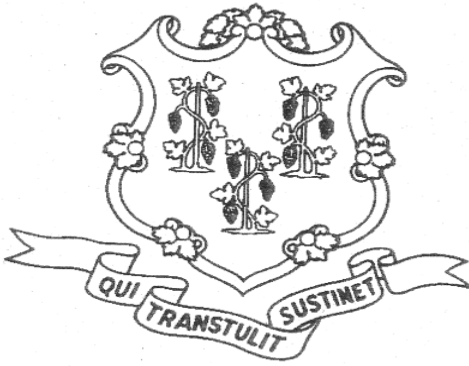


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center	
Address (No. & Street, City, State, Zip Code) 162 South Britain Road, Southbury, CT 06488	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2280	RHNS	(Specify)	Medicare Provider 07-5241
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Medicaid Provider Numbers:	CCNH 9431	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

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General Information

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC o	License No. 2280	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care 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) Mary Noonan			Printed Name (Owner) Alberto Lugo		
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
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 162 South Britain Road, Southbury, CT 06488				
Report Prepared By Richard Beckler		Phone Number 804-261-9357	Date 1/27/2017	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-264-9600		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) 162 South Britain Road Operating Company II, LLC of Fort L			Address (No. & Street, City, State, Zip) 162 South Britain Road, Southbury, CT 06488		
License Numbers:	CCNH 2280	RHNS	(Specify)	Medicare Provider No. 07-5241	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Mary Noonan			Nursing Home Administrator's License No.:	001033	
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 162 South Britain Road Operating Company	License No. 2280	Report for Year Ended 9/30/2016	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
N/A			

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each
N/A			

**General Information and Questionnaire
 Related Parties***

Name of Facility 162 South Britain Road Operating Company II, LLC of	License No. 2280	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
162 South Britain Road, LLC	162 South Britain Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>		Facility Real Estate Lease	Pg. 22 / Line 9	850,711	850,711
Care Group, LLC	57 Old Road to Nine Acre Corner, Concord, MA 01742	<input type="radio"/>	<input checked="" type="radio"/>		Management Services/Clinical Specialists	Pg. 16 / Line m12	1,008,752	1,008,752
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs	Pg 20 / Line 5a2	427,460	414,636
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs Medicine Cabinet	Page 20 / Line 5b	8,898	8,631
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy - I Vs	Page 20 / Line 5j	840	798
HealthBridge & Related Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Common Pension, Health and Insurance Prg	Page 15 Line 1a5,6,7	821,411	821,411
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility 162 South Britain Road Operating Company II,	License No. 2280	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.
 Management Fee allocation to facilities on the basis of patient days. Services of related pharmacy invoices as per customary charges that were negotiated. Staff allocations to other facilities based on hours paid at employee wage rate.

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			License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Company II, LLC of For			2280	9/30/2016			6	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						
Xerox Corporation	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/15/13	and then on-going	8,085	8,085	
Mail Finance	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	08/02/12	and then on-going	1,628	1,628	
	<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 checked="" type="radio"/> No
Total ***							9,713	

* 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 162 South Britain Road Operating	License No. 2280	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 Marcum, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 General accounting and cost report	\$ 6,200
2	\$
3	\$
4	\$
Charge for Services Provided	\$ 6,200

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Various Legal (Disallowed Pg 28) 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Various Legal (Disallowed Pg 28)	\$ 55,690
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	\$ 55,690

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1e

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/I			License No. 2280		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	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	111	111			111	111			108	108		
B. As of midnight of THIS report period	120	120			108	108			120	120		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,278	7,278			5,472	5,472			1,806	1,806		
B. Medicaid (Conn.)	21,966	21,966			16,253	16,253			5,713	5,713		
C. Medicaid (other states)												
D. Private Pay	7,414	7,414			5,546	5,546			1,868	1,868		
E. State SSI for RCH												
F. Other (Specify) Managed Care	4,475	4,475			3,615	3,615			860	860		
G. Total Care Days During Period (3A thru F)	41,133	41,133			30,886	30,886			10,247	10,247		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	112	112			71	71			41	41		
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	41,245	41,245			30,957	30,957			10,288	10,288		

Schedule of Resident Statistics (Cont'd)

Name of Facility 162 South Britain Road Operating Company			License No. 2280			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? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	25		63		21								
Per Diem Rate													
a. One bed rm.					502.00								
b. Two bed rms.	Various		213.07		441.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,013	2,013				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								6	6				
2. Restorative Treatments													
C. Other								9,583	9,583				
D. Total Physical Therapy Treatments								11,602	11,602				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								832	832				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								3,105	3,105				
D. Total Speech Therapy Treatments								3,937	3,937				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								978	978				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								21	21				
2. Restorative Treatments													
C. Other								8,587	8,587				
D. Total Occupational Therapy Treatments								9,586	9,586				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC of Fort	2280	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	186,192	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	465,620	18,637				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	539,866	29,750				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	305,958	19,608				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	93,807	5,024				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	166,115	10,783				
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	200,593	4,044				
b. RN						
1. Direct Care	1,083,162	29,312				
2. Administrative**	319,846	10,767				
c. LPN						
1. Direct Care	1,007,184	34,842				
2. Administrative**						
d. Aides and Attendants	1,402,188	92,865				
e. Physical Therapists	626,065	16,494				
f. Speech Therapists	143,182	3,874				
g. Occupational Therapists	395,558	10,883				
h. Recreation Workers	116,456	6,068				
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	123,765	5,212				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	80,968	4,054				
<i>A-13. Total Salary Expenditures</i>	<i>7,256,527</i>	<i>304,308</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Central Supply	\$ 49,605	2,102				
Medical Records	\$ 31,363	1,952				
Total	\$ 80,968	4,054	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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	
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ				2280	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)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ I				2280	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)							
Section III - Administrators***										
Mary Noonan	186,192			Standard Employee Benefits	Administrator	2,091	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC	2280	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	43,000	116				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	600	6				
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	4,680	13				
b. Other						
10. Occupational Therapist						
a. Resident Care	10,265	180				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	58,545	315				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of I		2280	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Western Connecticut Medical Group	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Heather M. Nisbeth, M.D.	Infection Control	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Marianne Bette MD	Infection Control	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Swallowing Diagnostics, LLC	Dysphagia - Testing Service	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Access Therapies Inc	Occupational Therapy Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dennis Huebner, MD	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, I	2280	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 303,216	303,216		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 89,978	89,978		
4. Social Security (F.I.C.A.)	\$ 532,405	532,405		
5. Health Insurance	\$ 789,611	789,611		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,659	3,659		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 28,141	28,141		
8. Uniform Allowance	\$ 16,926	16,926		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 10,908	10,908		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 146,574	146,574		
d. Accounting and Auditing	\$ 6,200	6,200		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 55,690	55,690		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 33,227	33,227		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,819	21,819		
2. Cellular Phones	\$ 2,000	2,000		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 621,856	621,856		
Subtotal	\$ 2,662,212	2,662,212		

* 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**

162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River C Attachment Page 15
9/30/2016

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Training	\$ 1,957		
Tuition Reimbursement	\$ 3,501		
Other Employee Benefits Expense	\$ 5,451		
Total	\$ 10,908	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC	2280	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,662,212	2,662,212		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 4,107	4,107			
3. Gifts to Staff and Residents	\$ 9,484	9,484			
4. Employee Travel	\$ 3,035	3,035			
5. Education Expenses Related to Seminars and Conventions	\$ 3,413	3,413			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 2,852	2,852			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 495	495			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 40,226	40,226			
4. Fund-Raising***	\$				
5. Medical Records	\$ 2,451	2,451			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 9,634	9,634			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,557	9,557			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 4,758	4,758			
10. Contributions*** See Attached Schedule	\$ 172	172			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 102,402	102,402			
12. Administrative Management Services**	\$ 1,008,752	1,008,752			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 112,463	112,463			
C-14 Total Administrative & General Expenditures	\$ 3,976,012	3,976,012			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Travel - Meals	\$ 10		
Travel - Other Corporate Expense	\$ 2,322		
Travel - Hotel	\$ 364		
Meeting Expense	\$ 156		
Total Other Travel and Entertainment	\$ 2,852	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Corporate Expense	\$ 1,394		
Marketing Expense Corporate Expense	\$ 36,538		
Public Relations Corporate Expense	\$ 929		
Shows & Conferences Corporate Expense	\$ 1,140		
Sponsorships	\$ 225		
Total Other Advertising	\$ 40,226	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health Care Facilities, Inc	\$ 9,557		
Total Dues	\$ 9,557	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Charitable Contributions	\$ 172		
Total Contributions	\$ 172	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Criminal Record Check Corporate Expense	\$ 11,194		
Compliance Expense Nursing Administration	\$ 11,292		
Other Professional Fees Corporate Expense	\$ 28,099		
Bank Charges Corporate Expense	\$ 10,638		
Collection Fees Corporate Expense	\$ 22,102		
Off Site Storage Corporate Expense	\$ 3,858		
Professional Licenses Corporate Expense	\$ 100		
License & Permits Corporate Expense	\$ 2,351		
Consolidated Billing Nursing Administration	\$ 13,098		
Annual Report Fees	\$ 654		
Facility Entertainment Corporate Expense	\$ 82		
Miscellaneous Expense Corporate Expense	\$ 7,200		
Resident Replacement Items Corporate Expense	\$ 1,730		
Gift Shop Supplies Corporate Expense	\$ 2,879		
Discounts Taken Corporate Expense	\$ (2,815)		
Total Other Administrative and General	\$ 112,463	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility 162 South Britain Road Operating Compa	License No. 2280	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 #
Care Group LLC	732,282	Operational and financial management services	Page 16 / Line 12
Care Group LLC	276,469	Data processing allocation to facility for payroll, HR and employee benefit system.	Page 16 / Line 12

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

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

Name of Facility 162 South Britain Road Operating Company II, LLC o		License No. 2280	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 275,963	275,963		
2.	Non-Food Supplies	\$ 37,459	37,459		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Management Services**					
d. Other (Specify) _____ Dietary Supplies					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 313,558	313,558		
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
162 South Britain Road Operating Company II, LLC of I		2280	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. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	6,734	6,734	
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$	6,600	6,600	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	13,334	13,334	
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
162 South Britain Road Operating Company II,		2280	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. \$	47,503	47,503			
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. \$					
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 47,503	47,503			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from Legend Drugs		\$	427,460	427,460		
b. Medicine Cabinet Drugs		\$	54,726	54,726		
c. Medical and Therapeutic Supplies		\$	134,369	134,369		
d. Ambulance/Limousine***		\$	628	628		
e. Oxygen						
1. For Emergency Use		\$				
2. Other****		\$	29,915	29,915		
f. X-rays and Related Radiological Procedures***		\$	24,694	24,694		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$	9,000	9,000		
h. Laboratory***		\$	74,081	74,081		
i. Recreation		\$	33,796	33,796		
j. Other (Specify)**** See Attached Schedule		\$	46,879	46,879		
5K. Total Resident Care Expenditures (5a - 5j)		\$	835,548	835,548		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Supplies Corporate Expense	\$ 623		
Patient Medical Fees Corporate Expense	\$ 2,400		
IV Expense Corporate Expense	\$ 840		
DME (Durable Medical EQPT) Corporate Expense	\$ 7,318		
Equipment Rental - Other (Drugs & Supplies) Corporate Expense	\$ 13,842		
PT Supplies Corporate Expense	\$ 9,443		
OT Supplies Housekeeping	\$ 917		
ST Supplies Corporate Expense	\$ 39		
RT Supplies Corporate Expense	\$ 478		
PT/OT Equipment Rental Corporate Expense	\$ 10,980		
Total Other Resident Care	\$ 46,879	\$ -	\$ -

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

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A				License No. 2280	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
Saucier Mechanical Services	148 North St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility repairs and maintenance	33,968			22	6a
KONE Inc	16 Old Forge Rd, Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility and elevator repairs	21,810			22	6a, 6f
CWPM, LLC	P.O. Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation Services	27,983			22	6f
Frank Talarico & Son Inc	P.O. Box 705 Southbury, CT 07024	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility Maintenance	18,696			22	6f
HD Supply Facility Maintenance	PO Box 509058, San Diego, CA 92150	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility Maintenance and repairs	25,886			22	6a
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Services	11,487			16	m11
Smart Linx	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time Clock and Staff Scheduling Software	11,596			16	m11
Kodiak Systems	South Suite 499, Piscataway, NJ 08854	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Network Support and Maint. Fees - ASP	47,099			16	m11
Westcom Solutions, Inc	Suite A, Milford, OH 45150	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Patient Accounting and billing system	16,095			16	m11
		<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"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Company I	2280	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 123,372	123,372				
b. Heat	\$ 49,949	49,949				
c. Light & Power	\$ 124,684	124,684				
d. Water	\$ 14,033	14,033				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 9,713	9,713				
f. Other (<i>itemize</i>)	\$ 104,406	104,406				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 426,157	426,157				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 75,071	75,071				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 75,071	75,071				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 124,216	124,216				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 124,216	124,216				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 850,711	850,711				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 114,285	114,285				
c. Personal property taxes	\$ 16,043	16,043				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,180,326	1,180,326				

* 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)
Minor Computer Equipment Corporate Expense	\$ 578		
Maintenance Outside Service Grounds - Other Maintenance	\$ 42,640		
Minor Equipment/Tools Other Equipment Maintenance	\$ 1,715		
Grounds Maintenance Rep and Maintenance Default Corporate Expense	\$ 9,865		
Snow Removal Rep and Maintenance Default Maintenance	\$ 5,913		
Pest Control Pest Control Corporate Expense	\$ 1,706		
Fire Alarm Service Building Maintenance	\$ 9,913		
Sanitation Corporate Expense	\$ 31,046		
Medical Waste Disposal Corporate Expense	\$ 1,030		
Total Other Repairs and Maintenance	\$ 104,406	\$ -	\$ -

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility				License No.			Report for Year Ended			Page	of	
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D				2280			9/30/2016			23	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	
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	1,129,581		1,129,581	790,849	S/L	Various	64,062	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			Var	Var	68,867		68,867		S/L	Various	11,009	
D-3. Subtotal												75,071
E. Total Depreciation											75,071	

162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center
 9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached List	\$ 68,867	Various	\$ 11,009
Total additions for Movable Equipment		\$ 68,867		\$ 11,009 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	See Attached List	\$ 75,297	Various	\$ 2,349
Total additions for Leasehold Improvement		\$ 75,297		\$ 2,349 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*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
162 South Britain Road Operating Company II, LLC of Fort			2280		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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var		2,776,952	1,452,861	S/L	Var	121,867	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var		75,297		S/L	Var	2,349	
C-4. Subtotal									124,216
D. Total Amortization									124,216

* 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 162 South Britain Road Operating Cor	License No. 2280	Report for Year Ended 9/30/2016	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	06/29/10				
c. Interest Rate for the Cost Year	5.00%				
d. Term of Mortgage (number of years)	27				
e. Amount of Principal Borrowed	8,697,341				
f. Principal balance outstanding as of <u>9/30/16</u>	7,695,426				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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
162 South Britain Road Operating Co		2280	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
162 South Britain Road Operating		2280		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Amortized Interest Exp				\$	463	463	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	463	463	
14. Insurance							
a. Insurance on Property (buildings only)				\$	10,353	10,353	
b. Insurance on Automobiles				\$	2,266	2,266	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	63,007	63,007	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	75,626	75,626	
15. Total All Expenditures (A-13 thru C-14)				\$	14,183,599	14,183,599	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of Fort Le				2280	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 395,558	395,558		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 146,574	146,574		
10.	15	1d/e	Accounting & Legal	\$ 55,690	55,690		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 560	560		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 9,484	9,484		
15.	15	1a9	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 3,501	3,501		
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.		16m3	Unallowable Advertising *	\$ 40,226	40,226		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.		16m1	Unallowable Management Fees	\$ 732,503	732,503		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 71,490	71,490		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 223	223		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,455,809	1,455,809		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Other Employee Benefits	\$ 10,908		
16	L7	Travel - Other	\$ 2,322		
16	L7	Meeting Expense	\$ 156		
16	L7	Travel - Hotel & Meals Exp	\$ 374		
16	m13	Bank Charge Fees	\$ 10,638		
16	m13	Collecton Fees	\$ 22,102		
16	m13	Consolidated Billing	\$ 13,098		
16	m13	Facility Entertainment	\$ 82		
16	m13	Resident Replacement	\$ 1,730		
16	m13	Gift Shop Expense	2878.66		
16	m13	Misc. Expense	7200		
Total Other A&G Adjustments			\$ 71,490	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of Fort				2280	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,455,809	1,455,809		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 427,460	427,460		
28.	20	5d	Ambulance/Limousine	\$ 628	628		
29.	20	5f	X-rays, etc	\$ 24,694	24,694		
30.	20	5h	Laboratory	\$ 74,081	74,081		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 29,915	29,915		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 31,775	31,775		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 5,886	5,886		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 2,050,248	2,050,248		

*** 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.

162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV In Excess (see attached)	\$ 17,116		
20	5j	DME (Durable Medical Eqpt)	\$ 7,318		
20	5j	IV Expense	\$ 840		
20	5j	RT Supplies	\$ 478		
20	5j	OT Supplies	\$ 917		
20	5j	OT Equipment Rental (See Attached)	\$ 4,968		
20	5j	Coinsurance Payments	\$ 138		
Total Other Ancillary Costs			\$ 31,775	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Revenue	\$ 5,423		
27	12D	Early Payoff Penalty	\$ 463		
Total Other Adjustments			\$ 5,886	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility 162 South Britain Road Operating Comp	License No. 2280	Report for Year Ended 9/30/2016		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,355,916	9,355,916			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,707,437)	(4,707,437)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,185,469	4,185,469			
b. Medicare Room and Board Contractual Allowance **	\$ 434,911	434,911			
4. a. Private-Pay Residents and Other	\$ 5,785,977	5,785,977			
b. Private-Pay Room and Board Contractual Allowance **	\$ (859,858)	(859,858)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 237,288	237,288			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 143,329	143,329			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,628,778	1,628,778			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 808,580	808,580			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 519,660	519,660			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 190,935	190,935			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 1,334,699	1,334,699			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 685,961	685,961			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (3,387,725)	(3,387,725)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,716,489)	(1,716,489)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,639,995	14,639,995			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 223	223			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 417	417			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 5,423	5,423			
V. Total Other Revenue (1 thru 8)	\$ 6,063	6,063			
VI. Total All Revenue (III +V)	\$ 14,646,058	14,646,058			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Medicare A	\$ 122,076		
	IV Therapy Medicare A	\$ 36,733		
	X-Ray Medicare A	\$ 34,573		
	Ancillary Contractual Adjustment Medicare A	\$ (3,581,106)		
Total Other Resident Revenue - Medicare		\$ (3,387,725)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Insurance	\$ 287		
	Lab Managed Care	\$ 78,585		
	IV Therapy Managed Care	\$ 6,367		
	X-Ray Insurance	\$ 460		
	X-Ray Managed Care	\$ 21,679		
	X-Ray Private	\$ (330)		
	Ancillary Contractual Adjustment Insurance	\$ (12,965)		
	Ancillary Contractual Adjustment Managed Care	\$ (1,795,050)		
	Ancillary Contractual Adjustment Medicaid	\$ (15,522)		
Total Other Resident Revenue		\$ (1,716,489)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 417		
Total Interest Income			\$ 417	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue	\$ 5,423		
Total Other Revenue		\$ 5,423	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com	2280	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	20,503
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	798,310
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	18,346
a. Prepaid GLPL - Third & Related	10,688			
b. Prepaid Other Insurance & Property Tax	6,693			
c. Prepaid Maintenance Contracts	515			
d. Prepaid Expense - Other	450			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	32,113
Resident PNA Funds	32,113			
A-9. Total Current Assets (Lines A1 thru 8)			\$	869,271
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,852,249</u>		\$	1,275,172
	Accum. Depreciation <u>1,577,077</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,198,448</u>		\$	332,528
	Accum. Depreciation <u>865,920</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,607,700

* 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 162 South Britain Road Operating Com	License No. 2280	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,476,971
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	23,000
	Deposit for Utilities	23,000		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	23,000
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,499,971

* 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 162 South Britain Road Operating Compan	License No. 2280	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,453,967	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ (12,799,069)
Name and Address of Lender	Amount	Loan Date		
Due to/from Affiliates	(12,799,069)			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (12,799,069)
C. Total All Liabilities (Lines A-13 + B-5)				\$ (11,345,102)

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

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Co	2280	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,607,700
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			\$	1,607,700
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	11,572,305
6. Gain or Loss for Period			\$	665,068
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	12,237,373
C. Total Reserves and Net Worth			\$	13,845,073
D. Total Liabilities, Reserves, and Net Worth			\$	2,499,971

H. Changes in Total Net Worth

Name of Facility 162 South Britain Road Operating Comp	License No. 2280	Report for Year Ended 9/30/2016	Page 36	of 37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	11,572,305		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,646,058		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,980,990		
D. Net Income or Deficit			\$	665,068		
E. Balance			\$	12,237,373		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Total Expenditures (page 27)	14,179,886					
(Less F/S vs C/R Depreciation)	(199,287)					
Total	13,980,598					
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. Balance at End of Period			\$	12,237,373		
				09/30/16		

I. Preparer's/Reviewer's Certification

Name of Facility 162 South Britain Road Operating	License No. 2280	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Richard Beckler				
Address Address			Phone Number	
10571 Telegraph Road, Suite 203, Glen Allen, VA 23059			804-261-9357	