State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed)							
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation							
Address (No. & Street, City, State, Zip Code)	Address (No. & Street, City, State, Zip Code)						
111 Church Street, Middletown, CT 06457							
Type of Facility							
☑ Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	□ (Specify)				
Report for Year Beginning Report for Year Ending							
10/1/2016		9/30/2017					

License Numbers:	ССNН 2097-С	RHNS	(Specify)	Medicare Provider 07-5381
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	75381		

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received
	Ttotulized	Iteccived	rissigned		

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Name of Facility (as licensed)				
		License N	1	-
Harbor Hill Care Center, Inc.	d/b/a Water's Edge	Cent 2097-C	9/30/2017	1 3'
	ATION OR FALSIF	FICATION OF	vner's Certification Any Information Contain And/or Imprisionment Uni	
Cost Report and su Center for Health and ending Septen	upporting schedules & Rehabilitation [fa- nber 30, 2017, and th	prepared for Ha cility name], fo nat to the best o	ement and that I have examined the arbor Hill Care Center, Inc. d/b/a V r the cost report period beginning (of my knowledge and belief, it is a rds of the provider(s) in accordanc	Vater's Edge October 1, 2016 true, correct, and
Schedule of Resider	nt Statistics, Statement is Facility in accordan	ts of Reported E	attached General Information and Que xpenditures, Statements of Revenues orting Requirements of the State of Co	and the related
my knowledge und presented in this R residents were inco	ler the penalty of pe eport as a basis for s urred to provide resi	rjury. I also ce securing reimbu dent care in thi	ormation provided is true and correct rtify that all salary and non-salary of ursement for Title XIX and/or othe s Facility. All supporting records to ut law and will be made available to	expenses r State assisted for the expenses
Signed (Administrator)		Date	Signed (Owner)	Date
	<u></u>		Printed Name (Owner)	
· · · · · · · · · · · · · · · · · · ·)		Marvin Ostreicher	
Printed Name (Administrator Jonah Kraus Subscribed and Sworn to before me:) State of	Date	Marvin Ostreicher Signed (Notary Public)	Comm. Expires

General Information

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility	From	То			
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Healt	10/1/2016	9/30/2017			
Address of Facility 111 Church Street, Middletown, CT 06457					
Report Prepared By		Phone Num	ıber	Date	
Blum Shapiro & Co.		(203) 944-2	2100	2/1/2018	
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. <i>Total Wages and Salaries Paid</i> (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

860-347-7286 9/30/2017 2 37 Name of Facility (as shown on license) Address (No. & Street, City, State, Zip) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H 111 Church Street, Middletown, CT 06457 License Numbers: 2097-C Medicare Provider Type of Facility (Check appropriate box(es)) Rest Home with Nursing 07-5381 CCNH Rest Home with Nursing (Specify) Type of Ownership (Check appropriate box) Rest Home with Nursing (Specify)							
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H 111 Church Street, Middletown, CT 06457 Image: Constraint of the street of	No.						
License Numbers:CCNH 2097-CRHNS(Specify)Medicare Provider 07-5381Type of Facility (Check appropriate box(es))Rest Home with Nursing Supervision only (RHNS)(Specify)Image: Chronic and Convalescent Nursing Home only (CCNH)Rest Home with Nursing Supervision only (RHNS)(Specify)	No.						
License Numbers: 2097-C 07-5381 Type of Facility (Check appropriate box(es)) Image: Chronic and Convalescent Nursing Home only (CCNH) Image: Rest Home with Nursing Supervision only (RHNS) Image: Chronic and Convalescent Supervision only (RHNS)							
Type of Facility (Check appropriate box(es))Rest Home with NursingImage: Chronic and Convalescent Nursing Home only (CCNH)Image: Rest Home with Nursing Supervision only (RHNS)Image: Chronic and Convalescent Supervision only (RHNS)							
$\square \begin{array}{c} \text{Chronic and Convalescent} \\ \text{Nursing Home only (CCNH)} \end{array} \qquad \square \begin{array}{c} \text{Rest Home with Nursing} \\ \text{Supervision only (RHNS)} \end{array} \qquad \square \begin{array}{c} \text{(Specify)} \end{array}$							
Type of Ownership (Check appropriate box)							
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership O Profit Corp. O Non-Profit Corp. O Government O Tr	ust						
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? O Yes O No If "Yes," explain fully.							
Administrator							
Name of Administrator Nursing Home							
Jonah Kraus Administrator's 002045							
License No.:							
Other Operators/Owners who are assistant administrators (full or part time) of this facility. Name License No.:							

General Information and Questionnaire Partners/Members

Name of Facility Harbor Hill Care Center, Inc. d/	/b/a Water's Edge Cente	License No. 2097-C	Report for Y 9/30/2017	ear Ended	Page of 3 37
Legal Name of Partnership/LLC		Business		State(s) and/o	
Name of Partners/Members	Business Ac	ldress		Title	% Owned

General Information and Questionnaire Corporate Owners

Name of Facility	License No. 2097-C	Report for Year En 9/30/2017	ded	Page of
Harbor Hill Care Center, Inc. d/b/a Water's Ed If this facility is owned or operated as a corpor			3A 37	
Legal Name of Corporation		s Address		ich Incorporated
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation		, Middletown, CT	CT	
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
Marvin Ostreicher	184 Wildacre Ave 11559	e, Lawrence, NY	Secretary	200
Isak Keller	1200 NE Miami C	Garden, Miami, FL	Director	150
M. Pollack	2441 Beachwood NY	Blvd, Beachwood,	Director	100
Doris Laufer	1402 59th Street, 11219	Brooklyn, NY	President	50
Agnes Zitter	9 Dogwood Lane, 11559	Lawrence, NY	Director	56
Names of Stockholders Owning at Least 10% of Shares				
Marvin Ostreicher	184 Wildacre Ave 11559	e, Lawrence, NY	Secretary	200
Isak Keller - Life Estate Trust	1200 NE Miami (Garden, Miami, FL	Director	150
M. Pollack - Life Estate Trust	2441 Beachwood NY	Blvd, Beachwood,	Director	100
Helen Ostreicher	1 Lakeside Drive, 11559	Lawrence, NY		166

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Co	е 2097-С	9/30/2017	3B 37
If this facility is owned or operated as an individual	proprietorship, pro	wide the following information	1:
Ow	mer(s) of Facility	<u> </u>	
	.,		

General Information and Questionnaire Related Parties*

Name of Facility Harbor Hill Care Center	Inc. d/b/a Water's Edge Center	License	e No. 2097-C		Report for Year Ended 9/30/2017		Page 4	of 37
	nie. a ora water o Euge Center		2077 0		<u></u>		•	57
	ving compensation from the fac	•		ough		If "Yes," provide the Name/Address and		
marriage, ability to control	ol, ownership, family or busines	s assoc	iation?	0	Yes O No	complete the inform	nation on Pag	ge 11 of the report.
A · 1· · 1 1								
	mpanies which provide goods of							
u 1	operty or the loaning of funds to sociation, common ownership, o			ecc	⊙ Yes ⊖ No			
	owners, operators, or officials o			035		If "Yes," provide the	e following	information.
	owners, operators, or ornerals o	i uno iu	ennty .				c lollowing	information.
		Als	so Provi	des		Indicate Where		
		Good	ls/Servie	ces to		Costs are Included		
Name of Related	Business		Related I		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
See attachment.		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

* Use additional sheets if necessary.

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

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General Information and Questionnaire Related Parties*

Name of Facility Harbor Hill Care Center, In	c. d/b/a Water's Edge Center for Health & Rehabilitation	License 2097-C			Report for Year Ended 9/30/2017			Page 4	of 37
5	ving compensation from the facility related through ol, ownership, family or business association?				Yes I No		provide the Name/ the information on		e report.
Are any individuals or co	mpanies which provide goods or services,								
related through family ass	operty or the loaning of funds to this facility, sociation, common ownership, control, or business owners, operators, or officials of this facility?				✓ Yes 🗌 No	If "Yes," pr	ovide the following	information:	
Name of Related Individual or Company	Business Address	Good	so Provi Is/Servi Related No	ces to	Description of Goods/Services Provided	Included	Where Costs are in Annual Report e # / Line #	Cost Reported	Actual Cost to the Related Party
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	7		37%	PT,OT,ST Services/Consulting	13	5a,9a,10a,12	952,881	941,303
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	~		82%	Radiology	20	5f	17,693	16,339
National Ĥealth Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109		~		Health Insurance Trust***	15	1a5	907,121	907,121
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581		7		Banking Transactions	16	13	13,331	13,331
Middletown Realty	111 Church Street, Middletown, CT 06547		7		Rent	22	9	480,000	480,000
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581		7		Shared Expenses	16	12	631,063	631,063
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109		7		Shared Expenses	16	12	2,176	2,176
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581		I		Shared Expenses	16	12	11,956	11,956
VK Newburyport, LLC Maple View Center for Health	180 Low St, Newburyport MA 01950		7		Shared Expenses	16	12	297	297
& Rehabilitation	856 Maple Street, Rocky Hill, CT 06067		~		Shared Employee: Social Services	13	B6	41,598	41,598
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	7		92%	Drugs/OTC's/Supplies/Consult/Supplies/Fees	20/13	5a2,b,j/B3,12	375,763	336,103
Procare LTC Pharmacy of MA * Use additional sheets	155 Northboro Rd STE 4 Southborough MA 01772	7		92%	Drugs	20	5a2	6,316	5,649

* 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.

Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

Name of Facility Harbor Hill Care Center, In	c. d/b/a Water's Edge Center for Health & Rehabilitation	License 2097-C			Report for Year Ended 9/30/2017			Page 4	of 37
	ving compensation from the facility related through ol, ownership, family or business association?				□ Yes ☑ No	· •	rovide the Name/ he information on		e report.
including the rental of pro related through family ass	mpanies which provide goods or services, operty or the loaning of funds to this facility, sociation, common ownership, control, or business owners, operators, or officials of this facility?				☑ Yes 🗌 No	If "Yes," pro	ovide the following	information:	
Name of Related Individual or Company	Business Address	Good	so Provi ls/Servi Related No	ces to	Description of Goods/Services Provided	Included in	Where Costs are n Annual Report e # / Line #	Cost Reported	Actual Cost to the Related Party
Riverside Health Care Center, Inc.	745 Main St., East Hartford, CT 06108		7		Due from Related	31	A8	430,340	430,340
Cold Spring Hills Center for Nursing & Rehabilitation	378 Syosset-Woodbury Rd, Woodbury, NY 11797		7		Due from Related	31	A8	82,557	82,557
Marlborough Health Care Center, Inc.	85 Stage Harbor Rd., Marlborough, CT 06447		~		Due from Related	31	A8	3,010	3,010
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109		7		Accounts payable	33	Al	711,733	711,733
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	~		37%	Due to Related	33	A12	87,091	87,091
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	7		82%	Due to Related	33	A12	9,621	9,621
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581		\checkmark		Due to Related	33	A12	29,330	29,330
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581		7		Due to Related (Debt)	33	A12	149,563	149,563
Maple View Center for Health & Rehabilitation	856 Maple Street, Rocky Hill, CT 06067		~		Due to Related	33	A12	21,012	21,012
	1492 Highland Ave Cheshire CT 06410	7		92%	Due to Related	33	A12	229,194	229,194
Procare LTC Pharmacy of MA * Use additional sheets	155 Northboro Rd STE 4 Southborough MA 01772	7		92%	Due to Related	33	A12	2,409	2,409

* 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	License No.		Report for Year Ended	Page	of				
Harbor Hill Care Center, Inc. d/b/a Water's Edge	2097-C		9/30/2017	5	37				
If the facility is licensed as CDH and/or RCH or p	provides AII	OS or TBI s	services with special Medicaid ra	ites, costs	3				
must be allocated to CCNH and RHNS as follows			I.	,					
Item			Method of Allocation						
Dietary		Number of meals served to residents							
Laundry		Number of pounds processed							
Housekeeping		Number of	f square feet serviced						
		Number of hours of routine care provided by EACH							
Nursing			classification, i.e., Director (or C	•					
		•	Nurses, Licensed Practical Nurs	ses, Aides	s and				
		Attendants	3						
Direct Resident Care Consultants			f hours of resident care provided	by EACH	Н				
		-	(See listing page 13)						
Maintenance and operation of plant		Square fee							
Property costs (depreciation)		Square fee							
Employee health and welfare		Gross sala							
Management services		Appropriate cost center involved							
All other General Administrative expenses			irect and Allocated Costs						
The preparer of this report must answer the follow	ving question	ns applicat							
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	allocatio	on was not				
costs allocated as required?	0 100	• 110	made.						
			2						
2. Explain the allocation of related company exp		A 4							
Shared expenses, allocated by bed size or geograp	ohic territory	. See page	17 attachment.						
2. Did the Feedlite energy with he allegets and call	. dia 11 die		line at a casta ta man munina li ama						
3. Did the Facility appropriately allocate and self			÷	cost cent	ers?				
(e.g., Assisted Living, Home Health, Outpatier	it services, <i>I</i>	Adult Day							
	O Yes	• No	If "No," explain fully why such	allocatio	on was not				
N 7 (A			made.						
N/A									

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General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	ear Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's	Edge Cer	nter for	2097-С	9/30/2017			6	37
	Relate	ed * to						
		ners,						
	-	ators,				Annual		
	Officers Jame and Address of Lessor Yes No			Date of	Term of	Amount	Amo	
Reliable - 2610 Nostrand Ave Brooklyn, NY 11210			Description of Items Leased Computer Equipment	Lease**	Lease	of Lease	Clair	nea
Kenable - 2010 Nostrand Ave Brooklyn, N1 11210	0	\odot	computer Equipment	10/01/05	60 months	5,346	5,346	
Wescom Solutions	0	۲	Software	03/07/12	Ongoing	25,268	25,268	
Leaf -1720A Crete Street, Moberly, MO 65270	0	۲	Copier	01/21/15	39 months	1,973	1,973	
De Lage Landen Financial Svces, Inc1111 Old Eagle School Road Wayne, PA 19087-8608	0	۲	Copier	10/14/14	39 months	709	709	
De Lage Landen Financial Svces, Inc1111 Old Eagle School Road Wayne, PA 19087-8608	0	۲	Copiers	01/01/15	39 months	5,557	5,557	
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for All L	eased Ve	hicles ?	O Yes	; O	No	Total ***	38,853	

* 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 FacilityLicense NHarbor Hill Care Center, Inc. d/b/a20	No.Report for Year Ended097-C9/30/2017	Page of 7 37
	ered by this report were maintained on the following basis:	1 31
The records of this facility for the period cove	sted by this report were maintained on the following basis.	
• Accrual O Cash O Modified	Cash	
Is the accounting basis for this		
period the same as for the \odot Yes	If "No," explain.	
previous period? O No		
Independent Accounting Firm		
Name of Accounting Firm	Address (No. & Street, City, State, Zip C	
1 Blum Shapiro	2 Enterprise Drive, Shelton, CT 064	84
23		
5		
Services Provided by This Firm (<i>describe full</i>	(h)	
· · · ·		
1 Compilation, preparation of Medicare and Medica	id cost reports, and year end tax services	\$ 24,130
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$ 24,130
	of This Report? If Yes, Specify Expense Classification and Line No.	
• Yes O No Page 15, 1	line 1 d	
Legal Services Information		
Name of Legal Firm or Independent Attorney		Telephone Number
1 Goldman Gruder & Wood		(203)-899-8900
2 Berchem & Moses, P.C.3 Treasurer State of Connecticut		(203)-783-1200
4 State Marshall		
5		
Address (No. & Street, City, State, Zip Code)		
1 200 Connecticut Avenue, Norwalk, CT 0		
2 75 Broad Street Milford, CT 06460		
3 Hartford, CT 06106		
4		
5		
Services Provided by This Firm (describe full	ý)	
1 Collections - Disallowed		\$ 2,183
2 Labor		\$ 4,375
3 Conservator - Disallowed		\$ 675
5 Combervator Distance va		
4 Conservator - Disallowed		
4 Conservator - Disallowed		\$ 225
4 Conservator - Disallowed 5		\$ 225 \$
		\$ 225 \$ Charge for Services Provided
5	of This Dapart? If Vac. Spacify Expanse Classification and Line No.	\$ 225 \$
5	n of This Report? If Yes, Specify Expense Classification and Line No.	\$ 225 \$ Charge for Services Provided

Schedule of Resident Statistics

Name of Facility							Report fo	or Year Ende	ed		Page	of	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cen	nter for He	ealth & Re	20	97-С			9/30/201	7			8	37	
						Period 10/	/1 Thru 6/	30		Period 7/	17/1 Thru 9/30		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
 Certified Bed Capacity A. On last day of PREVIOUS report period 	150	150			150	150			150	150			
B. On last day of THIS report period 2. Number of Residents	150	150			150	150			150	150			
A. As of midnight of PREVIOUS report period	128	128			128	128			120	120			
B. As of midnight of THIS report period	125	125			120	120			125	125			
 Total Number of Days Care Provided During Period A. Medicare 	5,580	5,580			4,493	4,493			1.087	1.087			
B. Medicaid (Conn.)	37,271	37,271			27,896	27,896			9,375	9,375			
C. Medicaid (other states)													
D. Private Pay	2,243	2,243			1,704	1,704			539	539			
E. State SSI for RCH													
F. Other (Specify) Managed Care	776	776			485	485			291	291			
G. Total Care Days During Period (3A thru F)	45,870	45,870			34,578	34,578			11,292	11,292			
 Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days 													
B. Other Bed Reserve Days	12	12			3	3			9	9			
5. Total Resident Days (3G + 4A + 4B)	45,882	45,882			34,581	34,581			11,301	11,301			

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			Scl	hed	ule of	Re	sider	nt S	tatis	tics (C	Cont'd))		
Name of Faci	lity			Licer	ise No.				Report	for Year	Ended		Page	of
	-	ter, Inc.	d/b/a Water's Ed	20)97-C					9/30/201			9	37
		,												
4. Were th	ere any o	changes	in the certified b	ed cap	bacity du	ring th	ne repoi	rt yeai	?	0	Yes	\odot	No	
If "YES	". provid	e the fol	llowing informat	ion:			_							
	, p==		f Change		Cl	nange	in Bed	c		Ca	pacity Afte	er Change		
Data of	CONU	RHNS	(Specify)			lunge		Gaine	1	Cu	puolity Till	a chunge		
Date of	CUNH	KHNS	(Specify)		Lost		(Jaine	1					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Passon f	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(5)	COM	KIINS	(Speeny)	Reason 1	or change
	•		•							•				
	-	-	in certified bed c	<u> </u>		the re	port ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
RESID	ENT DA	YS for 9	90 days followin	g the c	change.									
			Change in R	esiden	t Days					CC	CNH	RHNS	(Spe	ecify)
1st chan														
2nd char														
3rd char														
4th change														
6. Number of Residents and Rates on September 30 of Cost Year Medicare Medicaid Self-Pay Other State Assisted														
			Medicare		Medi	caid				Se	elf-Pay		Other Sta	te Assisted
	_													
	Item		CCNH	C	CNH		HNS	CC	CNH		INS	(Specify)	R.C.H.	ICF-MR
	Residents		14		94				17	1				
Per Dier a. One			DDC		245.02				462/470					
-	bed rms		PPS PPS		245.83 245.83				462/479 445/462					
	e or more		115		243.85				445/402					
bed		6	PPS											
beu	11115.		PPS											
7 Total N	umber of	Physic	al Therapy Treat	ments						то	TAL	CCNH	RHNS	(Specify)
	. Medica			mento							7,057	7,057	Iunto	(Speeny)
			lusive of Part B)								,,	.,		
			e Treatments											
	2. Res	torative	Treatments								947	947		
	. Other										15,582	15,582		
			Therapy Treatm								23,586	23,586		
			Therapy Treatm	ents										
	. Medica										1,114	1,114		
В			lusive of Part B)											
1. Maintenance Treatments 2. Restorative Treatments											176	174		
C. Other											176	176		
		neech 7	Therany Treature	onte							1,357 2,647	1,357 2,647		
D. Total Speech Therapy Treatments 9. Total Number of Occupational Therapy Treatments											2,047	2,047		
A. Medicare - Part B											5,739	5,739		
B	Medica	id (Exc	lusive of Part B)								5,157			
			e Treatments											
			Treatments								988	988		
	. Other										16,194	16,194		
D	. Total (Dccupat	ional Therapy T	reatm	ents						22,921	22,921		

State of Connecticut 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		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H	Не 2097-С		9/30/2017		10	37
Are time records maintained by all individuals receiving com	pensation?	\odot	Yes	0	No	
			Total Cost a	nd Hours	1	n
¥.	CONT		DIDIG		(0,;6-)	
Item A. Salaries and Wages*	CCNH	Hours	RHNS	Hours	(Specify)	Hours
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)	39,912	58				
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	117,967	2,120				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1) 4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	184,290	9,656				
5. Dietary Service		,,				
a. Head Dietitian	47,734	1,325				
b. Food Service Supervisor	59,276	2,504				
c. Dietary Workers 6. Housekeeping Service	474,422	29,400				
a. Head Housekeeper	28,993	976				
b. Other Housekeeping Workers	360,133	23,696				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	36,175	1,104				
b. Other Maintenance Workers 8. Laundry Service	79,264	3,926				
a. Supervisor						
b. Other Laundry Workers	22,678	1,263				
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	189,296	4,008				
b. RN						
1. Direct Care 2. Administrative**	591,157 242,874	14,956 6,309				
c. LPN	242,874	0,309				
1. Direct Care	1,289,065	46,349				
2. Administrative**						
d. Aides and Attendants	2,135,154	135,303				
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	174,588	9,281				
i. Physicians						
1. Medical Director						
2. Utilization Review 3. Resident Care***	+					
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
I. Podiatrists m. Social Workers/Case Management	147,223	5,893				
n. Marketing	35,096	1,040				
o. Other (Specify)		,				
See Attached Schedule		0 00 +				
A-13. Total Salary Expenditures	6,255,297	299,167	ļ	<u> </u>		

* 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.

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation 9/30/2017

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	NS			
Position	\$	Hours	\$	Hours	\$	Hours	
Total	\$ -	_	\$ -	-	\$ -	_	
10(a)	φ -	-	φ -	-	φ	-	

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
Consulting Fees - Nursing	\$ 15,913	Disallowed				
Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 28,262	Disallowed				
Total	\$ 44,175	Disallowed	\$ -		\$ -	-

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility License No. Report for Year Ended										
-						_	Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a V	Vater's Edge			2097-C	1	9/30/2017	1		11	37
Name	ССИН	Salary Paic	(Specify)	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
Section I - Operators/Owners										
Marvin J. Ostreicher. 184 Wilacre Ave, Lawrence, NY 11559	39,912			Same as employees	Supervises operations, deals with DNS & financial management	58	A1	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.

MARVIN J. OSTREICHER - OWNER TIME STUDY YEAR END SEPTEMBER 30, 2017

Name	Beds	Total w/ Bnft
Augusta	72	53.82
Belair	102	52.61
Bethel	161	76.49
Bloomfield	120	55.03
Brattleboro	80	58.96
Brentwood	78	36.58
Brewer	111	67.73
Bristol	132	64.40
Cambridge	160	45.65
Catskill	136	51.40
Cold Spring Hills	-	-
Colony	92	44.44
Country	111	43.24
Dover	112	61.98
Eastside	69	48.07
Eliot	114	68.33
Glen Falls	120	48.68
Hudson	-	-
Huntington	320	54.42
Kennebunk	78	55.63
Hebrew Home	257	60.77
Ludlowe	144	65.00
Maple View	120	59.26
Marlborough	120	60.47
Maywood	120	47.47
Milford	120	52.00
Newton Wellseley	110	54.42
Norway	70	53.51
Poughkeepsie	200	63.19
Regency	130	48.68
Reservoir	144	53.51
Riverside	345	50.19
Ross	135	-
Rutland	125	55.93
Sachem	111	59.56
Sands Point	180	67.42
Utica	117	54.42
Village Crest	95	48.38
Water's Edge	150	57.75
Westgate	104	52.00
Winship	72	51.10
Total	5,137	2,102.50

Vacation Sick Personal Holiday

Total Hours

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Harbor Hill Care Center, Inc. d/b/a	Water's Ed	ge Center f	or Health & I	2097-С		9/30/2017	/30/2017			37
		Salary Pai	d	Fringe Benefits						
N	CCNH	RHNS	(Specify)	and/or Other Payments	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Name	CUNH	кпиз	(Specify)	(describe fully)	Services Relidered	worked	Page 10		worked	Received
Section III - Administrators***										
Andrew Krochko (10/1/16- 10/14/16)	5,192			Same as employees	Management and supervision of a healthcare facility	80	A2			
Jonah Kraus (10/14/16-9/30/17) -	112,775			Same as	Management and supervision of a					
Disallow Overlap	112,775			employees	healthcare facility	2,040	AZ			
Section IV - Assistant Administrators										

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

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

Report for Year Ended Name of Facility License No. Page of Harbor Hill Care Center, Inc. d/b/a Water's Edge Ce 2097-C 9/30/2017 13 37 Total Cost and Hours CCNH RHNS Item Hours 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 4.051 116 2. Dentist 9,168 Disallowed 3. Pharmacist 15,545 Disallowed Podiatrist 4. 5. Physical Therapy a. Resident Care 412,068 7,052 b. Other 6. Social Worker 41.598 860 Recreation Worker 7. 8. Physicians a. Medical Director (entire facility) 114,100 887 b. Utilization Review (Title 18 and 19 only) monthly meeting 100 1 c. Resident Care** 25,618 Disallowed 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 109.021 1,584 b. Other 10. Occupational Therapist a. Resident Care 404,610 7.305 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 44,175 Disallowed **B-13** Total Fees Paid in Lieu of Salaries 1,180,054 17,805

B. Report of Expenditures - Professional Fees

* 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		Year Ended	Page	of	
Harbor Hill Care Center, Inc. d/b/a Water's	s Edge Center 2097-C		9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service		* to Owners, rs, Officers No	, Explanation of Relati		Relationship
Jane Querdo - 177 Lexington Rd, Glastonbury, CT 06033	Dietician	0	•			
Gerident Solutions - PO Box 290539, Wethersfield CT, 06129	Dental Fees	0	۲			
Procare LTC Pharmacy of CT - 111 Executive Blvd, Farmingdale NY, 11735	Consulting - Pharmacy / Nursing	۲	0	Common Own	ership	
Preferred Therapy Solutions - 850 Silas Deane Hwy, Wethersfield, CT 16109	PT, OT, ST, Rehab Consulting Services	۲	0	Common Own	ership	
Mapleview Manor - 856 Maple Street, Rocky Hill, CT 06067	Consulting - Social Services	۲	0	Affiliated entit	y	
Larry Levine, MD - 80 David Rd, Durham, CT 06422	Medical Director	0	۲			
EKB LLC - 328 Commonwealth Avenue, New Britain, CT, 06043	Medical Director	0	۲			
Starling Physicians - 1260 Silas Deane Highway Westersfield CT 06109	Medical Director	0	۲			
Prakash Huded, MD - 78 Marlborough St, Portland, CT 06480	Medical Director, Utilization Review	0	۲			
Swallowing Diagnostics - P.O. Box 484 Avon, CT 06001	ST	0	۲			
Middlesex Multispecialty Group - 80 South Main Street 2nd & 3rd Floor Middleton CT 06457	Resident Care	0	۲			
Orthopedic Associates of Middleton - 512 Saybrook Road Suite 100 Middleton , CT 06457	Resident Care	0	۲			
JM Medical Consulting LLC - 43 Westmont, Avon .CT 06001	Resident Care	0	۲			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

* 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 Ye	ear Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge 2097-C		9/30/2017		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	230,643	230,643		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	113,593	113,593		
4. Social Security (F.I.C.A.)	\$	468,640	468,640		
5. Health Insurance	\$	907,468	907,468		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	15,627	15,627		
(not-owners and not-operators)					
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	\$	24,130	24,130		
e. Legal (Services should be fully described on Page 7)	\$	11,833	11,833		
f. Insurance on Lives of Owners and	\$				
Operators (<i>Specify</i>)*					
g. Office Supplies	\$	24,630	24,630		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	38,331	38,331		
2. Cellular Phones	\$	2,478	2,478		
i. Appraisal (Specify purpose and	\$				
attach copy)*					
j. Corporation Business Taxes (<i>franchise tax</i>)	\$	9	9		
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>)	\$				
See Attached Schedule	Ŷ				
3. Resident Day User Fee	\$	847,147	847,147		
Subtotal	\$	2,684,529	2,684,529		

* 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

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation Attachment Page 15 9/30/2017

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility License No.		Report for Y	ear Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cent 2097-C	2	9/30/2017		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought F	orward:	2,684,529	2,684,529		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	3,946	3,946		
3. Gifts to Staff and Residents	\$	32,226	32,226		
4. Employee Travel	\$	1,531	1,531		
5. Education Expenses Related to Seminars and Conventions	s \$	3,433	3,433		
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 (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	38,337	38,337		
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	\$	5,024	5,024		
* 8. Dues and Membership Fees to Professional	\$	10,614	10,614		
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org. ³	*** \$	616	616		
9. Subscriptions	\$	5,891	5,891		
10. Contributions***	\$	(222)	(222)		
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$				
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	633,369	633,369		
13. Other (<i>Specify</i>)	\$	135,611	135,611		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,554,905	3,554,905		

* 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.

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation 9/30/2017

Attachment Page 16

Schedule of Other Travel and Entertainment

Image: Constraint of the second se	NS	(Specify)
Image: Constraint of the second sec		
Total Other Travel and Entertainment \$ - \$	-	\$ -

Schedule of Other Advertising

Description	С	CNH	RI	HNS	(Specif	fy)
Advertising Promotional - Marketing - Disallowed	\$	15,227				
Advertising Promotional - Administration - Disallowed	\$	23,110				
Total Other Advertising	\$	38,337	\$	-	\$	-

Schedule of Dues

Description	CCNH	RI	HNS	(Speci	fy)
CAHCF	\$ 10,174				
CACHCF	\$ 350				
Sam's Club - Disallowed	\$ 90				
Total Dues	\$ 10,614	\$	-	\$	-

Schedule of Contributions

Description	CCNH	I	RHNS	(S	pecify)
Political Contributions-Administration - Disallowed	\$ (250)				
Donations - Disallowed	\$ 28				
Total Contributions	\$ (222)	\$	-	\$	-

Schedule of Other Administrative and General

Description	CCNH	RH	NS	(Speci	fy)
Consulting Fees - Fiscal operations	\$ 5,938				
Consulting Fees - Administration - Disallowed via management fee	\$ 12,123				
Bank Charges - Administration - Disallowed	\$ 27,796				
IT Services-Administration	\$ 43,140				
Purchased Services - Fiscal Operations	\$ 27,975				
Purchased Services - Security	\$ 3,969				
Licenses and Permits - Administration	\$ 480				
Background Check - Administration	\$ 8,016				
Miscellaneous Expense - Disallowed	\$ 6,174				
Total Other Administrative and General	\$ 135,611	\$	-	\$	-

Name of Facility	License No.	Report for Year Ended	Page of
Harbor Hill Care Center, Inc. d/b/a Water'		9/30/2017	$17 \mid 37$
			·
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
National Healthcare Associates, Inc.	633,369	See attached	page 16, line M12

Schedule C-1 - Management Services*

* 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: 10/1/2016 End Date: 9/30/2017		0101 Bloomfield	0102 Bristol	0103 Cambridge	0104 Ludlowe	0105 Maple View	0106 Marlborough	0107 Milford	0108 New Milford	0109 Regency	0110 Riverside	0112 Water's Edge	0113 Bethel Health and	0114 HEBREW HOME
300001-0000-00-000-0	TROY Shared Cost	(3,082.11)	(3,390.21)	(4,109.29)	(3,698.60)	Manor (3,082.11)	(3,082.11)	(3,082.11)	(2,439.75)	(3,338.75)	(8,861.25)	(3,852.66)	Rehabilitation Center (5,214.41)	(4,920.43)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt	(3,082.11) (230.77)	(3,390.21) (253.85)	(4,109.29)	(3,698.60) (276.93)	(3,082.11) (230.77)	(3,082.11) (230.77)	(3,082.11) (230.77)	(2,439.75)	(3,338.75) (249.96)	(8,861.25)	(3,852.66) (288.48)	(5,214.41) (390.42)	(4,920.43)
400000-0000-00-000-0	Salary-National Healthcare Management	315,626.39	347,189.87	416,571.18	378,754.68	315,626.39	315,626.39	315,626.39	251,580.28	344,284.39	907,444.85	394,532.95	539,945.39	510,738.73
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Ope	20,604.17	22,664.72	27,084.42	24,725.44	20,604.17	20,604.17	20,604.17	16,511.41	22,595.70	59,238.55	25,755.42	35,585.87	35,056.66
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper	91.21	100.31	120.44	109.45	91.21	91.21	91.21	72.19	98.81	262.25	114.01	156.06	184.12
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Oper-	1,334.59	1,468.09	1,754.79	1,601.56	1,334.59	1,334.59	1,334.59	1,055.97	1,445.10	3,837.06	1,668.31	2,274.74	2,740.85
401201-0000-00-000-0	SUI - NY-National Healthcare Management NY MTA Tax-Nat. Momt	(102.24) 596.40	(112.46) 656.05	(136.33) 779.98	(122.72) 715.79	(102.24) 596.40	(102.24) 596.40	(102.24) 596.40	(80.96) 480.35	(110.78) 657.42	(293.99)	(127.83) 745.53	(172.98)	(109.49) 964.66
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op	33,107.00	36,417.24	44,141.92	39,730.92	33,107.00	33,107.00	33,107.00	26,207.09	35,864.31	95,186.98	41,386.05	56,027.91	57,068.30
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op-	2,355.62	2,591.29	3,140.82	2,826.94	2,355.62	2,355.62	2,355.62	1,864.50	2,551.68	6,772.78	2,944.77	3,985.43	5,044.92
401500-0000-04-000-0	Medical Benefits-National Healthcare-Fiscal Op	(7.67)	(8.44)	(10.23)	(9.20)	(7.67)	(7.67)	(7.67)	(6.07)	(8.31)	(22.05)	(9.59)	(12.98)	(16.43)
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op	(91.06)	(100.12)	(121.39)	(109.29)	(91.06)	(91.06)	(91.06)	(72.05)	(98.64)	(261.82)	(113.84)	(154.04)	(133.07)
401700-0000-04-000-0	Pension-National Healthcare Manageme-Fiscal Op	6,418.84	7,060.44	8,558.00	7,702.73	6,418.84	6,418.84	6,418.84	5,081.06	6,953.32	18,454.51	8,023.53	10,859.59	10,007.07
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op Holiday Expense-National Healthcare -Fiscal Op	708.47	779.27	944.60 142.46	850.19 128.21	708.47	708.47	708.47 106.86	560.82 84.59	767.42	2,036.84 307.20	885.57 133.55	1,198.07	1,118.67 74.55
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op	2,856.68	3,142.36	3,808.96	3,428.12	2,856.68	2,856.68	2,856.68	2,261.43	3,094.65	8,213.37	3,570.94	4,791.09	5,014.89
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan	10.69	11.75	14.25	12.82	10.69	10.69	10.69	8.47	11.60	30.73	13.35	18.09	0.70
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep	22.52	24.76	30.00	27.01	22.52	22.52	22.52	17.84	24.36	64.72	28.15	40.42	42.47
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Ope	27.76	30.52	37.01	33.33	27.76	27.76	27.76	21.96	30.08	79.83	34.69	46.97	35.88
431000-0000-03-000-0	Consulting Fees-National Healthcare -Administr	18.03	19.84	24.04	21.64	18.03	18.03	18.03	14.27	19.53	51.84	22.54	30.51	38.62
431000-0000-04-000-0 432000-0000-03-000-0	Consulting Fees-National Healthcare -Fiscal Op Accounting Fees-National Healthcare -Administr	8,620.19 541.16	9,481.77 595.30	11,493.28 721.49	10,344.69 649.41	8,620.19 541.16	8,620.19 541.16	8,620.19 541.16	6,823.93 428.36	9,338.21 586.30	24,783.91 1,555.96	10,775.60 676.47	14,401.14 915.53	12,800.60 749.23
433000-0000-03-000-0	Legal Fees-National Healthcare Manag-Administr	8,472.34	9,319.49	11,296.21	10,167.38	8,472.34	8,472.34	8,472.34	6,706.49	9,177.86	24,359.05	10,590.96	14,331.19	14,974.30
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr -	11,050.58	12,155.52	14,733.60	13,261.53	11,050.58	11,050.58	11,050.58	8,747.49	11,970.89	31,771.33	13,813.66	18,696.03	18,753.34
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan	4,060.58	4,466.78	5,414.06	4,872.98	4,060.58	4,060.58	4,060.58	3,214.16	4,398.65	11,674.64	5,076.06	6,869.97	7,797.89
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep	1,489.60	1,638.50	1,986.19	1,787.73	1,489.60	1,489.60	1,489.60	1,179.29	1,613.64	4,282.82	1,862.18	2,520.33	2,368.28
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security	3.49	3.83	4.65	4.18	3.49	3.49	3.49	2.76	3.78	10.03	4.36	5.90	7.47
440001-0000-08-000-0 441000-0000-03-000-0	Ground Services-Nat. MgmtMaintenance	18.25	20.07	24.33	21.89	18.25	18.25	18.25	14.42	19.77	52.43	22.81	30.84	27.68
441000-0000-03-000-0	Computer Expense-National Healthcare-Administr Pest Control-Nat. Momt -Maintenance	12,976.69	14,274.04	17,301.36	15,572.95	12,976.69	12,976.69	12,976.69	10,272.48	14,057.75	37,308.86	16,221.30	21,685.61	18,439.19
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op	2.879.22	3.166.92	3.838.70	3.455.18	2.879.22	2.879.22	2.879.22	2.279.21	3.119.01	8.277.99	3.599.21	4,871,10	4.482.71
461000-0000-03-000-0	Telephone-National Healthcare Manage-Administr-	3,831.96	4,215.02	5,109.25	4,598.59	3,831.96	3,831.96	3,831.96	3,033.57	4,151.25	11,017.47	4,790.27	6,483.10	5,691.40
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr	1,779.85	1,957.75	2,373.00	2,135.85	1,779.85	1,779.85	1,779.85	1,408.86	1,928.03	5,117.10	2,224.80	3,004.55	2,866.05
462000-0000-25-000-0	Electric-National Healthcare Manageme-Property	2,842.62	3,126.81	3,790.05	3,411.30	2,842.62	2,842.62	2,842.62	2,250.29	3,079.44	8,172.84	3,553.35	4,809.26	4,075.05
463000-0000-25-000-0	Gas-National Healthcare Management-Property-	286.27	314.91	381.68	343.56	286.27	286.27	286.27	226.63 99.25	310.10 135.83	823.08 360.51	357.86	484.34	512.52 197.85
466000-0000-25-000-0	Water-National Healthcare Management-Property Rent-National Healthcare Management-Property	11.904.14	137.94	15,871,29	14.285.51	125.39	125.39	125.39	99.25	12.896.53	34,225.14	14.880.11	212.16 20,139.49	12,476.79
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op	1.061.56	1,167,79	1.415.52	1.273.89	1.061.56	1.061.56	1.061.56	840.35	1,150.01	3,052.09	1,326.90	1.795.85	2,207.16
473000-0000-25-000-0	Real Estate Taxes-National Healthcar-Fiscal Op	3,443.49	3,788.25	4,591.57	4,132.72	3,443.49	3,443.49	3,443.49	2,725.32	3,729.98	9,900.97	4,305.09	5,826.20	9,261.26
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op	2,516.86	2,768.45	3,355.70	3,020.36	2,516.86	2,516.86	2,516.86	1,992.36	2,726.52	7,236.24	3,146.16	4,258.13	3,941.29
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op	11,227.34	12,349.82	14,969.42	13,473.47	11,227.34	11,227.34	11,227.34	8,887.35	12,162.26	32,279.85	14,034.76	18,994.98	19,585.47
491000-0000-03-000-0	Dues and Subscriptions-National Heal-Administr-	923.05	1,015.35	1,230.71	1,107.72	923.05	923.05	923.05	730.65	999.93	2,653.89	1,153.87	1,561.71	1,636.89
500000-0000-03-000-0 501000-0000-03-000-0	Licenses and Permits-National Health-Administr Advertising Employment-National Heal-Administr	581.40 5,904.90	639.59	775.21	697.74 7.085.66	581.40 5,904.90	581.40 5.904.90	581.40 5.904.90	460.20 4,674.72	629.82 6.396.87	1,671.67 16,976.31	726.81	983.64 9.989.70	1,079.59
501100-0000-03-000-0	Advertising Promotional-National Hea-Administr	6.751.42	7,426,73	9.002.04	8,102.13	6.751.42	6,751.42	6,751.42	5,344.56	7.313.87	19,411,29	8,439,87	11.380.63	10,816.81
503000-0000-03-000-0	Interest-National Healthcare Managem-Administr	2,273.15	2,500.56	3,030.81	2,728.05	2,273.15	2,273.15	2,273.15	1,799.44	2,462.54	6,535.70	2,841.61	3,846.98	3,787.91
503500-0000-03-000-0	Penalties-National Healthcare Manage-Administr													
503600-0000-03-000-0	Bank Charges-Nat. MgmtAdministration	1,390.29	1,529.34	1,853.69	1,668.44	1,390.29	1,390.29	1,390.29	1,100.51	1,506.09	3,997.26	1,737.92	2,352.16	2,304.72
504000-0000-03-000-0 509000-0000-03-000-0	Postage-National Healthcare Manageme-Administr Seminars-National Healthcare Managem-Administr	1,028.24	1,131.09 638.51	1,370.92 773.95	1,233.97 696.66	1,028.24 580.46	1,028.24 580.46	1,028.24 580.46	813.92 459.55	1,113.82 628.81	2,956.35 1,668.93	1,285.36 725.66	1,739.60 981.20	1,917.74 904.13
509000-0000-03-000-0 510000-0000-03-000-0	Seminars-National Healthcare Managem-Administr Liability Insurance-National Healthc-Administr	580.46	638.51	2.963.43	696.66 2.667.30	2.222.62	2.222.62	2.222.62	459.55	628.81 2.407.73	1,668.93	2,778.40	981.20	904.13 3,648.18
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr-	1,464.24	1,610.68	1,952.30	1,757.20	1,464.24	1,464.24	1,464.24	1,159.11	1,586.22	4,209.98	1,830.43	2,477.33	2,517.47
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administr	1,199.48	1,319.43	1,599.27	1,439.48	1,199.48	1,199.48	1,199.48	949.48	1,299.36	3,448.64	1,499.41	2,029.36	2,047.90
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administr	67.24	73.99	89.66	80.71	67.24	67.24	67.24	53.23	72.86	193.35	84.07	113.74	125.48
517000-0000-03-000-0	Wor`kmans Comp Insurance-National	1,245.82	1,370.25	1,660.94	1,494.91	1,245.82	1,245.82	1,245.82	986.23	1,349.58	3,581.65	1,557.19	2,107.67	1,318.23
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administr-	1,940.32	2,134.10	2,586.87	2,328.27	1,940.32	1,940.32	1,940.32	1,536.21	2,102.07	5,578.30	2,425.16	3,282.49	1,300.95
520100-0000-03-000-0 521000-0000-00-000-0	Auto Lease Expense-National Healthca-Administr Travel Expense-Nat. Mgmt	3,326.39	3,658.73 12.14	4,434.78 14.72	3,991.57 13.24	3,326.39	3,326.39 11.04	3,326.39 11.04	2,633.34 8.74	3,603.08 11.95	9,563.31 31.74	4,157.82 13.79	5,641.63 18.67	4,606.91 23.63
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administr	7,274.81	8,002.45	9,699.71	8,730.06	7,274.81	7,274.81	7,274.81	5,758.52	7,880.71	20,915.97	9,093.90	12,267.84	12,259.94
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administr	6,265.22	6,891.68	8,353.42	7,518.61	6,265.22	6,265.22	6,265.22	4,959.41	6,786.92	18,013.18	7,831.80	10,599.82	10,784.74
541000-0000-03-000-0	Misc. Expense-Nat. MgmtAdministration	117.75	129.52	157.02	141.31	117.75	117.75	117.75	93.18	127.51	338.47	147.19	199.22	370.50
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp	(973.14)	(1,070.55)	(1,297.65)	(1,167.88)	(973.14)	(973.14)	(973.14)	(770.27)	(1,054.09)	(2,798.09)	(1,216.71)	(1,643.72)	(2,586.93)
541001-0000-03-000-0 542000-0000-31-000-0	Political Contributions-Nat. MgmtAdministrat	12.21	13.43 186.94	16.28 226.59	14.65 203.94	12.21	12.21 169.94	12.21 169.94	9.67 134.52	13.23 184.10	35.10 488.59	15.26	20.65	13.07 233.36
542000-0000-31-000-0 544000-0000-25-000-0	Corporate Tax - State-National Healt-Misc. Exp Sales Tax - ConnNational Healthcar-Fiscal Op	169.94	7,216.97	226.59 8,747.91	7,873.27	169.94	169.94	169.94	134.52 5,194.14	7,108.03	488.59 18,862.83	8,201.33	287.51 11,099.29	233.36
	Misc. variance	(2,449.44)	(3,807.40)	(2,941.05)	(4,154.98)	(2,449.44)	(2,449.44)	(2,449.44)	(3,092.88)	(7,341.25)		(4,327.62)	(8,341.42)	2,407.09
Total														
		510,838.54	568,023.13	685,491.35	619,677.59	510,838.54	510,838.54	510,838.54	410,359.93	558,462.11	1,494,604.24	645,491.34	877,341.62	838,892.50
	Page 16 line M12	502,649.00	560,296.00	672,061.00	607,612.00	501,141.00	503,724.00	500,784.00	397,514.00	544,850.00	1,463,850.55	633,369.00	852,211.00	823,994.00
	Page 16 line M13	8,189.30	7,727.20	13,430.55	12,065.44	9,697.91	7,114.31	10,054.26	12,845.97	13,612.08	30,753.35	12,122.80	25,120.51	14,898.12

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

		IN	ole of	1 Page 5)	-		
Name of Facility			License	e No.	Report for Y	ear Ended	Page of
Harbor Hill Care Center, Inc. d/b/a Water's Edge C				2097-С	9/30/2017	7	18 37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$		358,997		
	2. Non-Food Supplies		\$		42,289		
	3. Other (<i>Specify</i>)		\$				
	b. Purchased Services (<i>by contract other</i>		\$				
	than through Management Services)		\$				
	(Complete Schedule C-2 att. Page 21)						
	 Management Services** 		\$				
	d. Other (<i>Specify</i>)		\$				
2E.	Total Dietary Expenditures (2a + b + c + d)		\$	401,286	401,286		
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per	r day	/: *				
H.	Is cost of employee meals included in 2E?	0	Yes	•	No		
I.	Did you receive revenue from employees?	0	Yes	\odot	No	If yes, specify amt.	
J.	Where is the revenue received reported in the	Cos	t Repor	t? (Page/Line	Item)		
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board	0	Yes	٥	No	If yes, specify cost.	
т.	Members, Guests) included in 2E?		V			If yes, specify	
L.	Is any revenue collected from these people?		Yes		No	amt.	
M.	Where is the revenue received reported in the	Cos	t Repor	t? (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?	0	Yes	۲	No	If yes, specify cost.	
O.	Is any revenue collected from employees?	0	Yes	٢	No	If yes, specify amt.	
P.	Where is the revenue received reported in the	C	(D	0 (D /I.	T.)		

* 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		Report for Y	ear Ended	Page of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center 1			097-С	9/30/2017	1	19 37
	Item		Total	CCNH	RHNS	(Specify)
	a. In-House Processing*					
0	wns and other resident care items shed, ironed, and/or processed.***	Amt. \$	1,847	1,847		
gov	ployee items including uniforms, wns, etc. washed, ironed and/or	Lbs.				
pro	ocessed.***	Amt. \$				
	rsonal clothing of residents shed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
4. Rej	pair and/or purchase of linens.***	Lbs. Amt. \$				
than thr	ed Services (by contract other ough Management Services) ete Schedule C-2 att. Page 21)	\$	162,043	162,043		
	ment Services**	\$				
d. Other (S		\$	69,562	69,562		
	adry Expenditures (3a + b + c + d)	\$	233,452	233,452		
`````	uestionnaire nployee laundry included in 3E? O	Yes	۲	No	If yes, specify cost.	
H. Did you rec	ceive revenue from employees? O	Yes	۲	No	If yes, specify amt.	
I. Where is th	e revenue received reported in the Cost	Report?		(Page/Line	Item)	
	aundry provided to persons other over the other ove	Yes	٥	No	If yes, specify cost.	
		Yes	۲	No	If yes, specify amt.	
L. Where is th	e 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 Fac	2		Repo	ort for Year Ei	nded	Page	of
Harbor Hill	Care Center, Inc. d/b/a Water's Edg	2097-С		9/30/2017		20	37
	Item			Total	CCNH	RHNS	(Specify)
4. Housek	keeping	Sq. Ft. Serviced					
a. In-F	House Care	by Personnel					
1.	Supplies - Cleaning (Mops,	Amt.	\$	38,350	38,350		
	pails, brooms, etc.)						
b. Pur	chased Services (by contract other	Sq. Ft. Serviced					
tha	in through Management Services)	by Personnel					
(Co	omplete Schedule C-2 att.	Amt.	\$				
	Page 21)						
c. Mai	nagement Services*		\$				
d. Oth	er (Specify)		\$				
4E. <i>Total</i>	Housekeeping Expenditures (4a +	b + c + d	\$	38,350	38,350		
5. Resider	nt Care (Supplies)**						
a. Pres	scription Drugs***						
	Own Pharmacy		\$				
2.	Purchased from		\$	322,440	322,440		
b. Mee	dicine Cabinet Drugs		\$	28,063	28,063		
c. Mee	dical and Therapeutic Supplies		\$	151,539	151,539		
d. Am	bulance/Limousine***		\$	9,344	9,344		
e. Oxy	ygen						
1.	For Emergency Use		\$				
2.	Other***		\$	43,567	43,567		
f. X-ra	ays and Related Radiological		\$	20,461	20,461		
Pro	cedures***						
g. Der	ntal (Not dentists who should be inc	luded under	\$				
sala	aries or fees)						
h. Lab	ooratory***		\$	21,155	21,155		
	creation		\$	36,495	36,495		
j. Oth	er (Specify)****		\$	70,984	70,984		
	See Attached Schedule						
5K. Total K	<b>Resident Care Expenditures</b> (5a - 5	5j)	\$	704,048	704,048		

* 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.

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & RehabilitationAttachment Page 209/30/20179/30/2017

### Schedule of Other Resident Care

Description	(	CCNH	RHNS	(Specify)
Flu Vaccine-Medical Services	\$	5,400		
IV Thy Supplies- Rehabilitation Therapy and Ancillary	\$	12,760		
Purchased Services - Nursing	\$	2,979		
Rental Expense- Recreation Therapy	\$	350		
Equipment Rental - Nursing	\$	35,712		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$	13,783		
Total Other Resident Care	\$	70,984	\$-	\$ -

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

Name of Facility				License No.	Report for Year Ende	d			Page of
Harbor Hill Care Center, Inc	. d/b/a Water's Edge Ce	nter for Hea	lth & Reha	2097-С	9/30/2017				21 37
		Related ** Operators	,			Total Cost/Page Ref.			*
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg Lir
Med Apparel	Parkway, Mt. Vernon, NY 10550	0	0	Terutenonip	Laundry	37,824		(speeng)	19 3b
Unitex Textile Rental	Parkway, Mt. Vernon, NY 10550 P.O. Box 842875,	0	۲		Laundry	124,219			19 3b
ADP	Boston MA 02284 110 Mattatuck Heights	0	۲		Payroll	16,139			16 m13
MJ Daly	Waterburuy, CT 06705 5 Chelsea Dr, Cromwell	0	۲		HVAC	30,577			22 6a
Brothers Landscape	CT 06416 PO Box 23072 Overland	0	۲		Landscaping/Plowing	10,279			22 6f
Integrated Health Systems	Park, KS 66283 333 Thornall St. 4th	0	۲		Software	13,978			16 m13
Smartlinx	Floor Edison, NJ 08837	0	۲		Time & Attendance	10,486			16 m13
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						

* 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 Ye	Page	of		
Harbor Hill Care Center, Inc. d/b/a Water's Ed 2097-C	 9/30/2017		22	37	
Item	Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 146,132	146,132			
b. Heat	\$ 77,408	77,408			
c. Light & Power	\$ 149,628	149,628			
d. Water	\$ 23,126	23,126			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 38,853	38,853			
f. Other ( <i>itemize</i> )	\$ 34,365	34,365			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 469,512	469,512			
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 36,594	36,594			
*7e. <i>Total Depreciation Costs</i> (7a + b + c + d)	\$ 36,594	36,594			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 84,921	84,921			
d. Other ( <i>Specify</i> )	\$				
*8e. <i>Total Amortization Costs</i> (8a + b + c + d)	\$ 84,921	84,921			
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$ 480,000	480,000			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 112,496	112,496			
c. Personal property taxes	\$ 13,582	13,582			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$ 727,593	727,593			

* 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	\$	12,237		
Pest Control - Maintenance	\$	2,951		
Carting - Maintenance	\$	18,173		
Short Term Lease - Pitney Bowes Mailing Machine	\$	404		
IT Rentals	\$	600		
Total Other Repairs and Maintenance	\$	34,365	\$ -	\$ -
	Ŷ	51,505	+	*

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## State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

					Deprec	iation Sc	hedule					
Name of Facility					License No.			Report for Year E	nded		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's E	dge Ce	enter fo	or Healt	th & Re	2097	-C		9/30/2017			23	37
								Accumulated				
					Historical Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of Year's	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	lule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	lule)										
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attac	h sched	lule)										
C-4. Subtotal												
	Is a m	ileage										
		oook						Accumulated				
			Date of A	Acquisition	Historical Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment												
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. 1999 Plymouth Van		Х	2	2002	12,747		12,747	12,747	SL	4 yrs		
b.												i .
с.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period	ļ				708,766		708,766	564,193	SL	Various	33,748	
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)					178,872		178,872		SL	Various	2,846	
D-3. Subtotal												36,594
E. Total Depreciation												36,594

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation 9/30/2017

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

			Useful		
cquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:					
				-	
Fotal additions for Land Impr	ovements	\$ -		\$ -	
Deletions:					
				-	
Fotal deletions for Land Impr	ovements	\$ -		\$ -	

**Ties to Page 23, Line A2

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

		Useful							
Acquisition Date	Description of Item	Cost	Life	Depreciation					
Additions:	•								
				<u>^</u>					
Fotal additions for Building Impr	ovements	\$ -		\$ -					
Deletions:									
Total deletions for Building Impr	ovements	\$ -		\$ -					
*Ties to Page 23. Line B3		Ŷ		÷					

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Ties to Page 23, Line B3

**Ties to Page 23, Line B2

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			-	
Fotal additions for Non-Movable	Fauinment	\$ -		\$ -
	Equipment	\$ -		φ -
Deletions:				_
Total deletions for Non-Movable	Equipment	\$ -	-	\$ -
*Ties to Page 23, Line C3	* *			

age **Ties to Page 23, Line C2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
11/30/2016	Digital Lift Scale	\$ 749	10	\$ 6	
11/30/2016	Lid Assembly- pallet warmer	\$ 868	10	\$ 7	
12/31/2016	Heavy Duty Vaccumm	\$ 1,852	8	\$ 19	
1/31/2017	Mattress	\$ 2,334	5	\$ 39	
1/31/2017	Nobles Speedshine Burnisher - Floor polisher	\$ 1,209	5	\$ 20	
2/28/2017	Call System- Duall Bedside Stat	\$ 847	10	\$ 7	
2/28/2017	Meridian Ice Machine dispenser	\$ 5,738	10	\$ 48	
5/31/2017	Integrated Health System - Chromebooks, Servers, Software	\$ 149,563	5	\$ 2,493	
8/31/2017	Desktop Mini PC	\$ 921	3	\$ 26	
8/31/2017	Destop Mini PC	\$ 893	3	\$ 25	
9/30/2017	18 Armchairs	\$ 2,986	15	\$ 17	
9/30/2017	9 Tabletops with metal base	\$ 3,832	15	\$ 21	
9/30/2017	21 14" HP Chromebooks	\$ 7,080	5	\$ 118	
Total additions for N	Aovable Equipment	\$ 178,872		\$ 2,846	
Deletions:		 			
Total deletions for M	Iovable Equipment	\$ -		\$ -	

*Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Thes to Fage 23, Line D20

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

		_	Useful	
Acquisition Date	Description of Item	 Cost	Life	Depreciation
Additions:				
11/30/2016	Water Alarm	\$ 2,467	10	\$ 21
3/31/2017	Tempered Mixing Water Valve	\$ 6,375	10	\$ 53
3/31/2017	Door Kick Plates	\$ 42,449	10	\$ 354
3/31/2017	Fulton Tank & Blowoff	\$ 9,144	10	\$ 76
9/30/2017	Dining Room Shades	\$ 938	5	\$ 16
9/30/2017	Kitchen Steam Kettle	\$ 5,843	15	\$ 195
9/30/2017	Cubicle Curtains	\$ 7,500	5	\$ 125
9/30/2017	Bathrooms	\$ 2,127	5	0
Total additions for I	Leasehold Improvement	\$ 76,843		\$ 840
Deletions:				
Total deletions for L	easehold Improvement	\$ -		\$-
*Ties to Page 24. I	ine C3			

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

## **Amortization Schedule***

Name	ame of Facility			License No.		Report for Yea	r Ended		Page	of
Harb	or Hill Care Center, Inc. d/b/a Water's Ed	ge Cente	er for H	2097	7-С	9/30/2017			24	37
						Accumulated				
			e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	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			Various	1,721,343	1,226,770	SL		84,081	
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)			Various	76,843		SL		840	
C-4.	Subtotal									84,921
D.	Total Amortization									84,921

* 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 FacilityLicense No.Harbor Hill Care Center, Inc. d/b/a Wa2097-		Report for Year End 9/30/2017	ded		Page of 25   37
11. Property Questionnaire		·			·
Part A					
Is the property either owned by the Facility	$\odot$	Yes	0	No	If "Yes," complete Part B.
or leased from a Related Party?*				110	If "No," complete Part C.
*If any owner or operator of this facility is related by business association to any person or organization fro					
related party transaction.			i is constant a		
Description		Total			
1. Date Land Purchased					
<ol> <li>Date Structure Completed</li> <li>If NOT Original Owner, Date of Purchase</li> </ol>					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		150			
6. Square Footage		56,976			
7. Acquisition Cost					
a. Land					
b. Building			0.114	2 1 1 4	
Part B - Owner and Related Parties           1. Financing		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
a. Type of Financing (e.g., fixed, variable)	-		Fixed		
b. Date Mortgage Obtained		Fixed 01/01/94	01/01/07		
c. Interest Rate for the Cost Year		8.81%	Prime +.25 basis		
d. Term of Mortgage (number of years)		15	5		
e. Amount of Principal Borrowed		2,825,000	3,890,000		
f. Principal balance outstanding as of 9/30	)/17	613,425	2,461,751		
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					
1. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real P				<b>T CI</b>	
Name and Address of Lessor	Proj	perty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
			1	1	1

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 Ye	ar Ended		Page of
Harbor Hill Care Center, Inc. d/b/a W 2097-C		9/30/2017	1	1	26   37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable					
Equipment	¢				
1. First Mortgage Name of Lender	\$ Rate				
	Kate				
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 Harbor Hill Care Center, Inc. d/b/a V 209	No. 97-C		Report for Year Ended 9/30/2017			Page of 27   37
	// C		7/30/2017			21 51
Item			Total	CCNH	RHNS	(Specify)
	ototals Bro	ught Forward:				
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other ( <i>Specify</i> )	479	479				
A. Item						
Lender	<u> </u>					
Address of Lender						
B. Item	Rate	Amount	•			
Lender	<u> </u>	<u>I</u>				
Address of Lender			•			
12. C. 3. Total Movable Equipment Intere	est					
Expense $(C1 + 2)$		\$	479	479		
12. D. Other Interest Expense ( <i>Specify</i> )		\$	9,296	9,296		
Admin - \$1,707; Liabil. Ins. Fin \$	\$894; Leas	se Int - \$6,695				
13. Total All Interest Expense (12B7 + 120	(3 + 12D)	\$	9,775	9,775		
14. Insurance	/		,	,		
a. Insurance on Property (buildings on	lv)	\$	18,962	18,962		
b. Insurance on Automobiles	57	\$				
c. Insurance other than Property (as sp	ecified abo					
1. Umbrella ( <i>Blanket Coverage</i> )	7,280	7,280				
2. Fire and Extended Coverage	,	,				
3. Other ( <i>Specify</i> )		\$ \$	39,000	39,000		
Liability Insurance						
14d. Total Insurance Expenditures (14a + 1	65,242	65,242				
15. Total All Expenditures (A-13 thru C-1		\$ \$	13,639,514	13,639,514		

## **D.** Adjustments to Statement of Expenditures

	e of Fa	•			ense No.	Report for Yea	r Ended	Page	of
Harb	or Hill	Care	Center, Inc. d/b/a Water's Edge Center for He		2097-С	9/30/2017		28	37
Item No.	Page No.		Item Description		Total Amount of Decrease	ССИН	RHNS	(Spe	cify)
			es and Wages		Deereuse	certif		(Spc	eny)
1.	10 2		Outpatient Service Costs	\$					
2.	10	12M	Salaries not related to Resident Care	\$	47,734	47,734			
3.			Occupational Therapy	\$	,	,			
4.			Other - See attached Schedule	\$	2,596	2,596			
Page	13 - F	Profes	sional Fees						
5.	13	8c	Resident Care Physicians **	\$	25,618	25,618			
6.	13	10a	Occupational Therapy	\$	404,610	404,610			
7.			Other - See attached Schedule	\$	68,888	68,888			
Page	s 15 &	: 16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.	15	1e	Accounting & Legal	\$	7,458	7,458			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	1,038	1,038			
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 *	\$	38,337	38,337			
19.			Income Tax / Corporate Business Tax	\$	9	9			
20.			Fund Raising / Contributions	\$	(222)	(222)			
	16 / 1.	m12,	Unallowable Management Fees	\$	317,698	317,698			
22.			Barber and Beauty	\$	~~~~~				
23.	10 1		Other - See attached Schedule	\$	80,870	80,870			
-	18 - L	netar	y Expenditures	_					
24.			Meals to employees, guests and others	¢					
Der	10 7		who are not residents	\$					
<i>Page</i> 25.	19 - L	aund	ry Expenditures	_					
23.			Laundry services to employees, guests	¢					
Dee	20 7	Ior.e.	and others who are not residents	\$					
-	20 - E	10USE	keeping Expenditures	_					
26.			Housekeeping services to employees, guests	¢					
			and others who are not residents	\$	004 (24	004 (24			
			Subtotal (Items 1 - 26)	\$	994,634	994,634			

* All except "Help Wanted".

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

⁽Carry Subtotal forward to next page)

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation 9/30/2017

Attachment Page 28

## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH		RHNS	(Specify)
10	A2	Salary Administrator Overlap	\$	2,596		
<b>Total Othe</b>	r Salaries A	Adjustment	\$	2,596	\$-	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
13	B2	Dentist	\$	9,168		
13	B3	Pharmacy Fees	\$	15,545		
13	B12	Consulting Fees - Nursing	\$	15,913		
13	B12	Consulting Fees - Rehabilitation, Therapy & Ancillary	\$	28,262		
<b>Total Othe</b>	Fotal Other Fees Adjustments			68,888	\$-	\$ -

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### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
16	L3	Gifts to residents & staff	\$	32,226		
15	1a4,3,5,7	Benefits not related to resident care		13,968		
16	M13	Bank Charges - Administration	\$	27,796		
16	M13	Miscellaneous Expense	\$	6,174		
16	m8a	Dues - Sams Club	\$	90		
16	m8a	Dues - Chamber of Commerce	\$	616		
<b>Total Othe</b>	r A&G Adj	justments	\$	80,870	\$ -	\$ -

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## State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 10/2006

_	D. Adjustments to Statement of Expenditures (cont'd)									
Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page	of	
Harb	or Hill	l Care	Center, Inc. d/b/a Water's Edge Center for H		2097-С	9/30/2017		29	37	
					Total					
Item	Page	Line			Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)	
			Subtotals Brought Forward	\$	994,634	994,634		1		
Page	20 - K	Reside	ent Care Supplies***							
27.			Prescription Drugs	\$	322,440	322,440		1		
28.	20	5d	Ambulance/Limousine	\$	9,344	9,344				
29.	20	5f	X-rays, etc	\$	20,461	20,461				
30.	20	5h	Laboratory	\$	21,155	21,155				
31.	20	5c	Medical Supplies	\$	7,218	7,218				
32.	20	5e2	Oxygen (non emergency)	\$	43,567	43,567				
33.			Occupational Therapy	\$						
34.			Other - See Attached Schedule	\$	80,624	80,624				
Page	22 - N	Maint	enance and Property							
35.			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$	1,331	1,331				
36.			Depreciation on Unallowable		,					
			Motor Vehicles	\$						
37.	22	10c	Unallowable Property and Real							
			Estate Taxes	\$						
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$	53,170	53,170				
Page	27 <b>-</b> I	nsura			,					
40.			Mortgage Insurance	\$						
41.			Property Insurance	\$						
Othe	r - Mis	scella	neous							
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	\$		l				
49.			Other (include personnel and other							
			costs unrelated to resident care) - See							
			Attached Schedule	\$	18,833	18,833				
Not I	For Pr	ofit P	roviders Only							
50.			Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$						
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,572,777	1,572,777		İ		
-			v 1 /		, , .					

*** 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.

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation 9/30/2017

### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
20	5j	Equipment Rental - Nursing	\$	13,783		
20	5j	Equipment Rental - Rehab Therapy and Ancillary	\$	35,712		
20	5a2/b	Procare LTC Pharmacy of CT (Disallowance of markups)	\$	1,628		
20	5j	Flu Vaccine-Medical Services	\$	5,400		
20	5j	IV Thy Supplies- Rehab Therapy and Ancillary	\$	12,760		
20	5j	Purchased Services - Nursing	\$	574		
20	5i	Cable TV Expense - Resident Rooms	\$	10,767		
<b>Total Other</b>	· Ancillary	Costs	\$	80,624	\$ -	\$ -

### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CC	CNH	RHNS	(Specify)
22	7d	Mattress & TV Disallowed Depreciation	\$	1,331		
<b>Total Exces</b>	ss Movable	Equipment Depreciation	\$	1,331	\$ -	\$ -

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Schedule of Other Property Adjustments

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Page Ref	Line Ref	Description	CC	CNH	RHN	S	(Specify)
22	6	Write off bathroom project	\$	53,170			
Total Other	r Property	Adjustments	\$	53,170	\$	-	\$ -

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Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		Miscellaneous Other Income - (Vendor overpayment refund \$15,855, Misc			
30	IV8	refunds \$799)	\$ 16,654		
27	12D	Interest - Administration	\$ 1,076		
30	IV5	Interest Income	\$ 1,103		
<b>Total Othe</b>	r Adjustme	nts	\$ 18,833	\$ -	\$ -
	-			•	· · · · · · · · · · · · · · · · · · ·

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	lowable Bui	lding Interest	\$ -	\$ -	\$ -

### State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

## F. Statement of Revenue

F. Statement of Rev	ven				
Name of Facility License No.		Report for Y	ear Ended		Page of
Harbor Hill Care Center, Inc. d/b/a Water'2097-C		9/30/2017			30   37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	15,992,373	15,992,373		
b. Medicaid Room and Board Contractual Allowance **	\$	(7,313,827)	(7,313,827)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	2,501,781	2,501,781		
b. Medicare Room and Board Contractual Allowance **	\$	383,210	383,210		
4. a. Private-Pay Residents and Other	\$	2,110,391	2,110,391		
b. Private-Pay Room and Board Contractual Allowance **	\$	(771,960)	(771,960)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$	228,044	228,044		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(227,484)	(227,484)		
c. Prescription Drugs - Non-Medicare	\$	57,403	57,403		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(57,279)	(57,279)		
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	728,030	728,030		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(525,912)	(525,912)		
c. Physical Therapy - Non-Medicare	\$	105,917	105,917		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(105,807)	(105,807)		
4. a. Speech Therapy - Medicare	\$	172,682	172,682		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(94,418)	(94,418)		
c. Speech Therapy - Non-Medicare	\$	33,804	33,804		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(33,619)	(33,619)		
5. a. Occupational Therapy - Medicare	\$	717,468	717,468		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(542,712)	(542,712)		
c. Occupational Therapy - Non-Medicare	\$	124,255	124,255		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(114,634)	(114,634)		
6. a. Other (Specify) - Medicare	\$	5,365	5,365		
b. Other (Specify) - Non-Medicare	\$	1	1		
II. Total Resident Revenue (Section I. thru Section II.)	\$	13,373,072	13,373,072		
V. 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> )	\$	1,103	1,103		
6. Private Duty Nurses' Fees	\$	-,- •0	-,0		
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$	18,535	18,535		
V. Total Other Revenue (1 thru 8)	\$	19,638	19,638		
VI. Total All Revenue (III+V)	\$				
	φ	13,392,710	13,392,710		

* 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.

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#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)	)
30, line II6a	Medicare Part A Contra - Other	\$ (63,265)			
30, line II6a	Medicare Part A Lab	\$ 35,045			
30, line II6a	Medicare Part A X-Ray	\$ 15,957			
30, line II6a	Medicare Part A IV Therapy	\$ 10,785			
30, line II6a	Medicare Part A Ambulance	\$ 1,477			
30, line II6a	Medicare Part A Settlement	\$ 9,314			
30, line II6a	Medicare Part B Flu/Pneumonia	\$ 2,319			
30, line II6a	Medicare Part B Prior period	\$ (6,449)			
30, line II6a	Managed Medicare Contra - Other	\$ (36,504)			
30, line II6a	Managed Medicare IV Therapy	\$ 13,255			
30, line II6a	Managed Medicare Lab	\$ 16,284			
30, line II6a	Managed Medicare X-Ray	\$ 5,274			
30, line II6a	Managed Medicare Ambulance	\$ 1,691			
30, line II6a	Managed Medicare Flu/Pneumonia	\$ 182			
Total Other	Resident Revenue - Medicare	\$ 5,365	\$ -	\$ -	

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

#### Related Exp

Page Ref	Description	0	CNH	RH	NS	(Specif	iy)
30, line II6b	Medicare Contra Other	\$	(2,633)				
30, line II6b	Medicaid Lab	\$	818				
30, line II6b	Medicaid Ambulance	\$	1,542				
30, line II6b	Medicaid IV Therapy	\$	274				
30, line II6b	Comm Ins Contra Other-Waters Edge	\$	(9,139)				
30, line II6b	Comm Ins Lab-Waters Edge	\$	6,591				
30, line II6b	Comm Ins X-Ray-Waters Edge	\$	2,548				
Total Other	Resident Revenue	\$	1	\$	-	\$	-

#### **Interest Income**

#### Account

30, line IV5     Interest Income     \$ 1,103       Interest Income     Interest Income     Interest Income       Interest Income     Interest Income     Interest Income	Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Image: Constraint of the second sec	30, line IV5	Interest Income		\$ 1,103		
Total Interest Income         \$ 1,103         \$ -         \$	<b>Total Interes</b>	t Income		\$ 1,103	\$-	\$ -

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#### Schedule of Other Revenue

----

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Other Income - (\$3,400 UHC, \$15,855 endor overbilling refund, \$			
30, line IV8	799 misc other)	\$ 20,054		
30, line IV8	Prior Period Other Income (Expense)	\$ (1,519)		
<b>Total Other</b>	Revenue	\$ 18,535	\$ -	\$ -

## State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

## G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, In		9/30/2017	31	37
	Account		1	Amount
Assets				
A. Current Assets				
1. Cash (on hand an	/		\$	612,262
	s Receivable (Less Allowance		\$	2,234,911
	eceivable (Excluding Owners	s or Related Parties)	\$	
4 Inventories			\$	41,690
5. Prepaid Expenses			\$	210,581
	ll property, real estate, corp)	137,921	_	
b. Management fe	ees	63,901	_	
c. Other		8,759	_	
d.				
6. Interest Receivabl			\$	
7. Medicare Final Se			\$	
8. Other Current Ass	sets ( <i>itemize</i> )		\$	565,149
Patient Funds Due from Related	Darty	<u>49,242</u> 515,907	-	
Due nom Kelateu	Faity	515,907	-	
A-9. Total Current Assets	(Lines A1 thru 8)		\$	3,664,593
B. Fixed Assets				
1. Land			\$	
2. Land Improvement	nts *Historical Cost	,	\$	
	Accum. Depreci	ation Net		
3. Buildings	*Historical Cost		\$	
	Accum. Depreci	ation Net		
4. Leasehold Improv	rements *Historical Cost	1,798,186	\$	486,495
	Accum. Depreci	ation 1,311,691 Net		
5. Non-Movable Equ	uipment *Historical Cost		\$	
	Accum. Depreci	ation Net		
6. Movable Equipme	ent *Historical Cost	887,638	\$	286,851
	Accum. Depreci	ation 600,787 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreci			
8. Minor Equipment	*		\$	
9. Other Fixed Asset	ts (itemize)		\$	2,445
Construction in	. ,	2,445		, -
$\mathbf{D} = 1 0 \mathbf{T} 1 \mathbf{T} 1 \mathbf{T} 1 \mathbf{T} 1 1 1 1 1 1 1 1$	$(L_{in} \circ D 1 4 h_{in} \circ D)$		Φ	
B-10. Total Fixed Asset	ts (Lines B1 thru 9)		\$	775,791

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

(Carry Total forward to next page)

## State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

# G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page		of
Harb	or H	Hill Care Center, Inc. d/b/a Wat	е 2097-С	9/30/2017		32		37
			Account			A	mount	
				Total Brought Forward:	\$		4,4	40,384
C.	Le	asehold or like property record	ed 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	\$			
		Minor Equipment-Not Deprec			\$			
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$			
D.		vestment and Other Assets						
		Deferred Deposits			\$			
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	Net	\$			
		Goodwill (Purchased Only)			\$			
	5.	Investments Related to Reside	ent Care ( <i>itemize</i> )		\$			
				1	+			
	6.	Loans to Owners or Related P			\$			
		Name and Address	Amount	Loan Date				
	7	Other Assets ( <i>itemize</i> )	1		\$			17,000
	1.	Security Deposits		17,000	φ			17,000
		Security Deposits		17,000				
D-8	To	tal Investments and Other Ass	sets (Lines D1 thru 7)		\$			17,000
D-8. D-9.		tal All Assets (Lines A9 + B10			\$		ΔΔ	57,384
$D^{-j}$ .	- 0				Ψ		т,¬	<i>-,5</i> 0 <del>4</del>

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

#### Name of Facility License No. Report for Year Ended Page of Harbor Hill Care Center, Inc. d/b/a Water's Edg 2097-C 9/30/2017 33 37 Account Amount Liabilities Current Liabilities A. 1. Trade Accounts Payable \$ 1,431,189 2. Notes Payable (*itemize* ) \$ 3. Loans Payable for Equipment (Current portion) (itemize) \$ 7,821 Name of Lender Purpose Amount Date Due M&T Bank Equipment 7,821 Various 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) \$ 400,988 \$ 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable \$ \$ 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable \$ 9. Mortgage Payable (Current Portion) \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 12. Other Current Liabilities (itemize) \$ 1,001,964 Accrued Revenue Assessment 49,242 214,698 Patient Funds 24,130 Due to Related Party 528,220 Accrued Accounting Fee 57,315 Accrued Pension 15,627 Due to Third Party Accrued Expenses 112,732 Total Current Liabilities (Lines A1 thru 12) A-13 \$ 2,841,962

## G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

## State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended		Page		of
Harbor Hill Care Center, Inc. d/b/a Water's	Е 2097-С	9/30/2017			34		37
	Account				An	nount	
Total Brought Forward:						2,84	41,962
Liabilities (cont'd)							
B. Long-Term Liabilities							
1. Loans Payable-Equipment			1	\$		23	30,212
Name of Lender	Purpose	Amount	Date Due				
M & T Bank M & T Bank	Equipment Equipment	32,728 197,484	Various Various				
2. Mortgages Payable				\$			
3. Loans from Owners or Re				\$			
Name and Address of Lender	Amount	Loan D	ate				
4. Other Long-Term Liabilit	es (itemize )	1		\$			
B-5. Total Long-Term Liabilities	(Lines R1 thru A)			¢		23	80 212
B-5.Total Long-Term LiabilitiesC.Total All Liabilities (Lines A	$\frac{(\text{Lines BI thru 4})}{12 \pm P_{5}}$			\$ \$			30,212
C. Iouu Au Liabunies (Lines A	-15 + <b>D-</b> 5)			Ф		3,0	72,174

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

	ne of Facility License No. Report for Year Ended	Page	of
Har	bor Hill Care Center, Inc. d/b/a Wat 2097-C 9/30/2017 Account	35	Amount 37
A.	Reserves	1	inount
	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	\$	1,212,446
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	419,568
	6. Gain or Loss for Period         10/1/2016         thru         9/30/2017	\$	(246,804)
	7. Total Net Worth	\$	1,385,210
C.	Total Reserves and Net Worth	\$	1,385,210
D.	Total Liabilities, Reserves, and Net Worth	\$	4,457,384

## State of Connecticut Annual Report of Long-Term Care Facility CSP-36 Rev. 6/95

# H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	Page	of	
	or Hill Care Center, Inc. d/b/a Water	2097-C	9/30/2017	Liided	36	37	
		Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2016						428,497	
B.	Total Revenue (From Statement of I	\$		13,392,710			
C.	Total Expenditures (From Statemen		Page 27)	\$		13,639,514	
D.	Net Income or Deficit			\$		(246,804)	
E.	Balance			\$		181,693	
F.	Additions						
	1. Additional Capital Contributed (	(itemize)					
	2. Other ( <i>itemize</i> )		0.071				
	Tax Refund		9,071				
F-3.	Total Additions			\$		9,071	
G.	Deductions			•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0.	1. Drawings of Owners/Operators/	Partners (Specify)		\$			
	Name and Address (No., City,		Title	Amount			
		· <b>1</b> /					
	2. Other Withdrawings (Specify)		Į	\$		18,000	
	Purpose		Amo				
Com	Commissioner of Revenue 18,000						
	3. Total Deductions		1	\$		18,000	
H.	Balance at End of Period	09/30/	/17	\$		172,764	

Name of Facility	License No.	Report for Year Ended	Page	of			
Harbor Hill Care Center, Inc. d/b/a Water's	2097-С	9/30/2017	37	37			
Check appropriate category							
☑ Chronic and Convalescent Nursing Home only (CCNH)	□ Rest Home with Nursing Supervision only (RHNS)	□ (Specify)	□ (Specify)				
	Preparer/Reviewer Ce	rtification					
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.							
Signature of Preparer	Title	Date Signed					
Printed Name of Preparer							
Blum Shapiro and Co.							
Address		Phone Number					
2 Enterprise Drive, Shelton, CT 06484		(203) 944-2100					

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