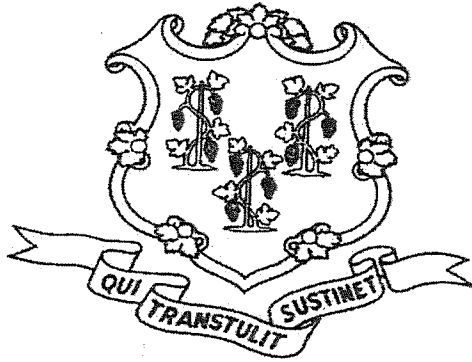


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385	
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 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2318	RHNS	(Specify)	Medicare Provider 07-5324
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Medicaid Provider Numbers:	CCNH 2318	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

**General Information**

Name of Facility (as licensed) 301 Hope Ferry Rd LLC	License No. 2318	Report for Year Ended 9/30/2019	Page 1	of 37
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*D/B/A Bayview Health Care*  
**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 *Bayview Health Care* (facility name), for the cost report period beginning 10/1/2018 and ending 9/30/19 and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Kimberly J. Carlson</i>		Date 9/17/2020	Signed (Owner) <i>[Signature]</i>		Date 9/17/2020
Printed Name (Administrator) Kimberly Carlson			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of Connecticut	Date 9/17/2020	Signed (Notary Public) <i>[Signature]</i>	Comm. Expires 09/30/2023	
Address of Notary Public 38 Linda Dr. Plainville CT 06062					

(Notary Seal)

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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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 301 Rope Ferry Rd, Waterford, CT 06385				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/17/2020	
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 860-444-1175	Report for Year Ended 9/30/2019	Page 2	of 37
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Name of Facility (as shown on license) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	Address (No. & Street, City, State, Zip) 301 Rope Ferry Rd, Waterford, CT 06385
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License Numbers:	CCNH 2318	RHNS (Specify)	Medicare Provider No. 07-5324
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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.
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<b>Administrator</b>		
Name of Administrator Kimberly Carlson	Nursing Home Administrator's License No.:	2318

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name Not Applicable	License No.:







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

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	Report for Year Ended 9/30/2019	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				
Procare LTC	1492 Highland Ave, Cheshire CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy	Pg 20, 5a2	317,538	317,538
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	Interfacility Loans	Pg33, A2		
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	#REF!	#REF!	5,637	5,637
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	Participates in Health Insurance	Pg 15, 1ae	969,114	969,114
Bayview Health Care Landlord	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>	Lease of Facility	Pg 22 L9 and 10b, pg	772,300	772,300
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	See Attached			
Athena Captive LLC	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>	Worker's Compensation Captive	Pg. 15 1a1	473,905	473,905
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>	Facility participates in a multi-facility 401K			

\* Use additional sheets if necessary.

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

Bayview  
RELATED PARTIES QUESTIONNAIRE  
PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Coats are included in Annual Report Page # / Line #	Coats Reported	Actual Coat to the Related Party
		Yes	No				
Athena Health Care Associates	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insurance, Management Fees Business Promotion Postage Payroll Processing Data processing Employee Monitoring Employee Relations Maintenance & Repairs	Pg 27, 14a, Pg 15, 1d, Pg 16, m13 Pg 16, m7 Pg 16, m13 Pg 16, m13 Pg 16, m13 Pg 16, 15 Pg 22, 6a	\$1,625 \$849,073 \$393 \$772 \$4,140 \$380 \$8,103 \$3,077 \$17,238	\$1,625 \$259,690 \$393 \$772 \$4,140 \$380 \$8,103 \$3,077 \$17,238

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Hea	License No. 2318	Report for Year Ended 9/30/2019	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.

Not Applicable

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

Not Applicable

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.

Not Applicable: No Non-Nursing Home Cost Centers

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

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

Name of Facility	License No.	2318	Report for Year Ended	9/30/2019	Page	of
Name and Address of Lessor	Description of Items Leased		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	Postage Meter		12/28/10	66 months	1,211	1,211
Leaf 1720A Crest St Moberly Mo 65270	Copier		03/01/17	50 months	11,894	11,894
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	Nurse Call System		02/02/15	60 months	7,263	7,263
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	Telephone System		03/02/15	60 months	13,528	13,528
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	Additional PCC Equipment		12/01/14	60 months	1,598	1,598
Leaf 1720A Crest St Moberly Mo 65270	Xerox Copier		01/29/18	39 months	795	795
<b>Total ***</b>						36,289

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No

\* 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 301 Rope Ferry Road, LLC d/b/a B	License No. 2318	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworkin, Hillman, Lamorte & Stercza	4 Corporate Dr., Suite 488, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3 HFG	
4	

Services Provided by This Firm (*describe fully*)

1 Audit & Tax Return Fees 2017	\$ 9,800
2 Medicare Cost Report	\$ 2,700
3 Line of Credit Audit	\$ 6,728
4	\$
	Charge for Services Provided
	\$ 19,228

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Midcap Financial Services	301-760-7600
2 McGann, Bartlett & Brown	860-282-4670
3 Murtha Cullina	860-240-6000
4 Goldman, Gruder & Woods	203-899-8900
5 Dawn Frechette & Judith Dodge	860-509-7444

Address ( <i>No. &amp; Street, City, State, Zip Code</i> )
1 7255 Woodmont Ave, Bethesda, MD
2 111 Founder's Plaza, E Hartford, CT
3 185 Asylum St Hartford, CT 06103
4 200 Connecticut Ave, Norwalk, CT 06854
5 PO Box 387, Norwich, CT

Services Provided by This Firm (*describe fully*)

1 Banking fees- disallowed	\$ 1,323
2 Collections- disallowed	\$ 910
3 Annual Report \$20 Allowed, general matters- \$192 disallowed	\$ 212
4 Collections- disallowed/Conservatorship-disallowed	\$ 18,736
5 Workman's Compensation-disallowed	\$ 3,743
	Charge for Services Provided
	\$ 24,924

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

**Schedule of Resident Statistics**

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318		Report for Year Ended 9/30/2019				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
				Total	CCNH	RHNS			(Specify)
<b>1. Certified Bed Capacity</b>									
A. On last day of PREVIOUS report period	127	127		127		127	127		
B. On last day of THIS report period	127	127		127		127	127		
<b>2. Number of Residents</b>									
A. As of midnight of PREVIOUS report period	122	122		122		122	125		
B. As of midnight of THIS report period	119	119		125		119	119		
<b>3. Total Number of Days Care Provided During Period</b>									
A. Medicare	4,299	4,299		3,298		1,001	1,001		
B. Medicaid (Conn.)	32,755	32,755		24,155		8,600	8,600		
C. Medicaid (other states)									
D. Private Pay	5,626	5,626		4,406		1,220	1,220		
E. State SSI for RCH									
F. Other (Specify) Managed Medicare	2,604	2,604		2,216		388	388		
G. Total Care Days During Period (3A thru F)	45,284	45,284		34,075		11,209	11,209		
<b>4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds</b>									
A. Medicaid Bed Reserve Days	73	73		18		55	55		
B. Other Bed Reserve Days	71	71		48		23	23		
<b>5. Total Resident Days (3G + 4A + 4B)</b>	45,428	45,428		34,141		11,287	11,287		

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Ho	License No. 2318	Report for Year Ended 9/30/2019	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)				

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	10		91		14		4		
Per Diem Rate									
a. One bed rm.	629.88		250.79		505.00		520.37		
b. Two bed rms.	629.88		250.79		495.00		520.37		
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,954	2,954		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	605	605		
2. Restorative Treatments				
C. Other	10,204	10,204		
D. <b>Total Physical Therapy Treatments</b>	13,763	13,763		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	423	423		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	135	135		
2. Restorative Treatments				
C. Other	1,174	1,174		
D. <b>Total Speech Therapy Treatments</b>	1,732	1,732		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	5,064	5,064		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	502	502		
2. Restorative Treatments				
C. Other	10,074	10,074		
D. <b>Total Occupational Therapy Treatments</b>	15,640	15,640		

### Report of Expenditures - Salaries & Wages

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cent	License No. 2318	Report for Year Ended 9/30/2019	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)	136,774	2,144				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	236,686	10,378				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	57,385	2,083				
c. Dietary Workers	433,381	28,481				
6. Housekeeping Service						
a. Head Housekeeper	42,768	1,850				
b. Other Housekeeping Workers	333,437	21,822				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	57,632	2,080				
b. Other Maintenance Workers	60,192	2,911				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	78,307	4,955				
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	230,092	4,188				
b. RN						
1. Direct Care	698,793	19,629				
2. Administrative**	430,218	15,497				
c. LPN						
1. Direct Care	946,985	33,565				
2. Administrative**						
d. Aides and Attendants	1,932,343	111,681				
e. Physical Therapists	515,321	14,658				
f. Speech Therapists	105,220	2,260				
g. Occupational Therapists	329,164	9,079				
h. Recreation Workers	186,353	9,034				
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	220,502	8,297				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,031,553	304,592				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.  
 \*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.  
 \*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.



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

Name of Facility		License No.		Report for Year Ended		Page	of		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318		9/30/2019		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section I - Operators/Owners</b>									
Not Applicable									
<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>									
Not Applicable									

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

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

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318		9/30/2019		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section III - Administrators***</b>									
Kimberly Carlson 10/01/18-09/30/19	136,774		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,144	A2			
<b>Section IV - Assistant Administrators</b>									

\*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		
301 Rope Ferry Road, LLC d/b/a Bayview Health C	2318	9/30/2019	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	42,629	947				
2. Dentist	13,387	25				
3. Pharmacist	11,542	11				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker	2,280	38				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	88,231	332				
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	1,115	16				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>159,184</b>	<b>1,369</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.





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

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health	2318	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 473,905	473,905			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 90,307	90,307			
4. Social Security (F.I.C.A.)	\$ 490,994	490,994			
5. Health Insurance	\$ 752,476	752,476			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 35,768	35,768			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 79,737	79,737			
<b>d. Accounting and Auditing</b>	\$ 19,228	19,228			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 24,924	24,924			
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 51,939	51,939			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 20,375	20,375			
2. Cellular Phones	\$ 2,935	2,935			
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$ 82,847	82,847			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 784,784	784,784			
<b>Subtotal</b>	\$ 2,910,219	2,910,219			

\* 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**

**Schedule of Other Employee Benefits**

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

-----

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

Name of Facility	License No.	Report for Year Ended	Page	of	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care	2318	9/30/2019	16	37	
Item		Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		2,910,219	2,910,219		
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	7,130	7,130		
3. Gifts to Staff and Residents	\$	27,609	27,609		
4. Employee Travel	\$	5,255	5,255		
5. Education Expenses Related to Seminars and Conventions	\$	6,550	6,550		
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> )	\$	12,453	12,453		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$	702	702		
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	11,444	11,444		
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	\$	3,924	3,924		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	10,387	10,387		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,139	1,139		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$	439,532	439,532		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	137,101	137,101		
<b>C-14 Total Administrative &amp; General Expenditures</b>		<b>\$ 3,573,445</b>	<b>3,573,445</b>		

\* 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>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 11,444		
<b>Total Other Advertising</b>	\$ 11,444	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Assoc of Health Care Facilities	\$ 10,387		
<b>Total Dues</b>	\$ 10,387	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 485		
Bank Charges	\$ 48,337		
Payroll Processing Fees	\$ 23,460		
Employee Physicals & Background Checks	\$ 21,669		
Energy Audit	\$ 649		
Data Processing	\$ 42,501		
<b>Total Other Administrative and General</b>	\$ 137,101	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview	2318	9/30/2019	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	616,296	Contract Attached to a Prior Year	See Below
Allocation of Above	\$110934	Admin/Gen 66% Indirect 16% Direct 18%	Pg16 Line 12
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	32,796	Admin/Gen-Other Expense	Page 16, Line M12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care	2318	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 281,520	281,520		
2. Non-Food Supplies	\$ 35,919	35,919		
3. Other (Specify) _____ Dishes & Utensils = \$4,641	\$ 4,641	4,641		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Other (Specify) _____ Management Services**	\$ 98,607	98,607		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 420,687</b>	<b>420,687</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No                                   If yes, specify amt.                                   \$2,075				
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				2.a.1
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No                                   If yes, specify cost.				
K. Is any revenue collected 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)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No                                   If yes, specify cost.				
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                                   If yes, specify amt.				
O. 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.

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

Name of Facility		License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care C		2318	9/30/2019	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	23,715	23,715	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$			
c. Other ( <i>Specify</i> ) Supplies = \$7,453		\$	7,453	7,453	
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>31,168</b>	<b>31,168</b>	
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	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 3D.

\*\*\* 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
301 Rope Ferry Road, LLC d/b/a Bayview Hea		2318	9/30/2019		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. \$	77,398	77,398		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	<b>77,398</b>	<b>77,398</b>		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Procure, LTC	\$	253,092	253,092		
b.	Medicine Cabinet Drugs	\$	29,202	29,202		
c.	Medical and Therapeutic Supplies	\$	281,071	281,071		
d.	Ambulance/Limousine***	\$	5,241	5,241		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	32,408	32,408		
f.	X-rays and Related Radiological Procedures***	\$	39,501	39,501		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	10,599	10,599		
i.	Recreation	\$	8,884	8,884		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	177,482	177,482		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>837,480</b>	<b>837,480</b>		

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

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

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

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



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

Name of Facility		License No.		Report for Year Ended		Page of				
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318		9/30/2019		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
ADP	100 Corporate Drive, South Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	17,857			16	m13
CWPM	415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	22,386			22	6f
Air Temp	Drive, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	52,468			22	6a
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Primary Interest	Pharmacy	318,388			16	m13
Proline	150473, Hartford, CT 06115	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	8,904			22	6a
PointClickCare	P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	20,742			16	m13
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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
301 Rope Ferry Road, LLC d/b/a Bayview He	2318	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Specify)	
<b>6. Maintenance &amp; Operation of Plant</b>						
a. Repairs & Maintenance	\$	94,345	94,345			
b. Heat	\$	144,587	144,587			
c. Light & Power	\$	114,297	114,297			
d. Water	\$	71,434	71,434			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	36,289	36,289			
f. Other ( <i>itemize</i> )	\$	77,219	77,219			
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$	538,171	538,171			
<b>7. Depreciation (<i>complete schedule page 23*</i>)</b>						
a. Land Improvements	\$	3,465	3,465			
b. Building & Building Improvements	\$	36,878	36,878			
c. Non-Movable Equipment	\$	7,412	7,412			
d. Movable Equipment	\$	44,388	44,388			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$	92,143	92,143			
<b>8. Amortization (<i>Complete att. Schedule Page 24*</i>)</b>						
a. Organization Expense	\$					
b. Mortgage Expense	\$	1,513	1,513			
c. Leasehold Improvements	\$	30,967	30,967			
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$	32,480	32,480			
<b>9. Rental payments on leased real property less real estate taxes included in item 10b</b>	\$	685,422	685,422			
<b>10. Property Taxes</b>						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	119,856	119,856			
c. Personal property taxes	\$	19,758	19,758			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$	949,659	949,659			

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.



### Depreciation Schedule

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318		Report for Year Ended 9/30/2019				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	47,027		47,027	41,255	S/L	5 years	3,465		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>A-4. Subtotal</b>								3,465	
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period	837,227		837,227	627,209	S/L	Various	36,878		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>B-4. Subtotal</b>								36,878	
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period	338,953		338,953	300,137	S/L	Various	7,412		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>								7,412	
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
									Is a mileage logbook maintained?
a.									
b.									
c.									
d.									
<b>2. Movable Equipment</b>									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
<b>D-3. Subtotal</b>								44,388	
<b>E. Total Depreciation</b>								92,143	





Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
Various	Various	\$ 15,273	Various	\$ 953
<b>Total additions for Movable Equipment</b>		\$ 15,273		\$ 953 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</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>				
Various	Various	\$ 102,812	Various	\$ 4,130
<b>Total additions for Leasehold Improvement</b>		\$ 102,812		\$ 4,130 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



301 ROPE FERRY RD  
 FURNITURE & EQUIPMENT #1952  
 September 30, 2019

Date	Vendor	Description	Years	Amount
1/1/2019	CDW-G	Desktop and Laptop	5	1,039.14
4/1/2019	CDW-G	2 Desktops	5	1,107.66
4/1/2019	CDW-G	2 Desktops	5	945.12
6/1/2019	CDW-G	4 Desktops	5	2,073.71
7/1/2019	Triple A Supplies	Portable Shelving	10	1,891.42
8/1/2019	Fairfield	Lobby Furniture	12	1,152.00
8/1/2019	Dor-Val	Lobby Furniture	12	1,560.00
8/1/2019	Kellex Seating	Lobby Furniture	12	5,503.85

Additions @ 9/30/19

15,272.90

**Bayview**  
**Leasehold #1942**  
**September 30, 2019**

Date	Vendor	Description	Years	Amount
10/31/2018	ACI Flooring	Vinyl Plank Flooring	10	\$8,639.71
10/31/2018	Environmental Systems Corporation	Fire Alarm	10	\$15,593.36
12/31/2018	Air Temp Mechanical Services	Roof top unit replacement	10	\$12,055.84
12/31/2018	Service Station	Diesel Oil Skid Tank	20	\$12,086.68
1/1/2019	Air Temp	Boiler Improvements	10	1,436.26
1/1/2019	Proline	Dishwasher Pump Conveyor U	10	3,028.65
2/1/2019	Air Temp	Boiler Improvements	10	1,569.81
5/1/2019	Air Temp	Boiler #2 Replaced	20	19,509.95
6/1/2019	Home Depot Pro	59 Smoke Alarms	10	1,380.42
7/1/2019	Air Temp	Piping Improvements	15	3,930.82
8/1/2019	Accurate Commercial Door	Hollow Metal Elevator Doors	20	6,092.00
8/1/2019	Accurate Security	Elevator Switchgear	15	6,957.88
8/1/2019	Anton Paving and Construction	Asphalt Paving	8	9,010.00
9/1/2019	Air Temp	Exhaust Fan	10	1,520.81

**Additions @ 9/30/19**

**\$102,812.19**

**Amortization Schedule\***

Name of Facility	License No.	Report for Year Ended	Page	of				
					301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2019	24
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
<b>A. Organization Expense</b>								
1.								
2.								
3.								
A-4. Subtotal								
<b>B. Mortgage Expense</b>								
1.								
2. Deferred Finance Fees- Refinance	Var	5	286,028	230,184			1,513	
3.								
B-4. Subtotal								1,513
<b>C. Leasehold Improvements and Other</b>								
1. Acquired prior to this report period	9	2018	3,452,376	34,867	S/L	Varior	26,837	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	9	2019	102,812		S/L	Varior	4,130	
C-4. Subtotal								30,967
<b>D. Total Amortization</b>								32,480

\* 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 301 Rope Ferry Road, LLC d/b/a Bay	License No. 2318	Report for Year Ended 9/30/2019	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 checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
<b>Description</b>		<b>Total</b>		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase		07/12/06		
4. Date of Initial Licensure		06/09/86		
5. Total Licensed Bed Capacity		127		
6. Square Footage				
7. Acquisition Cost				
a. Land		217,747		
b. Building		5,032,701		
<b>Part B - Owner and Related Parties</b>		<b>1st Mortgage</b>	<b>2nd Mortgage</b>	<b>3rd Mortgage</b>
1. Financing				
a. Type of Financing (e.g., fixed, variable)		HUD/KeyBank		
b. Date Mortgage Obtained		03/29/12		
c. Interest Rate for the Cost Year		3.22%/6.91%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		9,944,000		
f. Principal balance outstanding as of		8,607,555		
<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>				
<b>Name and Address of Lessor</b>	<b>Property Leased</b>	<b>Date of Lease</b>	<b>Term of Lease</b>	<b>Annual Amount of Lease</b>

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
301 Rope Ferry Road, LLC d/b/a Bay		2318	9/30/2019		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		
301 Rope Ferry Road, LLC d/b/a B	2318	9/30/2019	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) \$ 19,618 19,618						
Vendor Interest=\$12,740; Mortgage Bond Fees=\$2,500; L						
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D) \$ 19,618 19,618						
14. Insurance						
a. Insurance on Property (buildings only) \$ 68,530 68,530						
b. Insurance on Automobiles \$						
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage) \$						
2. Fire and Extended Coverage \$						
3. Other (Specify) \$						
14d. <b>Total Insurance Expenditures (14a + b + c)</b> \$ 68,530 68,530						
15. <b>Total All Expenditures (A-13 thru C-14)</b> \$ 13,706,893 13,706,893						

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318	9/30/2019	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	\$ 329,164	329,164		
4.			Other - See attached Schedule	\$ 84,158	84,158		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 79,737	79,737		
10.			Accounting	\$ 6,728	6,728		
10a.			Legal	\$ 24,904	24,904		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 2,575	2,575		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 27,609	27,609		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 12,146	12,146		
19.			Income Tax / Corporate Business Tax	\$ 82,847	82,847		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 257,653	257,653		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 48,337	48,337		
<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>				\$ 955,858	955,858		

\* 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	12M	Community Coordinator & Marketing Salaries and Benefits	\$ 84,158		
<b>Total Other Salaries Adjustment</b>			\$ 84,158	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 48,337		
<b>Total Other A&amp;G Adjustments</b>			\$ 48,337	\$ -	\$ -



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

Name of Facility				License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cent				2318	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 955,858	955,858		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 253,092	253,092		
28.	20	5d	Ambulance/Limousine	\$ 5,241	5,241		
29.	20	5f	X-rays, etc	\$ 39,501	39,501		
30.	20	5h	Laboratory	\$ 10,599	10,599		
31.	20	5c	Medical Supplies	\$ 19,194	19,194		
32.	20	5e2	Oxygen (non emergency)	\$ 32,408	32,408		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 29,758	29,758		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 8,517	8,517		
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 12,906	12,906		
43.	30	IV5	Interest Income on Account Rec.	\$ 474	474		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,367,548	1,367,548		

\*\*\* 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.





<b>Total Other Adjustments</b>			\$ 12,906	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview 2318		9/30/2019			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> )	\$ 15,529,690	15,529,690				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,846,700)	(7,846,700)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,130,017	2,130,017				
b. Medicare Room and Board Contractual Allowance **	\$ 549,458	549,458				
4. a. Private-Pay Residents and Other	\$ 3,825,394	3,825,394				
b. Private-Pay Room and Board Contractual Allowance **	\$ (189,606)	(189,606)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 180,351	180,351				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (180,351)	(180,351)				
c. Prescription Drugs - Non-Medicare	\$ 151,173	151,173				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (150,624)	(150,624)				
2. a. Medical Supplies - Medicare	\$ 6,494	6,494				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (44)	(44)				
c. Medical Supplies - Non-Medicare	\$ 2,214	2,214				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (2,214)	(2,214)				
3. a. Physical Therapy - Medicare	\$ 846,426	846,426				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (757,894)	(757,894)				
c. Physical Therapy - Non-Medicare	\$ 326,760	326,760				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (326,760)	(326,760)				
4. a. Speech Therapy - Medicare	\$ 226,040	226,040				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (226,071)	(226,071)				
c. Speech Therapy - Non-Medicare	\$ 112,040	112,040				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (112,040)	(112,040)				
5. a. Occupational Therapy - Medicare	\$ 1,003,920	1,003,920				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (761,496)	(761,496)				
c. Occupational Therapy - Non-Medicare	\$ 328,400	328,400				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (328,400)	(328,400)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (46,634)	(46,634)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,289,543	14,289,543				
<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> )	\$ 474	474				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 47,102	47,102				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 47,576	47,576				
<b>VI. Total All Revenue</b> (III +V)	\$ 14,337,119	14,337,119				

\* 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)
N/A	Medicare Retro	\$ 1,705		
	Medicaid:Retro:SNF Cert	\$ (122,113)		
	Ancillary Allowance:MC B	\$ 72,683		
	Oxygen-Private SNF	\$ 1,091		
<b>Total Other Resident Revenue - Medicare</b>		\$ (46,634)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31, LA2	Interest on A/R	N/A	\$ 474		
<b>Total Interest Income</b>			\$ 474	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Bad Debt Recoveries	\$ 47,102		
<b>Total Other Revenue</b>		\$ 47,102	\$ -	\$ -



### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvi	2318	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	762,604
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,161,121
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	24,965
5. Prepaid Expenses			\$	324,942
a. Prepaid Insurance	310,152			
b. Prepaid Expenses	5,281			
c. Prepaid Interest	9,509			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(20,791)
8. Other Current Assets ( <i>itemize</i> )			\$	(23,134)
Medicaid Cost Settlement	(46,084)			
Due From Related Party	22,950			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,229,707
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	47,027	\$	2,307
	Accum. Depreciation	44,720	Net	
3. Buildings	*Historical Cost	837,227	\$	173,140
	Accum. Depreciation	664,087	Net	
4. Leasehold Improvements	*Historical Cost	366,484	\$	300,651
	Accum. Depreciation	65,833	Net	
5. Non-Movable Equipment	*Historical Cost	338,953	\$	31,404
	Accum. Depreciation	307,549	Net	
6. Movable Equipment	*Historical Cost	2,048,610	\$	185,632
	Accum. Depreciation	1,862,978	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	6,662
Excluded Moveable Equipment Carryforward	22,611			
See Schedule	(15,949)			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	699,796

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

(Carry Total forward to next page)



**Bayview  
Prepaid Expenses  
Act #1580**

<b>DESCRIPTION</b>	<b>DEBIT</b>	<b>CREDIT</b>	<b>BALANCE</b>
FMLA License	\$561.12		\$561.12
Data Processing	\$1,422.00		\$1,422.00
Data Processing	\$307.00		\$307.00
Compliance	\$104.17		\$104.17
Scheduling	\$2,886.38		\$2,886.38
			<b>\$5,280.67</b>

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			<b>\$ -</b>

Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
		Fixed Asset Difference to Books	\$ (15,949)
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ (15,949)</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Deposits-Security Deposits Leased Equip.	\$ 6,930
		Project Development	\$ 24,870
		Deferred Finance Fees net of Amort	\$ 72,781
<b>Total Other Assets</b>			<b>\$ 104,581</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
<b>Total Other Long-Term Liabilities (Itemize)</b>			<b>\$ -</b>

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayvi	License No. 2318	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,929,503	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$ 390,340	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
3. Buildings			\$ 4,913,763	
*Historical Cost <u>7,019,660</u>				
Accum. Depreciation <u>2,105,897</u> Net			\$	
4. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
5. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
6. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$ 5,304,103	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____				
Accum. Depreciation _____ Net			\$	
4. Goodwill (Purchased Only)			\$ 3,360,483	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$ (3,802,307)	
Name and Address		Amount	Loan Date	
Related Party		(3,802,307)	3/29/12	
7. Other Assets ( <i>itemize</i> )			\$ 104,581	
_____				
See Schedule			104,581	
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ (337,243)	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 7,896,363	

\* 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
301 Rope Ferry Road, LLC d/b/a Bayview He		2318	9/30/2019	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	911,314
2. Notes Payable ( <i>itemize</i> )				\$	(2,205,056)
Notes Payable; Related Party (235,000)					
Line of Credit (1,970,056)					
See Schedule					
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> )				\$	211,823
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	3,547
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	255,151
Acc'd Expenses Sales Tax		439	Acc'd Expense Property	(3,662)	
Acc'd Health Insurance		2,348			
Acc'd Operating Expenses		47,718			
Provider Taxes Due		208,308	See Schedule		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>(823,221)</b>

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

(Carry Total forward to next page)

Bayview  
 ACCRUED OPERATING EXP - 2170  
 September 30, 2019

DESCRIPTION	DEBIT	CREDIT	BALANCE
			\$0.00
			\$0.00
SJE		\$13,472.86	\$13,472.86
Health Ins IBNR 9/30/18		\$34,327.58	\$34,327.58
			\$0.00
			\$0.00
TV	\$1,685.46		(\$1,685.46)
Leasing	\$1,732.51		(\$1,732.51)
Health Insurance True Up	\$19,733.48		(\$19,733.48)
Office Supplies		\$200.00	\$200.00
Lab		\$516.64	\$516.64
X-Ray		\$1,263.81	\$1,263.81
Data Processing Fees		\$8,026.53	\$8,026.53
Water Bill		\$8,579.06	\$8,579.06
			\$0.00
			\$0.00
			\$0.00
<b>Missed Deposits</b>	\$317.03		(\$317.03)
			\$0.00
			\$0.00
DHLS Accounting		\$4,800.00	\$4,800.00
			\$0.00
			<b>\$47,718.00</b>

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview		License No. 2318	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				(823,221)	
<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				\$	573,952
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	(1,256,503)
Due from Related Landlord		(1,223,163)			
Due to Affiliates		3,326			
NOTES PAY- MCKESSON		(36,666)			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	(682,551)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	(1,505,772)

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bay	2318	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	390,340
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,913,763
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			\$	5,304,103
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(1,571,468)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,039,274
6. Gain or Loss for Period				
	10/1/2018	thru	9/30/2019	
			\$	630,226
7. Total Net Worth			\$	4,098,032
<b>C. Total Reserves and Net Worth</b>			\$	9,402,135
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,896,363

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvie	2318	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	3,466,251
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,337,119
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,706,893
D. Net Income or Deficit			\$	630,226
E. Balance			\$	4,096,477
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
	Prior Year Lease Expense	(1,145)		
	Prior Year Accounting Expense	2,700		
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	1,555
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>		09/30/19	\$	4,098,032



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

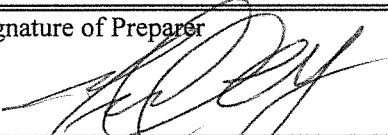
Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2019	Page 37	of 37
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*Check appropriate category*

- |   |   |                                    |
|---|---|------------------------------------|
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | <input type="checkbox"/> (Specify) |
|---|---|------------------------------------|

#### Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer 	Title CFO	Date Signed 2/17/2020
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Printed Name of Preparer Athena Health Care
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Address Address 135 South Rd, Farmington, CT	Phone Number 860-751-3900
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Contacted Person Regarding Additional Information Needed Regarding This Report Lynn Rinaldi	Phone Number
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Contact Email Address lrinaldi@Athenahealthcare.com
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