

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 55 Kondracki Lane Operations LLC	
Address (No. & Street, City, State, Zip Code) 55 Kondracki Lane, Wallingford, CT 06492	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2415	RHNS	(Specify)	Medicare Provider 07-5234-001
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Medicaid Provider Numbers:	CCNH 20149	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) 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 55 Kondracki Lane Operations LLC [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) Jeffrey E. Turner		Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	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 55 Kondracki Lane Operations LLC	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 55 Kondracki Lane, Wallingford, CT 06492				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029	Date 12/28/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,072,547	3,072,547	
5. All other wages paid	\$	497,093	497,093	
6. Total Wages Paid	\$	3,569,640	3,569,640	
7. Total salaries paid	\$	340,346	340,346	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	3,909,986	3,909,986	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-265-6771	9/30/2019	2	37

Name of Facility (as shown on license) 55 Kondracki Lane Operations LLC		Address (No. & Street, City, State, Zip) 55 Kondracki Lane, Wallingford, CT 06492		
License Numbers:	CCNH 2415	RHNS	(Specify)	Medicare Provider No. 07-5234-001
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> 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 Jeffrey E. Turner	Nursing Home Administrator's License No.:	1613
Other Operators/Owners who are assistant administrators (full or part time) of this facility.		
Name	License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire Corporate Owners

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	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:

General Information and Questionnaire

Individual Proprietorship

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

QUINNIPAC VALLEY CENTER

55 Kondracki Drive
Wallingford CT 06492

55 Kondracki Land Operations LLC (Operator)

EIN: 37-1787325
101 East State Street
Kennett Square, PA 19348

Ownership

Summit Care, LLC (100%)

Summit Care, LLC

EIN: 95-3656297
101 East State Street
Kennett Square, PA 19348

Ownership

Summit Care Parent, LLC (100%)

Summit Care Parent, LLC

EIN: 38-3901040
101 East State Street
Kennett Square, PA 19348

Ownership

Skilled Healthcare, LLC (100%)

Skilled Healthcare, LLC

EIN: 20-0084014
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis HealthCare LLC (100%)

Genesis HealthCare LLC

EIN: 27-3237296
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090
101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005

101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 59.2957%)
Sundance Rehabilitation Holdco, Inc. (5.5444%)
Other members that are disclosed herein as owners of Genesis Healthcare, Inc.
Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the New York Stock Exchange)
(f/k/a Skilled Healthcare Group, Inc.)
EIN: 20-3934755
101 East State Street
Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC (approximately 14.0%)

Senior Care Genesis, LLC (approximately 5.3%)
ZAC Properties XI, LLC (approximately 8.1%)
Welltower, Inc. (approximately 5.9%)
Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)
3820 Mansell Road
Suite 280
Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579
1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103

Ownership
[Steven E. Fishman\[2\]](#)
1617 JFK Boulevard
Suite 545
Philadelphia, PA 19103
Other members that do not trigger 5% ownership test

Welltower Inc.

EIN: 34-1096634
4500 Dorr Street

Toledo, OH 43615

Ownership
(publicly traded company on the New York Stock Exchange)

Senior Care Genesis, LLC

EIN: 20-8282470
234 Church Street, Suite 901
New Haven, CT 06510

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

234 Church Street, Suite 901
New Haven, CT 06510

The information included in this memorandum supersedes all previously submitted ownership information for the Operator as well as all officer/director/manager information for the Operator and its 5% or more direct and indirect owners.

[\[1\] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered the beneficial owner of the shares held by Senior Care.](#)
[\[2\] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be considered the beneficial owner of the shares held by Senior Care.](#)

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

General Information and Questionnaire

Related Parties*

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> 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?				<input checked="" type="radio"/> Yes <input type="radio"/> 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	370,907	370,907
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	360,763	360,763
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	12,746	12,746
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	88	88
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	180,418	180,418
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 55 Kondracki Lane Operations LLC	License No. 2415	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 55 Kondracki Lane Operations LLC		License No. 2415		Report for Year Ended 9/30/2019			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	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 If "No," explain. <input type="radio"/> No														
Independent Accounting Firm <table border="1"> <tr> <td>Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4</td> <td>Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103</td> </tr> </table>					Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103										
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 (describe fully) <table border="1"> <tr> <td>1 Year end financial audit</td> <td>\$</td> </tr> <tr> <td>2</td> <td>\$</td> </tr> <tr> <td>3</td> <td>\$</td> </tr> <tr> <td>4</td> <td>\$</td> </tr> <tr> <td></td> <td>Charge for Services Provided \$</td> </tr> </table>					1 Year end financial audit	\$	2	\$	3	\$	4	\$		Charge for Services Provided \$		
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 <table border="1"> <tr> <td>Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Woods LLC 2 Wiggin And Dana LLP 3 4 5</td> <td>Telephone Number 203-899-8900 203-498-4400</td> </tr> </table>					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										
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 (No. & Street, City, State, Zip Code) <table border="1"> <tr> <td>1 200 Connecticut Ave Norwalk, CT 06854</td> </tr> <tr> <td>2 One Century Tower, New Haven, CT 06508</td> </tr> <tr> <td>3</td> </tr> <tr> <td>4</td> </tr> <tr> <td>5</td> </tr> </table>					1 200 Connecticut Ave Norwalk, CT 06854	2 One Century Tower, New Haven, CT 06508	3	4	5							
1 200 Connecticut Ave Norwalk, CT 06854																
2 One Century Tower, New Haven, CT 06508																
3																
4																
5																
Services Provided by This Firm (describe fully) <table border="1"> <tr> <td>1 Property Ownership search</td> <td>\$</td> </tr> <tr> <td>2 Deseased record services</td> <td>\$</td> </tr> <tr> <td>3</td> <td>\$</td> </tr> <tr> <td>4</td> <td>\$</td> </tr> <tr> <td>5</td> <td>\$</td> </tr> <tr> <td></td> <td>Charge for Services Provided \$</td> </tr> </table>					1 Property Ownership search	\$	2 Deseased record services	\$	3	\$	4	\$	5	\$		Charge for Services Provided \$
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 55 Kondracki Lane Operations LLC			License No. 2415				Report for Year Ended 9/30/2019				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					180	180			180	180		
A. On last day of PREVIOUS report period	180	180							180	180		
B. On last day of THIS report period	180	180			180	180			180	180		
2. Number of Residents					94	94			96	96		
A. As of midnight of PREVIOUS report period	94	94							96	96		
B. As of midnight of THIS report period	102	102			96	96			102	102		
3. Total Number of Days Care Provided During Period					1,433	1,433			446	446		
A. Medicare	1,879	1,879							446	446		
B. Medicaid (Conn.)	28,306	28,306			20,851	20,851			7,455	7,455		
C. Medicaid (other states)												
D. Private Pay	2,071	2,071			1,559	1,559			512	512		
E. State SSI for RCH												
F. Other (Specify)	1,103	1,103			824	824			279	279		
G. Total Care Days During Period (3A thru F)	33,359	33,359			24,667	24,667			8,692	8,692		
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	18	18			18	18						
5. Total Resident Days (3G + 4A + 4B)	33,377	33,377			24,685	24,685			8,692	8,692		

Schedule of Resident Statistics (Cont'd)

Name of Facility 55 Kondracki Lane Operations LLC			License No. 2415			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	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR		
No. of Residents	8	86		8							
Per Diem Rate											
a. One bed rm.											
b. Two bed rms.	532.85	195.62		458.46							
c. Three or more bed rms.											
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)
								1,141	1,141		
A. Medicare - Part B											
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								1,148	1,148		
C. Other								6,793	6,793		
D. Total Physical Therapy Treatments								9,082	9,082		
8. Total Number of Speech Therapy Treatments											
A. Medicare - Part B								236	236		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								209	209		
C. Other								654	654		
D. Total Speech Therapy Treatments								1,099	1,099		
9. Total Number of Occupational Therapy Treatments											
A. Medicare - Part B								845	845		
B. Medicaid (Exclusive of Part B)											
1. Maintenance Treatments											
2. Restorative Treatments								915	915		
C. Other								5,989	5,989		
D. Total Occupational Therapy Treatments								7,749	7,749		

Report of Expenditures - Salaries & Wages

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	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)	134,378	2,080					
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	187,893	8,309					
5. Dietary Service							
a. Head Dietitian							
b. Food Service Supervisor							
c. Dietary Workers							
6. Housekeeping Service							
a. Head Housekeeper							
b. Other Housekeeping Workers							
7. Repairs & Maintenance Services							
a. Engineer or Chief of Maintenance	53,103	1,898					
b. Other Maintenance Workers	18,939	1,178					
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	205,968	3,694					
b. RN							
1. Direct Care	677,223	16,181					
2. Administrative**	40,195	1,136					
c. LPN							
1. Direct Care	989,120	33,024					
2. Administrative**							
d. Aides and Attendants	1,316,561	78,007					
e. Physical Therapists							
f. Speech Therapists							
g. Occupational Therapists							
h. Recreation Workers	121,204	5,589					
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	115,954	4,189					
n. Marketing							
o. Other (Specify)							
See Attached Schedule	49,449	2,984					
A-13. Total Salary Expenditures	3,909,986	158,268					

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility 55 Kondracki Lane Operations LLC				License No. 2415		Report for Year Ended 9/30/2019			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) 55 Kondracki Lane Operations LLC				License No. 2415		Report for Year Ended 9/30/2019			Page 12	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Jeffrey E. Turner	134,378				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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2415	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	33,905	232			
3. Pharmacist	10,873	222			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	331,064	4,535			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	24,000	127			
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	32,803	421			
b. Other					
10. Occupational Therapist					
a. Resident Care	55,030	754			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care	7,795	184			
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule	2,332				
B-13 Total Fees Paid in Lieu of Salaries	497,802	6,475			

* 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*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 15	of 37	
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	162,994	162,994		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	60,671	60,671		
4. Social Security (F.I.C.A.)	\$	290,501	290,501		
5. Health Insurance	\$	307,130	307,130		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	313,207	313,207		
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	11,068	11,068		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	21,465	21,465		
2. Cellular Phones	\$	1,983	1,983		
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 (Specify) See Attached Schedule	\$	290	290		
3. Resident Day User Fee	\$	641,636	641,636		
Subtotal	\$	1,810,945	1,810,945		

* 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**

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 290	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 290	\$ -	\$ -

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

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	1,810,945	1,810,945		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	250	250		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,482	1,482		
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>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	7,369	7,369		
4. Fund-Raising***	\$				
5. Medical Records	\$	(0)	(0)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	2,182	2,182		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,949	10,949		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,470	1,470		
10. Contributions*** See Attached Schedule	\$	1,264	1,264		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	3,957	3,957		
12. Administrative Management Services**	\$	355,086	355,086		
13. Other (<i>Specify</i>) See Attached Schedule	\$	20,229	20,229		
<i>C-14 Total Administrative & General Expenditures</i>	\$	2,215,184	2,215,184		

* 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)
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,643	\$ -	\$ -
Marketing Expense	\$ 3,425	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 2,301	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Total Other Advertising	\$ 7,369	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 10,949	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Dues	\$ 10,949	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 1,189	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Contributions	\$ 1,264	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 4,663	\$ -	\$ -
Collection Fees	\$ 2,195	self-disallowed	\$ -
Education Expense	\$ 162	\$ -	\$ -
Employee Physicals	\$ 6,784	\$ -	\$ -
Employee Relations	\$ 1,276	\$ -	\$ -
Printing	\$ 104	\$ -	\$ -
Training Expense	\$ 559	\$ -	\$ -
Fines & Penalties	\$ -	self-disallowed	\$ -
Miscellaneous	\$ 613	\$ -	\$ -
Rental Expense	\$ 3,731	\$ -	\$ -
Accrued Expense Estimation	\$ 103	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 40	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 20,229	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	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	370,907	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 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019		Page 18 of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 156,745	156,745		
2. Non-Food Supplies	\$ 25,862	25,862		
3. Other (Specify) _____	\$ (54)	(54)		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 539,817	539,817		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 722,371	722,371		
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 55 Kondracki Lane Operations LLC	License No. 2415	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. \$	4,402	4,402		
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. \$	5,533	5,533		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	149,597	149,597		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	159,531	159,531		
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 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 17,229	17,229		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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.	\$ 224,266	224,266		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	241,495	241,495		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	106,940	106,940		
b. Medicine Cabinet Drugs	\$	23,049	23,049		
c. Medical and Therapeutic Supplies	\$	111,156	111,156		
d. Ambulance/Limousine***	\$	20,677	20,677		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	10,287	10,287		
f. X-rays and Related Radiological Procedures***	\$	9,451	9,451		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	19,690	19,690		
i. Recreation	\$	19,425	19,425		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	55,855	55,855		
5M. Total Resident Care Expenditures (5a - 5j)	\$	376,529	376,529		

* 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	\$ 38,060	\$ -	\$ -
Advertising-Help Wanted	\$ (7,043)	\$ -	\$ -
Advertising-Help Wanted	\$ 903	\$ -	\$ -
Books, Dues & Subscriptions	\$ 120	\$ -	\$ -
Education Expense	\$ 1,391	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Supplies	\$ 3,839	\$ -	\$ -
Supplies	\$ 19	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 17,306	\$ -	\$ -
Consolidated Billing	\$ (740)	\$ -	\$ -
Tuition Reimbursement	\$ 2,000	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 55,855	\$ -	\$ -

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

* 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 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	163,065	163,065			
b. Heat	\$	34,966	34,966			
c. Light & Power	\$	140,058	140,058			
d. Water	\$	47,262	47,262			
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)	\$	385,351	385,351			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	10,822	10,822			
b. Building & Building Improvements	\$	16,662	16,662			
c. Non-Movable Equipment	\$	482	482			
d. Movable Equipment	\$	49,637	49,637			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	77,603	77,603			
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	\$	221,850	221,850			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	82,249	82,249			
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	381,702	381,702			

* 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

Depreciation Schedule

Name of Facility 55 Kondracki Lane Operations LLC				License No. 2415			Report for Year Ended 9/30/2019				Page 23	of 37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period				59,302		59,302	12,270	S/L	Various	5,930			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				130,056						4,892			
A-4. Subtotal											10,822		
B. Building and Building Improvements													
1. Acquired prior to this report period				296,866		296,866	30,260	S/L	Various	15,861			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				36,621		36,621				801			
B-4. Subtotal											16,662		
C. Non-Movable Equipment													
1. Acquired prior to this report period				4,819		4,819	853	S/L	Various	482			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				8,460									
C-4. Subtotal											482		
	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					674,788		674,788	575,992	S/L	Various	49,184		
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)					15,339		15,339				453		
D-3. Subtotal											49,637		
E. Total Depreciation											77,603		

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2018	Engineering Services	\$ 3,525	20	\$ 147
12/31/2018	New Pipes for area drainage	\$ 126,531	20	\$ 4,745
Total additions for Land Improvement		\$ 130,056		\$ 4,892
Deletions:				
Total deletions for Land Improvement		\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

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

S. H. SMITH

Schedule of Movable Equipment Acquired during this report period

Total deletions for Movable

*Ties to Page 23, Line D2e

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

Schedule of Leasehold Improvements Acquired during this report period

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility 55 Kondracki Lane Operations LLC			License No. 2415		Report for Year Ended 9/30/2019			Page 24	of 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 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 25	of 37																																								
11. Property Questionnaire																																												
Part A Is the property either owned by the Facility <input type="radio"/> Yes <input checked="" type="radio"/> No or leased from a Related Party?* <small>*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.</small>																																												
<table border="1"> <thead> <tr> <th>Description</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td>n/a</td> </tr> <tr> <td>2. Date Structure Completed</td> <td>n/a</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td></td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>180</td> </tr> <tr> <td>6. Square Footage</td> <td></td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td>n/a</td> </tr> <tr> <td> b. Building</td> <td>n/a</td> </tr> </tbody> </table>					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																				
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a. Land	n/a																																											
b. Building	n/a																																											
Part B - Owner and Related Parties <table border="1"> <thead> <tr> <th></th> <th>1st Mortgage</th> <th>2nd Mortgage</th> <th>3rd Mortgage</th> <th>4th Mortgage</th> </tr> </thead> <tbody> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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				
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k. Amount of Principal Borrowed																																												
l. Principal Outstanding on Note Paid-Off																																												
Part C - Arms-Length Leases for Real Property Improvements Only <table border="1"> <thead> <tr> <th>Name and Address of Lessor</th> <th>Property Leased</th> <th>Date of Lease</th> <th>Term of Lease</th> <th>Annual Amount of Lease</th> </tr> </thead> <tbody> <tr> <td>Well Tower / Healthcare REIT, Address: One Seagate Suite 1500, Toledo, OH 43603-1475</td> <td>Facility Lease</td> <td>12/01/15</td> <td>20</td> <td>221,850</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	Well Tower / Healthcare REIT, Address: One Seagate Suite 1500, Toledo, OH 43603-1475	Facility Lease	12/01/15	20	221,850																														
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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 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019			Page 26	of 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
		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)		\$ 18,956	18,956			
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$ 161,462	161,462			
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a + b + c)		\$ 180,418	180,418			
15. Total All Expenditures (A-13 thru C-14)		\$ 9,070,370	9,070,370			

D. Adjustments to Statement of Expenditures

Name of Facility 55 Kondracki Lane Operations LLC			License No. 2415	Report for Year Ended 9/30/2019		Page 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	\$ 18,662	18,662	
Page 13 - Professional Fees						
5.	13	B-8-c	Resident Care Physicians **	\$		
6.		B-10	Occupational Therapy	\$		
7.			Other - See attached Schedule	\$ 419,744	419,744	
Pages 15 & 16 - Administrative and General						
8.			Discriminatory Benefits	\$		
9.	15	1-c	Bad Debts	\$ 313,207	313,207	
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 *	\$ 7,369	7,369	
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$ 1,264	1,264	
21.			Unallowable Management Fees	\$ (15,821)	(15,821)	
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ 40,075	40,075	
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)			\$ 784,501	784,501		

* 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	\$ 18,662	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Salaries Adjustment			\$ 18,662	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Description	\$ 74,419	\$ -	\$ -
13	5	Rehabilitation Services	\$ 256,645	\$ -	\$ -
13	9	Rehabilitation Services	\$ 32,803	\$ -	\$ -
13	10	Speech Therapist	\$ 55,030	\$ -	\$ -
13	12	Occupational Therapist	\$ 600	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ 248	\$ -	\$ -
Total Other Fees Adjustments			\$ 419,744	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 2,195	\$ -	\$ -
16	m-13	Estimated Accrual	\$ 103	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ -	\$ -	\$ -
16	m-12		0	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 37,777	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other A&G Adjustments			\$ 40,075	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility 55 Kondracki Lane Operations LLC			License No. 2415	Report for Year Ended 9/30/2019		Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 784,501	784,501		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 106,940	106,940		
28.	20	5-d	Ambulance/Limousine	\$ 20,677	20,677		
29.	20	5-f	X-rays, etc	\$ 9,451	9,451		
30.	20	5-h	Laboratory	\$ 19,690	19,690		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 10,287	10,287		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 20,405	20,405		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 11,372	11,372		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 98,299	98,299		
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)			\$ 1,081,622	\$ 1,081,622			

*** 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

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019			Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)		\$ 12,137,787	12,137,787			
b. Medicaid Room and Board Contractual Allowance **		\$ (6,700,139)	(6,700,139)			
2. a. Medicaid (<i>All other states</i>)		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents (<i>all inclusive</i>)		\$ 827,444	827,444			
b. Medicare Room and Board Contractual Allowance **		\$ (210,958)	(210,958)			
4. a. Private-Pay Residents and Other		\$ 1,444,699	1,444,699			
b. Private-Pay Room and Board Contractual Allowance **		\$ (293,674)	(293,674)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare		\$ 57,770	57,770			
b. Prescription Drugs - Medicare Contractual Allowance **		\$ (14,729)	(14,729)			
c. Prescription Drugs - Non-Medicare		\$ 55,147	55,147			
d. Prescription Drugs - Non-Medicare Contractual Allowance **		\$ (16,361)	(16,361)			
2. a. Medical Supplies - Medicare		\$				
b. Medical Supplies - Medicare Contractual Allowance **		\$				
c. Medical Supplies - Non-Medicare		\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **		\$				
3. a. Physical Therapy - Medicare		\$ 256,874	256,874			
b. Physical Therapy - Medicare Contractual Allowance **		\$ (65,491)	(65,491)			
c. Physical Therapy - Non-Medicare		\$ 228,232	228,232			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$ (68,705)	(68,705)			
4. a. Speech Therapy - Medicare		\$ 60,837	60,837			
b. Speech Therapy - Medicare Contractual Allowance **		\$ (15,510)	(15,510)			
c. Speech Therapy - Non-Medicare		\$ 70,288	70,288			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$ (24,205)	(24,205)			
5. a. Occupational Therapy - Medicare		\$ 241,987	241,987			
b. Occupational Therapy - Medicare Contractual Allowance **		\$ (61,695)	(61,695)			
c. Occupational Therapy - Non-Medicare		\$ 196,439	196,439			
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$ (58,325)	(58,325)			
6. a. Other (<i>Specify</i>) - Medicare		\$ 11,936	11,936			
b. Other (<i>Specify</i>) - Non-Medicare		\$ 142,750	142,750			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 8,202,398	8,202,398			
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>)		\$ (236)	(236)			
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other (<i>Specify</i>)		\$ 347	347			
V. Total Other Revenue (1 thru 8)		\$ 111	111			
VI. Total All Revenue (III +V)		\$ 8,202,508	8,202,508			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNII	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ 375	\$ -	\$ -
II-6-a	Medicare	Laboratory	\$ 7,898	\$ -	\$ -
II-6-a	Medicare	Respiratory Therap	\$ -	\$ -	\$ -
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ 7,747	\$ -	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (96)	\$ -	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (2,014)	\$ -	\$ -
II-6-a	Medicare Contractual	Respiratory Therap	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (1,975)	\$ -	\$ -
Total Other Resident Revenue - Medicare			\$ 11,936	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 2,385	\$ -
II-6-b	Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ (1,316)	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ -	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 5,551	\$ -
II-6-b	Non-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Non-Medicaid	Capitation Contrac	\$ 172,279	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (1,128)	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ (35,020)	\$ -
Total Other Resident Revenue			\$ 142,750	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts	\$ (236)	\$ -	\$ -	
	0	0	\$ -	\$ -	
	0	0	\$ -	\$ -	
Total Interest Income		\$ (236)	\$ -	\$ -	

Schedule of Other Revenue

G. Balance Sheet

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	5,917
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	923,352
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	28,000
4. Inventories			\$	31,769
5. Prepaid Expenses			\$	20,602
a. _____				
b. _____				
c. _____				
d. See Schedule		20,602		
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)			\$	1,009,640
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	189,358	\$	166,266
	Accum. Depreciation	23,092	Net	
3. Buildings	*Historical Cost	333,487	\$	286,565
	Accum. Depreciation	46,922	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	13,279	\$	11,944
	Accum. Depreciation	1,335	Net	
6. Movable Equipment	*Historical Cost	690,127	\$	64,498
	Accum. Depreciation	625,629	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)			\$	529,273

* 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	\$ 17,879
	31 a5d	Prepaid Personal Property Tax	\$ 2,723
	31 a5d	Prepaid Personal Property Tax	\$ -
Total Prepaid Expenses			\$ 20,602

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

Page Ref	Line Ref	Description			
	31 a8d			\$	-
	31 a8d			\$	-
	31 a8d			\$	-
	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	Other Fixed Assets (Itemize)	\$ -

Schedule of Other Assets Page 32 Line D7

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	\$ 166,710
33	a12d	Accr Exp Other	\$ -
33	a12d	Accr Exp Water and Sewer	\$ 6,689
33	a12d	Accr Exp Gas	\$ 1,975
33	a12d	Accr Exp Electricity	\$ 7,454
33	a12d	Deferred Revenue	\$ 14,587
33	a12d	Accr Sales and Use Tax	\$ 45
33	a12d	A/R Credit Gross Up Liability	\$ 183,409
Total Other Current Liabilities (Itemize)			\$ 380,869

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

G. Balance Sheet (cont'd)

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
			Total Brought Forward:	
			\$ 1,538,913	
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>)			\$	(4,689,951)
I/C Due to/Due From Owned		(4,689,951)		
I/C Due to/Due From Multicare				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(4,689,951)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	(3,151,038)

* 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 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 423,222	
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>)			\$ 106,603	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$ 171	
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>)			\$ 380,869	
See Schedule			380,869	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 910,865	

* 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 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Total Brought Forward:			910,865	
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>)			\$ 5,892	
LT Debt-Financing Obligation				
Escheatable Funds			5,892	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)			\$ 5,892	
C. Total All Liabilities (Lines A-13 + B-5)			\$ 916,757	

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (3,199,934)
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ (867,860)
7. Total Net Worth				\$ (4,067,794)
C. Total Reserves and Net Worth				\$ (4,067,794)
D. Total Liabilities, Reserves, and Net Worth				\$ (3,151,037)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
55 Kondracki Lane Operations LLC	2415	9/30/2019	36	37
Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ (3,199,933)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 8,202,509
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 9,070,370
D. Net Income or Deficit				\$ (867,861)
E. Balance				\$ (4,067,794)
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 (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)				\$
Purpose		Amount		
3. Total Deductions				\$
H. Balance at End of Period				\$ (4,067,794)

I. Preparer's/Reviewer's Certification

Name of Facility 55 Kondracki Lane Operations LLC	License No. 2415	Report for Year Ended 9/30/2019	Page 37	of 37
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Check appropriate category

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

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

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Thomas Farnan		
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@genesisdhcc.com		