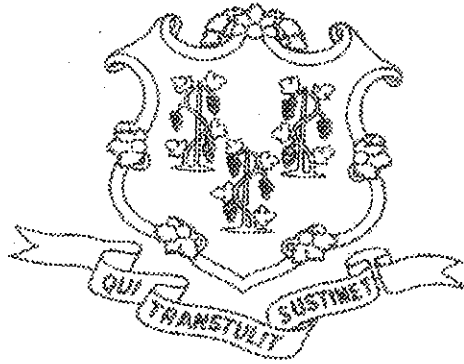


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Universal Healthcare Holdings LLC	
Address (No. & Street, City, State, Zip Code) 5 Greenwood Street, Hartford, CT 06106	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2541	RHNS	(Specify)	Medicare Provider 07-5250A
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Medicaid Provider Numbers:	CCNH 2081	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Cori Knutsen			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Universal Healthcare Holdings LLC		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 5 Greenwood Street, Hartford, CT 06106				
Report Prepared By iCare Management, LLC		Phone Number 860-570-2140	Date 2/15/2020	
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.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-236-2901		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Universal Healthcare Holdings LLC		Address (No. & Street, City, State, Zip) 5 Greenwood Street, Hartford, CT 06106		
License Numbers:	CCNH 2541	RHNS (Specify)	Medicare Provider No. 07-5250A	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Cori Knutsen		Nursing Home Administrator's License No.:	2117	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Universal Healthcare Holdings LLC		License No. 2541	Report for Year Ended 9/30/2019	Page 3	of 37
Legal Name of Partnership/LLC Universal Healthcare Holdings LLC		Business Address 5 Greenwood Street, Hartford, CT 06106		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
Creative Investment LLC	341 Bidwell Street, Manchester, CT 06040	Member		45	
Silver Investment LLC	341 Bidwell Street, Manchester, CT 06040	Member		45	
Vantage Capital Investors LLC	341 Bidwell Street, Manchester, CT 06040	Member		8	
Active Investments LLC	341 Bidwell Street, Manchester, CT 06040	Member		1	
B&M Advisors LLC	341 Bidwell Street, Manchester, CT 06040	Member		1	

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended	Page of		
Universal Healthcare Holdings LLC		2541	9/30/2019	6 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
ADP, Inc., One ADP Drive MS-100, Augusta, GA. 30909	<input type="radio"/>	<input checked="" type="radio"/>	02/01/19	60 months & automatic	1,783	1,783
Pitney-Bowes P.O. Box 856390, Louisville, KY 40285-6390	<input type="radio"/>	<input checked="" type="radio"/>	02/01/19		317	317
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
	<input type="radio"/>	<input checked="" type="radio"/>				
			<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***	
					2,100	

Is a Mileage Log Book Maintained for All Leased Vehicles ?

* 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 6c.

General Information and Questionnaire Accounting Basis

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

Services Provided by This Firm (*describe fully*)

1 Taxes, financial statements, accounting support	\$
2	\$
3	\$
4	\$
Charge for Services Provided	
\$	

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140
--	---

Address (*No. & Street, City, State, Zip Code*)
 1 341 Bidwell Street, Manchester CT
 2 32 Main Street, Avon, CT
 3 280 Trumbull St, Hartford, CT
 4
 5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

1 Lease and contract issues, general legal advice, Labor Law	\$ 13,792
2 Lease and contract issues, general legal advice, union funds advice	\$
3 Employment law, arbitrations, contract negotiations	\$
4 Employment Arbitrations, healthcare law	\$ 3,162
5 Conservatorships & Collections	\$ 1,534
Charge for Services Provided	
\$ 18,487	

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

Schedule of Resident Statistics

Name of Facility	Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019						Page 8	of 37									
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30														
			Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total CCNH	Total RHNS			Total	CCNH	RHNS	(Specify)					
1. Certified Bed Capacity																			
A. On last day of PREVIOUS report period			150	150			150	150				150	150						
B. On last day of THIS report period			150	150			150	150				150	150						
2. Number of Residents																			
A. As of midnight of PREVIOUS report period																			
B. As of midnight of THIS report period			142	142			137	137				137	137						
3. Total Number of Days Care Provided During Period																			
A. Medicare			1,465	1,465			850	850				615	615						
B. Medicaid (Conn.)			31,239	31,239			18,966	18,966				12,273	12,273						
C. Medicaid (other states)																			
D. Private Pay			62	62			60	60				2	2						
E. State SSI for RCH																			
F. Other (Specify) Insurance			82	82			12	12				70	70						
G. Total Care Days During Period (3A thru F)			32,848	32,848			19,888	19,888				12,960	12,960						
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																			
A. Medicaid Bed Reserve Days																			
B. Other Bed Reserve Days																			
5. Total Resident Days (3G + 4A + 4B)			32,848	32,848			19,888	19,888				12,960	12,960						

Schedule of Resident Statistics (Cont'd)

Name of Facility Universal Healthcare Holdings LLC			License No. 2541			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	6		134		2								
Per Diem Rate													
a. One bed rm.	385.00		253.00		399.00								
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,928	1,928				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								336	336				
2. Restorative Treatments								2,376	2,376				
C. Other								2,403	2,403				
D. Total Physical Therapy Treatments								7,043	7,043				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								148	148				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								29	29				
2. Restorative Treatments								99	99				
C. Other								124	124				
D. Total Speech Therapy Treatments								400	400				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,033	3,033				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								253	253				
2. Restorative Treatments								2,224	2,224				
C. Other								2,611	2,611				
D. Total Occupational Therapy Treatments								8,121	8,121				

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 Ended	Page	of		
Universal Healthcare Holdings LLC	2541	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	90,186	1,173				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	141,001	6,450				
5. Dietary Service						
a. Head Dietitian	22,521	709				
b. Food Service Supervisor	33,551	1,402				
c. Dietary Workers	281,954	14,870				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	41,072	1,464				
b. Other Maintenance Workers	46,309	2,745				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	141,481	2,701				
b. RN						
1. Direct Care	247,230	5,691				
2. Administrative**	133,571	3,054				
c. LPN						
1. Direct Care	1,000,769	31,521				
2. Administrative**						
d. Aides and Attendants	1,310,993	70,271				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	70,108	3,248				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	56,769	2,016				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	38,508	2,339				
A-13. Total Salary Expenditures	3,656,023	149,653				

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

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

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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Universal Healthcare Holdings LLC		2541		9/30/2019		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Page 12	of 37
		Full Description of Services Rendered	Range Benefits and/or Other Payments (describe fully)					
Name	Salary Paid		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Page	of	
	CCNH	RHNS (Specify)						
Section III - Administrators***								
George Kingston	90,186		1,173	A2				
				A2				
				A2				
Section IV - Assistant Administrators								

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Universal Healthcare Holdings LLC	2541	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	16,394	228				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	48,249	733				
b. Other						
6. Social Worker	62,939	1,202				
7. Recreation Worker	13,047	35+Cable				35+Cable
8. Physicians						
a. Medical Director (entire facility)	38,906	284				
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) Physician Care Contract Services	13,065	42				
9. Speech Therapist						
a. Resident Care	6,761	88				
b. Other						
10. Occupational Therapist						
a. Resident Care	66,199	732				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	9,483	80				
2. Administrative***	91,476	1,520				
b. LPN						
1. Direct Care	4,747	113				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	210,077	4,429				
B-13 Total Fees Paid in Lieu of Salaries	581,342	9,451				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Universal Healthcare Holdings LLC	2541	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 141,647	141,647			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 346,501	346,501			
5. Health Insurance	\$ 699,506	699,506			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 230,290	230,290			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 28,416	28,416			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ (0)	(0)			
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 18,487	18,487			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 9,893	9,893			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 7,003	7,003			
2. Cellular Phones	\$ 754	754			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 690,465	690,465			
Subtotal	\$ 2,173,212	2,173,212			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC	2541	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	2,173,212	2,173,212		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$	229	229	
5. Education Expenses Related to Seminars and Conventions	\$	1,781	1,781	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$	858	858	
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	9,219	9,219	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	10,566	10,566	
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$	3,128	3,128	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	2,543	2,543	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	65,082	65,082	
12. Administrative Management Services**	\$	233,851	233,851	
13. Other (<i>Specify</i>) See Attached Schedule	\$	13,290	13,290	
C-14 Total Administrative & General Expenditures	\$	2,513,759	2,513,759	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
MEALS	\$ 858		\$ -
Total Other Travel and Entertainment	\$ 858	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
COMMUNICATIONS SPECIAL EVENTS	\$ 10,566		\$ -
Total Other Advertising	\$ 10,566	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM			
CAHCF Dues	\$ 2,383		\$ -
OTHER DUES	\$ 160		\$ -
Total Dues	\$ 2,543	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
CONTRIBUTIONS	\$ -		\$ -
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 3,903		\$ -
EMPLOYEE RELATIONS	\$ 421		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 574		\$ -
PERMITS & LICENSES	\$ 2,030		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 4,447		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 181		\$ -
INTERNET EXPENSES	\$ 1,735		\$ -
Rounding	\$ (1)		
Total Other Administrative and General	\$ 13,290	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
iCare Management, LLC/iCare Health Management, LLC	233,851	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	132,048	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	18,484	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Universal Healthcare Holdings LLC		2541	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 189,352	189,352			
2.	Non-Food Supplies	\$ 12,687	12,687			
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 19,853	19,853			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 1,033	1,033			
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT		\$ 4,597	4,597			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 227,522	227,522			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*	270	270			
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility		License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC		2541	9/30/2019	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	104	104	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	247,397	247,397	
c. Other (Specify)		\$			
LAUNDRY MINOR EQUIPMENT					
3D. Total Laundry Expenditures (3a + b + c)		\$	247,501	247,501	
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Universal Healthcare Holdings LLC		2541	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 17,221	17,221		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$ 263,107	263,107		
C.	Other (<i>Specify</i>)		\$			
	HOUSEKEEPING MINOR EQUIPMENT					
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 280,328	280,328		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from PHARMACY		\$ 89,902	89,902		
b.	Medicine Cabinet Drugs		\$ 10,353	10,353		
c.	Medical and Therapeutic Supplies		\$ 100,113	100,113		
d.	Ambulance/Limousine***		\$ 694	694		
e.	Oxygen					
1.	For Emergency Use		\$ 4,321	4,321		
2.	Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 993	993		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 2,994	2,994		
i.	Recreation		\$			
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 197,767	197,767		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 407,136	407,136		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
NURSING ADMIN SUPPLIES	\$ 28		\$ -
NURSING MINOR EQUIP	\$ 4,253		\$ -
MEDICAL RECORDS SUPPLIES	\$ 1,952		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 132,048		\$ -
NON-COVERED PPS DR. VISITS	\$ 28		\$ -
RESIDENT CARE SUPPLIES	\$ 39		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 3,503		\$ -
PERSONAL CARE SUPPLIES	\$ 581		\$ -
INCONTINENCY SUPPLIES	\$ 1,557		\$ -
VACCINE RESIDENTS	\$ 50		\$ -
PATIENT SPECIAL NEEDS	\$ 38		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 24,049		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ -		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 2,179		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 1,726		\$ -
ACTIVITIES SUPPLIES	\$ 3,351		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ 3,902		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 18,484		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
Total Other Resident Care	\$ 197,767	\$ -	\$ -

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

Name of Facility Universal Healthcare Holdings LLC		License No. 2541	Report for Year Ended 9/30/2019	Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No							
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	O	O	VENDOR	Housekeeping Services	263,107			20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	O	O	VENDOR	Laundry Services	247,397			19	3b
Eagle Elevator		O	O	VENDOR	Elevator Contract				22	6F
Bioserve, Inc.		O	O	VENDOR	Medical Waste	1,726			22	6F
MLG Landscaping LL/Scenic Landscapes LLC		O	O	VENDOR	Snow Removal/Landscaping	17,681			22	6F
All West Inc		O	O	VENDOR	Trash removal	12,002			22	6F
American HealthTech		O	O	VENDOR	Software Maintenance Contract	9,507			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	O	O	VENDOR	Payroll Services	22,826			16	M11
National Datacare Corp		O	O	VENDOR	Resident Trust Software	2,285			16	M11
Prime Care Technology services		O	O	VENDOR	Computer Consulting Services	19,779			16	M11
Priority Express		O	O	VENDOR	Courier Services	2,321			16	M11
Point Right Inc		O	O	VENDOR	Nursing Software				16	M11
		O	O	VENDOR					22	6F
		O	O	VENDOR						

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended		Page	of
Universal Healthcare Holdings LLC	2541	9/30/2019		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 33,555	33,555			
b. Heat	\$ 12,710	12,710			
c. Light & Power	\$ 138,870	138,870			
d. Water	\$ 38,356	38,356			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,100	2,100			
f. Other (<i>itemize</i>)	\$ 71,550	71,550			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 297,141	297,141			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 11,200	11,200			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 11,200	11,200			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 143	143			
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 143	143			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 194,672	194,672			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 193,646	193,646			
c. Personal property taxes	\$ 38	38			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 399,701	399,701			

* 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)
PLANT SUPPLIES	\$ 12,933		\$ -
PLANT CONTRACT SERVICE LABOR	\$ -		\$ -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 7,830		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 9,503		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 8,178		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 12,002		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 12,256		\$ -
PLANT MINOR EQUIPMENT	\$ 8,029		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 819		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 71,550	\$ -	\$ -

Amortization Schedule*

Name of Facility Universal Healthcare Holdings LLC	License No. 2541		Report for Year Ended 9/30/2019			Page 24	of 37
	Date of Acquisition		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
Month	Year	Length of Amortization					
A. Organization Expense							
1.							
2.							
3.							
A-4. Subtotal							
B. Mortgage Expense							
1.							
2.							
3.							
B-4. Subtotal							
C. Leasehold Improvements and Other							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)			10,174			143	
C-4. Subtotal							143
D. Total Amortization							143

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes
 No

If "Yes," complete Part B.
 If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	01/11/19				
4. Date of Initial Licensure	01/11/19				
5. Total Licensed Bed Capacity	150				
6. Square Footage	54,138				
7. Acquisition Cost					
a. Land					
b. Building					

Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Universal Healthcare Holdings LLC		2541	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Universal Healthcare Holdings LLC		2541		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) INTEREST				\$ 8,780	8,780		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 8,780	8,780		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 6,109	6,109		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 42,970	42,970		
2. Fire and Extended Coverage				\$			
3. Other (Specify) Other insurance, crime				\$ 1,551	1,551		
14d. Total Insurance Expenditures (14a + b + c)				\$ 50,629	50,629		
15. Total All Expenditures (A-13 thru C-14)				\$ 8,669,862	8,669,862		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC				2541	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$	(0)	(0)	
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$	10,566	10,566	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	30,700	30,700	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$	41,266	41,266	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 181		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ (1)		
		Provider User Fee for Medicare days	\$ 30,520		\$ -
Total Other A&G Adjustments			\$ 30,700	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Universal Healthcare Holdings LLC			2541	9/30/2019	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 41,266	41,266		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 694	694		
29.			X-rays, etc	\$ 993	993		
30.			Laboratory	\$ 2,994	2,994		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 28	28		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 45,974	45,974		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J		27.70		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 28	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Universal Healthcare Holdings LLC		License No. 2541	Report for Year Ended 9/30/2019		Page 30	of 37
Item			Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1.	a. Medicaid Residents (CT only)	\$	8,217,421	8,217,421		
	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)	\$	749,591	749,591		
	b. Medicare Room and Board Contractual Allowance **	\$				
4.	a. Private-Pay Residents and Other	\$	55,160	55,160		
	b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue						
1.	a. Prescription Drugs - Medicare	\$	66,575	66,575		
	b. Prescription Drugs - Medicare Contractual Allowance **	\$	(66,575)	(66,575)		
	c. Prescription Drugs - Non-Medicare	\$	44,300	44,300		
	d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(44,300)	(44,300)		
2.	a. Medical Supplies - Medicare	\$	415	415		
	b. Medical Supplies - Medicare Contractual Allowance **	\$	(415)	(415)		
	c. Medical Supplies - Non-Medicare	\$	737	737		
	d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(737)	(737)		
3.	a. Physical Therapy - Medicare	\$	116,864	116,864		
	b. Physical Therapy - Medicare Contractual Allowance **	\$	(71,448)	(71,448)		
	c. Physical Therapy - Non-Medicare	\$	96,536	96,536		
	d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(96,536)	(96,536)		
4.	a. Speech Therapy - Medicare	\$	16,862	16,862		
	b. Speech Therapy - Medicare Contractual Allowance **	\$	(9,052)	(9,052)		
	c. Speech Therapy - Non-Medicare	\$	11,251	11,251		
	d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(11,251)	(11,251)		
5.	a. Occupational Therapy - Medicare	\$	164,348	164,348		
	b. Occupational Therapy - Medicare Contractual Allowance **	\$	(88,532)	(88,532)		
	c. Occupational Therapy - Non-Medicare	\$	93,658	93,658		
	d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(92,791)	(92,791)		
6.	a. Other (Specify) - Medicare	\$				
	b. Other (Specify) - Non-Medicare	\$	42,177	42,177		
III. Total Resident Revenue (Section I. thru Section II.)			\$ 9,194,258	9,194,258		
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)	\$				
6.	Private Duty Nurses' Fees	\$				
7.	Barber, Coffee, Beauty and Gift shops	\$				
8.	Other (Specify)	\$	10,320	10,320		
V. Total Other Revenue (1 thru 8)			\$ 10,320	10,320		
VI. Total All Revenue (III + V)			\$ 9,204,578	9,204,578		

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
 ** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Medicare	\$ 10,378		
	Lab Medicare CA	\$ (10,378)		
	Oxygen Medicare	\$ -		
	Oxygen Medicare CA	\$ -		
	Equipment rental	\$ 2,145		
	Equipment rental CA	\$ (2,145)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 684		
	Radiology Medicare CA	\$ (684)		
	IV Therapy	\$ 6,332		
	IV Therapy CA	\$ (6,332)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	2,070.10		
	Lab CA	(2,070.10)		
	Oxygen	\$ 108		\$
	Oxygen CA	\$ (108)		\$
	Equipment rental	\$ 9,820		
	Equipment rental CA	\$ (9,820)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 392		
	Radiology CA	\$ (392)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV Therapy	\$ 2,964		\$
	IV therapy CA	\$ (2,964)		\$
	Flu shot revenue	\$ -		
	Outpatient therapy	\$ -		
	Outpatient therapy CA	\$ -		
	prior period revenue	\$ -		
	Oplan B	\$ 107,898		
	Oplan B CA	\$ (58,748)		
	C/A VBP	\$ (6,973)		
	rounding	\$ -		
	Total Other Resident Revenue	\$ 42,177	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME		\$ -		
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 0		
	OPTUM DIVIDENDS REVENUE	\$ 10,320		
	OPTUM OUTLIERS	\$ -		
	OTHER INCOME, DEFERRED REVENUE	\$ -		
	ALL DMHAS REVENUE	\$ -		
	Total Other Revenue	\$ 10,320	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC	2541	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,900
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,265,357
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	156,833
a. Prepaid Insurance	84,094			
b. Prepaid Property Taxes	71,179			
c. Prepaid Expenses Other	1,560			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(30,520)
Due From (to) Related Parties	(30,520)			
Other Owners reserves				
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,394,570
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>10,174</u>		\$	10,030
	Accum. Depreciation <u>143</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>117,326</u>		\$	106,125
	Accum. Depreciation <u>11,200</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	10,916
Construction in Progress	10,916			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	127,071

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of	
Universal Healthcare Holdings LLC		2541	9/30/2019	32	37	
Account			Amount			
			Total Brought Forward:	\$	1,521,641	
C.	Leasehold or like property recorded for Equity Purposes.					
1.	Land			\$		
2.	Land Improvements	*Historical Cost _____		\$		
		Accum. Depreciation _____	Net	\$		
3.	Buildings	*Historical Cost _____		\$		
		Accum. Depreciation _____	Net	\$		
4.	Non-Movable Equipment	*Historical Cost _____		\$		
		Accum. Depreciation _____	Net	\$		
5.	Movable Equipment	*Historical Cost _____		\$		
		Accum. Depreciation _____	Net	\$		
6.	Motor Vehicles	*Historical Cost _____		\$		
		Accum. Depreciation _____	Net	\$		
7.	Minor Equipment-Not Depreciable			\$		
C-8	Total Leasehold or Like Properties (C1 thru 7)				\$	
D.	Investment and Other Assets					
1.	Deferred Deposits			\$		
2.	Escrow Deposits			\$		
3.	Organization Expense	*Historical Cost _____		\$		
		Accum. Depreciation _____	Net	\$		
4.	Goodwill (Purchased Only)			\$		
5.	Investments Related to Resident Care (<i>itemize</i>)			\$	55,077	
	Patient Trust Funds	41,772				
	Long Term Deposit - primicare	13,305				
6.	Loans to Owners or Related Parties (<i>itemize</i>)			\$		
	Name and Address	Amount	Loan Date			
7.	Other Assets (<i>itemize</i>)			\$		

	See Schedule					
D-8.	Total Investments and Other Assets (Lines D1 thru 7)				\$	55,077
D-9.	Total All Assets (Lines A9 + B10 + C8 + D8)				\$	1,576,718

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

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC		2541	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	264,500
2. Notes Payable (<i>itemize</i>)				\$	134,681
Working Capital Line of Credit					134,681
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	355,059
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	195,991
Related Party Payables		81,631			
Accrued Expenses		39,210			
Accrued Resident User Fees		(1,913)			
Accrued Workers Comp Expense		77,063	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	950,231

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				950,231
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Patient Trust Funds		41,772	41,772	
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 41,772
C. Total All Liabilities (Lines A-13 + B-5)				\$ 992,003

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

Name of Facility	License No.	Report for Year Ended	Page	of
Universal Healthcare Holdings LLC	2541	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	50,000
6. Gain or Loss for Period			\$	534,716
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	584,716
C. Total Reserves and Net Worth			\$	584,716
D. Total Liabilities, Reserves, and Net Worth			\$	1,576,718

H. Changes in Total Net Worth

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 9,204,578	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 8,669,862	
D. Net Income or Deficit			\$ 534,716	
E. Balance			\$ 534,716	
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$ 534,716	
			09/30/19	

I. Preparer's/Reviewer's Certification

Name of Facility Universal Healthcare Holdings LLC	License No. 2541	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
iCare Management, LLC				
Address: Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Contact Email Address				