuals-Non-Medicaid    | Capitation Contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (2,382.96)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (1,872.33)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 0                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Total Other Resident Revenue |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ 59,214                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$ 46,525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                              | Private,insurance, other Contractuals-Non-Medicaid | Private,insurance, other Physician Visit Private,insurance, other Capitation Contracts Contractuals-Non-Medicaid Capitation Contracts | Private,insurance, other Audiology - Private,insurance, other Incontinency - Private,insurance, other Oxygen & Supplies 76.61 Private,insurance, other Physician Visit - Private,insurance, other Ambulance - Private,insurance, other Flu Shot - Private,insurance, other Capitation Contracts 26,295.36 Contractuals-Non-Medicaid Laboratory (1,947.54) Contractuals-Non-Medicaid Respiratory Therapy & Supplies (642.24) Contractuals-Non-Medicaid Audiology - Contractuals-Non-Medicaid Incontinency - Contractuals-Non-Medicaid Oxygen & Supplies (6.94) Contractuals-Non-Medicaid Physician Visit - Contractuals-Non-Medicaid Oxygen & Supplies (6.94) Contractuals-Non-Medicaid Physician Visit - Contractuals-Non-Medicaid Physician Visit - Contractuals-Non-Medicaid Flu Shot 0 Contractuals-Non-Medicaid Capitation Contracts (2,382.96) 0 0 0 | Private,insurance, other Audiology - 0 Private,insurance, other Audiology - 0 Private,insurance, other Incontinency - 0 Private,insurance, other Oxygen & Supplies 76.61 0 Private,insurance, other Physician Visit - 0 Private,insurance, other Ambulance - 0 Private,insurance, other Flu Shot - 0 Private,insurance, other Capitation Contracts 26,295.36 0 Contractuals-Non-Medicaid Capitation Contracts (86.03) 0 Contractuals-Non-Medicaid Respiratory Therapy & Supplies (642.24) 0 Contractuals-Non-Medicaid Nursing Treatment Supplies - 0 Contractuals-Non-Medicaid Contractuals-Non-Medicaid Contractuals-Non-Medicaid Contractuals-Non-Medicaid Respiratory Therapy & Supplies (642.24) 0 Contractuals-Non-Medicaid Contractuals-No |

#### **Interest Income**

#### Account

| Page Ref           | Account                   | Balance  | CCNH     | RHNS | (Specify) |
|--------------------|---------------------------|----------|----------|------|-----------|
| IV-5               | Interest on Overdue Accts | Interest | 3,060.15 | 0    | 0         |
| 0                  | 0                         | 0        | 0        | 0    | 0         |
| 0                  | 0                         | 0        | 0        | 0    | 0         |
|                    |                           |          |          |      |           |
| <b>Total Inter</b> | est Income                |          | \$ 3,060 | \$ - | \$ -      |
|                    |                           |          | \$ -     |      |           |

#### **Schedule of Other Revenue**

| Page Ref          | Description                  |   | CCNH     | RHNS | (Specify) |
|-------------------|------------------------------|---|----------|------|-----------|
| IV-8              | SALON RENT                   | 0 | 1,200.00 | 1    | -         |
| IV-8              | Medical Record               | 0 | 460.64   | 1    | -         |
| IV-8              | Settlement Check - Pines v F | 0 | 3,900.00 | 1    | -         |
| IV-8              | GL# 370500 Town Groton/C     | 0 | 3,599.00 | 1    | -         |
| IV-8              | 0                            | 0 | 1        | 1    | -         |
| IV-8              | 0                            | 0 | -        | -    | -         |
| IV-8              | 0                            | 0 | -        | -    | -         |
| 0                 | 0                            | 0 | -        | -    | -         |
| 0                 | 0                            | 0 | -        | -    | -         |
| 0                 | 0                            | 0 | -        | -    | -         |
| 0                 | 0                            | 0 | -        | -    | -         |
| 0                 | 0                            | 0 | -        | -    | -         |
| <b>Total Othe</b> | Total Other Revenue          |   |          | \$ - | \$ -      |
|                   |                              |   | \$ (1)   |      |           |

## **G.** Balance Sheet

| Name o  | f Facility                       | License No.           | Report for Year Ended | 1  | Page of    |
|---------|----------------------------------|-----------------------|-----------------------|----|------------|
| 1145 Pc | oquonnock Road Operations LLO    | 2374                  | 9/30/2016             |    | 31   37    |
|         |                                  | Account               |                       |    | Amount     |
| Assets  |                                  |                       |                       |    |            |
| A. Cı   | urrent Assets                    |                       |                       |    |            |
| 1.      | Cash (on hand and in banks)      |                       |                       | \$ | 16,192     |
| 2.      |                                  |                       |                       | \$ | 1,064,401  |
| 3.      |                                  | Excluding Owners or R | elated Parties)       | \$ | (55,080    |
| 4       | Inventories                      |                       |                       | \$ | 73,400     |
| 5.      | 1 1                              |                       |                       | \$ | 98,470     |
|         | a. Prepaid Expenses              |                       | 8,088                 |    |            |
|         | b. Prepaid Property Tax          |                       | 83,330                |    |            |
|         | c. Prepaid Escrow Real Estate    |                       |                       |    |            |
|         | d. Prepaid Personal Property     | Тах                   | 7,052                 |    |            |
| 6.      |                                  |                       |                       | \$ |            |
| 7.      |                                  |                       |                       | \$ |            |
| 8.      | Other Current Assets (itemize    | )                     |                       | \$ |            |
|         |                                  |                       |                       |    |            |
|         |                                  |                       |                       | _  |            |
|         |                                  |                       |                       |    |            |
|         | otal Current Assets (Lines A1 th | hru 8)                |                       | \$ | 1,197,383  |
|         | xed Assets                       |                       |                       |    |            |
|         | Land                             |                       |                       | \$ | 1,750,000  |
| 2.      | Land Improvements                | *Historical Cost      | 4,185                 | \$ | 3,243      |
|         |                                  | Accum. Depreciation   |                       |    |            |
| 3.      | Buildings                        | *Historical Cost      | 16,676,546            | \$ | 12,451,427 |
|         |                                  | Accum. Depreciation   | 4,225,119 Net         |    |            |
| 4.      | Leasehold Improvements           | *Historical Cost      |                       | \$ |            |
|         |                                  | Accum. Depreciation   | Net Net               |    |            |
| 5.      | Non-Movable Equipment            | *Historical Cost      | 237,460               | \$ | 111,860    |
|         |                                  | Accum. Depreciation   | 125,600 Net           |    |            |
| 6.      | Movable Equipment                | *Historical Cost      | 932,092               | \$ | 464,068    |
|         |                                  | Accum. Depreciation   | 468,024 Net           |    |            |
| 7.      | Motor Vehicles                   | *Historical Cost      |                       | \$ |            |
|         |                                  | Accum. Depreciation   | n Net                 |    |            |
| 8.      | Minor Equipment-Not Deprec       | iable                 |                       | \$ |            |
| Q       | Other Fixed Assets (itemize)     |                       |                       | \$ |            |
| ).      | PPE CIP                          |                       |                       | Ψ  |            |
|         | II L CII                         |                       |                       |    |            |
| B-10.   | Total Fixed Assets (Lines B1     | thru 9)               |                       | \$ | 14,780,598 |
| J 10.   | (Emes B1                         |                       |                       | Ψ  | 17,700,370 |

<sup>\*</sup> 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        |
|-------------------------------------|-----------------------------------------|------------------------|----|------|-----------|
| 1145 Poquonnock Road Operations I   | LC 2374                                 | 9/30/2016              |    | 32   | 37        |
|                                     | Account                                 |                        |    | Amo  | unt       |
|                                     |                                         | Total Brought Forward: | \$ | 1    | 5,977,981 |
| C. Leasehold or like property reco  | rded 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 Depr         |                                         |                        | \$ |      |           |
| C-8 Total Leasehold or Like Prope   | rties (C1 thru 7)                       |                        | \$ |      |           |
| D. Investment and Other Assets      |                                         |                        |    |      |           |
| Deferred Deposits                   |                                         |                        | \$ |      |           |
| 2. Escrow Deposits                  |                                         |                        | \$ |      |           |
| 3. Organization Expense             | *Historical Cost                        |                        |    |      |           |
|                                     | Accum. Depreciation                     | Net                    | \$ |      |           |
| 4. Goodwill (Purchased Only)        |                                         |                        | \$ |      |           |
| 5. Investments Related to Res       | ident Care (itemize)                    |                        | \$ |      |           |
|                                     |                                         |                        |    |      |           |
| C I                                 | 1D (' (')                               | 1                      | Φ  |      |           |
| 6. Loans to Owners or Related       | , , , , , , , , , , , , , , , , , , , , | I D                    | \$ |      |           |
| Name and Address                    | Amount                                  | Loan Date              | -  |      |           |
|                                     |                                         |                        |    |      |           |
|                                     |                                         |                        |    |      |           |
|                                     |                                         |                        |    |      |           |
| 7. Other Assets ( <i>itemize</i> )  |                                         | 1                      | \$ |      | (769,119) |
| O L/T A Suspense                    |                                         |                        |    |      | , , , ,   |
| I/C Due to/Due From Ov              | wned                                    | (769,119)              |    |      |           |
| I/C Due to/Due From M               |                                         | ( ~ ~ ) - ~ ~ /        |    |      |           |
| D-8. Total Investments and Other A  |                                         |                        | \$ |      | (769,119) |
| D-9. Total All Assets (Lines A9 + B | 10 + C8 + D8)                           |                        | \$ |      | 5,208,862 |

<sup>\*</sup> 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     |     |
|------------------------------------------------------------------|---------------------------|-----------------------------------------|----------------------|-----------------------|-------------------------|----------|------|----|--------|-----|
| 1145 Poquon                                                      | nock                      | Road Operations LLC ,d/b,               | 2374                 |                       | 9/30/2016               |          |      | 33 |        | 37  |
|                                                                  |                           |                                         | Account              |                       |                         |          |      | Am | ount   |     |
| Liabilities                                                      |                           |                                         |                      |                       |                         |          |      |    |        |     |
| A.                                                               | Cu                        | rrent Liabilities                       |                      |                       |                         |          |      |    |        |     |
|                                                                  | 1.                        | Trade Accounts Payable                  |                      |                       |                         |          | \$   |    | 629,   | 996 |
|                                                                  | 2.                        | Notes Payable (itemize)                 |                      |                       |                         |          | \$   |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  | 2                         | Loans Davable for Equipm                | ant (Cumant naution  | . ) (;                | tamiza)                 |          | \$   |    |        |     |
|                                                                  | 3.                        | Loans Payable for Equipm Name of Lender | Purpose              | ι) (ι                 | Amount                  | Date Due | Ф    |    |        |     |
|                                                                  |                           | Name of Lender                          | Pulpose              |                       | Amount                  | Date Due |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  |                           |                                         |                      |                       |                         |          |      |    |        |     |
|                                                                  | 4.                        | Accrued Payroll (Exclusive              | e of Owners and/or S | Stoc                  | kholders only)          |          | \$   |    | 172,   | 480 |
|                                                                  | 5.                        | Accrued Payroll (Owners of              | and/or Stockholders  | onl                   | y)                      |          | \$   |    |        |     |
|                                                                  | 6.                        | Accrued Payroll Taxes Pay               | yable                |                       |                         |          | \$   |    |        | 70  |
| 7. Medicare Final Settlement Payable                             |                           |                                         |                      |                       |                         | \$       |      |    |        |     |
| 8. Medicare Current Financing Payable                            |                           |                                         |                      |                       |                         | \$       |      |    |        |     |
| 9. Mortgage Payable (Current Portion)                            |                           |                                         |                      |                       |                         | \$       |      |    |        |     |
| 10. Interest Payable (Exclusive of Owner and/or Related Parties) |                           |                                         |                      |                       |                         | \$       |      |    |        |     |
|                                                                  | 11. Accrued Income Taxes* |                                         |                      |                       |                         |          | \$   |    |        |     |
|                                                                  | 12.                       | Other Current Liabilities (i            | temize)              |                       |                         |          | \$   |    | 359,   | 205 |
|                                                                  |                           | Accr Exp Other                          | 33,4                 | 426                   | Accr Exp Suspense       | (4,076)  |      |    |        |     |
|                                                                  |                           | Accr Exp Water and Sewer                | 7,0                  | 048                   | Deferred Revenue        | 31,530   |      |    |        |     |
|                                                                  |                           | Accr Exp Gas                            | 2,4                  | 476                   | A/R Credit Gross Up Lia | 75,614   |      |    |        |     |
|                                                                  |                           | Accr Exp Electricity                    |                      | 515                   | Accrued Provider/Bed Ta |          |      |    |        |     |
| A-13.                                                            | To                        | tal Current Liabilities (Lin            | es A1 thru 12)       |                       |                         |          | \$   |    | 1,161, | 751 |

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

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

| Name of Facility                            | License No.          | Report for Year Ended |           | Page | of         |
|---------------------------------------------|----------------------|-----------------------|-----------|------|------------|
| 1145 Poquonnock Road Operations LLC ,d/     | 2374                 | 9/30/2016             |           | 34   | 37         |
| Account                                     |                      |                       |           | An   | nount      |
|                                             | nt Forward:          |                       | 1,161,751 |      |            |
| Liabilities (cont'd)                        |                      |                       |           |      |            |
| B. Long-Term Liabilities                    |                      |                       |           |      |            |
| 1. Loans Payable-Equipment (                | \$                   |                       |           |      |            |
| Name of Lender                              | Purpose              | Amount                | Date Due  |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
| 2. Mortgages Payable                        |                      |                       | \$        |      |            |
| <ol><li>Loans from Owners or Rela</li></ol> | ted Parties (temize) |                       | \$        |      |            |
| Name and Address of Lender                  | Amount               | Loan Da               | ate       |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
|                                             |                      |                       | _         |      |            |
| 4. Other Long-Term Liabilitie               | [<br>s (itemize )    |                       | \$        |      | 24,730,849 |
| LT Debt-Financing Obligation                |                      | 24,730,849            | Φ         |      | 24,730,649 |
| L1 Deot-1 maneing Obligat.                  | IOII                 | 27,730,049            |           |      |            |
|                                             |                      |                       |           |      |            |
|                                             |                      |                       |           |      |            |
| B-5. Total Long-Term Liabilities (I         | ines B1 thru 4)      |                       | \$        |      | 24,730,849 |
| C. Total All Liabilities (Lines A-1         |                      |                       | \$        |      | 25,892,600 |
| C. 2000 120 2000 (2000)                     | /                    |                       | Ψ         |      | 23,072,000 |

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

|     | ne of Facility License No. Report for Year                                      | Ended        | Page | of           |
|-----|---------------------------------------------------------------------------------|--------------|------|--------------|
| 114 | 5 Poquonnock Road Operations LL 2374 9/30/2016                                  |              | 35   | 37           |
| A   | Account                                                                         |              | Am   | ount         |
| A.  | Reserves                                                                        |              |      |              |
|     | 1. Reserve for value of leased land                                             | \$           |      |              |
|     | 2. Reserve for depreciation value of leased buildings and appurtenance          | es           |      |              |
|     | 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 be       | ased \$      |      |              |
|     | 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                                                              | \$           |      | (4,490,840)  |
|     | 4. Treasury Stock                                                               | \$           |      |              |
|     | 5. Cumulated Earnings                                                           | \$           |      | (3,930,686)  |
|     | 6. Gain or Loss for Period 10/1/2015 thru                                       | 9/30/2016 \$ |      | (2,262,211)  |
|     | 7. Total Net Worth                                                              | \$           | ı    | (10,683,736) |
| C.  | Total Reserves and Net Worth                                                    | \$           | ı    | (10,683,736) |
| D.  | Total Liabilities, Reserves, and Net Worth                                      | \$           |      | 15,208,864   |

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# **H.** Changes in Total Net Worth

|            | •                                                                               | License No.   |        | eport for Year | Ended  | Page | ;      | of       |
|------------|---------------------------------------------------------------------------------|---------------|--------|----------------|--------|------|--------|----------|
| 1145       | Poquonnock Road Operations LLC                                                  | 2374          | 9/     | /30/2016       |        | 36   |        | 37       |
|            |                                                                                 | Account       |        |                |        |      | Amount | t        |
| A.         | Balance at End of Prior Period as sl                                            |               |        | 0/2015         |        | \$   | (8,3)  | 378,829) |
| B.         | •                                                                               |               |        |                |        |      | 14,    | 170,896  |
| C.         | <u> </u>                                                                        |               |        |                |        |      | 16,4   | 475,803  |
| D.         | Net Income or Deficit                                                           |               |        |                |        | \$   | (2,3)  | 304,908) |
| E.         | Balance                                                                         |               |        |                |        | \$   | (10,   | 683,736) |
| F.         | Additions  1. Additional Capital Contributed  2. Other ( <i>itemize</i> )       | (įtemize )    |        |                |        |      |        |          |
| F-3.<br>G. | Total Additions  Deductions                                                     | Double and Co |        |                |        | \$   |        |          |
|            | 1. Drawings of Owners/Operators.  Name and Address ( <i>No.</i> , <i>City</i> , |               | y)<br> | Title          | A 0    | \$   |        |          |
|            | ·                                                                               | эше, Дір )    |        | riue           | Amount |      |        |          |
|            | 2. Other Withdrawings (Specify)                                                 | \$            |        |                |        |      |        |          |
|            | Purpose                                                                         |               |        | Amo            | unt    |      |        |          |
|            | 3. Total Deductions                                                             |               |        |                |        | \$   |        |          |
| H.         | Balance at End of Period                                                        | 09/3          | 30/16  |                |        | \$   | (10,   | 683,736) |

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

| Name of Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | License No.                                    | Report for Year Ended | Page of |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------|---------|--|--|--|--|--|
| 1145 Poquonnock Road Operations LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2374                                           | 9/30/2016             | 37 37   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Check appropriate category                     |                       |         |  |  |  |  |  |
| Chronic and Convalescent Nursing Home only (CCNH)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Rest Home with Nursing Supervision only (RHNS) | □ (Specify)           |         |  |  |  |  |  |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | reparer/Reviewer Certificat                    | tion                  |         |  |  |  |  |  |
| I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                       |         |  |  |  |  |  |
| Thomas Farnan Title -Sr. Director of Reimb Addres Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone Number                                   |                       |         |  |  |  |  |  |
| Auures Auuress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | Phone Number          |         |  |  |  |  |  |
| 200 Brickstone Square, Andover, MA 01810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | 978-247-5029          |         |  |  |  |  |  |