## **State of Connecticut**



## **Annual Report of Long-Term Care Facility**

Cost Year 2018

Name of Facility (as licensed)						
Arden House Care and Rehabil	itation Center					
Address (No. & Street, City, St 850 Mix Avenue, Hamden, CT	- /					
Гуре of Facility						
Chronic and Convalesce  ✓ Nursing Home only (CCNH)	nt 🗆	Rest Home with Supervision on (RHNS)	_		(Specify)	
Report for Year Beginning 10/1/2017		Report for Yea 9/30/2018	r Ending			
		<del>,</del>				
License Numbers:	CCNH 2199-C	RHNS	(Specify) Medicare Provide 07-5228			
					ı.	
Medicaid Provider Numbers:	20371	CNH	RH	INS	]	CF-IID
For Department Use Only						
Sequence Number Signed a Notariz		Sequence N Assign		Signed a	nd Notarized	Date Received

#### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Arden House Care and Rehabilitation Center	2199-C	9/30/2018	1	37

#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Arden House Care and Rehabilitation Center, for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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)			Printed Name (Owner)	
McDonnell,Patrick Michael			Keith Davis, V.P. of Reimb.,	Genesis Healthcare
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public	<u>_</u>			

(Notary Seal)

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<ul> <li>C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17</li> <li>C. Expenditures Other than Salaries (Cont'd) - Dietary 18</li> <li>C. Expenditures Other than Salaries (Cont'd) - Laundry 19</li> <li>C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21</li> <li>C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22</li> <li>Depreciation Schedule 23</li> <li>Amortization Schedule 24</li> <li>C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25</li> <li>C. Expenditures Other than Salaries (Cont'd) - Interest 26</li> <li>C. Expenditures Other than Salaries (Cont'd) - Interest 27</li> <li>D. Adjustments to Statement of Expenditures 28</li> <li>D. Adjustments to Statement of Expenditures 29</li> <li>F. Statement of Revenue 30</li> <li>G. Balance Sheet 31</li> <li>G. Balance Sheet (Cont'd) 32</li> <li>G. Balance Sheet (Cont'd) 33</li> <li>G. Balance Sheet (Cont'd) 34</li> <li>G. Balance Sheet (Cont'd) 35</li> <li>H. Changes in Total Net Worth 36</li> </ul>			14
<ul> <li>C. Expenditures Other than Salaries (Cont'd) - Administrative and General Schedule C-1 - Management Services 17</li> <li>C. Expenditures Other than Salaries (Cont'd) - Dietary 18</li> <li>C. Expenditures Other than Salaries (Cont'd) - Laundry 19</li> <li>C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract 21</li> <li>C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property 22</li> <li>Depreciation Schedule 23</li> <li>Amortization Schedule 24</li> <li>C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire 25</li> <li>C. Expenditures Other than Salaries (Cont'd) - Interest 26</li> <li>C. Expenditures Other than Salaries (Cont'd) - Interest 27</li> <li>D. Adjustments to Statement of Expenditures 28</li> <li>D. Adjustments to Statement of Expenditures 29</li> <li>F. Statement of Revenue 30</li> <li>G. Balance Sheet 31</li> <li>G. Balance Sheet (Cont'd) 32</li> <li>G. Balance Sheet (Cont'd) 33</li> <li>G. Balance Sheet (Cont'd) 34</li> <li>G. Balance Sheet (Cont'd) 35</li> <li>H. Changes in Total Net Worth 36</li> </ul>	C.	Expenditures Other than Salaries - Administrative and General	15
Schedule C-1 - Management Services  C. Expenditures Other than Salaries (Cont'd) - Dietary  C. Expenditures Other than Salaries (Cont'd) - Laundry  C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care  Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract  C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property  Depreciation Schedule  Amortization Schedule  C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire  Expenditures Other than Salaries (Cont'd) - Property Questionnaire  C. Expenditures Other than Salaries (Cont'd) - Interest  C. Expenditures Other than Salaries (Cont'd) - Interest  C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance  D. Adjustments to Statement of Expenditures  D. Adjustments to Statement of Expenditures (Cont'd)  F. Statement of Revenue  30  G. Balance Sheet  31  G. Balance Sheet (Cont'd)  32  G. Balance Sheet (Cont'd)  33  G. Balance Sheet (Cont'd)  34  G. Balance Sheet (Cont'd)  Agenatic Sheet (Cont'd)  35  H. Changes in Total Net Worth	C.		16
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Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract  C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property  Depreciation Schedule  Amortization Schedule  C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire  C. Expenditures Other than Salaries (Cont'd) - Interest  C. Expenditures Other than Salaries (Cont'd) - Interest  C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance  D. Adjustments to Statement of Expenditures  D. Adjustments to Statement of Expenditures (Cont'd)  F. Statement of Revenue  G. Balance Sheet  G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract  C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property  Depreciation Schedule  Amortization Schedule  C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire  C. Expenditures Other than Salaries (Cont'd) - Interest  C. Expenditures Other than Salaries (Cont'd) - Interest  C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance  D. Adjustments to Statement of Expenditures  D. Adjustments to Statement of Expenditures (Cont'd)  F. Statement of Revenue  G. Balance Sheet  G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract  C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property  Depreciation Schedule  Amortization Schedule  C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire  C. Expenditures Other than Salaries (Cont'd) - Interest  C. Expenditures Other than Salaries (Cont'd) - Interest  C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance  D. Adjustments to Statement of Expenditures  D. Adjustments to Statement of Expenditures (Cont'd)  F. Statement of Revenue  G. Balance Sheet  G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures Cont'd) F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) - Reserves and Net Worth 35 H. Changes in Total Net Worth	C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
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C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Amortization Schedule	24
C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest	26
D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures	28
G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures (Cont'd)	29
G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	F.	Statement of Revenue	30
G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet	31
G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	32
G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	33
H. Changes in Total Net Worth 36	G.	Balance Sheet (Cont'd)	34
<u> </u>	G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
I. Preparer's/Reviewer's Certification 37	H.	Changes in Total Net Worth	36
	I.	Preparer's/Reviewer's Certification	37

### State of Connecticut

## **Department of Social Services**

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	Page 1A	of 37		
Name of Facility	Period Cov	ered:	From	То
Arden House Care and Rehabilitation Center			10/1/2017	9/30/2018
Address of Facility				
850 Mix Avenue, Hamden, CT 06514	_			
Report Prepared By	Phone Num		Date	
Thomas Farnan	978-247-50	29	12/20/2014	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 8,313,555	8,313,555		
5. All other wages paid	\$ 1,104,015	1,104,015		
6. Total Wages Paid	\$ 9,417,569	9,417,569		
7. Total salaries paid	\$ 370,129	370,129		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 9,787,698	9,787,698		

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

			ility	Report for Ye	ar Ended	Page		of
	203	3-281-3500		9/30/2018		2		37
Name of Facility (as shown on license)		`		Street, City, Sta				
Arden House Care and Rehabilitation Center			enue	, Hamden, CT	06514			
CCNH		RHNS		(Specify)		Medicare F	rovic	ler No.
License Numbers: 2199-C						07-5228		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)  □		st Home with in pervision only			(Specify)	)		
Type of Ownership (Check appropriate box)								
O Proprietorship • LLC O Partnership	0	Profit Corp.		Non-Profit Cor		Government	0	Trust
If this facility opened or closed during report year provi	de:		Date	e Opened	Date Clo	esed		
Has there been any change in ownership								
or operation during this report year?	0	) Yes	•	No	If "Yes,"	explain full	y.	
Administrator				_	ī			
Name of Administrator				Nursing Ho				
McDonnell,Patrick Michael				Administrat		1574		
Other Operators/Owners who are assistant administrator	ra (fu	11 or nort time	of +1	License N	NO.:			
Name	.5 (1u	in or part time,	01 ti	License N	Jo ·			
rume				Dicense 1				

CSP-3 Rev. 10/2005

## General Information and Questionnaire Partners/Members

Name of Facility Arden House Care and Rehabi	litation Center	License No. 2199-C	Report for 5 9/30/2018	Year Ended	Page of 3   37
Legal Name of Part		Business	•		or Town(s) in Registered
Name of Partners/Members	Business Ac	ddress		Title	% Owned
Harborside Health I Corporation	101 Sun Ave. NE, Alb 87109	uquerque, NM			1
Harborside Healthcare Limited	101 Sun Ave. NE, Alb 87109	uquerque, NM			99

CSP-3A Rev. 10/2005

# **General Information and Questionnaire Corporate Owners**

Name of Facility	License No.	Report for Year	Ended	Page	of
Arden House Care and Rehabilitation Center	: 2199-C	9/30/2018		3A	37
If this facility is owned or operated as a corp	oration, provide th	e following inform	nation:		
Legal Name of Corporation	Busine	ss Address	State(s) in W	hich Incorp	orated
Arden House Care and	101 East State St	reet, Kennett	PA		
Rehabilitation Center	Square, PA 1934	18			
			<u> </u>	<u> </u>	
Name of Directors, Officers	Busine	ss Address	Title	No. Si Held by	
N/A					
Names of Stockholders Owning at Least 10% of Shares					
N/A					

CSP-3B Rev. 10/2005

## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Arden House Care and Rehabilitation Center	2199-C	9/30/2018	3B 37
If this facility is owned or operated as an individu	ual proprietorship, p	provide the following information	tion:
	wner(s) of Facility	-	
	•		

CSP-4 Rev. 10/2005

### **General Information and Questionnaire** Related Parties\*

Name of Facility		Licens			Report for Year Ended		Page	of
Arden House Care and I	Rehabilitation Center		2199-C	-	9/30/2018		4	37
Are any individuals rece	eiving compensation from the fa	acility re	elated th	rough		If "Yes," provide the Name/A	Address and	
marriage, ability to cont	rol, ownership, family or busing	ess asso	ciation	, 0	Yes • No	complete the information on		he report.
						*		· · · ·
Are any individuals or c	companies which provide goods	or serv	ices,					
including the rental of p	roperty or the loaning of funds	to this f	acility,					
related through family a	ssociation, common ownership	, contro	l, or bus	siness				
association to any of the	e owners, operators, or officials	of this	facility?			If "Yes," provide the following	ng informati	on:
		Al	so Prov	ides				
			ds/Servi			Indicate Where Costs are		
Name of Related	Business		Related		Description of Goods/Services	Included in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	•	0		Home Office	Pg 16/m12	1,014,446	1,014,446
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	•	0	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	825,054	825,054
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	0	•		Staffing Pool	Pg 10/A12, p15-1	2,417	2,417
Genesis ElderCare Physician Services	1 /	•	0		Medical Director /NP	Pg 13/B8, Pg 10/A12	59,053	59,053
Career Staffing	101 East State Street, Kennett Square, PA 19348	•	0		Outside Agency	Pg 13/B11 pg 10-12, 15-1	16,677	16,677
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	•	0		Respiratory Therapy	Pg 13/B12, Pg 20/C5E2, Pg 20/C5.	9,389	9,389
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	•	0		Insurance	Pg 27/14	546,411	546,411
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	•	0		Capital Interest	Page 17, page 26-12A	96,713	96,713
		0	0					

<sup>\*</sup> Use additional sheets if necessary.

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

## **General Information and Questionnaire Basis for Allocation of Costs**

Name of Facility					OI
Arden House Care and Rehabilitation Center	2199-0	1	9/30/2018	5	37
If the facility is licensed as CDH and/or RCH o	r provides A	AIDS or TB	I services with special Medicai	d rates,	costs
must be allocated to CCNH and RHNS as follo	ws:		-		
Item			Method of Allocation	<u>,</u>	
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Arden House Care and Rehabilitation Center 2199-C 9/30/2018 5 37  If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:    Number of meals served to residents					
* *		Number of	hours of routine care provided	by EA	СН
Nursing		employee o	classification, i.e., Director (or	Charge	Nurse),
		,			des and
Arden House Care and Rehabilitation Center 2199-C 9/30/2018 5 37  If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:    Item					
		specialist (	(See listing page 13)		
Maintenance and operation of plant		Square feet	t		
Property costs (depreciation)		Square feet	t		
Employee health and welfare		Gross salar	ries		
Management services					
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the foll	owing ques	tions applic	able to the cost information pro	vided.	
1. In the preparation of this Report, were all	0 W	0 N	If "No," explain fully why suc	h alloca	tion was
costs allocated as required?	• Yes	O No	not made.		
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data	Į.	
= -					
3. Did the Facility appropriately allocate and se	elf-disallow	direct and i	ndirect costs to non-nursing ho	me cos	t centers?
(e.g., Assisted Living, Home Health, Outpat:	ient Service	s, Adult Da	y Care Services, etc.)		
IC UNIA U annulain Calle malar anala alla action m					
	• Yes	O No	, 1	ii aiioca	mon was
			110000		

### **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 Y	ear Ended		Page	of
Arden House Care and Rehabilitation Cent	er		2199-C	9/30/2018			6	37
	Relate Owr Opers	ators,		Date of	Term of	Annual Amount	Am	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	imed
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for All	Leased Vo	hicles	? O Yes	s O	No	Total ***		

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

## General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Arden House Care and Rehabilitation	2199-C	9/30/2018		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
• Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 KPMG Peat Marwick		1600 Market Street, Philadelphia, PA 191	103		
2					
3					
Services Provided by This Firm (de	scribe fully )				
1 Year end financial audit			\$		
2			\$		
3			\$		
4			\$		
			Charge for	Services Pi	rovided
			\$		
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O Yes O No					
Legal Services Information			_		
Name of Legal Firm or Independent			Telephone	Number	
1 American Arbitration Associate					
2 Hamden Government Center C			203-287-7		
3 Timothy S Wall State Marshall	- Probate Court Fees		203-265-7		
4 Bloom & Witkin			617 456-0	500	
Address (No. & Street, City, State, 7	7in Code)				
1 45 Notch Rd Bolton, CT 06043					
2 2750 Dixwell Ave Hamden, CT					
3 P O Box 297 Wallingford, CT					
4 470 Atlantic Ave - 3rd Fl Bosto					
5	,				
Services Provided by This Firm (de	scribe fully )				
1 Arbitrator Compensation regarding la	wsuit with nursing agency union -l	NE Healthcare Employees Union, District 1199, SEIU	\$		
2 Citation/Appointment of Conservator			\$		
3 Citation and Return/Appointment of C	Conservator, Probate Court Fees		\$	5,557	
4 Saving the Real Estate Tax - R.E Tax	Abatement		\$		
5			\$		
			Charge for	Services Pr	rovided
			\$	5,557	
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
⊙ Yes O No	Legal Fees pg. 15 1-e				

## **Schedule of Resident Statistics**

Name of Facility			License N	No.			Report for Year Ended				Page	of
Arden House Care and Rehabilitation Center			21	99-C			9/30/2018				8	37
						Period 10	/1 Thru 6/	30		Period 7/	1 Thru 9/3	30
	T . 1 . 11	Total	Total	TD 4 1								
	Total All Levels	CCNH Level	RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity				(1 3)				(1 3)				(1 3)
A. On last day of PREVIOUS report period	360	360			360	360			360	360		
B. On last day of THIS report period	360	360			360	360			360	360		
2. Number of Residents												
A. As of midnight of PREVIOUS report period 256 256					256	256			242	242		
B. As of midnight of THIS report period 241 241					242	242			241	241		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,427	2,427			1,918	1,918			509	509		
B. Medicaid (Conn.)	83,544	83,544			62,501	62,501			21,043	21,043		
C. Medicaid (other states)												
D. Private Pay	2,419	2,419			2,071	2,071			348	348		
E. State SSI for RCH												
F. Other (Specify)	1,488	1,488			1,204	1,204			284	284		
G. Total Care Days During Period (3A thru F)	G. Total Care Days During Period (3A thru F) 89,878 89,878				67,694	67,694			22,184	22,184		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	1	1			1	1						
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	89,879	89,879			67,695	67,695			22,184	22,184		

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**Schedule of Resident Statistics (Cont'd)** 

·				Report for Year Ended Page of					of						
Arden House	Care an	d Rehab	oilitation Center	2	199-C					9/30/201	8		9	37	
	•	_	in the certified b		pacity du	ıring t	the repo	ort yea	ar?	0	Yes	•	No		
		Place of	f Change		Cł	nange	in Bed	S		Ca	pacity Afte	er Change			
Date of	CCNH	RHNS	(Specify)		Lost		(	Gaine	d			_			
Chamas										1					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	y) Reason for Chang		
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number RESIDENT DAYS for 90 days following the change.									mber of						
RESIDI	ENI DA	YS IOT	90 days followii	ng the	cnange.					1					
1st chan	Change in Resident Days CCNH RHNS						RHNS	(Spe	ecify)						
2nd char															
3rd chan	_														
4th chan	_														
6. Number	of Resid	dents an	d Rates on Septe	ember			ar								
			Medicare		Medi	caid				Se	elf-Pay		Other Sta	te Assisted	
	<b>.</b>		CONT		CO 111		n ia		~~ ***	D.	D.I.O.	(0 :0)	D C II	I CE UD	
No. of R	Item		CCNH		CNH	KI	HNS	CO	CNH	RI	INS	(Specify)	R.C.H.	ICF-IID	
Per Dien		,	6		228				/						
a. One b															
b. Two			546.24		222.96				446.35						
c. Three	or mor	e													
bed 1	ms.														
7 T 131	1	cmi :	1.50							T-0	T 4 T	COM	DIDIG	(6 :6)	
		re - Par	al Therapy Treat	tment	S					10	TAL 4,787	CCNH 4,787	RHNS	(Specify)	
A. R	Medica	id (Excl	lusive of Part B)								4,/8/	4,/8/			
Б.			e Treatments												
			Treatments								1,895	1,895			
	Other										9,373	9,373			
			Therapy Treatm								16,055	16,055			
			Therapy Treatr	nents											
		re - Par									711	711			
В.			lusive of Part B) e Treatments												
			Treatments								565	565			
C.	Other	ioruirve	Treatments								1,791	1,791			
		peech T	herapy Treatmo	ents							3,067	3,067			
9. Total Nu	ımber o	f Occupa	ational Therapy	Treat	ments										
A.	Medica	re - Par	t B								6,981	6,981			
B.			lusive of Part B)												
			e Treatments							<u> </u>					
		torative	Treatments							1	2,291	2,291			
	Other	)ccupati	ional Therapy T	roatn	onts					1	9,834 19,106	9,834 19,106			
D.	1 oun C	лсирин	они тистиру Т	, cuill	icius					I	19,100	19,100			

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Report of Expenditures - Salaries & Wages

Name of Facility Report of Ex	License No.	~	Report for Year		Page	of
Arden House Care and Rehabilitation Center	2199-C		9/30/2018		10	37
Are time records maintained by all individuals receiving cor	npensation?	•	Yes	0	No	
, ,			Total Cost a	nd Hours		
			Total Cost a	Ind Trours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
<ol> <li>Operators/Owners (Complete also Sec. I of Schedule A1)</li> </ol>						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	134,652	2,086				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)	39,151	1,103				
4. Other Administrative Salaries (telephone	242.440	12.046				
operator, clerks, receptionists, etc.) 5. Dietary Service	343,449	13,846				
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper     b. Other Housekeeping Workers	+			1		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	118,572	4,268				
b. Other Maintenance Workers	122,577	7,083				
8. Laundry Service a. Supervisor						
Supervisor     D. Other Laundry Workers						
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	196,326	3,935				
b. RN						
1. Direct Care	1,387,031	34,136				
2. Administrative** c. LPN	80,842	2,128				
1. Direct Care	2,595,227	87,382				
2. Administrative**						
d. Aides and Attendants	4,026,886	219,412				
e. Physical Therapists f. Speech Therapists	+			1		
g. Occupational Therapists				<u> </u>		
h. Recreation Workers	288,868	13,590				
i. Physicians						
1. Medical Director						
Utilization Review     Resident Care***	+			-		
4. Other (Specify)						
j. Dentists						
k. Pharmacists l. Podiatrists				-		
Podiatrists     Social Workers/Case Management	230,549	9,022		<del> </del>		
n. Marketing	250,547	7,022				
o. Other (Specify)						
See Attached Schedule	223,569	10,253		1		
A-13. Total Salary Expenditures	9,787,698	408,243	ļ	<u> </u>	<u> </u>	<u> </u>

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)

		C	CNH	R	HNS	(Specify)		
Position		\$	Hours	\$	Hours	\$	Hours	
Ward Clerks	0	\$ -	-			\$ -	ı	
0	0	\$ -	-	_		\$ -	1	
Central Supply	0	\$ 65,224.2	3,025.50			\$ -	ı	
Medical Records	0	\$ 94,516.1	7 4,200.21			\$ -	1	
Nursing Unit Secretary	0	\$ 16,012.6	693.81			\$ -	ı	
Coordinator-Staffing Cer	0	\$ 47,816.3	1 2,333.10			\$ -	1	
0	0	\$ -	-			\$ -	-	
0	0	\$ -	-			\$ -	Ī	
0	0	\$ -	-			\$ -	ı	
0	0	\$ -	-			\$ -	•	
0	0	\$ -	-			\$ -	1	
0	0	\$ -	-			\$ -	ı	
0	0	\$ -	-			\$ -	-	
0	0	\$ -	-			\$ -	-	
0	0	\$ -	-			\$ -	-	
0	0	\$ -	-			\$	-	
0	0	\$ -	-			\$ -	-	
0	0	\$ -	-			\$ -	-	
Total		22356	59 10253	\$ -	-	\$ -	-	

#### Schedule of Other Fees (Page 13)

		CC	NH	RHNS		(Spe	cify)
Service		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	\$ 651.55	n/a			=	
3010620020	Purchased Services	\$ (929.47)	n/a			-	
3015620020	Purchased Services	\$ 20.00	n/a			-	
3155620020	Purchased Services	\$ 981.02	n/a			-	
-	-	\$ -	n/a			-	
-	-	\$ -	n/a			-	
-	-	\$ -	n/a			-	
-	-	\$ -	n/a			-	
-	-	\$ -	-			-	
-	-	\$ -	-			-	
Total		\$ 723.10	0	\$ -	-	\$ -	-

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# 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
Arden House Care and Rehabilitat	ion Center			2199-C		9/30/2018			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).										

<sup>\*</sup> No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended				of	
Arden House Care and Rehabilitat	ion Center			2199-C		9/30/2018			12	37
		Salary Pai	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
McDonnell,Patrick Michael	134,652				Management of Center	2,086	2			
					Management of Center					
Section IV - Assistant Administrators										
Vitko-Aniolek,Stephanie Margaret	39,151				Assists in Overseeing Facility	1,103	3			

<sup>\*</sup>No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

<sup>\*\*</sup> Include <u>all</u> other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

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**B.** Report of Expenditures - Professional Fees

B. Report of E		es - Proi				
Name of Facility	License No.		Report for Y	ear Ended	Page	of
Arden House Care and Rehabilitation Center	2199	9-C	9/30/2018		13	37
			Total Cost	and Hours		
<b>T</b> .	COM		DIDIO		(0 :0)	
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	36,986	253				
3. Pharmacist	23,845	487				
4. Podiatrist	23,643	407				
5. Physical Therapy						
a. Resident Care	570,077	7,809				
b. Other	370,077	7,007				
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	70,216	372				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
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	99,728	1,279				
b. Other						
10. Occupational Therapist						
a. Resident Care	276,109	3,782				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	16,677	278		ļ		
2. Administrative***						
b. LPN						
1. Direct Care	1,160	27		ļ		
2. Administrative***						
c. Aides				ļ		
d. Other						
12. Other (Specify)						
See Attached Schedule	723	4				
B-13 Total Fees Paid in Lieu of Salaries	1,095,521	14,287				

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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 Arden House Care and Rehabilitation Center			Report for Y 9/30/2018	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, ors, Officers	Expla	nation of Relat	
		Yes	No			
		•	0			
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	•	0	Common Own	nership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	•	0	Common Own	nership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	•	0	Common Owr	nership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	•	0	Common Owr	nership	
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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## C. Expenditures Other Than Salaries - Administrative and General

Item	3		License No.		Report for Y	ear Ended	Page	of
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  g. Legal (Services should be fully described on Page 7) F. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee  § 1,385,017 1,385,017	_	ehabilitation Center	2199-C		9/30/2018		•	37
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  g. Legal (Services should be fully described on Page 7) F. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee  § 1,385,017 1,385,017								
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  g. Legal (Services should be fully described on Page 7) F. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee  § 1,385,017 1,385,017								
a. Employee Health & Welfare Benefits  1. Workmen's Compensation  2. Disability Insurance  3. Unemployment Insurance  4. Social Security (F.I.C.A.)  5. Health Insurance  6. Life Insurance (employees only) (not-owners and not-operators)  7. Pensions (Non-Discriminatory) (not-owners and not-operators)  8. Uniform Allowance  9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  4. Accounting and Auditing E. Legal (Services should be fully described on Page 7) 5. Finsurance on Lives of Owners and Operators (Specify)*  g. Office Supplies  1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income*  2. Other (Specify) See Attached Schedule  3. Resident Day User Fee  § 1,385,017  1,385,017		Item			Total	CCNH	RHNS	(Specify)
1. Workmen's Compensation   S   306,136   306,136	1. Administrative and G	eneral						
2. Disability Insurance   S   142,087   142,087	a. Employee Health	& Welfare Benefits						
3. Unemployment Insurance \$ 142,087		•		\$	306,136	306,136		
4. Social Security (F.I.C.A.) \$ 717,945 717,945 5. Health Insurance \$ 906,832 906,832 906,832	<u> </u>			\$				
5. Health Insurance \$ 906,832   906,832   6. Life Insurance (employees only) (not-owners and not-operators) \$   7. Pensions (Non-Discriminatory) \$   541,367   541,367   (not-owners and not-operators) \$   8. Uniform Allowance \$   68,296   68,296   9. Other (Specify) \$   68,296   68,296   See Attached Schedule   b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*   c. Bad Debts* \$   264,602   264,602   d. Accounting and Auditing \$   264,602   d. Accounting and Auditing \$   264,602   f. Insurance on Lives of Owners and Operators (Specify)*   g. Office Supplies \$   39,903   39,903   h. Telephone and Cellular Phones   1. Telephone and Cellular Phones   1. Telephone and Cellular Phones   1. Telephone and Cellular Phones   2. Cellular Phones   39,903   39,903   i. Appraisal (Specify purpose and attach copy)*   j. Corporation Business Taxes (franchise tax) \$   3,200   3,200   k. Other Taxes (Not related to property - See Page 22)   1. Income*   3,200   2. Other (Specify) \$   3,376   1,376   3. Resident Day User Fee \$   1,385,017   1,385,017	·			\$	142,087	142,087		
6. Life Insurance (employees only)	· ·			\$	717,945	717,945		
(not-owners and not-operators) \$ 7. Pensions (Non-Discriminatory) \$ 541,367 \$ 541,367 \$ (not-owners and not-operators) \$ 8. Uniform Allowance \$ 9. Other (Specify) \$ 68,296 \$ 68,296 \$ 82,96 \$ 82,96 \$ 68,296 \$ 82,96				\$	906,832	906,832		
7. Pensions (Non-Discriminatory)	6. Life Insurance	e (employees only)						
(not-owners and not-operators)  8. Uniform Allowance  9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts* \$ 264,602 264,602  d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies \$ 39,903 39,903  h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 19,768 19,768 2. Cellular Phones \$ 959 959  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income*  2. Other (Specify) See Attached Schedule 3. Resident Day User Fee  \$ 1,385,017 1,385,017	,	• /		\$				
8. Uniform Allowance  9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  \$\frac{264,602}{4}\$ 264,602 264,602  d. Accounting and Auditing See Legal (Services should be fully described on Page 7)  f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies \$\frac{39,903}{39,903} 39,903  h. Telephone and Cellular Phones 1. Telephone & Pagers \$\frac{19,768}{39,903} 19,768  2. Cellular Phones \$\frac{959}{39,903} 959  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) \$\frac{1}{30,100}\$ \$\frac{100}{30,100}\$ \$\frac{100}{30,100}	7. Pensions (Nor	n-Discriminatory)		\$	541,367	541,367		
9. Other (Specify) See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 5 959 959 1. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) S. Other (Specify) See Attached Schedule 3. Resident Day User Fee  \$ 1,385,017 \$ 1,385,017	(not-owners as	nd not-operators)						
See Attached Schedule  b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  d. Accounting and Auditing  e. Legal (Services should be fully described on Page 7)  f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies  s. 39,903  h. Telephone and Cellular Phones  1. Telephone & Pagers  2. Cellular Phones  s. 4, Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax)  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee  \$ 1,385,017  1,385,017	8. Uniform Allo	wance		\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts*  d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies f. Telephone and Cellular Phones f. Telephone & Pagers f. Telephone & Pagers f. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) f. Income*  2. Other (Specify) See Attached Schedule 3. Resident Day User Fee  \$ 1,385,017 1,385,017	9. Other (Specify	·)		\$	68,296	68,296		
Profit Sharing Plans for Owners and Operators (Discriminatory)*  c. Bad Debts* \$ 264,602 264,602 d. Accounting and Auditing \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	See Attached	Schedule						
C. Bad Debts*   \$ 264,602   264,602       d. Accounting and Auditing   \$       e. Legal (Services should be fully described on Page 7)   \$ 5,557   5,557     f. Insurance on Lives of Owners and Operators (Specify)*       g. Office Supplies   \$ 39,903   39,903     h. Telephone and Cellular Phones   1. Telephone & Pagers   \$ 19,768   19,768     2. Cellular Phones   \$ 959   959     i. Appraisal (Specify purpose and attach copy)*       j. Corporation Business Taxes (franchise tax)   \$     k. Other Taxes (Not related to property - See Page 22)       1. Income*   \$     2. Other (Specify)   \$     See Attached Schedule   \$     3. Resident Day User Fee   \$ 1,385,017   1,385,017	b. Personal Retireme	ent Plans, Pensions, and	1	\$				
c. Bad Debts* \$ 264,602	Profit Sharing Pla	ns for Owners and						
d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies  h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephones 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee  \$ 1,385,017 \$ 1,385,017	Operators (Discrin	minatory)*						
d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies  h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephones 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee  \$ 1,385,017 \$ 1,385,017								
e. Legal (Services should be fully described on Page 7) \$ 5,557 5,557  f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies \$ 39,903 39,903  h. Telephone and Cellular Phones  1. Telephone & Pagers \$ 19,768 19,768  2. Cellular Phones \$ 959 959  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify) \$ 1,376 1,376 See Attached Schedule  3. Resident Day User Fee \$ 1,385,017 1,385,017	c. Bad Debts*			\$	264,602	264,602		
f. Insurance on Lives of Owners and Operators (Specify)*  g. Office Supplies \$ 39,903 39,903  h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 19,768 19,768  2. Cellular Phones \$ 959 959  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax)  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee \$ 1,385,017 1,385,017	d. Accounting and A	uditing		\$				
Operators (Specify)*       \$ 39,903       39,903         g. Office Supplies       \$ 39,903       39,903         h. Telephone and Cellular Phones       \$ 19,768       19,768         1. Telephone & Pagers       \$ 19,768       19,768         2. Cellular Phones       \$ 959       959         i. Appraisal (Specify purpose and attach copy)*       \$         j. Corporation Business Taxes (franchise tax)       \$         k. Other Taxes (Not related to property - See Page 22)       \$         1. Income*       \$         2. Other (Specify)       \$ 1,376         See Attached Schedule       \$ 1,385,017         3. Resident Day User Fee       \$ 1,385,017	e. Legal (Services sh	ould be fully described	l on Page 7)	\$	5,557	5,557		
g. Office Supplies \$ 39,903 39,903   h. Telephone and Cellular Phones   1. Telephone & Pagers \$ 19,768 19,768   2. Cellular Phones \$ 959 959   i. Appraisal (Specify purpose and attach copy)*    j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22)   1. Income* \$ 1,376 1,376   See Attached Schedule \$ 3. Resident Day User Fee \$ 1,385,017 1,385,017	f. Insurance on Live	s of Owners and		\$				
h. Telephone and Cellular Phones  1. Telephone & Pagers  2. Cellular Phones  3. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax)  k. Other Taxes (Not related to property - See Page 22)  1. Income*  2. Other (Specify)  See Attached Schedule  3. Resident Day User Fee  \$ 1,385,017 1,385,017	Operators (Specify	v)*						
1. Telephone & Pagers       \$ 19,768       19,768         2. Cellular Phones       \$ 959       959         i. Appraisal (Specify purpose and attach copy)*       \$	g. Office Supplies			\$	39,903	39,903		
2. Cellular Phones \$ 959 959  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	h. Telephone and Ce	ellular Phones						
2. Cellular Phones \$ 959 959  i. Appraisal (Specify purpose and attach copy)*  j. Corporation Business Taxes (franchise tax) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1. Telephone & 1	Pagers		\$	19,768	19,768		
j. Corporation Business Taxes (franchise tax) \$	2. Cellular Phone	es		\$	959	959		
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 1,385,017 1,385,017	i. Appraisal (Specify	purpose and		\$				
k. Other Taxes (Not related to property - See Page 22)       \$         1. Income*       \$         2. Other (Specify)       \$ 1,376         See Attached Schedule       \$         3. Resident Day User Fee       \$ 1,385,017         1,385,017       1,385,017	attach copy)*							
k. Other Taxes (Not related to property - See Page 22)       \$         1. Income*       \$         2. Other (Specify)       \$ 1,376         See Attached Schedule       \$         3. Resident Day User Fee       \$ 1,385,017         1,385,017       1,385,017				_				
1. Income*       \$         2. Other (Specify)       \$       1,376       1,376         See Attached Schedule       \$       1,385,017       1,385,017         3. Resident Day User Fee       \$       1,385,017       1,385,017	j. Corporation Busin	ness Taxes (franchise to	$\overline{ax}$	\$				
1. Income*       \$         2. Other (Specify)       \$       1,376       1,376         See Attached Schedule       \$       1,385,017       1,385,017         3. Resident Day User Fee       \$       1,385,017       1,385,017	k. Other Taxes (Not	related to property - Se	ee Page 22)					
See Attached Schedule       1,385,017       1,385,017         3. Resident Day User Fee       \$ 1,385,017       1,385,017	1. Income*			\$				
3. Resident Day User Fee \$ 1,385,017 1,385,017	2. Other (Specify	·)		\$	1,376	1,376		
	· · · · · · · · · · · · · · · · · · ·							
Subtotal \$ 4,399,844 4,399,844	3. Resident Day	User Fee		\$	1,385,017	1,385,017		
	Subtotal			\$	4,399,844	4,399,844		

<sup>\*</sup> 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

Arden House Care and Rehabilitation Center 9/30/2018

Attachment Page 15

#### **Schedule of Other Employee Benefits**

Description			(	CCNH	RHNS	(Specify)
1020520020	Union Health & Welfare		\$	754	\$ -	
3005520020	Union Health & Welfare		\$	17	\$ -	
3210520020	Union Health & Welfare		\$	31	\$ -	
3080520020	Union Health & Welfare		\$	1,426	\$ -	
3215520020	Union Health & Welfare		\$	24,873	\$ -	
3225520020	Union Health & Welfare		\$	39,973	\$ -	
5035520020	Union Health & Welfare		\$	1,222	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$	-	\$ -	
-		-	\$		\$ -	
Total			\$	68,296	\$ _	\$ -

#### **Schedule of Other Taxes**

Description			CCNH		RHNS		pecify)
1020640110	Sales Tax	\$	1,376	\$	-	\$	-
-	-	\$	-	\$	-	\$	-
-	-	\$	-	\$	-	\$	-
-	-	\$	-	\$	-	\$	-
Total		\$	1,376	\$	-	\$	-

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Arden House Care and Rehabilitation Center	2199-C		9/30/2018		16	37
	•					
Item			Total	CCNH	RHNS	(Specify)
	ls Brought Forwai	rd:	4,399,844	4,399,844		( 1 ) /
1. Travel and Entertainment	-					
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	1,165	1,165		
5. Education Expenses Related to Seminars an	d Conventions	\$	772	772		
6. Automobile Expense (not purchase or depre	eciation)	\$				
7. Other ( <i>Specify</i> )		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	s )	\$	25	25		
2. Advertising Telephone Directory (all such e	xpenses )***	\$				
3. Advertising Other (Specify)***		\$	16,196	16,196		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service i	s supplied	\$				
directly and not by contract or fee for servic						
7. Postage		\$	7,730	7,730		
* 8. Dues and Membership Fees to Professional		\$	21,085	21,085		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	1,850	1,850		
9. Subscriptions		\$	100	100		
10. Contributions***		\$	4,681	4,681		
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	5,205	5,205		
Schedule C-2, Page 21 for each firm or indi	vidual)					
12. Administrative Management Services**		\$	871,661	871,661		
13. Other (Specify)		\$	89,069	89,069	_	
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	5,419,381	5,419,381		
* De met in alorde Code emintions and interest alord described						

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

#### **Schedule of Other Travel and Entertainment**

Description	Description			RHNS		(Specify)	
-	-	\$	-	\$		\$	-
-	-	\$	-	\$		\$	
-	-	\$		\$		\$	
-	-	\$		\$		\$	
-	-	\$		\$		\$	
-	-	\$		\$		\$	
-	-	\$	-	\$	-	\$	-
Total Other Tra	avel and Entertainment	\$	-	\$	-	\$	-

\_\_\_\_\_

#### **Schedule of Other Advertising**

Description		CCNH	RHNS	(	Specify)
1020630020	Advertising	\$ 3,857	\$ -	\$	-
1020630330	Marketing Expense	\$ 10,864	\$ -	\$	-
1020630331	Marketing Exp- Corporate Spend	\$ 1,474	\$ -	\$	-
-	-	\$ -	\$ -	\$	-
-	-	\$ -	\$ -	\$	-
-	-	\$ -	\$ -	\$	-
-	-	\$ -	\$ -	\$	-
-	-	\$ -	\$ -	\$	-
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-	-	\$ -	\$ -	\$	-
-	-	\$ -	\$ -	\$	-
-	-	\$ -	\$ -	\$	-
<b>Total Other Ad</b>	vertising	\$ 16,196	\$ -	\$	-

\_\_\_\_\_\_

#### **Schedule of Dues**

Description	Description			CCNH	RHNS		(Specify)	
1020630310	Licenses & Certifications		\$	22,935	\$ -	\$	-	
0	Chamber of Commerce		\$	(1,850)	\$ -	\$	-	
-		-	\$	-	\$ -	\$	-	
-		-	\$	-	\$ -	\$	-	
-		-	\$	-	\$ -	\$	-	
-		-	\$	-	\$ -	\$	-	
-		-	\$	-	\$ -	\$	-	
-		-	\$	-	\$ -	\$	-	
-		-	\$	-	\$ -	\$	-	

-	-	\$ -	\$ -	\$ -
<b>Total Dues</b>		\$ 21,085	\$ -	\$ -

\_\_\_\_\_\_

#### **Schedule of Contributions**

Description		CCNH		RHNS		Specify)
Total Contribution	0	\$ 4,681	\$	-	\$	-
-	-	\$	\$	-	\$	-
-	-	\$	\$	-	\$	-
<b>Total Contribut</b>	tions	\$ 4,681	\$	-	\$	-

\_\_\_\_\_

#### Schedule of Other Administrative and General

Description		CCNH		RHNS	(Specify)	
1020630060	Bank Service Charges	\$	5,500	\$ -	\$ -	
1020630120	Collection Fees	\$	32,298	self-disallowed	\$ -	
1020630140	Education Expense	\$	5	\$ -	\$ -	
1020630180	Employee Physicals	\$	12,334	\$ -	\$ -	
1020630200	Employee Relations	\$	3,845	\$ -	\$ -	
1020630380	Printing	\$	108	\$ -	\$ -	
3080630441	Foreign Recruitment Cost	\$		\$ -	\$ -	
1020630610	Training Expense	\$	487	\$ -	\$ -	
1020630640	Uniforms	\$		\$ -	\$ -	
1020640090	Miscellaneous	\$	(113)	\$ -	\$ -	
1020660080	Rental Expense	\$	7,990	\$ -	\$ -	
1020660990	Accrued Expense Estimation	\$	1,515	self-disallowed	\$ -	
1020720070	State Tax Annual Report Filing	\$		\$ -	\$ -	
5095720090	Landlord Operating Taxes	\$	2,400	\$ -	\$ -	
1020640080	Fines & Penalties	\$	22,699	self-disallowed	\$ -	
7010800030	Non-recurring Charges	\$		self-disallowed	\$ -	
-	-	\$	-	\$ -	\$ -	
-	-	\$	-	\$ -	\$ -	
-	-	\$	-	\$ -	\$ -	
-	-	\$	-	\$ -	\$ -	
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-	-	\$	-	\$ -	\$ -	
-	-	\$	-	\$ -	\$ -	
-	-	\$	-	\$ -	\$ -	
Total Other Ad	ministrative and General	\$	89,069	\$ -	\$ -	

## **Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
Arden House Care and Rehabilitation Cer	2199-C	9/30/2018	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Healthcare, 101 East St., Kennett Square, PA 19348	1,014,446	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	96,713	Capital Interest	pg 26 12-A-1

<sup>\*</sup> 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)

N 7	0.T. 111.		i i age 3)	ln . o . v .		15	
	ne of Facility	License		Report for Y		Page	of
Ard	en House Care and Rehabilitation Center		2199-C	9/30/2018		18	37
	Item		Total	CCNH	RHNS	(Sp	ecify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food	\$	463,984	463,984			
	2. Non-Food Supplies	\$	56,782	56,782			
	3. Other ( <i>Specify</i> )	\$	(15)	(15)			
	b. Purchased Services (by contract other	\$	1,821,887	1,821,887			
	than through Management Services)	•	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , ,			
	(Complete Schedule C-2 att. Page 21)						
	c. Other (Specify)	\$					
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
2D.	<b>Total Dietary Expenditures</b> (2a + b + c)	\$	2,342,638	2,342,638			
2F.	Dietary Questionnaire		Total	CCNH	RHNS	(Sp	ecify)
G.	Resident Meals: Total no. of meals served pe	r day:*					
Н.	Is cost of employee meals included in 2E?	O Yes	•	No			
I.	Did you receive revenue from employees?	O Yes	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cost Report	? (Page/Line	Item)			
	Is cost of meals provided to persons other				If yes, specify		
K.	than employees or residents (i.e., Board	O Yes	•	No	cost.		
	Members, Guests) included in 2E?				cost.		
т	Is any revenue collected from these people?	O Vac	•	No	If yes, specify		
L.	is any revenue confected from these people:	O Tes	0	NO	amt.		
M.	Where is the revenue received reported in the	Cost Report	? (Page/Line)	Item)			<u> </u>
	Is cost of food (other than meals, e.g.,						
N.	snacks at monthly staff meetings, board	O Yes	0	No	If yes, specify		
IN.	meetings) provided to employees included	O 1 es	•	INO	cost.		
	in 2E?						
0	Is any navana callest 1 f	O V		N.	If yes, specify		<u> </u>
O.	Is any revenue collected from employees?	O Yes	•	No	amt.		
P.	Where is the revenue received reported in the	Cost Report	? (Page/Line l	Item)			

<sup>\*</sup> 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 Arden House Care and Rehabilitation Center	License	No. 199-C	Report for Y 9/30/2018		Page of 19   37
Arden House Care and Renabilitation Center		199 <b>-</b> C	9/30/2016	I	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.	16,296	16,296		
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.				
	Amt. \$	30,579	30,579		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	726,175	726,175		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	773,049	773,049		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.	
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost	Report?		(Page/Line		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	
K. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	

<sup>\*</sup> 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 3E.

<sup>\*\*\*</sup> 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		Rep	ort for Year E	nded	Page	of
Arde	en House Care and Rehabilitation Center	2199-C	<u> </u>	9/30/2018		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning ( <i>Mops</i> ,	Amt.	\$	27,856	27,856		
	pails, brooms, etc. )						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	1,088,179	1,088,179		
	Page 21)						
	c. Other ( <i>Specify</i> )		\$				
4D.	Total Housekeeping Expenditures (4a +	b + c)	\$	1,116,035	1,116,035		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	118,879	118,879		
	b. Medicine Cabinet Drugs		\$	55,494	55,494		
	c. Medical and Therapeutic Supplies		\$	185,723	185,723		
	d. Ambulance/Limousine***		\$	13,739	13,739		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	5,883	5,883		
	f. X-rays and Related Radiological		\$	3,467	3,467		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	32,785	32,785		
	i. Recreation		\$	47,351	47,351		
	j. Direct Management Services*		\$				
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	160,674	160,674		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	51)	\$	623,996	623,996		

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

#### **Schedule of Other Resident Care**

Description		CCNH	RHNS	(Specify)
3060610160	Incontinency	\$ 126,820.33	\$ -	\$ -
3080630030	Advertising-Help War	\$ 343.78	\$ -	\$ -
3080630080	Books, Dues & Subsci	\$ 120.00	\$ -	\$ -
3080630140	Education Expense	\$ 2,129.35	\$ -	\$ -
3155630530	Supplies	\$ 8,405.14	\$ -	\$ -
3120630530	Supplies	\$ 906.25	\$ -	\$ -
3165630535	Office Supplies	\$ -	\$ -	\$ -
3155660080	Rental Expense	\$ 8,556.40	\$ -	\$ -
3120660080	Rental Expense	\$ 697.50	\$ -	\$ -
3010610300	Consolidated Billing	\$ 9,795.79	\$ -	\$ -
3080630310	Licenses & Certification	\$ -	\$ -	\$ -
3080630550	T&E-Lodging/Transpo	\$ -	\$ -	\$ -
3080630610	Training Expense	\$ -	\$ -	\$ -
3165630530	Supplies	\$ 8.47	\$ -	\$ -
3170630530	Supplies	\$ 2,202.49	\$ -	\$ -
3090630535	Office Supplies	\$ 1,117.26	\$ -	\$ -
3080640090	Miscellaneous	\$ (428.29)	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ =	\$ -	\$ -
-	-	\$ =	\$ -	\$ -
-	-	\$ =	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
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-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
Total Other Resident Care		\$ 160,674	\$ -	\$ -

.....

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

Name of Facility				License No.	Report for Year Ended						
Arden House Care and Reha	bilitation Center			2199-C	9/30/2018				21	37	
		Related ** Operators	,				Total Cost	/Page Ref.**	*		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line	
Healthcare Services Group	Drive, Bensalem, PA 19020	0	•	Vendor Contracted	Laundry Purchased Services	726,175			19	3b	
Healthcare Services Group	Drive, Bensalem, PA 19020 Drive, Bensalem, PA	0	•	Vendor Contracted	Housekeeping Purchased Services Dietary Purchased	1,088,179			20	4b	
Healthcare Services Group	19020	0	•	Vendor Contracted	Services Services	1,814,936			18	2b	
		0	0							<u> </u>	
		0	0								
		0	0								
		0	0								
		0	0								
		0	0								
		0	0								
		0	0								
		0	0								
		0	0								

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

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 Y	Page of		
Arden House Care and Rehabilitation Center 2199-C		9/30/2018			22   37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant		Total	CCIVII	MINS	(Specify)
a. Repairs & Maintenance	\$	336,077	336,077		
b. Heat	\$	99,905	99,905		
c. Light & Power	\$	309,706	309,706		
d. Water	\$	176,786	176,786		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	170,700	170,700		
f. Other (itemize)	\$				
See Attached Schedule	Ψ				
6g. Total Maint. & Operating Expense (6a - 6f)	\$	922,474	922,474		
7. Depreciation ( <i>complete schedule page 23*</i> )		·			
a. Land Improvements	\$	1,866	1,866		
b. Building & Building Improvements	\$	813,162	813,162		
c. Non-Movable Equipment	\$	154,558	154,558		
d. Movable Equipment	\$	50,206	50,206		
*7e. Total Depreciation Costs (7a + b + c + d)	\$	1,019,793	1,019,793		
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$	1,953,002	1,953,002		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	669,620	669,620		
c. Personal property taxes	\$				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	3,642,415	3,642,415		

<sup>\*</sup> 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)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

## Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

## **Depreciation Schedule**

Name of Facility	Name of Facility							Report for Year E	Inded	Page	of	
Arden House Care and Rehabilitation Cente	r				2199	-C		9/30/2018			23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
Acquired prior to this report period					3,163		3,163	1,298	S/L	Various	1,866	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ich sch	edule)										
A-4. Subtotal												1,866
B. Building and Building Improvements												
Acquired prior to this report period					1,077,006		1,077,006	263,844	S/L	Various	813,162	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ich sch	edule)										
B-4. Subtotal												813,162
C. Non-Movable Equipment												
1. Acquired prior to this report period				307,633		307,633	153,075	S/L	Various	154,558		
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ich sch	edule)										
C-4. Subtotal												154,558
	logł	nileage book ained?	Dat Acqui Month	e of sition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment	103	110	Wichitii	1 Cai	Euric	, arac	Bepreciated	Tear 5 Operations	Bepreciation	Ene	Tot Tins Tear	Totals
Motor Vehicles (Specify name, model and year of each vehicle)					4.000		4.000	4000	9.5			
a.					4,900		4,900	4,900	S/L	Various		
b. Total Current Assets (Lines A1 thru c.											-	
d.												
Movable Equipment												
a. Acquired prior to this report period					520,292		520,292	338,907	S/L	Various	49,138	
b. Disposals (attach schedule)					320,272		320,272	330,707	D. L.	7 411043	77,130	
c. Acquired during this report period												
(attach schedule)					31,067		31,067				1,069	
D-3. Subtotal					31,007		31,007				1,009	50,206
E. Total Depreciation												1,019,793
E. Ioun Deprecumon												1,019,193

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

			Useful					
<b>Acquisition Date</b>	Description of Item	Cost	Life	Depreciation				
Additions:					1			
					i			
					-			
					1			
					-			
Total additions for	Land Improvements	\$ -		\$ -	*	\$ -	\$ -	\$ -
Deletions:					1			
					i			
					1			
<b>Total deletions for</b>	Land Improvements	\$ -		\$ -	**	\$ -	\$ -	\$ -
	•							

Useful

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

			Useiui						
cquisition Date	Description of Item	Cost	Life	Depreciation					
dditions:	•								
Total additions for D	uilding Improvements	\$ -		\$ -	* \$		·	_	
total auditions for Di	anding improvements	Ψ		Ψ	. φ	-	Ψ	-	

<sup>\*</sup>Ties to Page 23, Line A3

<sup>\*\*</sup>Ties to Page 23, Line A2

Total deletions for Building Improvements		\$ -	\$	-

<sup>\*</sup>Ties to Page 23, Line B3

 ${\bf Schedule\ of\ Non-Movable\ Equipment\ Acquired\ during\ this\ report\ period}$ 

	* * *								
			Useful						
Acquisition Date	Description of Item	Cost	Life	Deprec	iation				
Additions:									
				\$	-				
Total additions for	Non-Movable Equipment	\$ -		\$	- *	k	\$ -	\$ -	\$ -
Deletions:									
<b>Total deletions for</b>	Non-Movable Equipment	\$ -		\$	- *	**	\$ -	\$ -	\$ -

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*</sup>Ties to Page 23, Line C3
\*\*Ties to Page 23, Line C2

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

<b>Acquisition Date</b>	Description of Item	Cost	Life	D	epreciation				
Additions:									
5/31/2018	Mobile Stand for ECG	\$ 551.94	6	\$	30.66				
5/31/2018	Welch Allen ECG	\$ 2,967.14	6	\$	164.84				
7/31/2018	Whirlpool Top Mount Washer	\$ 623.25	6	\$	17.31				
9/30/2018	Washing Machine	\$ 16,154.46	6	\$	-				
4/30/2018	HTR booster	\$ 4,020.74	6	\$	279.22				
11/30/2017	Trade Cart/Service Bench,38 In	\$ 637.39	5	\$	106.23				
2/28/2018	Rolling Cabinet,41"Wx18"Dx40-3	\$ 1,162.46	5	\$	135.62				
3/31/2018	ZOLL AED Defibrillator Plus Packag	\$ 1,385.72	5	\$	138.57				
4/30/2018	QEP 24 Bridge Saw 1 HP Direct	\$ 316.15	5	\$	26.35				
6/30/2018	POU Water Cooler	\$ 550.77	5	\$	27.54				
7/31/2018	Chain Saw and Replacement Chain	\$ 314.53	5	\$	10.48				
8/31/2018	Cordless Table Saw	\$ 477.51	5	\$	7.96				
8/31/2018	Wallpaper Steamer	\$ 928.11	5	\$	15.47				
5/31/2018	Waterproof Telephone	\$ 977.26	3	\$	108.58				
<b>Total additions for</b>	Movable Equipment	\$ 31,067		\$	1,069	*	\$ (0)	\$ -	\$ -
Deletions:									
Total deletions for	Movable Equipment	\$ -		\$	_ *	**	\$ -	\$ -	\$ -

Useful

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

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

<sup>\*</sup>Ties to Page 23, Line D2c

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*</sup>Ties to Page 24, Line C3
\*\*Ties to Page 24, Line C2

## **Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

### **Amortization Schedule\***

Name of Facility	License No.		Report for Yea	r Ended		Page	of
Arden House Care and Rehabilitation Center	219	9-C	9/30/2018			24	37
			Accumulated				
Date of			Amort. to				
Acquisition			Beginning of	Basis for			
	Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item Month Yea	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense							
1.							
2.							
3.							
A-4. Subtotal							
B. Mortgage Expense							
1.							
2.							
3.							
B-4. Subtotal							
C. Leasehold Improvements and Other							
Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period							
(attach schedule)							
C-4. Subtotal							
D. Total Amortization							

<sup>\*</sup> Straight-line method must be 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.

<sup>\*\*</sup> Specify which of the following bases were used:

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

	License No.	Report for Year E	nded		Page of
Arden House Care and Rehabilitation	2199-C	9/30/2018			25   37
11. Property Questionnaire					
Part A					
Is the property either owned by th or leased from a Related Party?*	e Facility	O Yes	•	No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this factorial business association to any person of a related party transaction.					
Description		Total			
Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date	of Purchase				
4. Date of Initial Licensure			-		
5. Total Licensed Bed Capacity		360	<u>)</u>		
<ul><li>6. Square Footage</li><li>7. Acquisition Cost</li></ul>			-		
a. Land			1		
b. Building					
Part B - Owner and Related Part	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing		8 8	88	- 88	8.8
a. Type of Financing (e.g., fi	xed, variable)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost					
d. Term of Mortgage (number					
e. Amount of Principal Borro					
f. Principal balance outstand		_			
Complete if Mortgage was F					
During Current Cost Ye					
<ul><li>g. Type of Financing (e.g., financing)</li><li>h. Date of Refinancing</li></ul>	xed, variable)				
i. New Interest Rate					
j. Term of Mortgage (number	er of years)				
k. Amount of Principal Borro	· /				
Principal Outstanding on 1					
Part C - Arms-Length Lease	es for Real Property	Improvements Onl	y		
Name and Address of Lesson	r Pı	operty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SABRA, 101 Sun Ave. NE, Albuquero 87107	ue, NM Facility I	Lease	11/15/10 - 6/30	163 months	1,953,002
			1	Ì	

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
Arden House Care and Rehabilitation 2199-C		9/30/2018			26   37
Item		Total	CCNH	RHNS	(Specify)
12. Interest  A. Building, Land Improvement & Non-Movable Equipment  1. First Mortgage	e \$	96,713	96,713		
Name of Lender	Rate	70,713	70,713		
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					
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)	\$	96,713	96,713		
		(C	Subtotals f	1.	4

(Carry Subtotals forward to next page)

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

Item	1	Name of Facility License No.  Arden House Care and Rehabilitat 2199-C						of 37
Subtotals Brought Forward: 96,713   96,713	Tradit House Care and Remainment 213	., .		9/30/2018			27	37
Subtotals Brought Forward: 96,713   96,713	Item			Total	CCNH	RHNS	(Spec	rify)
12. C. Movable Equipment   1. Automotive Equipment   S   A. Item   Rate   Amount		totals Broi	ight Forward:			Tanto	(Брес	,11 <i>y</i> )
1. Automotive Equipment			agir i oi wai a.	30,712	> 0,7 12			
A. Item Rate Amount  Lender  2. Other (Specify) \$ A. Item Rate Amount  Lender  Address of Lender  B. Item Rate Amount  Lender  Address of Lender  B. Item Rate Amount  Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 12. D. Other Interest Expense (Specify) \$ 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 96,713 96,713 14. Insurance a. Insurance on Property (buildings only) \$ 10,500 10,500 b. Insurance on Automobiles \$ c. Insurance On Aut			\$					
Address of Lender   S		Rate						
Address of Lender   S								
2. Other (Specify) A. Item Rate Amount  Lender  Address of Lender  B. Item Rate Amount  Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) 12. D. Other Interest Expense (Specify)  13. Total All Interest Expense (12B7 + 12C3 + 12D) 14. Insurance 15. Insurance on Property (buildings only) 16. Insurance on Automobiles 17. Insurance other than Property (as specified above) 18. Umbrella (Blanket Coverage) 19. Sissent Si	Lender							
A. Item Rate Amount  Lender  Address of Lender  B. Item Rate Amount  Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 12. D. Other Interest Expense (Specify) \$ 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 96,713 96,713 14. Insurance a. Insurance on Property (buildings only) \$ 10,500 10,500 b. Insurance on Automobiles \$ 0. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 535,911 535,911 2. Fire and Extended Coverage \$ 3. Other (Specify) \$ 14d. Total Insurance Expenditures (14a + b + c) \$ 546,411 546,411	Address of Lender							
A. Item Rate Amount  Lender  Address of Lender  B. Item Rate Amount  Lender  Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 12. D. Other Interest Expense (Specify) \$ 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 96,713 96,713 14. Insurance a. Insurance on Property (buildings only) \$ 10,500 10,500 b. Insurance on Automobiles \$ 0. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 535,911 535,911 2. Fire and Extended Coverage \$ 3. Other (Specify) \$ 14d. Total Insurance Expenditures (14a + b + c) \$ 546,411 546,411	2. Other (Specify)							
Address of Lender   Rate   Amount		Rate						
B. Item	Lender							
B. Item	A 11							
Lender   Address of Lender	Address of Lender							
Address of Lender  12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$  12. D. Other Interest Expense (Specify) \$  13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 96,713 96,713    14. Insurance a. Insurance on Property (buildings only) \$ 10,500 10,500   b. Insurance on Automobiles \$ c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 535,911 535,911    2. Fire and Extended Coverage \$ 3. Other (Specify) \$ 546,411 546,411	B. Item	Rate	Amount					
12. C. 3. Total Movable Equipment Interest	Lender							
Expense (C1 + 2) \$ \$   12. D. Other Interest Expense (Specify) \$   13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 96,713 96,713   14. Insurance a. Insurance on Property (buildings only) \$ 10,500 10,500   b. Insurance on Automobiles \$   c. Insurance other than Property (as specified above)   1. Umbrella (Blanket Coverage) \$ 535,911 535,911   2. Fire and Extended Coverage \$   3. Other (Specify) \$   \$   14d. Total Insurance Expenditures (14a + b + c) \$ 546,411 546,411   546,411	Address of Lender							
Expense (C1 + 2) \$ \$   12. D. Other Interest Expense (Specify) \$   13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 96,713 96,713   14. Insurance a. Insurance on Property (buildings only) \$ 10,500 10,500   b. Insurance on Automobiles \$   c. Insurance other than Property (as specified above)   1. Umbrella (Blanket Coverage) \$ 535,911 535,911   2. Fire and Extended Coverage \$   3. Other (Specify) \$   \$   14d. Total Insurance Expenditures (14a + b + c) \$ 546,411 546,411   546,411								
12. D. Other Interest Expense (Specify) \$   96,713   96,713   14. Insurance a. Insurance on Property (buildings only) \$   10,500		rest						
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 96,713 96,713  14. Insurance a. Insurance on Property (buildings only) \$ 10,500 10,500 b. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 535,911 535,911 2. Fire and Extended Coverage \$ 3. Other (Specify) \$ \$ 14d. Total Insurance Expenditures (14a + b + c) \$ 546,411 546,411								
14. Insurance  a. Insurance on Property (buildings only)  b. Insurance on Automobiles  c. Insurance other than Property (as specified above)  1. Umbrella (Blanket Coverage)  2. Fire and Extended Coverage  3. Other (Specify)  \$ 546,411 546,411	12. D. Other Interest Expense (Specify)		\$					
14. Insurance  a. Insurance on Property (buildings only)  b. Insurance on Automobiles  c. Insurance other than Property (as specified above)  1. Umbrella (Blanket Coverage)  2. Fire and Extended Coverage  3. Other (Specify)  \$ 546,411 546,411								
14. Insurance  a. Insurance on Property (buildings only)  b. Insurance on Automobiles  c. Insurance other than Property (as specified above)  1. Umbrella (Blanket Coverage)  2. Fire and Extended Coverage  3. Other (Specify)  \$ 546,411 546,411	13. Total All Interest Expense (12B7 + 12	2C3 + 12D	9) \$	96,713	96,713			
a. Insurance on Property (buildings only) \$ 10,500   b. Insurance on Automobiles \$  c. Insurance other than Property (as specified above)   1. Umbrella (Blanket Coverage) \$ 535,911   2. Fire and Extended Coverage \$  3. Other (Specify) \$  14d. Total Insurance Expenditures (14a + b + c) \$ 546,411   546,411	* \		,	,, -0	,=			
b. Insurance on Automobiles c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) 2. Fire and Extended Coverage 3. Other (Specify)  14d. Total Insurance Expenditures (14a + b + c)  \$ 546,411		only)	\$	10,500	10,500			
c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 535,911 535,911  2. Fire and Extended Coverage \$ 3. Other (Specify) \$ \$ 14d. Total Insurance Expenditures (14a + b + c) \$ 546,411			\$		,			
2. Fire and Extended Coverage \$ 3. Other (Specify) \$  14d. Total Insurance Expenditures (14a + b + c) \$ 546,411 546,411		specified a						
3. Other (Specify) \$ \$ 14d. Total Insurance Expenditures (14a + b + c) \$ 546,411 546,411	1. Umbrella (Blanket Coverage)			535,911				
14d. <i>Total Insurance Expenditures (14a + b + c)</i> \$ 546,411 546,411								
	3. Other (Specify)		\$					
	14d Total Insurance Expenditures (14a ±	$\frac{h+c}{}$	•	546 411	546 411			
1.	15. Total All Expenditures (A-13 thru C-		\$	-	26,366,332			

## D. Adjustments to Statement of Expenditures

	of Fa 1 Hou		re and Rehabilitation Center	Lic	ense No. 2199-C	Report for Year 9/30/2018	r Ended	Page of 28   37
	Page No.		Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			es and Wages		Decrease	CCIVII	KIIVS	(Бреспу)
1.	10 5		Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$	7,818	7,818		
	13 - I	Profes	sional Fees	-	.,	7,020		
5.			Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$	945,985	945,985		
	s 15 &	: 16 -	Administrative and General	Ť		1 1,1 11		
8.			Discriminatory Benefits	\$				
9.	15	1-c	Bad Debts	\$	264,602	264,602		
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	Ψ				
			conferences or seminars outside the					
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$				
17.			Automobile Expense (e.g. personal use)	\$				
18.	16	m-2 &	Unallowable Advertising *	\$	16,196	16,196		
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$	4,681	4,681		
21.			Unallowable Management Fees	\$	(142,785)	(142,785)		
22.			Barber and Beauty	\$	· ·			
23.			Other - See attached Schedule	\$	(75,499)	(75,499)		
Page	18 - I	Dietar <sub>.</sub>	y Expenditures					
24.			Meals to employees, guests and others					
			who are not residents	\$				
Page	19 - I	aund	ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - I	Touse	keeping Expenditures					
26.			Housekeeping services to employees, guests					
			and others who are not residents	\$				
			Subtotal (Items 1 - 26)		1,020,996	1,020,996		1

<sup>\*</sup> All except "Help Wanted".

(Carry Subtotal forward to next page)

<sup>\*\*</sup> 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	(5	(Specify)	
10	2	Administrator's salary disallowed	0	\$ 7,817.63	\$ -	\$	-	
-	-	-	-	\$ -	\$ -	\$	-	
-	-	-	-	\$	\$ 1	\$	-	
-	-	1	-	\$ •	\$ -	\$	-	
-	-	1	-	\$ •	\$ -	\$	-	
-	-	1	-	\$ •	\$ -	\$	-	
-	-	-	-	\$ -	\$	\$	-	
<b>Total Othe</b>	Total Other Salaries Adjustment			\$ 7,818	\$ -	\$	-	

#### **Schedule of Fees Adjustments**

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	\$ 197,967.00	\$ -	\$ -
13	5	Rehabilitation Services	3195620020	\$ 372,109.77	\$ -	\$ -
13	9	Speech Therapist	3170620020	\$ 99,727.95	\$ -	\$ -
13	10	Occupational Therapist	3105620020	\$ 276,108.63	\$ -	\$ -
13	12	Other	3010620020	\$ (929.47)	\$ -	\$ -
13	12	Other	3015620020	\$ 20.00	\$ -	\$ -
13	12	Respiratory Purchased Servies	3155620020	\$ 981.02	\$ -	\$ -
<b>Total Othe</b>	r Fees Adju	istments		\$ 945,985	\$ -	\$ -

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#### Schedule of Other A&G Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(5	Specify)
16	m-13	Collection Fees	1020630120	\$ 32,298.27	\$ -	\$	-
16	m-8a	Chamber of Commerce	1020630310	\$ 1,850.00	\$	\$	-
16	m-13	Estimated Accrual	1020660990	\$ 1,514.52	\$	\$	-
16	m-13	Fines & Penalties	1020640080	\$ 22,698.50	\$	\$	-
16	m-13	Non-recurring Charges	7010800030	\$	\$	\$	-
16	m-12	0	0	\$	\$	\$	-
15	1-a-1	adj workers comp	0	\$ (133,860.54)	\$	\$	-
0	0	0	0	\$	\$	\$	-
0	0	0	0	\$	\$	\$	-
0	0	0	0	\$	\$	\$	-
0	0	0	0	\$	\$	\$	-
0	0	0	0	\$ -	\$ 1	\$	-
0	0	0	0	\$ -	\$ -	\$	-
Total Othe	Total Other A&G Adjustments			\$ (75,499)	\$ =	\$	-

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

Item	1 Hou	se Car	re and Rehabilitation Center	Lic	ense No.	Report for Y	ear Ended	Page	of
Item	Page		e and Rehabilitation Center		2100 0				
	_				2199-C	9/30/2018		29	37
	_	<b>.</b> .			Total				
No.	No.	Line			Amount of				
		No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
			Subtotals Brought Forward	\$	1,020,996	1,020,996			-
Page	20 - K	Reside	nt Care Supplies***						
27.	20	5-a-2	Prescription Drugs	\$	118,879	118,879			
28.	20	5-d	Ambulance/Limousine	\$	13,739	13,739			
29.	20	5-f	X-rays, etc	\$	3,467	3,467			
30.	20	5-h	Laboratory	\$	32,785	32,785			
31.			Medical Supplies	\$					
32.	20	5-e-2	Oxygen (non emergency)	\$	5,883	5,883			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	26,757	26,757			
Page	22 - N	<i><b>Iainte</b></i>	enance and Property						
<i>35</i> .			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 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	- Mis	scella	neous						
42.			Other - Indirect	\$	31,355	31,355			
43.			Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$	(75,275)	(75,275)			
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct						
Not F	or Pr	ofit P	roviders Only						
48.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$	1,178,586	1,178,586			

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

#### **Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	9796	3010610300	\$ -
20	5-j	Respiratory Supplies	8405	3155630530	\$ -
20	5-j	Respiratory Rental	8556	3155660080	\$ -
-	-	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
<b>Total Othe</b>	r Ancillary	Costs	26757	\$ -	\$ -

#### **Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
-	•	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
-	-	-	-	\$ -	\$ -
Total Exce	ss Movable	Equipment Depreciation	0	\$ -	\$ -

**Schedule of Other Property Adjustments** 

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)	)
-	-	-	-	\$ -	\$ -	-
-	-	-	-	\$ -	\$ -	-
-	-	-	-	\$ -	\$ -	-
-	-	-	-	\$ -	\$ -	-
-	-	-	-	\$ -	\$ -	-
-	-	-	-	\$ -	\$ -	-
-	-	-	-	\$ -	\$ -	-
-	-	-	-	\$ -	\$ -	-
-	-	-	-	\$ -	\$ -	-
<b>Total Othe</b>	r Property	Adjustments	0	\$ -	\$ -	-

Other - Miscellaneous- In Direct

Page Ref Line Ref	Description	CCNH	RHNS	0
20 5-i	Cable TV	31355	3005660130	allow \$3600

Page Ref	Line Ref	Description	CCNH	RHNS	(S	pecify)
27	14 c1	General liability Insurance Adjust	-75275	\$ -	\$	-
-	ı	-	-	\$ -	\$	-
-	ı	-	-	\$ •	\$	-
-	1	-	-	\$ 1	\$	-
-	ı	-	-	\$ -	\$	-
-	ı	-	-	\$ •	\$	-
-	1	-	-	\$ 1	\$	-
-	ı	-	-	\$ -	\$	-
-	ı	-	-	\$ •	\$	-
-	-	-	-	\$ -	\$	-
<b>Total Othe</b>	r Adjustme	ents	-75275	\$ -	\$	-

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
-	1	-	-	\$ -	\$ -
-	•	-	-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
-	-		-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
-	1	-	-	\$ -	\$ -
Total Unal	lowable Bui	ilding Interest	0	\$ -	\$ -

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#### CSP-30 Rev.10/2005

#### F. Statement of Revenue

Name of Facility  License No.  Report for Year Ended  0/20/2018						
Arden House Care and Rehabilitation Cen 2199-C		9/30/2018	· · · · · · · · · · · · · · · · · · ·		30   37	
Item		Total CCNH RH		RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	36,318,998	36,318,998			
b. Medicaid Room and Board Contractual Allowance **	\$	(17,850,056)	(17,850,056)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,110,381	1,110,381			
b. Medicare Room and Board Contractual Allowance **	\$	(344,711)	(344,711)			
4. a. Private-Pay Residents and Other	\$	1,725,277	1,725,277			
b. Private-Pay Room and Board Contractual Allowance **	\$	(408,460)	(408,460)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	57,523	57,523			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(17,858)	(17,858)			
c. Prescription Drugs - Non-Medicare	\$	72,769	72,769			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(21,419)	(21,419)			
a. Medical Supplies - Medicare	\$	1,233	1,233			
b. Medical Supplies - Medicare Contractual Allowance **	\$	(383)	(383)			
c. Medical Supplies - Non-Medicare	\$	1	1			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	1	1			
3. a. Physical Therapy - Medicare	\$	509,365	509,365			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(158,129)	(158,129)			
c. Physical Therapy - Non-Medicare	\$	336,515	336,515			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(102,931)	(102,931)			
4. a. Speech Therapy - Medicare	\$	187,395	187,395			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(58,176)	(58,176)			
c. Speech Therapy - Non-Medicare	\$	174,374	174,374			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(56,394)	(56,394)			
5. a. Occupational Therapy - Medicare	\$	667,247	667,247			
b. Occupational Therapy - Medicare Contractual Allowance **	<u> </u>	(207,143)	(207,143)			
c. Occupational Therapy - Non-Medicare	<u> </u>		418,050			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	<u> </u>	418,050 (129,916)	(129,916)			
6. a. Other (Specify) - Medicare	\$		36,813			
b. Other (Specify) - Non-Medicare	<u> </u>					
III. Total Resident Revenue (Section I. thru Section II.)	\$	296,395	296,395			
		22,556,760	22,556,760	_		
IV. Other Revenue*	_					
1. Meals sold to guests, employees & others	\$	_				
2. Rental of rooms to non-residents	\$	255	255		-	
3. Telephone	\$					
4. Rental of Television and Cable Services	\$				-	
5. Interest Income (Specify)	\$	122	122			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$	4,357	4,357			
V. Total Other Revenue (1 thru 8)	\$	4,734	4,734			
VI. Total All Revenue (III +V)	\$	22,561,494	22,561,494			

 $<sup>* \ \</sup>textit{Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.}$ 

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

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

#### Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	2,521.12	-	0
II-6-a	Medicare Part A	Radiology Service	-	-	0
II-6-a	Medicare Part A	Outpatient Therapy Program	-	1	0
II-6-a	Medicare Part A	Laboratory	12,170.78	ı	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	307.50	ı	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	ı	0
II-6-a	Medicare Part A	Audiology	56.65	ı	0
II-6-a	Medicare Part A	Incontinency	-	ı	0
II-6-a	Medicare Part A	Oxygen & Supplies	-	-	0
II-6-a	Medicare Part A	Physician Visit	-	-	0
II-6-a	Medicare Part A	Ambulance	-	-	0
II-6-a	Medicare Part A	Flu Shot	38,331.00	-	0
II-6-a	Contractuals-Medicare	X-Ray	(782.67)	-	0
II-6-a	Contractuals-Medicare	Radiology Service	-	-	0
II-6-a	Contractuals-Medicare	Outpatient Therapy Program	-	-	0
II-6-a	Contractuals-Medicare	Laboratory	(3,778.34)	1	0
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	(95.46)	1	0
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	ı	0
II-6-a	Contractuals-Medicare	Audiology	(17.59)	ı	0
II-6-a	Contractuals-Medicare	Incontinency	-	ı	0
II-6-a	Contractuals-Medicare	Oxygen & Supplies	-	-	0
II-6-a	Contractuals-Medicare	Physician Visit	-	-	0
II-6-a	Contractuals-Medicare	Ambulance	-	-	0
II-6-a	Contractuals-Medicare	Flu Shot	(11,899.63)	-	0
Total Otho	er Resident Revenue - Me	dicare	\$ 36,813	\$ -	\$ -

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

#### Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	-	-	-
II-6-b	Medicaid	Radiology Service	-	-	-
II-6-b	Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Medicaid	Laboratory	48.07	-	-
II-6-b	Medicaid	Respiratory Therapy & Supplie	444.93	-	-
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid	Audiology	-	-	-
II-6-b	Medicaid	Incontinency	-	-	-
II-6-b	Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Medicaid	Physician Visit	-	-	-
II-6-b	Medicaid	Ambulance	-	-	-
II-6-b	Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals Medicaid	X-Ray	-	-	-
II-6-b	Contractuals Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Contractuals Medicaid	Laboratory	(23.63)	-	-
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	(218.67)	-	-
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals Medicaid	Audiology		-	-
II-6-b	Contractuals Medicaid	Incontinency	-	-	-
II-6-b	Contractuals Medicaid	Oxygen & Supplies		-	-
II-6-b	Contractuals Medicaid	Physician Visit	-	-	-

II-6-b	Contractuals Medicaid	Ambulance	-	-	-
II-6-b	Contractuals Medicaid	Flu Shot	ı	-	-
II-6-b	Private and Other	X-Ray	1,631.85	-	-
II-6-b	Private and Other	Radiology Service	1	1	-
II-6-b	Private and Other	Outpatient Therapy Program	1	1	-
II-6-b	Private and Other	Laboratory	6,869.02	1	-
II-6-b	Private and Other	Respiratory Therapy & Supplie	328.00	-	-
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	-
II-6-b	Private and Other	Audiology	1	-	-
II-6-b	Private and Other	Incontinency	ı	-	-
II-6-b	Private and Other	Oxygen & Supplies	ı	-	-
II-6-b	Private and Other	Physician Visit	ı	-	-
II-6-b	Private and Other	Ambulance	-	-	-
II-6-b	Private and Other	Flu Shot	-	-	-
II-6-b	Private and Other	Capitation Contracts	379,175.00	-	-
II-6-b	Contractuals-Non-Medicaid	X-Ray	(386.34)	-	-
II-6-b	Contractuals-Non-Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals-Non-Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Contractuals-Non-Medicaid	Laboratory	(1,626.24)	-	-
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(77.65)	-	-
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid	Incontinency	•	-	-
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	ı	-	-
II-6-b	Contractuals-Non-Medicaid	Physician Visit	ı	-	-
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	-	-
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(89,769.71)	-	-
<b>Total Othe</b>	er Resident Revenue		\$ 296,395	\$ -	\$ -

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNH	RHNS		(Specify)	
Pg 30 line I	430055	Interest On Overdue Accounts	\$ 121.97	\$	-	\$	-
Pg 30 line I	430050	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
<b>Total Inter</b>	est Income		\$ 122	\$	-	\$	-

#### Schedule of Other Revenue

Page Ref	Description		(	CCNH	RHNS	(Specify)
Pg 30 line I	Rental Income	0		\$45.00	Ī	-
0	Emedeon Test Payment	0		\$28.70	ı	=
0	Rehab Screen	0		2,740.00	ı	-
0	Record escrow receipts inter	0		1,543.51	ı	-
0	0	0		-	ı	-
<b>Total Othe</b>	r Revenue		\$	4,357	\$ -	\$ -

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## **G.** Balance Sheet

	of Facility	License No.	Report for Year E	nded	Page of
Arden I	House Care and Rehabilitation	C 2199-C	9/30/2018		31   37
		Account			Amount
Assets					
A. C	urrent Assets				
1.	. Cash (on hand and in banks	<u> </u>		\$	20,714
2.				\$	2,183,683
3.	Other Accounts Receivable	(Excluding Owners or	Related Parties)	\$	(0
4				\$	18,307
5.	1 1			\$	1,711,370
	a. Prepaid Escrow Replace		1,319,755		
	b. Prepaid Personal Propert		88,536		
	c. Prepaid Personal Propert		12,990		
	d. Prepaid Escrow Insuranc	e	40,095		
6.				\$	
7.				\$	
8.	. Other Current Assets (itemiz	ze)		\$	
				_	
				_	
A-9. <i>T</i>	total Current Assets (Lines Al	thru 8)		\$	3,934,074
B. Fi	ixed Assets				
1.	. Land			\$	
2.	. Land Improvements	*Historical Cost	3,163	\$	
		Accum. Depreciati	on 3,163 N	Vet	
3.	. Buildings	*Historical Cost	1,077,006	\$	
		Accum. Depreciati	on 1,077,006 N	Vet	
4.	. Leasehold Improvements	*Historical Cost		\$	
		Accum. Depreciati	on N	Vet	
5.	. Non-Movable Equipment	*Historical Cost	307,633	\$	
		Accum. Depreciati	on 307,633 N	Vet	
6.	. Movable Equipment	*Historical Cost	551,360	\$	162,246
	• •	Accum. Depreciati			•
7.	. Motor Vehicles	*Historical Cost	4,900	\$	
		Accum. Depreciati	on 4,900 N	Vet	
8.	. Minor Equipment-Not Depr		, -	\$	
9.	. Other Fixed Assets ( <i>itemize</i>	)		\$	
,		,			
B-10.	Total Fixed Assets (Lines B	31 thru 9)		\$	162,246

<sup>\*</sup> Historical Costs must agree with Historical Cost reported in Schedules on (Carry Total forward to next page) Depreciation and Amortization (Pages 23 and 24).

# G. Balance Sheet (cont'd)

License No.	Report for Year Ended		Page of	
1 C 2199-C	9/30/2018		32   37	
Account	Account			
Total Brought Forward				
rded for Equity Purpos	ses.			
		\$		
*Historical Cost				
	on Net	\$		
*Historical Cost				
	on Net	\$		
*Historical Cost				
	on Net	\$		
*Historical Cost				
	on Net	\$		
*Historical Cost				
Accum. Depreciati	on Net	\$		
rties (C1 thru 7)		\$		
		\$		
		\$		
*Historical Cost				
Accum. Depreciation	on Net	\$		
1		\$		
ident Care (itemize)		\$		
1 Porties (itamiza)		•		
` ′	Loon Data	Φ		
Amount	Loan Date	-		
L	<del>-</del>	\$	(7,849,333)	
wned	(7.849.333)		(1,613,666)	
I/C Due to/Due From Owned (7,849,333) I/C Due to/Due From Multicare				
I/ C Due to Due 1 form Watthcare				
Assets (Lines D1 thru 7	7)	\$	(7,849,333)	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
	*Historical Cost Accum. Depreciati reciable *Interview (C1 thru 7)  *Historical Cost Accum. Depreciati *Historical Cost Accum. Depreciati *Interview (C1 thru 7)  *Interview (C1 thru 7)	Account  Total Brought Forward orded for Equity Purposes.  *Historical Cost Accum. Depreciation  Net  *Historical Cost Accum. Depreciation  Net  *Indicate (Itemize)  Accum. Depreciation  *Historical Cost Accum. Depreciation  Accum. Depreciation  *Historical Cost Accum. Depreciation  Net  *Indicate (Itemize)  *Indicate (Itemize)  Accum. Depreciation  Net  *Indicate (Itemize)  *Indicate	Account  Total Brought Forward: \$  rded for Equity Purposes.  *Historical Cost Accum. Depreciation *Net  *Include the service of t	

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

# G. Balance Sheet (cont'd)

Name of Fac	•		License No.	Report for Year Ended			Page	of
Arden House	e Car	e and Rehabilitation Center	2199-C 9/30/2018			33	37	
Account					Amo	unt		
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		938,756
	2.	Notes Payable (itemize)				\$		
	2	Lagra Davidla for Equipm		) (::)		Ф		
	3.	Loans Payable for Equipme Name of Lender		Amount	Date Due	\$		_
-		Name of Lender	Purpose	Amount	Date Due			
	4.	Accrued Payroll (Exclusive	of Owners and/or S	tockholders only)		\$		480,185
	5. Accrued Payroll (Owners and/or Stockholders only)					\$		
6. Accrued Payroll Taxes Payable				\$		2,701		
7. Medicare Final Settlement Payable				\$				
8. Medicare Current Financing Payable					\$			
9. Mortgage Payable (Current Portion)					\$			
10. Interest Payable (Exclusive of Owner and/or Related Parties)				\$				
11. Accrued Income Taxes*				\$				
	12.	Other Current Liabilities (i	temize)			\$		580,678
		Accrued Provider/Bed Tax	344,60	11 Accr Exp Electricity	20,061			
	A/R Credit Gross Up Liability 161,903 Deferred Revenue 20,155				20,155			
	Accr Exp Water and Sewer 4,373 Accr Exp Other 8,409			8,409				
		Accr Exp Gas		57 Accr Gross Rec Tax-I	FY1 19,219			
A-13.	. To	tal Current Liabilities (Line	es A1 thru 12)			\$		2,002,320

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

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# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of	
Arden House Care and Rehabilitation Cen	te 2199-C	9/30/2018		34	37	
	Account			Amount		
		Total Broug	ht Forward:		2,002,320	
Liabilities (cont'd)						
B. Long-Term Liabilities	<i>(</i> • • • • • • • • • • • • • • • • • • •		Φ.			
1. Loans Payable-Equipment	1	A	\$ D.4. D	_		
Name of Lender	Purpose	Amount	Date Due			
			_			
			_			
			_			
			_			
			_			
			_			
			_			
			_			
			_			
2. Mortgages Payable			\$			
3. Loans from Owners or Re	lated Parties (itemize	e)	\$			
Name and Address of Lender	Amount	Loan Date				
			_			
			_			
			_			
			_			
			_			
			_			
			_			
			_			
			_			
4. Other Long-Term Liabiliti	es (itemize)		\$		1,950,556	
LT Debt-Financing Obligation 1,950,556						
B-5. Total Long-Term Liabilities			\$		1,950,556	
C. Total All Liabilities (Lines A-13 + B-5)					3,952,876	

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

	ne of Facility License N		Report for Y	ear Ended		Page	of
Ard	en House Care and Rehabilitation 2199		9/30/2018		<u> </u>	35	37
Account						Amo	ount
A.	Reserves						
	1. Reserve for value of leased land				\$		
	2. Reserve for depreciation value of leased	l buildin	gs and appurte	enances			
	to be amortized				\$		
	3. Reserve for depreciation value of leased	l person	al property (Eq	quity)	\$		
	4. Reserve for leasehold real properties on	which t	air rental valu	e is based	\$		
	5. Reserve for funds set aside as donor res	tricted			\$		
	6. Total Reserves				\$		
B.	Net Worth						
	1. Owner's Capital				\$		
	2. Capital Stock				\$		
	3. Paid-in Surplus				\$		
	4. Treasury Stock				\$		
	5. Cumulated Earnings				\$		(3,901,050)
	6. Gain or Loss for Period	10/1/201	7 thru	9/30/2018	\$		(3,804,838)
	7. Total Net Worth				\$		(7,705,888)
C.	Total Reserves and Net Worth				\$		(7,705,888)
D.	Total Liabilities, Reserves, and Net Worth				\$		(3,753,012)

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# H. Changes in Total Net Worth

Arden House Care and Rehabilitation Cq 2199-C 9/30/2018 36  Account Am.  A. Balance at End of Prior Period as shown on Report of 09/30/2017 \$  B. Total Revenue (From Statement of Revenue Page 30) \$  C. Total Expenditures (From Statement of Expenditures Page 27) \$  D. Net Income or Deficit \$  E. Balance \$  F. Additions 1. Additional Capital Contributed (itemize)  2. Other (itemize) \$  F-3. Total Additions \$	22,561,494 26,366,332 (3,804,838)
A. Balance at End of Prior Period as shown on Report of 09/30/2017 \$  B. Total Revenue (From Statement of Revenue Page 30) \$  C. Total Expenditures (From Statement of Expenditures Page 27) \$  D. Net Income or Deficit \$  E. Balance \$  F. Additions  1. Additional Capital Contributed (itemize)  2. Other (itemize)	(3,901,050) 22,561,494 26,366,332 (3,804,838)
B. Total Revenue (From Statement of Revenue Page 30)  C. Total Expenditures (From Statement of Expenditures Page 27)  S. D. Net Income or Deficit  E. Balance  F. Additions  1. Additional Capital Contributed (itemize)  2. Other (itemize)	22,561,494 26,366,332 (3,804,838)
C. Total Expenditures (From Statement of Expenditures Page 27)  D. Net Income or Deficit  E. Balance  F. Additions  1. Additional Capital Contributed (itemize)  2. Other (itemize)	26,366,332 (3,804,838)
D. Net Income or Deficit  E. Balance  F. Additions  1. Additional Capital Contributed (itemize)  2. Other (itemize)	(3,804,838)
E. Balance  F. Additions 1. Additional Capital Contributed (itemize)  2. Other (itemize)	
F. Additions 1. Additional Capital Contributed (itemize)  2. Other (itemize)	(F FOF 000)
1. Additional Capital Contributed (itemize)  2. Other (itemize)	(7,705,888)
1D=3	
G. Deductions	
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> ) \$	
Name and Address (No., City, State, Zip)  Title Amount	
2. Other Withdrawings (Specify) \$	
Purpose Amount	
3. Total Deductions \$	
H. Balance at End of Period 99/30/18 \$	(7,705,888)

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

Name of Facility	License No.	Report for Year Ended	Page of					
Arden House Care and Rehabilitation	2199-C	9/30/2018	37 37					
Check appropriate category								
Chronic and Convalescent Nursing Home only (CCNH)	Chronic and Convalescent Nursing Rest Home with Nursing (Specify)							
Preparer/Reviewer Certification								
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed						
Printed Name of Preparer								
Thomas Farnan -Sr. Director of Reimbursement								
Addres Address		Phone Number						
200 Brickstone Square, Andover, MA 01810 978-247-5029								