

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center	
Address (No. & Street, City, State, Zip Code) One Emerson Drive, Windsor, CT 06095	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2369	RHNS	(Specify)	Medicare Provider 07-5237
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Medicaid Provider Numbers:	CCNH 000010751	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimber	2369	9/30/2019	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 1 Emerson Drive South Operations LLC, d/b/a Kimberly South 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) Thomas Russo			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 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility One Emerson Drive, Windsor, CT 06095				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/28/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 2,130	2,130		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$ 27,589	27,589		
4. Nursing wages paid	\$ 3,818,215	3,818,215		
5. All other wages paid	\$ 635,453	635,453		
6. Total Wages Paid	\$ 4,483,388	4,483,388		
7. Total salaries paid	\$ 242,064	242,064		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 4,725,452	4,725,452		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-688-6443		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) 1 Emerson Drive South Operations LLC, d/b/a Kimberly South		Address (No. & Street, City, State, Zip) One Emerson Drive, Windsor, CT 06095		
License Numbers:	CCNH 2369	RHNS (Specify)	Medicare Provider No. 07-5237	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Thomas Russo		Nursing Home Administrator's License No.:	001789	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility 1 Emerson Drive South Operations LLC, d/b	License No. 2369	Report for Year Ended 9/30/2019	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

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

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each

1 Emerson Drive South Operations LLC

OWNERSHIP DISCLOSURE

LICENSEE

1 Emerson Drive South Operations LLC

c/o Corporation Service Company, 50 Weston Street, Hartford CT 06120

FEIN: 26-0842055

Provider Location: Kimberly Hall South, 1 Emerson Drive, Windsor CT 06095

Ownership: Genesis CT Holdings LLC (100%)

MEMBER OF LICENSEE

Genesis CT Holdings LLC

c/o Corporation Service Company, 50 Weston Street, Hartford CT 06120

FEIN: 26-0787896

Ownership: Genesis Operations LLC (100%)

GENESIS SUBSIDIARIES HAVING INDIRECT BENEFICIAL OWNERSHIP

Genesis Operations LLC

c/o Corporation Service Company, 2711 Centerville Road , Suite 400, Wilmington, DE, 19808

FEIN: 26-0787826

Ownership: GHC Holdings LLC (100% membership interest)

GHC Holdings LLC

c/o Corporation Service Company, 2711 Centerville Road , Suite 400, Wilmington, DE, 19808

FEIN: 26-0740682

Ownership: Genesis HealthCare LLC (100% membership interest)

Genesis HealthCare LLC (Parent Company)

c/o CT Corporation System, 100 Pine Street, Suite 325, Harrisburg, PA, 17101

EIN: 27-3237296

Ownership: GEN Operations II, LLC. (100% membership interest)

INVESTMENT ENTITIES HAVING BENEFICIAL OWNERSHIP

-

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%)

**General Information and Questionnaire
Related Parties***

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberl	License No. 2369	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 Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	450,045	450,045
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	869,951	869,951
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	417	417
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	54,581	54,581
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	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"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	53,604	53,604
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	181,336	181,336
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<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 1 Emerson Drive South Operations LLC, d/b/a	License No. 2369	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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.)

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly Sc			License No. 2369		Report for Year Ended 9/30/2019		Page of 6 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"/>						
	<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 1 Emerson Drive South Operations	License No. 2369	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 Goldman Gruder & Woods LLC 2 Wiggin And Dana LLP 3 4 5			Telephone Number 203-899-8900 203-498-4400	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 Connecticut Ave Norwalk, CT 06854 2 One Century Tower, New Haven, CT 06508 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Property Ownership search		\$	
2	Deseased record services		\$	
3			\$	
4			\$	
5			\$	
			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				

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center		2369			9/30/2019				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	180	180			180	180			180	180			
B. On last day of THIS report period	180	180			180	180			180	180			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	95	95			95	95			97	97			
B. As of midnight of THIS report period	102	102			97	97			102	102			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,979	4,979			3,646	3,646			1,333	1,333			
B. Medicaid (Conn.)	24,094	24,094			17,746	17,746			6,348	6,348			
C. Medicaid (other states)													
D. Private Pay	1,609	1,609			1,109	1,109			500	500			
E. State SSI for RCH													
F. Other (Specify)	4,844	4,844			3,783	3,783			1,061	1,061			
G. Total Care Days During Period (3A thru F)	35,526	35,526			26,284	26,284			9,242	9,242			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	9	9			7	7			2	2			
5. Total Resident Days (3G + 4A + 4B)	35,535	35,535			26,291	26,291			9,244	9,244			

Schedule of Resident Statistics (Cont'd)

Name of Facility 1 Emerson Drive South Operations LLC, d/b/			License No. 2369			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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	13		70			19							
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	520.47		204.26			403.23							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,600	1,600			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									592	592			
C. Other									20,851	20,851			
D. Total Physical Therapy Treatments									23,043	23,043			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									274	274			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									262	262			
C. Other									2,197	2,197			
D. Total Speech Therapy Treatments									2,733	2,733			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									807	807			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									375	375			
C. Other									19,172	19,172			
D. Total Occupational Therapy Treatments									20,354	20,354			

Report of Expenditures - Salaries & Wages

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly Sou	License No. 2369	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	127,243	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	233,300	10,469				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	2,130	120				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	27,589	1,749				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	54,629	2,083				
b. Other Maintenance Workers	35,962	2,201				
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	114,822	2,107				
b. RN						
1. Direct Care	1,093,547	28,123				
2. Administrative**	169,709	4,261				
c. LPN						
1. Direct Care	1,001,469	33,269				
2. Administrative**						
d. Aides and Attendants	1,479,928	83,421				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	128,150	6,249				
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	183,412	5,825				
n. Marketing						
o. Other (Specify) See Attached Schedule	73,563	3,964				
<i>A-13. Total Salary Expenditures</i>	<i>4,725,452</i>	<i>185,922</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Ward Clerks	\$ -	-	\$ -	-	\$ -	-
Central Supply	\$ 12,950	715	\$ -	-	\$ -	-
Medical Records	\$ 24,168	1,383	\$ -	-	\$ -	-
Coordinator-Staffing Centers	\$ 36,445	1,866	\$ -	-	\$ -	-
	0					
Total	\$ 73,563	3,964	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees	\$ 107	n/a	\$ -	-	\$ -	-
Purchased Services	\$ -	n/a	\$ -	-	\$ -	-
Purchased Services	\$ 6,976	n/a	\$ -	-	\$ -	-
Purchased Services	\$ 52,325	n/a	\$ -	-	\$ -	-
	-	n/a	\$ -	-	\$ -	-
	\$ -	n/a	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
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	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
Total	\$ 59,407	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center				2369	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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	
1 Emerson Drive South Operations LLC, d/b/a Kimberly South Cente				2369	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Thomas Russo	127,243				Management of Center	2,080	2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
1 Emerson Drive South Operations LLC, d/b/a Kiml	2369	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	14,167	97				
3. Pharmacist	13,986	285				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	429,614	5,885				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	90,538	479				
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	83,161	1,066				
b. Other						
10. Occupational Therapist						
a. Resident Care	317,944	4,355				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	13,094	309				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	59,407					
B-13 Total Fees Paid in Lieu of Salaries	1,021,911	12,477				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimberly		2369	9/30/2019		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"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<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
1 Emerson Drive South Operations LLC, d/b/a K	2369	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 194,995	194,995			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 50,952	50,952			
4. Social Security (F.I.C.A.)	\$ 347,558	347,558			
5. Health Insurance	\$ 409,263	409,263			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 133,310	133,310			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 20,002	20,002			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 359,608	359,608			
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 17,936	17,936			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 12,103	12,103			
2. Cellular Phones	\$ 2,300	2,300			
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	\$ 442	442			
3. Resident Day User Fee	\$ 571,134	571,134			
Subtotal	\$ 2,119,604	2,119,604			

* 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	(Specify)
Union Health & Welfare	\$ 31	\$ -	\$ -
Union Health & Welfare	\$ 702	\$ -	\$ -
Union Health & Welfare	\$ 21	\$ -	\$ -
Union Health & Welfare	\$ 277	\$ -	\$ -
Union Health & Welfare	\$ 341	\$ -	\$ -
Union Health & Welfare	\$ 3	\$ -	\$ -
Union Health & Welfare	\$ 18	\$ -	\$ -
Union Health & Welfare	\$ 17	\$ -	\$ -
Union Health & Welfare	\$ 13,893	\$ -	\$ -
Union Health & Welfare	\$ 356	\$ -	\$ -
Employee Benefits-Other	\$ 431	\$ -	\$ -
Employee Benefits-Other	\$ 160	\$ -	\$ -
Employee Benefits-Other	\$ 1,056	\$ -	\$ -
Employee Benefits-Other	\$ 2,695	\$ -	\$ -
Total	\$ 20,002	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 442	\$ -	\$ -
Total	\$ 442	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimbe	2369	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,119,604	2,119,604			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 251	251			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 991	991			
5. Education Expenses Related to Seminars and Conventions	\$				
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>)	\$ 94	94			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 9,971	9,971			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,928	1,928			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 14,344	14,344			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 485	485			
10. Contributions*** See Attached Schedule	\$ 2,652	2,652			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 4,324	4,324			
12. Administrative Management Services**	\$ 453,947	453,947			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 150,623	150,623			
C-14 Total Administrative & General Expenditures	\$ 2,759,213	2,759,213			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,842	\$ -	\$ -
Marketing Expense	\$ 5,933	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 2,196	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Total Other Advertising	\$ 9,971	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 14,344	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Dues	\$ 14,344	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 2,577	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Contributions	\$ 2,652	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 7,774	\$ -	\$ -
Collection Fees	\$ 50,942	self-disallowed	\$ -
Education Expense	\$ 161	\$ -	\$ -
Employee Physicals	\$ 7,064	\$ -	\$ -
Employee Relations	\$ 699	\$ -	\$ -
Printing	\$ 206	\$ -	\$ -
Training Expense	\$ 478	\$ -	\$ -
Fines & Penalties	\$ -	self-disallowed	\$ -
Miscellaneous	\$ (4)	\$ -	\$ -
Rental Expense	\$ 5,331	\$ -	\$ -
Accrued Expense Estimation	\$ 2,663	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 20	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	\$ 75,028	\$ -	\$ -
Uniforms	\$ 260	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 150,623	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility 1 Emerson Drive South Operations LLC,	License No. 2369	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	450,045	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
1 Emerson Drive South Operations LLC, d/b/a Kimber		2369	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 168,305	168,305			
2.	Non-Food Supplies	\$ 27,320	27,320			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 592,406	592,406			
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 788,030	788,030			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input 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 1 Emerson Drive South Operations LLC, d/b/a Kimberly		License No. 2369	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	5,162	5,162	
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. \$	6,865	6,865	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	153,088	153,088	
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	165,115	165,115	
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
1 Emerson Drive South Operations LLC, d/b/a		2369	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	15,615	15,615		
	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. \$	209,062	209,062		
	C. Other (<i>Specify</i>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 224,677	224,677		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	370,976	370,976		
	b. Medicine Cabinet Drugs	\$	(6,625)	(6,625)		
	c. Medical and Therapeutic Supplies	\$	171,758	171,758		
	d. Ambulance/Limousine***	\$	17,810	17,810		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	8,838	8,838		
	f. X-rays and Related Radiological Procedures***	\$	16,937	16,937		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	30,376	30,376		
	i. Recreation	\$	33,215	33,215		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	96,542	96,542		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 739,829	739,829		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 41,512	\$ -	\$ -
Advertising-Help Wanted	\$ (2,117)	\$ -	\$ -
Advertising-Help Wanted	\$ 903	\$ -	\$ -
Books, Dues & Subscriptions	\$ 120	\$ -	\$ -
Education Expense	\$ 1,946	\$ -	\$ -
Supplies	\$ 1,674	\$ -	\$ -
Supplies	\$ 23,423	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 110	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 930	\$ -	\$ -
Rental Expense	\$ 11,922	\$ -	\$ -
Consolidated Billing	\$ 15,106	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ (1)	\$ -	\$ -
Licenses & Certifications	\$ 1,013	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 96,542	\$ -	\$ -

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

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center			License No. 2369		Report for Year Ended 9/30/2019			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	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	153,088			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	209,062			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	592,406			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
1 Emerson Drive South Operations LLC, d/b/a	2369	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	118,450	118,450			
b. Heat	\$	57,043	57,043			
c. Light & Power	\$	117,898	117,898			
d. Water	\$	105,261	105,261			
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)	\$	398,652	398,652			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	173	173			
c. Non-Movable Equipment	\$	495	495			
d. Movable Equipment	\$	468	468			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	1,137	1,137			
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	\$	66,228	66,228			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	144,539	144,539			
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	211,904	211,904			

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

Schedule of Other Repairs and Maintenance

Description		CCNH	RHNS	(Specify)
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total Other Repairs and Maintenance		\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility			License No.			Report for Year Ended			Page	of		
1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center			2369			9/30/2019			23	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					S/L	Various						
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period	69,338		69,338	2,496	S/L	Various	0					
2. Disposals (attach schedule)	(69,338)		(69,338)	(2,496)								
3. Acquired during this report period (attach schedule)	21,605		21,605				173					
B-4. Subtotal								173				
C. Non-Movable Equipment												
1. Acquired prior to this report period	5,191		5,191	450	S/L	Various	(0)					
2. Disposals (attach schedule)	(5,191)		(5,191)	(450)								
3. Acquired during this report period (attach schedule)	26,908		26,908				495					
C-4. Subtotal								495				
	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					462,220		462,220	303,870	S/L	Various	(0)	
b. Disposals (attach schedule)					(462,220)		(462,220)	(303,870)				
c. Acquired during this report period (attach schedule)					12,847		12,847				468	
D-3. Subtotal												468
E. Total Depreciation												1,136

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3
**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/31/2019	Wall Coverings & Corner Guards	\$ 1,088	10	\$ 36
8/31/2019	Vinyl Plank Flooring in Rehab Room	\$ 16,461	10	\$ 137
9/30/2019	Sep Accruals - Direct Supply TELS B1	\$ 4,057		\$ -
Total additions for Building Improvements		\$ 21,605		\$ 173 *
Deletions:				
10/1/2018	Assets Deletions	\$ (69,338)		
Total deletions for Building Improvements		\$ (69,338)		\$ - **

*Ties to Page 23, Line B3
**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/30/2019	New Circulator Pump to main heating sys	\$ 1,212	10	\$ 51
6/30/2019	Circulator Pump & Impeller for main heat	\$ 1,980	10	\$ 50
7/31/2019	Two 10 ton Carrier Rooftop Units	\$ 23,716	10	\$ 395
Total additions for Non-Movable Equipment		\$ 26,908		\$ 495 *
Deletions:				
10/1/2018	Compressor East Wing First Floor	\$ (2,127)		
10/1/2018	Taco Series 1600 heating pump	\$ (3,064)		
Total deletions for Non-Movable Equipment		\$ (5,191)		\$ - **

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/31/2019	2 Spots Vital Signs Monitors&2 Mobile St	\$ 4,253	7	\$ 203
3/31/2019	1 Gallon Stainless Steel 3 Speed Blende	\$ 1,199	10	\$ 60
8/31/2019	5 Air Mattresses of various type	\$ 7,396	3	\$ 205
Total additions for Movable Equipment		\$ 12,847		\$ 468 *
Deletions:				
10/1/2018	Asset Deletions - See the attached	\$ (462,220)		
Total deletions for Movable Equipment		\$ (462,220)		\$ - **

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

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Kimberly Hall South
Asset Deletions

10/1/2018

(536,749.38)

(306,816.12)

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation
55007	150016	Financing C002221	000		Establish land values 12/31/2011	12/31/2011	(549,849.56)	R	NoDep	00 00	-
55007	150016	Financing C019663	000		9/30/17 Long lived asset impairment write	12/31/2011	549,849.56	R	NoDep	00 00	-
55007	150050	Bldg Imp 019989	000		(2) 120 volt 20 amp circuits and duplex re	12/31/2017	(1,347.15)	R	SLMM	20 00	(50.52)
55007	150050	Bldg Imp 020095	000		3" drain line from 2nd to 1st floor	2/28/2018	(4,775.12)	R	SLMM	20 00	(139.27)
55007	150050	Bldg Imp 020488	000		Install 6ft of New Drain Pipe	6/30/2018	(2,300.00)	R	SLMM	20 00	(28.75)
55007	150050	Bldg Imp 020489	000		New Magnet Holders Connected to Fire A	6/30/2018	(2,462.00)	R	SLMM	20 00	(30.78)
55007	150050	Bldg Imp 020662	000		New Mounted LED Lights	8/31/2018	(2,826.20)	R	SLMM	20 00	(11.78)
55007	150050	Bldg Imp 020798	000		2 Elevator Doors & Hardware	9/30/2018	(7,945.41)	R	SLMM	20 00	-
55007	150055	Bldg Imp 020797	000		Elevator Tank Heater	9/30/2018	(2,127.00)	R	SLMM	15 00	-
55007	150057	Bldg Imp 019912	000		Vinyl plank in common areas	11/30/2017	(16,974.76)	R	SLMM	10 00	(1,414.57)
55007	150057	Bldg Imp 020381	000		Vinyl Flooring	5/31/2018	(12,722.13)	R	SLMM	10 00	(424.07)
55007	150057	Bldg Imp 020487	000		Install New Vinyl Flooring	6/30/2018	(15,858.39)	R	SLMM	10 00	(396.46)
55007	150075	Non Movat019771	000		Compressor East Wing First Floor	10/31/2017	(2,127.00)	P	SLMM	10 00	(194.98)
55007	150075	Non Movat019911	000		Taco Series 1600 heating pump	11/30/2017	(3,064.48)	P	SLMM	10 00	(255.38)
55007	150080	Movable E002119	000		TILT WALL MOUNT FOR 42" LCD TV	12/31/2011	(75.52)	P	SLMM	05 08	(75.52)
55007	150080	Movable E002120	000		42i LG LCD TV W/ USB PORT PER	12/31/2011	(811.74)	P	SLMM	05 08	(811.74)
55007	150080	Movable E002125	000		oxygen concentrators from Resprionics @	12/31/2011	(547.85)	P	SLMM	04 11	(547.85)
55007	150080	Movable E002128	000		1 Reliant 600 Series Bariatric F&Reliant	12/31/2011	(3,207.33)	P	SLMM	06 01	(3,207.33)
55007	150080	Movable E002129	000		3 Digital Lift Scale, 600 lb. Ca & 1 Reliant	12/31/2011	(2,925.23)	P	SLMM	06 01	(2,925.23)
55007	150080	Movable E002162	000		Digital Chair Scale, 600 lb. C	1/31/2012	(1,747.12)	P	SLMM	07 00	(1,663.93)
55007	150080	Movable E002164	000		42" RCA LCD TV & tilt mount	3/31/2012	(728.98)	P	SLMM	07 00	(676.92)
55007	150080	Movable E002169	000		28 26" HDTVs	4/30/2012	(23,972.24)	P	SLMM	07 00	(21,974.58)
55007	150080	Movable E002170	000		28 wall mounts	4/30/2012	(4,234.24)	P	SLMM	07 00	(3,881.38)
55007	150080	Movable E002171	000		28 pillow speakers wall plates	4/30/2012	(3,907.26)	P	SLMM	07 00	(3,581.66)
55007	150080	Movable E002172	000		Cable for jacks from wall to TV	4/30/2012	(2,260.37)	P	SLMM	07 00	(2,072.00)
55007	150080	Movable E002186	000		42" LG tv and mount	4/30/2012	(940.03)	P	SLMM	07 00	(861.70)
55007	150080	Movable E002195	000		124-213-07 LG electronics	4/30/2012	(33.59)	P	SLMM	07 00	(30.80)
55007	150080	Movable E002226	000		Water cooler	9/30/2012	(517.79)	P	SLMM	07 00	(443.82)
55007	150080	Movable E002255	000		Spot vital signs monitor	7/31/2013	(2,249.23)	P	SLMM	07 00	(1,660.15)
55007	150080	Movable E002256	000		Spot vital signs monitor	7/31/2013	(3,137.20)	P	SLMM	07 00	(2,315.55)
55007	150080	Movable E002258	000		LG 6000 BTU window A/C	8/31/2013	(1,850.49)	P	SLMM	07 00	(1,343.83)
55007	150080	Movable E013984	000		Huntleigh Pocket Sized Doppler	11/30/2013	(785.92)	P	SLMM	07 00	(542.69)
55007	150080	Movable E014434	000		115 lb gas heated dryer	3/31/2014	(10,140.15)	P	SLMM	07 00	(6,518.66)
55007	150080	Movable E014653	000		2 Spot Vital Signs Monitor, NIBP	5/31/2014	(4,071.04)	P	SLMM	07 00	(2,520.18)
55007	150080	Movable E014654	000		Electrolux 62 lb washer	5/31/2014	(9,677.85)	P	SLMM	07 00	(5,991.05)
55007	150080	Movable E017811	000		Motor for Reliant Lift	4/30/2016	(550.69)	P	SLMM	07 00	(190.12)
55007	150080	Movable E018129	000		SPIROMETER, ASTRA300, MULTIFUN	6/30/2016	(2,899.95)	P	SLMM	07 00	(932.13)
55007	150080	Movable E018292	000		Attendant Vital Signs Monitor and mobile	8/31/2016	(2,123.58)	P	SLMM	07 00	(632.02)
55007	150080	Movable E018780	000		Welch Allyn CP150 ECG System	1/31/2017	(3,026.87)	P	SLMM	07 00	(720.69)
55007	150080	Movable E018781	000		Mobile Stand for Welch Allyn CP150 ECG	1/31/2017	(918.05)	P	SLMM	07 00	(218.58)
55007	150080	Movable E018782	000		Electric Air Compressor, 2 HP	1/31/2017	(975.34)	P	SLMM	07 00	(232.23)
55007	150080	Movable E018919	000		Huntleigh Pocket Sized Doppler	2/28/2017	(860.35)	P	SLMM	07 00	(194.60)
55007	150080	Movable E018920	000		Rice Lake Fold-Up Portable Wheelchair	2/28/2017	(1,292.13)	P	SLMM	07 00	(292.27)
55007	150080	Movable E019988	000		2 Reliant Floor Lifts	12/31/2017	(5,365.01)	P	SLMM	07 00	(574.82)
55007	150080	Movable E020625	000		Sales and Use Tax	7/31/2018	(146.00)	P	SLMM	07 00	(3.48)
55007	150085	Movable E002097	000		(2)Maxi-Rest Bariatric Bed, 3-Fun, DIREC	12/31/2011	(4,219.38)	P	SLMM	07 01	(4,020.84)
55007	150085	Movable E002105	000		(1) Maxi-rest Bariatric Bed, Dir Sup inv69	12/31/2011	(2,272.26)	P	SLMM	07 06	(2,045.05)
55007	150085	Movable E002106	000		(1) Standard Hydraulic Styling chair, dir s	12/31/2011	(430.23)	P	SLMM	07 06	(387.18)
55007	150085	Movable E002107	000		(1) Maxi-Rest 1/2 Rails Foot End, Direct S	12/31/2011	(162.62)	P	SLMM	07 07	(144.79)
55007	150085	Movable E002109	000		ACCECARE-002 Inv 01012010	12/31/2011	(5,093.87)	P	SLMM	08 01	(4,253.65)
55007	150085	Movable E002112	000		1 Solenoid valve for steamer, repair hrs. &	12/31/2011	(672.22)	P	SLMM	08 06	(533.86)
55007	150085	Movable E002113	000		2 24" WHEELCHAIRS 450LB CAPACITY	12/31/2011	(559.89)	P	SLMM	08 07	(440.30)
55007	150085	Movable E002114	000		7 Qt. Replacement Stainless St	12/31/2011	(718.07)	P	SLMM	08 07	(564.71)
55007	150085	Movable E002115	000		BEAN CHAIR SCALE, 440 LB. CAPA	12/31/2011	(888.25)	P	SLMM	08 07	(698.56)
55007	150085	Movable E002116	000		Maxi-Rest Bariatric Bed, 3-Fun	12/31/2011	(2,538.11)	P	SLMM	08 07	(1,995.97)
55007	150085	Movable E002117	000		Comfortaire Dryer with Chair	12/31/2011	(573.15)	P	SLMM	08 07	(450.77)
55007	150085	Movable E002118	000		One Gallon Stainless Steel 3 S	12/31/2011	(940.14)	P	SLMM	08 07	(739.33)
55007	150085	Movable E002127	000		22 cu ft side by side refrigerator	12/31/2011	(879.21)	P	SLMM	08 10	(671.83)
55007	150085	Movable E002131	000		Countertop Ice Nug. Maker/Disp	12/31/2011	(2,674.96)	P	SLMM	09 02	(1,969.72)
55007	150085	Movable E002140	000		23 V Riser electric beds sides & panels	12/31/2011	(27,111.57)	P	SLMM	09 07	(19,095.95)
55007	150085	Movable E002143	000		Ice machine refrigerator range hood & m	12/31/2011	(4,691.85)	P	SLMM	09 07	(3,304.73)
55007	150085	Movable E002144	000		Belgian Waffle Maker Double	12/31/2011	(593.33)	P	SLMM	09 07	(417.89)
55007	150085	Movable E002146	000		6 - Pan Steam n hold per quote	12/31/2011	(5,257.99)	P	SLMM	09 07	(3,703.46)
55007	150085	Movable E002147	000		Framed artwork	12/31/2011	(3,022.77)	P	SLMM	09 08	(2,110.73)
55007	150085	Movable E002148	000		GE 16.5 cu ft refrigerator & 30" range hoo	12/31/2011	(961.90)	P	SLMM	09 08	(671.69)
55007	150085	Movable E002155	000		7 qt food processor	12/31/2011	(3,553.45)	P	SLMM	09 10	(2,439.25)

Kimberly Hall South
Asset Deletions

10/1/2018

(536,749.38)

(306,816.12)

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation
55007	150085	Movable E	002156	000	Bariatric Wheelchair	12/31/2011	(1,018.50)	P	SLMM	09 11	(693.29)
55007	150085	Movable E	002165	000	Hot food & prep table microwave refrigera	3/31/2012	(10,301.49)	P	SLMM	10 00	(6,695.97)
55007	150085	Movable E	002176	000	Various pieces of furniture - tax added	4/30/2012	(43,569.37)	P	SLMM	10 00	(27,957.04)
55007	150085	Movable E	002183	000	Various pieces of furniture - tax added	4/30/2012	(2,659.73)	P	SLMM	10 00	(1,706.65)
55007	150085	Movable E	002184	000	Various pieces of furniture	4/30/2012	(5,105.00)	P	SLMM	10 00	(3,275.71)
55007	150085	Movable E	002185	000	Shower curtains & install	4/30/2012	(3,418.33)	P	SLMM	10 00	(2,193.41)
55007	150085	Movable E	002187	000	Roller shades top treatments & cubicle cu	4/30/2012	(14,981.98)	P	SLMM	10 00	(9,613.45)
55007	150085	Movable E	002188	000	Various pieces of furniture	4/30/2012	(7,186.00)	P	SLMM	10 00	(4,611.02)
55007	150085	Movable E	002189	000	16 framed safety mirrors	4/30/2012	(1,248.00)	P	SLMM	10 00	(800.80)
55007	150085	Movable E	002191	000	Window treatments & cubicle curtains	4/30/2012	(4,709.50)	P	SLMM	10 00	(3,021.93)
55007	150085	Movable E	002192	000	Various pieces of furniture	4/30/2012	(1,417.84)	P	SLMM	10 00	(909.76)
55007	150085	Movable E	002193	000	4 seat cushions	4/30/2012	(559.10)	P	SLMM	10 00	(358.75)
55007	150085	Movable E	002194	000	Countertop water & ice dispenser	4/30/2012	(3,149.92)	P	SLMM	10 00	(2,021.19)
55007	150085	Movable E	002215	000	Orion chairs and tables	4/30/2012	(4,855.01)	P	SLMM	10 00	(3,115.30)
55007	150085	Movable E	002216	000	Resident room furniture	4/30/2012	(16,397.05)	P	SLMM	10 00	(10,521.47)
55007	150085	Movable E	002225	000	Portable hot food table shelf water pan	7/31/2012	(2,207.57)	P	SLMM	10 00	(1,361.35)
55007	150085	Movable E	002233	000	Various pieces of furniture	11/30/2012	(16,523.52)	P	SLMM	10 00	(9,638.71)
55007	150085	Movable E	002236	000	10 WHEELCHAIR,EXCEL,REM DESK-L	2/28/2013	(1,550.00)	P	SLMM	10 00	(865.42)
55007	150085	Movable E	002261	000	OmniCycle Elite Rehab System	9/30/2013	(37,937.18)	P	SLMM	10 00	(18,968.60)
55007	150085	Movable E	014433	000	(5) 20 in wheelchairs	3/31/2014	(1,353.25)	P	SLMM	10 00	(608.98)
55007	150085	Movable E	014547	000	2 WHEELCHAIR,EXCEL	4/30/2014	(310.00)	P	SLMM	10 00	(136.92)
55007	150085	Movable E	014548	000	3 WHEELCHAIR,EXCEL	4/30/2014	(602.49)	P	SLMM	10 00	(266.10)
55007	150085	Movable E	015390	000	1.6 cu ft medical grade refrigerator	12/31/2014	(527.50)	P	SLMM	10 00	(197.81)
55007	150085	Movable E	016291	000	Ice Machine Slim-Line Modular and Bin	6/30/2015	(3,507.61)	P	SLMM	10 00	(1,139.97)
55007	150085	Movable E	019023	000	BED RC750	3/31/2017	(2,669.39)	P	SLMM	10 00	(400.42)
55007	150085	Movable E	019025	000	GEN ONLY: UCXT Bed w/ Laminate Pan	3/31/2017	(1,854.68)	P	SLMM	10 00	(278.20)
55007	150085	Movable E	019143	000	Dome Storage Rack, 100 Lid Capacity	4/30/2017	(1,216.62)	P	SLMM	10 00	(172.36)
55007	150085	Movable E	019278	000	6 Tracer EX2 Wheelchair, Stock,	5/31/2017	(707.88)	P	SLMM	10 00	(94.38)
55007	150085	Movable E	019279	000	3 Regency XL 2002 & 7 Tracer EX2 Whe	5/31/2017	(3,949.28)	P	SLMM	10 00	(526.57)
55007	150085	Movable E	019280	000	10 Tracer EX2 Wheelchair and cushions	5/31/2017	(1,859.70)	P	SLMM	10 00	(247.96)
55007	150085	Movable E	019445	000	Install 3 phase disconnect/Booster	7/31/2017	(1,110.21)	P	SLMM	10 00	(129.53)
55007	150085	Movable E	019909	000	AT Express Conveyor/Radiant Toaster	11/30/2017	(563.08)	P	SLMM	10 00	(46.92)
55007	150085	Movable E	020355	000	7 Qt. Replacement Stainless Steel Bowl	4/30/2018	(936.92)	P	SLMM	10 00	(39.04)
55007	150085	Movable E	020380	000	(2) Meal Transport Carts	5/31/2018	(5,481.28)	P	SLMM	10 00	(182.71)
55007	150087	Movable E	002101	000	Installation of 1 bernier 20 KW heated air	12/31/2011	(2,408.85)	P	SLMM	02 03	(2,408.85)
55007	150087	Movable E	002104	000	(1) remov and replace probe housing on	12/31/2011	(302.47)	P	SLMM	02 06	(302.47)
55007	150087	Movable E	002110	000	Genesis only defib, aed, semi, mini kit, cp	12/31/2011	(662.33)	P	SLMM	03 03	(662.33)
55007	150087	Movable E	002181	000	Towel - bathrobe warmer	4/30/2012	(1,490.36)	P	SLMM	05 00	(1,490.36)
55007	150087	Movable E	002254	000	Beast Trans Easy Transfer System	6/30/2013	(344.56)	P	SLMM	05 00	(344.56)
55007	150087	Movable E	014546	000	Air Compressor Pump,1 Stage	4/30/2014	(340.75)	P	SLMM	05 00	(300.99)
55007	150087	Movable E	017247	000	Pocket tag reader	12/31/2015	(616.83)	P	SLMM	05 00	(339.27)
55007	150087	Movable E	019142	000	Reclining PVC Shower/Commode	4/30/2017	(430.70)	P	SLMM	05 00	(122.04)
55007	150087	Movable E	020255	000	Custom mat 5ft x 10ft	3/31/2018	(1,399.09)	P	SLMM	05 00	(139.91)
55007	150088	Movable E	002096	000	(2)Genesis Visco Select Mattresses, MED	12/31/2011	(18.69)	P	SLMM	00 01	(18.69)
55007	150088	Movable E	002098	000	(2)Panacea original bariatric mattress, DI	12/31/2011	(36.44)	P	SLMM	00 02	(36.44)
55007	150088	Movable E	002099	000	(1)Plexus ultra safe mattress system, DIRE	12/31/2011	(129.90)	P	SLMM	00 02	(129.90)
55007	150088	Movable E	002103	000	(2) Plexus Ultra Safe Mattress, GAYMAR	12/31/2011	(705.88)	P	SLMM	00 06	(705.88)
55007	150088	Movable E	002130	000	22 MATTRESS,GENESIS VISCO SELEC	12/31/2011	(4,547.40)	P	SLMM	02 02	(4,547.40)
55007	150088	Movable E	002135	000	MATTRESS GENESIS SLCT BARIMATT	12/31/2011	(282.50)	P	SLMM	02 04	(282.50)
55007	150088	Movable E	002145	000	23 Genesis Visco mattresses	12/31/2011	(6,661.78)	P	SLMM	02 07	(6,661.78)
55007	150088	Movable E	002163	000	Plexus Ultra-Safe Mattress Onl (4)	2/29/2012	(6,652.11)	P	SLMM	03 00	(6,652.11)
55007	150088	Movable E	002166	000	Misc assets acquired from Soundview Ce	4/30/2012	(4,488.00)	P	SLMM	00 08	(4,488.00)
55007	150088	Movable E	002217	000	23 quilted bedspreads	4/30/2012	(7,171.68)	P	SLMM	03 00	(7,171.68)
55007	150088	Movable E	002218	000	Quilted bedspreads	4/30/2012	(21.03)	P	SLMM	03 00	(21.03)
55007	150088	Movable E	018537	000	46 Mattresses,Genesis Visco Select (cred	11/30/2016	(12,863.05)	P	SLMM	03 00	(7,860.75)
55007	150088	Movable E	019024	000	MATTRESS,GEN,BULK VISCO SELECT	3/31/2017	(21,003.99)	P	SLMM	03 00	(10,502.00)
55007	150100	Movable E	002219	000	DV4 HD Pro Multimedia player	5/31/2012	(1,716.28)	P	SLMM	10 00	(1,086.99)
55007	150100	Movable E	002223	000	Credit Card Machine	6/30/2012	(499.00)	P	SLMM	02 06	(499.00)
55007	150100	Movable E	014775	000	Credit Card Machine	6/30/2014	(75.07)	P	SLMM	10 00	(31.91)
55007	150110	Movable E	002111	000	HP Laserjet P2055DN & asset tag	12/31/2011	(191.32)	P	SLMM	01 06	(191.32)
55007	150110	Movable E	002132	000	HP monitor LE1901 & asset tag	12/31/2011	(116.48)	P	SLMM	02 03	(116.48)
55007	150110	Movable E	002133	000	1 HP LJ P2035	12/31/2011	(169.74)	P	SLMM	02 04	(169.74)
55007	150110	Movable E	002153	000	Wireless paging system	12/31/2011	(5,475.25)	P	SLMM	02 09	(5,475.25)
55007	150110	Movable E	002161	000	Tax added - 1 Lenovo ThinkCentre M71Z	1/31/2012	(745.14)	P	SLMM	03 00	(745.14)
55007	150110	Movable E	002227	000	PGP licenses deployed 9/2012	9/30/2012	(35.85)	P	SLMM	03 00	(35.85)
55007	150110	Movable E	002228	000	MS Office Pro licenses deployed 9/2012	9/30/2012	(120.99)	P	SLMM	03 00	(120.99)

Kimberly Hall South
 Asset Deletions

10/1/2018

(536,749.38)

(306,816.12)

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation
55007	150110	Movable E	002229	000	MS Office Pro licenses deployed 9/2012	9/30/2012	(283.79)	P	SLMM	03 00	(283.79)
55007	150110	Movable E	002230	000	Lenovo warranty uplift, 3 yr - tax added	10/31/2012	(70.50)	P	SLMM	03 00	(70.50)
55007	150110	Movable E	002231	000	Lenovo ThinkPad T520 4239 - tax added	10/31/2012	(1,051.05)	P	SLMM	03 00	(1,051.05)
55007	150110	Movable E	002235	000	1 Cisco 2504 Wireless Controller	2/28/2013	(1,631.06)	P	SLMM	03 00	(1,631.06)
55007	150110	Movable E	013983	000	Replacement InFocus - Projecto	11/30/2013	(321.82)	P	SLMM	03 00	(321.82)
55007	150110	Movable E	014094	000	Mobile Iron licenses deployed 12/2013	12/31/2013	(45.58)	P	SLMM	03 00	(45.58)
55007	150110	Movable E	014282	000	Infocus IN2124 projector	1/31/2014	(629.95)	P	SLMM	03 00	(629.95)
55007	150110	Movable E	014954	000	HP Laserjet Pro 400	7/31/2014	(529.85)	P	SLMM	03 00	(529.85)
55007	150110	Movable E	014955	000	Asus 19 in monitor	7/31/2014	(114.79)	P	SLMM	03 00	(114.79)
55007	150110	Movable E	015310	000	1 APC SmartUPS	11/30/2014	(913.12)	P	SLMM	03 00	(913.12)
55007	150110	Movable E	019141	000	HP Laserjet Pro	4/30/2017	(285.57)	P	SLMM	03 00	(134.85)
55007	150115	Movable E	002126	000	Tax added - Avanti System Label machin	12/31/2011	(630.53)	P	SLMM	03 10	(630.53)
55007	150115	Movable E	017935	000	1 Cisco Catalyst Switch	5/31/2016	(1,306.30)	P	SLMM	05 00	(609.61)
55007	150117	Movable E	002100	000	Add Jack to room 241a on F wing 2nd Fl	12/31/2011	(260.42)	P	SLMM	04 02	(260.42)
55007	150117	Movable E	002102	000	Sales tax on asset #988	12/31/2011	(16.08)	P	SLMM	04 04	(16.08)
55007	150117	Movable E	002108	000	Phone system - tax addedhone Systems	12/31/2011	(284.28)	P	SLMM	05 00	(284.28)
55007	150117	Movable E	017363	000	Phone system	12/31/2015	(2,882.20)	P	SLMM	05 00	(1,585.21)

55007	150057	Bldg Imp 021527 000	Wall Coverings & Corn	5/31/2019	1,087.96	P	SLMM	10	1,087.96	-	36.27	36.27
55007	150057	Bldg Imp 021856 000	Vinyl Plank Flooring in	8/31/2019	16,460.53	P	SLMM	10	16,460.53	-	137.17	137.17
55007	150075	Non Mov 021458 000	New Circulator Pump to	4/30/2019	1,212.12	P	SLMM	10	1,212.12	-	50.51	50.51
55007	150075	Non Mov 021679 000	Circulator Pump & Imp	6/30/2019	1,980.12	P	SLMM	10	1,980.12	-	49.50	49.50
55007	150075	Non Mov 021722 000	Two 10 ton Carrier Roo	7/31/2019	23,716.05	P	SLMM	10	23,716.05	-	395.27	395.27
55007	150080	Movable 021528 000	2 Spots Vital Signs Mon	5/31/2019	4,252.55	P	SLMM	7	4,252.55	-	202.50	202.50
55007	150085	Movable 021316 000	1 Gallon Stainless Steel	3/31/2019	1,198.69	P	SLMM	10	1,198.69	-	59.93	59.93
55007	150088	Movable 021855 000	5 Air Mattresses of varic	8/31/2019	7,395.77	P	SLMM	3	7,395.77	-	205.44	205.44
55007	150050	Bldg Imp	Sep Accruals - Direct St	43738	4,057.00	P	SLMM	0	4,057.00	-	-	-

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimberly Sou			2369		9/30/2019			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 1 Emerson Drive South Operations LL	License No. 2369	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	n/a				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	180				
6. Square Footage					
7. Acquisition Cost					
a. Land	n/a				
b. Building	n/a				
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	
Next HC-JV	Facility Lease	2/1/2019 -1/31	15 years	66,228	
587 Fifth Avenue New York, NY 10017					

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
1 Emerson Drive South Operations L		2369	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. 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
1 Emerson Drive South Operations	2369	9/30/2019	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	545	545	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	180,791	180,791	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	181,336	181,336	
15. Total All Expenditures (A-13 thru C-14)	\$	11,216,119	11,216,119	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimberly South				2369	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 11,527	11,527		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 890,019	890,019		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 359,608	359,608		
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 *	\$ 9,971	9,971		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,652	2,652		
21.			Unallowable Management Fees	\$ 3,902	3,902		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 172,046	172,046		
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)				\$ 1,449,725	1,449,725		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 11,527	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 11,527	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 277,608	\$ -	\$ -
13	5	Rehabilitation Services	\$ 152,006	\$ -	\$ -
13	9	Speech Therapist	\$ 83,161	\$ -	\$ -
13	10	Occupational Therapist	\$ 317,944	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ 6,976	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 52,325	\$ -	\$ -
Total Other Fees Adjustments			\$ 890,019	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 50,942	\$ -	\$ -
16	m-13	Estimated Accrual	\$ 2,663	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ 75,028	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ -	\$ -	\$ -
16	m-12		0 \$ -	\$ -	\$ -
15	l-a-1	adj workers comp	\$ 43,413	\$ -	\$ -
Total Other A&G Adjustments			\$ 172,046	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimberly Sou				2369	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,449,725	1,449,725		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 370,976	370,976		
28.	20	5-d	Ambulance/Limousine	\$ 17,810	17,810		
29.	20	5-f	X-rays, etc	\$ 16,937	16,937		
30.	20	5-h	Laboratory	\$ 30,376	30,376		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 8,838	8,838		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 50,452	50,452		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (60,548)	(60,548)		
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	\$ 23,744	23,744		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 88,907	88,907		
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)				\$ 1,997,217	1,997,217		

*** 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	(Specify)
20	5-j	Consolidated Billing	\$ 15,106	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 23,423	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 11,922	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 50,452	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ -	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (5,940)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (519)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (54,089)	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (60,548)	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 23,744	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Adjustments			\$ 23,744	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 88,907	\$ -	\$ -
Total Other Adjustments			\$ 88,907	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
1 Emerson Drive South Operations LLC, 2369		9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,053,991	9,053,991			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,354,483)	(4,354,483)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,184,735	2,184,735			
b. Medicare Room and Board Contractual Allowance **	\$ (629,535)	(629,535)			
4. a. Private-Pay Residents and Other	\$ 3,050,443	3,050,443			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,017,651)	(1,017,651)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 201,068	201,068			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (57,938)	(57,938)			
c. Prescription Drugs - Non-Medicare	\$ 175,669	175,669			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (60,643)	(60,643)			
2. a. Medical Supplies - Medicare	\$ 1,049	1,049			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (302)	(302)			
c. Medical Supplies - Non-Medicare	\$ 1,083	1,083			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (520)	(520)			
3. a. Physical Therapy - Medicare	\$ 588,612	588,612			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (169,609)	(169,609)			
c. Physical Therapy - Non-Medicare	\$ 577,353	577,353			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (198,537)	(198,537)			
4. a. Speech Therapy - Medicare	\$ 153,247	153,247			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (44,158)	(44,158)			
c. Speech Therapy - Non-Medicare	\$ 146,559	146,559			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (54,718)	(54,718)			
5. a. Occupational Therapy - Medicare	\$ 571,359	571,359			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (164,638)	(164,638)			
c. Occupational Therapy - Non-Medicare	\$ 511,747	511,747			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (174,755)	(174,755)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 49,905	49,905			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 153,822	153,822			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,493,155	10,493,155			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ (525)	(525)			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 8,008	8,008			
8. Other (<i>Specify</i>)	\$ 145,467	145,467			
V. Total Other Revenue (1 thru 8)	\$ 152,951	152,951			
VI. Total All Revenue (III +V)	\$ 10,646,105	10,646,105			

* 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

Table with 5 columns: Page Ref, Description, CCNH, RHNS, (Specify). Rows include Medicare services like X-Ray, Laboratory, Respiratory Therap, Nursing Treatment, Audiology, Incontinency, Oxygen & Supplie, Physician Visit, Ambulance, Flu Shot. Total Other Resident Revenue - Medicare: \$ 49,905.

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Table with 5 columns: Page Ref, Description, CCNH, RHNS, (Specify). Rows include Medicaid and Contractuals-Medicare services like X-Ray, Laboratory, Respiratory Therap, Nursing Treatment, Audiology, Incontinency, Oxygen & Supplie, Physician Visit, Ambulance, Flu Shot. Total Other Resident Revenue: \$ 153,822.

Interest Income

Account

Table with 5 columns: Page Ref, Account, Balance, CCNH, RHNS, (Specify). Row: Interest On Overdue Accounts, \$ 0, \$ (525).

Schedule of Other Revenue

Table with 5 columns: Page Ref, Description, CCNH, RHNS, (Specify). Rows include Rental Income, reclass: 610360-3010 Transportation, GHC Dec 2018 DSSI accrual. Total Other Revenue: \$ 145,467.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC	2369	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	5,150
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,287,580
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	18,654
4. Inventories			\$	33,869
5. Prepaid Expenses			\$	84,819
a. _____				
b. _____				
c. _____				
d. See Schedule		84,819		
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)			\$	1,430,072
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>21,605</u>		\$	21,432
	Accum. Depreciation <u>173</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>26,908</u>		\$	26,413
	Accum. Depreciation <u>495</u>	Net		
6. Movable Equipment	*Historical Cost <u>12,847</u>		\$	12,379
	Accum. Depreciation <u>468</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	60,224

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	a5d	Prepaid Expenses	\$ -
31	a5d	Prepaid Property Tax	\$ 69,530
31	a5d	Prepaid Personal Property Tax	\$ 15,289
31	a5d	Prepaid Personal Property Tax	\$ -
Total Prepaid Expenses			\$ 84,819

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	
Total Other Assets			\$ -

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	Accrued Provider/Bed Tax	\$ 148,443
33	a12d	Accr Exp Other	\$ 2,445
33	a12d	Accr Exp Water and Sewer	\$ 9,235
33	a12d	Accr Exp Gas	\$ 807
33	a12d	Accr Exp Electricity	\$ 6,793
33	a12d	Deferred Revenue	\$ 15,408
33	a12d	Accr Sales and Use Tax	\$ 63
33	a12d	A/R Credit Gross Up Liability	\$ 134,625
Total Other Current Liabilities (Itemize)			\$ 317,819

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 1 Emerson Drive South Operations LLC	License No. 2369	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,490,296	
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>)			\$	
I/C Due to/Due From Owned			(3,258,889)	
I/C Due to/Due From Multicare				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ (3,258,889)	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ (1,768,593)	

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a	2369	9/30/2019	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	651,436
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>)			\$	175,190
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	1,116
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>)			\$	317,819

See Schedule				317,819
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,145,561

* 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		License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/		2369	9/30/2019	34	37
Account				Amount	
Total Brought Forward:				1,145,561	
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>)				\$ 510	
LT Debt-Financing Obligation					
Escheatable Funds		510			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 510	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,146,071	

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LL	2369	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			\$	700,338
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,044,985)
6. Gain or Loss for Period			\$	(570,017)
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	(2,914,664)
C. Total Reserves and Net Worth			\$	(2,914,664)
D. Total Liabilities, Reserves, and Net Worth			\$	(1,768,593)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC	2369	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(2,344,650)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	10,646,105
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,216,119
D. Net Income or Deficit			\$	(570,014)
E. Balance			\$	(2,914,664)
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			\$	(2,914,664)
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility 1 Emerson Drive South Operations LLC,	License No. 2369	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 type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		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				