

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 1145 Poquonock Road Operations LLC ,d/b/a Groton center	
Address (No. & Street, City, State, Zip Code) 1145 Poquonock Road, Groton, CT 06340	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2374	RHNS	Residential Care Home	Medicare Provider 07-5270
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Medicaid Provider Numbers:	CCNH 000020355	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)	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton	2374	9/30/2019	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 1145 Poquonnock Road Operations LLC ,d/b/a Groton center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Diane Thomas			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 1145 Poquonnock Road, Groton, CT 06340				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2019	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,216,096	3,766,996	449,099
5. All other wages paid	\$	728,803	444,131	284,672
6. Total Wages Paid	\$	4,944,899	4,211,127	733,771
7. Total salaries paid	\$	294,761	243,079	51,682
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	5,239,660	4,454,206	785,454

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 860-446-9960		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Address (No. & Street, City, State, Zip) 1145 Poquonnock Road, Groton, CT 06340		
License Numbers:	CCNH 2374	RHNS	Residential Care Home	Medicare Provider No. 07-5270
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 checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Diane Thomas		Nursing Home Administrator's License No.:	1616	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

GROTON REGENCY CENTER

1145 Poquonnock Road
Groton, CT 06340

1145 Poquonnock Road Operations LLC (Operator)

EIN: 26-0840653
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis CT Holdings LLC (100%)

Genesis CT Holdings LLC

EIN: 26-0787896
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Operations LLC (100%)

Genesis Operations LLC

EIN: 26-0787826
101 East State Street
Kennett Square, PA 19348

Ownership

GHC Holdings LLC (100%)

GHC Holdings LLC

EIN: 26-0740682
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Holdings, LLC (100%)

Genesis Holdings, LLC

EIN: 30-0843337
101 East State Street

Kennett Square, PA 19348

Ownership

Genesis HealthCare LLC (100%)

Genesis HealthCare LLC

EIN: 27-3237296

101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

Genesis HealthCare LLC

EIN: 27-3237296

101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225

101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090

101 East State Street

Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 59.2957%)

Sundance Rehabilitation Holdco, Inc. (5.5444%)

Other members that are disclosed herein as owners of Genesis Healthcare, Inc.

Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180

101 East State Street

Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695

101 East State Street

Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the New York Stock Exchange)

(f/k/a Skilled Healthcare Group, Inc.)

EIN: 20-3934755

101 East State Street

Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC (approximately 14.0%)

Senior Care Genesis, LLC (approximately 5.3%)

ZAC Properties XI, LLC (approximately 8.1%)

Welltower, Inc. (approximately 5.9%)

Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Ownership

[Steven E. Fishman\[2\]](#)

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Other members that do not trigger 5% ownership test

Welltower Inc.

EIN: 34-1096634

4500 Dorr Street

Toledo, OH 43615

Ownership

(publicly traded company on the New York Stock Exchange)

Senior Care Genesis, LLC

EIN: 20-8282470

234 Church Street, Suite 901

New Haven, CT 06510

Ownership

[David Reis\[3\]](#)

234 Church Street, Suite 901

New Haven, CT 06510

The information included in this memorandum supersedes all previously submitted ownership information

for the Operator as well as all officer/director/manager information for the Operator and its 5% or more direct and indirect owners.

[\[1\] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered th](#)

[\[2\] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be cons](#)

³ Senior Care is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Reis may be considered the beneficial owner of the shares held by Senior Care.

**General Information and Questionnaire
Related Parties***

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton	License No. 2374	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	%**				
Genesis Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	665,664	665,664
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	459,112	459,112
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	69,838	69,838
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	91%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	39,755	39,755
Liberty Health	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	275,978	275,978
Genesis Healthcare Corporation	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Pg 17 and Pg26-12a1		
		<input type="radio"/>	<input checked="" 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 1145 Poquonnock Road Operations LLC ,d/b/a	License No. 2374	Report for Year Ended 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton cent			License No. 2374	Report for Year Ended 9/30/2019			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 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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***

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

General Information and Questionnaire Accounting Basis

Name of Facility 1145 Poquonnock Road Operations	License No. 2374	Report for Year Ended 9/30/2019	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4		Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103		
Services Provided by This Firm (<i>describe fully</i>)				
1	Year end financial audit		\$	
2			\$	
3			\$	
4			\$	
			Charge for Services Provided	
			\$	
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				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 State of Connecticut - Court of Probate 2 3 Bloom & Witkin 4 5			Telephone Number 617-456-0500	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 45 Fort Hill Road Groton, CT 06340 2 3 175 Federal Street Boston, MA 02110 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Conservatorship & Marshall fees		\$	
2			\$	
3	Real Estate Tax Abatement-reduced the assessment values of Real Estate Tax		\$	11,817
4			\$	
5			\$	
			Charge for Services Provided	
			\$ 11,817	
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				

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
1145 Poquonnock Road Operations LLC ,d/b/a Groton center		2374			9/30/2019				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	243	162		81	243	162		81	243	162			81
B. On last day of THIS report period	243	162		81	243	162		81	243	162			81
2. Number of Residents													
A. As of midnight of PREVIOUS report period	176	115		61	176	115		61	198	121			77
B. As of midnight of THIS report period	185	112		73	198	121		77	185	112			73
3. Total Number of Days Care Provided During Period													
A. Medicare	3,766	3,766			2,736	2,736			1,030	1,030			
B. Medicaid (Conn.)	35,463	35,463			26,652	26,652			8,811	8,811			
C. Medicaid (other states)													
D. Private Pay	8,336	2,525		5,811	6,626	2,104		4,522	1,710	421			1,289
E. State SSI for RCH	20,069			20,069	14,815			14,815	5,254				5,254
F. Other (Specify)	1,808	1,808			1,368	1,368			440	440			
G. Total Care Days During Period (3A thru F)	69,442	43,562		25,880	52,197	32,860		19,337	17,245	10,702			6,543
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	457	15		442	294	15		279	163				163
B. Other Bed Reserve Days	115	30		85	87	30		57	28				28
5. Total Resident Days (3G + 4A + 4B)	70,014	43,607		26,407	52,578	32,905		19,673	17,436	10,702			6,734

Schedule of Resident Statistics (Cont'd)

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/			License No. 2374			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	5		99		8			73					
Per Diem Rate													
a. One bed rm.							122.00						
b. Two bed rms.	503.15		206.79		342.45		115.00	94.00					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									2,551	2,551			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									795	795			
C. Other									9,756	9,756			
D. Total Physical Therapy Treatments									13,102	13,102			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									304	304			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									49	49			
C. Other									860	860			
D. Total Speech Therapy Treatments									1,213	1,213			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,015	2,015			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									638	638			
C. Other									8,559	8,559			
D. Total Occupational Therapy Treatments									11,212	11,212			

Report of Expenditures - Salaries & Wages

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center	License No. 2374	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	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	80,585	1,295			49,391	793
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	3,739	119			2,292	73
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	158,124	6,661			96,915	4,083
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	32,563	1,140			25,585	895
b. Other Maintenance Workers	39,554	2,353			31,079	1,849
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	158,755	3,286				
b. RN						
1. Direct Care	882,031	22,369		RN		
2. Administrative**	141,653	3,665		NUMD		
c. LPN						
1. Direct Care	990,740	31,955		LPN		
2. Administrative**				NLN1		
d. Aides and Attendants	1,700,745	101,475		PCA	417,334	24,581
e. Physical Therapists				ACN1		
f. Speech Therapists				CNA		
g. Occupational Therapists						
h. Recreation Workers	86,634	4,424			53,099	2,712
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	127,255	4,383			77,995	2,686
n. Marketing						
o. Other (Specify)						
See Attached Schedule	51,827	2,577			31,765	1,579
<i>A-13. Total Salary Expenditures</i>	4,454,206	185,702			785,454	39,251

* 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	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	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	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	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	Residential Care Home							
Section III - Administrators***										
Diane Thomas	80,585		49,391		Management of Center	2,088	2			
Section IV - Assistant Administrators										
Terelak, Monique Arents	3,739		2,292		Management of Center	192	3			

*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		
1145 Poquonnock Road Operations LLC ,d/b/a Grot	2374	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	15,378	105				
3. Pharmacist	16,392	335				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	438,575	6,008				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	97,443	516				
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	11,415	146				
b. Other						
10. Occupational Therapist						
a. Resident Care	56,119	769				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	11,610	256				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	32,861					
B-13 Total Fees Paid in Lieu of Salaries	679,793	8,134				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton c		2374	9/30/2019	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<input type="radio"/>	<input 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"/>		
		<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"/>		

* 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
1145 Poquonnock Road Operations LLC ,d/b/a C	2374	9/30/2019	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 233,136	198,166		34,970
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 64,706	55,000		9,706
4. Social Security (F.I.C.A.)	\$ 382,339	324,988		57,351
5. Health Insurance	\$ 544,501	462,826		81,675
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 205,149	127,192		77,957
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 11,817	7,327		4,490
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 25,605	15,875		9,730
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,157	17,457		10,700
2. Cellular Phones	\$ 1,612	999		613
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 1,978	1,226		752
3. Resident Day User Fee	\$ 809,922	809,922		
Subtotal	\$ 2,308,922	2,020,978		287,944

* 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

Description		CCNH	RHNS	Residential Care Home
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -

Schedule of Other Taxes

Description		CCNH	RHNS	Residential Care Home
Sales Tax		1226.36	0	751.64
Sales Tax		0	0	0
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total		\$ 1,226	\$ -	\$ 752

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

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Grotor	2374	9/30/2019	16	37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	2,308,922	2,020,978		287,944
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 183	113		70
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 2,521	1,563		958
5. Education Expenses Related to Seminars and Conventions	\$ 270	167		103
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 24	15		9
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 13,477	8,355		5,121
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	\$ 456	283		173
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,919	8,010		4,909
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 105	65		40
10. Contributions*** See Attached Schedule	\$ 2,220	2,220		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 5,263	3,263		2,000
12. Administrative Management Services**	\$ 614,356	380,901		233,455
13. Other (<i>Specify</i>) See Attached Schedule	\$ 44,486	27,581		16,905
C-14 Total Administrative & General Expenditures	\$ 3,005,201	2,453,515		551,686

* 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	Residential Care Home
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Advertising	1,173.86	-	719.46
Marketing Expense	5,659.42	-	3,468.68
Marketing Exp- Corporate Spend	1,522.17	-	932.94
Marketing Expense	-	-	-
Total Other Advertising	\$ 8,355	\$ -	\$ 5,121

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Licenses and Certification	8,010.00	-	4,909.00
Licenses and Certification	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
Total Dues	\$ 8,010	\$ -	\$ 4,909

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Political Contributions	\$ 2,145	\$ -	\$ -
Contributions	\$ 75	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
Total Contributions	\$ 2,220	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Bank Service Charges	4828.93	0	2959.67
Collection Fees	11087.57	0	6795.61
Education Expense	2.91	0	1.78
Employee Physicals	6651.74	0	4076.88
Employee Relations	596.04	0	365.31
Printing	88.76	0	54.4
Training Expense	288.46	0	176.8
Fines & Penalties	0	0	0
Miscellaneous	129	0	79.06
Rental Expense	4232.05	0	2593.84
Accrued Expense Estimation	-336.5	0	-206.24
State Tax Annual Report Filing	12.4	0	7.6
0	0	0	0
0	0	0	0
0	0	0	0
Total Other Administrative and General	\$ 27,581	\$ -	\$ 16,905

Schedule C-1 - Management Services*

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2019	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 #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	665,664	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton		2374	9/30/2019		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 327,165	202,842		124,323	
2.	Non-Food Supplies	\$ 42,040	26,065		15,975	
3.	Other (<i>Specify</i>) _____	\$ (458)	(284)		(174)	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 844,969	523,881		321,088	
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 1,213,716	752,504		461,212	
2E. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
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 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
1145 Poquonnock Road Operations LLC ,d/b/a Groton c		2374	9/30/2019		19 37
Item		Total	CCNH	RHNS	Residential Care Home
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. \$	9,157	5,677	3,480
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	13,506	8,374	5,132
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	269,772	167,259	102,513
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	292,435	181,310	111,125
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
1145 Poquonnock Road Operations LLC ,d/b/a		2374	9/30/2019		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	28,960	16,218		12,742
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. \$	405,869	227,287		178,582
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 434,829	243,505		191,324
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	242,291	242,291		
	b. Medicine Cabinet Drugs	\$	40,586	40,586		
	c. Medical and Therapeutic Supplies	\$	127,401	127,401		
	d. Ambulance/Limousine***	\$	7,613	7,613		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	1,523	1,523		
	f. X-rays and Related Radiological Procedures***	\$	8,870	8,870		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	30,365	30,365		
	i. Recreation	\$	52,815	29,576		23,239
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	69,371	38,848		30,523
5M. Total Resident Care Expenditures (5a - 5j)			\$ 580,835	527,073		53,762

* 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	Residential Care Home
Incontinency	\$ 33,104	\$ -	\$ 26,010
Incontinency - Rebates	\$ (2,125)	\$ -	\$ (1,669)
Advertising-Help Wanted	\$ 504	\$ -	\$ 396
Education Expense	\$ 883	\$ -	\$ 694
Supplies	\$ 542	\$ -	\$ 426
Supplies	\$ 9,745	\$ -	\$ 7,657
Supplies	\$ 472	\$ -	\$ 371
Rental Expense	\$ 335	\$ -	\$ 263
Supplies	\$ 2,431	\$ -	\$ 1,910
Consolidated Billing	\$ 750	\$ -	\$ 589
Training Expense	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ (8,359)	\$ -	\$ (6,568)
T&E-Lodging/Transportation	\$ 566	\$ -	\$ 444
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 38,848	\$ -	\$ 30,523

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center			License No. 2374		Report for Year Ended 9/30/2019			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	Residential Care Home	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	167,259		102,513	19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	227,287		178,582	20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	520,770		319,181	18	2b
		<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"/>							
		<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
1145 Poquonnock Road Operations LLC ,d/b/	2374	9/30/2019			22	37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	163,905	91,787			72,118
b. Heat	\$	39,609	22,181			17,428
c. Light & Power	\$	268,710	150,478			118,232
d. Water	\$	82,631	46,273			36,358
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	554,855	310,719			244,136
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	209	117			92
b. Building & Building Improvements	\$	105,271	58,952			46,319
c. Non-Movable Equipment	\$	15,214	8,520			6,694
d. Movable Equipment	\$	88,374	49,489			38,885
*7e. Total Depreciation Costs (7a + b + c + d)	\$	209,068	117,078			91,990
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	1,400,349	784,195			616,154
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	278,254	155,822			122,432
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,887,671	1,057,095			830,576

* 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	Residential Care Home
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
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Total Other Repairs and Maintenance		\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center				License No. 2374			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				
A. Land Improvements												
1. Acquired prior to this report period	4,185		4,185	1,360	S/L	Various	209					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal								209				
B. Building and Building Improvements												
1. Acquired prior to this report period	16,960,734		16,960,734	6,074,465	S/L	Various	101,413					
2. Disposals (attach schedule)	(15,733,895)		(15,733,895)	(5,735,840)								
3. Acquired during this report period (attach schedule)	64,581		64,581				3,858					
B-4. Subtotal								105,271				
C. Non-Movable Equipment												
1. Acquired prior to this report period	237,460		237,460	175,317	S/L	Various	14,176					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	15,832		15,832				1,038					
C-4. Subtotal								15,214				
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					1,014,154		1,014,154	659,136	S/L	Various	84,866	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					30,231		30,231				3,508	
D-3. Subtotal												88,374
E. Total Depreciation											209,068	

1145 Poquonnock Road Operations LLC ,d/b/a Groton center
 Asset Deletions
 10/1/2018

Locati	G/L Asset	Acct Desc	Sys	Ex	Description In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis
56002	150016	Financing Oblig Lan	009602	000	Establish l: 10/1/2018	(1,750,000.00)	R	NoDep	00 00	(1,750,000.00)
56002	150046	Financing Oblig Bldg	009603	000	Est Buildir 10/1/2018	(15,720,450.02)	R	SLMM	18 06	(15,720,450.02)
56002	150050	Bldg Imp			Reversal S 10/1/2018	(8,620.00)				
56002	150050	Bldg Imp			Reversal S 10/1/2018	(514.72)				

1145 Poquonock Road Operations LLC ,d/b/a Groton center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn	1,136
Sch 29 total Deprn Adj	0
Total Deprn Expense	1,136

2,593,281.67
 2,593,281.67

2,593,281.67 1,174,438.58 195,299.76 1,175,241.48

Locati	G/L Asset	Acct Desc	Sys	Descriptor In	Svc Date	Acquired Value	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current YTD	Current Accum
											Depreciation 9/30/2018	Depreciation 2019	Depreciation 9/30/2019
56002	150100	Movable E009449		Direct Sup	12/31/2011	144.40	P	SLMM	04 11	144.40	144.40	-	144.40
56002	150085	Movable E009450		Food Hold	12/31/2011	2,731.25	P	SLMM	05 00	2,731.25	2,731.25	-	2,731.25
56002	150080	Movable E009451		Carpet clea	12/31/2011	3,604.94	P	SLMM	02 00	3,604.94	3,604.94	-	3,604.94
56002	150080	Movable E009452		Countertop	12/31/2011	893.04	P	SLMM	02 00	893.04	893.04	-	893.04
56002	150080	Movable E009453		Furniture C	12/31/2011	9,313.62	P	SLMM	02 01	9,313.62	9,313.62	-	9,313.62
56002	150070	Non Mova 009454		Sales Tax i	12/31/2011	23.17	P	SLMM	02 01	23.17	23.17	-	23.17
56002	150080	Movable E009455		Sales Tax i	12/31/2011	299.26	P	SLMM	02 01	299.26	299.26	-	299.26
56002	150117	Movable E009456		Sales Tax i	12/31/2011	42.17	P	SLMM	02 01	42.17	42.17	-	42.17
56002	150080	Movable E009457		Spot Vital	12/31/2011	2,931.60	P	SLMM	02 01	2,931.60	2,931.60	-	2,931.60
56002	150115	Movable E009458		Corporate	12/31/2011	23.22	P	SLMM	00 02	23.22	23.22	-	23.22
56002	150100	Movable E009459		Chairs	12/31/2011	1,173.32	P	SLMM	05 02	1,173.32	1,173.32	-	1,173.32
56002	150085	Movable E009460		Wheelchai	12/31/2011	678.72	P	SLMM	05 02	678.72	678.72	-	678.72
56002	150085	Movable E009461		Steam Tab	12/31/2011	1,759.46	P	SLMM	05 02	1,759.46	1,759.46	-	1,759.46
56002	150085	Movable E009462		Window T	12/31/2011	2,337.84	P	SLMM	05 02	2,337.84	2,337.84	-	2,337.84
56002	150085	Movable E009463		Wheelchai	12/31/2011	840.00	P	SLMM	05 03	840.00	840.00	-	840.00
56002	150087	Movable E009464		Sitter Alan	12/31/2011	61.61	P	SLMM	00 03	61.61	61.61	-	61.61
56002	150080	Movable E009465		Carpet spo	12/31/2011	209.68	P	SLMM	02 04	209.68	209.68	-	209.68
56002	150087	Movable E009466		ALARM S	12/31/2011	123.22	P	SLMM	00 06	123.22	123.22	-	123.22
56002	150080	Movable E009467		PLASMA	12/31/2011	633.35	P	SLMM	02 06	633.35	633.35	-	633.35
56002	150085	Movable E009468		Portable H	12/31/2011	2,104.55	P	SLMM	05 06	2,104.55	2,104.55	-	2,104.55
56002	150085	Movable E009469		106 HEAC	12/31/2011	7,991.28	P	SLMM	05 07	7,991.28	7,991.28	-	7,991.28
56002	150080	Movable E009470		DINING R	12/31/2011	971.76	P	SLMM	02 07	971.76	971.76	-	971.76
56002	150085	Movable E009471		COMMER	12/31/2011	221.90	P	SLMM	05 08	221.90	221.90	-	221.90
56002	150115	Movable E009472		RELOCA1	12/31/2011	322.37	P	SLMM	00 09	322.37	322.37	-	322.37
56002	150087	Movable E009473		(15) ALAF	12/31/2011	184.84	P	SLMM	00 09	184.84	184.84	-	184.84
56002	150080	Movable E009474		VITAL ST	12/31/2011	491.14	P	SLMM	02 09	491.14	491.14	-	491.14
56002	150075	Non Mova 009475		REPLACE	12/31/2011	4,078.15	P	SLMM	05 09	4,078.15	4,078.15	-	4,078.15
56002	150085	Movable E009476		(53) RISEI	12/31/2011	78,127.77	P	SLMM	05 10	78,127.77	78,127.77	-	78,127.77
56002	150085	Movable E009477		HYDROC	12/31/2011	460.67	P	SLMM	05 10	460.67	460.67	-	460.67
56002	150075	Non Mova 009478		REPLACE	12/31/2011	2,068.32	P	SLMM	05 10	2,068.32	2,068.32	-	2,068.32
56002	150080	Movable E009479		Commerci	12/31/2011	154.28	P	SLMM	02 11	154.28	154.28	-	154.28
56002	150080	Movable E009480		BOBS DIS	12/31/2011	1,124.33	P	SLMM	03 00	1,124.33	1,124.33	-	1,124.33
56002	150075	Non Mova 009482		SEWER E	12/31/2011	8,420.56	P	SLMM	06 01	8,420.56	8,420.56	-	8,420.56
56002	150110	Movable E009487		(1) ADAP	12/31/2011	15.53	P	NoDep	00 00	15.53	-	-	-
56002	150075	Non Mova 009488		FIRST INS	12/31/2011	14,073.32	P	SLMM	06 05	14,073.32	14,073.32	-	14,073.32
56002	150075	Non Mova 009489		(1) JERON	12/31/2011	41,381.34	P	SLMM	06 05	41,381.34	41,381.34	-	41,381.34
56002	150085	Movable E009490		(2) 6 PAN	12/31/2011	7,367.79	P	SLMM	06 06	7,367.79	7,367.79	-	7,367.79
56002	150117	Movable E009491		(1) CISCO	12/31/2011	411.10	P	SLMM	03 07	411.10	411.10	-	411.10
56002	150110	Movable E009493		INSTALL	12/31/2011	4.67	P	NoDep	00 00	4.67	-	-	-
56002	150085	Movable E009494		(1) ELECT	12/31/2011	6,115.67	P	SLMM	06 07	6,115.67	6,115.67	-	6,115.67
56002	150085	Movable E009495		(3) DRESS	12/31/2011	2,283.31	P	SLMM	06 07	2,283.31	2,283.31	-	2,283.31
56002	150080	Movable E009496		(1) D900-F	12/31/2011	258.00	P	SLMM	03 07	258.00	258.00	-	258.00
56002	150117	Movable E009497		RUN NEW	12/31/2011	162.47	P	SLMM	03 08	162.47	162.47	-	162.47
56002	150085	Movable E009498		(1) 27i CO	12/31/2011	267.76	P	SLMM	06 08	267.76	267.76	-	267.76
56002	150085	Movable E009499		(1) 29i CO	12/31/2011	258.75	P	SLMM	06 08	258.75	258.75	-	258.75
56002	150087	Movable E009500		(15) ALAF	12/31/2011	434.07	P	SLMM	01 09	434.07	434.07	-	434.07
56002	150075	Non Mova 009502		FINAL PN	12/31/2011	14,987.17	P	SLMM	06 10	14,987.17	14,804.39	182.78	14,804.39
56002	150100	Movable E009503		(1) FEL34	12/31/2011	350.96	P	SLMM	06 11	350.96	342.49	8.47	342.49
56002	150085	Movable E009504		(2) 94598-	12/31/2011	388.77	P	SLMM	07 00	388.77	374.89	13.88	374.89
56002	150110	Movable E009505		(1) HP DC	12/31/2011	53.70	P	SLMM	00 03	53.70	53.70	-	53.70
56002	150110	Movable E009506		VERIZON	12/31/2011	37.98	P	SLMM	00 03	37.98	37.98	-	37.98
56002	150085	Movable E009507		(10) WHEL	12/31/2011	1,160.00	P	SLMM	07 03	1,160.00	1,080.00	80.00	1,080.00
56002	150087	Movable E009508		(15) ALAF	12/31/2011	558.09	P	SLMM	02 03	558.09	558.09	-	558.09
56002	150110	Movable E009509		(1) HP 17"	12/31/2011	18.89	P	SLMM	00 05	18.89	18.89	-	18.89
56002	150085	Movable E009510		(1) Reclim	12/31/2011	278.61	P	SLMM	07 05	278.61	253.60	25.01	253.60
56002	150085	Movable E009511		(1) GE 17	12/31/2011	544.60	P	SLMM	07 05	544.60	495.65	48.95	495.65
56002	150085	Movable E009512		(1) Key Cu	12/31/2011	497.80	P	SLMM	07 05	497.80	453.06	44.74	453.06
56002	150100	Movable E009513		(1) FAX M	12/31/2011	227.36	P	SLMM	07 06	227.36	204.66	22.70	204.66
56002	150100	Movable E009514		(1) VERTI	12/31/2011	227.74	P	SLMM	07 06	227.74	204.99	22.75	204.99
56002	150088	Movable E009515		(5) PLEXU	12/31/2011	1,764.70	P	SLMM	00 06	1,764.70	1,764.70	-	1,764.70
56002	150080	Movable E009516		8000 BTU	12/31/2011	955.18	P	SLMM	04 09	955.18	955.18	-	955.18
56002	150085	Movable E009517		Manitowoc	12/31/2011	2,834.17	P	SLMM	07 09	2,834.17	2,468.48	365.69	2,468.48
56002	150087	Movable E009518		Oversized	12/31/2011	170.52	P	SLMM	02 10	170.52	170.52	-	170.52
56002	150100	Movable E009519		Swivel Til	12/31/2011	280.21	P	SLMM	07 11	280.21	238.95	35.40	238.95
56002	150110	Movable E009520		HP SB LI	12/31/2011	44.96	P	SLMM	01 00	44.96	44.96	-	44.96
56002	150085	Movable E009521		sales tax ac	12/31/2011	15,233.52	P	SLMM	08 00	15,233.52	12,853.28	1,904.19	12,853.28
56002	150100	Movable E009522		Swivel Til	12/31/2011	149.45	P	SLMM	08 01	149.45	124.81	18.49	124.81
56002	150085	Movable E009523		ACCECAI	12/31/2011	5,093.87	P	SLMM	08 01	5,093.87	4,253.65	630.17	4,253.65
56002	150087	Movable E009524		Genesis on	12/31/2011	662.33	P	SLMM	03 03	662.33	662.33	-	662.33
56002	150085	Movable E009525		Countertop	12/31/2011	2,406.15	P	SLMM	08 03	2,406.15	1,968.71	291.66	1,968.71
56002	150085	Movable E009526		TOP-FREI	12/31/2011	609.52	P	SLMM	08 03	609.52	498.69	73.88	498.69
56002	150085	Movable E009527		Refrigeratc	12/31/2011	3,171.98	P	SLMM	08 03	3,171.98	2,595.24	384.48	2,595.24
56002	150110	Movable E009528		Cell phone	12/31/2011	25.03	P	SLMM	01 05	25.03	25.03	-	25.03

1145 Poquonock Road Operations LLC ,d/b/a Groton center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn	1,136
Sch 29 total Deprn Adj	0
Total Deprn Expense	1,136

2,593,281.67
 2,593,281.67

2,593,281.67 1,174,438.58 195,299.76 1,175,241.48

Locati	G/L Asset	Acct Desc	Sys	Descriptor In Svc Date	Acquired Value	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current YTD	Current Accum
										Depreciation 9/30/2018	Depreciation 2019	Depreciation 9/30/2019
56002	150057	Bldg Imp	019416	Vinyl Plan	6/30/2017	R	SLMM	10 00	9,379.94	1,172.49	937.99	1,172.49
56002	150050	Bldg Imp	019487	GMA Crev	7/31/2017	R	SLMM	20 00	11,401.05	665.06	570.05	665.06
56002	150085	Movable E	019488	22iW Prod	7/31/2017	P	SLMM	10 00	2,207.80	257.58	220.78	257.58
56002	150057	Bldg Imp	019489	Exhaust Fe	7/31/2017	R	SLMM	10 00	912.50	106.46	91.25	106.46
56002	150050	Bldg Imp	019560	Blower Mc	8/31/2017	R	SLMM	20 00	952.85	51.61	47.64	51.61
56002	150085	Movable E	019587	Resident rc	9/30/2017	P	SLMM	10 00	594.83	59.48	59.48	59.48
56002	150050	Bldg Imp	019817	Property M	10/31/2017	R	SLMM	20	898.72	41.19	44.94	41.20
56002	150057	Bldg Imp	019818	remodel 2	10/31/2017	R	SLMM	10	10,411.67	954.40	1,041.17	954.41
56002	150057	Bldg Imp	019819	remodel 2	10/31/2017	R	SLMM	10	10,411.67	954.40	1,041.17	954.41
56002	150057	Bldg Imp	019820	Carpet cov	10/31/2017	R	SLMM	10	7,990.00	732.42	799.00	732.42
56002	150057	Bldg Imp	019821	Demo and	10/31/2017	R	SLMM	10	6,753.55	619.08	675.36	619.08
56002	150057	Bldg Imp	019822	Flooring ca	10/31/2017	R	SLMM	10	3,280.77	300.74	328.08	300.74
56002	150057	Bldg Imp	019823	Carpet and	10/31/2017	R	SLMM	10	1,609.64	147.55	160.96	147.55
56002	150088	Movable E	019881	Panacea O	11/30/2017	P	SLMM	3	444.75	123.54	148.25	123.55
56002	150085	Movable E	019882	Maxi Rest	11/30/2017	P	SLMM	10	2,847.22	237.27	284.72	237.27
56002	150050	Bldg Imp	019965	remodel 2	12/31/2017	R	SLMM	20	10,411.67	390.44	520.58	390.44
56002	150085	Movable E	019966	Namco 110	12/31/2017	P	SLMM	10	870.04	65.25	87.00	65.25
56002	150057	Bldg Imp	020062	Carpet and	1/31/2018	R	SLMM	10	3,332.42	222.16	333.24	222.16
56002	150057	Bldg Imp	020063	Carpet and	1/31/2018	R	SLMM	10	1,600.26	106.68	160.03	106.68
56002	150080	Movable E	020064	Invacare P	1/31/2018	P	SLMM	7	2,922.37	278.32	417.48	278.32
56002	150080	Movable E	020065	Speed Que	1/31/2018	P	SLMM	7	614.69	58.54	87.81	58.55
56002	150085	Movable E	020164	3 WHEEL	2/28/2018	P	SLMM	10	465.00	27.13	46.50	27.13
56002	150080	Movable E	020227	6 Thru-Wa	3/31/2018	R	SLMM	7	2,896.85	206.92	413.84	206.92
56002	150057	Bldg Imp	020228	remodel 2	3/31/2018	R	SLMM	10	10,411.67	520.58	1,041.17	520.59
56002	150050	Bldg Imp	020322	American :	4/30/2018	R	SLMM	20	304.86	6.35	15.24	6.35
56002	150088	Movable E	020323	DermaFlo	4/30/2018	P	SLMM	3	1,063.69	147.73	354.56	147.74
56002	150085	Movable E	020324	41 Maxwe	4/30/2018	P	SLMM	10	12,608.82	525.37	1,260.88	525.37
56002	150085	Movable E	020325	Bariatric T	4/30/2018	P	SLMM	10	1,069.94	44.58	106.99	44.58
56002	150057	Bldg Imp	020326	remodel 2	4/30/2018	R	SLMM	10	10,411.67	433.82	1,041.17	433.82
56002	150085	Movable E	020452	(24) Overb	5/31/2018	P	SLMM	10	1,960.58	65.35	196.06	65.35
56002	150057	Bldg Imp	020453	Acroyvn Ir	5/31/2018	R	SLMM	10	9,996.90	333.23	999.69	333.23
56002	150057	Bldg Imp	020454	Install Hal	5/31/2018	R	SLMM	10	23,397.00	779.90	2,339.70	779.90
56002	150057	Bldg Imp	020481	Install Hal	5/31/2018	R	SLMM	10	1,207.07	40.24	120.71	40.23
56002	150080	Movable E	020543	Blader Sca	6/30/2018	P	SLMM	7	1,922.60	68.66	274.66	68.67
56002	150057	Bldg Imp	020544	(180) Red	6/30/2018	R	SLMM	10	10,022.60	250.57	1,002.26	250.57
56002	150085	Movable E	020592	(2) Excel V	7/31/2018	R	SLMM	10	561.48	9.36	56.15	9.36
56002	150057	Bldg Imp	020593	Mag Lock	7/31/2018	R	SLMM	10	3,518.53	58.64	351.85	58.64
56002	150057	Bldg Imp	020594	F Wing HV	7/31/2018	R	SLMM	10	4,310.00	71.83	431.00	71.83
56002	150057	Bldg Imp	020595	Wall Chan	7/31/2018	R	SLMM	10	6,912.75	115.21	691.28	115.21
56002	150050	Bldg Imp	020716	Wall Hung	8/31/2018	R	SLMM	20	304.86	1.27	15.24	1.27
56002	150085	Movable E	020717	Master Bil	8/31/2018	P	SLMM	10	4,586.91	38.22	458.69	38.23
56002	150100	Movable E	020765	Office Cha	9/30/2018	P	SLMM	10	187.07	-	18.71	-
56002	150050	Bldg Imp	020766	Install 180	9/30/2018	R	SLMM	20	10,022.56	-	501.13	-
56002	150050	Bldg Imp		Sept Accru	9/30/2018	R			8,620.00			
56002	150050	Bldg Imp		Sept Aceru	9/30/2018	R			514.72			
56002	150016	Financing	009602	Establish l	10/1/2018	R	NoDep	00 00	(1,750,000.00)	-		
56002	150046	Financing	009603	Est Buildir	10/1/2018	R	SLMM	18 06	(15,720,450.02)	(5,735,839.91)	-	(5,735,839.91)
56002	150057	Bldg Imp	020827	Paitning W	10/1/2018	R	SLMM	10	5,583.38	-	511.81	-
56002	150050	Bldg Imp		Reversal S	10/1/2018	R			(8,620.00)			
56002	150050	Bldg Imp		Reversal S	10/1/2018	R			(514.72)			
56002	150057	Bldg Imp	020866	3 bathroom	10/31/2018	R	SLMM	10	14,915.59	-	1,367.26	38.23
56002	150057	Bldg Imp	020867	Painting &	10/31/2018	R	SLMM	10	6,556.48	-	601.01	38.23
56002	150075	Non Mova	020865	F wing HV	10/31/2018	P	SLMM	10	5,265.00	-	482.63	38.23
56002	150080	Movable E	020868	C&D Winj	10/31/2018	P	SLMM	7	3,355.00	-	439.35	38.23
56002	150050	Bldg Imp	020964	180 new re	11/30/2018	R	RV-FM	20	10,099.50	-	420.81	38.23
56002	150080	Movable E	020962	3 Vital Sig	11/30/2018	P	SLMM	7	6,053.79	-	720.69	38.23
56002	150088	Movable E	020961	2 Promatt l	11/30/2018	P	SLMM	3	4,266.06	-	1,185.02	38.23
56002	150088	Movable E	020963	2 Mattress	11/30/2018	P	SLMM	3	514.72	-	142.98	38.23
56002	150057	Bldg Imp	021092	New carpe	12/31/2018	R	SLMM	10	6,312.59	-	473.44	38.23
56002	150080	Movable E	021204	C&D Winj	1/31/2019	P	SLMM	7	2,745.00	-	261.43	38.23
56002	150085	Movable E	021291	TRSX5 18	2/28/2019	P	SLMM	10	297.00	-	17.33	38.23
56002	150085	Movable E	021292	Refrigeratc	2/28/2019	P	SLMM	10	3,667.99	-	213.97	38.23
56002	150088	Movable E	021290	10 Mattres	2/28/2019	P	SLMM	3	2,414.25	-	469.44	38.23
56002	150050	Bldg Imp	021606	Allocate G	5/31/2019	R	SLMM	20	9,668.06	-	161.13	38.23
56002	150100	Movable E	021607	Logan Offi	5/31/2019	P	SLMM	10	145.54	-	4.85	38.23
56002	150050	Bldg Imp	021948	Upgraded :	7/31/2019	R	SLMM	20	2,644.66	-	22.04	38.23
56002	150050	Bldg Imp	021949	New Emer	7/31/2019	R	SLMM	20	558.34	-	4.65	38.23
56002	150057	Bldg Imp	021809	New Natur	7/31/2019	P	SLMM	10	8,242.12	-	137.37	38.23
56002	150085	Movable E	021808	10 Maxwe	7/31/2019	P	SLMM	10	3,148.49	-	52.47	38.23
56002	150075	Non Mova	021928	Replaced F	8/31/2019	P	SLMM	10	6,257.25	-	52.14	38.23
56002	150088	Movable E	022039	2 Promatt l	9/30/2019	P	SLMM	3	3,622.98	-	-	38.23

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 1145 Poquonnock Road Operations LI	License No. 2374	Report for Year Ended 9/30/2019	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	n/a				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	243				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		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					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Well Tower / Healthcare REIT, Address: One Seagate Suite 1500, Toledo, OH 43603-1475	Building and Equipments	04/01/11	20	1,400,349	

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
1145 Poquonnock Road Operations L		2374	9/30/2019			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
1145 Poquonnock Road Operations		2374		9/30/2019			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (<i>Specify</i>)				\$				
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 (<i>Specify</i>)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$				
14. Insurance								
a. Insurance on Property (buildings only)				\$ 42,285	23,680		18,605	
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (<i>Blanket Coverage</i>)			\$ 233,694	130,869			102,825	
2. Fire and Extended Coverage			\$					
3. Other (<i>Specify</i>)			\$					
14d. Total Insurance Expenditures (14a + b + c)				\$ 275,979	154,549		121,430	
15. Total All Expenditures (A-13 thru C-14)				\$ 14,164,974	10,814,269		3,350,706	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 19,407	12,032		7,375
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 537,421	537,421		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 205,149	127,192		77,957
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 13,477	8,355		5,121
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,220	2,220		
21.			Unallowable Management Fees	\$ (51,308)	(31,811)		(19,497)
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 82,439	66,085		16,354
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 808,804	721,494		87,310

* 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	Residential Care Home
10	2	Administrator's salary disallowed	\$ 12,032	\$ -	\$ 7,375
0	0	Assistant Administrator's salary disallowed	\$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 12,032	\$ -	\$ 7,375

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	5	Rehabilitation Services	\$ 56,505	\$ -	\$ -
13	5	Rehabilitation Services	\$ 382,070	\$ -	\$ -
13	9	Speech Therapist	\$ 11,415	\$ -	\$ -
13	10	Occupational Therapist	\$ 56,119	\$ -	\$ -
13	12	Other	\$ 60	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 31,252	\$ -	\$ -
Total Other Fees Adjustments			\$ 537,421	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m-8a	Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Collection Fees	\$ 11,087.57	\$ -	\$ 6,795.61
16	m-13	Estimated Accrual	\$ (336.50)	\$ -	\$ (206.24)
16	m-13	Non-recurring charges	\$ -	\$ -	\$ -
16	m-13	Penalty and Fines	\$ -	\$ -	\$ -
16	m-12		0 \$ -	\$ -	\$ -
		adj workers comp	\$ 55,333.67	\$ -	\$ 9,764.76
Total Other A&G Adjustments			\$ 66,085	\$ -	\$ 16,354

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

Name of Facility				License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton cente				2374	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 808,804	721,494		87,310
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 242,291	242,291		
28.	20	5-d	Ambulance/Limousine	\$ 7,613	7,613		
29.	20	5-f	X-rays, etc	\$ 8,870	8,870		
30.	20	5-h	Laboratory	\$ 30,365	30,365		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 1,523	1,523		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 23,082	23,082		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 42,789	23,962		18,827
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 103,719	58,083		45,636
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,269,056	1,117,283		151,773

*** 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5-j	Consolidated Billing	\$ 1,339	3010610300	\$ -
20	5-j	Respiratory Supplies	\$ 17,402	3155630530	\$ -
20	5-j	Respiratory Rental	\$ 4,342	3155660080	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 23,082	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

error

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5-i	Cable TV	23,961.68	3005660130	18,827.04
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
Total Other Adjustments			\$ 23,962	\$ -	\$ 18,827

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	14,e1	General liability Insurance Adjust	\$ 58,083	\$ -	\$ 45,636
Total Other Adjustments			\$ 58,083	\$ -	\$ 45,636

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility 1145 Poquonnock Road Operations LLC ,2374		License No.		Report for Year Ended 9/30/2019		Page 30	of 37
Item				Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)				\$ (11,923,679)	(9,538,943)		(2,384,736)
b. Medicaid Room and Board Contractual Allowance **				\$ 4,417,241	3,533,793		883,448
2. a. Medicaid (All other states)				\$			
b. Other States Room and Board Contractual Allowance **				\$			
3. a. Medicare Residents (all inclusive)				\$ (1,477,262)	(1,477,262)		
b. Medicare Room and Board Contractual Allowance **				\$ 369,692	369,692		
4. a. Private-Pay Residents and Other				\$ (4,523,373)	(3,211,595)		(1,311,778)
b. Private-Pay Room and Board Contractual Allowance **				\$ 436,739	310,085		126,654
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare				\$ (158,448)	(158,448)		
b. Prescription Drugs - Medicare Contractual Allowance **				\$ 39,652	39,652		
c. Prescription Drugs - Non-Medicare				\$ (98,562)	(61,108)		(37,454)
d. Prescription Drugs - Non-Medicare Contractual Allowance **				\$ 13,416	8,318		5,098
2. a. Medical Supplies - Medicare				\$ (596)	(596)		
b. Medical Supplies - Medicare Contractual Allowance **				\$ 149	149		
c. Medical Supplies - Non-Medicare				\$ (105)	(65)		(40)
d. Medical Supplies - Non-Medicare Contractual Allowance **				\$ 36	22		14
3. a. Physical Therapy - Medicare				\$ (425,576)	(425,576)		
b. Physical Therapy - Medicare Contractual Allowance **				\$ 106,503	106,503		
c. Physical Therapy - Non-Medicare				\$ (210,818)	(130,707)		(80,111)
d. Physical Therapy - Non-Medicare Contractual Allowance **				\$ 26,376	16,353		10,023
4. a. Speech Therapy - Medicare				\$ (55,357)	(55,357)		
b. Speech Therapy - Medicare Contractual Allowance **				\$ 13,853	13,853		
c. Speech Therapy - Non-Medicare				\$ (14,932)	(9,258)		(5,674)
d. Speech Therapy - Non-Medicare Contractual Allowance **				\$ 1,693	1,050		643
5. a. Occupational Therapy - Medicare				\$ (435,809)	(435,809)		
b. Occupational Therapy - Medicare Contractual Allowance **				\$ 109,063	109,063		
c. Occupational Therapy - Non-Medicare				\$ (210,519)	(130,522)		(79,997)
d. Occupational Therapy - Non-Medicare Contractual Allowance **				\$ 25,399	15,747		9,652
6. a. Other (Specify) - Medicare				\$ (53,357)	(33,081)		(20,276)
b. Other (Specify) - Non-Medicare				\$ (157,486)	(97,641)		(59,845)
III. Total Resident Revenue (Section I. thru Section II.)				\$ (14,186,067)	(11,241,689)		(2,944,378)
IV. Other Revenue*							
1. Meals sold to guests, employees & others				\$			
2. Rental of rooms to non-residents				\$			
3. Telephone				\$			
4. Rental of Television and Cable Services				\$			
5. Interest Income (Specify)				\$ (1,509)	(1,509)		
6. Private Duty Nurses' Fees				\$			
7. Barber, Coffee, Beauty and Gift shops				\$			
8. Other (Specify)				\$ (3,492)	(3,492)		
V. Total Other Revenue (1 thru 8)				\$ (5,001)	(5,001)		
VI. Total All Revenue (III +V)				\$ (14,191,068)	(11,246,690)		(2,944,378)

* 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	Residential Care Home
II-6-a	Medicare	X-Ray	\$ (2,994)	\$ -	\$ (1,835)
II-6-a	Medicare	Laboratory	\$ (9,042)	\$ -	\$ (5,542)
II-6-a	Medicare	Respiratory Therap	\$ (14,188)	\$ -	\$ (8,696)
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ (17,899)	\$ -	\$ (10,971)
II-6-a	Contractuals-Medicare	X-Ray	\$ 749	\$ -	\$ 459
II-6-a	Contractuals-Medicare	Laboratory	\$ 2,263	\$ -	\$ 1,387
II-6-a	Contractuals-Medicare	Respiratory Therap	\$ 3,551	\$ -	\$ 2,176
II-6-a	Contractuals-Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Flu Shot	\$ 4,479	\$ -	\$ 2,745
Total Other Resident Revenue - Medicare			\$ (33,081)	\$ -	\$ (20,276)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	Residential Care Home
II-6-b	Medicaid	X-Ray	0	0	0
II-6-b	Medicaid	Laboratory	-338,6378	0	-207,5522
II-6-b	Medicaid	Respiratory Therap	-6484,1522	0	-3974,1578
II-6-b	Medicaid	Nursing Treatment	0	0	0
Related Exp	Medicaid	Respiratory Therap	0	0	0
Related Exp	Medicaid	Nursing Treatment	0	0	0
Related Exp	Medicaid	Audiology	0	0	0
Related Exp	Medicaid	Incontinency	0	0	0
Related Exp	Medicaid	Oxygen & Supplie	0	0	0
Related Exp	Medicaid	Physician Visit	0	0	0
Related Exp	Medicaid	Ambulance	0	0	0
Related Exp	Medicaid	Flu Shot	125,4516324	0	76,88971019
Related Exp	Contractuals-Medicaid	X-Ray	2402,116593	0	1472,265008
Related Exp	Contractuals-Medicaid	Laboratory	0	0	0
Related Exp	Contractuals-Medicaid	Respiratory Therap	0	0	0
Related Exp	Contractuals-Medicaid	Nursing Treatment	0	0	0
Related Exp	Contractuals-Medicaid	Audiology	0	0	0
Related Exp	Contractuals-Medicaid	Incontinency	0	0	0
Related Exp	Contractuals-Medicaid	Oxygen & Supplie	0	0	0
Related Exp	Contractuals-Medicaid	Physician Visit	0	0	0
Related Exp	Contractuals-Medicaid	Ambulance	-1309,192	0	-802,408
Related Exp	Contractuals-Medicaid	Flu Shot	-4203,3644	0	-2576,2556
Related Exp	Private.insurance., other	X-Ray	-7370,25	0	-4517,25
Related Exp	Private.insurance., other	Laboratory	0	0	0
Related Exp	Private.insurance., other	Respiratory Therap	0	0	0
Related Exp	Private.insurance., other	Nursing Treatment	0	0	0
Related Exp	Private.insurance., other	Audiology	0	0	0
Related Exp	Private.insurance., other	Incontinency	0	0	0
Related Exp	Private.insurance., other	Oxygen & Supplie	0	0	0
Related Exp	Private.insurance., other	Physician Visit	0	0	0
Related Exp	Private.insurance., other	Ambulance	-90439,4	0	-55430,6
Related Exp	Private.insurance., other	Flu Shot	126,4047654	0	77,47388844
Related Exp	Private.insurance., other	Capitation Contrace	405,8421459	0	248,7419604
Related Exp	Contractuals-Non-Medicaid	X-Ray	711,6104604	0	436,1483467
Related Exp	Contractuals-Non-Medicaid	Laboratory	0	0	0
Related Exp	Contractuals-Non-Medicaid	Respiratory Therap	0	0	0
Related Exp	Contractuals-Non-Medicaid	Nursing Treatment	0	0	0
Related Exp	Contractuals-Non-Medicaid	Audiology	0	0	0
Related Exp	Contractuals-Non-Medicaid	Incontinency	0	0	0
Related Exp	Contractuals-Non-Medicaid	Oxygen & Supplie	0	0	0
Related Exp	Contractuals-Non-Medicaid	Physician Visit	0	0	0
Related Exp	Contractuals-Non-Medicaid	Ambulance	8732,081418	0	5351,920869
Total Other Resident Revenue			\$ (97,641)	\$ -	\$ (59,845)

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
IV-5	Interest on Overdue Accts	Interest	(1,509.41)	0	0
0		0	0	0	0
	Interest Inc	0	0	0	0
		0	0	0	0
Total Interest Income			\$ (1,509)	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	Residential Care Home
IV-8	HAIRDRESSER - RINEHART	0	(1,100.00)	0	0
IV-8	Bundled Payments for Care Improvement	0	-	0	0
IV-8	RECLASS TO GL 610200-3070	0	(34.70)	0	0
IV-8	REHABCARE SETTLEMENT	0	(0.50)	0	0
IV-8	HUMANA TEST DEPOSIT	0	(0.02)	0	0
IV-8	reclass to 56002-630610-3080	0	(29.40)	0	0
IV-8	reclass to 56002-630610-3080	0	(1,099.00)	0	0
IV-8	RECLASS TO G/L 630460-1020 PITNEY BOWES	0	(998.63)	0	0
IV-8	hairdresser fee march and april	0	(200.00)	0	0
IV-8	reclass: 610200-3070	0	(29.40)	0	0
Total Other Revenue			\$ (3,492)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	7,793
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,310,825
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(67,216)
4. Inventories			\$	43,721
5. Prepaid Expenses			\$	97,523
a. _____				
b. _____				
c. _____				
d. See Schedule		97,523		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,392,646
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	4,185		
	Accum. Depreciation	1,569		
	Net		\$	2,616
3. Buildings	*Historical Cost	1,291,420		
	Accum. Depreciation	443,897		
	Net		\$	847,523
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	253,292		
	Accum. Depreciation	190,531		
	Net		\$	62,761
6. Movable Equipment	*Historical Cost	1,044,385		
	Accum. Depreciation	747,511		
	Net		\$	296,874
7. Motor Vehicles	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
PPE CIP				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,209,774

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	a5d	Prepaid Expenses	\$ -
31	a5d	Prepaid Property Tax	\$ 89,240
31	a5d	Prepaid Escrow Real Estate	\$ -
31	a5d	Prepaid Personal Property Tax	\$ 8,283
Total Prepaid Expenses			\$ 97,523

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

Page Ref	Line Ref	Description	
31	a8d		0 \$ -
31	a8d		0 \$ -
31	a8d		0 \$ -
31	a8d		0
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	7	ROU Bldg Asset-Oper Lease	\$ 6,063,236
32	7	AccumAmort-ROU Bldg OprLease	\$ (55,110)
Total Other Assets			\$ 6,008,127

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	a12d	Accr Sales and Use Tax - FY18	\$ 9
33	a12d	Accr Exp Water and Sewer	\$ 9,664
33	a12d	Accr Exp Gas	\$ 2,260
33	a12d	Accr Exp Electricity	\$ 8,360
33	a12d	Accr Exp Suspense	\$ -
33	a12d	Deferred Revenue	\$ 50,948
33	a12d	A/R Credit Gross Up Liability	\$ 107,710
33	a12d	Accrued Provider/Bed Tax	\$ 196,810
Total Other Current Liabilities (Itemize)			\$ 375,761

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,602,420
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	5,748,977
I/C Due to/Due From Owned		(259,150)		
See Schedule		6,008,127		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,748,977
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,351,397

* 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 1145 Poquonnock Road Operations LLC ,d/b/		License No. 2374	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	673,707
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	214,758
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	280
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>)				\$	375,761

See Schedule					375,761
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,264,506

* 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 1145 Poquonnock Road Operations LLC ,d	License No. 2374	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,264,506	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
LT Debt-Financing Obligation		6,701,112	6,701,112	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 6,701,112
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,965,618

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

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(4,490,840)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,850,523
6. Gain or Loss for Period	10/1/2018	thru 9/30/2019	\$	26,096
7. Total Net Worth			\$	385,779
C. Total Reserves and Net Worth			\$	385,779
D. Total Liabilities, Reserves, and Net Worth			\$	8,351,397

H. Changes in Total Net Worth

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	359,686
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,191,068
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,164,975
D. Net Income or Deficit			\$	26,093
E. Balance			\$	385,779
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	385,779

I. Preparer's/Reviewer's Certification

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2019	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 checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				