

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Riverside Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 745 Main St., East Hartford, CT 06108	
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 1000c	RHNS	(Specify)	Medicare Provider 075257
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Medicaid Provider Numbers:	CCNH 10009	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) Riverside Health Care Center, Inc.	License No. 1000c	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 Riverside Health Care Center, Inc. [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) Karen Chadderton			Printed Name (Owner) Marvin J. Ostreicher		
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 Riverside Health Care Center, Inc.	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 745 Main St., East Hartford, CT 06108				
Report Prepared By Blum Shapiro & Co.	Phone Number 203-944-2100	Date 2/7/2017		
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 (860) 289-2791		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Riverside Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 745 Main St., East Hartford, CT 06108		
License Numbers:	CCNH 1000c	RHNS	(Specify)	Medicare Provider No. 075257
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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Karen Chadderton		Nursing Home Administrator's License No.:	1221	
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 Riverside Health Care Center, Inc.	License No. 1000c	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		
Riverside Health Care Center, Inc	745 Main St, East Hartford, CT 06108	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Dorris Laufer	1402 59th Street Brooklyn, NY 11219	President	50	
Marvin Ostreicher	184 Wildacre Avenue Lawrence, NY 11559	Secretary	200	
Michael Pollack	2441 Beachwood Road Beachwood, OH 44122	Director	100	
Agnes Zitter	9 Dogwood Lane Lawrence, NY 11559	Director	50	
Izak Keller	9 Dogwood Lane Lawrence, NY 11559	Director	150	
Names of Stockholders Owning at Least 10% of Shares				
Michael Pollack	2441 Beachwood Road Beachwood, OH 44122	Director	100	
Marvin Ostreicher	184 Wildacre Avenue Lawrence, NY 11559	Secretary	200	
Izak Keller	2417 Beachwood Blvd. Beachwood, OH 44122	Director	150	
H. Ostreicher	1 Lakeside Drive East Lawrence, NY 11559	Director	166	

**General Information and Questionnaire
Related Parties***

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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	%**				
See attachment		<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.
** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
Related Parties***

Name of Facility Riverside Health Care Center, Inc.		License No. 1000-C	Report for Year Ended 9/30/2016	Page 4	of 37			
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," provide the following information:</p>								
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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	1,624,169	1,561,701
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80%	Radiology	20 5f	25,444	22,922
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15/30 1a5/IV8	2,248,170	2,248,170
National Health Care Associates - Cigna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance	P16 12	30,000	30,000
National Health Care Associates	20 Sunrise Hwy, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	19,632	19,632
Water's Edge Center for Health & Rehab	11 Curch St Middletown CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee-Marketing	16 m13	47,958	47,958
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	1,084	1,084
Riverside Realty	745 Main Street, East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	1,261,427	1,261,427
Milford Health Care	195 Platt St Milford CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee-Soc Services/Marketing	13/16 66/m13	24,357	24,357
National Health Care Associates	20 Sunrise Hwy, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,379,034	1,379,034
Columbia Circle Assoc. LLC	1 Columbia Circle, STE 105 Albany NY 12203	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	244	244
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	4,717	4,717
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 13	32,987	32,987
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	91%	Drugs/OTC's/Supplies/Consulting/Fees	20/13 5a2,b,i/b3,12	937,737	844,808

* Use additional sheets if necessary.

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

*** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> 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. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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.) <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

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
Riverside Health Care Center, Inc.		1000c		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						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	9,104	9,104	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	Ongoing	Ongoing	46,248	11,562	
Wells Fargo, PO Box 7777, San Francisco, CA 94120	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/12	39 months	12,798	3,681	
Wells Fargo, PO Box 7777, San Francisco, CA 94120	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/25/13	39 months	1,549	1,046	
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/16	39 months	12,120	9,088	
Nissan Motor Acceptance Corp, PO Box 371447, Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Car	06/01/15	39 months	3,898	3,898	
Toyota Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Car	03/16/15	36 months	4,644	4,644	
Nissan Motor Acceptance Corp, PO Box 371447, Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Car	08/05/16	36 months	4,500	718	
	<input type="radio"/>	<input checked="" 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 ***							43,741	

* 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.



MOTOR VEHICLE LEASE AGREEMENT WITH ARBITRATION CLAUSE - NEW YORK

1. PARTIES

Lessor: JS ATLANTIC AUTO SALES LLC
D/B/A MASSAPEQUA NISSAN
Lessor (Dealer):
Street Address: 3660 SUNRISE HWY

Phone: (516)799-2800
City, St, Zip: SEAFORD NY 11783

Lease Date: 08/05/2016
NMAC Dealer #:

Lessee & Co-Lessee:
Lessee Name: RIVERSIDE HEALTH CARE, CENTER INC.
Street Address: 745 MAIN ST
Mailing Address: N/A
Garaging Address: N/A

Co-Lessee: N/A
City, St, Zip: EAST HARTFORD CT 06108
City, St, Zip: N/A
City, St, Zip: N/A

Name of Driver (if Business):
County: HARTFORD
County: N/A
County: N/A

"You" and "your" refer equally to the Lessee and Co-Lessee (if any) signing this Lease. "We," "us" and "our" refer to the Dealer, or if this Lease is assigned, to Nissan-Infiniti LT ("NILT") and/or any other assignee. "Vehicle" refers to the Motor Vehicle described below, including attachments, equipment, the battery and accessories, including any charging accessories with the vehicle. You agree to lease this Vehicle from us under the terms on the front and back of this Lease. You understand that this is a Lease. You do not own this Vehicle, unless and until you exercise your option to purchase this Vehicle.

2. DESCRIPTION OF LEASED PROPERTY

New Used Charging Accessories Odometer Reading: 189
Year: 2016 Make: NISSAN Model: MURANO Body Style: SUBN
Color/Key Code: BK/13662 VIN: 5N1AZ2MHXGN142953

PRIMARY USE: Commercial Personal, Family or Household
WARNING: Important consumer protections may not apply if this Lease indicates that the Vehicle is being leased primarily for agricultural, business or commercial use.

3. FEDERAL CONSUMER LEASING ACT DISCLOSURE BOX

Table with 4 columns: AMOUNT DUE AT LEASE SIGNING OR DELIVERY, MONTHLY PAYMENTS, OTHER CHARGES, TOTAL OF PAYMENTS. Includes values like \$2552.52, \$375.00, \$395.00, and \$16072.52.

4. ITEMIZATION OF AMOUNT DUE AT LEASE SIGNING OR DELIVERY

Table with 2 columns: AMOUNT DUE AT LEASE SIGNING OR DELIVERY, HOW THE AMOUNT DUE AT LEASE SIGNING OR DELIVERY WILL BE PAID. Includes items like Capitalized Cost Reduction, First Monthly Payment, and Net Trade-In Allowance.

5. YOUR MONTHLY PAYMENT IS DETERMINED AS SHOWN BELOW

Table showing calculation of monthly payment: Gross Capitalized Cost (\$30819.34), Depreciation and Any Amortized Amounts (\$12284.94), Rent Charge (\$409.02), Total of Base Monthly Payments (\$12693.96), Number of Payments (36), Base Monthly Payment (\$352.61), Monthly Sales, Use or Lease Tax (\$22.39), Monthly Luxury Tax (N/A), Total Monthly Payment (\$375.00).

6. IMPORTANT TERMS

Early Termination. You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be. See Section 14.

Excessive Wear and Use. You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 15000 miles per year at the rate of 15 cents per mile. See Section 20. If this box is checked, this mileage includes N/A miles over the term of the Lease purchased at

N/A cents per mile, which is included in your monthly payment. There will be no refund for unused miles, including any additional miles purchased by you.

Purchase Option at End of Lease Term. You have an option to purchase the Vehicle at the end of the lease term for \$17534.40, and a Purchase Option Fee of \$300.00. See Section 15.

Other Important Terms. This Lease contains additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest, if applicable.

7. NEW YORK MOTOR VEHICLE LEASE DISCLOSURE BOX

10. ESTIMATED FEES AND TAXES

The estimated total amount you will pay for official and license fees, registration, title and

7. NEW YORK MOTOR VEHICLE LEASE DISCLOSURE BOX

a) Capitalized Cost	\$ 30819.34
(The sum of the adjusted capitalized cost and the capitalized cost reduction. The capitalized cost and the amount of rental payment may be negotiable.)	
b) Capitalized Cost Reduction	- \$ 1000.00
(cash downpayment plus net trade-in value)	
c) Adjusted Capitalized Cost	= \$ 29819.34
(The amount which is capitalized in connection with this Lease and is used in determining the amount of your periodic payment. This amount will be used in determining the legal limit of your early termination liability. Although the "adjusted capitalized cost" is not referred to in the early termination provisions of this Lease, the "adjusted capitalized cost" may be used to compare the early termination provisions of competing lessors.)	
d) Estimated Residual Value	\$ 17534.40

8. ITEMIZATION OF GROSS CAPITALIZED COST

The following items you will pay over the lease term and are in your monthly payment:

a) Agreed upon value of the Vehicle	\$ 30819.34
b) Up-Front Sales Tax, if applicable	+ \$ N/A
c) Title, License and Registration	+ \$ N/A
d) Acquisition Fee	+ \$ N/A
e) Service Contract(s) and/or Maintenance Contract(s)	+ \$ N/A
(See Section 11)	
f) Credit Life and/or Disability Insurance (See Section 11)	+ \$ N/A
g) Prior Credit or Lease Balance	+ \$ N/A
h) N/A	+ \$ N/A
i) N/A	+ \$ N/A
j) N/A	+ \$ N/A
k) N/A	+ \$ N/A
l) N/A	+ \$ N/A
m) Total Gross Capitalized Cost	= \$ 30819.34

9. VEHICLE WARRANTIES

This Vehicle is covered by any warranty, extended warranty, service contract or maintenance contract indicated below:

- Standard New Vehicle Limited Warranty provided by the manufacturer or distributor of this Vehicle.
- Mechanical Breakdown Protection (MBP), a service contract for the repairs of certain major mechanical breakdowns of this Vehicle and related expenses.
- Maintenance Contract, a contract for regularly scheduled care and maintenance of this Vehicle.
- Used Vehicle Limited Warranty
- N/A

EXCEPT AS EXPRESSLY PROVIDED UNDER THIS LEASE, WE OFFER NO EXPRESS OR IMPLIED WARRANTIES WITH RESPECT TO THIS VEHICLE. WE MAKE NO IMPLIED WARRANTY OF MERCHANTABILITY. THE LESSOR UNDERTAKES NO RESPONSIBILITY FOR THE QUALITY OF THE GOODS EXCEPT AS OTHERWISE PROVIDED IN THIS CONTRACT. THE LESSOR ASSUMES NO RESPONSIBILITY THAT THE GOODS WILL BE FIT FOR ANY PARTICULAR PURPOSE FOR WHICH YOU MAY BE LEASING THESE GOODS, EXCEPT AS OTHERWISE PROVIDED IN THE CONTRACT.

SIGNATURES

SignatureDIRECTPAY AUTHORIZATION AGREEMENT (Not required. Please complete and sign if you want this option.)

You agree to let us debit the payments shown in this contract from your account electronically when they are due. The payments will be debited from the Bank or other financial institution listed below. You also agree to let your Bank honor the debit requests. You agree to continue to make your payments until you are notified by us that the debit payment process is engaged. This agreement will be in effect until all the payments have been made. You can stop the debits at any time by giving us and your Bank written notice to cancel that allows a reasonable period of time for us to act. You acknowledge that we will not send you paper monthly billing statements. You will be able to view your monthly billing statement electronically by logging in and registering at www.nissanfinance.com. You agree to provide us with a voided check that has your Bank name, branch address and account number so we can arrange the debits.

N/A SIGNATURE/DATE (LESSEE OR CO-LESSEE) N/A SIGNATURE/DATE (BANK ACCOUNT OWNER OR JOINT OWNER IF OTHER THAN LESSEE OR CO-LESSEE) N/A BANK NAME

Lessee PLEASE SEE OTHER SIDE FOR ADDITIONAL TERMS AND CONDITIONS.

NOTICE: THIS CONTRACT CONTAINS AN ARBITRATION CLAUSE. PLEASE SEE OTHER SIDE.

Notice Regarding Arbitration: By signing below, you acknowledge that this Lease contains an arbitration clause and that you have read it. **READ THE ARBITRATION CLAUSE IN SECTION 29 BEFORE SIGNING HERE.**

Lessee Signature: _____ Co-Lessee signature: /A

This Lease and the Special Notice – New York set forth all of our agreements and can only be changed by written agreement between the Lessee, Co-Lessee (if applicable) and Dealer, NILT, or any other assignee, if this Lease is assigned. There are no other written or verbal agreements. Any provision of this Lease which is invalid, illegal or unenforceable shall be ineffective without affecting in any way the remaining provisions. All lessees and guarantors are jointly and severally liable.

Notice to the Lessee: (1) Do not sign this Lease before you read it or if it contains any blank spaces to be filled in; (2) You are entitled to a completely filled in copy of this Lease when you sign it; (3) If you default in the performance of your obligations under this Lease, the Vehicle may be repossessed and you may be subject to suit and liability for the unpaid indebtedness evidenced by this Lease.

YOU ACKNOWLEDGE THAT YOU HAVE READ BOTH SIDES AND RECEIVED A COMPLETED COPY OF THIS LEASE BEFORE SIGNING BELOW.

MOTOR VEHICLE LEASE AGREEMENT

LESSEE SIGNATURE _____ BUSINESS NAME _____ NAME (PLEASE PRINT) _____
 CO-LESSEE SIGNATURE _____ BY (SIGNATURE) _____ TITLE _____

Guarantor

For purposes of this section, I/we/my/our/me/us refers solely to Guarantor. I/We jointly, severally and unconditionally guarantee the performance of all payment and other obligations of the Lessee, under this Lease. Upon any default by Lessee, Lessor may, at Lessor's option, proceed immediately against me/us without first proceeding against Lessee, any other guarantor or

10. ESTIMATED FEES AND TAXES

The estimated total amount you will pay for official and license fees, registration, title and taxes, including personal property taxes, over the term of your Lease, whether included with your monthly payments or assessed otherwise is \$ 4564.80. The actual total of fees and taxes may be higher or lower depending on the tax rates in effect or the value of the leased property at the time a fee or tax is assessed.

11. OPTIONAL INSURANCE, COVERAGES AND WARRANTIES

These products are not required to enter into this Lease and will not be provided unless you initial below. If insurance, coverages and/or warranties are purchased by you, these are shown in a notice given to you on this date. These products may not be available in some states.

a) Credit Life Insurance	\$ N/A PREMIUM
N/A INSURER	\$ N/A INITIAL COVERAGE AMOUNT
N/A INSURED(S)	N/A LESSEE INITIALS N/A CO-LESSEE INITIALS
b) Credit Disability Insurance	\$ N/A PREMIUM
N/A INSURER	\$ N/A INITIAL COVERAGE AMOUNT
N/A INSURED(S)	N/A LESSEE INITIALS N/A CO-LESSEE INITIALS
c) Mechanical Breakdown Protection	\$ N/A CHARGE
(Covers parts of Vehicle up to sooner of /A months or N/A miles)	
N/A PROVIDER	N/A LESSEE INITIALS N/A CO-LESSEE INITIALS
d) Maintenance Contract	\$ N/A CHARGE
N/A PROVIDER	N/A LESSEE INITIALS N/A CO-LESSEE INITIALS
e) N/A	\$ N/A CHARGE
N/A PROVIDER	N/A LESSEE INITIALS N/A CO-LESSEE INITIALS
f) N/A	\$ N/A CHARGE
N/A PROVIDER	N/A LESSEE INITIALS N/A CO-LESSEE INITIALS
g) N/A	\$ N/A CHARGE
N/A PROVIDER	N/A LESSEE INITIALS N/A CO-LESSEE INITIALS
Total Premiums/Charges \$ N/A	

THE OFFICE WORKS

The Office Works, Inc.
 45 Corporate Avenue
 Plainville, CT 06062
 1-800-634-4810 1-860-793-9994

DATE: December 4, 2015

BILL TO:

Riverside Health Care Center
 745 Main Street
 East Hartford, CT 06108

SHIP TO:

Same

ITEM	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
e-Studio 757	75 ppm Toshiba multifunctional copier	2		
e-Studio 557	55 ppm Toshiba multifunctional copier	1		
MJ1027	Console finisher w/multi-position stapling	3		
				39-month lease @
e-Studio 4555C	45 ppm color multifunction copier	1		\$918.03 per month
MR3025	Automatic document handler	1		
MJ1107	Console finisher w/multi-position stapling	1		
ID1031	Large Capacity paper feed pedestal	1		
MJ6104	Hole punch unit	1		
GD1350	Fax board	1		
GD1320NX	Fax board	1		
			TOTAL SALE PRICE	Lease
			DELIVERY CHARGE	N/C
			SALES TAX	
			TOTAL DUE	N/A

Notes / Provisions:

- Delivery, installation and training included. The Office Works will remove and return the "off lease" copiers to the leasing company.

CUSTOMER: ^{Riverside} ~~Bloomfield~~ Health Care

THE OFFICE WORKS, INC.

Authorized Signature: [Signature]
 Print Name: Michael Bob
 Title: Materials Mgmt.
 Date: 12/2/15
 Phone: _____

Accepted By: _____
 Print Name: _____
 Title: _____
 Sales Associate: _____



LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Riverside Health Care Center dba RIVERSIDE HEALTH & REHABILITAT
Billing Address: 745 MAIN ST, EAST HARTFORD, CT 06108
Equipment Location: 745 Main Street, East Hartford, CT 06108
EQUIPMENT DESCRIPTION: * PLEASE REFER TO SCHEDULE A
BASE TERM IN MONTHS: 39
TOTAL NUMBER OF LEASE PAYMENTS: 39 @ \$918.03 (plus taxes)
END OF LEASE PURCHASE OPTION: [X] Fair market value, plus taxes
(a) Advance Payment: \$0.00
(b) Security Deposit: \$0.00
(c) Documentation Fee: \$95.00
Total due a + b + c =: \$95.00

**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

TERMS AND CONDITIONS

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:
1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within five (5) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period").
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease.
11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW, YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties.

ACCEPTED BY LESSEE: Riverside Health Care Center dba RIVERSIDE HEALTH & REHABILITAT
Print Name: Michael Boko Title:
E-Mail Address: Date:

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee.

SIGNED X Print Name: E-Mail Address:
Accepted by: LEAF Capital Funding, LLC By: Title: Date:



SCHEDULE A TO LEASE AGREEMENT
(EQUIPMENT DESCRIPTION)

Lease Application No.: 336950

QNT	Equipment Description	New/Used	Make	Model	Serial Number
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Location: 745 Main Street, East Hartford, CT 06108

2	Toshiba E-STUDIO 757	New		E-STUDIO 757	
1	Toshiba E-STUDIO 557	New		E-STUDIO 557	
1	Toshiba E-STUDIO 4555C	New		E-STUDIO 4555C	

LESSEE: Riverside Health Care Center dba RIVERSIDE
HEALTH & REHABILITAT

BY: [Signature]
PRINT NAME: Michael Bobow
TITLE: _____
DATE: _____

LEAF CAPITAL FUNDING, LLC

BY: _____
PRINT NAME: _____
TITLE: _____
DATE: _____

POINTCLICKCARE.COM SUBSCRIPTION SERVICE AGREEMENT

This agreement is made between Wescom Solutions Inc. ("Wescom"), 6975 Creditview Road, Unit 4, Mississauga, Ontario, L5N 8E9 AND National HealthCare Associates Inc, 46 Stauderman Ave., Lynbrook NY 11563 (Client)

Preamble

WHEREAS Wescom has developed PointClickCare.com ("PointClickCare"), a website designed, *inter alia*, to maintain patient/client records ("Records") for government entities and the private healthcare provider system;

AND WHEREAS PointClickCare consists of various applications, each of which offers various options to the Client ("Applications");

AND WHEREAS Wescom is the registered owner of PointClickCare and the Applications;

AND WHEREAS Wescom is prepared to grant a limited license for the use of the Applications to the Client.

1. Description of Service

1.1 Online Subscription Service. Wescom grants to the Client, during the term of this Agreement, a limited license to use those Applications of PointClickCare listed in Schedule 1 attached hereto, for a specified number of active Records ("Licensed Capacity"). The Licensed Capacity of the Client is set out in Schedule 1 hereto. The active Records shall be provided to the Client via an online service ("Online Service") through a data center established and maintained by Wescom ("Data Center"). Non-active (discharged or waiting list) Records are maintained by PointClickCare but are not included in the Licensed Capacity of the Client for the purposes of calculating the Subscription Charge (as hereinafter defined).

1.2 Modifications. The Client may, at any time, increase or decrease its Licensed Capacity and/or the number of Applications licensed. For each increase in the Licensed Capacity or number of Applications licensed, there shall be an additional Schedule 1 signed by both parties, which shall be subject to the terms of this Agreement.

1.3 Client Responsibilities. In order to use the Online Service, the Client must obtain access to the World Wide Web, either directly or through devices that access web-based content. The Client shall be responsible for any service fees associated with such access, including any carrier fees. In addition, the Client shall provide all equipment necessary to make such connection to the World Wide Web, including a computer and modem and/or a wireless access device.

1.4 Transfer of limited license to use the Online Service. The Client's usage rights to PointClickCare or any Application may not be transferred to another entity without the prior written consent of Wescom.

2. Eligibility

PointClickCare.com is available only to healthcare provider or government entities that have the capacity to enter into legally binding contracts under applicable law for legitimate business purposes. Any entity failing to fit the preceding description will not be able to enter into this Agreement.

3. Online Service Accessibility

3.1 Database And Applications Accessibility. The Data Center shall operate 24 hours a day, 365 days per year, subject to scheduled maintenance as described in section 3.2. The Client shall, subject to obtaining access to the World Wide Web, acquire access to the Client Database and acquire the ability to perform data processing with each Application, in accordance with the design of such Application, during not less than 99.6% of hours 24x7x365 for each calendar year.

3.2 Downtime Maintenance Periods. Wescom periodically adds, repairs, and upgrades the Data Center network, hardware and the Applications and shall use its best efforts to accomplish this without affecting the Client's access to PointClickCare or the Applications; however, repairs of an emergency or critical nature may result in the Online Service not being available for the Client's usage during the course of such repairs. In addition, Wescom has established periodic system maintenance windows on Tuesday and Friday mornings between the hours of 2am and 5am (EST). During this time, Wescom reserves the right to take down the server(s) at the Data Center hosting the Client Data in order to conduct routine maintenance to both software and hardware. Wescom shall advise the Client prior to any scheduled downtime. Wescom reserves the right to change its maintenance window upon prior notice to Client provided the maintenance occurs between the hours of 2 a.m. and 5 a.m. (EST).

3.3 Database Back-up. Tapes or other storage media shall be used at the Data Center for daily back-up of data for disaster protection purposes.

4. Subscription/License Fee

4.1 Subscription Charge. The Client shall be responsible for a subscription fee as set forth in Schedule 1 (the "Subscription Charge"), and shall be payable in full within 30-days from official start date.

4.2 Price Protection. Wescom may, at any time during the term of this Agreement, modify the Subscription Charge, upon ninety (90) days prior notice, subject to the following limitations:

- a) no modification may occur within the twenty four

- b) -month period beginning with the first term for which the Subscription Charge is payable;
- c) Subscription Charge may not increase by more than 4% on any given year.

5. **Non-Subscription Services**

(a) Training & Professional Services. Wescom shall provide training & professional services to the Client's staff in the use of the Applications in accordance with the attached Schedule 2.

5.1 (b) Fixed Rate Training (If elected in Schedule 1). Wescom shall provide Fixed Rate training for as long as the client is subscribed to the Fixed Rate training subscription fee. This fee includes participation in all scheduled webinars, replacement training for designated PCC System Administrator, DON/DOC MDS Coordinator, or Office Coordinator and pre-scheduled training for 2 named clinical and 2 office contacts per centre. The client shall be required to purchase the published standard implementation fees in order for the on Fixed Rate training to take effect. The Client is committed for a period of 1 year. After one (1) year, the client may cancel the Fixed Rate training. The client shall not subscribe to Fixed Rate training for a period of one (1) year. If additional training is required or requested, the client shall pay the published rate of \$125/h.

5.2 Data Import Services. Except as expressly provided by this Agreement or an exhibit hereto, the Client shall be responsible for entering all Client Data, including data previously entered in a different software system. The Client may elect to purchase the Data Import service from Wescom for designated data sets, as offered by Wescom. If the data import service is elected, an exhibit will be attached hereto in Schedule 4 titled "Data Import Services"

5.3 Technical Support. **TECHNICAL SUPPORT IS INCLUDED IN THE SUBSCRIPTION CHARGE.** Technical support is defined as the provision of corrections for any reproducible material error in the Application. Technical support included in the Subscription Charge refers explicitly to maintaining or restoring the Application to operation in accordance with the system documentation. Support issues that arise through user error and Application training issues shall be referred to the Help Desk.

5.4 Help Desk. **Wescom shall provide help desk ("Help Desk") support on an as-needed basis at no charge to the Client upon commencement of the Subscription Services and completion of client training.** Help Desk services are available to the Client between 8am and 8pm EST Monday to Friday with off hour emergency support provided for urgent issues. An Urgent issue is defined by the Wescom "Service Level Agreement" found in Schedule 3 attached hereto.

6. **Use Practices**

6.1 Security. The Client shall receive one or more unique user identity and password combinations. In the event of turnover in the Client's staff or any other occurrence resulting in the Client's password(s) becoming known to any person not authorized to act for the Client, the Client shall immediately

notify Wescom. The Client shall be responsible for all security precautions at its site(s) and within its staff.

6.2 Session Connection Limitations. A connection session is the continuous block of time from the time the Client logs in to the Data Center until the moment the Client disconnects. In the event that the Client, after using an Application, omits to disconnect and leaves the connection idle for 15 minutes, Wescom shall automatically disconnect such connection. If disconnected, the Client is free to re-connect immediately to establish a new session.

6.3 Suspension. If the Client fails to make payment of any amount owing, including the Subscription Charge, under this Agreement within 45 days of such amount becoming due, the Client's right to utilize the Applications shall, at the discretion of Wescom, be subject to suspension. During the period of suspension, any attempt to access the Data Center by the Client will be blocked. An account that has been suspended for nonpayment will not be reactivated until the balance due on the account has been paid in full, or sufficient arrangements for payment acceptable to Wescom have been made. Reactivation of a suspended account requires, in addition to charges otherwise payable, a one-hundred-dollar (\$100.00) reactivation fee. Service fees shall continue to accrue during any period of suspension. Suspension of a Client account does not relieve the Client of his obligation to pay the outstanding account balance.

7. **Term & Termination**

7.1 Term. The Applications and live database shall be made available to the Client on a date determined by Wescom ("Official Subscription Start Date"). This Agreement constitutes an agreement for the Term outlined in Schedule 1, and shall be automatically renewable unless either party requests change or termination in writing to the other. Either party may terminate this Agreement, by notifying the other party thirty (30) days in advance.

7.2 Termination. Upon termination Wescom shall make available to the Client a file of the Client's data. The Client, if it requires such file, shall make such request when notifying Wescom of the termination of the Online Service. Wescom shall provide such file within 7 days of receipt of such request. Upon termination of the Online Service, the Client's right to use such Online Service immediately ceases. Wescom shall have no obligation to maintain any Data stored on behalf of the Client or to forward any Data to the Client or any third party. Wescom may, but is not obligated to, delete archived data, but will not do so until thirty (30) days following termination.

7.3 Data Access on Insolvency. In the event that Wescom threatens to or ceases operations, executes an assignment for the benefit of creditors, takes the benefit of any legislation for insolvent persons, or is subject to receivership or bankruptcy proceedings, the Client shall on written request by the Client to Wescom be provided with a disk copy of the Client's data within 7 business days.

8. Private Health Information Confidentiality - Wescom covenants and agrees;

- a. Not use or further disclose the Client's information other than as permitted or required to carry out its obligations pursuant to this Agreement or as required by law;
- b. To use reasonable safeguards to prevent use or disclosure of the Client's information other than as provided for in this Agreement;
- c. To report to the Client any use or disclosure of the Client's information not provided for by this Agreement of which it becomes aware;
- d. To ensure that any agents, including any subcontractors, to whom Wescom provides private health information ("PHI") received from, or created or received by Wescom on behalf of the Client, agrees to the same restrictions and conditions that apply to Wescom with respect to such information;
- e. To make available PHI in accordance with legislative requirements for access of individuals to PHI;
- f. To comply with all applicable legislation governing the confidentiality of the Client's data;
- g. To make available the information required to provide an accounting of disclosures in accordance with legislative requirements for accounting of disclosures of PHI;
- h. To make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the Wescom on behalf of, the Client, available for purposes of determining Wescom's compliance its obligations pursuant to this section 8; and
- i. On termination of this Agreement to, destroy all PHI received from, or created or received by Wescom on behalf of the Client that Wescom still maintains in any form and Wescom covenants that it shall retain no copies of such information, or, if such return or destruction is not feasible, to extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information unfeasible.

9. Additional Terms

9.1 Warranty. Wescom warrants that the Client shall have the right to utilize the Applications free and clear of all liens and encumbrances, subject to the terms hereof. Wescom warrants that the Applications shall function, as originally deployed and as modified by future releases, in accordance with its documentation, and that the Client shall have access to the Applications at the Data Center as described in this Agreement. NO OTHER WARRANTIES APPLY, EITHER EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE.

9.2 Client Data. Wescom does not own any data, information or material submitted by the Client to the Online Service ("Data"), unless Wescom specifically advises the Client otherwise. Wescom agrees not to disclose to any third party any information concerning the Client's operations, clients or patients except as expressly authorized herein. The Client shall allow Wescom to access and copy the Client Data provided that the portions of the Client Data to be copied by Wescom (the "Database") shall not include patient identification information, and further provided

that Wescom shall not provide the Database to any third party in any format – either by facility name or location – which enables such third party to identify Client Facility(ies) (individually or collectively) as the basis for the data reported. Subject to such restriction, Wescom may use or provide to third parties anonymous database information.

10. Limitation of Liability

IN NO EVENT SHALL WESCOM BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, OR DAMAGES FOR LOSS OF PROFITS, REVENUE, DATA OR USE, INCURRED BY THE CLIENT OR ANY THIRD PARTY, WHETHER IN AN ACTION IN CONTRACT OR TORT, ARISING FROM THE CLIENT'S ACCESS TO, OR USE OF, THE SITE OR THE ONLINE SERVICE UNLESS RESULTING FROM NEGLIGENT ACTS OR OMISSION BY WESCOM. SOME JURISDICTIONS DO NOT ALLOW THE EXCLUSION OF CERTAIN WARRANTIES OR THE LIMITATION OR EXCLUSION OF LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. ACCORDINGLY, SOME OF THE ABOVE LIMITATIONS MAY NOT APPLY TO THE CLIENT.

11. Indemnity

(a) The Client shall defend, indemnify and hold harmless Wescom, its officers, directors, employees and agents from and against any and all claims, liabilities, damages, losses or expenses, including reasonable attorneys' fees and costs, arising out of or in any way connected with the Client's access to or use of the Online Service or the site or the Applications UNLESS RESULTING FROM NEGLIGENT ACTS OR OMISSION BY WESCOM.

(b) Wescom shall defend, indemnify and hold harmless the Client, its officers, directors, employees and agents from and against any and all claims, liabilities, damages, losses or expenses, including reasonable attorneys' fees and costs, arising out of or in any way connected with the Client's access to or use of the Online Service or the site or the Applications.

12. General

12.1 Notices. All notices, requests, demands or other communications (collectively, "Notices") by the terms hereof required or permitted to be given by one party to any other party, or to any other person shall be given in writing by personal delivery or by registered mail, postage prepaid, or by facsimile transmission to such other party as follows:

- (a) To Wescom at:
Wescom Solutions Inc.
6975 Creditview Road, Unit 4
Mississauga, Ontario, L5N 8E9
Fax: (905) 858-2248
- (b) To Client at:
National HealthCare Associates Inc
46 Stauderman Ave
Lynbrook NY 11563

or at such other address as may be given by such person to the other parties hereto in writing from time to time.

All such Notices shall be deemed to have been received when delivered or transmitted, or, if mailed, 48 hours after 12:01 a.m. on the day following the day of the mailing thereof. If any Notice shall have been mailed and if regular mail service shall be interrupted by strikes or other irregularities, such Notice shall be deemed to have been received 5 days after 12:01 a.m. on the day following the resumption of normal mail service, provided that during the period that regular mail service shall be interrupted all Notices shall be given by personal delivery or by facsimile transmission.

12.2 Governing Law. This Agreement shall be governed by and construed in accordance with the State laws of New York and the federal laws of the United States of America applicable therein and each of the parties hereto agrees irrevocably to conform to the non-exclusive jurisdiction of the Courts of such State.

12.3 Confidentiality. Each party shall treat as confidential the terms of this Agreement and any information received concerning the other party which is not generally known to the public. Each party shall use reasonable precautions to prevent any confidential information from being acquired by an unauthorized person.

12.4 Taxes. The Client shall be responsible for payment of all taxes associated with this Agreement including, but not limited to, personal property taxes, sales taxes, use taxes, import taxes, taxes on telecommunication services, information services, data processing services or similar governmental charges that may be assessed by any jurisdiction, whether based on gross revenue or delivery of products or services.

12.5 Entire Agreement. This Agreement constitutes the entire Agreement between the parties with respect to all of the matters herein and its execution has not been induced by, nor do any of the parties rely upon or regard as material, any representations or writings whatever not incorporated herein and made a part hereof and may not be amended or modified in any respect except by written instrument signed by the parties hereto. Any schedules referred to herein are incorporated herein by reference and form part of the Agreement.

12.6 Additional Considerations. The parties shall sign such further and other documents, cause such meetings to be held, resolutions passed and by-laws enacted, exercise their vote and influence, do and perform and cause to be done and performed such further and other acts and things as may be necessary or desirable in order to give full effect to this Agreement and every part thereof.

12.7 Counterparts. This Agreement may be executed in several counterparts, each of which so executed shall be deemed to be an original and such counterparts together shall be but one and the same instrument.

12.8 Time of the Essence. Time shall be of the essence of this Agreement and of every part hereof and no extension or variation of this Agreement shall operate as a waiver of this provision.

12.9 Currency. Unless otherwise provided for herein, all monetary amounts referred to herein shall refer to the lawful money of the United States of America.

12.10 Headings for Convenience Only. The division of this Agreement into articles and sections is for convenience of reference only and shall not affect the interpretation or construction of this Agreement.

12.11 Gender. In this Agreement, words importing the singular number shall include the plural and vice versa, and words importing the use of any gender shall include the masculine, feminine and neuter genders and the word "person" shall include an individual, a trust, a partnership, a body corporate, an association or other incorporated or unincorporated organization or entity.

12.12 Calculation of Time. When calculating the period of time within which or following which any act is to be done or step taken pursuant to this Agreement, the date which is the reference date in calculating such period shall be excluded. If the last day of such period is not a Business Day, then the time period in question shall end on the first business day following such non-business day.

12.13 Severability. If any Article, Section or any portion of any Section of this Agreement is determined to be unenforceable or invalid for any reason whatsoever that unenforceability or invalidity shall not affect the enforceability or validity of the remaining portions of this Agreement and such unenforceable or invalid Article, Section or portion thereof shall be severed from the remainder of this Agreement.

12.14 Transmission by Facsimile. The parties hereto agree that this Agreement may be transmitted by facsimile or such similar device and that the reproduction of signatures by facsimile or such similar device will be treated as binding as if originals and each party hereto undertakes to provide each and every other party hereto with a copy of the Agreement bearing original signatures forthwith upon demand.

WESCOM SOLUTIONS INC.

By: _____ C/S

Name: Angelo Papatheodorou

Title: VP of Sales

Date:

I have authority to bind the Corporation

National HealthCare Associates Inc

By:  _____ C/S

Name: Yosef Daskal

Title: Dir. of Procurement

Date: 3-7-12

I have authority to bind the Corporation

Schedule 1

PointClickCare Subscription Service

<p>Applications: -EHR Advantage for Skilled -HL7 5 Pack -Replicated Reporting Data base</p>	<p>Clinical Bundled Applications Included</p> <ul style="list-style-type: none">• Admission Discharge Transfer• Medical Diagnosis (ICD 9/10)• Care Plans• Minimum Data Set (MDS 2.0/3.0)• User Defined Assessments• Progress Notes• Physician Orders• MARs/TARs (electronic)• Communications Board• Weights and Vitals• Immunizations• Risk Management• Point of Care• Intake Referral Management <p>Resident Accounting Applications Included</p> <ul style="list-style-type: none">• Census and Admissions• Billing & Accounts Receivable• Trust Accounts• Collections <p>HL7 5 Pack Interface (ROX)</p>
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Official Subscription Start Date: April 1, 2012
Estimated Implementation Start Date: April 1, 2012
Billing terms Net 30

Notes:

1. National has selected the Cold Springs facility for its pilot implementation. Prior to the implementation of the remaining facilities, National and PCC will mutually agree upon implementation fees that are needed for the remainder of the project.
2. The term of this agreement is one year and as indicated in section 7.1 of the contract either party may cancel the agreement upon 30 days written notice for any reason.
3. Project Tentative start dates as noted above.
4. Training databases will be provided at an annual rate of \$1,200. DB refresh is \$300 per instance.
5. Pharmacy Interface is not included in the listed fees and is subject to an additional subscription fee. Pharmacy participation is required. Pharmacy is responsible for incurring any charges if any are applicable.

Unit costs from Table 1.0 are based upon the following:

EHR Advantage Clinical & Financial Bundled Applications for SNF Residents

\$0.48 Std Cost / Bed / Day – 38% Discount = \$0.2976/Resident/ Day

HL7 Five Pack

\$0.07 Std Cost / Bed / Day – 38% Discount = \$0.0435/Resident /Day

Replicated Reporting DataBase

\$0.03 std Cost/Bed/Day- 38% Discount= \$0.0187/Resident/Day

*The official subscription start date for the facility shall be the 1st day of the month for the facility based on the roll-out plan completed at the end of the discovery sessions. In the event that an alternative start date has been agreed upon with the Project Manager and Client, a written confirmation signed by both parties shall be required otherwise the above shall prevail as the official start date. Client also acknowledges that PointClickCare will invoice for the full (bundled) subscription fee per facility starting on the official subscription start date for that facility listed above. All of the above listed facilities will be billed on a separate invoice and sent to: National HealthCare Associates Inc. 46 Stauderman Ave Lynbrook NY 11563. During the rollout of PCC for the Pilot facility, both parties will agree to an implementation cost for the remainder of the facilities as well as an intended implementation schedule.

Table 1.0		PCC Pre-Disc.	Discount	Term	
Description	# of Beds	Cost/Bed/Day	Percentage	Monthly Sub. Fee	* Official Sub. Start Date
National Healthcare Associates Inc. 46 Stauderman Ave Lynbrook NY 11563					
EHR Advantage – clinical & financial bundled Application	4039	\$0.48	38%	\$36,661.20	TBD
HL7 Five Pack	4039	\$0.07	38%	\$5,358.95	TBD
Replicated Reporting data Base	4039	\$0.03	38%	\$2,291.33	TBD
Total Monthly Subscriptions				\$44,311.48	
Belair 2478 Jerusalem Ave. North Bellmore, NY 11710					
EHR Advantage – clinical & financial bundled Application	102	\$0.48	38%	\$925.83	TBD
HL7 Five Pack	102	\$0.07	38%	\$135.33	TBD
Replicated Reporting data Base	102	\$0.03	38%	\$57.87	TBD
Bloomfield 355 Park Ave. Bloomfield, CT 06002					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Brattleboro (Pine Heights) 187 Oak Grove Avenue Brattleboro, VT 05301					
EHR Advantage – clinical & financial bundled Application	80	\$0.48	38%	\$726.14	TBD
HL7 Five Pack	80	\$0.07	38%	\$106.14	TBD
Replicated Reporting data Base	80	\$0.03	38%	\$45.38	TBD

Bristol (The Pines at) 61 Bellevue Avenue Bristol, CT 06010					
EHR Advantage – clinical & financial bundled Application	132	\$0.48	38%	\$1198.14	TBD
HL7 Five Pack	132	\$0.07	38%	\$175.14	TBD
Replicated Reporting data Base	132	\$0.03	38%	\$74.88	TBD
Cambridge 2428 Easton Turnpike Fairfield, CT 06825					
EHR Advantage – clinical & financial bundled Application	160	\$0.48	38%	\$1452.29	TBD
HL7 Five Pack	160	\$0.07	38%	\$212.29	TBD
Replicated Reporting data Base	160	\$0.03	38%	\$90.77	TBD
Catskill 154 Jefferson Plain Heights Catskill, NY 12414					
EHR Advantage – clinical & financial bundled Application	136	\$0.48	38%	\$1234.45	TBD
HL7 Five Pack	136	\$0.07	38%	\$180.45	TBD
Replicated Reporting data Base	136	\$0.03	38%	\$77.15	TBD
Cold Spring Hills- Pilot Facility 378 Syosset-Woodbury Rd Woodbury NY 11797					
EHR Advantage – clinical & financial bundled Application	606	\$0.48	38%	\$5,500.54	TBD
HL7 Five Pack	606	\$0.07	38%	\$804.04	TBD
Replicated Reporting data Base	606	\$0.03	38%	\$343.78	TBD
Glens Falls 170 Warren Street Glens Falls, NY 12801					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD

Hudson Pointe 3220 Henry Hudson Pkwy Riverdale, NY 10463					
EHR Advantage – clinical & financial bundled Application	167	\$0.48	38%	\$1515.83	TBD
HL7 Five Pack	167	\$0.07	38%	\$221.58	TBD
Replicated Reporting data Base	167	\$0.03	38%	\$94.74	TBD
Huntington Hills 400 South Service Rd. Melville, NY 11747					
EHR Advantage – clinical & financial bundled Application	320	\$0.48	38%	\$2904.58	TBD
HL7 Five Pack	320	\$0.07	38%	\$424.58	TBD
Replicated Reporting data Base	320	\$0.03	38%	\$181.54	TBD
Ludlowe Center 118 Jefferson Street Fairfield, CT 06825					
EHR Advantage – clinical & financial bundled Application	144	\$0.48	38%	\$1307.06	TBD
HL7 Five Pack	144	\$0.07	38%	\$191.06	TBD
Replicated Reporting data Base	144	\$0.03	38%	\$81.69	TBD
Maple View 856 Maple St. Rocky Hill, CT 06067					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Marlborough 85 Stage Harbor Rd. Marlborough, CT 06447					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD

Maywood 100 West Magnolia Avenue Maywood, NJ 07607					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Milford 195 Platt St. Milford, CT 06460					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Poughkeepsie 100 Franklin Street Poughkeepsie, NY 12601					
EHR Advantage – clinical & financial bundled Application	200	\$0.48	38%	\$1815.36	TBD
HL7 Five Pack	200	\$0.07	38%	\$265.36	TBD
Replicated Reporting data Base	200	\$0.03	38%	\$113.46	TBD
Regency 181 East Main St. Wallingford, CT 06492					
EHR Advantage – clinical & financial bundled Application	130	\$0.48	38%	\$1179.98	TBD
HL7 Five Pack	130	\$0.07	38%	\$172.48	TBD
Replicated Reporting data Base	130	\$0.03	38%	\$73.75	TBD
Riverside 745 Main St. East Hartford, CT 06108					
EHR Advantage – clinical & financial bundled Application	345	\$0.48	38%	\$3131.50	TBD
HL7 Five Pack	345	\$0.07	38%	\$457.75	TBD
Replicated Reporting data Base	345	\$0.03	38%	\$195.72	TBD

Ross 839 Suffolk Ave. Brentwood, CT 11717					
EHR Advantage – clinical & financial bundled Application	135	\$0.48	38%	\$1225.37	TBD
HL7 Five Pack	135	\$0.07	38%	\$179.12	TBD
Replicated Reporting data Base	135	\$0.03	38%	\$76.59	TBD
Rutland (The Pines) 99 Allen Street Rutland, VT 05701					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
Sands Point 1440 Port Washington Blvd. Port Washington, NY 11050					
EHR Advantage – clinical & financial bundled Application	180	\$0.48	38%	\$1633.82	TBD
HL7 Five Pack	180	\$0.07	38%	\$238.82	TBD
Replicated Reporting data Base	180	\$0.03	38%	\$102.11	TBD
Utica 1800 Butterfield Avenue Utica, NY 13501					
EHR Advantage – clinical & financial bundled Application	117	\$0.48	38%	\$1061.99	TBD
HL7 Five Pack	117	\$0.07	38%	\$155.24	TBD
Replicated Reporting data Base	117	\$0.03	38%	\$66.37	TBD
Village Crest 19 Popular Street New Milford, CT 06776					
EHR Advantage – clinical & financial bundled Application	95	\$0.48	38%	\$862.30	TBD
HL7 Five Pack	95	\$0.07	38%	\$126.05	TBD
Replicated Reporting data Base	95	\$0.03	38%	\$53.89	TBD

Water's Edge111 Church St.
Middletown, CT 06457

EHR Advantage – clinical & financial bundled Application	150	\$0.48	38%	\$1361.52	TBD
HL7 Five Pack	150	\$0.07	38%	\$199.02	TBD
Replicated Reporting data Base	150	\$0.03	38%	\$85.10	TBD

Schedule 2

PointClickCare Professional Services – Implementation Budget for the Pilot Facility

Item	Group Qty	Extended Rate	Amount
Enterprise Configuration	1	\$6000	\$6000
Clinical Training (Train the trainer)	1	\$39,750	\$39,750
Financial Training	1	\$TBD	\$TBD
Data Imports - Gold	1	\$1,250	1,250
Project MGMT	1	\$21,250	\$21,250
User defined assessment (UDA) Corporate Configuration	1	\$7,000	\$7000
IRM Training (with super user training)	1	\$600	\$600
Sandbox training database.	1	\$1200	\$1200
TOTAL			\$61,300

Terms:

1. Unless otherwise stated, all project coordination, configuration, implementation and data services are provided by consultants online and/or over the telephone. In the event that onsite services are required, the Client acknowledges that travel and accommodation fees are not included in the above noted fees. For clarification purposes, the Client will be solely responsible for all travel and accommodation expenses incurred by Wescom or its employees for any Onsite services required.
2. Cancellation Policy: All training sessions scheduled with a PointClickCare consultant require at least 24 hours notice when cancelling. Any sessions cancelled with less than 24 hours notice will be charged at their full rate. This policy also applies to fixed rate customers
3. Implementation fees are due within 30 days of signing.
4. Client will provide a fully equipped classroom with PCs, Internet connection and a PC projector (if possible).

Schedule 3

Service Level Agreement

Service Request Priorities:

Service priorities are identified by Help Desk service representatives based on the definitions below. Priorities that cannot be determined by the help desk representative are immediately escalated following Wescom's defined staff escalation process. The initial response time is the time in which the customer reporting the service request is provided with an initial diagnosis of the request and provided with a Service Request number (SR#) to track the request. The target resolution is the expected timeframe that the Service Request will be resolved.

Service Level Agreement:

Priority Level	Problem Description	Initial Response	Target Resolution Time	Commitment
Urgent	<p>A condition that is stopping production with no economically feasible alternate method for running PointClickCare or prevents users from accessing or using a critical function of PointClickCare.</p> <p>Examples:</p> <ul style="list-style-type: none"> - Users cannot login to the application (does not include Users forgetting or losing their password). - Data is corrupted in the PointClickCare database. 	1 hour, 24 x 7 x 365	8 hours	The problem will be worked on until fixed or a reasonable workaround is applied.
High	<p>A condition that is deterring user from meeting production processes/schedules, is seriously impacting the use of PointClickCare, is making production materially more difficult or costly for user, or results in material corruption of any of user's Data.</p> <p>Examples:</p> <ul style="list-style-type: none"> - Charge generation process does not run. - MDS submission process does not run. - Interfaces to ERP, census, etc. do not run. 	1 hour during primary support hours	Immediately to 5 Business Days	The problem will be worked on until fixed or a reasonable workaround is applied.
Medium	<p>A condition other than those described above in which PointClickCare is performing in an unpredictable manner or is producing incorrect results but is not materially impacting production or business processes/schedules.</p> <p>Examples:</p> <ul style="list-style-type: none"> - Census reports do not accurately reflect 	1 hour during primary support hours	Immediately to 20 Business Days	The problem will be worked on until fixed or a reasonable workaround is applied.

	<p>census transactions entered into the system</p> <p>- Quick ADT does not clear bed when a resident is discharged.</p>			
Low	<p>A condition other than those described above in which inconsistencies, irregularities and/or limitations in PointClickCare or an Application that cause inconvenience to user.</p>	<p>1 hour during primary support hours</p>	<p>Mutually agreed to time</p>	<p>PCC will work with customer to mutually prioritize and schedule resolutions into regular release cycles.</p>

Schedule 4

Data Import Services

Data Import Services (New Implementation):

Pricing is based on the provision that files are provided to PointClickCare in the format outlined by the PointClickCare Data Import Guide, and data integrity is of the highest quality. Data cleansing is subject to an additional cost.

Details:

Data Import Package	Included in Data Import Service	Pricing
Gold	Database Creation 18-Month MDS Import MDS Gap Import ADT AR Balances	** See Schedule 2**

***Data Import services charges shown here are already included in Schedule 2 ***

General Information and Questionnaire
Accounting Basis

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT, 06484
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Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, HUD audit, and year end tax services	\$	29,200
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 29,200

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See attachment. 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	See attachment.	\$	63,302
2		\$	
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 63,302

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

Schedule of Resident Statistics

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c			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	345	345			345	345			345	345		
B. On last day of THIS report period	345	345			345	345			345	345		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	315	315			315	315			315	315		
B. As of midnight of THIS report period	310	310			310	310			310	310		
3. Total Number of Days Care Provided During Period												
A. Medicare	10,853	10,853			8,211	8,211			2,642	2,642		
B. Medicaid (Conn.)	95,526	95,526			71,386	71,386			24,140	24,140		
C. Medicaid (other states)												
D. Private Pay	3,207	3,207			2,431	2,431			776	776		
E. State SSI for RCH												
F. Other (Specify)	5,385	5,385			4,039	4,039			1,346	1,346		
G. Total Care Days During Period (3A thru F)	114,971	114,971			86,067	86,067			28,904	28,904		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	9	9			9	9						
B. Other Bed Reserve Days	8	8			8	8						
5. Total Resident Days (3G + 4A + 4B)	114,988	114,988			86,084	86,084			28,904	28,904		

2016 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Perio

Managed Care	<u>1,560</u>
Hospice	<u>3,875</u>
VA	<u>-</u>
	<u>5,435</u>

Schedule of Resident Statistics (Cont'd)

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c			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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	27	263		20									
Per Diem Rate													
a. One bed rm.	PPS	243.47		436/498									
b. Two bed rms.	PPS	243.47		416/391/463									
c. Three or more bed rms.	PPS	243.47											
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,894	4,894			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									4,426	4,426			
C. Other									22,111	22,111			
D. Total Physical Therapy Treatments									31,431	31,431			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,390	1,390			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									864	864			
C. Other									2,336	2,336			
D. Total Speech Therapy Treatments									4,590	4,590			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									8,811	8,811			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									6,656	6,656			
C. Other									25,542	25,542			
D. Total Occupational Therapy Treatments									41,009	41,009			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2016	Page 10	of 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)	47,489	34				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	132,494	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	128,805	2,085				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	658,940	27,555				
5. Dietary Service						
a. Head Dietitian	151,911	4,939				
b. Food Service Supervisor	212,997	8,702				
c. Dietary Workers	853,057	53,066				
6. Housekeeping Service						
a. Head Housekeeper	146,285	5,298				
b. Other Housekeeping Workers	1,184,719	66,606				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	94,505	2,748				
b. Other Maintenance Workers	216,751	8,043				
8. Laundry Service						
a. Supervisor	7,452	278				
b. Other Laundry Workers	439,103	22,282				
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	290,182	5,219				
b. RN						
1. Direct Care	1,730,532	47,351				
2. Administrative**	257,630	6,937				
c. LPN						
1. Direct Care	3,319,965	117,249				
2. Administrative**						
d. Aides and Attendants	5,489,686	306,517				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	408,891	17,441				
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	494,157	16,842				
n. Marketing						
o. Other (Specify) See Attached Schedule	151,568					
<i>A-13. Total Salary Expenditures</i>	16,417,119	721,272				

* 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
Riverside Health Care Center, Inc.				1000c	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										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559	47,489			Similar to Other Employees	Supervises operations, deals with DNS & other patient care,	34	Pg 16 line m1	See attached		
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	
Riverside Health Care Center, Inc.				1000c	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***										
See Attachment	132,494			Similar to Other Employees	Management & supervision of healthcare facility	2,080	a2			
Section IV - Assistant Administrators										
Michael Bernardi	128,805			Supervises operations, deals with DNS &	Assists in magagement and supervision of a	2,085	a3			

*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.

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

Name of Facility (as licensed) Riverside Health Care Center, Inc.		License No. 1000c		Report for Year Ended 9/30/2016		Page 12	of 37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Mark Badolato (10/1/2015-10/16/2016)	5,082			Similar to Other Employees	Management & supervision of healthcare facility	57	a2			
Penni Martin (10/17/2015-2/18/2016)- employee of management company - as such, no salary directly from Riverside	-			Similar to Other Employees	Management & supervision of healthcare facility	677	a2			
Robert J. Baranello (2/19/2016-9/16/2016)	122,308			Similar to Other Employees	Management & supervision of healthcare facility	1,272	a2			
Karen Chadderton (9/17/2016-9/30/2016)	5,104			Similar to Other Employees	Management & supervision of healthcare facility	74	a2			
Total	132,494					2,080				

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Riverside Health Care Center, Inc.	1000c	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	8,375	Disallowed				
3. Pharmacist	20,638	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	578,683	12,591				
b. Other						
6. Social Worker	7,743	269				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	115,792	535				
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) Psychiatrist Fees	4,913	Disallowed				
9. Speech Therapist						
a. Resident Care	225,067	4,254				
b. Other						
10. Occupational Therapist						
a. Resident Care	795,568	17,538				
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	46,747					
B-13 Total Fees Paid in Lieu of Salaries	1,803,526	35,187				

* 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 Riverside Health Care Center, Inc.		License No. 1000c	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gerident Solutions, PO Box 290539 Weathersfield, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist/ Consulting Nursing/Rehab	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy Solutions, 850 Silas Deane Hwy Weathersfield, CT 06109	PT/OT/ST/ Consulting Rehab	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Amy Horvath, 150 Westerly Terrace, East Hartford, CT 06118	Social Services	<input type="radio"/>	<input checked="" type="radio"/>		
Milford Health & Rehabilitation Center- 195 Platt Street Milford, CT 06460	Social Services (Admissions)	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated Entity	
Family Medicine Center, 893 Main St. East Hartford, CT 06108	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. David Grise, 27 Sycamore St. Glastonbury, CT 06033	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Mouli Associates, 43 Wood St. Hartford, CT 06105	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
University Physicians, P.O. Box 300611 Hartford, CT 06106	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Hira Jain, 153 Main St. Manchester, CT 06040	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Peter Radasch, 846 Farmington Ave West Hartford, CT 06127	Pyschiatrist	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics, PO Box 848 Manchester, CT 06040	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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* 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
Riverside Health Care Center, Inc.	1000c	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 734,150	734,150		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 265,531	265,531		
4. Social Security (F.I.C.A.)	\$ 1,230,885	1,230,885		
5. Health Insurance	\$ 2,211,427	2,211,427		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 61,198	61,198		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 29,200	29,200		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 63,302	63,302		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 57,083	57,083		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,897	26,897		
2. Cellular Phones	\$ 4,399	4,399		
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	\$ 1,679,294	1,679,294		
Subtotal	\$ 6,363,366	6,363,366		

* 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	
Riverside Health Care Center, Inc.	1000c	9/30/2016	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		6,363,366	6,363,366		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	9,167	9,167		
3. Gifts to Staff and Residents	\$	30,990	30,990		
4. Employee Travel	\$	11,883	11,883		
5. Education Expenses Related to Seminars and Conventions	\$	2,148	2,148		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	16,344	16,344		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	2,941	2,941		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	54,152	54,152		
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	\$	9,058	9,058		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	24,877	24,877		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,595	1,595		
10. Contributions*** See Attached Schedule	\$	250	250		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	1,416,982	1,416,982		
13. Other (<i>Specify</i>) See Attached Schedule	\$	339,893	339,893		
C-14 Total Administrative & General Expenditures	\$	8,283,646	8,283,646		

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing	\$ 46,363		
Advertising Promotional - Administration	\$ 7,789		
Total Other Advertising	\$ 54,152	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 23,077		
Scott Emmons - Disallowed	\$ 100		
Joint Commission	\$ 1,700		
Total Dues	\$ 24,877	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions-Administration - Disallowed	\$ 250		
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees - Fiscal Operations	\$ 16,400		
Consulting Fees - Marketing	\$ 69,903		
IT Services-Administration	\$ 64,040		
Purchased Services - Administration	\$ 1,867		
Purchased Services - Fiscal Operations	\$ 61,385		
Licenses and Permits - Administration	\$ 1,825		
Penalties - Administration - Disallowed	\$ 4,011		
Bank Charges - Administration - Disallowed	\$ 59,144		
Background Check - Administration	\$ 1,834		
Crime Insurance - Administration	\$ 6,482		
Miscellaneous Expense - Administration - Disallowed	\$ 53,002		
Total Other Administrative and General	\$ 339,893	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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 #
National Healthcare	1,416,982	See Attached	Page 16, Line M12

*** 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.**

National Health Care
Profit and Loss Allocated by GL Account

Start Date: 10/1/2015
End Date: 9/30/2016

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	0113
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	Bethel Health and Rehabilitation Center
Beds	120	132	160	144	120	120	120	95	130	345	150	203
Bed %	1.99%	2.19%	2.45%	2.38%	1.99%	1.99%	1.99%	1.57%	2.15%	5.71%	2.48%	3.33%
300000-0000-00-0000-0	TROY Shared Cost-2015	(435.02)	(478.42)	(579.96)	(522.03)	(435.02)	(435.02)	(344.44)	(471.26)	(1,250.71)	(543.72)	0.00
300001-0000-00-0000-0	TROY Shared Cost	(2,043.15)	(2,247.09)	(2,723.78)	(2,451.76)	(2,043.15)	(2,043.15)	(1,617.64)	(2,213.47)	(5,873.94)	(2,553.65)	(2,008.75)
400000-0000-00-0000-0	Salary-National Healthcare Management- - -	302,394.78	332,602.45	403,157.81	362,873.26	302,394.78	302,394.78	239,414.13	327,601.44	869,384.09	377,978.07	305,984.69
401000-0000-04-0000-0	FICA-National Healthcare Management-Fiscal Op- -	19,859.57	21,843.21	26,477.12	23,831.29	19,859.57	19,859.57	15,723.44	21,514.81	57,096.06	24,823.32	21,386.49
401100-0000-04-0000-0	FUI-National Healthcare Management-Fiscal Op- -	320.15	352.19	426.87	384.26	320.15	320.15	253.52	346.90	920.59	400.24	101.61
401200-0000-04-0000-0	SUI-National Healthcare Management-Fiscal Op- -	1,239.43	1,363.12	1,652.35	1,487.25	1,239.43	1,239.43	981.25	1,342.64	3,563.27	1,549.18	516.33
401250-0000-00-0000-0	NY MTA Tax-Nat. Mgmt.- - -	511.71	562.81	682.17	614.05	511.71	511.71	405.11	554.38	1,471.09	639.52	549.90
401300-0000-04-0000-0	Health Insurance-National Healthcare-Fiscal Op- -	26,346.34	28,979.27	35,125.88	31,618.33	26,346.34	26,346.34	20,861.01	28,545.49	75,750.46	32,932.02	29,261.33
401400-0000-04-0000-0	Workers Compensation-National Health-Fiscal Op- -	43.87	48.26	58.50	52.46	43.87	43.87	34.76	47.53	126.15	54.84	39.55
401400-0000-04-0000-0	Disability Expense-National Health-Fiscal Op- -	(107.45)	(118.22)	(143.27)	(128.97)	(107.45)	(107.45)	(85.08)	(116.47)	(309.03)	(137.44)	(118.08)
401700-0000-04-0000-0	Pension-National Healthcare Management-Fiscal Op- -	1,685.67	1,853.77	2,247.11	2,022.54	1,685.67	1,685.67	1,334.70	1,826.20	4,845.90	2,106.58	2,851.60
401800-0000-04-0000-0	Employee Benefits - Other-National H-Fiscal Op- -	1,149.73	1,264.47	1,532.90	1,379.62	1,149.73	1,149.73	910.27	1,245.51	3,305.39	1,437.02	812.18
402000-0000-04-0000-0	Holiday Expense-National Healthcare - Fiscal Op- -	1,228.39	1,350.94	1,637.66	1,474.06	1,228.39	1,228.39	972.59	1,330.69	3,531.68	1,535.34	1,000.00
410000-0000-04-0000-0	Supplies-National Healthcare Management-Fiscal Op- -	3,175.73	3,492.69	4,233.69	3,810.75	3,175.73	3,175.73	2,514.61	3,440.42	9,130.07	3,969.20	2,822.95
410000-0000-08-0000-0	Supplies-National Healthcare Management-Maintenan- -	11.71	12.88	15.64	14.07	11.71	11.71	9.27	12.71	33.68	14.65	12.65
410000-0000-09-0000-0	Supplies-National Healthcare Management-Housekeep- -	54.05	59.43	72.08	64.83	54.05	54.05	42.81	58.55	155.38	67.55	45.65
410000-0000-12-0000-0	Supplies-National Healthcare Management-Security - -	1.92	2.12	2.56	2.31	1.92	1.92	1.52	2.08	6.52	2.40	3.24
411000-0000-04-0000-0	Food-National Healthcare Management-Fiscal Op- -	22.23	24.44	29.65	26.66	22.23	22.23	17.60	24.08	63.89	27.78	26.32
431000-0000-03-0000-0	Consulting Fees-National Healthcare -Adminstr- -	15.68	17.24	20.90	18.81	15.68	15.68	12.41	16.98	45.07	19.60	14.60
431000-0000-04-0000-0	Consulting Fees-National Healthcare -Fiscal Op- -	6,334.50	6,966.68	8,444.83	7,601.20	6,334.50	6,334.50	5,015.50	6,862.59	18,211.44	7,917.12	6,999.52
432000-0000-03-0000-0	Accounting Fees-National Healthcare -Adminstr- -	717.27	788.89	956.19	860.67	717.27	717.27	567.86	777.09	2,062.07	896.44	715.23
433000-0000-03-0000-0	Legal Fees-National Healthcare Manag-Adminstr- -	3,012.25	3,312.71	4,015.69	3,614.47	3,012.25	3,012.25	2,385.06	3,263.28	8,659.89	3,764.69	3,269.33
433100-0000-03-0000-0	Legal Fees - Labor-National Healthcare-Adminstr- -	(8.97)	(9.87)	(11.96)	(10.76)	(8.97)	(8.97)	(7.11)	(9.72)	(25.79)	(11.21)	(8.97)
440000-0000-03-0000-0	Purch Services-National Healthcare M-Adminstr- -	9,991.68	10,988.60	13,320.04	11,989.24	9,991.64	9,991.64	7,911.02	10,824.56	28,725.02	12,483.72	12,550.88
440000-0000-08-0000-0	Purch Services-National Healthcare M-Maintenan- -	4,495.68	4,944.38	5,993.42	5,394.80	4,495.68	4,495.68	3,559.44	4,870.47	12,924.97	5,618.98	6,431.62
440000-0000-09-0000-0	Purch Services-National Healthcare M-Housekeep- -	689.79	758.54	919.55	827.65	689.79	689.79	546.15	747.14	1,982.92	862.07	834.15
440000-0000-12-0000-0	Purch Services-National Healthcare Ma-Security - -	62.30	68.54	83.07	74.79	62.30	62.30	49.34	67.53	179.16	77.90	86.93
440001-0000-08-0000-0	Ground Services-Nat. Mgmt.-Maintenance- -	547.97	602.65	730.50	657.52	547.97	547.97	433.91	593.66	1,575.36	684.85	923.05
441000-0000-03-0000-0	Computer Expense-National Healthcare-Adminstr- -	7,132.91	7,825.38	9,486.07	8,537.98	7,132.91	7,132.91	5,634.37	7,708.66	20,456.96	8,893.26	10,122.66
442000-0000-08-0000-0	Pest Control-Nat. Mgmt.-Maintenance- -	24.29	26.70	32.39	29.14	24.29	24.29	19.23	26.30	69.81	30.34	28.50
452000-0000-25-0000-0	Equipment Rental-National Healthcare-Fiscal Op- -	2,722.93	2,994.48	3,630.05	3,267.93	2,722.93	2,722.93	2,155.77	2,949.83	7,828.27	3,403.17	3,403.17
461000-0000-03-0000-0	Telephone-National Healthcare Management-Adminstr- -	3,485.71	3,852.38	4,669.59	4,203.11	3,502.69	3,502.69	2,773.21	3,794.70	10,070.06	4,377.75	3,002.02
461100-0000-03-0000-0	Telephone - Cell-National Healthcare-Adminstr- -	1,696.37	1,865.62	2,261.47	2,035.60	1,696.37	1,696.37	1,343.08	1,837.63	4,876.93	2,120.19	1,726.00
462000-0000-25-0000-0	Electric-National Healthcare Managem-Property - -	3,618.63	3,979.63	4,824.11	4,342.16	3,618.63	3,618.63	2,865.04	3,920.15	10,403.27	4,523.63	5,120.73
463000-0000-25-0000-0	Gas-National Healthcare Management-Property - -	637.70	701.37	850.15	765.22	637.70	637.70	504.94	690.83	1,833.34	797.04	714.42
466000-0000-25-0000-0	Water-National Healthcare Management-Property - -	197.22	216.91	236.65	197.22	197.22	197.22	156.16	213.64	566.97	246.50	288.45
471000-0000-25-0000-0	Rent-National Healthcare Management-Property - -	10,973.97	12,069.46	14,629.54	13,168.52	10,973.97	10,973.97	8,688.55	11,888.99	31,549.23	13,715.67	22,620.37
472000-0000-25-0000-0	Personal Property Taxes-National Hea-Fiscal Op- -	495.00	544.34	659.91	593.91	495.00	495.00	391.90	536.30	1,423.03	618.60	689.32
473000-0000-25-0000-0	Real Estate Taxes-National Healthcare-Fiscal Op- -	2,466.29	2,712.35	3,287.72	2,959.42	2,466.29	2,466.29	1,952.90	2,672.02	7,090.69	3,082.47	1,917.81
484000-0000-04-0000-0	Amort Exp - LHI-National Healthcare -Fiscal Op- -	1,990.00	2,188.63	2,652.93	2,387.96	1,990.00	1,990.00	1,575.57	2,155.88	5,721.16	2,487.18	2,162.98
484100-0000-04-0000-0	Amortization Exp- LHI ALL-Nat. Mgmt.-Fiscal Op- -	2.26	2.44	3.01	2.70	2.26	2.26	1.78	2.45	6.43	2.83	(4.30)
486000-0000-04-0000-0	Dep Exp - Moveable Equip-National He-Fiscal Op- -	9,732.55	10,703.91	12,974.77	11,678.83	9,732.55	9,732.55	7,705.74	10,543.85	27,980.56	12,164.17	10,406.43
491000-0000-03-0000-0	Dues and Subscriptions-National Heal-Adminstr- -	665.11	731.48	886.69	798.15	665.11	665.11	526.60	720.49	1,912.20	831.32	621.10
500000-0000-03-0000-0	Licenses and Permits-National Health-Adminstr- -	196.99	216.61	262.57	236.32	196.99	196.99	155.98	213.37	566.21	246.13	290.57
501000-0000-03-0000-0	Advertising Employment-National Heal-Adminstr- -	10,704.73	11,773.40	14,270.76	12,845.65	10,704.73	10,704.73	8,475.46	11,597.33	30,775.61	13,379.38	13,205.16
501100-0000-03-0000-0	Advertising Promotional-National Hea-Adminstr- -	6,946.12	7,639.18	9,260.58	8,334.96	6,946.20	6,946.20	5,499.79	7,524.82	19,970.25	8,681.83	7,444.00
503000-0000-03-0000-0	Interest-National Healthcare Management-Adminstr- -	1,587.70	1,746.13	2,116.54	1,905.16	1,587.70	1,587.70	1,257.01	1,720.04	4,564.39	1,984.32	1,587.70
503500-0000-03-0000-0	Penalties-National Healthcare Management-Adminstr- -	220.68	242.70	294.21	264.82	220.68	220.68	174.73	239.06	634.48	275.83	218.00
503600-0000-03-0000-0	Bank Charges-Nat. Mgmt.-Administration- -	998.58	1,098.26	1,331.27	1,198.29	998.58	998.58	790.62	1,081.83	2,870.89	1,248.08	1,086.24
504000-0000-03-0000-0	Postage-National Healthcare Management-Adminstr- -	1,084.76	1,192.95	1,446.16	1,301.63	1,084.76	1,084.76	858.88	1,175.18	3,116.64	1,355.72	1,157.50
509000-0000-03-0000-0	Seminars-National Healthcare Management-Adminstr- -	4,645.05	5,108.58	6,192.68	5,573.93	4,645.05	4,645.05	3,677.74	5,032.10	13,354.34	5,808.63	2,954.35
510000-0000-03-0000-0	Liability Insurance-National Health-Adminstr- -	2,014.32	2,215.39	2,685.39	2,417.12	2,014.32	2,014.32	1,594.81	2,182.26	5,791.08	2,517.67	2,024.28
511000-0000-03-0000-0	Auto Insurance-National Healthcare M-Adminstr- -	1,033.62	1,136.64	1,377.93	1,240.28	1,033.62	1,033.62	818.30	1,119.82	2,971.53	1,291.87	1,024.92
512000-0000-03-0000-0	Umbrella Insurance-National Healthcare-Adminstr- -	1,123.53	1,235.69	1,497.82	1,348.28	1,123.53	1,123.53	889.62	1,217.22	3,230.17	1,404.30	1,152.55
513000-0000-03-0000-0	Crime Insurance-National Healthcare -Adminstr- -	50.21	55.22	66.99	60.31	50.21	50.21	39.79	54.47	144.47	62.78	35.52
517000-0000-03-0000-0	Wor kmans Comp Insurance-National	5,433.45	5,975.75	7,243.51	6,519.97	5,433.45	5,433.45	4,301.98	5,886.39	15,620.82	6,790.94	6,290.91
520000-0000-03-0000-0	Auto Expense-National Healthcare Man-Adminstr- -	929.43	1,022.18	1,239.05	1,115.23	929.43	929.43	735.94	1,006.91	2,671.99	1,161.54	1,551.65
520100-0000-03-0000-0	Auto Lease Expense-National Healthcare-Adminstr- -	3,055.38	3,360.16	4,073.13	3,666.09	3,055.38	3,055.38	2,419.06	3,309.67	8,783.56	3,813.34	3,044.11
521000-0000-03-0000-0	Travel Expense-National Healthcare M-Adminstr- -	7,119.77	7,830.81	9,492.18	8,643.52	7,119.77	7,119.77	5,637.06	7,713.24	20,469.28	8,898.96	7,433.49
522000-0000-03-0000-0	Hotel Expense-National Healthcare Ma-Adminstr- -	6,719.01	7,389.97	8,957.52	8,062.79	6,719.01	6,719.01	5,319.61	7,279.13	19,316.90	8,398.06	6,871.19
541000-0000-03-0000-0	Misc. Expense-Nat.											

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

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c	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	\$	921,371	921,371		
2. Non-Food Supplies	\$	100,192	100,192		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$	23,387	23,387		
c. Management Services**					
	\$				
d. Other (Specify) _____					
	\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$	1,044,950	1,044,950	
2F. Dietary Questionnaire					
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
Riverside Health Care Center, Inc.		1000c	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. \$	40,559	40,559		
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)		\$	2,251	2,251		
c. Management Services**		\$				
d. Other (Specify) Supplies \$22,412 ; Diapers \$196,106		\$	218,518	218,518		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	261,328	261,328		
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
Riverside Health Care Center, Inc.		1000c	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. \$	112,626	112,626		
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>)	\$	2,545	2,545		
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	115,171	115,171		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	820,172	820,172		
b.	Medicine Cabinet Drugs	\$	66,922	66,922		
c.	Medical and Therapeutic Supplies	\$	427,844	427,844		
d.	Ambulance/Limousine****	\$	6,267	6,267		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	67,258	67,258		
f.	X-rays and Related Radiological Procedures****	\$	25,864	25,864		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	42,643	42,643		
i.	Recreation	\$	56,507	56,507		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	96,218	96,218		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	1,609,695	1,609,695		

* 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)
Flu Vaccine - Medical Services	\$ 17,644		
IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 26,832		
Purchased Services - Nursing	\$ 5,681		
Equipment Rental - Nursing	\$ 21,889		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 24,172		
Total Other Resident Care	\$ 96,218	\$ -	\$ -

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

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c		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
MJ Daly	110 Mattatuck Heights, Waterbury, CT, 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC and Boiler service	70,863			22	6A
Otis Elevator	PO Box 13716 Newark, NJ 07188	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service	30,016			22	6A
Fire Protection Testing	1701 Highland Ave #4, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Alarm Maintenance and Monitoring	15,434			22	6A
Kone Inc.	47-36 36th Street, Long Island City, NY 11101	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	15,240			22	6A
Junga Electric, LLC	19 CandleWood RD, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Electrical Services	16,107			22	6A
Neat Heat Climate Control LLC	35 Alabama Ave , Island Park NY 11558	<input type="radio"/>	<input checked="" type="radio"/>		AC Rentals	32,105			22	6A
ADM Environmental	1317 Coney Island Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Removal/Recycling Services	46,121			22	6F
ADP	Philadelphia, PA 19170-0372	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	28,060			16	M13
The Office Works	45 Corp Ave, Plainville, CT, 06062	<input type="radio"/>	<input checked="" type="radio"/>		Copier Maintenance	10,478			16	M13
Beacon Plowing	PO Box 380270, East Hartford CT, 06138	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	14,971			22	6f
		<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
Riverside Health Care Center, Inc.	1000c	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 277,918	277,918				
b. Heat	\$ 73,571	73,571				
c. Light & Power	\$ 395,378	395,378				
d. Water	\$ 108,412	108,412				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 43,741	43,741				
f. Other (<i>itemize</i>)	\$ 103,054	103,054				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,002,074	1,002,074				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 119,062	119,062				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 119,062	119,062				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 172,938	172,938				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 172,938	172,938				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,261,427	1,261,427				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 400,202	400,202				
c. Personal property taxes	\$ 42,163	42,163				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,995,792	1,995,792				

* 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)
Ground Services - Maintenance	\$ 17,028		
Pest Control - Maintenance	\$ 7,901		
Carting - Maintenance	\$ 50,418		
Background Check - Security	\$ 510		
Purch Services-Security	\$ 3,474		
Short Term Lease - Pitney Bowes Mailing Machine	\$ 1,675		
IT Rentals	\$ 22,048		
Total Other Repairs and Maintenance	\$ 103,054	\$ -	\$ -

Depreciation Schedule

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c			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			
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			20,614,833		20,614,833	(equity purposes)							
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			1,048,608		1,048,608	(equity purposes)							
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. Ford Van					4	2002	14,137	14,137	14,137	SL	10		
b. 1998 Van					4	2004	7,974	7,974	7,974	SL	10		
c. 2005 Ford Van					4	2005	29,250	29,250	29,250	SL	10		
d. Other-See attached Schedule							55,590	55,590	48,892	SL	10	6,698	
2. Movable Equipment													
a. Acquired prior to this report period							1,551,755	1,551,755	915,753	SL	Various	105,691	
b. Disposals (attach schedule)										SL	Various		
c. Acquired during this report period (attach schedule)							104,164	104,164				6,673	
D-3. Subtotal													119,062
E. Total Depreciation													119,062

Riverside Health Care Center, Inc.
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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
10/31/2015	Laptop	\$ 871	5	\$ 87
11/30/2015	Desktop	\$ 1,193	5	\$ 119
11/30/2015	Digital Life Scale	\$ 749	10	\$ 37
11/30/2016	80" Electric Bed	\$ 3,549	12	\$ 148
11/30/2015	Laptop	\$ 854	5	\$ 85
11/30/2015	Laptop	\$ 854	5	\$ 85
11/30/2015	DYNO APM with LAL	\$ 691	5	\$ 69
11/30/2015	Signa APM with LAL	\$ 1,165	5	\$ 116
11/30/2015	Sigma Pump	\$ 1,074	5	\$ 107
11/30/2015	120gal water heater	\$ 9,482	15	\$ 316
12/31/2015	PMP Cart	\$ 2,427	5	\$ 243
12/31/2015	Whittaker smart care	\$ 4,207	5	\$ 421
12/31/2015	Furniture	\$ 9,541	15	\$ 318
12/31/2015	Base Mounted Mech RM Pump	\$ 2,589	5	\$ 259
1/31/2016	Sony TV	\$ 819	5	\$ 82
1/31/2016	Desktop	\$ 1,693	5	\$ 169
1/31/2016	Desktop	\$ 647	5	\$ 65
1/31/2016	Desktop	\$ 647	5	\$ 65
1/31/2016	Desktop	\$ 647	5	\$ 65
1/31/2016	Desktop	\$ 854	5	\$ 85
1/31/2016	Desktop	\$ 854	5	\$ 85
2/29/2016	Convection oven	\$ 6,383	10	\$ 319
2/29/2016	Signa pump	\$ 1,611	5	\$ 161
3/31/2016	Electric bed 80"	\$ 2,184	12	\$ 91
3/31/2016	Parallel bars 10ft	\$ 1,064	10	\$ 53
3/31/2016	Vacuum	\$ 1,193	5	\$ 119
3/31/2016	NPWT Pump	\$ 5,318	5	\$ 532
4/30/2016	Desktop	\$ 866	5	\$ 87
4/30/2016	Desktop	\$ 810	5	\$ 81
5/31/2016	Office Furniture	\$ 2,035	15	\$ 68
6/30/2016	Electric bed 80"	\$ 3,286	12	\$ 137
6/30/2016	LED TV	\$ 2,095	5	\$ 210
7/31/2016	Window AC's	\$ 3,187	5	\$ 319
7/31/2016	Window AC's	\$ 1,842	5	\$ 184
7/31/2016	Valve replacment	\$ 5,600	10	\$ 280
7/31/2016	Compressor	\$ 13,403	12	\$ 558
8/31/2016	Kangaroo E Pump	\$ 1,018	10	\$ 51
8/31/2016	Entrapment measurement tool	\$ 1,423	5	\$ 142
9/30/2016	Electric bed 80"	\$ 1,931	12	\$ 80
9/30/2016	Ice Cuber	\$ 3,508	10	\$ 175
Total additions for Movable Equipmen		\$ 104,164		6,673 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*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:				
11/30/2016	2 PTAC's	\$ 7,357	5	\$ 736
11/30/2015	Heat Pump	\$ 4,158	10	\$ 208
12/31/2015	Electromagnetic Door Lock	\$ 2,667	10	\$ 133
12/31/2016	PTAC	\$ 7,357	5	\$ 736
12/31/2015	Heat Pump	\$ 4,243	10	\$ 212
2/29/2016	Heat Exchanger	\$ 6,058	5	\$ 606
2/29/2016	Blower Assembly	\$ 8,923	5	\$ 892
2/29/2016	Doors	\$ 4,777	15	\$ 159

2/29/2016	Cage Door	\$ 1,496	20	\$ 37
2/29/2016	Rec Area Doors	\$ 2,795	10	\$ 140
4/30/2016	Wall Paper	\$ 700	5	\$ 70
5/31/2016	Fan Motor	\$ 5,130	10	\$ 257
4/30/2016	Carpet/Wallpaper	\$ 298,232	5	\$ 29,823
10/31/2015	Vinyl Tiles	\$ 1,211	10	\$ 61
12/31/2015	Bollard Lights	\$ 2,744	20	\$ 69
2/29/2016	Bedroom Project	\$ 34,172	5	\$ 3,417
6/30/2016	Heat Pump	\$ 4,158	10	\$ 208
8/31/2016	Bearing Housing	\$ 6,705	10	\$ 335
8/31/2016	Compressor	\$ 14,876	10	\$ 744
8/31/2016	Air Clutch	\$ 2,851	10	\$ 143
8/31/2016	Replace Heat pump	\$ 4,169	10	\$ 368
8/31/2016	Heat Pumps	\$ 7,357	10	\$ 208
9/30/2016	Heat Pumps	\$ 7,252	10	\$ 363
9/30/2016	HVAC	\$ 51,037	15	\$ 1,701
9/30/2016	Heat Exchanger	\$ 16,114	10	\$ 806
9/30/2012	Heat Pump	\$ 4,243	10	\$ 212
9/30/2012	Heat Pump	\$ 4,243	10	\$ 212
9/30/2016	Condensing Unit	\$ 13,403	15	\$ 447
9/30/2016	Heat Pumps	\$ 14,715	10	\$ 736
Total additions for Leasehold Improver		\$ 543,143		44,039 *
Deletions:				
Total deletions for Leasehold Improver		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Depreciation Schedule

Name of Facility Riverside Health Care Center, Inc.					License No. 1000c		Report for Year Ended 9/30/2016			Page 23a		of 37	
	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	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	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D1a	1989 Van			4	1995	2,000		2,000	2,000	SL	10	-	
D1b	2011 Ford/Starcraft			10	2011	50,390		50,390	44,092	SL	4	6,298	
D1c	Sales tax on #715-new bus			12	2011	3,200		3,200	2,800	SL	4	400	
						<u>55,590</u>		<u>55,590</u>	<u>48,892</u>			<u>6,698</u>	

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Riverside Health Care Center, Inc.			1000c		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				2,348,667	1,520,313	SL		128,899	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				543,143		SL		44,039	
C-4. Subtotal									172,938
D. Total Amortization									172,938

* 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 Riverside Health Care Center, Inc.	License No. 1000c	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		09/08/80		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		345		
6. Square Footage		144,794		
7. Acquisition Cost				
a. Land		365,846		
b. Building		19,933,873		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		04/30/03		
c. Interest Rate for the Cost Year		6.00%		
d. Term of Mortgage (number of years)		34 years, 6 mo		
e. Amount of Principal Borrowed		18,891,400		
f. Principal balance outstanding as of 9/30/16		15,661,788		
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
Riverside Health Care Center, Inc.		1000c	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
Riverside Health Care Center, Inc.		1000c		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)				\$	5,308	5,308	
Interst - Admin \$4,823; Property \$485							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	5,308	5,308	
14. Insurance							
a. Insurance on Property (buildings only)				\$	26,689	26,689	
b. Insurance on Automobiles				\$	7,675	7,675	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	44,720	44,720	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	190,323	190,323	
Liability Ins. \$110,916; Mortgage Ins. \$79,407							
14d. Total Insurance Expenditures (14a + b + c)				\$	269,407	269,407	
15. Total All Expenditures (A-13 thru C-14)				\$	32,808,016	32,808,016	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.				1000c	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.	10	12M	Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 151,568	151,568		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 795,568	795,568		
7.			Other - See attached Schedule	\$ 110,025	110,025		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 63,027	63,027		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,959	2,959		
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	M3	Unallowable Advertising *	\$ 54,152	54,152		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	M10	Fund Raising / Contributions	\$ 250	250		
21.			Unallowable Management Fees	\$ 578,541	578,541		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 243,262	243,262		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,999,352	1,999,352		

* 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	A12i4	Respiratory Therapy	\$ 151,568		
Total Other Salaries Adjustment			\$ 151,568	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8e	Psychiatrist	\$ 4,913		
13	B12	Consulting Fees - Nursing	\$ 15,298		
13	B12	Consulting Fees - Rehabilitation, Therapy and Ancillary	\$ 31,449		
13	B2	Dentist	\$ 8,375		
13	B3	Pharmacist	\$ 20,638		
13	B8a	Medical Director (over the limit)	\$ 29,352		
Total Other Fees Adjustments			\$ 110,025	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a	Benefits on Salaries Not Related to Resident Care - Respiratory Therapy	\$ 41,575		
16	M13	Penalties - Administration	\$ 4,011		
16	M13	Bank Charges - Administration	\$ 59,144		
16	M13	Miscellaneous Expense - Administration	\$ 53,002		
16	M13	Crime Insurance - Administration	\$ 6,482		
16	13	Gifts	\$ 30,990		
16	M8	Scott Emmons- disallowed dues	\$ 100		
16	M13	Salaries not related to resident care - Consulting Fees	\$ 47,958		
Total Other A&G Adjustments			\$ 243,262	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.				1000c	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,999,352	1,999,352		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 820,172	820,172		
28.	20	5f	Ambulance/Limousine	\$ 6,267	6,267		
29.	20	5h	X-rays, etc	\$ 25,864	25,864		
30.	20	5c	Laboratory	\$ 42,643	42,643		
31.	20	5c	Medical Supplies	\$ 27,386	27,386		
32.	20	5j	Oxygen (non emergency)	\$ 67,258	67,258		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 121,463	121,463		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 11,161	11,161		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 1,511	1,511		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 16,967	16,967		
Page 27 - Insurance							
40.	27	14c3	Mortgage Insurance	\$ 79,407	79,407		
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	\$ 10,191	10,191		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 3,229,642	3,229,642		

*** 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.

Riverside Health Care Center, Inc.
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 26,832		
20	5j	Equipment Rental - Nursing	\$ 21,889		
20	5j	Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 24,172		
20 / 13	5a2 / B3	Disallowance on Procure Price Markups	\$ 3,472		
20	5j	Flu Vaccine - Medical Services	\$ 17,644		
20	5i	Cable TV Expense - Resident Rooms	\$ 27,454		
Total Other Ancillary Costs			\$ 121,463	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6d	Kore Balance System and Other Rehab Equip.	\$ 5,286		
22	6d	DVR Depreciation	\$ 167		
22	6d	Dyno Relief Mattresses Depreciation	\$ 5,416		
22	6d	TV Depreciation	\$ 292		
Total Excess Movable Equipment Depreciation			\$ 11,161	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Auto Lease Expense	\$ 9,292		
27	14b	Auto Insurance	\$ 7,675		
16	L6	Disallowed Auto Expense			
Total Other Property Adjustments			\$ 16,967	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV5	Interest Income	\$ 1,250		
30	IV8	Miscellaneous Other Income (Medical Records \$2,519; Other \$1,599)	\$ 4,118		
27	12d	Interest - Admin	\$ 4,823		
Total Other Adjustments			\$ 10,191	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 38,649,149	38,649,149			
b. Medicaid Room and Board Contractual Allowance **	\$ (15,584,150)	(15,584,150)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,737,694	4,737,694			
b. Medicare Room and Board Contractual Allowance **	\$ 623,630	623,630			
4. a. Private-Pay Residents and Other	\$ 3,567,697	3,567,697			
b. Private-Pay Room and Board Contractual Allowance **	\$ (907,870)	(907,870)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 466,884	466,884			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (458,804)	(458,804)			
c. Prescription Drugs - Non-Medicare	\$ 391,163	391,163			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (384,707)	(384,707)			
2. a. Medical Supplies - Medicare	\$ 10	10			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 739,323	739,323			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (631,086)	(631,086)			
c. Physical Therapy - Non-Medicare	\$ 376,768	376,768			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (313,869)	(313,869)			
4. a. Speech Therapy - Medicare	\$ 232,443	232,443			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (155,362)	(155,362)			
c. Speech Therapy - Non-Medicare	\$ 164,931	164,931			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (101,733)	(101,733)			
5. a. Occupational Therapy - Medicare	\$ 931,439	931,439			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (751,672)	(751,672)			
c. Occupational Therapy - Non-Medicare	\$ 621,662	621,662			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (466,536)	(466,536)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 227	227			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 29,762	29,762			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 31,776,993	31,776,993			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 1,250	1,250			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ (40,661)	(40,661)			
V. Total Other Revenue (1 thru 8)	\$ (39,411)	(39,411)			
VI. Total All Revenue (III +V)	\$ 31,737,582	31,737,582			

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	626,331
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,703,101
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	43,184
5. Prepaid Expenses			\$	686,563
a. Insurance	81,042			
b. Taxes (personal property, real estate, corp.)	411,938			
c. Management Fees	160,268			
d. Other Prepaid Expenses	33,315			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	558,890
Patient Funds	101,663			
Escrow Deposits	457,227			
A-9. Total Current Assets (Lines A1 thru 8)			\$	5,618,069
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>2,891,810</u>		\$	1,198,559
	Accum. Depreciation <u>1,693,251</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,655,919</u>		\$	627,802
	Accum. Depreciation <u>1,028,117</u>	Net		
7. Motor Vehicles	*Historical Cost <u>106,951</u>		\$	
	Accum. Depreciation <u>106,951</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,250
Construction in Progress	2,250			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,828,611

* 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	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	7,446,680
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	20,614,833		
	Accum. Depreciation	_____	Net	\$ 20,614,833
4. Non-Movable Equipment				
	*Historical Cost	1,048,608		
	Accum. Depreciation	_____	Net	\$ 1,048,608
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)			\$	21,663,441
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>			\$	149,813
Name and Address		Amount	Loan Date	
Harbor Hill Care Center Inc.		149,813	9/30/07	
7. Other Assets <i>(itemize)</i>			\$	351,020
Security Deposits		33,978		
Reserve for Replacement		317,042		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	500,833
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	29,610,954

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,588,917
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	1,235,534
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	2,500,303
Accrued Pension		61,198	Due to Realty	69,889	
Accrued Accounting Fees		29,200	Due to Related Party	1,545,800	
Accrued Revenue Assessment		417,880	Patient Personal Funds	101,663	
Accrued Expenses		274,673			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	7,324,754

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount
Total Brought Forward:				7,324,754
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,324,754

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

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	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			\$	20,614,833
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	1,048,608
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			\$	21,663,441
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,688,193
6. Gain or Loss for Period			\$	(1,070,434)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	622,759
C. Total Reserves and Net Worth			\$	22,286,200
D. Total Liabilities, Reserves, and Net Worth			\$	29,610,954

H. Changes in Total Net Worth

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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			\$	1,980,461
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	31,737,582
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	32,808,016
D. Net Income or Deficit			\$	(1,070,434)
E. Balance			\$	910,027
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Tax Refund	15,733			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	15,733
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>				
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
Partner Drawings		240,001		
2. Other Withdrawings <i>(Specify)</i>			\$	68,000
Purpose		Amount		
Taxes		68,000		
3. Total Deductions			\$	308,001
H. Balance at End of Period			\$	617,759

I. Preparer's/Reviewer's Certification

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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				
Blum Shapiro & Co				
Address			Phone Number	
2 Enterprise Drive, Shelton, CT, 06484			203-944-2100	