

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center	
Address (No. & Street, City, State, Zip Code) One Emerson Drive, Windsor, CT 06095	
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 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2369	RHNS	(Specify)	Medicare Provider 07-5237
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Medicaid Provider Numbers:	CCNH 000010751	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)	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimber	2369	9/30/2017	1	37

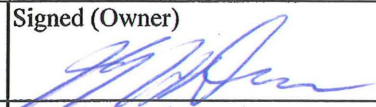
Administrator's/Owner's Certification

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

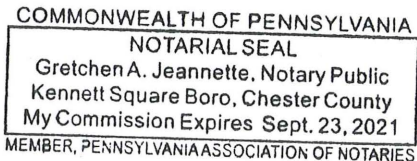
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
					11/6/2017
Printed Name (Administrator)			Printed Name (Owner)		
Thomas Russo			Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Gretchen A. Jeannette	PA	11-6-17		09/23/21	
Address of Notary Public					
101 E. State Street Kennett Square, PA 19348					

(Notary Seal)



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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility One Emerson Drive, Windsor, CT 06095				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029	Date 12/21/2017		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 290,544	290,544		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$ 26,669	26,669		
4. Nursing wages paid	\$ 3,611,551	3,611,551		
5. All other wages paid	\$ 618,939	618,939		
6. Total Wages Paid	\$ 4,547,704	4,547,704		
7. Total salaries paid	\$ 241,324	241,324		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 4,789,028	4,789,028		

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 860-688-6443		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) 1 Emerson Drive South Operations LLC, d/b/a Kimberly South		Address (No. & Street, City, State, Zip) One Emerson Drive, Windsor, CT 06095		
License Numbers:	CCNH 2369	RHNS (Specify)	Medicare Provider No. 07-5237	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Thomas Russo		Nursing Home Administrator's License No.:	001789	
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 1 Emerson Drive South Operations LLC, d/b/a	License No. 2369	Report for Year Ended 9/30/2017	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		
1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center	101 East State Street, Kennett Square, PA 19348	PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
See Attached				

**General Information and Questionnaire
Related Parties***

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimber	License No. 2369	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	498,561	498,561
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,087,491	1,087,491
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Staffing Pool	Pg 10/A12	38,934	38,934
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	83%	Medical Director /NP	Pg 13/B8, Pg 10/A12	28,680	28,680
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	60%	Outside Agency	Pg 13/B11 a,b,c		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	44%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	118,463	118,463
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	202,023	202,023
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A	38,845	38,845
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a K	License No. 2369	Report for Year Ended 9/30/2017	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.				
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 checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly Sc			License No. 2369		Report for Year Ended 9/30/2017		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
							Total ***	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility 1 Emerson Drive South Operations	License No. 2369	Report for Year Ended 9/30/2017	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 Wells fargo institutional Retirement and Trust 2 3 4	Address (No. & Street, City, State, Zip Code) PO BOX 563957 Charlotte NC 28556
--	--

Services Provided by This Firm (*describe fully*)

1 401K plan auditing for collective bargaining unit employees	\$ (65)
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ (65)

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Greater Windsor Probate Court 2 3 4 5	Telephone Number 860-644-2511
---	----------------------------------

Address (*No. & Street, City, State, Zip Code*)
 1 1540 Sullivan Ave South Windsor, CT 06074
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Probate Court Fees for conservatorship	\$ 575
2	\$
3 Saving on R.E tax reduction based on the tax assessment	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 575

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

Schedule of Resident Statistics

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center			License No. 2369		Report for Year Ended 9/30/2017				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	180	180			180	180			180	180		
B. On last day of THIS report period	180	180			180	180			180	180		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	107	107			107	107			90	90		
B. As of midnight of THIS report period	94	94			90	90			94	94		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,673	5,673			4,323	4,323			1,350	1,350		
B. Medicaid (Conn.)	24,529	24,529			18,456	18,456			6,073	6,073		
C. Medicaid (other states)												
D. Private Pay	2,279	2,279			2,091	2,091			188	188		
E. State SSI for RCH												
F. Other (Specify)	3,951	3,951			3,106	3,106			845	845		
G. Total Care Days During Period (3A thru F)	36,432	36,432			27,976	27,976			8,456	8,456		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	10	10			10	10						
5. Total Resident Days (3G + 4A + 4B)	36,442	36,442			27,986	27,986			8,456	8,456		

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a			License No. 2369			Report for Year Ended 9/30/2017			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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents	18		64		12								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	511.30		213.39		370.29								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,169	3,169			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									768	768			
C. Other									23,141	23,141			
D. Total Physical Therapy Treatments									27,078	27,078			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									414	414			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									54	54			
C. Other									2,867	2,867			
D. Total Speech Therapy Treatments									3,335	3,335			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,305	2,305			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									668	668			
C. Other									22,810	22,810			
D. Total Occupational Therapy Treatments									25,783	25,783			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
1 Emerson Drive South Operations LLC, d/b/a Kimberly Sou	2369	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	128,914	1,926				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	236,841	10,023				
5. Dietary Service						
a. Head Dietitian	16,427	481				
b. Food Service Supervisor	41,194	1,527				
c. Dietary Workers	232,923	15,073				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	26,669	1,723				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	39,591	1,433				
b. Other Maintenance Workers	33,733	2,082				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	112,411	2,008				
b. RN						
1. Direct Care	730,950	18,870				
2. Administrative**	166,661	4,225				
c. LPN						
1. Direct Care	1,128,573	37,133				
2. Administrative**						
d. Aides and Attendants	1,513,979	85,528				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	123,112	6,123				
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	185,663	6,514				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	71,389	3,886				
<i>A-13. Total Salary Expenditures</i>	4,789,028	198,554				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)		
	\$	Hours	\$	Hours	\$	Hours	
Ward Clerks	0	0					
Central Supply	0	9,535.55	570				
Medical Records	0	26,120.71	1,456				
Nursing Unit Secretary	0	35,732.61	1,859				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
0	0	0	0				
Total		71389	3886	\$ -	-	\$ -	-
		0	0				

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
1020620010 Consulting Fees	480.52	n/a				
3010620020 Purchased Services	520.00	n/a				
3015620020 Purchased Services	7,301.65	n/a				
3155620020 Purchased Services	0.33	n/a				
3155620020 Purchased Services	67,869.35	n/a				
1020620010 Consulting Fees	401.58	n/a				
0	0	-	-			
0	0	-	n/a			
0						
0						
0						
Total	76573	0	\$ -	-	\$ -	-

**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
1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center				2369	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
I Emerson Drive South Operations LLC, d/b/a Kimberly South Center				2369	9/30/2017			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***										
Thomas Russo 1/30/2017 - Current	95,700				Management of Center	1,206	2			
Tarnowicz,Jona 10/1/2016-1/26/2017	33,213				Management of Center	720	2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
1 Emerson Drive South Operations LLC, d/b/a Kiml	2369	9/30/2017	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	13,875	95				
3. Pharmacist	8,220	168				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	963,644	13,201				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	88,392	468				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	71,299	914				
b. Other						
10. Occupational Therapist						
a. Resident Care	108,317	1,484				
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	76,573					
B-13 Total Fees Paid in Lieu of Salaries	1,330,320	16,329				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimberly		2369	9/30/2017	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input checked="" type="radio"/>	<input type="radio"/>		
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a K	2369	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 279,941	279,941		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 70,209	70,209		
4. Social Security (F.I.C.A.)	\$ 352,336	352,336		
5. Health Insurance	\$ 382,434	382,434		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 178,461	178,461		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 19,962	19,962		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 386,380	386,380		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 575	575		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 30,111	30,111		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,507	20,507		
2. Cellular Phones	\$ 1,354	1,354		
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	\$ 966	966		
3. Resident Day User Fee	\$ 589,801	589,801		
Subtotal	\$ 2,313,038	2,313,038		

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
3005520020	Union Health & Welfare	\$ 670	\$ -	
3030520020	Union Health & Welfare	\$ 2,011	\$ -	
3040520020	Union Health & Welfare	\$ 279	\$ -	
3080520020	Union Health & Welfare	\$ 310	\$ -	
3225520020	Union Health & Welfare	\$ 14,689	\$ -	
5035520020	Union Health & Welfare	\$ 323	\$ -	
3040520050	Employee Benefits-Other	\$ 120	\$ -	
3225520050	Employee Benefits-Other	\$ 1,561	\$ -	
	0	\$ -	\$ -	
	0	\$ -	\$ -	
	0	\$ -	\$ -	
Total		\$ 19,962	\$ -	\$ -

0

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
1020640110	Sales Tax	\$ 340		
1020640110	Sales Tax	\$ 626		
	0	\$ -		
	0	\$ -		
Total		\$ 966	\$ -	\$ -

0

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

Name of Facility	License No.	Report for Year Ended		Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimbe	2369	9/30/2017		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,313,038	2,313,038		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	54	54		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,651	2,651		
5. Education Expenses Related to Seminars and Conventions	\$	20	20		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	10,999	10,999		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	1,794	1,794		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	13,296	13,296		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	535	535		
9. Subscriptions	\$	171	171		
10. Contributions***	\$	2,261	2,261		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	4,118	4,118		
12. Administrative Management Services**	\$	455,627	455,627		
13. Other (<i>Specify</i>)	\$	57,135	57,135		
See Attached Schedule					
C-14 Total Administrative & General Expenditures		\$ 2,861,698	2,861,698		

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

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

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

Schedule of Other Travel and Entertainment

Description		CCNH	RHNS	(Specify)
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Other Travel and Entertainment		\$ -	\$ -	\$ -

Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
1020630020	Advertising	511.5	0	0
1020630020	Advertising	1,400.92	0	0
1020630330	Marketing Expense	5,931.47	0	0
1020630330	Marketing Expense	31.45	0	0
1020630330	Marketing Expense	70.65	0	0
1020630331	Marketing Exp- Corpor	456.91	0	0
1020630331	Marketing Exp- Corpor	2,595.74	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Other Advertising		\$ 10,999	\$ -	\$ -
		\$ -		

Schedule of Dues

Description		CCNH	RHNS	(Specify)
1020630310	Licenses & Certificatio	13,555.51	0	0
1020630310	Windsor Chamber of C	(535.00)	0	0
1020630310	Licenses & Certificatio	275.00	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
1020630310		0	0	0
Total Dues		\$ 13,296	\$ -	\$ -
		\$ -		

Schedule of Contributions

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive South Operations LLC,	2369	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	498,561	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	38,845	Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimber		2369	9/30/2017		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 165,267	165,267			
2.	Non-Food Supplies	\$ 26,884	26,884			
3.	Other (Specify) _____	\$ (1,112)	(1,112)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 197,559	197,559			
c. Management Services**						
		\$				
d. Other (Specify) _____						
		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 388,598	388,598			
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
1 Emerson Drive South Operations LLC, d/b/a Kimberly		2369	9/30/2017		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. \$	4,836	4,836		
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. \$	13,420	13,420		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	154,288	154,288		
c. Management Services**		\$				
d. Other (<i>Specify</i>)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	172,544	172,544		
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
1 Emerson Drive South Operations LLC, d/b/a		2369	9/30/2017		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. \$	15,748	15,748			
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. \$	207,446	207,446			
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 223,194	223,194			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from	\$	385,847	385,847			
b. Medicine Cabinet Drugs	\$	37,631	37,631			
c. Medical and Therapeutic Supplies	\$	141,243	141,243			
d. Ambulance/Limousine****	\$	13,523	13,523			
e. Oxygen						
1. For Emergency Use	\$					
2. Other****	\$	19,483	19,483			
f. X-rays and Related Radiological Procedures****	\$	16,126	16,126			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory****	\$	42,902	42,902			
i. Recreation	\$	30,756	30,756			
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	92,940	92,940			
5K. Total Resident Care Expenditures (5a - 5j)		\$ 780,452	780,452			

* 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.

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

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center			License No. 2369		Report for Year Ended 9/30/2017			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	154,288			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	207,446			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	197,559			18	2b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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
1 Emerson Drive South Operations LLC, d/b/a	2369	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 138,809	138,809				
b. Heat	\$ 62,787	62,787				
c. Light & Power	\$ 129,528	129,528				
d. Water	\$ 73,534	73,534				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 404,659	404,659				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 190	190				
b. Building & Building Improvements	\$ 432,863	432,863				
c. Non-Movable Equipment	\$ 3,203	3,203				
d. Movable Equipment	\$ 48,369	48,369				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 484,625	484,625				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 476,878	476,878				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 136,690	136,690				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,098,193	1,098,193				

* 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)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center			License No. 2369		Report for Year Ended 9/30/2017			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			1,900		1,900	839	S/L	Various	190				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										190			
B. Building and Building Improvements													
1. Acquired prior to this report period			3,918,126		3,918,126	2,480,504	S/L	Various	432,150				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			19,781		19,781				713				
B-4. Subtotal										432,863			
C. Non-Movable Equipment													
1. Acquired prior to this report period			18,564		18,564	5,944	S/L	Various	1,973				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			22,197		22,197				1,230				
C-4. Subtotal										3,203			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						393,305		393,305	202,201	S/L	Various	40,059	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						55,024		55,024				8,310	
D-3. Subtotal													48,369
E. Total Depreciation													484,625

1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total additions for Land Improvement:		0		0 *
Deletions:				
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
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:				
11/30/2016	3 doors and lock sets	7,637.00	20	318.21
8/31/2017	A/C Fan motor and blade	995.21	20	4.15
11/30/2016	Dura-flex epoxy floor	3,100.00	10	258.33
6/30/2017	Epoxy Flooring in 4 rooms/shower	4,360.35	10	109.01
	Accruals	1,561.44		-
7/31/2017	Install new compressor east wing first	2,127.00	15	23.63
				-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
Total additions for Building Improvement:		\$ 19,781		\$ 713 *
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:					
12/31/2016	Condensor and evap coil for walk in	5746.00	10.00	430.95	
12/31/2016	Carrier 5 ton cooling RTU	8998.00	10.00	674.85	
7/31/2017	Replaced Two Compressors	3863.70	10.00	64.40	
7/31/2017	Replaced Two Compressors	3589.31	10.00	59.82	
Total additions for Non-Movable Equipmen		\$ 22,197		\$ 1,230	*
Deletions:					
Total deletions for Non-Movable Equipmen		\$ -		\$ -	**

*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:					
1/31/2017	Welch Allyn CP150 ECG System	3,026.87	7.00	288.27	
1/31/2017	Mobile Stand for Welch Allyn CP150	918.05	7.00	87.43	
1/31/2017	Electric Air Compressor, 2 HP	975.34	7.00	92.89	
2/28/2017	Huntleigh Pocket Sized Doppler	860.35	7.00	71.70	
2/28/2017	Rice Lake Fold-Up Portable Wheelch	1,292.13	7.00	107.68	
3/31/2017	BED RC750	2,669.39	10.00	133.47	
3/31/2017	GEN ONLY: UCXT Bed w/ Laminat	1,854.68	10.00	92.73	
4/30/2017	Dome Storage Rack, 100 Lid Capacit	1,216.62	10.00	50.69	
5/31/2017	6 Tracer EX2 Wheelchair, Stock,	707.88	10.00	23.60	
5/31/2017	3 Regency XL 2002 & 7 Tracer EX2	3,949.28	10.00	131.64	
5/31/2017	10 Tracer EX2 Wheelchair and cushio	1,859.70	10.00	61.99	
7/31/2017	Install 3 phase disconnect/Booster	1,110.21	10.00	18.50	
4/30/2017	Reclining PVC Shower/Commode	430.70	5.00	35.89	
11/30/2016	46 Mattresses, Genesis Visco Select (c	12,863.05	3.00	3,573.07	
3/31/2017	MATTRESS, GEN, BULK VISCO SE	21,003.99	3.00	3,500.67	
4/30/2017	HP Laserjet Pro	285.57	3.00	39.66	
Total additions for Movable Equipmen		\$ 55,024		\$ 8,310	*
Deletions:					

(0)

Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimberly Sou			2369		9/30/2017			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. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 1 Emerson Drive South Operations LL	License No. 2369	Report for Year Ended 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		180		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Well Tower / Healthcare REIT, Inc	Building and Equipment	04/01/11	20	476,878
Address: One Seagate Suite 1500				
Toledo, OH 43603-1475				

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
1 Emerson Drive South Operations LI		2369	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 38,845	38,845				
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)		\$ 38,845	38,845				

(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	
1 Emerson Drive South Operations	2369	9/30/2017	27	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		38,845	38,845		
12. C. Movable Equipment					
1. Automotive Equipment	\$				
A. Item	Rate	Amount			
Lender					
Address of Lender					
2. Other (Specify)	\$				
A. Item	Rate	Amount			
Lender					
Address of Lender					
B. Item	Rate	Amount			
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$				
12. D. Other Interest Expense (Specify)	\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	38,845	38,845		
14. Insurance					
a. Insurance on Property (buildings only)	\$	6,418	6,418		
b. Insurance on Automobiles	\$				
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$	195,605	195,605		
2. Fire and Extended Coverage	\$				
3. Other (Specify)	\$				
14d. Total Insurance Expenditures (14a + b + c)	\$	202,023	202,023		
15. Total All Expenditures (A-13 thru C-14)	\$	12,289,553	12,289,553		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
1 Emerson Drive South Operations LLC, d/b/a Kimberly South C			2369	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 18,033	18,033		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,218,951	1,218,951		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 386,380	386,380		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 10,999	10,999		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,261	2,261		
21.			Unallowable Management Fees	\$ 494,472	494,472		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 165,481	165,481		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,296,577	2,296,577		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0	18033	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other Salaries Adjustment			\$ 18,033	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	126949.32	0
13	5	Rehabilitation Services	3195620020	836694.19	0
13	9	Speech Therapist	3170620020	71299.42	0
13	10	Occupational Therapist	3105620020	108317.05	0
13	12	Other	3010620020	520	0
13	12	Other	3015620020	7301.65	0
13	12	Respiratory Purchased Servies	3155620020	67869.68	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other Fees Adjustments			\$ 1,218,951	\$ -	\$ -
			\$ -		

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Collection Fees	1020630120	31894.36	0
16	m13	Estimated Accrual	1020660990	-1395.81	0
16	m8a	Chamber of Commerce	License Fee	535	0
16	m13	Non-recurring charges	7010800030	0	0
16	m-12	0	0	0	0
16	m-13	Penalty and Fines	1020640080	1300	0
15	1-a-1	adj workers comp	0	133147.78	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other A&G Adjustments			\$ 165,481	\$ -	\$ -

0

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

Name of Facility			License No.	Report for Year Ended	Page	of	
1 Emerson Drive South Operations LLC, d/b/a Kimberly Sou			2369	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,296,577	2,296,577		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 385,847	385,847		
28.			Ambulance/Limousine	\$ 13,523	13,523		
29.			X-rays, etc	\$ 16,126	16,126		
30.			Laboratory	\$ 42,902	42,902		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 19,483	19,483		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 68,191	68,191		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 152,944	152,944		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 2,995,593	2,995,593		

*** 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.

1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	1244.31	3010610300	0
20	5-j	Respiratory Supplies	21148.72	3155630530	0
20	5-j	Respiratory Rental	24629.42	3155660080	0
20	5-i	Cable TV	21168.67	3005660130	allow \$3600
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Other Ancillary Costs			\$ 68,191	\$ -	\$ -
			\$ -		

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	147943.792	0	0
27	14c1	General liability Insurance Adjust	5000	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Other Adjustments			\$ 152,944	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
1 Emerson Drive South Operations LLC, 2369		9/30/2017		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,843,530	8,843,530			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,690,275)	(3,690,275)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,326,594	2,326,594			
b. Medicare Room and Board Contractual Allowance **	\$ (769,564)	(769,564)			
4. a. Private-Pay Residents and Other	\$ 2,475,718	2,475,718			
b. Private-Pay Room and Board Contractual Allowance **	\$ (775,356)	(775,356)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 278,462	278,462			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (92,106)	(92,106)			
c. Prescription Drugs - Non-Medicare	\$ 142,107	142,107			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (45,982)	(45,982)			
2. a. Medical Supplies - Medicare	\$ 89	89			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (30)	(30)			
c. Medical Supplies - Non-Medicare	\$ 133	133			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (43)	(43)			
3. a. Physical Therapy - Medicare	\$ 862,381	862,381			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (285,249)	(285,249)			
c. Physical Therapy - Non-Medicare	\$ 556,816	556,816			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (178,559)	(178,559)			
4. a. Speech Therapy - Medicare	\$ 225,481	225,481			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (74,582)	(74,582)			
c. Speech Therapy - Non-Medicare	\$ 178,540	178,540			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (56,725)	(56,725)			
5. a. Occupational Therapy - Medicare	\$ 850,680	850,680			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (281,378)	(281,378)			
c. Occupational Therapy - Non-Medicare	\$ 560,820	560,820			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (179,176)	(179,176)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 61,705	61,705			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 149,758	149,758			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,083,789	11,083,789			
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>)	\$ 368	368			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 8,358	8,358			
8. Other (<i>Specify</i>)	\$ 137,900	137,900			
V. Total Other Revenue (1 thru 8)	\$ 146,626	146,626			
VI. Total All Revenue (III +V)	\$ 11,230,415	11,230,415			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	9,949.03	0	0
II-6-a	Medicare Part A	Laboratory	21,466.59	0	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	56,045.10	0	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	0	0
II-6-a	Medicare Part A	Audiology	-	0	0
II-6-a	Medicare Part A	Incontinency	-	0	0
II-6-a	Medicare Part A	Oxygen & Supplies	62.70	0	0
II-6-a	Medicare Part A	Physician Visit	-	0	0
II-6-a	Medicare Part A	Ambulance	-	0	0
II-6-a	Medicare Part A	Flu Shot	4,680.00	0	0
II-6-a	Contractuals-Medicare	X-Ray	(3,290.83)	0	0
II-6-a	Contractuals-Medicare	Laboratory	(7,100.47)	0	0
0	Contractuals-Medicare	Respiratory Therapy & Supplie	(18,537.95)	0	0
0	Contractuals-Medicare	Nursing Treatment Supplies	-	0	0
0	Contractuals-Medicare	Audiology	-	0	0
0	Contractuals-Medicare	Incontinency	-	0	0
0	Contractuals-Medicare	Oxygen & Supplies	(20.74)	0	0
0	Contractuals-Medicare	Physician Visit	-	0	0
0	Contractuals-Medicare	Ambulance	-	0	0
0	Contractuals-Medicare	Flu Shot	(1,548.00)	0	0
Total Other Resident Revenue - Medicare			\$ 61,705	\$ -	\$ -
			\$ 0		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	78.00	0	0
II-6-b	Medicaid	Laboratory	1,178.15	0	0
II-6-b	Medicaid	Respiratory Therapy & Supplie	18,947.43	0	0
II-6-b	Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Medicaid	Audiology	-	0	0
II-6-b	Medicaid	Incontinency	-	0	0
II-6-b	Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Medicaid	Physician Visit	-	0	0
II-6-b	Medicaid	Ambulance	-	0	0
II-6-b	Medicaid	Flu Shot	-	0	0
II-6-b	Contractuals Medicaid	X-Ray	(32.55)	0	0
II-6-b	Contractuals Medicaid	Laboratory	(491.62)	0	0
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	(7,906.48)	0	0
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals Medicaid	Audiology	-	0	0
II-6-b	Contractuals Medicaid	Incontinency	-	0	0
II-6-b	Contractuals Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Contractuals Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals Medicaid	Ambulance	-	0	0
II-6-b	Contractuals Medicaid	Flu Shot	-	0	0

II-6-b	Private and Other	X-Ray	4,084.96	0	0
II-6-b	Private and Other	Laboratory	13,116.62	0	0
II-6-b	Private and Other	Respiratory Therapy & Supplie	38,073.05	0	0
II-6-b	Private and Other	Nursing Treatment Supplies	-	0	0
II-6-b	Private and Other	Audiology	-	0	0
II-6-b	Private and Other	Incontinency	-	0	0
II-6-b	Private and Other	Oxygen & Supplies	(62.70)	0	0
II-6-b	Private and Other	Physician Visit	-	0	0
II-6-b	Private and Other	Ambulance	-	0	0
II-6-b	Private and Other	Flu Shot	3,187.00	0	0
II-6-b	Private and Other	Capitation Contracts	142,506.00	0	0
II-6-b	Contractuals-Non-Medicaid	X-Ray	(1,279.35)	0	0
II-6-b	Contractuals-Non-Medicaid	Laboratory	(4,107.92)	0	0
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(11,923.88)	0	0
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	19.64	0	0
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	0	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	(998.12)	0	0
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(44,630.63)	0	0
Total Other Resident Revenue			\$ 149,758	\$ -	\$ -
			\$ (0)		

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Account	0000100250	367.79	0	0
0	0	0	-	0	0
0	0	0	-	0	0
Total Interest Income			\$ 368	\$ -	\$ -
			\$ (0)		

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Medical Record	430060	806.15	0
0	630200-1020 July Commis	0	25.50	0
0	Peachtree Interface	0	137,068.54	0
0	0	0	-	0
0	0	0	-	0
0	0	0	-	0
0	0	0	-	0
0	0	0	-	0
0	0	0	-	0
0	0	0	-	0
0	0	0	-	0
0	0	0	-	0
IV-8	0	0	-	0
Total Other Revenue			\$ 137,900	\$ -
			\$ 0	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC	2369	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	9,912
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,368,024
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	10,747
4. Inventories			\$	30,123
5. Prepaid Expenses			\$	106,320
a. Prepaid Expenses				
b. Prepaid Property Tax	90,508			
c. Prepaid Personal Property Tax				
d. Prepaid Personal Property Tax	15,812			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,525,125
B. Fixed Assets				
1. Land			\$	549,850
2. Land Improvements	*Historical Cost	1,900	\$	871
	Accum. Depreciation	1,029		Net
3. Buildings	*Historical Cost	3,937,907	\$	1,024,540
	Accum. Depreciation	2,913,367		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	40,761	\$	31,614
	Accum. Depreciation	9,147		Net
6. Movable Equipment	*Historical Cost	448,328	\$	197,758
	Accum. Depreciation	250,570		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
PPE CIP				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,804,633

* 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
1 Emerson Drive South Operations LLC	2369	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	3,329,758
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	(2,717,900)
	I/C Due to/Due From Owned	(2,717,900)		
	I/C Due to/Due From Multicare	_____		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(2,717,900)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	611,858

* 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 1 Emerson Drive South Operations LLC, d/b/a		License No. 2369	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	490,710
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>)				\$	116,237
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	916
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>)				\$	302,032
Accr Exp Other		14,953	Accr Exp Water and Sew	7,764	
A/R Credit Gross Up Liability		122,559	Deferred Revenue	4,501	
Accr Exp Gas		2,381	Accrued Provider/Bed T	139,468	
Accr Exp Electricity		9,362	Accr Exp Suspense	1,044	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	909,895

* 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 1 Emerson Drive South Operations LLC, d/b		License No. 2369	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				909,895	
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>)				\$	
LT Debt-Financing Obligation		3,671,987	3,671,987		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,671,987	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,581,882	

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

Name of Facility	License No.	Report for Year Ended	Page	of	
1 Emerson Drive South Operations LLC	2369	9/30/2017	35	37	
Account			Amount		
A. Reserves					
1. Reserve for value of leased land			\$		
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$		
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$		
4. Reserve for leasehold real properties on which fair rental value is based			\$		
5. Reserve for funds set aside as donor restricted			\$		
6. Total Reserves			\$		
B. Net Worth					
1. Owner's Capital			\$		
2. Capital Stock			\$		
3. Paid-in Surplus			\$	700,338	
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	(3,611,227)	
6. Gain or Loss for Period	10/1/2016	thru	9/30/2017	\$	(1,059,137)
7. Total Net Worth			\$	(3,970,026)	
C. Total Reserves and Net Worth			\$	(3,970,026)	
D. Total Liabilities, Reserves, and Net Worth			\$	611,856	

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC	2369	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(2,910,888)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,230,415
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,289,553
D. Net Income or Deficit			\$	(1,059,138)
E. Balance			\$	(3,970,026)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(3,970,026)

I. Preparer's/Reviewer's Certification

Name of Facility 1 Emerson Drive South Operations LLC,	License No. 2369	Report for Year Ended 9/30/2017	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 <i>Sr. Director of Reimbursement</i>	Date Signed <i>12/19/2017</i>		
Printed Name of Preparer Thomas Farnan Title -Sr. Director of Reimbursement				
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 978-247-5029		