

# 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 Poquonnock Road, Groton, CT 06340	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2374	RHNS	(Specify)	Medicare Provider 07-5270
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Medicaid Provider Numbers:	CCNH 000020355	RHNS	ICF-IID
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**For Department Use Only**

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

### 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 IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 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) Diane Thomas			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
				/ /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 1145 Poquonnock Road, Groton, CT 06340				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 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. <b>Total Wages Paid</b>	\$ 5,421,232	4,710,745		710,487
7. Total salaries paid	\$ 380,913	328,385		52,528
8. <b>Total Wages and Salaries Paid</b> (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 Facility 860-446-9960	Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Address (No. & Street, City, State, Zip ) 1145 Poquonnock Road, Groton, CT 06340		
License Numbers:	CCNH 2374	RHNS (Specify)	Medicare Provider No. 07-5270	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No <span style="margin-left: 20px;">If "Yes," explain fully.</span>				
<b>Administrator</b>				
Name of Administrator Diane Thomas		Nursing Home Administrator's License No.:	1616	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/	License No. 2374	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
1145 Poquonnock Road Operations LLC ,d/b/a Groton center	101 East State Street, Kennett Square, PA 19348	PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
See Attached				







**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a C	License No. 2374	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

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

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton cent			License No. 2374	Report for Year Ended 9/30/2016			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>

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

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility 1145 Poquonnock Road Operations	License No. 2374	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
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Services Provided by This Firm (*describe fully*)

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

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

- Yes     No

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 State of Connecticut - Court of Probate 2 3 Bloom & Witkin 4 5	Telephone Number  617-456-0500
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Address (*No. & Street, City, State, Zip Code*)

1 45 Fort Hill Road Groton, CT 06340
2
3 175 Federal Street Boston, MA 02110
4
5

Services Provided by This Firm (*describe fully*)

1 Conservatorship & Marshall fees	\$	599
2	\$	
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	599

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

- Yes     No

Legal Fees pg. 15 1-e

### Schedule of Resident Statistics

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		License No. 2374			Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
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
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	709			709	566			566	143			143
B. Other Bed Reserve Days	46	19		27	29	19		10	17			17
5. <b>Total Resident Days (3G + 4A + 4B)</b>	65,024	47,377		17,647	49,259	36,203		13,056	15,765	11,174		4,591

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/			License No. 2374			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH		CCNH	RHNS		CCNH	RHNS	(Specify)	R.C.H.	ICF-IID			
No. of Residents	12		97			11			53				
Per Diem Rate													
a. One bed rm.								122.00					
b. Two bed rms.	507.34		208.48			314.49		115.00	94.00				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,542	4,542			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									807	807			
C. Other									14,070	14,070			
D. <b>Total Physical Therapy Treatments</b>									19,419	19,419			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									499	499			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									53	53			
C. Other									1,456	1,456			
D. <b>Total Speech Therapy Treatments</b>									2,008	2,008			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,546	2,546			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									667	667			
C. Other									12,651	12,651			
D. <b>Total Occupational Therapy Treatments</b>									15,864	15,864			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	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 compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
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
3. 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						
a. Head Dietitian	18,914	492			6,996	182
b. Food Service Supervisor	47,992	1,561			17,751	578
c. Dietary Workers	402,737	26,498			148,957	9,800
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	30,823	1,091			24,218	857
b. Other Maintenance Workers	29,516	1,712			23,192	1,345
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	186,364	4,209				
b. RN						
1. Direct Care	892,738	24,452				
2. Administrative**	143,699	3,841				
c. LPN						
1. Direct Care	1,030,501	35,947			15,496	560
2. Administrative**						
d. Aides and Attendants	1,659,725	102,850			305,923	18,448
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	118,815	6,360			43,945	2,352
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	121,029	4,487			44,764	1,660
n. Marketing						
o. Other (Specify) See Attached Schedule	65,781	3,561			24,330	1,317
<i>A-13. Total Salary Expenditures</i>	5,039,129	226,774			763,015	40,692

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

\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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





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

Name of Facility				License No.	Report for Year Ended				Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	9/30/2016				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

\*\* Include **all** employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Diane Thomas	95,448		35,303		Management of Center	2,091	2			
<b>Section IV - Assistant Administrators</b>										
Patrick Townsend	32,990		12,202		Management of Center	1,460	3			
Terelak, Monique Arents	13,582		5,024			472				

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

\*\* Include **all** other employment worked during the cost year.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
1145 Poquonnock Road Operations LLC ,d/b/a Gro	2374	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	785	21				
2. Dentist	17,922	123				
3. Pharmacist	12,015	245				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	687,717	9,421				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	107,830	571				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	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>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,011,156</b>	<b>12,129</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

\*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.



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

Name of Facility	License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a C	2374	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 268,039	233,194			34,845
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 91,979	80,022			11,957
4. Social Security (F.I.C.A.)	\$ 425,994	370,615			55,379
5. Health Insurance	\$ 522,712	454,759			67,953
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 116,270	84,877			31,393
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page 7)	\$ 599	437			162
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 37,631	27,471			10,160
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 37,669	27,498			10,171
2. Cellular Phones	\$ 505	369			136
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$ 444	324			120
3. Resident Day User Fee	\$ 871,446	871,446			
<b>Subtotal</b>	\$ 2,373,288	2,151,012			222,276

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

(Carry Subtotals forward to next page)



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

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

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

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

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







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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton		2374	9/30/2016		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 305,048	222,685		82,363	
2.	Non-Food Supplies	\$ 41,818	30,527		11,291	
3.	Other (Specify ) _____	\$ (1,332)	(972)		(360)	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 4,590	3,351		1,239	
c. Management Services**						
		\$				
d. Other (Specify ) _____						
		\$ 40	29		11	
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 350,164</b>	<b>255,620</b>		<b>94,544</b>	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton c		2374	9/30/2016		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	9,572	6,988		2,584
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	6,479	4,730		1,749
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	263,758	192,543		71,215
c. Management Services**		\$				
d. Other (Specify)		\$				
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>279,809</b>	<b>204,261</b>		<b>75,548</b>
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a		2374	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc. )</i>	Amt.	\$ 28,889	16,178		12,711
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt.	\$ 396,183	221,862		174,321
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
<b>4E.</b>	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 425,072	238,040		187,032
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
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 Procedures****		\$ 11,409	11,409		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory****		\$ 37,381	37,381		
i.	Recreation		\$ 47,677	26,699		20,978
j.	Other ( <i>Specify</i> )**** See Attached Schedule		\$ 93,659	52,449		41,210
<b>5K.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>		\$ 633,582	571,394		62,188

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

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

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

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

**Schedule of Other Resident Care**

Description		CCNH	RHNS	(Specify)
3060610160	Incontinency	38,294.51	-	30,088.54
3060610161	Incontinency - Rebate	(70.31)	-	(55.24)
3060610161	Incontinency - Rebate	(4,028.94)	-	(3,165.60)
3080630030	Advertising-Help War	276.88	-	217.54
3080630030	Advertising-Help War	157.42	-	123.68
3080630080	Books, Dues & Subsc	208.16	-	163.55
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	-	131.92
3155660080	Rental Expense	6,123.60	-	4,811.40
3010610300	Consolidated Billing	815.42	-	640.68
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
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0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
<b>Total Other Resident Care</b>		\$ 52,449	\$ -	\$ 41,210

0 0

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center			License No. 2374		Report for Year Ended 9/30/2016				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	192,544		71,215	19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	221,863		174,321	20	4b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
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		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

## Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year 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 ( <i>itemize</i> )	\$					
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 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		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 1,038,636	581,636		457,000		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
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	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 3,987,426	2,232,958		1,754,468		

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





### Depreciation Schedule

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center			License No. 2374			Report for Year Ended 9/30/2016			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			4,185		4,185	732	S/L	Various	209				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										209			
<b>B. Building and Building Improvements</b>													
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 (attach schedule)			69,525		69,525				2,617				
B-4. Subtotal										909,742			
<b>C. Non-Movable Equipment</b>													
1. 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 (attach schedule)			15,575		15,575				167				
C-4. Subtotal										25,961			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						909,086		909,086	365,300	S/L	Various	100,954	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						23,006		23,006				1,770	
D-3. Subtotal													102,724
<b>E. Total Depreciation</b>													1,038,636

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		0		0
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ -

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
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 Building Improvements</b>		\$ 69,525		\$ 2,617
<b>Deletions:</b>				



<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

**Schedule of Leasehold Improvements Acquired during this report period**

<b>Acquisition Date</b>	<b>Description of Item</b>	<b>Cost</b>	<b>Useful Life</b>	<b>Depreciation</b>
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility 1145 Poquonnock Road Operations LI	License No. 2374	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		243			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Well Tower /Healthcare REIT, Inc	Building and 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 Year Ended			Page	of
1145 Poquonnock Road Operations L		2374	9/30/2016			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 62,832	35,186		27,646		
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 62,832	35,186		27,646		

(Carry Subtotals forward to next page )



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

Name of Facility		License No.		Report for Year Ended		Page	of
1145 Poquonnock Road Operation		2374		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				62,832	35,186		27,646
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 62,832	35,186		27,646
14. Insurance							
a. Insurance on Property (buildings only)				\$ 34,073	19,081		14,992
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 324,240	181,574		142,666	
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 358,313	200,655		157,658
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 16,475,802	12,718,625		3,757,178

**D. Adjustments to Statement of Expenditures**

Name of Facility				License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 26,977	26,977		
<b>Page 13 - Professional Fees</b>							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 791,861	791,861		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
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)		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,584,077	1,366,508		217,568

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0	26977.19342	0
0	0	Assistant Administrator's salary disal	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 Salaries Adjustment</b>			\$ 26,977	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	136,362.39	0
13	5	Rehabilitation Services	3195620020	473,054.52	0
13	9	Speech Therapist	3170620020	46,154.43	0
13	10	Occupational Therapist	3105620020	82,165.67	0
13	12	Other	3010620020	200.00	0
13	12	Other	3015620020	-	0
13	12	Respiratory Purchased Servies	3155620020	53,924.21	0
				0	0
				0	0
				0	0
				0	0
<b>Total Other Fees Adjustments</b>			\$ 791,861	\$ -	\$ -
			\$ -		

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310	Chamber of Commerce	0	0
16	m-13	1020630120	Collection Fees	3778.83	0
16	m-13	1020660990	Estimated Accrual	-1764.29	0
16	m-13	7010800030	Non-recurring charges	0	0
16	m-13	1020640080	Penalty and Fines	10400	0
16	m-12		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
<b>Total Other A&amp;G Adjustments</b>			\$ (3,068)	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton cente				2374	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,584,077	1,366,508		217,568
<b>Page 20 - Resident Care Supplies***</b>							
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		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 282,137	282,137		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 2,281,138	2,063,570		217,568

\*\*\* 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.

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

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	1456.1	3010610300	0
20	5-j	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
<b>Total Other Ancillary Costs</b>			\$ 62,566	\$ -	\$ -
			\$ -		

#### Schedule of Excess Movable Equipment Depreciation

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

#### 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
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

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
<b>Total Other Adjustments</b>			\$ 282,137	\$ -	\$ -
			\$ -		

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC	LC2374	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
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)		
<b>II. Other Resident Revenue</b>						
1. 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				
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				
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				
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				
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		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,201,376	11,892,026		2,309,350		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 3,060	3,060				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 9,161	9,161				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 12,221	12,221				
<b>VI. Total All Revenue</b> (III + V)	\$ 14,213,598	11,904,248		2,309,350		

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	8,441.92	-	6,632.94
II-6-a	Medicare	Laboratory	87,405.11	-	68,675.44
II-6-a	Medicare	Respiratory Therapy & Supplies	20,668.51	-	16,239.54
II-6-a	Medicare	Nursing Treatment Supplies	-	-	-
II-6-a	Medicare	Audiology	-	-	-
II-6-a	Medicare	Incontinency	-	-	-
II-6-a	Medicare	Oxygen & Supplies	-	-	-
II-6-a	Medicare	Physician Visit	-	-	-
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)	-	(2,312.28)
II-6-a	Contractuals-Medicare	Laboratory	(30,469.97)	-	(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	-	-	-
II-6-a	Contractuals-Medicare	Audiology	-	-	-
II-6-a	Contractuals-Medicare	Incontinency	-	-	-
II-6-a	Contractuals-Medicare	Oxygen & Supplies	-	-	-
II-6-a	Contractuals-Medicare	Physician Visit	-	-	-
II-6-a	Contractuals-Medicare	Ambulance	-	-	-
II-6-a	Contractuals-Medicare	Flu Shot	(1,185.76)	-	(931.67)
0	0	0	-	-	-
<b>Total Other Resident Revenue - Medicare</b>			\$ 78,113	\$ -	\$ 61,375
			\$ -		\$ -

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

**Related Exp**

Page Ref	Description		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



II-6-b	Private,insurance, other	Respiratory Therapy & Supplies	7,086.97	0	5568.332
II-6-b	Private,insurance, other	Nursing Treatment Supplies	-	0	0
II-6-b	Private,insurance, other	Audiology	-	0	0
II-6-b	Private,insurance, other	Incontinency	-	0	0
II-6-b	Private,insurance, other	Oxygen & Supplies	76.61	0	60.192
II-6-b	Private,insurance, other	Physician Visit	-	0	0
II-6-b	Private,insurance, other	Ambulance	-	0	0
II-6-b	Private,insurance, other	Flu Shot	-	0	0
II-6-b	Private,insurance, other	Capitation Contracts	26,295.36	0	20660.64
II-6-b	Contractuals-Non-Medicaid	X-Ray	(86.03)	0	-67.5981879
II-6-b	Contractuals-Non-Medicaid	Laboratory	(1,947.54)	0	-1530.209823
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplies	(642.24)	0	-504.6188837
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	(6.94)	0	-5.45477889
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	0	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	0	0	0
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(2,382.96)	-	(1,872.33)
	0	0	0	0	0
<b>Total Other Resident Revenue</b>			\$ 59,214	\$ -	\$ 46,525
			\$ -		\$ -

### 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 Interest Income</b>			\$ 3,060	\$ -	\$ -
			\$ -		

### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	SALON RENT	0	1,200.00	-
IV-8	Medical Record	0	460.64	-
IV-8	Settlement Check - Pines v F	0	3,900.00	-
IV-8	GL# 370500 Town Groton/C	0	3,599.00	-
IV-8	0	0	-	-
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 Other Revenue</b>		\$ 9,160	\$ -	\$ -
		\$ (1)		

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	16,192
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,064,401
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(55,080)
4. Inventories			\$	73,400
5. Prepaid Expenses			\$	98,470
a. Prepaid Expenses	8,088			
b. Prepaid Property Tax	83,330			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	7,052			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,197,383
<b>B. Fixed Assets</b>				
1. Land			\$	1,750,000
2. Land Improvements	*Historical Cost	4,185		
	Accum. Depreciation	942		
	Net		\$	3,243
3. Buildings	*Historical Cost	16,676,546		
	Accum. Depreciation	4,225,119		
	Net		\$	12,451,427
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	237,460		
	Accum. Depreciation	125,600		
	Net		\$	111,860
6. Movable Equipment	*Historical Cost	932,092		
	Accum. Depreciation	468,024		
	Net		\$	464,068
7. Motor Vehicles	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
PPE CIP				
_____				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	14,780,598

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

(Carry Total forward to next page )

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

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 15,977,981	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
3. Buildings			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
4. Non-Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
5. Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
6. Motor Vehicles			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
O L/T A Suspense			(769,119)	
I/C Due to/Due From Owned			(769,119)	
I/C Due to/Due From Multicare				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ (769,119)	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 15,208,862	

\* 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 1145 Poquonnock Road Operations LLC ,d/	License No. 2374	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount
Total Brought Forward:				1,161,751
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date	\$	
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
LT Debt-Financing Obligation		24,730,849	24,730,849	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 24,730,849
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 25,892,600

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

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LL	2374	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
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			\$	(10,683,736)
<b>C. Total Reserves and Net Worth</b>			\$	(10,683,736)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	15,208,864

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(8,378,829)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,170,896
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	16,475,803
D. Net Income or Deficit			\$	(2,304,908)
E. Balance			\$	(10,683,736)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>		09/30/16	\$	(10,683,736)

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

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Thomas Farnan Title -Sr. Director of Reimbursement				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	