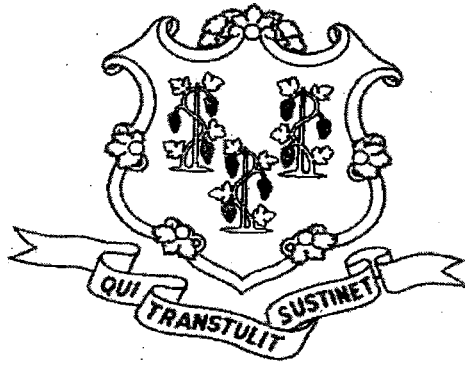


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) RegalCare at Prospect, LLC	
Address (No. & Street, City, State, Zip Code) 25 Royal Crest Drive, Prospect, CT 06712	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2253	RHNS	(Specify)	Medicare Provider 07-5207
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Medicaid Provider Numbers:	CCNH 000010918	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 1	of 37
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**Administrator's/Owner's Certification**

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

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

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

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

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Melissa Vivo			Printed Name (Owner) See Page 3		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>		Page 1A	of 37
Name of Facility RegalCare at Prospect, LLC	Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 25 Royal Crest Drive, Prospect, CT 06712			
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/16/2017	
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. <b>Total Wages Paid</b>	\$		
7. Total salaries paid	\$		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility	Report for Year Ended	Page	of
203-758-4431	9/30/2017	2	37

Name of Facility (as shown on license)	Address (No. & Street, City, State, Zip)
RegalCare at Prospect, LLC	25 Royal Crest Drive, Prospect, CT 06712

License Numbers:	CCNH 2253	RHNS (Specify)	Medicare Provider No. 07-5207
------------------	--------------	-------------------	----------------------------------

Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship	<input checked="" type="radio"/> LLC	<input type="radio"/> Partnership	<input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
--	---------------------------	-------------------------------------	--------------------------

N/A

<b>Administrator</b>		
Name of Administrator	Nursing Home Administrator's License No.:	
Melissa Vivo		002043

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

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

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

Names of Stockholders Owning at Least 10% of Shares			
N/A			


## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Prospect, LLC	2253	9/30/2017	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A




**General Information and Questionnaire  
 Related Parties\***

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
RegalCare OP Holding Company, LLC	5 Barlow Road, Edison, NJ 08817	<input type="radio"/>	<input checked="" type="radio"/>		Line of Credit Interest	Pg 27 / Line 12d	45,229	45,229
RegalCare Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>		Physical Therapy	Page 13 / Line B5a	243,827	243,827
RegalCare Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>		Speech Therapy	Page 13 / Line B9a	65,744	65,744
RegalCare Rehab	26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>		Occupational Therapy	Page 13 / Line B10a	294,261	294,261
		<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp	Page 15 / Line 1a1	281,012	281,012
		<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Page 15 / Line 1a5	1,040,174	1,040,174
	<b>COMMON PLAN:</b> 	<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	Page 27 / Line 14a	9,577	9,577
		<input type="radio"/>	<input checked="" type="radio"/>		Liability Insurance	Page 27 / Line 14c3	67,262	67,262
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

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

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A

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

N/A

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

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

N/A

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

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

Name of Facility RegalCare at Prospect, LLC			License No. 2253		Report for Year Ended 9/30/2017		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

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

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

N/A

**Independent Accounting Firm**

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, Fl 12, New Haven, CT 06511
--	---

Services Provided by This Firm (*describe fully*)

1 Advisory Services, Cost Report Preparation	6629 has been disallowed at 28/10.	\$	13,160
2	All of this is in regards to legal fees.	\$	
3	There have been no accounting	\$	
4	disallowance.	\$	
			Charge for Services Provided
			\$ 13,160

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

Yes     No    Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Murtha Cullina 2 CNH Finance 3 Robinson & Cole 4 Novak, Burnbaum, Crystal LLP 5 See Attached	Sum of a = 6,629	Telephone Number 860-240-6000 203-742-3057 203-462-7500 212-682-4002 Various
--	------------------	---

Address (*No. & Street, City, State, Zip Code*)

- 1 185 Asylum Street, Hartford, CT 06103
- 2 2 Greenwich Plaza, Greenwich, CT 06830
- 3 280 Trumbull Street, Hartford, CT 06103
- 4 675 Third Avenue, Fl 8, New York, NY 10017
- 5 Various

Services Provided by This Firm (*describe fully*)

1 General Health Care Regulatory / Licensing (Disallowed \$2,367 on Pg. 28)	a	\$	16,309
2 Line of Credit Financing (Disallowed on Pg. 28)	a	\$	850
3 Union Negotiations (Disallowed \$1,056 on Pg. 28)	a	\$	20,575
4 General Representation & Arbitration (Disallowed \$1,371 on Pg. 28)	a	\$	4,676
5 See Attached (Disallowed \$985 on Pg. 28)	a	\$	10,391
			Charge for Services Provided
			\$ 52,801

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

Yes     No    Page 15, Line 1e

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

Name of Facility RegalCare at Prospect, LLC		License No. 2253	Report for Year Ended 9/30/2017	Page 7a	of 37
<b>Legal Services Information</b>					
Name of Legal Firm or Independent Attorney			Telephone Number		
1	LeClaireRyan		804-783-2003		
2	American Arbitration Association		972-702-8222		
3	Naugatuck Probate court		203-720-7046		
4	Jacobi Case & Speranzini, PC		203-874-7110		
5					
Address (No. & Street, City, State, Zip Code)					
1	PO Box 780054, Philadelphia, PA 19178				
2	13727 Noel Road, Suite 700, Dallas, TX 75240				
3	229 Church Street, Naugatuck, CT 06770				
4	57 Plain Road Suite 2B, Milford, CT 06461				
5					
Services Provided by This Firm (describe fully)					
1	CHRO Complaint (Disallowed \$720 on Pg. 28) <sup>a</sup>		\$	8,832	
2	NEHC Greivance		\$	550	
3	Conservator Probate Court (Disallowed on Pg. 28) <sup>a</sup>		\$	265	
4	General Legal Services		\$	744	
5			\$		
			Charge for Services Provided		
			\$	10,391	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.					
<input checked="" type="radio"/> Yes <input type="radio"/> No      Page 15, Line 1e					

### Schedule of Resident Statistics

Name of Facility RegalCare at Prospect, LLC			License No. 2253		Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	105	105			105	105			101	101		
B. As of midnight of THIS report period					101	101						
3. Total Number of Days Care Provided During Period												
A. Medicare	4,200	4,200			3,097	3,097			1,103	1,103		
B. Medicaid (Conn.)	26,370	26,370			21,494	21,494			4,876	4,876		
C. Medicaid (other states)												
D. Private Pay	1,900	1,900			1,603	1,603			297	297		
E. State SSI for RCH												
F. Other (Specify) HMO & Private Insurance	733	733			634	634			99	99		
G. Total Care Days During Period (3A thru F)	33,203	33,203			26,828	26,828			6,375	6,375		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	53	53			40	40			13	13		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	33,256	33,256			26,868	26,868			6,388	6,388		

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

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No  
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay		Other State Assisted		
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents								
Per Diem Rate								
a. One bed rm.	Various	258.64		344.00				
b. Two bed rms.	Various	258.64		344.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,040	3,040		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	78	78		
2. Restorative Treatments	700	700		
C. Other	10,062	10,062		
D. <b>Total Physical Therapy Treatments</b>	13,880	13,880		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	760	760		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	6	6		
2. Restorative Treatments	59	59		
C. Other	1,280	1,280		
D. <b>Total Speech Therapy Treatments</b>	2,105	2,105		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	4,034	4,034		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	65	65		
2. Restorative Treatments	582	582		
C. Other	11,395	11,395		
D. <b>Total Occupational Therapy Treatments</b>	16,076	16,076		

### Report of Expenditures - Salaries & Wages

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	88,269	2,040				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	152,278	5,586				
5. Dietary Service						
a. Head Dietitian	29,043	906				
b. Food Service Supervisor	51,100	2,078				
c. Dietary Workers	474,200	23,305				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	289,148	11,892				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	52,846	2,080				
b. Other Maintenance Workers	38,174	1,959				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	99,330	4,532				
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	201,363	4,275				
b. RN						
1. Direct Care	891,748	12,218				
2. Administrative**	303,151	17,306				
c. LPN						
1. Direct Care	1,029,189	31,465				
2. Administrative**						
d. Aides and Attendants	1,766,430	84,896				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	86,497	4,488				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	56,069	3,009				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	162,048	6,015				
<i>A-13. Total Salary Expenditures</i>	5,770,883	218,050				

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

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

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



Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Rehab Aides	\$ 436	32				
Medical Records	31,177	1,815				
Admissions	130,435	4,168				
<b>Total</b>	<b>\$ 162,048</b>	<b>6,015</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Respiratory Therapist	\$ 1,670	17				
Respiratory Therapist	41,388	331				
Pulmonary Rehab Therapist	14,000	No Hours				
IV Insertion Nurse	4,795	No Hours				
<b>Total</b>	<b>\$ 61,853</b>	<b>348</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

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

Name of Facility RegalCare at Prospect, LLC				License No. 2253	Report for Year Ended 9/30/2017			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Corinne DiBacco	23,721			Non Discriminatory	Clinical Nursing	644	A12b2	See All Other RegalCare Cost Reports		
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed) RegalCare at Prospect, LLC				License No. 2253	Report for Year Ended 9/30/2017			Page 12	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
<b>Section IV - Assistant Administrators</b>										
Melissa Vivo	88,269			Non Discriminatory	Administrator	2,040	A2			

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
RegalCare at Prospect, LLC	2253	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	7,200	107				
3. Pharmacist	10,599	Monthly Fee				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	243,827	3,470				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	37,000	189				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	65,744	526				
b. Other						
10. Occupational Therapist						
a. Resident Care	294,261	4,019				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	12,095	165				
2. Administrative***						
b. LPN						
1. Direct Care	366	9				
2. Administrative***						
c. Aides	492	24				
d. Other						
12. Other (Specify) See Attached Schedule	61,853	348				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>733,437</b>	<b>8,857</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.  
 \*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.  
 \*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Name of Facility RegalCare at Prospect, LLC		License No. 2253	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
LTC Management, 174 Scott Road, Prospect, CT 06712	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Integra Scripts, 160 Airport Road, Lakewood, NJ 08701	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
RegalCare Rehab 26 Firemens Memorial Drive, Suite 205 Pomona, NY 10970	Physical, Occupational & Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Michael C. Trager, 385 Main St. South, Suite 301, Southbury, CT 06488	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
IPC Hospitalists of New England, PC, PO Box 844929 Los Angeles, CA 90084-4929	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
The Nurse Network, LLC 405 Park Avenue New York, NY 10022405 Park Avenue	RNs & LPNs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Towne Staffing 1413 38th St Brooklyn, NY 11218	CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Technical Gas Products, Inc. 101 North Plains Industrial Rd, 1B Suite 1, Wallingford, CT 06492	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
02 Safe Respiratory Services, 101 North Plains Industrial Rd, 1B1 Suite 1, Wallingford, CT 06492	Resiratory Pulmonary Rehab Service	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Waterbury Pulmonary Associates, 170 Grandview Ave, Waterbury, CT 06488	Pulmonary Rehab Service	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Medwiz Solutions, 167 Route 304, Bardonia, NY 10954	IV Insertion Nurse	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
RegalCare at Prospect, LLC	2253	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 281,012	281,012			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 537,929	537,929			
5. Health Insurance	\$ 1,040,174	1,040,174			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 349,535	349,535			
8. Uniform Allowance	\$ 7,296	7,296			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 44,431	44,431			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 58,047	58,047			
d. Accounting and Auditing	\$ 13,160	13,160			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 52,801	52,801			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 15,908	15,908			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 11,948	11,948			
2. Cellular Phones	\$ 1,937	1,937			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 824	824			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 607,731	607,731			
<b>Subtotal</b>	\$ 3,022,733	3,022,733			

\* 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**

RegalCare at Prospect, LLC  
9/30/2017

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	-		
Background Checks	\$ 1,587		
Union Training Fund	42,786		
Miscellaneous Employee Benefits	58		
<b>Total</b>	<b>\$ 44,431</b>	<b>\$ -</b>	<b>\$ -</b>

---

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	-		
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended		Page	of
RegalCare at Prospect, LLC	2253	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	3,022,733	3,022,733			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 210	210			
2. Holiday Parties for Staff	\$ 1,200	1,200			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 8,895	8,895			
5. Education Expenses Related to Seminars and Conventions	\$ 1,079	1,079			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 6,463	6,463			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 15,606	15,606			
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	\$ 3,459	3,459			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 73	73			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 303,140	303,140			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 172,884	172,884			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,535,742	3,535,742			

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

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

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



**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
	-		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
	-		
Marketing & Advertising	\$ 15,606		
<b>Total Other Advertising</b>	<b>\$ 15,606</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
	-		
<b>Total Dues</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
	-		
Donations/Charity	\$ 73		
<b>Total Contributions</b>	<b>\$ 73</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
	-		
Licenses	\$ 1,081		
Fines, Penalties & Settlements	4,807		
Late Fees	1,865		
Bank Fees	40,565		
Admin Expense>Flood	112,993		
Employee Food	287		
Employee Relations	492		
Discriminatory Bonus	10,794		
<b>Total Other Administrative and General</b>	<b>\$ 172,884</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility RegalCare at Prospect, LLC		License No. 2253	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 190,906	190,906		
2.	Non-Food Supplies	\$ 29,082	29,082		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 219,988	219,988		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.			
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.			
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.			
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.			
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.			
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility RegalCare at Prospect, LLC		License No. 2253	Report for Year Ended 9/30/2017		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
<b>3. Laundry</b>						
<b>a. In-House Processing*</b>		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Laundry Supplies		\$	5,736	5,736		
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	5,736	5,736		
<b>3F. Laundry Questionnaire</b>						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
RegalCare at Prospect, LLC		2253	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$				
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$	4,348	4,348		
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> ) Housekeeping Supplies		\$ 17,027	17,027		
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 21,375	21,375		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from MedWiz		\$ 193,986	193,986		
b.	Medicine Cabinet Drugs		\$ 3,297	3,297		
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$ 11,857	11,857		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ (1,061)	(1,061)		
f.	X-rays and Related Radiological Procedures***		\$ 7,072	7,072		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory***		\$ 15,277	15,277		
i.	Recreation		\$ 20,722	20,722		
j.	Other (Specify)**** See Attached Schedule		\$ 247,584	247,584		
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>		\$ 498,734	498,734		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
	-		
Supplies	\$ 119,679		
Sanitation & Incineration	716		
Equip-Rental	114,641		
Data Processing	12,548		
<b>Total Other Resident Care</b>	<b>\$ 247,584</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility RegalCare at Prospect, LLC			License No. 2253	Report for Year Ended 9/30/2017	Page of 21   37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Caretech Group	123 McDonald Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Purchasing Company	24,000			16	M11
USA Hauling & Recycling Inc.	PO Box 808 East windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Garbage	18,992			22	6f
Simple Solutions Property Management & Construction LLC	42 Mount Vernon Rd, Plainsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	14,410			22	6f
Jeffrey A. Boccacio	Pomfret Center, CT 06295	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Maintenance	18,560			22	6f
On-Time IT	407B Monroe, NY 10950	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT	10,900			16	M11
LTC Consulting Services,	7 Randolph Road, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Fiscal Services	193,979			16	M11
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
RegalCare at Prospect, LLC	2253	9/30/2017			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	33,324	33,324			
b. Heat	\$	48,720	48,720			
c. Light & Power	\$	66,803	66,803			
d. Water	\$	46,520	46,520			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$	278,598	278,598			
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	473,965	473,965			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	80	80			
d. Movable Equipment	\$	19,049	19,049			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	19,129	19,129			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$	8,526	8,526			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	8,943	8,943			
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$	17,469	17,469			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	293,614	293,614			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	122,385	122,385			
c. Personal property taxes	\$	1,385	1,385			
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	453,982	453,982			

\* 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)
	-		
Supplies	\$ 7,137		
Sanitation & Incineration	19,406		
Extermination	1,760		
Snow Removal	14,410		
Landscaping	9,432		
Fire Drill	3,846		
Contracted Service	39,405		
Flood	173,703		
Security	9,499		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 278,598</b>	<b>\$ -</b>	<b>\$ -</b>

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### Depreciation Schedule

Name of Facility RegalCare at Prospect, LLC				License No. 2253		Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				796		796		S/L	10 Yrs	80			
C-4. Subtotal											80		
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						55,632		55,632	13,514	S/L	Variou	13,514	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						43,922		43,922	S/L	Various	5,535		
D-3. Subtotal													19,049
<b>E. Total Depreciation</b>													19,129

RegalCare at Prospect, LLC  
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
6/1/2017	Fixed Walk in Cooler	\$ 796	10	\$ 80
<b>Total additions for Non-Movable Equipment</b>		\$ 796		\$ 80 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/31/2016	Conference Table & washing Machines	\$ 8,347	10	\$ 835
11/30/2016	Ice Machine	2,835	10	284
12/1/2016	Rebuilt Unimac Washers	6,700	10	670
1/21/2017	Bearing assembly leaking water	1,304	5	261
2/21/2017	Diathermy	7,302	10	730
3/23/2017	Changed Pump to Fix Heat	2,301	15	153
3/31/2017	Lamps	800	10	80
4/28/2017	Wheelchair Platform Scale	1,030	15	69
6/30/2017	Chair & Loveseat	1,656	12	138
7/31/2017	AC Units	886	5	177
7/17/2017	Med-Aire alternating pressure mattress	570	10	57
6/16/2017	Chromebooks, Notebooks, Processor, Printer, Desktop	6,487	5	1,297
3/6/2017	Security Software	1,000	5	200
4/1/2017	Security Software	1,000	5	200
5/1/2017	Security Software	1,000	5	200
9/30/2017	E-Copiers (Total = 6)- Sales Use Tax	413	3	138
6/30/2017	Security Software- Sales Use Tax	190	5	38
5/30/2017	Wheelchair Platform Scale-Sales Tax Use	65	15	4
8/31/2017	Med-Aire alternating pressure mattress- Sales Use Tax	36	10	4
<b>Total additions for Movable Equipment</b>		<b>\$ 43,922</b>		<b>\$ 5,535 *</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ - **</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/7/2016	Concrete replacement	\$ 1,800	15	\$ 120
1/2/2017	Carpeting	8,996	5	1,799
1/23/2017	Roof Repair	3,829	10	383
1/21/2017	Shower room repair	1,800	7	257
1/3/2017	Shower room repair	2,000	7	286
2/13/2017	Replace broken window	678	15	45
2/27/2017	Roof Repair	1,787	10	179
4/17/2017	Soffits and Foundation	7,500	7	1,071
7/1/2017	Carpeting	6,500	5	1,300
7/26/2017	Security Door	505	20	25
8/11/2017	Replace/Modify two dry heads	4,520	20	226
8/14/2017	Remove carpet and install floor	3,700	10	370
9/27/2017	Installation of two dry heads	4,520	20	226
<b>Total additions for Leasehold Improvement</b>		<b>\$ 48,135</b>		<b>\$ 6,287 *</b>
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ - **</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

RegalCare at Prospect, LLC  
FIXED ASSET / DEPRECIATION SCHEDULE

G/L Account	Description	Date In Service	Method	Life	Historical Cost	2016 A/D	2017 Deprec.	2017 A/D	NBV
<b>LEASEHOLD IMPROVEMENTS</b>									
Leasehold Imp.	Sign Replacement	4/1/2016	S/L	10	1,382	138	138	276	1,106
Leasehold Imp.	Tile Flooring	8/1/2016	S/L	20	15,010	751	751	1,502	13,508
Leasehold Imp.	Kitchen Renovation	9/1/2016	S/L	20	33,623	1,681	1,681	3,362	30,261
Leasehold Imp.	Replacement of Windows	9/1/2016	S/L	20	920	46	46	92	828
Leasehold Imp.	Doors & Materials	9/1/2016	S/L	15	600	40	40	80	520
<b>TOTAL LEASEHOLD IMPROVEMENTS 2016</b>					<b>51,535</b>	<b>2,656</b>	<b>2,656</b>	<b>5,312</b>	<b>46,223</b>
Leasehold Imp.	Concrete replacement	11/7/2016	S/L	15	1,800	-	120	120	1,680
Leasehold Imp.	Carpeting	1/2/2017	S/L	5	8,996	-	1,799	1,799	7,197
Leasehold Imp.	Roof Repair	1/23/2017	S/L	10	3,829	-	383	383	3,446
Leasehold Imp.	Shower room repair	1/21/2017	S/L	7	1,800	-	257	257	1,543
Leasehold Imp.	Shower room repair	1/3/2017	S/L	7	2,000	-	286	286	1,714
Leasehold Imp.	Replace broken window	2/13/2017	S/L	15	678	-	45	45	633
Leasehold Imp.	Roof Repair	2/27/2017	S/L	10	1,787	-	179	179	1,608
Leasehold Imp.	Soffits and Foundation	4/17/2017	S/L	7	7,500	-	1,071	1,071	6,429
Leasehold Imp.	Carpeting	7/1/2017	S/L	5	6,500	-	1,300	1,300	5,200
Leasehold Imp.	Security Door	7/26/2017	S/L	20	505	-	25	25	480
Leasehold Imp.	Replace/Modify two dry heads	8/11/2017	S/L	20	4,520	-	226	226	4,294
Leasehold Imp.	Remove carpet and install floor	8/14/2017	S/L	10	3,700	-	370	370	3,330
Leasehold Imp.	Installation of two dry heads	9/27/2017	S/L	20	4,520	-	226	226	4,294
<b>TOTAL LEASEHOLD IMPROVEMENTS 2017</b>					<b>48,135</b>	<b>-</b>	<b>6,287</b>	<b>6,287</b>	<b>41,848</b>
<b>TOTAL LEASEHOLD IMPROVEMENTS</b>					<b>99,670</b>	<b>2,656</b>	<b>8,943</b>	<b>11,599</b>	<b>88,071</b>
<b>MOVABLE EQUIPMENT</b>									
FF&E	ID Card Printer	4/1/2016	S/L	5	1,245	249	249	498	747
FF&E	Condensor Fan	7/1/2016	S/L	10	1,400	140	140	280	1,120
FF&E	Septic Shed	7/1/2016	S/L	15	1,000	67	67	134	866
FF&E	Septic Shed	8/1/2016	S/L	15	1,127	75	75	150	977
Computer Hardware	Sonicwall Network Sec, 8 computers, Server, 3 printers	3/1/2016	S/L	5	11,636	2,327	2,327	4,654	6,982
Computer Hardware	4 computer & 4 printers	4/1/2016	S/L	5	3,935	787	787	1,574	2,361
Computer Hardware	Ethernet switch, Server backup (12), Project management	5/1/2016	S/L	5	13,333	2,667	2,667	5,334	7,999
Computer Hardware	Check Scanner	9/1/2016	S/L	5	877	175	175	350	527
Computer Software	Microsoft Office Pro (8)	3/1/2016	S/L	3	1,752	584	584	1,168	584
Computer Software	Microsoft Office Pro (8) & Sonicwall Antivirus	4/1/2016	S/L	3	2,477	826	826	1,652	825
Capital Lease	E-Copiers (Total = 6)	3/1/2016	S/L	3	16,850	5,617	5,617	11,234	5,616
<b>TOTAL MOVABLE EQUIPMENT 2016</b>					<b>55,632</b>	<b>13,514</b>	<b>13,514</b>	<b>27,028</b>	<b>28,604</b>
Furniture	Conference Table & washing Machines	10/31/2016	S/L	10	8,347	-	835	835	7,512
Equipment	Ice Machine	11/30/2016	S/L	10	2,835	-	284	284	2,551
Equipment	Rebuilt Unimac Washers	12/1/2016	S/L	10	6,700	-	670	670	6,030
Equipment	Bearing assembly leaking water	1/21/2017	S/L	5	1,304	-	261	261	1,043
Equipment	Diathermy	2/21/2017	S/L	10	7,302	-	730	730	6,572
Equipment	Changed Pump to Fix Heat	3/23/2017	S/L	15	2,301	-	153	153	2,148
Furniture	Lamps	3/31/2017	S/L	10	800	-	80	80	720
Equipment	Wheelchair Platform Scale	4/28/2017	S/L	15	1,030	-	69	69	961
Furniture	Chair & Loveseat	6/30/2017	S/L	12	1,656	-	138	138	1,518
Furniture	AC Units	7/31/2017	S/L	5	886	-	177	177	709
Medical Equipment	Med-Airc alternating pressure mattress	7/17/2017	S/L	10	570	-	57	57	513
Computer Hardware	Chromebooks, Notebooks, Processor, Printer, Desktop	6/16/2017	S/L	5	6,487	-	1,297	1,297	5,190
Computer Software	Security Software	3/6/2017	S/L	5	1,000	-	200	200	800
Computer Software	Security Software	4/1/2017	S/L	5	1,000	-	200	200	800
Computer Software	Security Software	5/1/2017	S/L	5	1,000	-	200	200	800
Sales Use Tax	E-Copiers (Total = 6) - Sales Use Tax	9/30/2017	S/L	3	413	-	138	138	275
Sales Use Tax	Security Software - Sales Use Tax	6/30/2017	S/L	5	190	-	38	38	152
Sales Use Tax	Wheelchair Platform Scale - Sales Use Tax	5/30/2017	S/L	15	65	-	4	4	61
Sales Use Tax	Med-Airc alternating pressure mattress - Sales Use Tax	8/31/2017	S/L	10	36	-	4	4	32
<b>TOTAL MOVABLE EQUIPMENT 2017</b>					<b>43,922</b>	<b>-</b>	<b>5,535</b>	<b>5,535</b>	<b>38,387</b>
<b>TOTAL MOVABLE EQUIPMENT</b>					<b>99,554</b>	<b>13,514</b>	<b>19,049</b>	<b>32,563</b>	<b>66,991</b>
<b>NON-MOVABLE EQUIPMENT</b>									
Equipment	Fixed walk in Cooler	6/1/2017	S/L	10	796	-	80	80	716
<b>TOTAL NON-MOVABLE EQUIPMENT 2017</b>					<b>796</b>	<b>-</b>	<b>80</b>	<b>80</b>	<b>716</b>
<b>TOTAL ASSETS</b>					<b>200,020</b>	<b>16,170</b>	<b>28,072</b>	<b>44,242</b>	<b>155,778</b>
<b>TOTAL ASSETS PER CR SCHEDULE</b>					<b>200,020</b>	<b>16,170</b>	<b>28,072</b>	<b>44,242</b>	<b>155,778</b>
<b>TOTAL ASSETS PER TRIAL BALANCE</b>					<b>206,669</b>	<b>-</b>	<b>32,888</b>	<b>42,227</b>	<b>164,442</b>
<b>VARIANCE</b>					<b>(6,649)</b>	<b>-</b>	<b>(4,816)</b>	<b>2,015</b>	<b>(8,664)</b>
<b>VARIANCE DETAIL</b>									
<b>(ADD) CIP</b>					<b>6,650</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>ROUNDING</b>					<b>(1)</b>	<b>-</b>	<b>-</b>	<b>(1)</b>	<b>-</b>
<b>REVISED VARIANCE</b>					<b>-</b>	<b>-</b>	<b>(4,816)</b>	<b>2,014</b>	<b>(2,014)</b>

F/S vs C/R NBV - Page 31, Line B9  
F/S vs C/R Depreciation - Page 36, Line F1

2,014  
4,816

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
RegalCare at Prospect, LLC			2253		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1. Deferred Financing Costs			5 Years	42,468	4,262	S/L		8,526	
2.									
3.									
A-4. Subtotal									8,526
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var	Various	51,535	2,656	S/L	Var	2,656	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	48,135		S/L	Var	6,287	
C-4. Subtotal									8,943
<b>D. Total Amortization</b>									17,469

\* Straight-line method must be used.

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

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

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

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Independence Senior Holdings LLC, 13 Freedom Drive, Lakewood, NJ 08707	Building	03/04/16	20 Years	293,614	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
RegalCare at Prospect, LLC		2253	9/30/2017			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage			\$				
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount			\$				
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$				

*(Carry Subtotals forward to next page)*



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

Name of Facility		License No.		Report for Year Ended			Page	of
RegalCare at Prospect, LLC		2253		9/30/2017			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$	145,749	145,749		
Late Payment / LOC / Loan Interest								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	145,749	145,749		
14. Insurance								
a. Insurance on Property (buildings only)				\$	9,577	9,577		
b. Insurance on Automobiles				\$	341	341		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$				
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	67,262	67,262		
Gereal Liability / EPLI / Surety Bond								
14d. Total Insurance Expenditures (14a + b + c)				\$	77,180	77,180		
15. Total All Expenditures (A-13 thru C-14)				\$	11,936,771	11,936,771		

**D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended	Page	of	
RegalCare at Prospect, LLC			2253	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 436	436		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	10	B10a	Occupational Therapy	\$ 294,261	294,261		
7.			Other - See attached Schedule	\$ 47,853	47,853		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 58,047	58,047		
10.	15	1e	Accounting & Legal	\$ 6,629	6,629		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 497	497		
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.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 5,601	5,601		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 15,606	15,606		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 574	574		
20.	16	m10	Fund Raising / Contributions	\$ 73	73		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 158,636	158,636		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 588,213	588,213		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12o	Rehab Aides	\$ 436		
<b>Total Other Salaries Adjustment</b>			<b>\$ 436</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	Respiratory Therapist	\$ 1,670		
13	B12o	Respiratory Therapist	41,388		
13	B12o	IV Insertion Nurse	4,795		
<b>Total Other Fees Adjustments</b>			<b>\$ 47,853</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Miscellaneous Employee Benefits	\$ 58		
16	m13	Fines & Penalties	4,807		
16	m13	Late Fees	1,867		
16	m13	Non Routine Bank Charges	27,338		
16	m13	Employee Food	287		
16	m13	Employee Relations	492		
16	m13	Discriminatory Bonus	10,794		
16	m13	Admin Expense>Flood	112,993		
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 158,636</b>	<b>\$ -</b>	<b>\$ -</b>

**RegalCare at Prospect, LLC**  
**Disallowance Schedule for Cell Phones**  
**September 30, 2017**

	<u>Amount</u>
Total Cell Phone Expense	1,937 TB Linked
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Allowable Per Year	1,440
Percentage of Year (365 Days / 365 Days)	<u>100%</u>
Total Allowable Cost	\$ 1,440
<b>Disallowed Cell Phone (Page 28, Line 12)</b>	<u><u>\$ 497</u></u>

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

Name of Facility				License No.	Report for Year Ended	Page	of
RegalCare at Prospect, LLC				2253	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 588,213	588,213		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 193,986	193,986		
28.	20	5d	Ambulance/Limousine	\$ 11,857	11,857		
29.	20	5f	X-rays, etc	\$ 7,072	7,072		
30.	20	5h	Laboratory	\$ 15,277	15,277		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ (1,061)	(1,061)		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 35,162	35,162		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 8,526	8,526		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 146,090	146,090		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,005,122	1,005,122		

\*\*\* 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.

RegalCare at Prospect, LLC  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Television Disallowance (See Attached)	\$ 3,326		
20	5j	Non Allowable Nursing Equipment Rentals	31,836		
<b>Total Other Ancillary Costs</b>			<b>\$ 35,162</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8a	Amortization Expense	\$ 8,526		
<b>Total Other Property Adjustments</b>			<b>\$ 8,526</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Late Payment Interest	\$ 1,410		
27	12d	Loan Interest Expense	99,110		
27	12d	Line of Credit Interest Expenses	45,229		
27	14b	Automobile Insurance (Owner)	341		
<b>Total Other Adjustments</b>			<b>\$ 146,090</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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

**RegalCare at Prospect, LLC  
Disallowance Schedule for Cable TV  
September 30, 2017**

**Pg. 29b**

	<u>Amount</u>	
Total Cable TV Expense acct #80-232-00	\$ 6,926	TB Linked
Monthly Allowable amount	\$ 300	
Months in Year	12	
% of Actual Days in Cost Year (365 Days)	<u>100%</u>	
Total Allowable Cost	\$ 3,600	
<b>Disallowed Cable TV</b>	<u><u>\$ 3,326</u></u>	



## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
RegalCare at Prospect, LLC	2253	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 6,801,553	6,801,553				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,744,120	2,744,120				
b. Medicare Room and Board Contractual Allowance **	\$ (57,212)	(57,212)				
4. a. Private-Pay Residents and Other	\$ 957,830	957,830				
b. Private-Pay Room and Board Contractual Allowance **	\$ (687)	(687)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 175,685	175,685				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (175,685)	(175,685)				
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 365,503	365,503				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (284,566)	(284,566)				
c. Physical Therapy - Non-Medicare	\$ 31,831	31,831				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (31,831)	(31,831)				
4. a. Speech Therapy - Medicare	\$ 155,876	155,876				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (91,938)	(91,938)				
c. Speech Therapy - Non-Medicare	\$ 6,599	6,599				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (6,599)	(6,599)				
5. a. Occupational Therapy - Medicare	\$ 435,270	435,270				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (324,819)	(324,819)				
c. Occupational Therapy - Non-Medicare	\$ 23,150	23,150				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (23,150)	(23,150)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (161)	(161)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (3,533)	(3,533)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,697,236	10,697,236				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 157	157				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 192,660	192,660				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 192,817	192,817				
<b>VI. Total All Revenue</b> (III +V)	\$ 10,890,053	10,890,053				

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Revenue Adjustments> Medicare A	\$ (161)		
	<b>Total Other Resident Revenue - Medicare</b>	\$ (161)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Other Ancillary Rev> Equip Rental	\$ 104		
30 II 6b	Other Rev>Donations/Charity	335		
30 II 6b	Other Rev> Medical Records	131		
30 II 6b	Revenue Adjustments>HMO	(850)		
30 II 6b	Revenue Adjustments>Hospice	2,178		
30 II 6b	Revenue Adjustments>Medicaid	(5,431)		
	<b>Total Other Resident Revenue</b>	\$ (3,533)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Insurance Payments Sent Late		\$ 157		
	<b>Total Interest Income</b>		\$ 157	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Business Interruption Insurance Accrual	\$ 185,000		
30 IV 8	Startup Legal Fees Credit (Prior Year Credit)	7,660		
	<b>Total Other Revenue</b>	\$ 192,660	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Prospect, LLC	2253	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash (on hand and in banks)			\$	22,671
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	433,907
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	6,722
a. Prepaid Expenses	878			
b. Prepaid Expenses>Insurance	4,202			
c. Prepaid Expenses>Taxes	1,642			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	463,300
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>99,670</u>		\$	88,071
	Accum. Depreciation <u>11,599</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>796</u>		\$	716
	Accum. Depreciation <u>80</u>	Net		
6. Movable Equipment	*Historical Cost <u>99,554</u>		\$	66,991
	Accum. Depreciation <u>32,563</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	8,664
Fixed Assets>CIP	6,650			
F/S vs C/R NBV	2,014			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	164,442

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

(Carry Total forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Prospect, LLC	2253	9/30/2017	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	627,742
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	11,030
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	42,628		
	Accum. Depreciation	12,788	Net	\$ 29,840
4. Goodwill (Purchased Only)			\$	440,793
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	136,576
Name and Address	Amount	Loan Date		
Due from Torr, NH, WH, Wtby, Employee, Fairview Mgmt	136,576			
7. Other Assets ( <i>itemize</i> )			\$	46,110
	Due From>Old Owner	28,496		
	Due To/(From)>Vendor	4,393		
	Due To>Old Owner	13,221		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	664,349
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	1,292,091

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
RegalCare at Prospect, LLC		2253	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,019,937
2. Notes Payable ( <i>itemize</i> )				\$	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	209,800
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	4,549
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	282,148
Accrued Expenses		113,787	Accrued Expenses>Insur:	3,629	
Accrued Expenses (Assumed)		90,053	Accrued Expenses>Welfr	2,356	
Accrued Expenses>Tamkar Brokera		5,328	Accrued Expenses>Healt	62,445	
Accrued Expenses>Capital Lease>Ct		4,550			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>1,516,434</b>

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

(Carry Total forward to next page)

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

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,516,434	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	
				\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ 1,009,732
Name and Address of Lender	Amount	Loan Date		
Due from Mgmt, Holdings, SP, Greenwich	1,004,030			
Due from Eli Mirlis	5,702			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 15,518
Due To/(From)>Income		12,836		
Due To/(From)>Other L&E		2,682		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 1,025,250
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,541,684

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

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Prospect, LLC	2253	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	(317)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(197,742)
6. Gain or Loss for Period			\$	(1,051,534)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	(1,249,593)
<b>C. Total Reserves and Net Worth</b>			\$	(1,249,593)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,292,091

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
RegalCare at Prospect, LLC	2253	9/30/2017	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2016		\$	(197,742)
B.	Total Revenue ( <i>From Statement of Revenue Page 30</i> )		\$	10,890,053
C.	Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )		\$	11,941,587
D.	Net Income or Deficit		\$	(1,051,534)
E.	Balance		\$	(1,249,276)
F.	Additions			
1.	Additional Capital Contributed ( <i>itemize</i> )			
	Expenses Per Pg. 27	\$11,936,771		
	F/S vs C/R Depreciation	4,816		
	Expenses Per F/S	\$11,941,587		
2.	Other ( <i>itemize</i> )			
	Prior Period Adjustment	(317)		
F-3.	Total Additions		\$	(317)
G.	Deductions			
1.	Drawings of Owners/Operators/Partners ( <i>Specify</i> )			
	Name and Address ( <i>No., City, State, Zip</i> )	Title	Amount	
2.	Other Withdrawings ( <i>Specify</i> )		\$	
	Purpose	Amount		
3.	Total Deductions		\$	
H.	<b>Balance at End of Period</b>		\$	(1,249,593)
	09/30/17			



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

Name of Facility RegalCare at Prospect, LLC	License No. 2253	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/14/18		
Printed Name of Preparer Matthew S. Bivolack				
Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		

**Subject to the attached accountants' consulting report**

**ACCOUNTANTS' CONSULTING REPORT**

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for RegalCare at Prospect, LLC for the year ended September 30, 2017, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of RegalCare at Prospect, LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of RegalCare at Prospect, LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

***MARCUM LLP***

New Haven, CT  
February 12, 2018

# Annual Report of Long-Term Care Facility Cost Year 2017 Checklist

Facility Name RegalCare at Prospect, LLC

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

Yes No

2. Are the methods of allocating costs consistent with cost year 2016? If not, explain the reporting change.

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation:

\_\_\_\_\_  
\_\_\_\_\_

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation:

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Yes No

6. During cost year 2017, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation:

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Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation:

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Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation:

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Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation:

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Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:

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Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

**Explanation:**

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Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

**Explanation:**

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Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2016?

**Explanation:**

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Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

**Explanation:**

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Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

**Explanation:**

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Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

**Explanation:**

---

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Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation:

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Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation:

---

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Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation:

---

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Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation:

---

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Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation:

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---

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation:

---

---

Client: **Regal Care Management**  
 Engagement: **Medicaid - RegalCare at Prospect, LLC**  
 Period Ending: **9/30/2017**  
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
10-014-00	Cash>Petty Cash Facility	382.00			382.00
10-015-00	Cash>Petty Cash PNA	450.00			450.00
10-020-89	Cash>Payroll>Prospect	1,158.00			1,158.00
10-050-89	Cash>WFPayroll>Prospect	740.00			740.00
10-060-89	Cash>Resident Trust>Prospect	16,150.00			16,150.00
10-061-00	Cash>Care Cost	5,000.00			5,000.00
10-090-89	Cash>WFOperating>Prospect	(1,209.00)			(1,209.00)
11-100-00	Accounts Receivable>Miscellaneous	185,000.00			185,000.00
11-102-00	Accounts Receivable>Medicare A	42,920.00			42,920.00
11-104-00	Accounts Receivable>Private	1,707.00			1,707.00
11-105-00	Accounts Receivable>HMO	31,321.00			31,321.00
11-109-00	Accounts Receivable>Hospice	45,268.00			45,268.00
11-111-00	Accounts Receivable>Medicaid	181,484.00			181,484.00
11-112-00	Accounts Receivable>Income	(11,923.00)			(11,923.00)
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(57,703.00)			(57,703.00)
11-123-00	Accounts Receivable>Ancillary	15,833.00			15,833.00
12-000-00	Prepaid Expenses	878.00			878.00
12-124-00	Prepaid Expenses>Insurance	4,202.00			4,202.00
12-126-00	Prepaid Expenses>Taxes	1,642.00			1,642.00
13-127-00	Due From>Old Owner	28,496.00			28,496.00
13-128-00	Due From>Vendor Security Deposits	11,030.00			11,030.00
14-131-00	Fixed Assets>Leasehold Improvements	99,669.00			99,669.00
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	38,729.00			38,729.00
14-133-00	Fixed Assets>Medical Equipment	570.00			570.00
14-134-00	Fixed Assets>Computer Hardware	36,268.00			36,268.00
14-135-00	Fixed Assets>Computer Software	7,229.00			7,229.00
14-136-00	Fixed Assets>CIP	6,650.00			6,650.00
14-137-01	Fixed Asset>Capital Lease>Copier	16,850.00			16,850.00
14-305-00	Fixed Assets>Sales Use Tax	704.00			704.00
15-131-00	Accum Depn>Leasehold Improvements	(11,524.00)			(11,524.00)
15-132-00	Accum Depn>Furniture, Fixtures and Equipment	(6,411.00)			(6,411.00)
15-133-00	Accum Depn>Medical Equipment	(29.00)			(29.00)
15-134-00	Accum Depn>Computer Hardware	(9,265.00)			(9,265.00)
15-135-00	Accum Depn>Computer Software	(1,598.00)			(1,598.00)
15-137-01	Accumulated Depn>Capital Lease>Copier	(13,340.00)			(13,340.00)
15-305-00	Accum Depn>Sales Use Tax	(60.00)			(60.00)
16-000-00	Goodwill	440,793.00			440,793.00
17-000-00	Deferred Financing Costs	42,628.00			42,628.00
19-265-00	Accumulated Amortization>Deferred Financing Costs	(12,788.00)			(12,788.00)
20-000-00	Accounts Payable	(1,004,073.00)			(1,004,073.00)
21-149-00	Other Current Payables>Misc. PR Deduction	30.00			30.00
21-350-00	Other Current Payables>Resident Funds	(16,150.00)			(16,150.00)
21-351-00	Other Current Payables>Deceased Resident Funds - Burial	256.00			256.00
23-000-00	Accrued Wages & Related	(162,990.00)			(162,990.00)
23-157-00	Accrued Expenses>PTO	(46,810.00)			(46,810.00)
24-000-00	Accrued Expenses	(113,787.00)			(113,787.00)
24-000-01	Accrued Expenses (Assumed)	(90,053.00)			(90,053.00)
24-000-02	Accrued Expenses>Tamkar Brokerage Fee	(5,328.00)			(5,328.00)
24-137-01	Accrued Expenses>Capital Lease>Copier	(4,550.00)			(4,550.00)
24-165-00	Accrued Expenses>Insurance - Property	(3,629.00)			(3,629.00)
24-260-79	Accrued Expenses>Welfare (Assumed) >Union	(2,356.00)			(2,356.00)
24-882-00	Accrued Expenses>Health Insurance	(62,445.00)			(62,445.00)
27-000-87	Due To/(From)>Torrington	4,371.00			4,371.00
27-000-88	Due To/(From)>New Haven	124,371.00			124,371.00
27-000-90	Due To/(From)>West Haven	343.00			343.00
27-000-91	Due To/(From)>Waterbury	5,170.00			5,170.00
27-000-92	Due To/(From)>Management	(106,941.00)			(106,941.00)

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
27-000-93	Due To/(From)>Holdings	(892,486.00)			(892,486.00)
27-102-00	Due To/(From)>Medicare A	(4,549.00)			(4,549.00)
27-112-00	Due To/(From)>Income	(12,836.00)			(12,836.00)
27-152-00	Due To/(From)>Employee	2,061.00			2,061.00
27-172-00	Due To/(From)>Vendor	4,393.00			4,393.00
27-174-00	Due To/(From)>Other L&E	(2,682.00)			(2,682.00)
27-315-00	Due To/(From)>Southport	(4,334.00)			(4,334.00)
27-316-00	Due To/(From)>Greenwich	(269.00)			(269.00)
27-317-00	Due To/(From)>Fairview Management	260.00			260.00
27-400-00	Due to/(from)>Eli Mirlis	(5,702.00)			(5,702.00)
28-127-00	Due To>Old Owner	13,221.00			13,221.00
30-000-00	Retained Earnings	197,742.00			197,742.00
31-000-86	Partner's Equity>All Partners>Capital Draws	317.00			317.00
40-102-00	Room & Board Revenue>Medicare A	(2,744,120.00)			(2,744,120.00)
40-102-14	Room & Board Revenue>Medicare A>Sequester	57,212.00			57,212.00
40-104-00	Room & Board Revenue>Private	(709,851.00)			(709,851.00)
40-105-00	Room & Board Revenue>HMO	(123,336.00)			(123,336.00)
40-105-14	Room & Board Revenue>HMO>Sequester	687.00			687.00
40-109-00	Room & Board Revenue>Hospice	(124,643.00)			(124,643.00)
40-111-00	Room & Board Revenue>Medicaid	(6,801,553.00)			(6,801,553.00)
41-102-00	Pharmacy Rev>Medicare A	(175,685.00)			(175,685.00)
41-102-01	Pharmacy Rev>Medicare A>C/A	175,685.00			175,685.00
42-102-00	PT Revenue>Medicare A	(284,379.00)			(284,379.00)
42-102-01	PT Revenue>Medicare A>C/A	284,566.00			284,566.00
42-103-00	PT Revenue>Medicare B	(81,124.00)			(81,124.00)
42-111-00	PT Revenue>Medicaid	(31,831.00)			(31,831.00)
42-111-01	PT Revenue>Medicaid>C/A	31,831.00			31,831.00
43-102-00	OT Revenue>Medicare A	(324,088.00)			(324,088.00)
43-102-01	OT Revenue>Medicare A>C/A	324,088.00			324,088.00
43-103-00	OT Revenue>Medicare B	(111,182.00)			(111,182.00)
43-103-01	OT Revenue>Medicare B>C/A	731.00			731.00
43-111-00	OT Revenue>Medicaid	(23,150.00)			(23,150.00)
43-111-01	OT Revenue>Medicaid>C/A	23,150.00			23,150.00
44-102-00	ST Revenue>Medicare A	(95,527.00)			(95,527.00)
44-102-01	ST Revenue>Medicare A>C/A	91,938.00			91,938.00
44-103-00	ST Revenue>Medicare B	(60,349.00)			(60,349.00)
44-111-00	ST Revenue>Medicaid	(6,599.00)			(6,599.00)
44-111-01	ST Revenue>Medicaid>C/A	6,599.00			6,599.00
47-208-00	Other Ancillary Rev>Equip Rental	(104.00)			(104.00)
51-100-00	Other Rev>Miscellaneous	(185,000.00)			(185,000.00)
51-160-00	Other Rev>Interest	(157.00)			(157.00)
51-246-00	Other Rev>Donations/Charity	(335.00)			(335.00)
51-818-00	Other Rev>Medical Records	(131.00)			(131.00)
52-102-00	Revenue Adjustments>Medicare A	161.00			161.00
52-105-00	Revenue Adjustments>HMO	850.00			850.00
52-109-00	Revenue Adjustments>Hospice	(2,178.00)			(2,178.00)
52-111-00	Revenue Adjustments>Medicaid	5,431.00			5,431.00
60-183-00	Nursing Expense>Supplies	119,679.00			119,679.00
60-204-00	Nursing Expense>Training & Education	321.00			321.00
60-205-00	Nursing Expense>Sanitation & Incineration	716.00			716.00
60-206-00	Nursing Expense>Clinical Services	68,283.00		(7,200.00)	61,083.00
60-208-00	Nursing Expense>Equip-Rental	114,641.00			114,641.00
60-212-00	Nursing Expense>Clinical Consultants	770.00			770.00
60-213-00	Nursing Expense>Transportation	12,067.00		(11,857.00)	210.00
60-230-00	Nursing Expense>Data Processing	12,548.00			12,548.00
60-700-18	Nursing Expense>Contracted Service>RN	12,095.00			12,095.00
60-700-19	Nursing Expense>Contracted Service>LPN	366.00			366.00
60-700-20	Nursing Expense>Contracted Service>CNA	492.00			492.00
60-801-80	Nursing Expense>CNA>Wages	1,766,430.00			1,766,430.00
60-805-80	Nursing Expense>LPN>Wages	1,029,189.00			1,029,189.00
60-808-80	Nursing Expense>RN>Wages	558,342.00			558,342.00



Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
60-809-80	Nursing Expense>RN Supervisor>Wages	333,406.00			333,406.00
61-750-00	Nursing Admin Expense>Medical Director	37,000.00			37,000.00
61-811-80	Nursing Admin Expense>Director>Wages	117,544.00			117,544.00
61-812-80	Nursing Admin Expense>Assistant Director>Wages	83,819.00			83,819.00
61-814-80	Nursing Admin Expense>Central Supply>Wages	25,518.00			25,518.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	177,977.00			177,977.00
61-818-80	Nursing Admin Expense>Medical Records>Wages	31,177.00			31,177.00
61-819-80	Nursing Admin Expense>Nurse Admin>Wages	23,721.00			23,721.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	58,302.00			58,302.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	17,633.00			17,633.00
61-880-00	Nursing Admin Expense>Payroll Taxes	396,900.00			396,900.00
61-881-00	Nursing Admin Expense>Workers Comp	207,483.00			207,483.00
61-882-00	Nursing Admin Expense>Health Insurance	98,720.00			98,720.00
61-883-00	Nursing Admin Expense>Other Benefits	975,991.00		(975,991.00)	0.00
62-145-00	Pharmacy Expense>RX	193,986.00			193,986.00
62-222-00	Pharmacy Expense>OTC	3,297.00			3,297.00
62-700-00	Pharmacy Expense>Contracted Service	10,599.00			10,599.00
64-223-00	Other Ancillary Expense>Oxygen	(1,061.00)			(1,061.00)
64-224-00	Other Ancillary Expense>Lab	15,277.00			15,277.00
64-225-00	Other Ancillary Expense>Radiology	7,072.00			7,072.00
64-282-80	Other ancillary expense>Rehab>Wages	436.00			436.00
65-000-00	PT Expense	236,827.00			236,827.00
66-000-00	OT Expense	294,261.00			294,261.00
67-000-00	ST Expense	65,744.00			65,744.00
68-700-00	Therapy Expense>Contracted Service	7,000.00			7,000.00
68-880-00	Therapy Expense>Payroll Taxes	33.00			33.00
68-881-00	Therapy Expense>Workers Comp	20.00			20.00
68-882-00	Therapy Expense>Health Insurance	8.00			8.00
68-883-00	Therapy Expense>Other Benefits	81.00		(81.00)	0.00
69-830-80	Social Services Expense>Assistant>Wages	56,069.00			56,069.00
69-880-00	Social Services Expense>Payroll Taxes	5,294.00			5,294.00
69-881-00	Social Services Expense>Workers Comp	2,758.00			2,758.00
69-882-00	Social Services Expense>Health Insurance	1,305.00			1,305.00
69-883-00	Social Services Expense>Other Benefits	12,749.00		(12,749.00)	0.00
70-177-00	Dietary Expense>Supplements	23,189.00			23,189.00
70-178-00	Dietary Expense>Food	166,937.00			166,937.00
70-183-00	Dietary Expense>Supplies	19,670.00			19,670.00
70-207-00	Dietary Expense>Repairs & Maint	2,397.00			2,397.00
70-208-00	Dietary Expense>Equip-Rental	9,412.00			9,412.00
70-811-80	Dietary Expense>Director>Wages	51,100.00			51,100.00
70-831-80	Dietary Expense>Aide>Wages	356,825.00			356,825.00
70-832-80	Dietary Expense>Cook>Wages	117,375.00			117,375.00
70-833-80	Dietary Expense>Dietician>Wages	29,043.00			29,043.00
70-880-00	Dietary Expense>Payroll Taxes	52,240.00			52,240.00
70-881-00	Dietary Expense>Workers Comp	27,187.00			27,187.00
70-882-00	Dietary Expense>Health Insurance	13,049.00			13,049.00
70-883-00	Dietary Expense>Other Benefits	126,693.00		(126,693.00)	0.00
71-178-00	Activity Expense>Food	780.00			780.00
71-183-00	Activity Expense>Supplies	2,250.00			2,250.00
71-202-00	Activity Expense>Resident Missing Items	951.00			951.00
71-700-00	Activity Expense>Contracted Service	10,595.00			10,595.00
71-811-80	Activity Expense>Director>Wages	46,154.00			46,154.00
71-831-80	Activity Expense>Aide>Wages	40,343.00			40,343.00
71-880-00	Activity Expense>Payroll Taxes	8,120.00			8,120.00
71-881-00	Activity Expense>Workers Comp	4,221.00			4,221.00
71-882-00	Activity Expense>Health Insurance	2,003.00			2,003.00
71-883-00	Activity Expense>Other Benefits	19,979.00		(19,979.00)	0.00
72-183-00	Housekeeping Expense>Supplies	17,027.00			17,027.00
72-700-00	Housekeeping Expense>Contracted Service	4,348.00			4,348.00
72-831-80	Housekeeping Expense>Aide>Wages	289,148.00			289,148.00
73-183-00	Laundry Expense>Supplies	5,736.00			5,736.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
73-831-80	Laundry Expense>Aide>Wages	99,330.00			99,330.00
74-880-00	Housekeeping & Laundry Expense>Payroll Taxes	36,460.00			36,460.00
74-881-00	Housekeeping & Laundry Expense>Workers Comp	19,101.00			19,101.00
74-882-00	Housekeeping & Laundry Expense>Health Insurance	9,156.00			9,156.00
74-883-00	Housekeeping & Laundry Expense>Other Benefits	88,537.00		(88,537.00)	0.00
75-183-00	Maintenance Expense>Supplies	7,137.00			7,137.00
75-205-00	Maintenance Expense>Sanitation & Incineration	19,406.00			19,406.00
75-207-00	Maintenance Expense>Repairs & Maint	30,927.00			30,927.00
75-217-00	Maintenance Expense>Extermination	1,760.00			1,760.00
75-218-00	Maintenance Expense>Snow Removal	14,410.00			14,410.00
75-219-00	Maintenance Expense>Landscaping	9,432.00			9,432.00
75-220-00	Maintenance Expense>Fire Drill	3,846.00			3,846.00
75-700-00	Maintenance Expense>Contracted Service	39,405.00			39,405.00
75-811-80	Maintenance Expense>Director>Wages	52,846.00			52,846.00
75-829-80	Maintenance Expense>Staff>Wages	38,174.00			38,174.00
75-837-00	Maintenance Expense>Security	9,499.00			9,499.00
75-838-80	Maintenance Expense>Security Desk>Wages	17,433.00			17,433.00
75-880-00	Maintenance Expense>Payroll Taxes	10,131.00			10,131.00
75-881-00	Maintenance Expense>Workers Comp	5,348.00			5,348.00
75-882-00	Maintenance Expense>Health Insurance	2,562.00			2,562.00
75-883-00	Maintenance Expense>Other Benefits	24,963.00		(24,963.00)	0.00
75-885-00	Maintenance Expense>Flood	173,703.00			173,703.00
76-227-00	Utility Expense>Gas	48,720.00			48,720.00
76-228-00	Utility Expense>Electric	66,803.00			66,803.00
76-229-00	Utility Expense>Water/Sewer	46,520.00			46,520.00
80-101-00	Admin Expense>Provider Tax	607,731.00			607,731.00
80-162-00	Admin Expense>Insurance - General Liability & Other	65,747.00			65,747.00
80-163-00	Admin Expense>Insurance - EPLI	1,015.00			1,015.00
80-164-00	Admin Expense>Surety Bond	500.00			500.00
80-165-00	Admin Expense>Insurance - Property	9,577.00			9,577.00
80-167-00	Admin Expense>Insurance - Auto	341.00			341.00
80-183-00	Admin Expense>Supplies	14,263.00			14,263.00
80-208-00	Admin Expense>Equip-Rental	1,645.00			1,645.00
80-209-00	Admin Expense>Postage	3,459.00			3,459.00
80-210-00	Admin Expense>Internet	2,580.00			2,580.00
80-230-00	Admin Expense>Data Processing	71,535.00			71,535.00
80-231-00	Admin Expense>Telephone	13,885.00		(1,937.00)	11,948.00
80-232-00	Admin Expense>Cable TV	6,926.00			6,926.00
80-233-00	Admin Expense>Seminars	58.00		700.00	758.00
80-234-00	Admin Expense>Licenses	1,081.00			1,081.00
80-235-00	Admin Expense>Dues & Subscriptions	700.00		(700.00)	0.00
80-236-00	Admin Expense>Travel	6,733.00			6,733.00
80-236-04	Admin Expense>Travel>Allowable	2,162.00			2,162.00
80-238-00	Admin Expense>Legal Fees	52,185.00		616.00	52,801.00
80-239-00	Admin Expense>Accounting Fees	68,141.00		(56,400.00)	11,741.00
80-240-00	Admin Expense>Professional Fees	145,104.00		54,365.00	199,469.00
80-242-00	Admin Expense>Fines, Penalties & Settlements	4,807.00			4,807.00
80-243-00	Admin Expense>Late Fees	1,865.00			1,865.00
80-244-00	Admin Expense>Bank Fees	40,565.00			40,565.00
80-246-00	Admin Expense>Donations/Charity	73.00			73.00
80-247-00	Admin Expense>Corporate Tax	824.00			824.00
80-249-00	Admin Expense>Recruiting	6,463.00			6,463.00
80-250-00	Admin Expense>Marketing & Advertising	15,606.00			15,606.00
80-251-00	Admin Expense>Bad Debt	58,047.00			58,047.00
80-252-00	Admin Expense>Startup Costs	(7,660.00)			(7,660.00)
80-700-00	Admin Expense>Contracted Service	29,556.00			29,556.00
80-811-80	Admin Expense>Director>Wages	88,269.00			88,269.00
80-812-80	Admin Expense>Assistant Director>Wages	4,720.00			4,720.00
80-839-80	Admin Expense>Admissions>Wages	130,435.00			130,435.00
80-840-80	Admin Expense>Business Office>Wages	130,125.00			130,125.00
80-880-00	Admin Expense>Payroll Taxes	28,751.00			28,751.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
80-881-00	Admin Expense>Workers Comp	14,894.00			14,894.00
80-882-00	Admin Expense>Health Insurance	7,088.00			7,088.00
80-883-00	Admin Expense>Other Benefits	71,325.00		(71,325.00)	0.00
80-885-00	Admin Expense>Flood	112,993.00			112,993.00
85-100-00	Employee Benefits Expense>Miscellaneous	0.00		58.00	58.00
85-148-00	401k	0.00		7,296.00	7,296.00
85-245-00	Employee Benefits Expense>Background Checks	0.00		1,587.00	1,587.00
85-253-00	Uniforms	0.00		349,535.00	349,535.00
85-255-79	Employee Benefits Expense>Pension>Union	0.00		906,283.00	906,283.00
85-260-79	Employee Benefits Expense>Welfare>Union	0.00		42,786.00	42,786.00
91-121-00	Property Expense>Rent	293,614.00			293,614.00
91-161-00	Property Expense>RE Taxes	122,385.00			122,385.00
91-261-00	Property Expense>Personal Prop Taxes	1,385.00			1,385.00
92-000-00	Depreciation Expense	32,888.00			32,888.00
93-000-00	Amortization Expense	8,526.00			8,526.00
94-000-00	Interest Expense	145,749.00			145,749.00
Marcum 101	Dentist	0.00		7,200.00	7,200.00
Marcum 102	Cell Phone	0.00		1,937.00	1,937.00
Marcum 107	Accounting Fees	0.00		1,419.00	1,419.00
Marcum 108	Ambulance	0.00		11,857.00	11,857.00
Marcum 111	Employee Food	0.00		287.00	287.00
Marcum 112	Holiday Party	0.00		1,200.00	1,200.00
Marcum 113	Employee Relations	0.00		492.00	492.00
Marcum 114	Discriminatory Bonus	0.00		10,794.00	10,794.00
<b>Total</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>Net (Income) Loss</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>

Client: **Regal Care Management**  
 Engagement: **Medicaid - RegalCare at Prospect, LLC**  
 Period Ending: **9/30/2017**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJ 9/30/2017	JE Ref #	RJE 9/30/2017	FINAL 9/30/2017
<b>Group : [10-A]</b>	<b>Salaries and Wages</b>				
<b>Subgroup : [2]</b>	<b>Administrators</b>				
80-811-80	Admin Expense>Director>Wages	88,269.00		0.00	88,269.00
<b>Subtotal [2]</b>	<b>Administrators</b>	<b>88,269.00</b>		<b>0.00</b>	<b>88,269.00</b>
<b>Subgroup : [4]</b>	<b>Other Administrative Salaries</b>				
75-838-80	Maintenance Expense>Security Desk>Wages	17,433.00		0.00	17,433.00
80-812-80	Admin Expense>Assistant Director>Wages	4,720.00		0.00	4,720.00
80-840-80	Admin Expense>Business Office>Wages	130,125.00		0.00	130,125.00
<b>Subtotal [4]</b>	<b>Other Administrative Salaries</b>	<b>152,278.00</b>		<b>0.00</b>	<b>152,278.00</b>
<b>Subgroup : [5A]</b>	<b>Head Dietitian</b>				
70-833-80	Dietary Expense>Dietician>Wages	29,043.00		0.00	29,043.00
<b>Subtotal [5A]</b>	<b>Head Dietitian</b>	<b>29,043.00</b>		<b>0.00</b>	<b>29,043.00</b>
<b>Subgroup : [5B]</b>	<b>Food Service Supervisor</b>				
70-811-80	Dietary Expense>Director>Wages	51,100.00		0.00	51,100.00
<b>Subtotal [5B]</b>	<b>Food Service Supervisor</b>	<b>51,100.00</b>		<b>0.00</b>	<b>51,100.00</b>
<b>Subgroup : [5C]</b>	<b>Dietary Workers</b>				
70-831-80	Dietary Expense>Aide>Wages	356,825.00		0.00	356,825.00
70-832-80	Dietary Expense>Cook>Wages	117,375.00		0.00	117,375.00
<b>Subtotal [5C]</b>	<b>Dietary Workers</b>	<b>474,200.00</b>		<b>0.00</b>	<b>474,200.00</b>
<b>Subgroup : [6B]</b>	<b>Other Housekeeping Workers</b>				
72-831-80	Housekeeping Expense>Aide>Wages	289,148.00		0.00	289,148.00
<b>Subtotal [6B]</b>	<b>Other Housekeeping Workers</b>	<b>289,148.00</b>		<b>0.00</b>	<b>289,148.00</b>
<b>Subgroup : [7A]</b>	<b>Engineer or Chief of Maintenance</b>				
75-811-80	Maintenance Expense>Director>Wages	52,846.00		0.00	52,846.00
<b>Subtotal [7A]</b>	<b>Engineer or Chief of Maintenance</b>	<b>52,846.00</b>		<b>0.00</b>	<b>52,846.00</b>
<b>Subgroup : [7B]</b>	<b>Other Maintenance Workers</b>				
75-829-80	Maintenance Expense>Staff>Wages	38,174.00		0.00	38,174.00
<b>Subtotal [7B]</b>	<b>Other Maintenance Workers</b>	<b>38,174.00</b>		<b>0.00</b>	<b>38,174.00</b>
<b>Subgroup : [8B]</b>	<b>Other Laundry Workers</b>				
73-831-80	Laundry Expense>Aide>Wages	99,330.00		0.00	99,330.00
<b>Subtotal [8B]</b>	<b>Other Laundry Workers</b>	<b>99,330.00</b>		<b>0.00</b>	<b>99,330.00</b>
<b>Subgroup : [12A]</b>	<b>Director of Nurses/Assistant Director</b>				
61-811-80	Nursing Admin Expense>Director>Wages	117,544.00		0.00	117,544.00
61-812-80	Nursing Admin Expense>Assistant Director>Wages	83,819.00		0.00	83,819.00
<b>Subtotal [12A]</b>	<b>Director of Nurses/Assistant Director</b>	<b>201,363.00</b>		<b>0.00</b>	<b>201,363.00</b>
<b>Subgroup : [12B1]</b>	<b>RNs - Direct Care</b>				
60-808-80	Nursing Expense>RN>Wages	558,342.00		0.00	558,342.00
60-809-80	Nursing Expense>RN Supervisor>Wages	333,406.00		0.00	333,406.00
<b>Subtotal [12B1]</b>	<b>RNs - Direct Care</b>	<b>891,748.00</b>		<b>0.00</b>	<b>891,748.00</b>
<b>Subgroup : [12B2]</b>	<b>RNs - Administrative</b>				
61-814-80	Nursing Admin Expense>Central Supply>Wages	25,518.00		0.00	25,518.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	177,977.00		0.00	177,977.00
61-819-80	Nursing Admin Expense>Nurse Admin>Wages	23,721.00		0.00	23,721.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	58,302.00		0.00	58,302.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wage	17,633.00		0.00	17,633.00
<b>Subtotal [12B2]</b>	<b>RNs - Administrative</b>	<b>303,151.00</b>		<b>0.00</b>	<b>303,151.00</b>
<b>Subgroup : [12C1]</b>	<b>LPNs - Direct Care</b>				
60-805-80	Nursing Expense>LPN>Wages	1,029,189.00		0.00	1,029,189.00
<b>Subtotal [12C1]</b>	<b>LPNs - Direct Care</b>	<b>1,029,189.00</b>		<b>0.00</b>	<b>1,029,189.00</b>
<b>Subgroup : [12D]</b>	<b>Aides and Attendants</b>				

60-801-80	Nursing Expense>CNA>Wages	1,766,430.00	0.00	1,766,430.00
<b>Subtotal [12D]</b>	<b>Aides and Attendants</b>	<b>1,766,430.00</b>	<b>0.00</b>	<b>1,766,430.00</b>
<b>Subgroup : [12H]</b>	<b>Recreation Workers</b>			
71-811-80	Activity Expense>Director>Wages	46,154.00	0.00	46,154.00
71-831-80	Activity Expense>Aide>Wages	40,343.00	0.00	40,343.00
<b>Subtotal [12H]</b>	<b>Recreation Workers</b>	<b>86,497.00</b>	<b>0.00</b>	<b>86,497.00</b>
<b>Subgroup : [12M]</b>	<b>Social Workers/Case Management</b>			
69-830-80	Social Services Expense>Assistant>Wages	56,069.00	0.00	56,069.00
<b>Subtotal [12M]</b>	<b>Social Workers/Case Management</b>	<b>56,069.00</b>	<b>0.00</b>	<b>56,069.00</b>
<b>Subgroup : [12O]</b>	<b>Other</b>			
61-818-80	Nursing Admin Expense>Medical Records>Wages	31,177.00	0.00	31,177.00
64-282-80	Other ancillary expense>Rehab>Wages	436.00	0.00	436.00
80-839-80	Admin Expense>Admissions>Wages	130,435.00	0.00	130,435.00
<b>Subtotal [12O]</b>	<b>Other</b>	<b>162,048.00</b>	<b>0.00</b>	<b>162,048.00</b>
<b>Total [10-A]</b>	<b>Salaries and Wages</b>	<b>5,770,883.00</b>	<b>0.00</b>	<b>5,770,883.00</b>
<b>Group : [13-B]</b>	<b>Professional Fees</b>			
<b>Subgroup : [2]</b>	<b>Dentist</b>			
Marcum 101	Dentist	0.00	7,200.00	7,200.00
			RJE - 1 7,200.00	
<b>Subtotal [2]</b>	<b>Dentist</b>	<b>0.00</b>	<b>7,200.00</b>	<b>7,200.00</b>
<b>Subgroup : [3]</b>	<b>Pharmacist</b>			
62-700-00	Pharmacy Expense>Contracted Service	10,599.00	0.00	10,599.00
<b>Subtotal [3]</b>	<b>Pharmacist</b>	<b>10,599.00</b>	<b>0.00</b>	<b>10,599.00</b>
<b>Subgroup : [5A]</b>	<b>PT - Resident Care</b>			
65-000-00	PT Expense	236,827.00	0.00	236,827.00
68-700-00	Therapy Expense>Contracted Service	7,000.00	0.00	7,000.00
<b>Subtotal [5A]</b>	<b>PT - Resident Care</b>	<b>243,827.00</b>	<b>0.00</b>	<b>243,827.00</b>
<b>Subgroup : [8A]</b>	<b>Medical Director</b>			
61-750-00	Nursing Admin Expense>Medical Director	37,000.00	0.00	37,000.00
<b>Subtotal [8A]</b>	<b>Medical Director</b>	<b>37,000.00</b>	<b>0.00</b>	<b>37,000.00</b>
<b>Subgroup : [9A]</b>	<b>ST - Resident Care</b>			
67-000-00	ST Expense	65,744.00	0.00	65,744.00
<b>Subtotal [9A]</b>	<b>ST - Resident Care</b>	<b>65,744.00</b>	<b>0.00</b>	<b>65,744.00</b>
<b>Subgroup : [10A]</b>	<b>OT - Resident Care</b>			
66-000-00	OT Expense	294,261.00	0.00	294,261.00
<b>Subtotal [10A]</b>	<b>OT - Resident Care</b>	<b>294,261.00</b>	<b>0.00</b>	<b>294,261.00</b>
<b>Subgroup : [11A1]</b>	<b>RN's - Direct Care</b>			
60-700-18	Nursing Expense>Contracted Service>RN	12,095.00	0.00	12,095.00
<b>Subtotal [11A1]</b>	<b>RN's - Direct Care</b>	<b>12,095.00</b>	<b>0.00</b>	<b>12,095.00</b>
<b>Subgroup : [11B1]</b>	<b>LPN's - Direct Care</b>			
60-700-19	Nursing Expense>Contracted Service>LPN	366.00	0.00	366.00
<b>Subtotal [11B1]</b>	<b>LPN's - Direct Care</b>	<b>366.00</b>	<b>0.00</b>	<b>366.00</b>
<b>Subgroup : [11C]</b>	<b>Aides</b>			
60-700-20	Nursing Expense>Contracted Service>CNA	492.00	0.00	492.00
<b>Subtotal [11C]</b>	<b>Aides</b>	<b>492.00</b>	<b>0.00</b>	<b>492.00</b>
<b>Subgroup : [12]</b>	<b>Other</b>			
60-206-00	Nursing Expense>Clinical Services	68,283.00	(7,200.00)	61,083.00
			RJE - 1 (7,200.00)	
60-212-00	Nursing Expense>Clinical Consultants	770.00	0.00	770.00
<b>Subtotal [12]</b>	<b>Other</b>	<b>69,053.00</b>	<b>(7,200.00)</b>	<b>61,853.00</b>
<b>Total [13-B]</b>	<b>Professional Fees</b>	<b>733,437.00</b>	<b>0.00</b>	<b>733,437.00</b>
<b>Group : [15]</b>	<b>Expenditures Other than Salaries</b>			
<b>Subgroup : [1A1]</b>	<b>Workmen's Compensation</b>			
61-881-00	Nursing Admin Expense>Workers Comp	207,483.00	0.00	207,483.00
68-881-00	Therapy Expense>Workers Comp	20.00	0.00	20.00

69-881-00	Social Services Expense>Workers Comp	2,758.00	0.00	2,758.00
70-881-00	Dietary Expense>Workers Comp	27,187.00	0.00	27,187.00
71-881-00	Activity Expense>Workers Comp	4,221.00	0.00	4,221.00
74-881-00	Housekeeping & Laundry Expense>Workers Comp	19,101.00	0.00	19,101.00
75-881-00	Maintenance Expense>Workers Comp	5,348.00	0.00	5,348.00
80-881-00	Admin Expense>Workers Comp	14,894.00	0.00	14,894.00
<b>Subtotal [1A1]</b>	<b>Workmen's Compensation</b>	<b>281,012.00</b>	<b>0.00</b>	<b>281,012.00</b>
<b>Subgroup : [1A4]</b>	<b>Social Security (FICA)</b>			
61-880-00	Nursing Admin Expense>Payroll Taxes	396,900.00	0.00	396,900.00
68-880-00	Therapy Expense>Payroll Taxes	33.00	0.00	33.00
69-880-00	Social Services Expense>Payroll Taxes	5,294.00	0.00	5,294.00
70-880-00	Dietary Expense>Payroll Taxes	52,240.00	0.00	52,240.00
71-880-00	Activity Expense>Payroll Taxes	8,120.00	0.00	8,120.00
74-880-00	Housekeeping & Laundry Expense>Payroll Taxes	36,460.00	0.00	36,460.00
75-880-00	Maintenance Expense>Payroll Taxes	10,131.00	0.00	10,131.00
80-880-00	Admin Expense>Payroll Taxes	28,751.00	0.00	28,751.00
<b>Subtotal [1A4]</b>	<b>Social Security (FICA)</b>	<b>537,929.00</b>	<b>0.00</b>	<b>537,929.00</b>
<b>Subgroup : [1A5]</b>	<b>Health Insurance</b>			
61-882-00	Nursing Admin Expense>Health Insurance	98,720.00	0.00	98,720.00
68-882-00	Therapy Expense>Health Insurance	8.00	0.00	8.00
69-882-00	Social Services Expense>Health Insurance	1,305.00	0.00	1,305.00
70-882-00	Dietary Expense>Health Insurance	13,049.00	0.00	13,049.00
71-882-00	Activity Expense>Health Insurance	2,003.00	0.00	2,003.00
74-882-00	Housekeeping & Laundry Expense>Health Insurance	9,156.00	0.00	9,156.00
75-882-00	Maintenance Expense>Health Insurance	2,562.00	0.00	2,562.00
80-882-00	Admin Expense>Health Insurance	7,088.00	0.00	7,088.00
85-260-79	Employee Benefits Expense>Welfare>Union	0.00	906,283.00	906,283.00
			RJE - 3	906,283.00
<b>Subtotal [1A5]</b>	<b>Health Insurance</b>	<b>133,891.00</b>		<b>1,040,174.00</b>
<b>Subgroup : [1A7]</b>	<b>Pensions</b>			
85-255-79	Employee Benefits Expense>Pension>Union	0.00	349,535.00	349,535.00
			RJE - 3	349,535.00
<b>Subtotal [1A7]</b>	<b>Pensions</b>	<b>0.00</b>		<b>349,535.00</b>
<b>Subgroup : [1A8]</b>	<b>Uniform Allowance</b>			
85-253-00	Uniforms	0.00	7,296.00	7,296.00
			RJE - 3	7,296.00
<b>Subtotal [1A8]</b>	<b>Uniform Allowance</b>	<b>0.00</b>		<b>7,296.00</b>
<b>Subgroup : [1A9]</b>	<b>Other</b>			
61-883-00	Nursing Admin Expense>Other Benefits	975,991.00	(975,991.00)	0.00
			RJE - 3	(975,991.00)
68-883-00	Therapy Expense>Other Benefits	81.00	(81.00)	0.00
			RJE - 3	(81.00)
69-883-00	Social Services Expense>Other Benefits	12,749.00	(12,749.00)	0.00
			RJE - 3	(12,749.00)
70-883-00	Dietary Expense>Other Benefits	126,693.00	(126,693.00)	0.00
			RJE - 3	(126,693.00)
71-883-00	Activity Expense>Other Benefits	19,979.00	(19,979.00)	0.00
			RJE - 3	(19,979.00)
74-883-00	Housekeeping & Laundry Expense>Other Benefits	88,537.00	(88,537.00)	0.00
			RJE - 3	(88,537.00)
75-883-00	Maintenance Expense>Other Benefits	24,963.00	(24,963.00)	0.00
			RJE - 3	(24,963.00)
80-883-00	Admin Expense>Other Benefits	71,325.00	(71,325.00)	0.00
			RJE - 3	(71,325.00)
85-100-00	Employee Benefits Expense>Miscellaneous	0.00	58.00	58.00
			RJE - 3	58.00
85-200-79	Employee Benefits Expense>Training Fund>Union	0.00	42,786.00	42,786.00
			RJE - 3	42,786.00
85-245-00	Employee Benefits Expense>Background Checks	0.00	1,587.00	1,587.00
			RJE - 3	1,587.00
<b>Subtotal [1A9]</b>	<b>Other</b>	<b>1,320,318.00</b>	<b>(1,275,887.00)</b>	<b>44,431.00</b>
<b>Subgroup : [1C]</b>	<b>Bad Debts</b>			
80-251-00	Admin Expense>Bad Debt	58,047.00	0.00	58,047.00
<b>Subtotal [1C]</b>	<b>Bad Debts</b>	<b>58,047.00</b>	<b>0.00</b>	<b>58,047.00</b>

<b>Subgroup : [1D]</b>	<b>Accounting and Auditing</b>			
80-239-00	Admin Expense>Accounting Fees	68,141.00	(56,400.00)	11,741.00
			RJE - 7 (56,400.00)	
Marcum 107	Accounting Fees	0.00	1,419.00	1,419.00
			RJE - 5 1,419.00	
<b>Subtotal [1D]</b>	<b>Accounting and Auditing</b>	<b>68,141.00</b>	<b>(54,981.00)</b>	<b>13,160.00</b>
<b>Subgroup : [1E]</b>	<b>Legal</b>			
80-238-00	Admin Expense>Legal Fees	52,185.00	616.00	52,801.00
			RJE - 5 784.00	
<b>Subtotal [1E]</b>	<b>Legal</b>	<b>52,185.00</b>	<b>(168.00)</b>	<b>52,801.00</b>
			RJE - 8 616.00	
<b>Subgroup : [1G]</b>	<b>Office Supplies</b>			
80-183-00	Admin Expense>Supplies	14,263.00	0.00	14,263.00
80-208-00	Admin Expense>Equip-Rental	1,645.00	0.00	1,645.00
<b>Subtotal [1G]</b>	<b>Office Supplies</b>	<b>15,908.00</b>	<b>0.00</b>	<b>15,908.00</b>
<b>Subgroup : [1H1]</b>	<b>Telephone and Telegraph</b>			
80-231-00	Admin Expense>Telephone	13,885.00	(1,937.00)	11,948.00
			RJE - 2 (1,937.00)	
<b>Subtotal [1H1]</b>	<b>Telephone and Telegraph</b>	<b>13,885.00</b>	<b>(1,937.00)</b>	<b>11,948.00</b>
<b>Subgroup : [1H2]</b>	<b>Cellular Phones and Beepers</b>			
Marcum 102	Cell Phone	0.00	1,937.00	1,937.00
			RJE - 2 1,937.00	
<b>Subtotal [1H2]</b>	<b>Cellular Phones and Beepers</b>	<b>0.00</b>	<b>1,937.00</b>	<b>1,937.00</b>
<b>Subgroup : [1J]</b>	<b>Corporation Business Taxes</b>			
80-247-00	Admin Expense>Corporate Tax	824.00	0.00	824.00
<b>Subtotal [1J]</b>	<b>Corporation Business Taxes</b>	<b>824.00</b>	<b>0.00</b>	<b>824.00</b>
<b>Subgroup : [1K3]</b>	<b>Resident Day User Fee</b>			
80-101-00	Admin Expense>Provider Tax	607,731.00	0.00	607,731.00
<b>Subtotal [1K3]</b>	<b>Resident Day User Fee</b>	<b>607,731.00</b>	<b>0.00</b>	<b>607,731.00</b>
<b>Total [15]</b>	<b>Expenditures Other than Salaries</b>	<b>3,089,871.00</b>	<b>(67,138.00)</b>	<b>3,022,733.00</b>
<b>Group : [16]</b>	<b>Expenditures Other than Salaries (cont'd) - Admin. and General</b>			
<b>Subgroup : [1]</b>	<b>Resident Travel and Entertainment</b>			
60-213-00	Nursing Expense>Transportation	12,067.00	(11,857.00)	210.00
			RJE - 6 (11,857.00)	
<b>Subtotal [1]</b>	<b>Resident Travel and Entertainment</b>	<b>12,067.00</b>	<b>(11,857.00)</b>	<b>210.00</b>
<b>Subgroup : [2]</b>	<b>Holiday Parties for Staff</b>			
Marcum 112	Holiday Party	0.00	1,200.00	1,200.00
			RJE - 3 1,200.00	
<b>Subtotal [2]</b>	<b>Holiday Parties for Staff</b>	<b>0.00</b>	<b>1,200.00</b>	<b>1,200.00</b>
<b>Subgroup : [4]</b>	<b>Employee Travel</b>			
80-236-00	Admin Expense>Travel	6,733.00	0.00	6,733.00
80-236-04	Admin Expense>Travel>Allowable	2,162.00	0.00	2,162.00
<b>Subtotal [4]</b>	<b>Employee Travel</b>	<b>8,895.00</b>	<b>0.00</b>	<b>8,895.00</b>
<b>Subgroup : [5]</b>	<b>Education Expense</b>			
60-204-00	Nursing Expense>Training & Education	321.00	0.00	321.00
80-233-00	Admin Expense>Seminars	58.00	700.00	758.00
			RJE - 4 700.00	
<b>Subtotal [5]</b>	<b>Education Expense</b>	<b>379.00</b>	<b>700.00</b>	<b>1,079.00</b>
<b>Subgroup : [M1]</b>	<b>Advertising Help Wanted</b>			
80-249-00	Admin Expense>Recruiting	6,463.00	0.00	6,463.00
<b>Subtotal [M1]</b>	<b>Advertising Help Wanted</b>	<b>6,463.00</b>	<b>0.00</b>	<b>6,463.00</b>
<b>Subgroup : [M3]</b>	<b>Advertising Other</b>			
80-250-00	Admin Expense>Marketing & Advertising	15,606.00	0.00	15,606.00
<b>Subtotal [M3]</b>	<b>Advertising Other</b>	<b>15,606.00</b>	<b>0.00</b>	<b>15,606.00</b>
<b>Subgroup : [M7]</b>	<b>Postage</b>			
80-209-00	Admin Expense>Postage	3,459.00	0.00	3,459.00
<b>Subtotal [M7]</b>	<b>Postage</b>	<b>3,459.00</b>	<b>0.00</b>	<b>3,459.00</b>

<b>Subgroup : [M8]</b>	<b>Dues and Membership Fees to Professional Associations</b>			
80-235-00	Admin Expense>Dues & Subscriptions	700.00	(700.00)	0.00
			(700.00)	
<b>Subtotal [M8]</b>	<b>Dues and Membership Fees to Professional Ass</b>	<b>700.00</b>	<b>(700.00)</b>	<b>0.00</b>
<b>Subgroup : [M10]</b>	<b>Contributions</b>			
80-246-00	Admin Expense>Donations/Charity	73.00	0.00	73.00
<b>Subtotal [M10]</b>	<b>Contributions</b>	<b>73.00</b>	<b>0.00</b>	<b>73.00</b>
<b>Subgroup : [M11]</b>	<b>Services Provided by Contract</b>			
80-210-00	Admin Expense>Internet	2,580.00	0.00	2,580.00
80-230-00	Admin Expense>Data Processing	71,535.00	0.00	71,535.00
80-240-00	Admin Expense>Professional Fees	145,104.00	54,365.00	199,469.00
			(2,203.00)	
80-700-00	Admin Expense>Contracted Service	29,556.00	0.00	29,556.00
<b>Subtotal [M11]</b>	<b>Services Provided by Contract</b>	<b>248,775.00</b>	<b>54,365.00</b>	<b>303,140.00</b>
<b>Subgroup : [M13]</b>	<b>Other</b>			
80-234-00	Admin Expense>Licenses	1,081.00	0.00	1,081.00
80-242-00	Admin Expense>Fines, Penalties & Settlements	4,807.00	0.00	4,807.00
80-243-00	Admin Expense>Late Fees	1,865.00	0.00	1,865.00
80-244-00	Admin Expense>Bank Fees	40,565.00	0.00	40,565.00
80-885-00	Admin Expense>Flood	112,993.00	0.00	112,993.00
Marcum 111	Employee Food	0.00	287.00	287.00
			287.00	
Marcum 113	Employee Relations	0.00	492.00	492.00
			492.00	
Marcum 114	Discriminatory Bonus	0.00	10,794.00	10,794.00
			10,794.00	
<b>Subtotal [M13]</b>	<b>Other</b>	<b>161,311.00</b>	<b>11,573.00</b>	<b>172,884.00</b>
<b>Total [16]</b>	<b>Expenditures Other than Salaries (cont'd) - Admi</b>	<b>457,728.00</b>	<b>55,281.00</b>	<b>513,009.00</b>
<b>Group : [18]</b>	<b>Dietary Basis for Allocation of Costs</b>			
<b>Subgroup : [2A1]</b>	<b>Raw Food</b>			
70-177-00	Dietary Expense>Supplements	23,189.00	0.00	23,189.00
70-178-00	Dietary Expense>Food	166,937.00	0.00	166,937.00
71-178-00	Activity Expense>Food	780.00	0.00	780.00
<b>Subtotal [2A1]</b>	<b>Raw Food</b>	<b>190,906.00</b>	<b>0.00</b>	<b>190,906.00</b>
<b>Subgroup : [2A2]</b>	<b>Non-Food Supplies</b>			
70-183-00	Dietary Expense>Supplies	19,670.00	0.00	19,670.00
70-208-00	Dietary Expense>Equip-Rental	9,412.00	0.00	9,412.00
<b>Subtotal [2A2]</b>	<b>Non-Food Supplies</b>	<b>29,082.00</b>	<b>0.00</b>	<b>29,082.00</b>
<b>Total [18]</b>	<b>Dietary Basis for Allocation of Costs</b>	<b>219,988.00</b>	<b>0.00</b>	<b>219,988.00</b>
<b>Group : [19]</b>	<b>Laundry-Basis for Allocation of Costs</b>			
<b>Subgroup : [3D]</b>	<b>Other</b>			
73-183-00	Laundry Expense>Supplies	5,736.00	0.00	5,736.00
<b>Subtotal [3D]</b>	<b>Other</b>	<b>5,736.00</b>	<b>0.00</b>	<b>5,736.00</b>
<b>Total [19]</b>	<b>Laundry-Basis for Allocation of Costs</b>	<b>5,736.00</b>	<b>0.00</b>	<b>5,736.00</b>
<b>Group : [20]</b>	<b>Housekeeping and Resident Care Basis for Allocation of Costs</b>			
<b>Subgroup : [4B]</b>	<b>Purchased Services</b>			
72-700-00	Housekeeping Expense>Contracted Service	4,348.00	0.00	4,348.00
<b>Subtotal [4B]</b>	<b>Purchased Services</b>	<b>4,348.00</b>	<b>0.00</b>	<b>4,348.00</b>
<b>Subgroup : [4D]</b>	<b>Other</b>			
72-183-00	Housekeeping Expense>Supplies	17,027.00	0.00	17,027.00
<b>Subtotal [4D]</b>	<b>Other</b>	<b>17,027.00</b>	<b>0.00</b>	<b>17,027.00</b>
<b>Subgroup : [5A2]</b>	<b>Purchased from</b>			
62-145-00	Pharmacy Expense>RX	193,986.00	0.00	193,986.00
<b>Subtotal [5A2]</b>	<b>Purchased from</b>	<b>193,986.00</b>	<b>0.00</b>	<b>193,986.00</b>
<b>Subgroup : [5B]</b>	<b>Medicine Cabinet Drugs</b>			



62-222-00	Pharmacy Expense>OTC	3,297.00	0.00	3,297.00
<b>Subtotal [5B]</b>	<b>Medicine Cabinet Drugs</b>	<b>3,297.00</b>	<b>0.00</b>	<b>3,297.00</b>
<b>Subgroup : [5D]</b>	<b>Ambulance/Limousine</b>			
Marcum 108	Ambulance	0.00	11,857.00	11,857.00
			RJE - 6	
			11,857.00	
<b>Subtotal [5D]</b>	<b>Ambulance/Limousine</b>	<b>0.00</b>	<b>11,857.00</b>	<b>11,857.00</b>
<b>Subgroup : [5E2]</b>	<b>Oxygen - Other</b>			
64-223-00	Other Ancillary Expense>Oxygen	(1,061.00)	0.00	(1,061.00)
<b>Subtotal [5E2]</b>	<b>Oxygen - Other</b>	<b>(1,061.00)</b>	<b>0.00</b>	<b>(1,061.00)</b>
<b>Subgroup : [5F]</b>	<b>X-Rays and related radiological</b>			
64-225-00	Other Ancillary Expense>Radiology	7,072.00	0.00	7,072.00
<b>Subtotal [5F]</b>	<b>X-Rays and related radiological</b>	<b>7,072.00</b>	<b>0.00</b>	<b>7,072.00</b>
<b>Subgroup : [5H]</b>	<b>Laboratory</b>			
64-224-00	Other Ancillary Expense>Lab	15,277.00	0.00	15,277.00
<b>Subtotal [5H]</b>	<b>Laboratory</b>	<b>15,277.00</b>	<b>0.00</b>	<b>15,277.00</b>
<b>Subgroup : [5I]</b>	<b>Recreation</b>			
71-183-00	Activity Expense>Supplies	2,250.00	0.00	2,250.00
71-202-00	Activity Expense>Resident Missing Items	951.00	0.00	951.00
71-700-00	Activity Expense>Contracted Service	10,595.00	0.00	10,595.00
80-232-00	Admin Expense>Cable TV	6,926.00	0.00	6,926.00
<b>Subtotal [5I]</b>	<b>Recreation</b>	<b>20,722.00</b>	<b>0.00</b>	<b>20,722.00</b>
<b>Subgroup : [5J]</b>	<b>Other</b>			
60-183-00	Nursing Expense>Supplies	119,679.00	0.00	119,679.00
60-205-00	Nursing Expense>Sanitation & Incineration	716.00	0.00	716.00
60-208-00	Nursing Expense>Equip-Rental	114,641.00	0.00	114,641.00
60-230-00	Nursing Expense>Data Processing	12,548.00	0.00	12,548.00
<b>Subtotal [5J]</b>	<b>Other</b>	<b>247,584.00</b>	<b>0.00</b>	<b>247,584.00</b>
<b>Total [20]</b>	<b>Housekeeping and Resident Care Basis for Alloc</b>	<b>508,252.00</b>	<b>11,857.00</b>	<b>520,109.00</b>
<b>Group : [22]</b>	<b>Maintenance and Property</b>			
<b>Subgroup : [6A]</b>	<b>Repairs and Maintenance</b>			
70-207-00	Dietary Expense>Repairs & Maint	2,397.00	0.00	2,397.00
75-207-00	Maintenance Expense>Repairs & Maint	30,927.00	0.00	30,927.00
<b>Subtotal [6A]</b>	<b>Repairs and Maintenance</b>	<b>33,324.00</b>	<b>0.00</b>	<b>33,324.00</b>
<b>Subgroup : [6B]</b>	<b>Heat</b>			
76-227-00	Utility Expense>Gas	48,720.00	0.00	48,720.00
<b>Subtotal [6B]</b>	<b>Heat</b>	<b>48,720.00</b>	<b>0.00</b>	<b>48,720.00</b>
<b>Subgroup : [6C]</b>	<b>Light &amp; Power</b>			
76-228-00	Utility Expense>Electric	66,803.00	0.00	66,803.00
<b>Subtotal [6C]</b>	<b>Light &amp; Power</b>	<b>66,803.00</b>	<b>0.00</b>	<b>66,803.00</b>
<b>Subgroup : [6D]</b>	<b>Water</b>			
76-229-00	Utility Expense>Water/Sewer	46,520.00	0.00	46,520.00
<b>Subtotal [6D]</b>	<b>Water</b>	<b>46,520.00</b>	<b>0.00</b>	<b>46,520.00</b>
<b>Subgroup : [6F]</b>	<b>Other</b>			
75-183-00	Maintenance Expense>Supplies	7,137.00	0.00	7,137.00
75-205-00	Maintenance Expense>Sanitation & Incineration	19,406.00	0.00	19,406.00
75-217-00	Maintenance Expense>Extermination	1,760.00	0.00	1,760.00
75-218-00	Maintenance Expense>Snow Removal	14,410.00	0.00	14,410.00
75-219-00	Maintenance Expense>Landscaping	9,432.00	0.00	9,432.00
75-220-00	Maintenance Expense>Fire Drill	3,846.00	0.00	3,846.00
75-700-00	Maintenance Expense>Contracted Service	39,405.00	0.00	39,405.00
75-837-00	Maintenance Expense>Security	9,499.00	0.00	9,499.00
75-885-00	Maintenance Expense>Flood	173,703.00	0.00	173,703.00
<b>Subtotal [6F]</b>	<b>Other</b>	<b>278,598.00</b>	<b>0.00</b>	<b>278,598.00</b>
<b>Subgroup : [7D]</b>	<b>Movable Equipment</b>			
92-000-00	Depreciation Expense	32,888.00	0.00	32,888.00
<b>Subtotal [7D]</b>	<b>Movable Equipment</b>	<b>32,888.00</b>	<b>0.00</b>	<b>32,888.00</b>
<b>Subgroup : [8A]</b>	<b>Organization Expense</b>			

93-000-00	Amortization Expense	8,526.00	0.00	8,526.00
<b>Subtotal [8A]</b>	<b>Organization Expense</b>	<b>8,526.00</b>	<b>0.00</b>	<b>8,526.00</b>
<b>Subgroup : [9]</b>	<b>Rental Payments</b>			
91-121-00	Property Expense>Rent	293,614.00	0.00	293,614.00
<b>Subtotal [9]</b>	<b>Rental Payments</b>	<b>293,614.00</b>	<b>0.00</b>	<b>293,614.00</b>
<b>Subgroup : [10B]</b>	<b>Real estate taxes paid by lessor</b>			
91-161-00	Property Expense>RE Taxes	122,385.00	0.00	122,385.00
<b>Subtotal [10B]</b>	<b>Real estate taxes paid by lessor</b>	<b>122,385.00</b>	<b>0.00</b>	<b>122,385.00</b>
<b>Subgroup : [10C]</b>	<b>Personal property taxes</b>			
91-261-00	Property Expense>Personal Prop Taxes	1,385.00	0.00	1,385.00
<b>Subtotal [10C]</b>	<b>Personal property taxes</b>	<b>1,385.00</b>	<b>0.00</b>	<b>1,385.00</b>
<b>Total [22]</b>	<b>Maintenance and Property</b>	<b>932,763.00</b>	<b>0.00</b>	<b>932,763.00</b>
<b>Group : [27]</b>	<b>Interest and Insurance</b>			
<b>Subgroup : [12D]</b>	<b>Other Interest Expense</b>			
94-000-00	Interest Expense	145,749.00	0.00	145,749.00
<b>Subtotal [12D]</b>	<b>Other Interest Expense</b>	<b>145,749.00</b>	<b>0.00</b>	<b>145,749.00</b>
<b>Subgroup : [14A]</b>	<b>Insurance on Property</b>			
80-165-00	Admin Expense>Insurance - Property	9,577.00	0.00	9,577.00
<b>Subtotal [14A]</b>	<b>Insurance on Property</b>	<b>9,577.00</b>	<b>0.00</b>	<b>9,577.00</b>
<b>Subgroup : [14B]</b>	<b>Insurance of Automobiles</b>			
80-167-00	Admin Expense>Insurance - Auto	341.00	0.00	341.00
<b>Subtotal [14B]</b>	<b>Insurance of Automobiles</b>	<b>341.00</b>	<b>0.00</b>	<b>341.00</b>
<b>Subgroup : [14C3]</b>	<b>Other</b>			
80-162-00	Admin Expense>Insurance - General Liability & Othe	65,747.00	0.00	65,747.00
80-163-00	Admin Expense>Insurance - EPLI	1,015.00	0.00	1,015.00
80-164-00	Admin Expense>Surety Bond	500.00	0.00	500.00
<b>Subtotal [14C3]</b>	<b>Other</b>	<b>67,262.00</b>	<b>0.00</b>	<b>67,262.00</b>
<b>Total [27]</b>	<b>Interest and Insurance</b>	<b>222,929.00</b>	<b>0.00</b>	<b>222,929.00</b>
<b>Group : [30]</b>	<b>Statement of Revenue</b>			
<b>Subgroup : [1A]</b>	<b>Medicaid Residents (CT only)</b>			
40-111-00	Room & Board Revenue>Medicaid	(6,801,553.00)	0.00	(6,801,553.00)
<b>Subtotal [1A]</b>	<b>Medicaid Residents (CT only)</b>	<b>(6,801,553.00)</b>	<b>0.00</b>	<b>(6,801,553.00)</b>
<b>Subgroup : [3A]</b>	<b>Medicare Residents (All inclusive)</b>			
40-102-00	Room & Board Revenue>Medicare A	(2,744,120.00)	0.00	(2,744,120.00)
<b>Subtotal [3A]</b>	<b>Medicare Residents (All inclusive)</b>	<b>(2,744,120.00)</b>	<b>0.00</b>	<b>(2,744,120.00)</b>
<b>Subgroup : [3B]</b>	<b>Medicare room and board contractual allowance</b>			
40-102-14	Room & Board Revenue>Medicare A>Sequester	57,212.00	0.00	57,212.00
<b>Subtotal [3B]</b>	<b>Medicare room and board contractual allowance</b>	<b>57,212.00</b>	<b>0.00</b>	<b>57,212.00</b>
<b>Subgroup : [4A]</b>	<b>Private-pay residents and other</b>			
40-104-00	Room & Board Revenue>Private	(709,851.00)	0.00	(709,851.00)
40-105-00	Room & Board Revenue>HMO	(123,336.00)	0.00	(123,336.00)
40-109-00	Room & Board Revenue>Hospice	(124,643.00)	0.00	(124,643.00)
<b>Subtotal [4A]</b>	<b>Private-pay residents and other</b>	<b>(957,830.00)</b>	<b>0.00</b>	<b>(957,830.00)</b>
<b>Subgroup : [4B]</b>	<b>Private-pay room and board contractual allowance</b>			
40-105-14	Room & Board Revenue>HMO>Sequester	687.00	0.00	687.00
<b>Subtotal [4B]</b>	<b>Private-pay room and board contractual allowan</b>	<b>687.00</b>	<b>0.00</b>	<b>687.00</b>
<b>Subgroup : [5A]</b>	<b>Prescription Drugs - Medicare</b>			
41-102-00	Pharmacy Rev>Medicare A	(175,685.00)	0.00	(175,685.00)
<b>Subtotal [5A]</b>	<b>Prescription Drugs - Medicare</b>	<b>(175,685.00)</b>	<b>0.00</b>	<b>(175,685.00)</b>
<b>Subgroup : [5B]</b>	<b>Prescription Drugs - Medicare Contractual Allowance</b>			
41-102-01	Pharmacy Rev>Medicare A>C/A	175,685.00	0.00	175,685.00
<b>Subtotal [5B]</b>	<b>Prescription Drugs - Medicare Contractual Allow</b>	<b>175,685.00</b>	<b>0.00</b>	<b>175,685.00</b>
<b>Subgroup : [7A]</b>	<b>Physical Therapy - Medicare</b>			
42-102-00	PT Revenue>Medicare A	(284,379.00)	0.00	(284,379.00)

42-103-00	PT Revenue>Medicare B	(81,124.00)	0.00	(81,124.00)
<b>Subtotal [7A]</b>	<b>Physical Therapy - Medicare</b>	<b>(365,503.00)</b>	<b>0.00</b>	<b>(365,503.00)</b>
<b>Subgroup : [7B]</b>	<b>Physical Therapy - Medicare Contractual Allowance</b>			
42-102-01	PT Revenue>Medicare A>C/A	284,566.00	0.00	284,566.00
<b>Subtotal [7B]</b>	<b>Physical Therapy - Medicare Contractual Allowa</b>	<b>284,566.00</b>	<b>0.00</b>	<b>284,566.00</b>
<b>Subgroup : [7C]</b>	<b>Physical Therapy - Non-medicare</b>			
42-111-00	PT Revenue>Medicaid	(31,831.00)	0.00	(31,831.00)
<b>Subtotal [7C]</b>	<b>Physical Therapy - Non-medicare</b>	<b>(31,831.00)</b>	<b>0.00</b>	<b>(31,831.00)</b>
<b>Subgroup : [7D]</b>	<b>Physical Therapy - Non-medicare Contractual Allowance</b>			
42-111-01	PT Revenue>Medicaid>C/A	31,831.00	0.00	31,831.00
<b>Subtotal [7D]</b>	<b>Physical Therapy - Non-medicare Contractual All</b>	<b>31,831.00</b>	<b>0.00</b>	<b>31,831.00</b>
<b>Subgroup : [8A]</b>	<b>Speech Therapy - Medicare</b>			
44-102-00	ST Revenue>Medicare A	(95,527.00)	0.00	(95,527.00)
44-103-00	ST Revenue>Medicare B	(60,349.00)	0.00	(60,349.00)
<b>Subtotal [8A]</b>	<b>Speech Therapy - Medicare</b>	<b>(155,876.00)</b>	<b>0.00</b>	<b>(155,876.00)</b>
<b>Subgroup : [8B]</b>	<b>Speech Therapy - Medicare Contractual Allowance</b>			
44-102-01	ST Revenue>Medicare A>C/A	91,938.00	0.00	91,938.00
<b>Subtotal [8B]</b>	<b>Speech Therapy - Medicare Contractual Allowan</b>	<b>91,938.00</b>	<b>0.00</b>	<b>91,938.00</b>
<b>Subgroup : [8C]</b>	<b>Speech Therapy - Non-medicare</b>			
44-111-00	ST Revenue>Medicaid	(6,599.00)	0.00	(6,599.00)
<b>Subtotal [8C]</b>	<b>Speech Therapy - Non-medicare</b>	<b>(6,599.00)</b>	<b>0.00</b>	<b>(6,599.00)</b>
<b>Subgroup : [8D]</b>	<b>Speech Therapy - Non-medicare Contractual Allowance</b>			
44-111-01	ST Revenue>Medicaid>C/A	6,599.00	0.00	6,599.00
<b>Subtotal [8D]</b>	<b>Speech Therapy - Non-medicare Contractual Allc</b>	<b>6,599.00</b>	<b>0.00</b>	<b>6,599.00</b>
<b>Subgroup : [9A]</b>	<b>Occupational Therapy - Medicare</b>			
43-102-00	OT Revenue>Medicare A	(324,088.00)	0.00	(324,088.00)
43-103-00	OT Revenue>Medicare B	(111,182.00)	0.00	(111,182.00)
<b>Subtotal [9A]</b>	<b>Occupational Therapy - Medicare</b>	<b>(435,270.00)</b>	<b>0.00</b>	<b>(435,270.00)</b>
<b>Subgroup : [9B]</b>	<b>Occupational Therapy - Medicare Contractual Allowance</b>			
43-102-01	OT Revenue>Medicare A>C/A	324,088.00	0.00	324,088.00
43-103-01	OT Revenue>Medicare B>C/A	731.00	0.00	731.00
<b>Subtotal [9B]</b>	<b>Occupational Therapy - Medicare Contractual All</b>	<b>324,819.00</b>	<b>0.00</b>	<b>324,819.00</b>
<b>Subgroup : [9C]</b>	<b>Occupational Therapy - Non-medicare</b>			
43-111-00	OT Revenue>Medicaid	(23,150.00)	0.00	(23,150.00)
<b>Subtotal [9C]</b>	<b>Occupational Therapy - Non-medicare</b>	<b>(23,150.00)</b>	<b>0.00</b>	<b>(23,150.00)</b>
<b>Subgroup : [9D]</b>	<b>Occupational Therapy - Non-medicare Contractual Allowance</b>			
43-111-01	OT Revenue>Medicaid>C/A	23,150.00	0.00	23,150.00
<b>Subtotal [9D]</b>	<b>Occupational Therapy - Non-medicare Contractu</b>	<b>23,150.00</b>	<b>0.00</b>	<b>23,150.00</b>
<b>Subgroup : [10A]</b>	<b>Other - Medicare</b>			
52-102-00	Revenue Adjustments>Medicare A	161.00	0.00	161.00
<b>Subtotal [10A]</b>	<b>Other - Medicare</b>	<b>161.00</b>	<b>0.00</b>	<b>161.00</b>
<b>Subgroup : [10B]</b>	<b>Other - Non-medicare</b>			
47-208-00	Other Ancillary Rev>Equip Rental	(104.00)	0.00	(104.00)
51-246-00	Other Rev>Donations/Charity	(335.00)	0.00	(335.00)
51-818-00	Other Rev>Medical Records	(131.00)	0.00	(131.00)
52-105-00	Revenue Adjustments>HMO	850.00	0.00	850.00
52-109-00	Revenue Adjustments>Hospice	(2,178.00)	0.00	(2,178.00)
52-111-00	Revenue Adjustments>Medicaid	5,431.00	0.00	5,431.00
<b>Subtotal [10B]</b>	<b>Other - Non-medicare</b>	<b>3,533.00</b>	<b>0.00</b>	<b>3,533.00</b>
<b>Subgroup : [15]</b>	<b>Interest Income</b>			
51-160-00	Other Rev>Interest	(157.00)	0.00	(157.00)
<b>Subtotal [15]</b>	<b>Interest Income</b>	<b>(157.00)</b>	<b>0.00</b>	<b>(157.00)</b>
<b>Subgroup : [18]</b>	<b>Other Revenue</b>			
51-100-00	Other Rev>Miscellaneous	(185,000.00)	0.00	(185,000.00)
80-252-00	Admin Expense>Startup Costs	(7,660.00)	0.00	(7,660.00)
<b>Subtotal [18]</b>	<b>Other Revenue</b>	<b>(192,660.00)</b>	<b>0.00</b>	<b>(192,660.00)</b>

Total [30]	Statement of Revenue	(10,890,053.00)	0.00	(10,890,053.00)
<b>Group : [31-32]</b>	<b>Assets</b>			
<b>Subgroup : [A1]</b>	<b>Cash</b>			
10-014-00	Cash>Petty Cash Facility	382.00	0.00	382.00
10-015-00	Cash>Petty Cash PNA	450.00	0.00	450.00
10-020-89	Cash>Payroll>Prospect	1,158.00	0.00	1,158.00
10-050-89	Cash>WFPayroll>Prospect	740.00	0.00	740.00
10-060-89	Cash>Resident Trust>Prospect	16,150.00	0.00	16,150.00
10-061-00	Cash>Care Cost	5,000.00	0.00	5,000.00
10-090-89	Cash>WFOperating>Prospect	(1,209.00)	0.00	(1,209.00)
<b>Subtotal [A1]</b>	<b>Cash</b>	<b>22,671.00</b>	<b>0.00</b>	<b>22,671.00</b>
<b>Subgroup : [A2]</b>	<b>Resident A/R</b>			
11-100-00	Accounts Receivable>Miscellaneous	185,000.00	0.00	185,000.00
11-102-00	Accounts Receivable>Medicare A	42,920.00	0.00	42,920.00
11-104-00	Accounts Receivable>Private	1,707.00	0.00	1,707.00
11-105-00	Accounts Receivable>HMO	31,321.00	0.00	31,321.00
11-109-00	Accounts Receivable>Hospice	45,268.00	0.00	45,268.00
11-111-00	Accounts Receivable>Medicaid	181,484.00	0.00	181,484.00
11-112-00	Accounts Receivable>Income	(11,923.00)	0.00	(11,923.00)
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(57,703.00)	0.00	(57,703.00)
11-123-00	Accounts Receivable>Ancillary	15,833.00	0.00	15,833.00
<b>Subtotal [A2]</b>	<b>Resident A/R</b>	<b>433,907.00</b>	<b>0.00</b>	<b>433,907.00</b>
<b>Subgroup : [A5]</b>	<b>Prepaid Expenses</b>			
12-000-00	Prepaid Expenses	878.00	0.00	878.00
12-124-00	Prepaid Expenses>Insurance	4,202.00	0.00	4,202.00
12-126-00	Prepaid Expenses>Taxes	1,642.00	0.00	1,642.00
<b>Subtotal [A5]</b>	<b>Prepaid Expenses</b>	<b>6,722.00</b>	<b>0.00</b>	<b>6,722.00</b>
<b>Subgroup : [B4]</b>	<b>Leasehold Improvements</b>			
14-131-00	Fixed Assets>Leasehold Improvements	99,669.00	0.00	99,669.00
15-131-00	Accum Depn>Leasehold Improvements	(11,524.00)	0.00	(11,524.00)
<b>Subtotal [B4]</b>	<b>Leasehold Improvements</b>	<b>88,145.00</b>	<b>0.00</b>	<b>88,145.00</b>
<b>Subgroup : [B6]</b>	<b>Movable Equipment</b>			
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	38,729.00	0.00	38,729.00
14-133-00	Fixed Assets>Medical Equipment	570.00	0.00	570.00
14-134-00	Fixed Assets>Computer Hardware	36,268.00	0.00	36,268.00
14-135-00	Fixed Assets>Computer Software	7,229.00	0.00	7,229.00
14-137-01	Fixed Asset>Capital Lease>Copier	16,850.00	0.00	16,850.00
14-305-00	Fixed Assets>Sales Use Tax	704.00	0.00	704.00
15-132-00	Accum Depn>Furniture, Fixtures and Equipment	(6,411.00)	0.00	(6,411.00)
15-133-00	Accum Depn>Medical Equipment	(29.00)	0.00	(29.00)
15-134-00	Accum Depn>Computer Hardware	(9,265.00)	0.00	(9,265.00)
15-135-00	Accum Depn>Computer Software	(1,598.00)	0.00	(1,598.00)
15-137-01	Accumulated Depn>Capital Lease>Copier	(13,340.00)	0.00	(13,340.00)
15-305-00	Accum Depn>Sales Use Tax	(60.00)	0.00	(60.00)
<b>Subtotal [B6]</b>	<b>Movable Equipment</b>	<b>69,647.00</b>	<b>0.00</b>	<b>69,647.00</b>
<b>Subgroup : [B9]</b>	<b>Other Fixed Assets</b>			
14-136-00	Fixed Assets>CIP	6,650.00	0.00	6,650.00
<b>Subtotal [B9]</b>	<b>Other Fixed Assets</b>	<b>6,650.00</b>	<b>0.00</b>	<b>6,650.00</b>
<b>Subgroup : [D1]</b>	<b>Deferred Deposits</b>			
13-128-00	Due From>Vendor Security Deposits	11,030.00	0.00	11,030.00
<b>Subtotal [D1]</b>	<b>Deferred Deposits</b>	<b>11,030.00</b>	<b>0.00</b>	<b>11,030.00</b>
<b>Subgroup : [D3]</b>	<b>Organization Expense</b>			
17-000-00	Deferred Financing Costs	42,628.00	0.00	42,628.00
19-265-00	Accumulated Amortization>Deferred Financing Cost	(12,788.00)	0.00	(12,788.00)
<b>Subtotal [D3]</b>	<b>Organization Expense</b>	<b>29,840.00</b>	<b>0.00</b>	<b>29,840.00</b>
<b>Subgroup : [D4]</b>	<b>Goodwill</b>			
16-000-00	Goodwill	440,793.00	0.00	440,793.00
<b>Subtotal [D4]</b>	<b>Goodwill</b>	<b>440,793.00</b>	<b>0.00</b>	<b>440,793.00</b>
<b>Subgroup : [D6]</b>	<b>Loans to Owners or Related Parties</b>			
27-000-87	Due To/(From)>Torrington	4,371.00	0.00	4,371.00

27-000-88	Due To/(From)>New Haven	124,371.00	0.00	124,371.00
27-000-90	Due To/(From)>West Haven	343.00	0.00	343.00
27-000-91	Due To/(From)>Waterbury	5,170.00	0.00	5,170.00
27-152-00	Due To/(From)>Employee	2,061.00	0.00	2,061.00
27-317-00	Due To/(From)>Fairview Management	260.00	0.00	260.00
<b>Subtotal [D6]</b>	<b>Loans to Owners or Related Parties</b>	<b>136,576.00</b>	<b>0.00</b>	<b>136,576.00</b>
<b>Subgroup : [D7]</b>	<b>Other Assets</b>			
13-127-00	Due From>Old Owner	28,496.00	0.00	28,496.00
27-172-00	Due To/(From)>Vendor	4,393.00	0.00	4,393.00
28-127-00	Due To>Old Owner	13,221.00	0.00	13,221.00
<b>Subtotal [D7]</b>	<b>Other Assets</b>	<b>46,110.00</b>	<b>0.00</b>	<b>46,110.00</b>
<b>Total [31-32]</b>	<b>Assets</b>	<b>1,292,091.00</b>	<b>0.00</b>	<b>1,292,091.00</b>
<b>Group : [33-34]</b>	<b>Liabilities</b>			
<b>Subgroup : [A1]</b>	<b>Trade A/P</b>			
20-000-00	Accounts Payable	(1,004,073.00)	0.00	(1,004,073.00)
21-149-00	Other Current Payables>Misc. PR Deduction	30.00	0.00	30.00
21-350-00	Other Current Payables>Resident Funds	(16,150.00)	0.00	(16,150.00)
21-351-00	Other Current Payables>Deceased Resident Funds	256.00	0.00	256.00
<b>Subtotal [A1]</b>	<b>Trade A/P</b>	<b>(1,019,937.00)</b>	<b>0.00</b>	<b>(1,019,937.00)</b>
<b>Subgroup : [A4]</b>	<b>Accrued Payroll</b>			
23-000-00	Accrued Wages & Related	(162,990.00)	0.00	(162,990.00)
23-157-00	Accrued Expenses>PTO	(46,810.00)	0.00	(46,810.00)
<b>Subtotal [A4]</b>	<b>Accrued Payroll</b>	<b>(209,800.00)</b>	<b>0.00</b>	<b>(209,800.00)</b>
<b>Subgroup : [A7]</b>	<b>Medicare Final Settlement Payable</b>			
27-102-00	Due To/(From)>Medicare A	(4,549.00)	0.00	(4,549.00)
<b>Subtotal [A7]</b>	<b>Medicare Final Settlement Payable</b>	<b>(4,549.00)</b>	<b>0.00</b>	<b>(4,549.00)</b>
<b>Subgroup : [A12]</b>	<b>Other Current Liabilities</b>			
24-000-00	Accrued Expenses	(113,787.00)	0.00	(113,787.00)
24-000-01	Accrued Expenses (Assumed)	(90,053.00)	0.00	(90,053.00)
24-000-02	Accrued Expenses>Tamkar Brokerage Fee	(5,328.00)	0.00	(5,328.00)
24-137-01	Accrued Expenses>Capital Lease>Copier	(4,550.00)	0.00	(4,550.00)
24-165-00	Accrued Expenses>Insurance - Property	(3,629.00)	0.00	(3,629.00)
24-260-79	Accrued Expenses>Welfare (Assumed) >Union	(2,356.00)	0.00	(2,356.00)
24-882-00	Accrued Expenses>Health Insurance	(62,445.00)	0.00	(62,445.00)
<b>Subtotal [A12]</b>	<b>Other Current Liabilities</b>	<b>(282,148.00)</b>	<b>0.00</b>	<b>(282,148.00)</b>
<b>Subgroup : [B3]</b>	<b>Loans from Owners or Related Parties</b>			
27-000-92	Due To/(From)>Management	(106,941.00)	0.00	(106,941.00)
27-000-93	Due To/(From)>Holdings	(892,486.00)	0.00	(892,486.00)
27-315-00	Due To/(From)>Southport	(4,334.00)	0.00	(4,334.00)
27-316-00	Due To/(From)>Greenwich	(269.00)	0.00	(269.00)
27-400-00	Due to/(from)>Elii Mirilis	(5,702.00)	0.00	(5,702.00)
<b>Subtotal [B3]</b>	<b>Loans from Owners or Related Parties</b>	<b>(1,009,732.00)</b>	<b>0.00</b>	<b>(1,009,732.00)</b>
<b>Subgroup : [B4]</b>	<b>Other Long-Term Liabilities</b>			
27-112-00	Due To/(From)>Income	(12,836.00)	0.00	(12,836.00)
27-174-00	Due To/(From)>Other L&E	(2,682.00)	0.00	(2,682.00)
<b>Subtotal [B4]</b>	<b>Other Long-Term Liabilities</b>	<b>(15,518.00)</b>	<b>0.00</b>	<b>(15,518.00)</b>
<b>Total [33-34]</b>	<b>Liabilities</b>	<b>(2,541,684.00)</b>	<b>0.00</b>	<b>(2,541,684.00)</b>
<b>Group : [35]</b>	<b>Equity</b>			
<b>Subgroup : [B1]</b>	<b>Owner's Capital</b>			
31-000-86	Partner's Equity>All Partners>Capital Draws	317.00	0.00	317.00
<b>Subtotal [B1]</b>	<b>Owner's Capital</b>	<b>317.00</b>	<b>0.00</b>	<b>317.00</b>
<b>Subgroup : [B5]</b>	<b>Cumulated Earnings</b>			
30-000-00	Retained Earnings	197,742.00	0.00	197,742.00
<b>Subtotal [B5]</b>	<b>Cumulated Earnings</b>	<b>197,742.00</b>	<b>0.00</b>	<b>197,742.00</b>
<b>Total [35]</b>	<b>Equity</b>	<b>198,059.00</b>	<b>0.00</b>	<b>198,059.00</b>
	<b>NET (INCOME) LOSS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

**Sum of Account Groups**

**0.00**

**0.00**

**0.00**

Client: **Regal Care Management**  
 Engagement: **Medicaid - RegalCare at Prospect, LLC**  
 Period Ending: **9/30/2017**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **H.01 - Reclassifying Journal Entry Report**

Account	Description	W/P Ref	Debit	Credit
<b>Reclassifying Journal Entries</b>				
<b>Reclassifying Journal Entries JE # 1</b>				
To reclass dental expense to the correct line of the cost report				
		E.08		
Marcum 101	Dentist		7,200.00	
60-206-00	Nursing Expense>Clinical Services			7,200.00
<b>Total</b>			<u>7,200.00</u>	<u>7,200.00</u>
<b>Reclassifying Journal Entries JE # 2</b>				
To reclass cell phone expense from the telephone line				
		E.03		
Marcum 102	Cell Phone		1,937.00	
80-231-00	Admin Expense>Telephone			1,937.00
<b>Total</b>			<u>1,937.00</u>	<u>1,937.00</u>
<b>Reclassifying Journal Entries JE # 3</b>				
To reclass other employee benefits				
		E.01a		
85-100-00	Employee Benefits Expense>Miscellaneous		58.00	
85-200-79	Employee Benefits Expense>Training Fund>Union		42,786.00	
85-245-00	Employee Benefits Expense>Background Checks		1,587.00	
85-253-00	Uniforms		7,296.00	
85-255-79	Employee Benefits Expense>Pension>Union		349,535.00	
85-260-79	Employee Benefits Expense>Welfare>Union		906,283.00	
Marcum 111	Employee Food		287.00	
Marcum 112	Holiday Party		1,200.00	
Marcum 113	Employee Relations		492.00	
Marcum 114	Discriminatory Bonus		10,794.00	
61-883-00	Nursing Admin Expense>Other Benefits			975,991.00
68-883-00	Therapy Expense>Other Benefits			81.00
69-883-00	Social Services Expense>Other Benefits			12,749.00
70-883-00	Dietary Expense>Other Benefits			126,693.00
71-883-00	Activity Expense>Other Benefits			19,979.00
74-883-00	Housekeeping & Laundry Expense>Other Benefits			88,537.00
75-883-00	Maintenance Expense>Other Benefits			24,963.00
80-883-00	Admin Expense>Other Benefits			71,325.00
85-148-00	401k			
<b>Total</b>			<u>1,320,318.00</u>	<u>1,320,318.00</u>
<b>Reclassifying Journal Entries JE # 4</b>				
To reclass Seminar expenses out of Dues				
		D.01		
80-233-00	Admin Expense>Seminars		700.00	
80-235-00	Admin Expense>Dues & Subscriptions			700.00
<b>Total</b>			<u>700.00</u>	<u>700.00</u>
<b>Reclassifying Journal Entries JE # 5</b>				
To reclass accounting & Legal expenses to the correct line of the cost report				
		E.04		
80-238-00	Admin Expense>Legal Fees		784.00	
Marcum 107	Accounting Fees		1,419.00	
80-240-00	Admin Expense>Professional Fees			2,203.00
<b>Total</b>			<u>2,203.00</u>	<u>2,203.00</u>
<b>Reclassifying Journal Entries JE # 6</b>				
To reclass ambulance costs to the correct line of the cost report				
		E.09		
Marcum 108	Ambulance		11,857.00	
60-213-00	Nursing Expense>Transportation			11,857.00
<b>Total</b>			<u>11,857.00</u>	<u>11,857.00</u>
<b>Reclassifying Journal Entries JE # 7</b>				
To Reclass Professional Fees from Accounting Fees				
		E.06		
80-240-00	Admin Expense>Professional Fees		56,400.00	
80-239-00	Admin Expense>Accounting Fees			56,400.00
<b>Total</b>			<u>56,400.00</u>	<u>56,400.00</u>
<b>Reclassifying Journal Entries JE # 8</b>				
To Reclass Professional Fees from legal fees				
		E.04		
80-240-00	Admin Expense>Professional Fees		168.00	
80-238-00	Admin Expense>Legal Fees			168.00
<b>Total</b>			<u>168.00</u>	<u>168.00</u>
<b>Total Reclassifying Journal Entries</b>			<u>1,400,783.00</u>	<u>1,400,783.00</u>
<b>Total All Journal Entries</b>			<u>1,400,783.00</u>	<u>1,400,783.00</u>



**MYERS AND STAUFFER**  
L.C.  
CERTIFIED PUBLIC ACCOUNTANTS

Workpaper Index: B.04  
Prepared By:  
Reviewed By:  
Workpaper Date: 2/12/2018  
Run Date: 2/12/2018

Provider Name: RegalCare at Prospect, LLC  
Provider Number: 000010918  
Period Ended: 9/30/17

Name of Workpaper: VHCL CKLST

**VEHICLE COMPLIANCE CHECKLIST**

**PURPOSE:** To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

**Conclusion:**