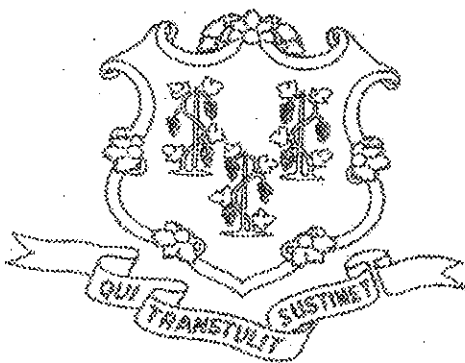


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Chelsea Place Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 25 Lorraine Street, Hartford, CT 06105	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2220-C	RHNS	Other	Medicare Provider 07-5299
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Medicaid Provider Numbers:	CCNH 9761	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed) Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Chelsea Place Care Center, LLC [facility name], 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) Judy Konow			Printed Name (Owner) Chris Wright		2/13/19
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)		Comm. Expires
Brenda Walsh	CT	2/13/19	Brenda Walsh		BRENDA WALSH Notary Public-Connecticut My Commission Expires February 29, 2020
Address of Notary Public 341 Bidwell St, Manchester, CT 06040					

(Notary Seal)

**General Information**

Name of Facility (as licensed) Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 1	of 37
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**Administrator's/Owner's Certification**

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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) <i>Judy Konow</i>		Date 02-05-19	Signed (Owner)		Date
Printed Name (Administrator) Judy Konow			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of CT	Date 02-05-19	Signed (Notary Public) <i>Sandra M. Hollis</i>		<b>SANDRA M. HOLLIS</b> NOTARY PUBLIC MY COMMISSION EXPIRES APR. 30, 2019
Address of Notary Public 341 BIDWELL STREET, MANCHESTER, CT 06040					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Chelsea Place Care Center, LLC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 25 Lorraine Street, Hartford, CT 06105				
Report Prepared By iCare Management, LLC	Phone Number 860-570-2140	Date 2/15/2019		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. <b>Total Wages Paid</b> \$				
7. Total salaries paid \$				
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-233-8241		Report for Year Ended 9/30/2018		Page 2	of 37
Name of Facility (as shown on license) Chelsea Place Care Center, LLC			Address (No. & Street, City, State, Zip) 25 Lorraine Street, Hartford, CT 06105		
License Numbers:		CCNH 2220-C	RHNS	Other	Medicare Provider No. 07-5299
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Other	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Judy Konow			Nursing Home Administrator's License No.:	1735	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire  
 Partners/Members**

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2018	Page 3	of 37
Legal Name of Partnership/LLC Chelsea Place Care Center, LLC		Business Address 25 Lorraine Street, Hartford, CT 06105		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	







Related Parties\*

Name of Facility		License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC		2220-C	9/3/2018	4	37		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report in Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees	-	-	-
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees	-	-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19	3	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees	-	-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16	M	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees	-	-	811 (8.11)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19	3	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees	-	-	15,487 (15,487)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees	-	-	4,310 (4,310)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees	-	-	14,147 (14,147)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees	-	-	1,188 (1,188)
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees	-	-	2,602 (2,602)
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees	-	-	38,237 (38,237)
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067			Shared Employees	-	-	(979)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13	5-8,10	448,118 (448,118)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27	10,9,14	-
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15	M,E	18,419 (18,419)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt Management Services, Direct	-	-	230,679 (230,679)
				Management Services, Indirect	20	5j	258,757 (258,757)
				Management Services, Administrative	20	5i	35,470 (35,470)
					16	M12	591,730 (591,730)
					-	-	-
					-	-	-
					-	-	-
					-	-	-
					-	-	-
All Care Centers, mgmt co, reaty cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

\* 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 Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name and Address of Lessor		Related * to Owners, Operators, Officers	License No.		Report for Year Ended		Annual Amount of Lease	Amount Claimed	
			Yes	No	Date of Lease**	Term of Lease			
Chelsea Place Care Center, LLC				2220-C	9/30/2018			6   37	
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno, NV		<input type="radio"/>	<input checked="" type="radio"/>			05/18/10	1 yr with automatic & 60 months & automatic	13,397	13,397
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909		<input type="radio"/>	<input checked="" type="radio"/>			06/01/10	48 months & automatic	9,282	9,282
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101		<input type="radio"/>	<input checked="" type="radio"/>			03/05/14	1 yr with automatic	11,439	11,439
Pitney Bowes P.O. Box 856460 Chicago, IL 60673		<input type="radio"/>	<input checked="" type="radio"/>			07/29/13	Monthly	723	723
CIT Technology Financial Services, PO Box 93000, Chicago, IL 60673		<input type="radio"/>	<input checked="" type="radio"/>			08/29/14		6,686	6,686
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
				Is a Mileage Log Book Maintained for All Leased Vehicles ?					
				<input type="radio"/> Yes <input checked="" type="radio"/> No					
							<b>Total ***</b>	41,526	

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

\*\* Attach copies of newly acquired leases.

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 O'Connor, Davies LLP		100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
2				
3				
4				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Taxes, financial statements, accounting support		\$		9,749
2		\$		
3		\$		
4		\$		
				Charge for Services Provided
				\$ 9,749
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    15D				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 iCare Health Management, LLC			860-570-2140	
2 Starble and Harris			860-678-7775	
3 Durant Nichols / Robinson & Cole, LLP			860-275-8200	
4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis))				
5 Starble and Harris, iCare Health Management LLC			860-678-7775 & 860-570-2140	
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1 341 Bidwell Street, Manchester CT				
2 32 Main Street, Avon, CT				
3 280 Trumbull St, Hartford, CT				
4				
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT				
Services Provided by This Firm ( <i>describe fully</i> )				
1 Lease and contract issues, general legal advice, Labor Law		\$		17,050
2 Lease and contract issues, general legal advice, union funds advice		\$		664
3 Employment law, arbitrations, contract negotiations		\$		(625)
4 Employment Arbitrations, healthcare law		\$		2,279
5 Conservatorships & Collections		\$		437
				Charge for Services Provided
				\$ 19,805
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    15E				

**Schedule of Resident Statistics**

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018				Page 8	of 37
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
		Total CCNH Level	Total RHNS Level	Total CCNH	Total RHNS		
1. Certified Bed Capacity							
A. On last day of PREVIOUS report period	234	234	234	234	234	234	
B. On last day of THIS report period	234	234	234	234	234	234	
2. Number of Residents							
A. As of midnight of PREVIOUS report period	229	229	229	229	220	220	
B. As of midnight of THIS report period	221	221	220	220	221	221	
3. Total Number of Days Care Provided During Period							
A. Medicare	2,796	2,796	2,241	2,241	555	555	
B. Medicaid (Conn.)	78,511	78,511	58,941	58,941	19,570	19,570	
C. Medicaid (other states)							
D. Private Pay	101	101	9	9	92	92	
E. State SSI for RCH							
F. Other (Specify) Insurance	8	8	7	7	1	1	
G. Total Care Days During Period (3A thru F)	81,416	81,416	61,198	61,198	20,218	20,218	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds							
A. Medicaid Bed Reserve Days							
B. Other Bed Reserve Days							
5. <b>Total Resident Days (3G + 4A + 4B)</b>	81,416	81,416	61,198	61,198	20,218	20,218	

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?       Yes       No  
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	Other
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH		CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR
No. of Residents	3		217		1				
Per Diem Rate									
a. One bed rm.	388.00		249.00		350.00				
b. Two bed rms.									
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	5,700	5,700		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	474	474		
2. Restorative Treatments	1,952	1,952		
C. Other	3,880	3,880		
D. <b>Total Physical Therapy Treatments</b>	12,006	12,006		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	414	414		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	241	241		
2. Restorative Treatments	58	58		
C. Other	439	439		
D. <b>Total Speech Therapy Treatments</b>	1,152	1,152		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Other
A. Medicare - Part B	4,278	4,278		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	447	447		
2. Restorative Treatments	1,311	1,311		
C. Other	3,744	3,744		
D. <b>Total Occupational Therapy Treatments</b>	9,780	9,780		

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC	2220-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	155,148	2,078				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	464,024	22,567				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	60,298	2,078				
c. Dietary Workers	738,223	39,174				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	547,400	30,348				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	77,230	1,918				
b. Other Maintenance Workers	84,168	4,473				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	241,770	13,951				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	225,866	4,434				
b. RN						
1. Direct Care	804,009	18,057				
2. Administrative**	314,061	7,572				
c. LPN						
1. Direct Care	2,263,627	75,716				
2. Administrative**						
d. Aides and Attendants	3,555,974	198,799				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	219,340	10,786				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	248,111	9,553				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	71,369	3,868				
A-13. Total Salary Expenditures	10,070,620	445,372				

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

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

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





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

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2018		Page 11	of 37				
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
 CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) Chelsea Place Care Center, LLC		License No. 2220-C		Report for Year Ended 9/30/2018		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
<b>Section III - Administrators***</b>									
Judy Konow	155,148		same as employees less union funds	Administrator	2,078	A2			
			same as employees less union funds	Administrator		A2			
			same as employees less union funds	Administrator		A2			
<b>Section IV - Assistant Administrators</b>									

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC	2220-C	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	72,800	1,456				
2. Dentist						
3. Pharmacist	31,910	363				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	178,749	2,322				
b. Other						
6. Social Worker	4,837	9				
7. Recreation Worker	15,186	35+Cable				35+Cable
8. Physicians						
a. Medical Director (entire facility)	80,400	585				
b. Utilization Review (Title 18 and 19 only) monthly meeting		5				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	26,584	59				
9. Speech Therapist						
a. Resident Care	24,785	353				
b. Other						
10. Occupational Therapist						
a. Resident Care	148,137	1,949				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	10,501	4				
2. Administrative***	57,615	1,261				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	(9,925)	(232)				
d. Other						
12. Other (Specify) See Attached Schedule	334,653	8,464				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>976,231</b>	<b>16,597</b>				

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

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

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

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

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Omnicare/ Pharm Scripts	Pharmacy Consulting	<input checked="" type="radio"/>	<input type="radio"/>			
Touchpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver Springs, Westside Care Centers, iCare Health and iCare Management, SecureCare Options, Home Care	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Paulekas Wayne	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr Buccheri Santo	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 542,137	542,137		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 862,074	862,074		
5. Health Insurance	\$ 1,715,419	1,715,419		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 640,862	640,862		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 80,584	80,584		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ (771,748)	(771,748)		
d. Accounting and Auditing	\$ 9,749	9,749		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 19,805	19,805		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 24,346	24,346		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,414	15,414		
2. Cellular Phones	\$ 1,683	1,683		
i. Appraisal ( <i>Specify purpose and        attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,313,240	1,313,240		
<b>Subtotal</b>	\$ 4,453,565	4,453,565		

\* 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**

Chelsea Place Care Center, LLC  
9/30/2018

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
UNION TRAINING	\$ 80,584		\$ -
<b>Total</b>	\$ 80,584	\$ -	\$ -

-----  
**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
INTERNET EXPENSES	\$ -		\$ -
<b>Total</b>	\$ -	\$ -	\$ -

-----

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC	2220-C	9/30/2018	16	37	
Item		Total	CCNH	RHNS	Other
<b>Subtotals Brought Forward:</b>		4,453,565	4,453,565		
<b>i. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,095	5,095		
3. Gifts to Staff and Residents	\$	1,885	1,885		
4. Employee Travel	\$	4,617	4,617		
5. Education Expenses Related to Seminars and Conventions	\$	2,976	2,976		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$	394	394		
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	8,437	8,437		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	16,641	16,641		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	2,952	2,952		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	16,082	16,082		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	1,789	1,789		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	158,629	158,629		
12. Administrative Management Services**	\$	591,730	591,730		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	25,286	25,286		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>5,290,079</b>	<b>5,290,079</b>		

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

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

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



**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	Other
MEALS	\$ 394		\$ -
<b>Total Other Travel and Entertainment</b>	<b>\$ 394</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	Other
COMMUNICATIONS SPECIAL EVENTS	\$ 16,641		\$ -
<b>Total Other Advertising</b>	<b>\$ 16,641</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	Other
ALTCFM			
CAHCF DUES	\$ 15,922		\$ -
OTHER DUES	\$ 160		\$ -
<b>Total Dues</b>	<b>\$ 16,082</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	Other
CONTRIBUTIONS	\$ 1,789		\$ -
<b>Total Contributions</b>	<b>\$ 1,789</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Other
SOCIAL SERVICE SUPPLIES	\$ 38		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMISSIONS MINOR EQUIPMENT	\$ 1,495		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 580		\$ -
EMPLOYEE RELATIONS	\$ 8,364		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 138		\$ -
PERMITS & LICENSES	\$ 1,775		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 10,819		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 721		\$ -
INTERNET EXPENSES	\$ 1,355		\$ -
Rounding			\$ -
<b>Total Other Administrative and General</b>	<b>\$ 25,286</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
iCare Management, LLC/iCare Health Management, LLC	591,730	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12	
iCare Management, LLC/iCare Health Management, LLC	258,757	MANAGEMENT FEES- DIRECT CARE	Pg 20 j	
iCare Management, LLC/iCare Health Management, LLC	35,470	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j	

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

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

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item	Total	CCNH	RHNS	Other	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 494,736	494,736			
2. Non-Food Supplies	\$ 63,526	63,526			
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 41,166	41,166			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 813	813			
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 10,346	10,346			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 610,587</b>	<b>610,587</b>			
2F. Dietary Questionnaire	Total	CCNH	RHNS	Other	
G. Resident Meals: Total no. of meals served per day:*	669	669			
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	Other
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,012	2,012		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	73,972	73,972		
c. Other (Specify) LAUNDRY MINOR EQUIPMENT	\$	323	323		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	<b>\$</b>	<b>76,308</b>	<b>76,308</b>		
<b>3F. Laundry Questionnaire</b>					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* 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.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC		2220-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 46,657	46,657			
b. Purchased Services ( <i>by contract other than through Management Services</i> )	Sq. Ft. Serviced					
( <i>Complete Schedule C-2 att. Page 21</i> )	by Personnel					
	Amt.	\$ 34,760	34,760			
C. Other ( <i>Specify</i> )		\$				
HOUSEKEEPING MINOR EQUIPMENT						
4D. Total Housekeeping Expenditures (4a + b + c)		\$	81,417	81,417		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from OMNICARE PHARMACY		\$ 167,024	167,024			
b. Medicine Cabinet Drugs		\$ 8,841	8,841			
c. Medical and Therapeutic Supplies		\$ 136,364	136,364			
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$ 8,020	8,020			
2. Other***		\$				
f. X-rays and Related Radiological Procedures***		\$ 5,203	5,203			
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$				
h. Laboratory***		\$ 7,806	7,806			
i. Recreation		\$				
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)****		\$ 462,512	462,512			
See Attached Schedule						
5M. Total Resident Care Expenditures (5a - 5j)		\$	795,770	795,770		

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
NURSING ADMIN SUPPLIES	\$ 373		\$ -
NURSING MINOR EQUIP	\$ 8,635		\$ -
MEDICAL RECORDS SUPPLIES	\$ 66		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 258,757		\$ -
NON-COVERED PPS DR. VISITS	\$ 268		\$ -
RESIDENT CARE SUPPLIES	\$ 1,554		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 14,029		\$ -
PERSONAL CARE SUPPLIES	\$ 3,868		\$ -
INCONTINENCY SUPPLIES	\$ 14,356		\$ -
VACCINE RESIDENTS	\$ 257		\$ -
PATIENT SPECIAL NEEDS	\$ 723		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 31,706		\$ -
EQUIPMENT RENTAL AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 144		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 54,226		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 2,038		\$ -
ACTIVITIES SUPPLIES	\$ 12,254		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ 143		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 35,470		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ 23,646		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
<b>Total Other Resident Care</b>	<b>\$ 462,512</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2018	Total Cost/Page Ref.***						Page of 21 37	
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Other	Pg	Line	Related ** to Owners, Operators, Officers		
									Yes	No	
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	VENDOR	Housekeeping Services	34,760				20	4b		
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	VENDOR	Laundry Services	73,972				19	3b		
Eagle Elevator		VENDOR	Elevator Contract	11,634				22	6F		
Bioserve, Inc.		VENDOR	Medical Waste Snow	2,038				22	6F		
Brightview Landscaping/MLG Landscaping		VENDOR	Removal/Landscaping	25,340				22	6F		
USA Hauling & Recycling Inc		VENDOR	Trash removal	55,018				22	6F		
American HealthTech		VENDOR	Software Maintenance Contract	10,759				16	M11		
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	VENDOR	Payroll Services	77,485				16	M11		
National Datacare Corp		VENDOR	Resident Trust Software	6,020				16	M11		
Prime Care Technology services		VENDOR	Computer Consulting Services	29,696				16	M11		
Priority Express		VENDOR	Courier Services	5,257				16	M11		
Point Right Inc		VENDOR	Nursing Software Security Contract	4,680				16	M11		
Aron Security Inc		VENDOR	Security Contract Services					22	6F		

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

\*\* Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 72,527	72,527				
b. Heat	\$ 63,088	63,088				
c. Light & Power	\$ 141,241	141,241				
d. Water	\$ 110,695	110,695				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 41,526	41,526				
f. Other ( <i>itemize</i> )	\$ 166,865	166,865				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 595,943</b>	<b>595,943</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 34,701	34,701				
c. Non-Movable Equipment	\$ 550	550				
d. Movable Equipment	\$ 38,067	38,067				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 73,318</b>	<b>73,318</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 98,875	98,875				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 98,875</b>	<b>98,875</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 967,655	967,655				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 351,786	351,786				
c. Personal property taxes	\$ 44,592	44,592				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,536,226</b>	<b>1,536,226</b>				

\* 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	Other
PLANT SUPPLIES	\$ 13,263		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 16,670		\$ -
ELEVATOR CONTRACT SERVICE	\$ 11,634		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,516		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 6,835		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 18,505		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 55,018		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 19,096		\$ -
PLANT MINOR EQUIPMENT	\$ 14,774		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 5,554		\$ -
RENT OTHER	\$ -		\$ -
<b>Total Other Repairs and Maintenance</b>	\$ 166,865	\$ -	\$ -

### Depreciation Schedule

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C		Report for Year Ended 9/30/2018				Page 23	of 37
				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
<b>A. Land Improvements</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
<b>E. Total Depreciation</b>									
								34,701	
								550	
								10,600	
								680,763	34,914
								45,212	3,153
									38,067
									73,318

Chelsea Place Care Center, LLC  
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2



**Amortization Schedule\***

Name of Facility Chelsea Place Care Center, LLC	Date of Acquisition		License No. 2220-C	Report for Year Ended 9/30/2018			Page 24	of 37
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations		
<b>A. Organization Expense</b>								
1.								
2.								
3.								
A-4. Subtotal								
<b>B. Mortgage Expense</b>								
1.								
2.								
3.								
B-4. Subtotal								
<b>C. Leasehold Improvements and Other</b>								
1. Acquired prior to this report period				1,401,619	904,555		85,226	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)				139,022			13,649	
C-4. Subtotal								
<b>D. Total Amortization</b>								
								98,875
								98,875

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

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 25	of 37
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**11. Property Questionnaire**

**Part A**

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

Yes  No

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

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

Description	Total				
1. Date Land Purchased	04/01/1999				
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase	04/01/99				
4. Date of Initial Licensure	04/01/99				
5. Total Licensed Bed Capacity	234				
6. Square Footage	66,285				
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Summit Hartford, LLC	25 Lorraine Street, Hartford, CT	08/09/17	15 years with 2 year extension	\$1,035,000 yr 1	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC		2220-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	Other
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC	2220-C	9/30/2018	27	37		
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify)			\$	63,141	63,141	
INTEREST						
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	63,141	63,141	
14. Insurance						
a. Insurance on Property (buildings only)			\$	13,036	13,036	
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	118,205	118,205	
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$	6,641	6,641	
Other insurance, crime						
14d. Total Insurance Expenditures (14a + b + c)			\$	137,882	137,882	
15. Total All Expenditures (A-13 thru C-14)			\$	20,234,204	20,234,204	



### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC			2220-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ (771,748)	(771,748)		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 16,641	16,641		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 44,629	44,629		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ (710,478)	(710,478)		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 721		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ -		
		Provider User Fee for Medicare days	\$ 43,908		\$ -
<b>Total Other A&amp;G Adjustments</b>			\$ 44,629	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC				2220-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ (710,478)	(710,478)		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 5,203	5,203		
30.			Laboratory	\$ 7,806	7,806		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 268	268		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ (697,201)	(697,201)		

\*\*\* 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.

Chelsea Place Care Center, LLC  
 9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5J		267.79		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
<b>Total Other Ancillary Costs</b>			<b>\$ 268</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Other Property Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 19,517,061	19,517,061				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,305,763	1,305,763				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 70,315	70,315				
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 136,142	136,142				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (136,142)	(136,142)				
c. Prescription Drugs - Non-Medicare	\$ 37,304	37,304				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (37,304)	(37,304)				
2. a. Medical Supplies - Medicare	\$ 278	278				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (278)	(278)				
c. Medical Supplies - Non-Medicare	\$ 848	848				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (848)	(848)				
3. a. Physical Therapy - Medicare	\$ 289,250	289,250				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (113,712)	(113,712)				
c. Physical Therapy - Non-Medicare	\$ 90,015	90,015				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (90,015)	(90,015)				
4. a. Speech Therapy - Medicare	\$ 49,596	49,596				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (18,392)	(18,392)				
c. Speech Therapy - Non-Medicare	\$ 29,756	29,756				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (29,756)	(29,756)				
5. a. Occupational Therapy - Medicare	\$ 256,913	256,913				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (122,641)	(122,641)				
c. Occupational Therapy - Non-Medicare	\$ 81,021	81,021				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (79,164)	(79,164)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 26,813	26,813				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 21,262,822	21,262,822				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 5	5				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 2,565	2,565				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 2,570	2,570				
<b>VI. Total All Revenue</b> (III + V)	\$ 21,265,392	21,265,392				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab Medicare	\$ 10,413		
	Lab Medicare CA	\$ (10,413)		
	Oxygen Medicare	\$ 990		
	Oxygen Medicare CA	\$ (990)		
	Equipment rental	\$ 951		
	Equipment rental CA	\$ (951)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 1,963		
	Radiology Medicare CA	\$ (1,963)		
	IV Therapy	\$ 19,455		
	IV Therapy CA	\$ (19,455)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	<b>Total Other Resident Revenue - Medicare</b>	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab	5,233.38		
	Lab CA	(5,233.38)		
	Oxygen	\$ 7,829		\$ -
	Oxygen CA	\$ (7,829)		\$ -
	Equipment rental	\$ 9,985		
	Equipment rental CA	\$ (9,985)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 981		
	Radiology CA	\$ (981)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 41,358		\$ -
	IV therapy CA	\$ (41,358)		\$ -
	Flu shot revenue	\$ -		
	Outpatient therapy	\$ -		
	prior period revenues	\$ 26,812		
	Optum B	\$ -		
	Optum B CA	\$ -		
	rounding	\$ 1		
	<b>Total Other Resident Revenue</b>	\$ 26,813	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	INTEREST INCOME		\$ -		
	<b>Total Interest Income</b>		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 2,565		
	OPTUM DIVIDENDS REVENUE	\$ -		
	<b>Total Other Revenue</b>	\$ 2,565	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	(312,778)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	6,159,168
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	58,648
5. Prepaid Expenses			\$	1,294,473
a. Prepaid Insurance	1,184,340			
b. Prepaid Property Taxes	98,475			
c. Prepaid Expenses Other	11,659			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	(2,538,712)
Due From (to) Related Parties	(633,848)			
Other Owners reserves	(1,904,864)			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>4,660,799</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>664,817</u>		\$	533,050
	Accum. Depreciation <u>131,767</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>1,540,641</u>		\$	537,212
	Accum. Depreciation <u>1,003,429</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>43,932</u>		\$	1,657
	Accum. Depreciation <u>42,276</u>	Net		
6. Movable Equipment	*Historical Cost <u>725,975</u>		\$	141,636
	Accum. Depreciation <u>584,339</u>	Net		
7. Motor Vehicles	*Historical Cost <u>10,600</u>		\$	
	Accum. Depreciation <u>10,600</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	54,606
Construction in Progress	54,606			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>1,268,160</b>

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

(Carry Total forward to next page)



### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$ 5,928,959	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				
<b>\$</b>				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$ 545,769				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care ( <i>itemize</i> )				
\$ 85,038				
Patient Trust Funds 82,483				
Long Term Deposit - primicare 2,555				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				
\$				
Name and Address			Amount	
Loan Date				
\$				
7. Other Assets ( <i>itemize</i> )				
\$				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				
<b>\$ 630,807</b>				
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				
<b>\$ 6,559,766</b>				

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

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC		2220-C	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	634,112
2. Notes Payable ( <i>itemize</i> )				\$	1,186,631
Working Capital Line of Credit					1,186,631
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	493,152
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	4,523,742
Related Party Payables			3,088,573		
Accrued Expenses			129,850		
Accrued Resident User Fees			316,284		
Accrued Workers Comp Expense			989,035	See Schedule	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>6,837,638</b>

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				6,837,638
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date	\$	
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
Patient Trust Funds		82,483	82,483	
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 82,483
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 6,920,121

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,392,543)
6. Gain or Loss for Period			\$	1,031,188
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(360,355)
<b>C. Total Reserves and Net Worth</b>			\$	(360,355)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	6,559,766

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	21,265,392
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	20,234,204
D. Net Income or Deficit			\$	1,031,188
E. Balance			\$	1,031,188
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	1,031,188
				09/30/18

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
iCare Management, LLC				
Address Address		Phone Number		
341 Bidwell Street, Manchester, CT 06040		860-570-2140		
Annual Report Contact		Phone Number		
Annual Report Contact Email Address				