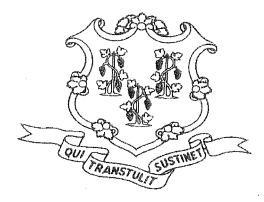
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

· · · · · · · · · · · · · · · · · · ·			
Name of Facility (as licensed)			
Fairview Health of Southport, LLC d/b/a Reg	galCar	e at Southport	
Address (No. & Street, City, State, Zip Code	e)		
930 Mill Hill Terrace, Southport, CT 06890			
Type of Facility			
Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	□ (Specify)
Report for Year Beginning 10/1/2018		Report for Year Ending 9/30/2019	

License Numbers:	ССNН 2307-С	RHNS	(Specify)	Medicare Provider 07-5200
Medicaid Provider Numbers:		CNH	RHNS	ICF-IID

000008508

For Department Use Only

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

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ame of Facility (as licensed) arview Health of Southport,		IT to man NL	Danaut fau V	oon Fundad Dag	o of
	LLC d/b/a RegalCa	License No	o. Report for Y 9/30/2019	ear Ended Pag	;e of 37
			ner's Certification		1
			ANY INFORMATION CONT AND/OR IMPRISIONMENT		
Cost Report and sup Southport [facility 2019, and that to th	pporting schedules name], for the cost i e best of my knowle	prepared for Fa eport period be edge and belief,	ment and that I have examined rview Health of Southport, LL ginning October 1, 2018 and e it is a true, correct, and compl) in accordance with applicable	C d/b/a RegalCar nding September ete statement	e at
Schedule of Resident	t Statistics, Statement s Facility in accordan	s of Reported Ex	attached General Information and spenditures, Statements of Reven rting Requirements of the State o	ues and the related	
my knowledge und presented in this Re residents were incu	er the penalty of per eport as a basis for s rred to provide resi	rjury. I also cen ecuring reimbu dent care in this	rmation provided is true and co tify that all salary and non-sala rsement for Title XIX and/or o Facility. All supporting recor at law and will be made availal	ry expenses ther State assisted ds for the expension	d es
{a} Subject to De	esk Audit Reviev	V			
igned (Administrator)		Date	Signed (Owner)	Date	
rinted Name (Administrator) Christopher Massaro			Printed Name (Owner) Eliyahu Mirlis		
ubscribed and Sworn	State of	Date	Signed (Notary Public)	Comr	n. Expires
before me:				ļ	1 1

(Notary Seal)

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

Data Required for Real Wage Adjus	Page	of			
			1A	37	
Name of Facility	From	То			
Fairview Health of Southport, LLC d/b/a RegalCare at Southport	 		10/1/2018 9/30		
Address of Facility 930 Mill Hill Terrace, Southport, CT 06890	 				
Report Prepared By	Phone Nun	nber	Date	l	
Marcum LLP	 203-781-96	500	1/16/2020		
Item	 Total	CCNH	RHNS	(Specify)	
1. Dietary wages paid	\$			· · · · · · · · · · · · · · · · · · ·	
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$ 				
4. Nursing wages paid	\$ 				
5. All other wages paid	\$ 				
6. Total Wages Paid	\$ 				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

Type of Facility - Organization Structure

			lity	Report for Year E	nded	Page		of
	2	03-259-7894		9/30/2019		2		37
Name of Facility (as shown on license)				Street, City, State, .				
Fairview Health of Southport, LLC d/b/a RegalCare			1 Tei	and the second sec	T 068			
CCN	H	RHNS		(Specify)		Medicare F	Provid	ler No.
License Numbers: 2307-C						07-5200		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with N Supervision only		- 11/50	ecify))		
Type of Ownership (Check appropriate box)		-						
O Proprietorship O LLC O Partnersh	nip	O Profit Corp.		Non-Profit Corp.		Government	0	Trust
If this facility opened or closed during report year pro	ovide:		Date	e Opened Dat	te Clo	osed		
Has there been any change in ownership		,	·	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
or operation during this report year? N/A		O Yes	\odot	NoIf"	Yes,"	explain full	у	
Administrator				· · · · · · · · · · · · · · · · · · ·				
Name of Administrator				Nursing Home				
Christopher Massaro				Administrator's		1425		
	ators /f	all on nort time)	of th	License No.:				
Other Operators/Owners who are assistant administr Name	ators (1	un or part time)		License No.:				
N/A								

General Information and Questionnaire Partners/Members

Name of Facility		License No.		Year Ended	Page of
Fairview Health of Southport, LL	C d/b/a RegalCare at	2307-C	9/30/2019		3 37
Legal Name of Partner	Business		Which	d/or Town(s) in Registered	
Fairview Health of Southport, LL Southport	C d/b/a RegalCare at	930 Mill Hill T Southport, CT		CT	
Name of Partners/Members	Business Ac	ldress		Title	% Owned
See attached	······································	<u> </u>			
		·	_		
	<u></u>	<u></u>			
X					
		<u> </u>			

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page of
Fairview Health of Southport, LLC d/b/a Reg		9/30/2019		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following informatio	n:	
Legal Name of Corporation		s Address		ch Incorporated
N/A				
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
N/A				
		······································		
			ļ	
Names of Stockholders Owning at Least 10% of Shares				
N/A				
		,		

Fairview Healthcare Center of Fairfield Org Chart

	•			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Yaakov (Ja	acob) Sod	13.50%		
Eliyahu M	irlis	2.00%		
Shalom A	uerbach	12.00%		
Benjamin	Landa	23.85%		
Lori Fenst	erman	9.90%		
Stuart Sei	ota	3.00%		- - -
Matthew	Serota	3.00%		
Jack Jaffa		9.00%		
Baruch Kl	ien	10.00%		
Miriam Ta	aub	8.75%		
Aliza Bee	r	5.00%		
	Į.			•
Fairview	Health of Southport, LLC (OE)		× .	

Fairview Healthcare Center of Fairfield (d/b/a)

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Fairview Health of Southport, LLC d/b/a RegalCa	2307-С	9/30/2019	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	provide the following information	ation:
Owr	ner(s) of Facility		
N/A			
	······		
		an a tha an	

General Information and Questionnaire Related Parties*

Name of Facility Fairview Health of Sout	hport, LLC d/b/a RegalCare at	License	e No. 2307-C	8 <u></u>	Report for Year Ended 9/30/2019		Page 4	of 37
-	iving compensation from the fa- rol, ownership, family or busine			-	Yes • No	If "Yes," provide th complete the inform		
including the rental of p related through family a	ompanies which provide goods roperty or the loaning of funds t ssociation, common ownership, owners, operators, or officials	o this fa	acility, , or busi	iness	• Yes O No	If "Yes," provide th	e following	information:
Name of Related Individual or Company	Business Address	Good	so Provi Is/Servi Related I No	ces to	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Fairview Healthcare Management	930 Mill Hill Terrace, Southport, CT	0	٥		Management Fee	Pg. 16 / Line m12	253,290	253,290
930 Mill Hill Terrace, LLC	930 Mill Hill Terrace, Southport, CT	0	۲		Rental Property	Pg. 22 / Line 9	1,000,000	1,160,247
Regal Care Rehabilitation, LLC	26 Firemens Memorial Drive Suite 205, Pomona, NY 10970	0	•		Physical Therapy	Pg. 13 / B5a	214,407	214,407
Regal Care Rehabilitation, LLC	26 Firemens Memorial Drive Suite 205, Pomona, NY 10970	0	\odot		Speech Therapy	Pg. 13 / B9a	85,811	85,811
Regal Care Rehabilitation, LLC	26 Firemens Memorial Drive Suite 205, Pomona, NY 10970	0	٥		Occupational Therapy	Pg. 13 / B10a	237,630	237,630
		0	•					
		0	٥					
		0	o					
		0	o					

* Use additional sheets if necessary.

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

Fairview Health of Southport, LLC 2019 Actual Cost of Rent Listing 9/30/2019

Description	Amount
Depreciation Expense	237,356
Amortization Expense	151,469
Interest Expense>Mortgage	771,422
Total	1,160,247

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	Report for Year Ended	Page	of							
Fairview Health of Southport, LLC d/b/a Regal	License No 2307-C		9/30/2019	5	37					
If the facility is licensed as CDH and/or RCH or		IDS or TBI	services with special Medicaic	l rates, co	osts					
must be allocated to CCNH and RHNS as follow			I.							
Item		Method of Allocation								
Dietary		Number of meals served to residents								
Laundry		Number of pounds processed								
Housekeeping		Number of	square feet serviced							
		Number of hours of routine care provided by EACH								
Nursing		employee c	lassification, i.e., Director (or	Charge N	lurse),					
		Registered	Nurses, Licensed Practical Nu	rses, Aid	es and					
		Attendants								
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EAC	CH					
		<u></u>	(See listing page 13)							
Maintenance and operation of plant		Square feet								
Property costs (depreciation)		Square feet								
Employee health and welfare		Gross sala								
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 follo	wing questi	ions applica	ble to the cost information prov	vided.						
1. In the preparation of this Report, were all costs allocated as required?	• Yes	O No	If "No," explain fully why suc not made.	ch allocat	ion was					
N/A										
2. Explain the allocation of related company exp	penses and a	attach copy	of appropriate supporting data	,						
N/A										
3. Did the Facility appropriately allocate and se (e.g., Assisted Living, Home Health, Outpatie			_	ne cost co	enters?					
	• Yes	O No	If "No," explain fully why suc not made.	ch allocat	ion was					
N/A										

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General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for V	Year Ended		Page	of
Fairview Health of Southport, LLC d/b/a I	RegalCare	at South	2307-C	9/30/2019)		6	37
	Relate	ed * to						
		ners,						
	1 -	ators,				Annual		
Officers				Date of	Term of	Amount	Amo	
	Name and Address of Lessor Yes No		Description of Items Leased	Lease**	Lease	of Lease	Clain	ned
Great American Financial Services	0	•	Copier	Monthly	Monthly	649	649	
Pitney Bowes, Inc.	0	•	Postage Meter	Monthly	Monthly	957	957	
Eagle Leasing	0	•	Storage Rental	Monthly	Monthly	4,953	4,953	
TIAA Commercial Finance, Inc.	0	•	Copier	Monthly	Monthly	549	549	
	0	Ο						
	0	•					_	
	0	•						
	0	0						
	0	•						
	0	•						
Is a Mileage Log Book Maintained for All	Leased Ve	ehicles ?	0 Ye	es O	No	Total ***	7,108	

* 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.

LEASE AGREEMENT

Authonzed Signature

Print Name and Title

a #

Please las completed agreement to 1-868-328-8795 <u>Duestions or need assistance?</u> Call 1-868-350-8795 <u>Duestions or need assistance?</u> Call 1-868-550-8795 This Lease has been written in TRA Commorcial Finance, Inc. Our address is 10 Waterview Boulevard, Parsippany, New Jersey 07054. Lessee Name EASTERN CONNECTICUT HEALTH SYSTEMS, INC. Lease Number 20378870 INFORMATION Lessee Billing Address 88 CLARK LN WATERFORD, CT 08385 Lessee Phone Number 860.442.0471 Equipment Location (if different from above) Federal Tax ID Number 82-0723749 SUPPLIER Supplier Name ("Supplier") and Address E COPIER SOLUTIONS INC. 245 PARK AVENUE NEW YORK, NY 10167 Supplier Phone Number 212-300-3582 INFORMATION EQUIPMENT Make/Model/Accessories Serial Number(s) Quantity DESCRIPTION KYOCERA TASKLAFA 50021 ("Equipment") PURCHASE Check one applicable box. If no box is checked or if more than one box is checked, the Fair Market Value Purchase Option will apply. OPTION \$1.00 Purchase Option Fair Market Value Fixed Price Purchase Option - 10% of Total Cash Price TERM AND PAYMENT Initial Lease Term (months) Lease Payment: Advance Lease Payment (Non Refundable) PLUS APPLICABLE TAX 63 \$549.00 **TERMS AND CONDITIONS** 1. LEASE. You agree to lease the Equipment from Us on the terms and conditions of this lease (COLLECTIVELY, "INSURANCE CHARGE"), ON WHICH WE MAY EARN A PROFIT, TO agreement ('Lease'). The Equipment will be deemed inevocably accepted by You upon the serier of (a) the delivery to Us of a signed Delivery and Acceptance Certificate or (b) 10 days THE AMOUNTS DUE FROM YOU UNDER THIS LEASE. Such insurance may duplicate coverage provided under Your existing policy. You will pay the insurance Charge in equal installments allocated to the remaining Lease Payments. You acknowledge that We are not after delivery of the Equipment to You if proviously You have not given written notice to Us of Your non-acceptance. This Lease commences on the day the Equipment is delivered to You (the "Commencement Date") and the first Lease Payment shall be due on the Commencement required to secure or maintain any insurance, and We will not be liable to You if We terminate any insurance coverage that We arrange. 7. PURCHASE OPTION; AUTOMATIC RENEWAL. If no default exists under this Lease, You Date or any other date that we designate, and the remaining Lease Payments will be due on the same day of each subsequent month at an address specified by Us In writing. If more than one Lease Payment is required in advance, the additional amount will be applied at the end of will have the option at the end of the initial or any renewal term to purchase all (but not less than all) of the Equipment at the Purchase Option price shown above, plus any applicable taxes. the initial or any renewal lam. IF THIS LEASE IS REPLACING AN EXISTING LEASE, THE NEW PAYMENT MAY INCLUDE THE BALANCE OF THAT LEASE AND RESULT IN A GREATER AGGREGATE COST TO YOU. YOUR LEASE OBLIGATIONS ARE ABSOLUTE, Unless the Purchase Option price is \$1.00, You must give Us at least 90 days written notice before the end of the initial Lease Term that You will purchase the Equipment or that You will return the Equipment to Us. If You do not give Us such written notice or if You do not purchase UNCONDITIONAL AND NOT SUBJECT TO CANCELLATION, REDUCTION, SETOFF OR or deliver the Equipment in accordance with the terms and conditions of this Lease, this Lease COUNTER CLAIM, EVEN IF THE EQUIPMENT DOES NOT WORK PROPERLY. You authorize Us to adjust the Lease Payment up or down by not more than 15% if the total will automatically renew on a monthly basis until You exercise a purchase option or deliver the Equipment to Us 6. DEFAULT AND REMEDIES, You shall be in default under this Lease if (a) You fail to make any Loase Payment or other payment within 10 days of its due date, (b) You do not perform any of Your obligations under this Lease or any other agreement with Us or any of Our affiliates and amount We have paid in connection with the purchase, delivery and installation of the Equipment, including any trade-up and buyout amounts (collectively, the 'Total Cash Price') differs from the estimated Total Cash Price originally assumed for documentation this failure continues for 10 days or, (c) You become insolvent. If a default occurs, We may do one or more of the following: (i) terminate this Lease or any other agreement You have with Us 2. NO WARRANTIES, You are leasing the Equipment "AS-IS" AND WE MAKE NO WARRANTIES EITHER EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTCULAR PURPOSE. or any of Our affiliates; (ii) require that You immediately pay to Us the balance of unpaid Lease Payments plue the present value of the Equipment's anticipated residual value discounted at 3 % per annum plue any other amounts due or to become due under this Lease; (iii) demand that 3. EQUIPMENT USE AND MAINTENANCE, RESTOCKING FEE. You will keep the Equipment You return the Equipment to Us; and (iv) exercise any other legal right or remedy that We may have. If any Lease Payment Is not paid to Us within 3 days of the due date, You will ave Us a late charge not to exceed the greater of 10% of each late payment or \$20,00 (or such lesser amount as is the maximum attowable under applicable law, You will pay bill of Our costs and reasonable attorneys' fees associated with enforcing Our rights and pursuing Our at the location stated above and maintain it in good working condition, eligible for manufacturer's certification, normal wear and tear excapted. You will pay for any repairs. It is solely Your duty to remove all sensitive or confidential data stored within the Equipment prior to returning it. You will pay all shipping expenses for the return of the Equipment to Us, to a location in the United States that We designate, We may charge You a restocking fee equal to two (2) Lease Payments. You agree that You will not take the Equipment out of service and have a third party remedies against You. 9. OWNERSHIP: UCC, Unless You have a \$1.60 purchase option, We are the owner of the pay or provide funds to pay the amounts due under this Lease. 4. ASSIGNMENT. You agree not to sell, assign or sublease either the Equipment or any right Equipment and this Lease is a "finance lease" as defined in Article 2A of the UCC; however, in the event this Lease is deemed to be a lease intended for security. You hereby grant to Us a first under this Lease without Our prior written consent. We may sell or assign this Lease without notice and the new owner will not be subject to any claims, defenses or setoffs that You may priority security Interest In the Equipment. INDEMNIFICATION, You are responsible for any losses, damages, daims, and actions, including reasonable attorneys' fees caused by or related to (a) the selection, installation, 5. TAXES AND FEES. You will pay all excise, sales and use, personal property and all other taxes and charges which may be imposed during the term of this Lease, arising from the use, ownership, use, lease, or possession of the Equipment or (b) any data You store within the Equipment. 11. TRANSITION BILLING. In order to facilitate an orderly transition, including Equipment installation and training and to establish a uniform biling cycle, the "Effective Date" of the initial Lease Term will be the date after such transition, as shown on the first invoice. You agree to pay a prorated amount for the period between the Commencement Date and the Effective Date. This payment for the transition period will be based on the Lease Payment prorated on a 30-day calendar month and will be added to your first Invoice. acquisition, ownership or leasing of the Equipment, whether due before or after termination of this Lease. You will reimburse Us for Our administrative costs and feas associated with the preparation, filing, payment, and other costs of administering taxes associated with the Equipment. Where required by law, We will file the personal property tax returns with respect to the Equipment, and You shall pay Us in advance, and when We require, the taxes that We anticipate will be due during the year. You further agree to pay Us a fee for documenting this prorated on a 30-day calendar month and will be added to your first Invoke. 12, MISCELLANEOUS, This is the entire agreement between the parties and supersedes all prior agreements, whether oral or written, concerning the subject matter hereof. THE EQUIPMENT WILL BE USED ONLY FOR BUSINESS PURPOSES, YOU CONFIRM THAT YOU DECIDED TO ENTER INTO THIS LEASE RATHER THAN PURCHASE THE EQUIPMENT. YOU AUTHORIZE US TO CORRECT OBNOUS ERRORS OR SUPPLY MISSINGINFORMATION IN THIS LEASE WITHOUT NOTICE TO YOU, YOU AGREE THAT THIS LEASE WILL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY, YOU CONSENT TO THE JUNESDICTION OF ANY STATE OR FEDERAL COURT LOCATED WITHIN NEW JERSEY. WE WILL NOT BE BOUND BY THIS LEASE UNTIL WE COUNTERSIGNIT OR BY PURCHASING THE EQUIPMENT, WIGHEVER OCCURS FIRST, A FAX OR ELECTRONIC VERSION. OF YOUR SIGNATURE ON THIS LEASE WHEN RECEIVEDBYLY SHALL-BERNDING UPON YOU AS IF ORIGINALLY SIGNED. YOU AND WE EXPRESS Y WAINT CANTENDATE ON THE AND THE AND THE LASE WHEN RECEIVEDBYLY SHALL-BERNDING UPON YOU AS IF ORIGINALLY SIGNED. YOU AND WE EXPRESS Y WAINT CONTROL THE AND THE ADD THE ADD THE SIGNED. WE EXPRESS Y A FAX ON THE OTHER AND THE SIGNED AS AND THE SIGNED. WE EXPRESS Y A FAX OR ELECTRONIC VERSION. OF YOUR SIGNATURE ON THIS LEASE WHEN RECEIVED ANY BEAND THE ADD THE SIGNED AND THE SIGNED. WE EXPRESS Y A FAX OR ELECTRONIC VERSION. OF YOUR SIGNATURE ON THIS LEASE WHEN RECEIVED ANY BEANT HEAD THIS YS THAN. 0000 6. INSURANCE, You will maintain at Your expense (a) property insurance against the loss, theft or destruction of, or damage to, the Equipment for its full replacement value, naming Us as thet or destructor of, of damage 0, the Equipment for its full representant value, naming Us as loss payee, and (b) public liability and third party property insurance, naming Us as an additional insured, and give Us written proof of Your insurance. We reserve the right to reject Your insurance carrier. IF YOU DO NOT GIVE US EVIDENCE OF INSURANCE ACCEPTABLE TO US, WE HAVE THE RIGHT, BUT NOT THE OBLIGATION, TO OBTAIN INSURANCE COVERING OUR INTERESTS FOR THE TERM OF THIS LEASE, INCLUDING ANY RENEWAL OR EXTENSIONS. WE MAY ADD THE COSTS OF ACQUIRING AND MAINTAINING SUCH INSURANCE, AND OUR FEES FOR OUR SERVICES IN PLACING AND MAINTAINING SUCH INSURANCE EASTERN COMNECTICET HEALTH SYSTEMS, THO TIAA COMMERCIAL FINANCE, INC. LOBBO Lossor Authorized Signature ASAMO 22 Authorized Signature Date Print Name and Tille James Murphy, Administrator Print Name and Title ACCEPTANCE OF DELIVERY You certify that all the Equipment listed above has been furnished to You, and that delivery and installation has been fully completed and satisfoctory and therefore You accept the Equipment. Further, all terms and cognitions of this Lass have been reviewed and agreed to by You. Upon Your signing below, Your promises herein will be introvocable and unconditional. We have purchased the Equipment from the above Supplier, when You may contact for Your warranty rights, which We trensfer to You for the term of this Lasse. You acknowledge that We are not the manufacturer, supplier or dealer of the Equipment, and that the above Supplier is not Our again.

C TIAA Bank

TIAA Bank® is a division of TIAA FSB. Financing is provided by TIAA Commercial Finance, Inc. a subsidiery of TIAA, FSB and not itself a bank or a member of the FDIC. Lease Agreement - 1P TBCustom V15 08182018

James Murphy, Administrator

3

	Company:	Fairview Health of Southport		Date:	COPIER solumons 12/10/
	Address:	930 Mill Hill Terrace		Representative:	David Salamon
	City, ST Zip:	Southport, CT 06890		Address:	245 Park Ave
	Phone:			City, ST:	New York, NY
	Contact:			Zip	10167
	Delivery Address	f other		Phone:	212-300-3582
****	Address:			Fax:	212-609-3752
	City, ST:			Cell:	646-675-6835
	e-mail Address:				
	Model Number	Description	Qty.	Per unit	Total
	5002i		1 1] \$
			-		\$
					\$
		· · · · · · · · · · · · · · · · · · ·			\$
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					\$
			_	Installation:	Included
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		n an the second seco			\$
	Special Instruction		*****************		
		GreatAmerica will be closed out.			
	Current lease with				
		<u> </u>			
		MENT INCLUDES ALL SERVICE CALLS, PAR	RTS, LA	BOR, AND UNLIN	ATTED TONER.
	Allowed 25,000 co		<u></u>	·····	
	Overages will be bi	lled @ \$.008 per copy.			
		1-7/			
	Eustomer:		Sal	es Re <mark>p: David Sa</mark> l	lamon
1					
	Authorized Signa	HTTO			
()	Figure of State	-			
	<u>K</u>	From: Reva Pfeffer < <u>revap@ltccs.com</u> >		1000	
		Sent: Wednesdaγ, March 27, 2019 1:21 F			
		To: Sheva Zoberman < <u>shevaz@ltccs.com</u> Subject: RE: SP	2		

\$549 + \$34.86 tax monthly

The first invoice includes \$512.40 charge for transitional billing

General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page of
Fairview Health of Southport, LLC 2307-C	9/30/2019		7 37
The records of this facility for the period covered by this report	were maintained on the following basis:		
• Accrual O Cash O Modified Cash		,	
Is the accounting basis for this			
period the same as for the • • Yes	If "No," explain.		
previous period? O No			
N/A			
Independent Accounting Firm Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	<u></u>	<u></u>
1 Marcum LLP	555 Long Wharf Drive, 8th Floor, New F		511
	1428 36th St #200, Brooklyn, NY 11218		511
2 Roth & Co 3	1428 30th St #200, Brooklyn, NY 11218		
3			
Services Provided by This Firm (<i>describe fully</i>)			
Annual Review and Preparation of Cost Reports		\$	34,047
2 YE Adjusting Entries		\$	5,471
3		\$	
3		\$ \$	
4			ervices Provided
		-	
		\$	39,518
Are These Charges Reflected in the Expenditure Portion of This Report? If Y • Yes O No Page 15, Line 1d	es, Specify Expense Classification and Line No.		
Legal Services Information			
Name of Legal Firm or Independent Attorney		Telephone N	lumher
1 Donahue, Durham & Noonan, P.C.		203-458-916	
2 Ryan Ryan Deluca LLP		203-357-920	
3 Mark J. Witkin		617-589-385	
4 Treasurer State of Connecticut		860-702-300	
5 Various See Attached		Various	
Address (No. & Street, City, State, Zip Code)		L	
1 741 Boston Post Rd, Guilford, CT 06437			
2 707 Summer St, Stamford, CT 06901			
1 Boston Place, 37th Floor, Boston, MA 02108			
4 55 Elm St, Suite 3, Hartford, CT 06106			
5 Various		<u> </u>	
Services Provided by This Firm (<i>describe fully</i>)			
1 Case with NE Health - Settled (\$434 Disallowed on Pg 28)		\$	868
2 Case with Barbara Schultze		\$	25,024
3 Real Estate Legal Fees		\$	2,678
4 Conservator Fees (Disallowed on Pg 28)		\$	2,258
5 Various (\$450 Disallowed on Pg 28)		\$	17,907
		Charge for S	Services Provided
		\$\$	48,735
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.		
• Yes O No Page 15, Line 1e			

State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of I	Facility	License No.	Report for Year Ended		Page	of
Fairview	Health of Southport, LLC 2019	2307-C	9/30/2019		7a	37
Legal Ser	rvices Information					
Name of	Legal Firm or Independent Attorney		Te	elephone N	lumber	
1	Constable				N/A	
2	Murtha Cullina LLP			860	-240-600	0
3	Kaufman and Serota			516	-763-221	1
Address (No. & Street, City, State, Zip Code)					
1	N/A					
2	1 City Ave, Hartford, CT 06103					
3	119 N Park Ave #308, Rockville Cer	ntre, NY 11570				
Services	Provided by This Firm (describe fully)				
1	Conservator Fees (Disallowed on Pg 28)			\$	450	
2	General Healthcare Regulatory			\$	3,457	
3	General Legal Services			\$	14,000	
			C	harge for S	Services F	rovided
				\$	17,907	

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility Fairview Health of Southport, LLC d/b/a RegalCare	at Southpo	ort.	License N	No. 07-C	<u></u>		Report fc 9/30/201	or Year Ende	ed		Page 8	of 37
anview reality of Southport, EEC word regulate						Period 10/			Period 7/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
 Certified Bed Capacity A. On last day of PREVIOUS report period 	120	120			120	120			120	120		
B. On last day of THIS report period 2. Number of Residents	120	120			120	120			120	120		
A. As of midnight of PREVIOUS report period	113	113			113	113			104	104		
B. As of midnight of THIS report period	103	103			104	104			103	103	l 	l
 Total Number of Days Care Provided During Period A. Medicare 	3,706	3,706			3,059	3,059			647	647		
B. Medicaid (Conn.)	33,613	33,613			24,864	24,864			8,749	8,749		
C. Medicaid (other states)												
D. Private Pay	1,229	1,229			1,140	1,140			89	89		
E. State SSI for RCH												
F. Other (Specify) HMO / Private Insurance / Hosp	717	717			455	455			262	262		ļ
G. Total Care Days During Period (3A thru F)	39,265	39,265			29,518	29,518			9,747	9,747		
 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												
5. Total Resident Days (3G + 4A + 4B)	39,265	39,265			29,518	29,518			<u>9,</u> 747	9,747		l

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State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

			Sch	edu	ile of	Re	sider	nt S	tatis	tics (Cont'd	l)			
Name of Faci	lity			Licer	nse No.				Report	for Year	Ended		Page	of	
Fairview Hea	lth of So	outhport	, LLC d/b/a Reg	23	307 - C				•	9/30/201	9		9	37	
					<u></u>										
	•	-	in the certified b		pacity du	ring t	he repo	rt yea	.r?	0	Yes	\odot	No		
If "YES	", provid	le the fo	llowing informat	ion:											
		Place o	f Change		Cł	nange	in Bed	S		Ca	pacity Afte	er Change			
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	d						
Change															
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change	
N/A															
	ļ		·												
			l		l		L	L							
5. If there	was any	change	in certified bed	capaci	ity during	the r	eport ye	ear (as	s report	ed in iten	n 4 above)	provide the nun	nber of		
RESID	ENT DA	YS for	90 days followir	ig the	change.										
			Change in R	esidei	nt Days					c c	CNH	RHNS	(Spe	cify)	
lst char	nge		e		ž										
2nd cha															
3rd cha															
4th chai		1 .	1.5.		20 80				····						
6. Number	of Resi	dents an	d Rates on Sept Medicare	ember	Medi		ar	r	······	<u>c</u>	elf-Pay		Other Stat	e Assisted	
			Medicare		Ivieur	Calu_		ł		1 30	еп-гау		Other State Ass		
	14		CCNH		CCNH		HNS		CNH	DIDIO		(Specify)	R.C.H.	ICF-MR	
No. of F	Item Resident	c	CUNH	<u> </u>	<u>94</u>		nino			RHNS		RHNS (Specify)			
Per Die		3	2												
a. One			Various		259.79	000702000410		The second s	500,00	1					
	bed rms		Various		259.79				460,00						
c. Thre	e or mor	e													
bed	rms.														
			<u> </u>												
		•	al Therapy Treat	ment	S					\underline{TC}	TAL	CCNH	RHNS	(Specify)	
	. Medic		rt B clusive of Part B	<u></u>							2,625	2,625			
В			ce Treatments)							334	334			
			Treatments								3,006	3,006			
C	. Other	stortative		•						1	8,333	8,333	[
		Physica	l Therapy Treat	ment	5						14,298	14,298			
8. Total N	umber o	f Speec	h Therapy Treatr	nents											
	. Medic										809	809			
В			clusive of Part B)											
			ce Treatments								276	276			
	$\frac{2}{100000000000000000000000000000000000$	storative	e Treatments								1,823	1,823			
		Sneech	Therapy Treatn	ients							2,939	2,939			
			ational Therapy		ments							,			
	. Medic									100000000000000000000000000000000000000	3,915	3,915			
			clusive of Part B)											
	<u>Ι.</u> Με	intenan	ce Treatments								183	183			
		storative	e Treatments								1,643	1,643		ļ	
	C. Other										10,168	10,168	<u> </u>		
E). Total	Оссира	tional Therapy	Treat	ments						15,909	15,909			

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year	· · · · · · · · · · · · · · · · · · ·	Page	of		
Fairview Health of Southport, LLC d/b/a RegalCare at South			9/30/2019	LINCO	10	37		
Are time records maintained by all individuals receiving con			Yes		No			
The time records manualled by an individuals receiving con	Total Cost and Hours							
	1			na Hours	<u> </u>			
ltem	CCNH	Hours	RHNS	Hours	(Specify)	Hours		
A. Salaries and Wages*								
1. Operators/Owners (Complete also Sec. 1 of Schedule A1)								
2. Administrator(s) (Complete also Sec. III								
of Schedule A1)	173,560	2,560						
3. Assistant Administrator (Complete also Sec. IV								
of Schedule A1)								
4. Other Administrative Salaries (telephone								
operator, clerks, receptionists, etc.)	313,942	15,361		of the second states				
 Dietary Service a. Head Dietitian 			A Contraction of the			1.1.1.1.1.1.1.1.1		
b. Food Service Supervisor	<u></u>			<u> </u>				
c. Dietary Workers	582,740	31,928						
6. Housekeeping Service								
a. Head Housekeeper		21.196						
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	344,248	24,486			[
a. Engineer or Chief of Maintenance			http://www.com/organicality.com/org					
b. Other Maintenance Workers	113,846	6,501						
8. Laundry Service								
a. Supervisor	106 425	10.025						
b. Other Laundry Workers 9. Barber and Beautician Services	196,425	10,925						
10. Protective Services			1					
11. Accounting Services								
a. Head Accountant								
b. Other Accountants 12. Professional Care of Residents								
a. Directors and Assistant Director of Nurses	110,316	2,342						
b. RN	110,310	2,342						
1. Direct Care	592,250	14,572						
2. Administrative**	162,538							
c. LPN								
1. Direct Care	1,072,661	44,087						
2. Administrative** d. Aides and Attendants	1,873,082	103,781			1			
e. Physical Therapists	1,075,002	100,101						
f. Speech Therapists								
g. Occupational Therapists						<u> </u>		
h. Recreation Workers	121,596	5,837						
i. Physicians 1. Medical Director								
2. Utilization Review								
3. Resident Care***								
4. Other (Specify)	The second s							
	<u> </u>		·					
j. Dentists k. Pharmacists	+		+		<u> </u>			
I. Podiatrists	+	+	+	<u> </u>				
m. Social Workers/Case Management	85,672	3,135						
n. Marketing								
o. Other (Specify)								
See Attached Schedule A-13. Total Salary Expenditures	5,742,876	270,111				<u> </u>		
A-15. Total Salary Expenditures	J,142,870	270,111	L		1	1		

 * 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)

		CNH	RI	INS	(Sp	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours		
						·		
		1						
an a								
		-				1		
			1			+		
			<u> </u>	1	1			
Fotal	\$ -	-	\$ -	-	\$ -	-		

Schedule of Other Fees (Page 13)

	CCN	H		RHNS	(S ₁	pecify)
Service	\$	Hours	\$	Hours	\$	Hours
	 -					
IV Insertion Nurse (Disallowed on Pg 28a)	\$ 20,921	53				
Respiratory Therapist (Disallowed on Pg 28a)	 1,296	20				
Independent Nurse Consultant (Disallowed on Pg 28a)	9,000	45	Est.			
Nursing Consultant (Disallowed on Pg 28a)	2,500	50				
				· .		
Total	\$ 33,717	168	\$ -		\$ -	-

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*

Assistant Administrators and Other Related Parties*											
Name of Facility				License No.		Report for	Year Ended		Page	of	
Fairview Health of Southport, LL	C d/b/a Reg	galCare at S	outhport	2307-С		9/30/2019			11	37	
		Salary Pai	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation	
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received	
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).											
								N			

* 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*

				uors and Other	T		-		
					Report for Y	'ear Ended		-	of
d/b/a Rega	lCare at So	outhport	2307-С		9/30/2019			12	37
	Salary Pai	d							
CCNH	RHNS	(Specify)	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
22,804			Non Discriminatory	Administrator	474	A2			
140,949			Non Discriminatory	Administrator	1,892	A2			
9,807			Non Discriminatory	Administrator	194	A2			
	CCNH 22,804 140,949	Salary Pai CCNH RHNS 22,804 140,949	22,804	Salary Paid Fringe Benefits and/or Other Payments (describe fully) CCNH RHNS (Specify) 22,804 Non Discriminatory 140,949 Non	d/b/a RegalCare at Southport 2307-C Salary Paid Fringe Benefits and/or Other Payments (describe fully) CCNH RHNS (Specify) 22,804 Non Discriminatory Administrator 140,949 Non Non 140,949 Non Non	d/b/a RegalCare at Southport 2307-C 9/30/2019 Salary Paid Fringe Benefits and/or Other Payments (describe fully) Full Description of Services Rendered Total Hours Worked CCNH RHNS (Specify) (describe fully) Services Rendered Worked 22,804 Non Discriminatory Administrator 474 140,949 Non Non 1,892	d/b/a RegalCare at Southport2307-C9/30/2019Salary PaidFringe Benefits and/or Other Payments (describe fully)Full Description of Services RenderedLine Where Claimed on Page 10CCNHRHNS(Specify)(describe fully)Full Description of Services RenderedTotal Hours WorkedLine Where Claimed on Page 1022,804Non DiscriminatoryNon DiscriminatoryAdministrator474 A2140,949Non DiscriminatoryNon Non DiscriminatoryAdministrator1,892 A2	d/b/a RegalCare at Southport 2307-C 9/30/2019 Salary Paid Fringe Benefits and/or Other Payments Fringe Benefits and/or Other Payments Interpret to the total Hours Line Where Claimed on Page 10 Name and Address of All Other Employment** CCNH RHNS (Specify) Non Services Rendered Worked Page 10 Name and Address of All Other Employment** 22,804 Non Discriminatory Administrator 474 A2 140,949 Non Non Administrator 1,892 A2	d/b/a RegalCare at Southport 2307-C 9/30/2019 12 salary Paid Fringe Benefits and/or Other Payments Full Description of Services Rendered Line Where Claimed on Worked Name and Address of All Other Employment** Total Hours Worked 22,804 Non Discriminatory Non Discriminatory Administrator 474 A2 140,949 Non Non Non 1,892 A2

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

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Fairview Health of Southport, LLC d/b/a RegalCare	License No. 2307	7-C	Report for Y 9/30/2019	Page 13	of 37	
			Total Cost a	and Hours		
						,
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						and a second
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	6,745	151				
3. Pharmacist	13,056	Monthly Fee				
4. Podiatrist				National States		
5. Physical Therapy			1			
a. Resident Care	214,407	3,575				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians	e se anno 1990 anno 1					
a. Medical Director (entire facility)	27,000	180	Est			
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	85,811	735				
b. Other						
10. Occupational Therapist						
a. Resident Care	237,630	3,977				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	69,384	1,377				ļ
2. Administrative***						
b. LPN						
1. Direct Care	72,093	1,314				ļ
2. Administrative***	ļ		ļ			ļ
c. Aides	L	ļ		ļ		L
d. Other		a static provide provide static static				
12. Other (Specify)						
See Attached Schedule	33,717	168				
B-13 Total Fees Paid in Lieu of Salaries	759,843	11,477	<u> </u>		l	

* 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 V	Year Ended	Page	of
Fairview Health of Southport, LLC d/b/a Re	J		9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	1	* to Owners, ors, Officers No	Expla	nation of Re	elationship
LTC Management, 174 Scott Road, Prospect, CT 06712	Dentist	0	•	N/A		
IntegraScripts, 160 Airport Road, Lakewood, NJ 08701	Pharmacist	0	۲	N/A		
Regal Care Rehabilitation, LLC, 26 Firemens Memorial Drive Suite 205, Pomona, NY 10970	Physical, Occupational & Speech Therapy	0	۲	Common Own	ership	
Technical Gas Products, 101 North Plains Industrial Road Suite 1B, Wallingford, CT 06492	Respiratory Therapist	0	•	N/A		
Medwiz Solutions, 167 Route 304, Bardonia, NY 10954	IV Insertion Nurse	0	O	N/A		
Universal Medical Records, 22 The Cross Road, Cortland Manor, NY 10567-6141	Contracted RNs / LPNs	0	0	N/A	<u> </u>	
The Nurse Network, LLC, 405 Park Avenue New York, NY 10022	Contracted RNs / LPNs	0	•	N/A		
AAA Nursing Care, 3303 Main Street, Stratford, CT 06614 3303	Contracted RNs / LPNs	0	0	N/A		
Prompt Care Nursing, 41 Spring St, New Providence, NJ 07974	Contracted RNs / LPNs	0	•	N/A		
Freida & Associates, 47 Atlanta Avenue, Piscataway New Jersey 08854	Nursing Consultant	0	•	N/A		
Deborah Hardy, 187 George Wood Road, Somers, CT 06071	Independent Nusing Consultant	0	O	N/A		
Cavallo Orthopedics and Sports Medicine, LLC, 3 Parkridge Court, Rye Brook, NY 10573	Medical Director	0	•	N/A		
Western Connecticut Medical Group, 14 Research Drive, Bethel, CT 06801	Medical Director	0	•	N/A		
Dr. Maher Madhoun, I Hospital Plz, Stamford, CT 06902	Medical Director	0	O	N/A		· ·
		0	•			
		0	•			· ·
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		0	•			
		0	•			
		0	0			
		0	۲			
		0	٢			

* Use additional sheets if necessary.

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** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.	Report for Y	ear Ended	Page	of
Fairview Health of Southport, LLC d/b/a RegalCa 2307-C	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				- <u>,,</u>
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 156,318	156,318		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 487,942	487,942		
5. Health Insurance	\$ 729,452	729,452		
6. Life Insurance (employees only)				
(not-owners and not-operators)	\$ 			
7. Pensions (Non-Discriminatory)	\$ 239,539	239,539		
(not-owners and not-operators)				
8. Uniform Allowance	\$ 3,600	3,600		
9. Other (<i>Specify</i>)	\$ 33,131	33,131		
See Attached Schedule				
b. Personal Retirement Plans, Pensions, and	\$			
Profit Sharing Plans for Owners and				
Operators (Discriminatory)*			South State	and the
· · · · ·				
c. Bad Debts*	\$ 6,599	6,599		
d. Accounting and Auditing	\$ 39,518	39,518		
e. Legal (Services should be fully described on Page 7)	\$	48,735		
f. Insurance on Lives of Owners and	\$ 			
Operators (Specify)*				
g. Office Supplies	\$			
h. Telephone and Cellular Phones				
I. Telephone & Pagers	\$ 14,917	14,917		
2. Cellular Phones	\$ 	2,147		
i. Appraisal (Specify purpose and	\$			
attach copy)*				
j. Corporation Business Taxes (franchise tax)	\$ 250	250		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (<i>Specify</i>)	\$ · · · · · · · · · · · · · · · · · · ·			
See Attached Schedule				
3. Resident Day User Fee	\$ 731,059	731,059		
Subtotal	\$ 	2,493,207		

* 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	5	(Specif	y)
	-				
Union Training Fund	\$ 29,404				
Background Checks	3,603				
720 Tax Form	124				
					_
Total	\$ 33,131	\$	-	\$	_

Schedule of Other Taxes

Description		C	CNH	RHI	NS	(Speci	fy)
			-	Į			-
				L			
	<u></u>			<u> </u>		ļ	
Total		\$		\$	-	\$	-

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

Name of Facility License No.		Report for Y	ear Ended	Page	of
Fairview Health of Southport, LLC d/b/a RegalCare at 2307-C		9/30/2019		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forwar	d:	2,493,207	2,493,207		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	2,291	2,291		
2. Holiday Parties for Staff	\$	11,528	11,528		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	18,322	18,322		
5. Education Expenses Related to Seminars and Conventions	\$	1,735	1,735		
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	1,549	1,549		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$	(15,456)	(15,456)		
See Attached Schedule					
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	\$	2,118	2,118		
* 8. Dues and Membership Fees to Professional	\$				
Associations (Specify)					
See Attached Schedule				1.00	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	36	36		
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$	42,621	42,621		
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	448,540	448,540	And the second se	
13. Other (<i>Specify</i>)	\$	171,259	171,259		
See Attached Schedule				C. Planner and	
C-14 Total Administrative & General Expenditures	\$	3,177,750	3,177,750		

* 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.

Attachment Page 16

Schedule of Other Travel and Entertainment

Description	 CCN	н	RH	NS	(Spec	ify)
·	 					
a Martin (1997) f alla an	 					
Fotal Other Travel and Entertainment	 \$	-	\$	-	\$	-

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Marketing & Advertising (Disallowed on Pg 28)	\$ (15,456)		
Total Other Advertising	\$ (15,456)	\$	\$ -

Schedule of Dues

Description	 C	CNH	RI	INS	(Spec	cify)
		-				
·						
Fotal Dues	\$	-	\$	-	\$	-

Schedule of Contributions

Description	 CCI	NH	RI	INS	(Spe	cify)
	 	-				
	 					_
Total Contributions	 \$	_	\$	-	\$	-

.....

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify	<u>()</u>
	-			
Licenses	\$ 1,008			
Fines, Penalties & Settlements (Disallowed on Pg 28a)	89,327			
Late Fees (Disallowed on Pg 28a)	56,187			
Bank Fees (\$1,253 Disallowed on Pg 28a)	6,235			
Employee Relations (Disallowed on Pg 28a)	3,755			
Employee Food (Disallowed on Pg 28a)	1,547			
Discriminatory Bonus (Disallowed on Pg 28a)	13,200			
Total Other Administrative and General	\$ 171,259	\$ -	\$	-

Name of Facility	License No.	Report for Year Ended	Page of
Fairview Health of Southport, LLC d/b/a l		9/30/2019	17 37
Name & Address of Individual or	Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Fairview Healthcare Management	253,290	Oversees Operations of the facility	Page 16 / Line m12
LTC Consulting Services	169,900	Billing & Fiscal Services	Page 16 / Line m12
Caretech	25,350	Purchasing Company	Page 16 / Line m12

Schedule C-1 - Management Services*

* 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

		lote or	n Page 5)			
	e of Facility	License		Report for Ye	ear Ended	Page of
Fairview Health of Southport, LLC d/b/a RegalCare		<u></u>	2307-C	9/30/2019		18 37
	Item		Total	CCNH	RHNS	(Specify)
2.	Dietary					
	a. In-House Preparation & Service					
	1. Raw Food	\$		263,629		
	 Non-Food Supplies Other (<i>Specify</i>) 	<u>\$</u> \$		20,354		
	3. Other (<i>Specify</i>)	- 2				
	b. Purchased Services (by contract other	\$				
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)					
	c. Other (<i>Specify</i>)	_ \$				
20	<i>Total Dietary Expenditures</i> (2a + b + c + d)		283,983	283,983		
20.		Ψ	203,703	203,703		
2E,	Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day	y:*	<u> </u>			
G.	Is cost of employee meals included in 2D? O	Yes	\odot	No		
Н.	Did you receive revenue from employees? O	Yes	۲	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cos	st Report	? (Page/Line I	tem)		
	Is cost of meals provided to persons other				If yes, specify	
J.	than employees or residents (i.e., Board O Members, Guests) included in 2D?	Yes	۲	No	cost.	
К.	Is any revenue collected from these people? O	Yes	\odot	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cos	st Report	? (Page/Line I	tem)		
М.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O provided to employees included in 2D?	Yes	٥	No	If yes, specify cost.	
N.	Is any revenue collected from employees? O	Yes	۲	No	If yes, specify amt.	
О.	Where is the revenue received reported in the Cos	st Report	? (Page/Line I	tem)		
						

* 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)

	e of Facility	License		Report for Y	'ear Ended	Page of
Fair	view Health of Southport, LLC d/b/a RegalCare at S	2	307-C	9/30/2019		19 37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs. Amt. \$				
	 washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	<u>Amt. \$</u>	110,184	110,184		
	c. Other (<i>Specify</i>)	\$				
3D.	Total Laundry Expenditures (3a + b + c)	\$	110,184	110,184		
<u>3E.</u> F.	Laundry QuestionnaireIs cost of employee laundry included in 3D?O	Yes	۲	No	If yes, specify cost.	
G.	Did you receive revenue from employees? O	Yes	۲	No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost	Report?		(Page/Line		
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	0	No	If yes, specify cost.	
J.	Did you receive revenue from these people? O	Yes	۲	No	If yes, specify amt.	
К.	Where is the revenue received reported in the Cost	Report?		(Page/Line	e 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)

	ne of Facility		Repo	ort for Year E	nded	Page	of
Fair	view Health of Southport, LLC d/b/a Regal	2307-C	<u> </u>	9/30/2019		20	37
				_			
	Item	r		Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel			<u> </u>		
	1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	26,426	26,426		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	10,222	10,222		
	Page 21)						
	C. Other (Specify)		\$				
	X						
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	36,648	36,648		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				The STATES OF INTERACTION CONTINUES.
	2. Purchased from		\$	174,340	174,340		
	Medwiz						
	b. Medicine Cabinet Drugs		\$	3,195	3,195		
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$	· · · · · · · · · · · · · · · · · · ·			
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***	<u></u>	\$	6,254	6,254		
	f. X-rays and Related Radiological		\$				
	Procedures***		-				
	g. Dental (Not dentists who should be inc.	luded under	\$				
	salaries or fees)		4				
	h. Laboratory***		\$	12,057	12,057		
	i. Recreation		\$		28,706		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*	<u></u>					
	I. Other (Specify)****		\$		50,891		
			Φ	50,091	50,091		
SNA	See Attached Schedule . Total Resident Care Expenditures (5a - 5	<u></u>	\$	275 442	275 442		
JIVI	. 10iai Kesiaeni Care Expenatures (5a - 5	່ງ <u>/</u>	\$	275,443	275,443		I

* 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	ССИН	RHNS	(Specify)	
	-			
Incontinence Supplies	\$ 29			
Sanitation & Incineration	131			
Data Processing	12,864			
Resident Missing Items (Disallowed on Pg 29a)	447			
Nursing Equipment Rental (Disallowed on Pg 29a)	37,420			
		and the second		
			·····	
Total Other Resident Care	\$ 50,891	\$-	\$ -	

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

Name of Facility Fairview Health of Southport, LLC d/b/a RegalCare at Southport				License No.	Report for Year Ended				Page o	
Fairview Health of Southpor	t, LLC d/b/a RegalCare	at Southport		2307-C	9/30/2019				21	_37
		Related ** t Operators.	,				**			
Name of Individual or	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Company	401S Macquesten Pkwy,	res	100	Relationship	Service Flovideu		Krins	(specify)	rg	Line
Med- Apparel Services	Mt Vernon, NY 10550	0	0	N/A	Laundry	21,962			19	3b
Unitex	Parkway Mt. Vernon, NY 0550	0	o	N/A	Laundry	88,222			19	35
	36 Gregory Blvd, Norwalk, CT 06855	0	0	N/A	Landscaping / Snow Removal	12,379			22	
Vega's Masonry Landscaping	407B, Monroe, NY					12,373			22	01
On-Time IT Solutions	10950	0	\odot	N/A	IT	17,410	ļ		16	mll
MicroManagement	PO Box 1024 Chadds Ford, PA 19317	0	\odot	N/A	Environmental Services	24,886			22	6f
All American Waste	PO Box 630, East Windsor, CT 06088	0	\odot	N/A	Sanitation	28,777		-	22	6f
		0	\odot							
		0	\odot							
		0	\odot							
		0	\odot							
		0	\odot							
		0	o							
		0	o							
		0	o							

* 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 Ye	ar Ended		Page of
Fairview Health of Southport, LLC d/b/a Rega 2307-C	2	9/30/2019			22 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	2,080	2,080		
b. Heat	\$	53,017	53,017		
c. Light & Power	\$	105,675	105,675		
d. Water	\$	36,606	36,606		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	7,108	7,108		
f. Other (<i>itemize</i>)	\$	104,450	104,450		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	308,936	308,936		
7. Depreciation (<i>complete schedule page 23</i> *)				-	
a. Land Improvements	\$				
b. Building & Building Improvements	\$	27,612	27,612		
c. Non-Movable Equipment	\$	498	<u>49</u> 8		
d. Movable Equipment	\$	34,458	34,458		
*7e. Total Depreciation Costs (7a + b + c + d)	\$	62,568	62,568		
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$	1,000,000	1,000,000		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	92,342	92,342		
c. Personal property taxes	\$	12,999	12,999		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,167,909	1,167,909		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Supplies	\$ 22,8	48	
Minor Equip & Supplies	3	27	
Sanitation & Incineration	28,7	77	
Extermination	1,9	26	
Snow Removal	5,3	18	
Fire Drill	2,9	59	
Contracted Service	42,2	95	
	· · · · · · · · · · · · · · · · · · ·		
······································			
Total Other Repairs and Maintenance	\$ 104,4	50 \$ -	\$ -

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Name of Facility

A-4. Subtotal

Depreciation Schedule License No. Report for Year Ended 2307-C 9/30/2019 Fairview Health of Southport, LLC d/b/a RegalCare at Southport Historical Accumulated Cost Less Depreciation to Method of Beginning of Exclusive of Salvage Cost to Be Computing Useful Land Value Depreciated Year's Operations Depreciation Life **Property Item** A. Land Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) B. Building and Building Improvements 284,757 47,978 S/L 1. Acquired prior to this report period 284,757 Various (5,068)(5,068)(507)40.496 40,496 S/L

Page

23

Depreciation for This Year

24,540

of

37

Totals

2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 3,072 Various B-4. Subtotal 27,612 C. Non-Movable Equipment 1. Acquired prior to this report period 21,021 21,021 18,605 S/L Various 498 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 498 C-4. Subtotal Is a mileage logbook Historical Accumulated Date of Depreciation to Method of maintained? Acquisition Cost Less Exclusive of Salvage Beginning of Computing Useful Depreciation Cost to Be Land Value Depreciated Year's Operations Depreciation Life 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 80,938 S/L 20,304 a. Acquired prior to this report period Var 184,215 184,215 Various Var b. Disposals (attach schedule) c. Acquired during this report period 82,689 82,689 S/L 14,154 (attach schedule) Var Var Various D-3. Subtotal 34,458 **Total Depreciation** 62,568

Schedule of Land Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			<u> </u>	
	ta Parte and the second se			
Fotal additions for Land Impro	ovements	\$ -		\$ -
Deletions:				
			1	
	,			
Fotal deletions for Land Impro	vements	<u>s</u> -		\$ -

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

		Useful					
Acquisition Date	Description of Item	 Cost	Life	Depreciation			
Additions:		 					
11/15/2018	Down Payment for circulator pumps in boiler room	\$ 3,000	20	<u>\$ 150</u>			
12/31/2018	pump installation	 8,500	20	425			
2/21/2019	doors	1,495	10	<u>1</u> 50			
3/29/2019	sprinkler repair	4,131	25	165			
6/24/2019	install 2 carrier 10 ton package rooftop unit with gas heat	13,762	10	1,376			
6/24/2019	Physical therapy rut replacement	4,945	10	495			
9/25/2019	HVAC duct work	4,663	15	311			
Fotal additions for	Building Improvements	\$ 40,496		\$ 3,072			
Deletions:							
11/8/2017	Disposal of Vent	\$ (5,068)					
Total deletions for	Building Improvements	\$ (5,068)		\$-			

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				_
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Total additions for Non-Movab	le Equipment	\$ -		\$ -
Deletions:				
				···
Total deletions for Non-Movab	le Fauinment	\$ -		\$ -

#### Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/5/2018	mattress	\$ 817	5	\$ 163
11/21/2018	junction box for maxxum bed with hand controls	1,276	10	128
11/30/2018	repair door alarm/ S&D accutech tags (10)	1,377	10	138
12/4/2018	maintenance to nurse call system	5,337	5	1,067
12/20/2018	pressure mattresses	629	5	126
1/7/2019	mattress	633	5	127
1/9/2019	privacy curtain	1,332	5	266
3/1/2019	mattress	644	5	129
3/19/2019	curtains	1,057	5	211
2/19/2019	bed frame	2,116	5	423
4/23/2019	junction box and hand controls for bed	949	10	95
4/24/2019	custom cart cover	1,522	10	152
5/14/2019	convection steam, convection oven, range sunfire reset	17,407	10	1,741
6/17/2019	conveyor bearing housing	622	10	62
8/7/2019	Junction box for Maxxum bed	769	5	154
8/19/2019	commercial blender/mixer	1,325	10	133
1/14/2019	shower chair	527	10	53
1/25/2019	repair nurse call system	1,450	5	290
4/17/2019	motors for beds	1,386	10	139
4/26/2019	hi low motor for maxxum bed	846	5	169
5/28/2019	function hand control for maxxum bed	576	5	115
6/7/2019	repair bath stations	875	5	175
5/30/2018	POC tablets	1,000	3	333
8/13/2019	hard-drive computer	919	3	306
10/1/2019	Capital Lease - Copier	37,296	5	7,459
	Movable Equipment	\$ 82,689		\$ 14,154
Deletions:				
Total deletions for	Movable Equipment	\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

#### Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		1		
				1
Fotal additions for Leasehold	Improvement	\$ -		\$ -
Deletions:				
Total deletions for Leasehold	Improvement	\$ -		\$ -
roun acientone for Beasenera				

### State of Connecticut Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006

# **Amortization Schedule***

Nam	Name of Facility			License No.		Report for Year Ended			Page	of
Fairv	iew Health of Southport, LLC d/b/a Rega	alCare at	South	230	7 <b>-</b> C	9/30/2019			24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
	Item	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
А.	Organization Expense 1.					······································				
	23.									
A-4.	Subtotal									
B.	Mortgage Expense 1. 2.									
	3.									
B-4. C.	Subtotal Leasehold Improvements and Other 1. Acquired prior to this report period 2. Disposals (attach schedule)									
	3. Acquired during this report period (attach schedule)							1999 - 1999 1999 - 1999 1999 - 1999 - 1999 - 1999 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1990 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 19900 - 1990 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 19		
C-4.										
D.	Total Amortization	A. 201 Street St.								

* 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.

#### Fairview Health of Southport, LLC Asset /Depreciation Schedule - Page 23, 23a & 24 September 30, 2019

DATE         DESCRIPTION         Life         Cold         Datace Mail         Description         Description         Description         Description         Datace Mail         Datace Mail <th>BUILDING IMPROV</th> <th></th> <th></th> <th></th> <th>Monthly</th> <th>9/30/2018</th> <th>9/30/2018 Accum</th> <th>9/30/2019</th> <th>9/30/2019 Accum</th> <th>Net Buok</th>	BUILDING IMPROV				Monthly	9/30/2018	9/30/2018 Accum	9/30/2019	9/30/2019 Accum	Net Buok
Data Multing Improvements         26,375         220         2,438         13,199         2,628         13,199         2,628         13,299         13,222         1,140         1,640           2018 Multing Improvements         2,239         19         2,23         9,28         2,22         1,140         1,640           1011/0316         Current Chendagies Restronts         15         3,500         19         2,23         699         2,33         9,32         2,680         7,700           1011/0316         Current Chendagies Restronts         15         3,500         19         2,33         699         2,33         9,722         1,680         88         2,800         7,700         10,737         11         1,17         548         832         2,660         5,770         11         1,17         548         832         2,660         5,770         14         1,725         148         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48         1,725         1,48 <td< td=""><td>DATE</td><td>DESCRIPTION</td><td>Life</td><td>Cost</td><td>Deprec</td><td>Depreciation</td><td>Depreciation</td><td>Depreciation</td><td>Depreciation</td><td>Value</td></td<>	DATE	DESCRIPTION	Life	Cost	Deprec	Depreciation	Depreciation	Depreciation	Depreciation	Value
Link main         Link         Link         Link         Link         Link         Link         Link         Link           141/10115         Alliand Standard St	12/10/13	AC Units Rooflop	10	26,375	220	2,638	13,190	2,638	15,828	10,547
Data Building Purpovenents         19         222         928         222         1,449         1,449           11/12/015         A listed Construction Mpair, Inc.         15         10,500         58         700         2,100         700         2,200         7,200           9/07/10         Representent of subast fins         15         14,144         79         943         2,220         943         3,722         10,532           9/07/10         Representent of subast fins         10         2,371         24         2,207         864         12,77         11,48         1,732         14.1         137         544         1,732         14.1         1,73         144         1,73         544         1,732         14.1         1,73         144         1,73         14.4         1,73         1,744         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,74         1,733         1,720         1,733         2,740 <td< td=""><td>2014 Building Improv</td><td>ements</td><td></td><td>26,375</td><td>220</td><td>2,638</td><td>13,190</td><td>2,638</td><td>15,828</td><td>10,547</td></td<>	2014 Building Improv	ements		26,375	220	2,638	13,190	2,638	15,828	10,547
Line construction         15         10.500         54         700         2.100         700         2.480         7.700           IM/2016         Current Technologies Electronics         15         3.500         19         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         233         699         234         832         144         123         244         123         244         123         244         123         244         123         144         123         144         123         146         83         309         430         939         430         144         123         144         123         146         829         144         123         146         124         124         124         124         124         124         124         124         124         124         124         124         123         124 <t< td=""><td>04/30/15</td><td>Return Ducts</td><td>10</td><td>2,320</td><td>19</td><td>232</td><td>928</td><td>232</td><td>1,160</td><td>1,160</td></t<>	04/30/15	Return Ducts	10	2,320	19	232	928	232	1,160	1,160
IPI1[120]5     Atlied Cuistraction Mgm. Inc.     15     10.500     58     700     2.100     700     2.300     7.200       IW/2016     Current Technologies Echonol Ins     15     3.501     19     233     609     233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     9.233     1.143     1.2323     1.143     1.2323     1.143     1.2323     1.143     1.2323     1.143     1.2323     1.143     1.2323     1.144     1.2323     1.143     1.2323     1.144     1.2323     1.143     1.2323     1.144     1.2323     1.141     1.2323     1.141     1.2323     1.141     1.2323     1.141     1.2323     1.141     1.2324     1.141     1.141     1.132     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.141     1.14	2015 Building Improv	ements		2,320	19	232	928	232	1,160	1,160
Link2010         Current Tothedapgs Elicarionis:         15         3.500         19         233         699         233         991         23.3         991         23.3         991         23.3         991         23.3         991         23.3         991         23.3         991         23.3         991         23.3         891         23.8         991         23.8         991         23.8         991         23.8         991         23.8         991         23.8         992         23.88         992         23.88         992         23.88         992         23.88         992         23.88         992         23.88         992         23.88         992         23.88         992         23.88         992         23.88         992         23.88         23.80         660         300         30.80         33.80         23.80         23.80         660         300         30.80         33.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80         30.80 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>							-			
meson of exham fine         15         1,1,14         79         94.3         2.2.87         91.1         1.7.72         10.5         54.8         52.2           9/7.2016         Rolf Reprins         10         2.371         2.4         2.377         3.61         2.377         1.44         1.7.72           1016 Building Innervements         10         2.301         2.308         191         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.308         2.400         5.741           11/7/2016         nere concrete sulkways         15         4.500         2.5         3.00         6.60         3.00         9.00         3.600           121/22016         nere concrete sulkways         15         3.000         17         2.00         4.60         2.201         3.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00         2.00 </td <td></td>										
system         10         1.370         11         157         411         157         544         527           9722016         Reaf Requis         10         2.371         24         227         1.44         1.723           2016 Building Improvements         12,285         191         2,480         6,999         2,280         92,00         2,385           117/2016         new Reporting         15         5,500         28         333         666         333         999         4,401           117/2016         new connects valways         15         4,500         25         300         600         300         908         3,660           127/2016         new connects valways         15         3,500         17         200         400         200         6,69         3,660         3,600         17         200         400         200         6,69         3,660         3,600         17         200         400         200         6,69         3,660         3,600         17         200         400         200         6,69         3,660         3,600         17         200         400         200         6,60         3,600         17         200         400										
wi72010         Reaf Regains         10         2.871         2.4         287         86.1         287         1.148         1.232           2010 Building Innervements         0         2.2485         191         2.2480         6.090         2.2480         5.248         2.348           117/2010 fo         new concrete valways         15         5.080         28         333         666         333         99         4.001           125/2010 fo         new concrete valways         15         4.500         22         300         600         300         900         3.600           121/2010 fo         new concrete valways         15         3.000         17         200         400         280         600         2.000         3.600           121/2016 f         new concrete valways         15         3.000         17         200         400         280         600         2.002         2.001         7.65         1.370         2.00         4.03         2.31         2.46         1.33         2.04         1.03         3.04         2.03         3.00         2.00         2.001         1.03         2.04         1.01         3.04         1.01         3.04         1.01         3.04										
Drach Term         Distribution         Distribution <td></td> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		6								
Display         Display <t< td=""><td>9/7/2016</td><td>коој керанта</td><td>10</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	9/7/2016	коој керанта	10							
112/2016       new concrete valkwysp       15       5.000       28       333       666       333       999       4.001         112/2016       new concrete valkwysp       15       4.500       25       300       660       300       990       3.600         12/12/1016       new concrete valkwysp       15       3.000       12       285       855       1.999         12/12/016       new concrete valkwysp       15       3.000       12       200       400       220       660       3.766         2202017       frastop installation       10       2.1366       11       123       2.462       121       3.53       8.66       3.786         2202017       frastop installation       10       12.366       10       1.33       266       133       399       2.241         4202017       evantoming       10       11.167       93       1.117       2.334       1.117       3.351       7.816         80/12017       wait       frast installation       10       1.167       93       1.127       2.341       1.017       3.31       7.816         9/12017       teatement       10       6.368       599       7.093       1.224 <td>2016 Building Improv</td> <td>ements</td> <td></td> <td>32,385</td> <td>191</td> <td>2,300</td> <td>6,900</td> <td>2,300</td> <td>9,200</td> <td>23,185</td>	2016 Building Improv	ements		32,385	191	2,300	6,900	2,300	9,200	23,185
11/2/2016       new concrets valkwys       15       5.000       28       333       666       333       999       4.001         12/2/2016       new concrets valkwys       15       4.500       25       300       660       300       980       3.660         12/12/2016       new concrets valkwys       15       4.500       25       300       660       300       980       3.660         12/12/2016       new concrets valkwys       15       3.000       17       280       440       220       640       2.400         2/202017       frestop installation       10       12.366       12.31       2.402       1.13       3.03       8.61         2/202017       new forming       10       12.366       13.3       3.09       2.241         4/202017       restop installation       10       11.167       93       1.117       2.33       2.66       1.33       3.09       2.261         9/12/017       frail installations for boiler com repairs       20       2.660       11       133       2.66       133       3.09       2.261         9/12/017       frail installations for boiler com repairs       20       2.660       11.17       2.31       1.274 <td>11/7/2016</td> <td>new flooring</td> <td>10</td> <td>8,204</td> <td>68</td> <td>820</td> <td>1,640</td> <td>820</td> <td>2,460</td> <td>5,744</td>	11/7/2016	new flooring	10	8,204	68	820	1,640	820	2,460	5,744
15/2016         new concrete valkwys         15         4.500         25         300         660         300         900         3.600           12/12/016         Rite pull stations te most code requirements         10         2.854         24         285         570         285         855         1.999           12/22/01/1         Rix viring of clevator         20         4.432         18         222         444         220         666         3.766           22/22/01/1         firstery installation         10         12.366         103         1.231         2.462         1.211         3.633         7.866           22/22/01/1         new Dooring         10         11.677         93         1.117         2.334         7.816           31/2017         rist insultanes for the baller room pique spairs         20         2.660         11         133         266         133         399         2.261           91/2017         waster trastemant water issue - water trastantion         10         11.167         93         1.17         2.234         1.117         3.351         7.816           91/2017         west         taster trastemant         10         1.167         93         1.217         637         1.9								333	999	4.001
12/12/2016       max concrete val/ways       15       4,500       25       300       600       300       900       3,60         12/14/2016       nix free dree equirements       10       2,854       24       285       570       285       1,999         12/14/2016       nix evonecie val/ways       15       3,000       17       200       440       200       660       2,100         22/20171       firstep installation       10       12,345       21       225       510       225       765       1,780         22/20171       new fromong       10       12,306       103       1,211       2,462       1,311       3,031       8,613         4/202017       rearizament for the bailer room piping repairs       20       2,660       11       1133       2,666       133       399       2,261         9/12/017       train installment for the bailer room repairs       20       2,660       11       133       2,666       133       399       2,261         9/12/017       train installment for the bailer room repairs       20       2,660       11       133       2,666       133       399       2,249       60,112         12/12/1017       train install more flow r		•			25		600	300	900	3,600
12/1/2016       fr. fire. pull stations more code requirements       10       2.84       24       285       570       285       875       1.99         12/26/2017       new inforce vankaways       15       3.000       17       200       442       18       222       444       222       666       3.766         22/20/2017       new flooring       10       12.306       103       1.231       2.462       1.313       3.693       Kol         4/28/2017       new flooring       new inter treatment       10       11.167       93       1.117       2.234       1.117       3.531       7.816         8/12/2017       new inter intrainstatiment for bolier room paping repairs       28       2.660       11       133       266       133       399       2.261         9/12/2017       inal instatione of bolier room repairs       28       2.660       11       133       266       133       399       2.261         9/12/2017       inal instatione of bolier room repairs       28       2.660       11       133       266       133       399       2.261         9/12/2017       weat       10       6.308       42       507       4.351       1.416       9.00       7.				4,500	25	300	600	300	900	3,600
L2/20/2016       new concrite valkways       15       3,000       17       200       400       200       6,00       2,400         22/02/017       firstop inscallation       10       2,432       18       222       444       222       666       3,766       5,766         22/02/017       new fooring       10       12,306       103       12,31       2,462       1,117       3,303       8,613         W102/017       new instantione for to bolic room piping repairs       20       2,660       11       133       2,66       133       399       2,261         91/2017       final installuent for to bolic room piping repairs       20       2,660       11       133       2,66       133       399       2,261         91/2017       tagionellin filters       10       6,368       53       637       1,274       6,17       3,31       7,816         91/2017       tagionellin filters       10       6,368       53       637       1,274       6,17       3,31       7,816         91/202017       tagionellin filters       10       5,366       53       637       1,274       1,11       3,317       7,816         91/202017       tagionellin filters				2,854	24	285	570	285	855	1,999
20/2017         fs. wiring of cleasar         20         4,432         18         222         444         222         666         5,766           20/2017         first piscallation         10         12,366         103         12,31         2,462         1,231         3,043         8,013           4/302017         env Dooring         inst installment for the boiler room piping repairs         20         2,660         11         133         266         133         399         2,261           9/12017         first installment for the boiler room piping repairs         20         2,660         11         133         266         133         399         2,261           9/12017         near teachemit         10         6,368         53         6,57         1,117         2,214         1,117         3,351         7,816           9/12017         near         10         6,5068         42         597         507         4,561           11/02017         reat         0         5,068         42         597         507         4,561           11/02017         istallation of domesit water supply flow preventer         20         4,123         17         206         206         206         412         3,711 </td <td>12/26/2016</td> <td></td> <td>15</td> <td>3,000</td> <td>17</td> <td>200</td> <td>400</td> <td>200</td> <td>600</td> <td>2,400</td>	12/26/2016		15	3,000	17	200	400	200	600	2,400
228/2017       new Booring       10       2.43       21       2.25       510       255       765       1.780         248/2017       new Ionering       10       11,167       93       1,117       2.234       1,117       3.351       7.846         86/1/2017       first installment for the bailer room repairs       20       2.660       11       133       2.66       113       3.99       2.2.61         9/1/2017       first installment for tobiler room repairs       20       2.660       11       1133       2.66       113       3.99       2.2.61         9/1/2017       tradition for basiler room repairs       10       11,167       93       1,117       2.2.34       1,117       3.51       7.816         9/1/2017       tradition of domestic water supply flow preventer       10       6,468       590       7.083       14,466       7.083       21.249       60,114         11/10/2017       text       installiation of domestic water supply flow preventer       20       4,123       17       2.06       2.06       412       3.711         11/10/2017       text       installation of domestic water supply flow preventer       20       4,123       17       2.06       2.06       412       3.711	2/20/2017	fix wiring of elevator	20	4,432	18	222	444	222	666	3,766
NU/2017         emstroament vater issue - vater treatment         10         11.17         2.3         1.117         2.3.31         7.8/6           NU/2017         first installment for the boiler room repairs         20         2.660         11         133         266         133         399         2.2.61           9/18/2017         first installment for boing         10         1.1.167         93         1.117         2.2.34         1.117         3.3.51         7.8/6           9/18/2017         vater treatment         10         1.1.67         93         1.117         2.3.3         1.7.74         6.31         3.99         2.2.61           9/18/2017         vater treatment         10         6.4.68         53         6.37         1.2.74         6.31         3.91         4.457           2017         bailding Improvements         81.363         599         7.083         14.166         7.083         21.249         60.114           11/16/2017         vent         10         5.068         42         507         507         4.561           11/16/2017         installation of domesic water supply flow preventer         20         4.123         1.711           11/17/2017         entrance door naluintenance         10<			10	2,545	21	255	510	255	765	1,780
85/1/2017       first installment for the belier room piping repairs       20       2,660       11       133       266       133       399       2,261         9/1/2017       trad installment for bodier room repairs       20       2,660       11       133       266       133       399       2,261         9/1/2017       trade treatement       10       6,368       53       637       1,274       633       1,911       4,457         2017       tegoneth       110       6,368       53       637       1,274       633       21,249       60,114         11/10/2017       test installation of domestic water supply flow preventer       20       4,123       177       206       206       206       412       3,711         11/1/14/2017       installation of domestic water supply flow preventer       20       4,123       177       206       206       206       412       3,711         11/1/1/2017       installation of domestic water supply flow preventer       20       4,123       177       206       206       206       414       3,711         11/1/2017       installation of domestic water supply flow preventer       20       4,417       26       308       308       308       616       4	4/28/2017	new flooring	10	12,306	103	1,231	2,462	1,231	3,693	8,613
9/1/2017         final installment for boiler room repairs         20         2,660         11         133         266         133         399         2,261           9/1/2017         txater freatement         10         11,167         93         1,117         2,234         1,117         3,351         7,816           9/07/2017         tegionellia filters         10         6,368         53         637         1,274         637         1,911         4,457           2017 Building Improvements         81,363         599         7,083         14,166         7,083         21,249         60,114           11/8/2017         vent         10         5,068         42         507         507         4,561           11/10/2017         tisstallation of domesic water supply flow preventer         20         4,123         17         206         206         206         412         3,711           11/10/2017         tisstallation of domesic water supply flow preventer         20         4,123         17         266         206         206         412         3,711           12/1/2017         entantechance         10         1,819         15         182         182         182         364         4,4051	8/18/2017	environmental water issue - water treatment	10	11,167	93	1,117	2,234	1,117	3,351	7,816
JULCO         Inter transment         Lo         Inter transment         Lo         Inter transment         Lo         Inter transment         Lo         Lo <thlo< th="">         Lo</thlo<>	8/31/2017	first installment for the boiler room piping repairs	20	2,660	11	133	266	133	399	2,261
9/00/2017         lingsonella filters         10         6,368         53         637         1,274         637         1.911         4,457           2017 Building Inprovements         81,363         590         7,083         14,166         7,083         21,249         60,114           11///2017         vent         10         5,068         42         507         507         507         4,561           11//10/2017         installation of domestic water supply flow preventer         20         4,123         17         206         206         206         412         3,711           11/1/2017         installation of domestic water supply flow preventer         20         4,123         17         206         206         406         412         3,711           11/1/2017         entance dorn maintenance         10         1,819         15         4,617         26         308         308         616         4,001           2/12/2018         heat exchangers replacement         15         4,617         26         308         308         308         616         4,001           2/12/2018         install new flooring         10         4,4950         375         4,495         4,495         8,990         35,960 <td>9/1/2017</td> <td>final installment for boiler room repairs</td> <td>20</td> <td>2,660</td> <td>11</td> <td>133</td> <td>266</td> <td>133</td> <td></td> <td>2,261</td>	9/1/2017	final installment for boiler room repairs	20	2,660	11	133	266	133		2,261
Jossie Transformation         R1_363         Syn         7,083         14,166         7,083         21,249         60,114           11/10/2017         tistallation of domestic water supply flow preventer         20         4,123         17         206         206         216         412         3,711           11/10/2017         tistallation of domestic water supply flow preventer         20         4,123         17         206         206         216         412         3,711           11/14/2017         tistallation of domestic water supply flow preventer         20         4,123         17         206         206         412         3,711           12/12/2017         entitistance door maintennance         10         1,819         15         4,617         26         308         308         616         4,001           2/15/2018         listal Revindering         10         4,4950         375         4,495         4,495         8,990         35,96           3/5/2018         install new flooring         10         44,950         375         4,495         4,495         8,990         35,96           3/5/2018         install new flooring         10         44,950         375         4,495         4,495         8,990 <t< td=""><td>9/18/2017</td><td>water treatement</td><td>10</td><td>11,167</td><td>93</td><td>1,117</td><td>2,234</td><td></td><td></td><td></td></t<>	9/18/2017	water treatement	10	11,167	93	1,117	2,234			
Law Pursue information         10         5,068         42         507         507         4,561           11/0/2017         installation of domestic water supply flow preventer         20         4,123         17         206         206         206         412         3,711           11/1/2017         installation of domestic water supply flow preventer         20         4,123         17         206         206         206         412         3,711           11/1/2017         entrance door maintenance         10         1,819         15         182         182         182         308         616         4,001           2/1/2018         heat exchangers replacement         15         4,617         26         308         308         616         4,001           2/1/2018         fistal new flooring         10         44,950         375         4,495         4,495         8,990         35,960           4/30/2018         automatic doors         10         3,566         30         357         337         357         714         2.852           7/20/2018         screen         10         7,849         65         785         785         1,570         6.279           3/5/2018         frepiner	9/30/2017	legionella filters	10	6,368	53	637	1,274	637	1,911	4,457
11/10/2017       installation of domestic water supply flow preventer       20       4,123       17       206       206       206       412       3,711         11/14/2017       installation of domestic water supply flow preventer       20       4,123       17       206       206       206       412       3,711         12/1/2017       entrance door maintenance       10       1,819       15       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       183       161       4,001       20       100       140       100       140       100       140       120       120       120       120       120       140       962       120       120	2017 Building Improv	ements		81,363	590	7,083	14,166	7,083	21,249	60,114
11/10/2017       installation of domestic water supply flow preventer       20       4,123       17       206       206       206       412       3,711         11/14/2017       installation of domestic water supply flow preventer       20       4,123       17       206       206       206       412       3,711         12/1/2017       entrance door maintenance       10       1,819       15       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       182       183       161       4,001       20       100       140       100       140       100       140       120       120       120       120       120       140       962       120       120	11/9/2017	wat	10	5.068	17	507	507		507	4.561
11/14/2017       installation of domestic water supply flow preventer       20       4,123       17       206       206       206       412       3,711         12/1/2017       entrance door naimtenance       10       1,819       15       182       182       182       182       364       4,401         12/1/2018       heat exchangers replacement       15       4,617       26       308       308       616       4,001         2/1/2/2018       install new flooring       10       44,950       375       4,495       4,495       8,990       5,960         3/5/2018       install new flooring       10       44,956       30       357       357       357       714       2,852         6/18/2018       RTU Minitenance       10       7,849       65       785       785       1,570       6,279         7/20/2018       screen       10       7,849       65       785       745       8,990       35,960         8/29/2018       install new flooring       10       44,950       375       4,495       4,495       8,990       35,960         8/29/2018       replace sonke detector       10       1,960       315       -       -       150								206		
12/1/2017       entrance door maintenance       10       1,819       15       182       182       182       364       1,455         1/4/2018       heat exchangers replacement       15       4,617       26       308       308       308       616       4,001         2/1/2/2018       heat exchangers replacement       15       4,617       26       308       308       616       4,001         2/1/2/2018       heat exchangers replacement       10       44,950       333       400       400       400       800       7,196         3/5/2018       instill new flooring       10       44,950       375       4,495       4,495       8,990       55,960         4/10/2018       automatic doors       10       1,202       10       120       120       120       240       962         7/20/2018       screen       10       7,849       65       785       785       785       1,570       6,279         3/3/2018       instill new flooring       10       4,495       3,495       4,495       8,990       3,5,360         8/29/2018       fire pump maintenance       20       6,374       27       319       319       319       638 <t< td=""><td></td><td></td><td></td><td></td><td>17</td><td></td><td>206</td><td>206</td><td>412</td><td>3,711</td></t<>					17		206	206	412	3,711
1/4/2018       heat exchangers replacement       15       4,617       26       308       308       308       616       4,001         2/12/2018       Leat exchangers replacement       15       4,617       26       308       308       308       616       4,001         2/15/2018       Sink Repairs       20       7.996       33       4,00       400       400       8.900       35.960         3/5/2018       install new flooring       10       44.950       375       4,495       4,495       8.990       35.960         4/30/2018       automatic doors       10       3.566       30       357       357       714       2.852         6/18/2018       RTU Mainteance       10       7.202       10       120       120       120       24       962         7/20/2018       isstall new flooring       10       44.950       375       4.495       4.495       8.990       35.960         8/20/2018       fire pump maintenance       20       6.374       27       319       319       319       638       5.736         8/20/2018       replace smoke detector       10       1.067       12.794       12.794       12.287       25.081       <									364	1,455
2/12/2018       heat exchangers replacement       15       4.617       26       308       308       308       616       4.001         2/15/2018       Sink Repairs       20       7,996       33       400       400       400       800       7,196         3/3/2018       install new flooring       10       3,566       30       357       3,37       714       2,852         6/18/2018       RTU Minitenance       10       1,202       10       120       120       120       240       962         7/20/2018       screen       10       7,849       65       785       7785       1,570       6,279         3/3/2018       install new flooring       10       44,950       3,75       4,495       4,495       8,990       35,960         8/29/2018       fire pump maintenance       20       6,374       27       319       319       319       638       8,900       35,960         8/29/2018       replace smoke detector       10       1,967       12,794       12,794       12,287       25,081       117,233         2018 Building Improxements       142,314       1,067       12,794       12,794       12,287       25,081       117,233								308	616	4,001
2/15/2018       Sink Repairs       20       7,996       33       400       400       400       800       7,196         3/5/2018       install new flooring       10       44,950       375       4,495       4,495       4,495       8,990       35,960         4/10/2018       automatic doros       10       3,566       30       357       357       357       357       371       2,852         6/18/2018       RTU Maintenance       10       1,202       10       120       120       120       240       962         7/20/2018       screen       10       7,849       65       785       785       1,570       6,279         3/5/2018       install new flooring       10       7,490       375       4,495       4,495       8,990       35,360         8/29/2018       fire pump maintenance       20       6,374       27       319       319       319       638       5,736         9/26/2018       replace smoke detector       10       1,060       9       166       106       106       212       848         2018 Building improvements       142,314       1,067       12,794       12,287       25,081       117,233					26	308	308	308	616	4,001
3/5/2018       install new flooring       10       44,950       375       4,495       4,495       4,495       8,990       55,960         4/30/2018       automatic doors       10       3,566       30       357       357       357       714       2,852         6/18/2018       RTU Maintenance       10       1,202       10       120       120       240       902         7/20/2018       screen       10       7,849       65       785       785       1,570       6,279         3/5/2018       install rew flooring       10       44,950       375       4,495       4,495       8,990       35,960         8/29/2018       fire pump maintenance       20       6,374       27       319       319       319       638       5,736         8/29/2018       fire pump maintenance       10       1,066       9       106       106       212       848         2018 Building Improvements       142,314       1,067       12,794       12,794       12,287       25,081       117,233         11/15/2018       Down Payment for circulator pumps in boiler room       20       3,000       13       -       -       150       150       2,380			20	7,996	33	400	400	400	800	7,196
4/30/2018       automatic doors       10       3.566       30       357       357       357       714       2.852         6/18/2018       RTU Maintenance       10       1.202       10       120       120       120       240       962         7/20/2018       screen       10       7.202       10       120       120       120       240       962         3/5/2018       install new flooring       10       7.492       65       785       7.85       1.570       6.279         3/5/2018       install new flooring       10       44.950       375       4.495       4.495       8.990       35.960         8/29/2018       free pump maintenance       20       6.374       27       319       319       319       638       5.736         9/26/2018       replace smoke detector       10       1.960       9       106       106       212       848         2018 Building Improventents       142,314       1.067       12,794       12,287       25,081       117,233         11/15/2018       Down Payment for circulator pumps in boiler room       20       8,500       35       -       -       150       1.50       1.345         <					375	4,495	4,495	4,495	8,990	35,960
10102018       screen       10       7,120,2018       screen       10       7,189       65       785       785       785       1,570       6,279         3/5/2018       install two Dooring       10       44,950       375       4,495       4,495       8,990       55,960         8/29/2018       fire pump maintenance       20       6,374       27       319       319       319       638       5,736         9/26/2018       replace smoke detector       10       1,060       9       106       106       106       212       848         2018 Building Improvements       142,314       1,067       12,794       12,287       25,081       117,233         11/15/2018       Down Payment for circulator pumps in boiler room       20       3,000       13       -       -       150       150       2,850         12/31/2018       pump installation       20       8,500       35       -       -       425       425       8,075         2/21/2019       doors       10       1,495       12       -       -       150       1,345         3/29/2019       sprinkler repair       25       4,131       14       -       -       165		-	10	3,566	30	357	357	357	714	2,852
1/3/2/2018       install new flooring       10       44,950       375       4,495       4,495       4,495       8,990       35,960         8/29/2018       fire pump maintenance       20       6,374       27       319       319       319       638       5,736         9/26/2018       replace smoke detector       10       1,060       9       106       106       212       848         2018 Building Improvements       142,314       1,067       12,794       12,794       12,287       25,081       117,233         11/15/2018       Down Payment for circulator pumps in boiler room       20       3,000       13       -       -       150       150       2,850         12/31/2018       pump installation       20       8,000       35       -       -       425       425       8,075         2/21/2019       doors       10       1,495       12       -       150       150       1,345         3/29/2019       sprinkler repair       25       4,113       14       -       -       165       165       3,966         6/24/2019       install 2 carrir 10 ton package rooftop unit with gas heat       10       13,052       115       -       -       1	6/18/2018	RTU Maintenance	10	1,202	10	120	120	120		
bits of the	7/20/2018	screen	10	7,849	65	785	785			
bit 2/2018         replace snoke detector         10         1.06         9         106         106         106         212         848           2018 Building Improvements         142,314         1.067         12,794         12,794         12,287         25,081         117,233           11/15/2018         Down Payment for circulator pumps in boiler room         20         3,000         13         -         -         150         2,850           12/31/2018         pump installation         20         8,500         35         -         -         425         425         8,075           2/21/2019         doors         10         1,495         12         -         -         150         150         2,380           3/29/2019         sprinkler repair         25         4,131         14         -         -         165         165         3,966           6/24/2019         physical therapy rut replacement         10         4,945         41         -         -         495         4,450           9/25/2019         HVXC duct work         15         4,663         26         -         -         311         311         4,352           2019 Disposals         Useral	3/5/2018	install new flooring	10	44,950	375	4,495	4,495	4,495		
2018 Building Improvements         142,314         1,067         12,794         12,794         12,287         25,081         117,233           11/15/2018         Down Payment for circulator pumps in boiler room         20         3,000         13         -         -         150         150         2,850           12/21/2018         pump installation         20         8,500         35         -         -         425         425         8,075           2/21/2019         doors         10         1,495         12         -         -         150         150         1,345           3/29/2019         sprinkler repair         25         4,131         14         -         -         165         165         3,966           6/24/2019         install 2 carrier 10 ton package rooftop unit with gas heat         10         13,762         115         -         -         1,376         1,376         1,376         1,2386           6/24/2019         Physical therapy rut replacement         10         4,945         41         -         -         13,76         1,376         1,376         1,376           9/25/2019         HVAC duct work         15         4,663         26         -         -         311	8/29/2018	fire pump maintenance	20	6,374						
Low building inforcedures         20         3,000         13         -         -         150         150         2,850           11/15/2018         pump installation         20         8,500         35         -         -         425         425         8,075           2/21/2019         doors         10         1,495         12         -         -         150         150         1,345           3/29/2019         sprinkler repair         25         4,131         14         -         -         165         165         3,966           6/24/2019         sprinkler repair         25         4,131         14         -         -         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376         1,376 </td <td>9/26/2018</td> <td>replace smoke detector</td> <td>10</td> <td>1,060</td> <td>9</td> <td>106</td> <td>106</td> <td>106</td> <td>212</td> <td>848</td>	9/26/2018	replace smoke detector	10	1,060	9	106	106	106	212	848
10/15/2018     pump installation     20     8,500     35     -     -     425     425     8,075       2/21/2019     doors     10     1,495     12     -     -     150     150     1,345       3/29/2019     sprinkler repair     25     4,131     14     -     -     165     165     3,966       6/24/2019     install 2 carrier 10 ton package rooftop unit with gas heat     10     13,762     115     -     -     1,376     12,386       6/24/2019     Physical therapy rut replacement     10     4,945     41     -     -     495     4,450       9/25/2019     HVAC duct work     15     4,663     26     -     -     311     311     4,352	2018 Building Improv	vements		142,314	1,067	12,794	12,794	12,287	25,081	117,233
10/15/2018     pump installation     20     8,500     35     -     -     425     425     8,075       2/21/2019     doors     10     1,495     12     -     -     150     150     1,345       3/29/2019     sprinkler repair     25     4,131     14     -     -     165     165     3,966       6/24/2019     install 2 carrier 10 ton package rooftop unit with gas heat     10     13,762     115     -     -     1,376     12,386       6/24/2019     Physical therapy rut replacement     10     4,945     41     -     -     495     4,450       9/25/2019     HVAC duct work     15     4,663     26     -     -     311     311     4,352	11/15/2017	Down Downard for simulator muture in hollow so	20	2 (1/10)	13		_	150	150	2 850
2/21/2019     doors     10     1.495     12     -     -     150     1.345       3/29/2019     sprinkler repair     25     4.131     14     -     -     165     165     1.345       3/29/2019     sprinkler repair     25     4.131     14     -     -     165     165     1.376       6/24/2019     Physical therapy rut replacement     10     4.945     41     -     -     1.376     1.376     4.450       9/25/2019     HVAC duct work     15     4.663     26     -     -     311     311     4.352							-			
3/29/2019     sprinkler repair     25     4,131     14     -     -     165     165     3,966       6/24/2019     install 2 carrier 10 ton package rooftop unit with gas heat     10     13,762     115     -     -     1,376     1,376     12,386       6/24/2019     Physical therapy rut replacement     10     4,945     41     -     -     495     495     4,450       9/25/2019     HVAC duct work     15     4,663     26     -     -     311     311     4,352							-			
6/27/2019       install 2 carrier 10 ton package rooftop unit with gas heat       10       13,762       115       -       -       1,376       12,386         6/24/2019       Physical therapy rut replacement       10       4,945       41       -       -       495       4,450         9/25/2019       HVAC duct work       15       4,663       26       -       -       311       311       4,352         2019 Disposals       -       -       311       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -										
6/24/2019     Physical therapy rut replacement     10     4.945     41     -     -     495     495     4.450       9/25/2019     HVAC duct work     15     4.663     26     -     -     311     311     4.352       2019 Disposals     -     -     -     311     311     -     -     -							-			
9/25/2019 HVAC duct work 15 4,663 26 311 311 4,352 2019 Disposals										
2019 Disposals							-			
		Disposal of Vent		(5,068)					(507)	(4,561)

2019 Building Improvements			35,428	256	-		3,072	2,565	32,863
NON-MOVABLE EQUIPMENT				Monthly	9/30/2018	9/30/2018 Accum	9/30/2019	9/30/2019 Accum	Net Book
DATE	DESCRIPTION	Life	Cost	Deprec	Depreciation	Depreciation	Depreciation	<b>Depreciation</b>	Value
3/1/2014	Balance Call System	3	18,000	500		18,000		18,000	-
2014 Non-Movable Equipment			18,000	500	-	18,000	•	18,000	
11/1/2016	Walk In Freezer	10	1,068	9	107	214	107	321	747
2017 Non-Movable Equipment			1,068	9	107	214	107	321	747
6/30/2018 AC		5	1,953	33	391	391	391	782	1,171
2018 Non-Moyable Equipment			1,953	33	391	391	391	782	1,171

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EQUIPMENT MOVEABLE <u>DATE</u>	DESCRIPTION	Life	Cost	Monthly <u>Deprec</u>	9/30/2018 Depreciation	9/30/2018 Accum Depreciation	9/30/2019 Depreciation	9/30/2019 Accum <u>Depreciation</u>	Net Bøøk <u>Value</u>
01/09/13	Computers	5	3,457	58	174	3,457	-	3,457	0
01/17/13	Broda - Sling	5	1,200	20	60	1,200		1,200	-
01/31/13	televisions	5	1,477	25	75	1,477	-	1,477	0
05/01/13	Pressure Mattress	3	2,297	64	-	2,297	-	2,297	•
05/04/13	Water Cooler	10	1,290	11	129	699	129	828	462
07/31/13	Freezer	10	4,965	41	497	2,609	497	3,106	1,859
08/22/13	Pressure Mattress	3	1,043	29	-	1,043	-	1.043	~
09/30/13	Beds - Electric	12	30,000	208	2,500	12,708	2,500	15,208	14,792

3 Movable Equipment			45,729	455	3,435	25,489	3,126	28,615	17,11
1/31/2014	Med Essentials	3	2,851	24	-	2,851		2.851	-
1/31/2014	Pressure Mattress	10	1,375	11	138	690	138	828	54
3/9/2014	Wheel Chair Ramp Scale	3	1,073	30		1,073		1,073	-
5/31/2014	Pump	3	1,114	31	-	1,114	-	1,114	-
14 Movable Equipment			6,413	96	138	5,728	138	5,866	5.
6/30/2014	Pressure Mattress	3	7,200	60	-	7,200		7,200	-
6/29/2015	Cardio Stress Software	3	3,137	26		3,137		3,137	
7/26/2015	Wander system Alarm	5	907	8	181	724	181	905	
8/18/2015	Patient Wander System	10	7,000	194	700	2,8(8)	700	3,500	3,50
9/28/2015	Wander guard tags	5	3,386	94	677	2,708	677	3,385	
	wanuti guaru tago		21,630	382	1,558	16,569	1,558	18,127	3,5
5 Movable Equipment			21,030						
10/7/2015	Technologies Electronics	5	1,350	23	270	810	270	1,080	21
10/29/2015	Technologies Electronics	5	686	11	137	411 2,100	137 700	548 2,800	4,2
11/9/2015	Patient Wander System	10	7,000	58 27	700 323	2,100	323	1,292	4.2
2/3/2016	Technologies Electronics	5	1.616			1,950	650	2,600	3,9
11/17/2015	Tower Furniture	10	6,500	54	650 313	939	313	1,252	3,4
7/11/2016	Chairs/Couch (Quantity = 5)	15	4,700	26			214	856	.,,4
9/25/2016	Card Printer	5	1,069	18	214	642			
9/22/2016	Scale, Frame, Mattress, Side Cover, Wheelchair, Desk Arm	10	17,463	146	1,746	5,238	1,746	6,984	10,4 9
9/12/2016	Bariatric Mattress	10	1,590	13	159	477	159	636 416	1
8/3/2016	Lenovo Computer	5	519	9	104	312			
Movable Equipment			42,493	385	4,616	13,848	4,616	18,464	24,0
11/1/2016	Stop Button Generator	5	700	12	140	280	140	420	2
2/1/2017	Snow Blower	5	956	16	191	382	191	573	3
6/1/2017	Ice Machine	10	2,335	19	234	468	234	702	1,6
7/1/2017	Washing Machine Motor	5	791	13	158	316	158	474	3
7/1/2017	NEC Port 8 Daughter Board	5	1,100	18	220	440	220	660	4
8/1/2017	Amex Credit Card	5	510	9	102	204	102	306	2
9/1/2017	Saucier Mechanical	5	1,125	19	225	450	225	675	4
10/1/2016	Computer Monitor	5	975	16	195	390	195	585	3
11/1/2016	Computer Monitor	5	594	10	119	238	119	357	2
6/1/2017	Computer Hardware	5	7,531	126	1,506	3,012	1,506	4,518	3,0
7/1/2017	Computer Hardware	5	5,882	98	1,176	2,352	1,176	3,528	2.3
1/1/2017	Medical Equipment	5	19,615	327	3,923	7,846	3,923	11,769	7.8
6/1/2017	Wheelchairs	5	502	8	100	200	100	300	2
8/1/2017	Mattress	5	744	12	149	298	149	447	2
17 Movable Equipment			43,360	703	8,438	16,876	8,438	25,314	18,0
10/9/2017	Mattress	5	973	16	195	195	195	390	5
1/6/2017	drawers	15	1,713	10	114	114	114	228	1,4
11/30/2017	fire saftey doors	20	4,600	19	230	230	230	460	4,
12/5/2017	dining room chairs	15	10,795	60	720	720	720	1,440	9.3
1/16/2018	wheel chair	5	594	10	119	119	119	238	3
5/16/2018	Mattress	5	644	11	129	129	129	2.58	3
5/34/2018	Television	5	1,191	20	238	238	238	476	
7/24/2018	bed motor and hand control	10	973	8	97	97	97	194	
7/26/2018	Mattress	5	859	14	172	172	172	344	1
8/29/2018	bed	10	1,077	9	108	108	108	216	1
8/31/2018	Motorola 2 Way Radios	5	63 t	н	126	126	126	252	
8/9/2018	Notebook	3	540	15	180	180	180	360	
18 Movable Equipment			24,590	203	2,428	2,428	2,428	4,856	19
11/5/2018	mattress	5	817	14		-	163	163	
11/21/2018	junction box for maxsum bed with hand controls	10	1,276	- <u>1</u>	-	-	128	128	۱.
11/30/2018	repair door alarm/ S&D accutech tags (10)	10	1,377	11	-	-	138	138	١,
12/4/2018	maintenance to nurse call system	5	5,337	89	-	-	1,067	1,067	4.
12/20/2018	pressure malfresses	5	629	10	-	-	126	126	
1/7/2019	mattress	5	633	ii ii	-	-	127	127	
1/9/2019	privacy curtain	5	1,332	22	-	-	266	266	1.
	mattress	5	644	11	-	-	129	129	
3/1/2019	curtains	5	1,057	18	-	-	211	211	
3/1/2019 3/19/2019		5	2,116	35	-	-	423	423	ł,
3/19/2019					_	-	95	95	
3/19/2019 2/19/2019	bed frame	10	949	8	-			153	1.
3/19/2019 2/19/2019 4/23/2019	bed frame junction box and hand controls for bed		949 1,522	13	-	-	152	152	
3/19/2019 2/19/2019 4/23/2019 4/24/2019	bed frame junction box and hand controls for bed custom cart cover	10			-	-	152	1,741	15.
3/19/2019 2/19/2019 4/23/2019 4/24/2019 5/14/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range sunfire reset	10 10	1,522	13	-	-			
3/19/2019 2/19/2019 4/23/2019 4/24/2019 5/14/2019 6/17/2019	bed frame junction box and hand controls for bed custom cart cover	10 10 10	1,522 17,407	13 145	-	- - -	1,741	1,741 62 154	
3/19/2019 2/19/2019 4/23/2019 4/24/2019 5/14/2019 6/17/2019 8/7/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range sunfire reset conveyor bearing housing Junction box for Maxxum bed	10 10 10 10	1,522 17,407 622	13 145 5		- - -	1.741 62	1,741 62	
3/19/2019 2/19/2019 4/23/2019 4/24/2019 5/14/2019 6/17/2019 8/7/2019 8/19/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range sunfire reset conveyor bearing housing	10 10 10 10 5	1,522 17,407 622 769	13 145 5 13	-		1.741 62 154	1,741 62 154	15,
3/19/2019 2/19/2019 4/23/2019 4/24/2019 5/14/2019 6/17/2019 8/79/2019 8/19/2019 1/14/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range suffire reset conveyor bearing housing Junction box for Muxxum bed commercial blender/mixer shower chair	10 10 10 5 10	1,522 17,407 622 769 1,325	13 145 5 13 11	-		1.741 62 154 133	1,741 62 154 133	1.
3/19/2019 2/19/2019 4/23/2019 4/24/2019 5/14/2019 6/17/2019 8/7/2019 8/19/2019 1/14/2019 1/25/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range sunfire reset conveyor bearing housing Junction box for Muxxum bed commercial blender/mixer shower chair repair nurse call system	10 10 10 5 10 10 5	1,522 17,407 622 769 1,325 527 1,450	13 145 5 13 11 4 24			1,741 62 154 133 53	1,741 62 154 133 53	1.
3/19/2019 2/19/2019 4/23/2019 4/23/2019 5/14/2019 5/14/2019 5/14/2019 8/7/2019 8/7/2019 1/14/2019 1/12/2019 4/17/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range sunfire reset conveyor bearing housing Junction box for Maxxium bed commercial blender/mixer shower chair repair nurse call system motors for beds	10 10 10 5 10 10 5 10	1,522 17,407 622 769 1,325 527 1,450 1,386	13 145 5 13 11 4			1,741 62 154 133 53 290	1,741 62 154 133 53 290	1. 1. 1.
3/19/2019 2/19/2019 4/23/2019 4/23/2019 4/24/2019 5/14/2019 5/14/2019 8/19/2019 1/14/2019 1/14/2019 1/14/2019 1/14/2019 4/17/2019 4/12/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range suffire reset conveyor bearing housing Junction box for Maxxum bed commercial blender/mixer shower chair repair nurse call system motors for beds hi low motor for maxxum bed	10 10 10 10 5 10 5 10 5	1,522 17,407 622 769 1,325 527 1,450 1,386 846	13 145 5 13 11 4 24 12 14	-		1,741 62 154 133 53 290 139	1,741 62 154 133 53 290 139	١.
3/19/2019 2/19/2019 4/23/2019 4/23/2019 5/14/2019 5/14/2019 8/7/2019 8/7/2019 8/7/2019 8/7/2019 1/14/2019 1/14/2019 1/125/2019 4/17/2019 4/26/2019 5/28/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range sundire reset conveyor bearing housing Junction box for Muxxum bed commercial biender/mixer shower chair repair nurse call system motors for beds hi low motor for maxxum bed function hand control for maxxum bed	10 10 10 5 10 10 5 10 5 5 5	1,522 17,407 622 769 1,325 527 1,450 1,386 846 576	13 145 5 13 11 4 24 12 14 10	-		1.741 62 154 133 53 290 139 169	1,741 62 154 133 53 290 139 169	1. 1. 1.
3/19/2019 2/19/2019 4/23/2019 4/23/2019 5/14/2019 5/14/2019 5/14/2019 8/7/2019 8/7/2019 1/14/2019 1/25/2019 4/17/2019 4/26/2019 5/26/2019 6/7/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range suffire reset conveyor bearing housing Junction box for Maxxum bed commercial blender/mixer shower chair repair nurse call system motors for beds hi low motor for maxxum bed function hand control for maxxum bed repair buth stations	10 10 10 5 10 5 5 5 5 5	1,522 17,407 622 769 1,325 527 1,450 1,386 846 576 875	13 145 5 13 11 4 24 12 14 10 15	-		1,741 62 154 133 53 290 139 169 115 175	1,741 62 154 133 53 290 139 169 115 175	1. 1. 1.
3/19/2019 2/19/2019 4/23/2019 4/23/2019 5/14/2019 5/14/2019 6/17/2019 8/19/2019 1/14/2019 1/14/2019 1/14/2019 1/14/2019 4/17/2019 5/28/2019 5/28/2019 5/28/2019 5/28/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range suffire reset conveyor bearing housing Junction box for Maxxum bed commercial blender/mixer shower chair repair nurse call system motors for beds hi low motor for maxxum bed function hand control for maxxum bed repair buth stations POC tablets	10 10 10 5 10 10 5 5 5 5 5 3	1,522 17,407 622 769 1,325 527 1,450 1,386 846 876 875 1,000	13 145 5 13 11 4 24 12 14 10 15 28	-	-	1,741 62 154 133 53 290 139 169 115 175 333	1,741 62 154 133 53 290 139 169 115 175 333	1. 1. 1.
3/19/2019 2/10/2019 4/23/2019 4/23/2019 5/14/2019 5/14/2019 8/7/2019 8/7/2019 8/7/2019 1/14/2019 1/25/2019 4/17/2019 4/26/2019 5/28/2019 6/7/2019	bed frame junction box and hand controls for bed custom cart cover convection steam, convection oven, range suffire reset conveyor bearing housing Junction box for Maxxum bed commercial blender/mixer shower chair repair nurse call system motors for beds hi low motor for maxxum bed function hand control for maxxum bed repair buth stations	10 10 10 5 10 5 5 5 5 5	1,522 17,407 622 769 1,325 527 1,450 1,386 846 576 875	13 145 5 13 11 4 24 12 14 10 15	-	-	1,741 62 154 133 53 290 139 169 115 175	1,741 62 154 133 53 290 139 169 115 175	1. 1. 1.

Totał Assets	608,111	46,158	147,521	62,568	209,582	398,528
Per Trial Balance	608.111			58,123	199,826	408,285
Variance Rounding		46,158	147,521	4,445	9,756 I	(9,757)
F/S vs C/R NBV - Page 31, Line B9	9.757					

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

(4,445)

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

Name of Facility License N Fairview Health of Southport, LLC d/b 23	lo. 607-C	Report for Year End 9/30/2019	ded		Page 25	of 37
11. Property Questionnaire		575072015			23	
Part A						
Is the property either owned by the Facility			0		If "Yes," complete	e Part B.
or leased from a Related Party?*	0	Yes	$\odot$	No	If "No," complete	
*If any owner or operator of this facility is relate	t by family, ma	rriage, ownership, ability	to control or		, 1	
business association to any person or organizatio						
related party transaction.		· · · · · · · · · · · · · · · · · · ·				
Description		Total				
1. Date Land Purchased	<u>.</u>	11/26/13				
2. Date Structure Completed						a ser de la
3. If <b>NOT</b> Original Owner, Date of Purch	ise					
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity		120	1			
6. Square Footage	·····					
7. Acquisition Cost						
a. Land						
b. Building					1	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortga	ige
1. Financing						
a. Type of Financing (e.g., fixed, varia	ble)					
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 Refinance	d					
During Current Cost Year				A Date	NA STREET, STRE	
g. Type of Financing (e.g., fixed, varia	ble)					
h. Date of Refinancing						
i. New Interest Rate	······································				L	
j. Term of Mortgage (number of years	)	-				
k. Amount of Principal Borrowed	0.00					
I. Principal Outstanding on Note Paid		<u></u>		<u> </u>		
Part C - Arms-Length Leases for Re					1 A 1 A	
Name and Address of Lessor		operty Leased		Term of Lease		
930 Mill Hill Terrace, LLC	1	Hill Terrace,	11/26/13	10 years		1,000,000
	Southport.	CT 06890				
			<u> </u>		<u>-</u>	
			ļ			

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 Yea	ar Ended		Page	of
Fairview Health of Southport, LLC d/t 2307-C		9/30/2019			26	37
Item		Total	CCNH	RHNS	(Spe	ecify)
12. Interest						
A. Building, Land Improvement & Non-Movable						
Equipment	¢					
1. First Mortgage Name of Lender	\$ Rate				•	
	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	9	5			- -	
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount	Q	5				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						1
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - Λ4 + B5)		Б	1			
12 D/. 101al Dullaing Interest Expense (A1 - A4 + B5)			v Subtotals	forward to	navt nag	a )

(Carry Subtotals forward to next page)

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

Name of FacilityLicense NFairview Health of Southport, LLC230			Report for Ye 9/30/2019	ear Ended		Page of 27   37
Item			Total	CCNH	RHNS	(Specify)
12. C. Movable Equipment	otais Brou	ught Forward:				
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
	ı					
Lender						
Address of Lender						
2. Other ( <i>Specify</i> )		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
D. Harris	Data	Amount				
B. Item	Rate	Amount				
Lender		L				
Address of Lender						
12. C. 3. Total Movable Equipment Intere-	est					
$\frac{\text{Expense } (C1+2)}{12}$		\$ \$				
12. D. Other Interest Expense ( <i>Specify</i> )		Φ				
			and the second second			
13. Total All Interest Expense (12B7 + 12	C3 + 12D	) \$				
14. Insurance						
a. Insurance on Property (buildings or	nly)	\$		312,198		
b. Insurance on Automobiles		<u></u>	3,851	3,851		
c. Insurance other than Property (as s 1. Umbrella ( <i>Blanket Coverage</i> )	pecified at	sove) \$				
2. Fire and Extended Coverage		\$				
3. Other ( <i>Specify</i> )		\$		782		
EPLI / Surety Bond						
14d. Total Insurance Expenditures (14a +	b+c		316,831	316,831		
15. Total All Expenditures (A-13 thru C-1		4		12,180,403		

# **D.** Adjustments to Statement of Expenditures

	e of Fa iew H		of Southport, LLC d/b/a RegalCare at Southpo	Lic	cense No. 2307-C	Report for Yes 9/30/2019	ar Ended	Page 28	of 37
					Total	r			
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - 5	Salarie	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
Page	13 - I		sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	237,630	237,630			
7.			Other - See attached Schedule	\$	33,717	33,717			
Page	<u>s 15 8</u>	<del>2</del> 16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	6,599	6,599			
10.			Accounting	\$					
10a.			Legal	\$	3,142	3,142			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	707	707			
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
		ĺ	universities for tuition and related costs						
	l		for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the					-	
			continental U.S. Other out-of-state				and the second sec		
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	(15,456)	(15,456)			
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.	16	m12	Unallowable Management Fees	\$	126,163	126,163			
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	165,269	165,269			
Page	18 - 1	Dietar	y Expenditures		· · · · · · · · · · · · · · · · · · ·				
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	<u>: 19 - 1</u>	Launa	Iry Expenditures						
25.		1	Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - 1	House	keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
	·	•	Subtotal (Items 1 - 26)	\$	557,771	557,771			

* 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.

Attachment Page 28

### Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	· · · · · · · · · · · · · · · · · · ·	CCNH	RHNS	(Specif	iy)
	1						
						······	
					ļ		
fotal Othe	r Salaries /	Adjustment	\$		\$ -	\$	-

### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	C	CNH	RH	NS	(Speci	fy)
13	B120	IV Insertion Nurse	\$	20,921				
13	B120	Respiratory Therapist		1,296				
13	B120	Independent Nurse Consultant		9,000				
13	B120	Nursing Consultant		2,500				
Total Othe	er Fees Adj	ustments	\$	33,717	<u> </u>	-	<u> </u>	-

# Schedule of Other A&G Adjustments

------

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Non Routine Bank Charges	\$ 1,253		
16	m13	Fines, Penalties & Settlements	89,327		
16	m13	Late Fees	56,187		
16	m13	Employee Relations	3,755		
16	m13	Employee Food	1,547		
16	m13	Discriminatory Bonus	13,200	l	
<b>Total Othe</b>	er A&G Ad	justments	\$ 165,269	<u> </u>	\$ -

Descrption	Amount			
Management fees Charged (Pg. 16 / Line m12)	448,540	TB Linko	ed	
Patient Days	40,363	Page 8 of	ſ C/R	
Imputed Days - 90% Occupancy	39,420	Calculati	ion	
Amount Per Patient Day (Greater of 90% or Acta	ul Days)	\$	11.3785	
PPD Allowance Per Rate Agreement 2018 CPI Increase of 1.0178% PPD Allowance 9/30/2018		····	8.17 <u>1.0140%</u> 8.25	J.01a
FFD Anowance 9/30/2018			0.25	-
			7	
Amount over (Under)		\$	3.1257	
Total Days			40,363	Greater of Actual or 90%
Disallowed Management Fee		\$	126,163	-

### Fairview Health of Southport, LLC Disallowance Schedule for Cell Phones September 30, 2019

Total Cell Phone Expense	<u>Amount</u> 2,147 th	3 Linked
Cell Phone Allowed Based on Bed Capacity Monthly Allowable amount per Cell Phone	4 \$30	
Months in Cost Report Year Total Allowable Cost	<u>12</u> <u>1,440</u>	
Total Allowable Cost	\$ 1,440	
Disallowed Cell Phone (Page 28, Line 12)	\$ 707	

### State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 9/2018

			D. Adjustments to Stateme	nt	of Expend	itures (co	nt'd)		
Name	ofFa	cility		Lic	cense No.	Report for Y	ear Ended	Page	of
Fairvi	iew He	ealth c	of Southport, LLC d/b/a RegalCare at Southp		2307-C	9/30/2019		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	cify)
			Subtotals Brought Forward	\$	557,771	557,771			
Page	20 - K	Reside	nt Care Supplies***						
27.	20	5a2	Prescription Drugs	\$	174,340	174,340			
28.			Ambulance/Limousine	\$					
29.		-	X-rays, etc	\$					
30.	20	5h	Laboratory	\$	12,057	12,057			
31.			Medical Supplies	\$					
32.	20	5e2	Oxygen (non emergency)	\$	6,254	6,254			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	57,410	57,410			
Page	22 - N	laint	enance and Property						
35.			Excess Movable Equipment Depreciation						
	i		See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$			n 2 a c c c o y 22 a guyer c con c c c c c c c c c c c c c c c c c		
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	ince						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous						
42.			Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	2,046	2,046			
Not I	For Pi	ofit P	roviders Only						
48.			Building/Non Movable Eq. Depreciation						
	1		Unallowable Building Interest -						
			See Attached Schedule	\$					
49.	Total	Amo	unt of Decrease (Items 1 - 48)	\$	809,878	809,878			

#### D Adimate nta t **C** . . . e TP 1. 1

*** 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	RH	INS	(Specify
20	51	Resident Missing Items	\$	447			1
20	51	Non-Allowable Nursing Equipment Rentals		37,420			
20	5i	Cable Television Disallowance (See Attached)		19,543			
					 		<u> </u>
							1
fotal Oth	er Ancillary	y Costs	\$	57,410	\$	-	\$

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
				· · · · ·	
				+	
Total Exce	ess Movabl	e Equipment Depreciation	\$ -	\$ -	<u> </u>

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description			 CC	NH	RHI	NS	(Speci	ify)
			 	 	 	·····				
			 	 	 		<u> </u>			
			 	 	 		}			
			 	 	 		l			
Total Othe	er Property	y Adjustments	 	 	 \$	-	\$	-	\$	-

#### Schedule of Other - Indirect Adjustments

CCNH	RHNS	(Specify)
		ļ
		<u>+</u>
	CCNH	CCNH RHNS

_____

						 ]age 2
	 ø				- c	 $\left\{ \right.$
Total Other Adjustments	 >	_	12	-	3	 _

.....

#### Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	[	RHN	S	(Specify)
			 				·
Total Othe	er Adjustm	ents	 \$	-	\$	-	\$

#### Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Medical Records Revenue	\$ 1,444		
30	IV 8	Deli Café Revenue	502		
30	IV 8	Donation Revenue	100		
			·		
otal Othe	er Adjustm	ents	\$ 2,046	\$ -	\$ -

_____

#### Schedule of Unallowable Building Interest

	Line Kei	Description	CCN	H	RHN	S	(Specify)
					<u></u>		
					<u></u>		
		·					
	<u></u>						
							······
					<u>ф</u>		¢
Fotal Unall	owable Bi	ilding Interest	\$	-	\$	-	3 -

### Fairview Health of Southport, LLC Disallowance Schedule for Cable TV September 30, 2019

Total Cable TV Expense #80-232-00	Acct	A	a <u>mount</u> 23,143
Monthly Allowable amount Months in Cost Report Year Total Allowable Cost		\$	300 12 3,600
Disallowed Cable TV		\$	19,543

#### State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

### F. Statement of Revenue

r

Name of Facility License No.		Report for Y	ear Ended		Page	of
Fairview Health of Southport, LLC d/b/a 2307-C		9/30/2019			30	37
Item		Total	CCNH	RHNS	(Sp	ecify)
I. Resident Room, Board & Routine Care Revenue						<u> </u>
1. a. Medicaid Residents (CT only)	\$	8,529,621	8,529,621			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	2,479,887	2,479,887			
b. Medicare Room and Board Contractual Allowance **	\$	(47,505)	(47,505)			
4. a. Private-Pay Residents and Other	\$	824,233	824,233			
b. Private-Pay Room and Board Contractual Allowance **	\$	(2,284)	(2,284)			
II. Other Resident Revenue						100
1. a. Prescription Drugs - Medicare	\$	120,908	120,908	and the set of the set		C. 1998 Contractor of a second second
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(120,908)	(120,908)			
c. Prescription Drugs - Non-Medicare	\$	9,078	9,078			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(1,863)	(1,863)			
2. a. Medical Supplies - Medicare	\$		<u>` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` </u>			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	326,634	326,634			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(244,903)	(244,903)			
c. Physical Therapy - Non-Medicare	\$		117,584			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$		(118,649)			
4. a. Speech Therapy - Medicare	\$	224,424	224,424			
b. Speech Therapy - Medicare Contractual Allowance **	\$		(160,776)			
c. Speech Therapy - Non-Medicare	\$	38,808	38,808			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(39,624)	(39,624)			
5. a. Occupational Therapy - Medicare	\$		418,821			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(301,028)	(301,028)			
c. Occupational Therapy - Non-Medicare	\$	68,471	68,471			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$		(69,843)		1	
6. a. Other (Specify) - Medicare	\$		417			
b. Other (Specify) - Non-Medicare	\$	13,122	13,122			
III. Total Resident Revenue (Section I. thru Section II.)	\$	12,064,625	12,064,625			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone				+		
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$		133		1	
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops						
8. Other ( <i>Specify</i> )	\$		233,874		1	
V. Total Other Revenue (1 thru 8)	\$		234,007		1	
VI. Total All Revenue (III +V)	 \$					,
<b><i>v</i>1.</b> <i>10101 All Kevenue</i> (111 ⁺ V)	ۍ	12,298,632	12,298,632			

* 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	<u> </u>	RHNS	(Specify	
		-	l		
30 II 6a	Other Ancillary Rev>Medicare B	\$ 490			
30 П ба	Revenue Adjustments>Medicare A	(73)			
Total Oth	er Resident Revenue - Medicare	\$ 417	\$ -	\$ -	

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

#### Related Exp

----

Page Ref	Description	ССИН	RHNS	(Specify)
		-		
30 II 6b	Other Ancillary Rev>Medicaid	\$ 98		1
30 II 6b	Other Ancillary Rev>Medicaid>C/A	(98)		
30 II 6b	Revenue Adjustments>HMO	1,113		
30 II 6b	Revenue Adjustments>Hospice	(75)		
30 II 6b	Revenue Adjustments>Medicaid	12,084		
Total Oth	er Resident Revenue	\$ 13,122	\$ -	\$ -

#### Interest Income

#### Account

Page Ref	Account	Balance	0	CNH	R	INS	(Spe	cify)
				-				
30 IV 5	Interest on Capex Escrow	22,405	\$	132			<u> </u>	
30 IV 5	Interest on Late Payments from HMO	N/A	\$	1	<u> </u>			
Total Inte	rest Income		\$	133	\$	-	\$	-

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Credit from PY Dues Expense	\$ 1,050		
30 IV 8	Credit from PY License Expense	1,040		
30 IV 8	Credit from PY Maintenance Expense	1,334		
30 IV 8	Credit from PY Contract RN Admin Expense	5,465		
30 IV 8	Prior Period Adjustment	11,426		
30 IV 8	Medical Records Revenue (Disallowed on Pg 29a)	1,444		
30 IV 8	Settlements with Vendors (No CY Expense)	765		
30 IV 8	Deli Café Revenue (Disallowed on Pg 29a)	502		
30 IV 8	Donation Revenue (Disallowed on Pg 29a)	100		
30 IV 8	Credit from PY Legal Fees	1,633		
30 IV 8	Credit from PY Nursing Supplies	6,082		
30 IV 8	Credit from PY Medical Director Fees	80,320		
30 IV 8	Credit from PY Admin Supplies	30,698		
30 IV 8	Credit from PY Dietary Contracted Svs	2,607		
30 IV 8	Credit from PY Radiology Costs	7,060		
30 IV 8	Credit from PY Repairs and Maintenance	9,072		
30 IV 8	Credit from PY Interest Expense	1,431		ļ
30 IV 8	Credit from PY Workers Comp	71,845		
Total Oth	er Revenue	\$ 233,874	<u> </u>	<u> \$</u>

### State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

# G. Balance Sheet

	f Facility	License No.	Report for Year E	nded	Page	of
Fairview	Health of Southport, LLC d/	b/ 2307-C	9/30/2019		31	37
		Account			Am	ount
Assets						
	irrent Assets					
	Cash (on hand and in banks			\$		(112,16
	Resident Accounts Receivab	······································	······	\$		2,329,397
3.		(Excluding Owners or	Related Parties)	\$		
4	Inventories		· · · · · · · · · · · · · · · · · · ·	\$		
5.	Prepaid Expenses			\$		35,944
	a. Prepaid Expenses		3,116			
	b. Prepaid Expenses>Insura	nce	30,925			and the discussion
	c. Prepaid Expenses>Taxes		1,903			
	d. See Schedule				ala deserve	
	Interest Receivable		i	\$		
<u> </u>		· · · · · · · · · · · · · · · · · · ·		\$		
8.	Other Current Assets (itemiz	ze)		\$		
		,	,			
	See Schedule	· · · · · · · · · · · · · · · · · · ·				
<u>A-9. <i>To</i></u>	otal Current Assets (Lines Al	thru 8)		\$		2,253,170
B. Fiz	xed Assets					
1.	Land			\$		
2.	Land Improvements	*Historical Cost		\$		
		Accum. Depreciation		Vet		
3.	Buildings	*Historical Cost	320,185	\$		245,102
		Accum. Depreciation	on 75,083 1			
4.	Leasehold Improvements	*Historical Cost		\$		
		Accum. Depreciati	on 1	Net		
5.	Non-Movable Equipment	*Historical Cost	21,021	\$		1,91
		Accum. Depreciati		Net		
6.	Movable Equipment	*Historical Cost	266,904	\$		151,50
		Accum. Depreciati	on 115,396 1	Net		
7.	Motor Vehicles	*Historical Cost		\$		
		Accum. Depreciati	on 1	Net		
8.	Minor Equipment-Not Depr	reciable		\$		
	Other Fixed Assets (itemize	)	<u></u>	\$	<u> </u>	32,21
9.						
9.	See Schedule		32,213			

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

(Carry Total forward to next page)

#### Attachment Page 31-34

#### Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	 	 		
			 	 	 _	
l			 	 	 	
Total Prepa	id Expense	25	 	 	 \$	-

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

Page Ref	Line Ref	Description		
	_			
Total Othe	Current A	ssets (Itemize)	s -	-

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

Page Ref	Line Ref	Description		
31	B9	Fixed Assets>CIP	\$	22,456
31	B9	F/S vs C/R NBV	\$	9,757
	L	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Total Othe	r Other Fix	ed Assets (Itemize)	\$	32,213

#### Schedule of Other Assets Page 32 Line D7

#### Page Ref Line Ref Description

Total Othe	r Assets	 	 	 	 \$	•

#### Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	 	 	 	 	
			 	 	 	 	·
			 	 	 ·	 	
			 	 ······································	 	 	
Total Note	Payable			 	 	\$	

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

Page Ref	Line Ref	Description		
33	A12	Accrued Expenses>PTO	\$	116,887
33	A12	Accrued Expenses		224,124
33	A12	Accrued Expenses>Capital Lease>Copier		29,222
33	A12	Accrued Expenses>Insurance - General Liability		52,292
33	A12	Accrued Expenses>YE Adjustments	_	29,411
33	A12	Accrued Expenses>Health Insurance	_	129,242
33	A12	Due To/(From)>Income	_	1,066
33	A12	Due To>Patient Spend Down		30,972
Total Othe	r Current L	.iabilities (Itemize)	\$	613,216

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

Page Ref	Line Ref	Description		 	 	 	
Total Othe	er Current 1	iabilities (Itemize	r)	 	 	 	\$

### State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

# G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page		of
Fairv	iew	Health of Southport, LLC d/b/a	2307-C	9/30/2019		32		37
			Account			An	nount	
				Total Brought Forward:	\$		2,68	3,917
С.	Lea	asehold or like property recorded	d 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					Ω.
			Accum. Depreciation	Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	Net	\$			
	7.	Minor Equipment-Not Deprec	iable		\$			
C-8	To	tal Leasehold or Like Propertie	es (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets		· ·				
	1.	Deferred Deposits			\$			6,792
	2.	Escrow Deposits		unny 4, 11111111111111111111111111111111111	\$		37	0,864
	3.	Organization Expense	*Historical Cost					
		Ç î	Accum. Depreciation	Net	\$			
	4.	Goodwill (Purchased Only)			\$			
		Investments Related to Reside	nt Care ( <i>itemize</i> )		\$			
								La e
				- <u> </u>			-	
	6.	Loans to Owners or Related Pa	arties ( <i>itemize</i> )		\$		71	1,998
		Name and Address	Amount	Loan Date		and the second		
		Due from Salmon Brook,			1			
		Sthprt Realty, Mplwood,						
		Saugus, Twin Oaks, Torr,						
		Pros, WH, RCMG, FV	711,998					
	7.				\$			7,063
		Due To/(From)>Vendor		7,063				
		See Schedule						
D-8	To	tal Investments and Other Ass	ets (Lines D1 thru 7)		\$		1,09	96,717
		tal All Assets (Lines A9 + B10			\$		3,78	30,634

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

#### Report for Year Ended of Name of Facility License No. Page 9/30/2019 33 37 Fairview Health of Southport, LLC d/b/a Regal 2307-C Amount Account Liabilities **Current Liabilities** Α. 2,880,475 \$ 1. Trade Accounts Payable \$ 2. Notes Payable (*itemize* ) See Schedule \$ Loans Payable for Equipment (Current portion) (itemize) 3. Purpose Date Due Name of Lender Amount 141,385 Accrued Payroll (Exclusive of Owners and/or Stockholders only) \$ 4, \$ Accrued Payroll (Owners and/or Stockholders only) 5. \$ 8,105 Accrued Payroll Taxes Payable 6. \$ 6,872 Medicare Final Settlement Payable 7. \$ 8. Medicare Current Financing Payable \$ Mortgage Payable (Current Portion) 9. \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 613,216 12. Other Current Liabilities (*itemize*) See Schedule 613,216 Total Current Liabilities (Lines A1 thru 12) \$ 3,650,053 A-13.

# G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

### State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Fairview Health of Southport, LLC d/b/a Re	2307-C	9/30/2019		34	37
	Account			Ar	nount
		Total Broug	ht Forward:		3,650,053
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize )		\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable		<u></u>	\$		
3. Loans from Owners or Rel	ated Parties ( <i>itemize</i> )		\$		2,182,175
Name and Address of Lender	Amount	Loan I	Date		
Mill Hill, NH, Wtrbry, RC					
Hldng, Nor, NL, Nor					
Realty, EE, FV Grnwch,	2,182,175				
Reality, EE, I'V Onition,	2,102,110				
4. Other Long-Term Liabiliti	es ( <i>itemize</i> )			}	98,753
Due To/(From)>TSM Hol		98,501			
Due To/(From)>HMO	ango	83			
Due To/(From)>Medicaid		169			
See Schedule					
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)		3	5	2,280,928
C. Total All Liabilities (Lines A			9	5	5,930,981

### State of Connecticut Annual Report of Long-Term Care Facility CSP-35 Rev. 6/95

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

	ne of Facility License No. Report for Year Ended view Health of Southport, LLC d/b 2307-C 9/30/2019	Page 35	of
rair	view Health of Southport, LLC d/b 2307-C 9/30/2019 Account		37
А.	Reserves		
	1. Reserve for value of leased land	\$	
	<ol> <li>Reserve for depreciation value of leased buildings and appurtenances to be amortized</li> </ol>	\$	
	3. Reserve for depreciation value of leased personal property (Equity)	\$	
	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	\$	
В.	Net Worth 1. Owner's Capital	\$	
	2. Capital Stock	\$	
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(2,273,021)
	6. Gain or Loss for Period 10/1/2018 thru 9/30/2019	\$	122,674
	7. Total Net Worth	\$	(2,150,347)
C.	Total Reserves and Net Worth	\$	(2,150,347)
D.	Total Liabilities, Reserves, and Net Worth	\$	3,780,634

# H. Changes in Total Net Worth

Name	of Facility	License No.	Report for Year	Ended	Page	of
Fairvi	ew Health of Southport, LLC d/b/a	2307-C	9/30/2019		36	37
		Account			A	mount
A.	Balance at End of Prior Period as sh	own on Report of 0	09/30/2018		\$	241,097
B.	Total Revenue (From Statement of	Revenue Page 30)			\$	12,298,632
C.	Total Expenditures (From Statemen	t of Expenditures P	Page 27)		\$	12,175,958
	Net Income or Deficit				\$	122,674
	Balance				\$	363,771
	<ul> <li>Additions</li> <li>1. Additional Capital Contributed ( Expenses Per Page 27 F/S vs C/R Depreciation Expenses Per F/S</li> <li>2. Other (<i>itemize</i>) To Adjust for Different Fisc</li> </ul>	\$12,180,403 (4,445) \$12,175,958	(2,514,118)			
F-3.	Total Additions			· · · · · · · · · · · · · · · · · · ·	\$	(2,514,118
<u>г-з.</u> G.	Deductions					(_,_ ,, , , , , , , , , , , , , , , , ,
0.	1. Drawings of Owners/Operators	Partners (Specify)			\$	
	Name and Address (No., City,		Title	Amount		
		÷				
	2. Other Withdrawings (Specify)		1		\$	
	Purpose		Amo	unt		
	3. Total Deductions	······································	<b>i</b>		\$	
H.	Balance at End of Period	09/30	)/19		\$	(2,150,347

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

☑ Chronic and Convalescent Nursing Home only (CCNH)	2307-C heck appropriate category at Home with Nursing pervision only (RHNS)	9/30/201	9	37	37
Chronic and Convalescent Nursing Home only (CCNH)	t Home with Nursing		· · · · · · · · · · · · · · · · · · ·		
Home only (CCNH)					
Prepare	V \ /	□ (Specify)	· ·		
	er/Reviewer Certific	ation			
have read the most recent Federal and State issue personnel as to the possible inclusion in this repor- regulations. All non-reimbursable expenses of w removed in the State rate computation system) as are properly reported as such in this report on Pa data contained in this report is in agreement with	ort of expenses which are not which I am aware (except the s a result of reading reports, i ages 28 and 29 (adjustments t	reimbursable under ose expenses known inquiry or other ser to statement of exp	er the applicable n to be automati vices performed enditures). Furt	cally by me	
	RINCIPAL	Date Sig	1 1		
Altarto T		-	1 1		
Printed Name of Preparer		-	1 1		
Addated Treparer Printed Name of Preparer Matthew S. Bavolack		-	1 13/20		
Altardo T		2 Phone N 203-781	1 13 / 20 umber -9600		
Matthew S, Bavolack Addres Address	PRINCIPAL	2 Phone N 203-781	1 13 / 20 umber -9600		
Printed Name of Preparer Matthew S. Bavolack Addres Address 555 Long Wharf Drive, New Haven, CT 06511	PRINCIPAL	2 Phone N 203-781	1 13 / 20 umber -9600 umber		

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

State of Connecticut 2019 Annual Cost Report

Version 13.1

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ISORY 🛦 CONSULTING

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Fairview Health of Southport, LLC d/b/a RegalCare at Southport for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Fairview Health of Southport, LLC d/b/a RegalCare at Southport. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

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

This report is intended solely for the information and use of the management of Fairview Health of Southport, LLC d/b/a RegalCare at Southport and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT February 6, 2020

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

This checklist is not required to be submitted with the Annual Report

Facility Name Fairview Health of Southport, LLC d/b/a RegalCare at Southport

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



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

Explanation:



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

_____

Yes	No

Explanation:

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

Yes No

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

Explanation:



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

Yes No Explanation:

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



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



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

Explanation: _

actual rather than estimated.



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

Explanation:



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

**Explanation:** 

Yes No	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Explanation:	
Yes No <b>Explanation</b> :	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No	<ul><li>13. Does historical cost and accumulated depreciation of all assets reported on Pages</li><li>23 and 24 roll forward from the prior cost year?</li></ul>
Yes No	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

Page 3 of 4

Yes No	17. Have all contractual allowances been properly reported on Page 30?
Yes No Explanation:	18. Were all discrepancies on the Error Page addressed?
Yes No <b>Solution</b> Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No <b>Solution</b> Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?