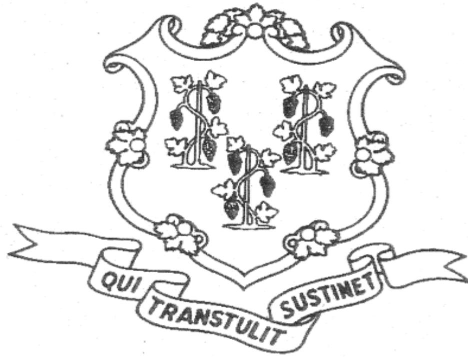
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as licensed)	
Glen Hill Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code)	
1 Glen Hill Road, Danbury, CT 06811	
Type of Facility	
☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2217-C			07-5031

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	7153		

For Department Use Only

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

Table of Contents

General Information - Administrator's/Owner's Certification		1
General Information and Questionnaire - Data Required for Real Wage Adjustment		1A
General Information and Questionnaire - Type of Facility - Organization Structure		2
General Information and Questionnaire - Partners/Members		3
General Information and Questionnaire - Corporate Owners		3A
General Information and Questionnaire - Individual Proprietorship		3B
General Information and Questionnaire - Related Parties		4
General Information and Questionnaire - Basis for Allocation of Costs		5
General Information and Questionnaire - Leases		6
General Information and Questionnaire - Accounting Basis		7
Schedule of Resident Statistics		8
Schedule of Resident Statistics (Cont'd)		9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
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) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-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 Glen Hill Care and Rehabilitation Center [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) Talamona,Marnie			Printed Name (Owner) 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				

(Notary Seal)

State of Connecticut
Department of Social Services
25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment

Name of Facility	Period Covered:	From	To
Glen Hill Care and Rehabilitation Center		10/1/2017	9/30/2018
Address of Facility: 1 Glen Hill Road, Danbury, CT 06811			
Report Prepared By: Thomas Farnan	Phone Number: 978-247-5029	Date: 12/21/2018	

Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$	3,523,504	3,523,504		
5. All other wages paid	$	506,733	506,733		
6. ***Total Wages Paid***	$	4,030,237	4,030,237		
7. Total salaries paid	$	299,648	299,648		
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$	4,329,885	4,329,885		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-744-2840	9/30/2018	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Glen Hill Care and Rehabilitation Center	1 Glen Hill Road, Danbury, CT 06811

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2217-C			07-5031

Type of Facility (Check appropriate box(es))

- ☑ Chronic and Convalescent Nursing Home only (CCNH)
- ☐ Rest Home with Nursing Supervision only (RHNS)
- ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ⦿ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ⦿ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Talamona,Marnie	1575

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
Harborside Health I Corporatio	101 Sun Ave. NE, Albuquerque, NM 87109		1
Harborside Healthcare Limited	101 Sun Ave. NE, Albuquerque, NM 87109		99

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Glen Hill Care and Rehabilitation Center	101 East State Street, Kennett Square, PA 19348	PA

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
N/A			
Names of Stockholders Owning at Least 10% of Shares			
N/A			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⦿ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? ⦿ Yes ○ No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	⦿	○		Home Office	Pg 16/m12	432,008	432,008
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	⦿	○	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,350,162	1,350,162
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	○	⦿	50%	Staffing Pool	Pg 10/A12, p15-1	3,380	3,380
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	⦿	○	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	52,530	52,530
Career Staffing	101 East State Street, Kennett Square, PA 19348	⦿	○	91%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	⦿	○	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	1,411	1,411
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	⦿	○		Insurance	Pg 27/14	181,192	181,192
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	⦿	○		Capital Interest	Page 17, page 26-12A	43,963	43,963
		○	○					

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-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	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 (*See listing page 13*)
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ○ No **Total *****

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
** Attach copies of newly acquired leases.
*** Amount should agree to Page 22, Line 6e.

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

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation (	2217-C	9/30/2018	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⦿ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 KPMG Peat Marwick	1600 Market Street, Philadelphia, PA 19103
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Year end financial audit	$
2		$
3		$
4		$
	Charge for Services Provided	$

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

○ Yes ⦿ No

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 GOLDMAN GRUDER & WOOD, LLC	(203) 899-8900
2 CT Probate Court	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)
1 200 Connecticut Ave. Norwalk, CT 06854
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	the legal assistance in filing Medicaid application	$ 3,268
2	Probate claim and court fees	$ 270
3		$
4		$
5		$
	Charge for Services Provided	$ 3,538

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

⦿ Yes ○ No Legal Fees pg. 15 1-e

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	100	100			100	100			100	100		
B. On last day of THIS report period	100	100			100	100			100	100		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	93	93			93	93			87	87		
B. As of midnight of THIS report period	94	94			87	87			94	94		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,275	8,275			6,248	6,248			2,027	2,027		
B. Medicaid (Conn.)	18,203	18,203			13,714	13,714			4,489	4,489		
C. Medicaid (other states)												
D. Private Pay	4,100	4,100			3,103	3,103			997	997		
E. State SSI for RCH												
F. Other (Specify)	2,725	2,725			1,956	1,956			769	769		
G. Total Care Days During Period (3A thru F)	33,303	33,303			25,021	25,021			8,282	8,282		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	8	8			8	8						
B. Other Bed Reserve Days	30	30			30	30						
5. ***Total Resident Days*** **(3G + 4A + 4B)**	33,341	33,341			25,059	25,059			8,282	8,282		

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	9	37

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	(Specify)	Lost			Gained						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID
No. of Residents	27	49		18				
Per Diem Rate								
a. One bed rm.				468.00				
b. Two bed rms.	684.79	208.43		473.57				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	2,998	2,998		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	155	155		
C. Other	29,865	29,865		
D. ***Total Physical Therapy Treatments***	33,018	33,018		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	256	256		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	6	6		
C. Other	2,089	2,089		
D. ***Total Speech Therapy Treatments***	2,351	2,351		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,955	1,955		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	118	118		
C. Other	29,167	29,167		
D. ***Total Occupational Therapy Treatments***	31,240	31,240		

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

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	10	37

Are time records maintained by all individuals receiving compensation? ⦿ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	171,072	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	188,996	7,706				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	58,445	2,158				
b. Other Maintenance Workers	7,378	428				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	128,576	2,072				
b. RN						
1. Direct Care	1,305,638	36,372				
2. Administrative**	165,364	4,083				
c. LPN						
1. Direct Care	640,906	23,320				
2. Administrative**						
d. Aides and Attendants	1,337,726	76,804				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	103,969	4,527				
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	147,946	5,354				
n. Marketing						
o. Other (Specify) See Attached Schedule	73,870	3,966				
A-13. Total Salary Expenditures	4,329,885	168,876				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position		CCNH $	CCNH Hours	RHNS $	RHNS Hours	(Specify) $	(Specify) Hours
Ward Clerks	-	0	0			0	0
Coordinator-Staffing Centers	-	$ 17,713	1,002			0	0
Central Supply	-	$ 10,219	586			0	0
Medical Records	-	$ 45,938	2,377			0	0
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
-	-	$ -	-				
Total		$ 73,870.09	3,966	$ -	-	$ -	-

0

Schedule of Other Fees (Page 13)

Service		CCNH $	CCNH Hours	RHNS $	RHNS Hours	(Specify) $	(Specify) Hours
1020620010	Consulting Fees	571.75	n/a			-	
3155620020	Purchased Services	133.25	n/a				
3010620020	Purchased Services	20.00	n/a				
-	-	-	-				
-	-	-	-				
-	-	-	-				
-	-	-	-				
-	-	-	-				
-	-	-	-				
-	-	-	-				
Total		$ 725	0	$ -	-	$ -	-

0

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	11	37

Name	Salary Paid CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Marnie Talamona	171,072				Management of Center	2,086	2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	13	37

Item	Total Cost and Hours					
	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	10,860	74				
3. Pharmacist	10,748	219				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,264,603	17,323				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,141	239				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	29,045	372				
b. Other						
10. Occupational Therapist						
a. Resident Care	56,302	771				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	6,933	107				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	725					
B-13 Total Fees Paid in Lieu of Salaries	1,424,356	19,106				

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
		⦿	○	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	⦿	○	Common Ownership
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	⦿	○	Common Ownership
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	⦿	○	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	⦿	○	Common Ownership
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	212,156	212,156		
2. Disability Insurance	$				
3. Unemployment Insurance	$	38,856	38,856		
4. Social Security (F.I.C.A.)	$	314,293	314,293		
5. Health Insurance	$	443,555	443,555		
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	$	(110)	(110)		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	45,412	45,412		
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	$	29,018	29,018		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	18,170	18,170		
2. Cellular Phones	$	2,623	2,623		
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	$	720	720		
3. Resident Day User Fee	$	480,927	480,927		
Subtotal	$	1,585,621	1,585,621		

* 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**

Glen Hill Care and Rehabilitation Center — Attachment Page 15
9/30/2018

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
1020520050	Employee Benefits-Oth	$ (110)	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
-	-	$ -	$ -	
Total		$ (110)	$ -	$ -

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
1020640110	Sales Tax	$ 720	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -		
Total		$ 720	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,585,621	1,585,621		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	142	142		
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	708	708		
5. Education Expenses Related to Seminars and Conventions	$	510	510		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*) See Attached Schedule	$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$				
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$	22,454	22,454		
4. Fund-Raising***	$				
5. Medical Records	$	(0)	(0)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	2,470	2,470		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	8,605	8,605		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	369	369		
10. Contributions*** See Attached Schedule	$	1,327	1,327		
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	6,843	6,843		
12. Administrative Management Services**	$	525,892	525,892		
13. Other (*Specify*) See Attached Schedule	$	54,762	54,762		
C-14 Total Administrative & General Expenditures	$	2,209,702	2,209,702		

* Do not include Subscriptions, which should go in item 9.
** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description		CCNH	RHNS	(Specify)
				0
				0
				0
				0
				0
				0
Total Other Travel and Entertainment		$ -	$ -	$ -

Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
1020630020	Advertising	$ 5,137	$ -	0
1020630330	Marketing Expense	$ 12,067	$ -	0
1020630331	Marketing Exp- Corpo	$ 5,250	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
Total Other Advertising		$ 22,454	$ -	$ -

Schedule of Dues

Description		CCNH	RHNS	(Specify)
1020630310	Licenses & Certificatio	$ 8,605	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0

-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
-	-	$ -	$ -	0
Total Dues		$ 8,605	$ -	$ -

Schedule of Contributions

Description		CCNH	RHNS	(Specify)
1020630130	Contributions	$ -	$ -	$ -
1020630135	Political Contributions	$ 1,327	$ -	$ -
0	0	$ -	$ -	$ -
Total Contributions		$ 1,327	$ -	$ -

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
1020630060	Bank Service Charges	10,725.44	-	-
1020630120	Collection Fees	2,591.33	self-disallowed	-
1020630140	Education Expense	5.10	-	-
1020630180	Employee Physicals	4,865.70	-	-
1020630200	Employee Relations	2,720.98	-	-
1020630380	Printing	108.32	-	-
3080630441	Foreign Recruitment C	31,064.00	-	-
1020630610	Training Expense	521.71	-	-
1020630640	Uniforms	122.25	-	-
1020640090	Miscellaneous	10.49	-	-
1020660080	Rental Expense	217.84	-	-
1020660990	Accrued Expense Esti	(591.48)	self-disallowed	-
1020720070	State Tax Annual Rep	-	-	-
5095720090	Landlord Operating Ta	2,400.00	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
Total Other Administrative and General		$ 54,762	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-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	432,008	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	43,963	Capital Interest	pg 26 12-A-1

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	141,551	141,551		
2. Non-Food Supplies	$	18,876	18,876		
3. Other (*Specify*)____________________	$	(2,032)	(2,032)		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	490,896	490,896		
c. Other (*Specify*)________________________ Other Books, Dues & Subscriptions	$				
2D. ***Total Dietary Expenditures*** (2a + b + c)	$	649,292	649,292		

2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				

	Question	Yes	No	
H.	Is cost of employee meals included in 2E?	○ Yes	⊙ No	
I.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
L.	Is any revenue collected from these people?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
O.	Is any revenue collected from employees?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	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 washed, ironed, and/or processed.***	Lbs.				
	Amt. $	4,217	4,217		
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. $	9,345	9,345		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	88,213	88,213		
c. Other (*Specify*)	$				
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	101,775	101,775		

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 Item)	
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)	

* 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
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	15,261	15,261		
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$	132,496	132,496		
c. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	147,757	147,757		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	319,843	319,843		
b. Medicine Cabinet Drugs		$	15,495	15,495		
c. Medical and Therapeutic Supplies		$	105,267	105,267		
d. Ambulance/Limousine***		$	408	408		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	6,426	6,426		
f. X-rays and Related Radiological Procedures***		$	36,406	36,406		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	29,522	29,522		
i. Recreation		$	36,839	36,839		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	72,306	72,306		
5M. ***Total Resident Care Expenditures*** (5a - 5l)		$	622,513	622,513		

* 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.

Glen Hill Care and Rehabilitation Center Attachment Page 20
9/30/2018

Schedule of Other Resident Care

Description		CCNH	RHNS	(Specify)
3060610160	Incontinency	$ 40,937.18	$ -	$ -
3080630030	Advertising-Help War	$ 343.78	$ -	$ -
3080630080	Books, Dues & Subsc	$ 120.00	$ -	$ -
3080630140	Education Expense	$ 777.46	$ -	$ -
3155630530	Supplies	$ 11,002.11	$ -	$ -
3120630530	Supplies	$ 2,177.98	$ -	$ -
3165630535	Office Supplies	$ 110.00	$ -	$ -
3155660080	Rental Expense	$ 1,281.85	$ -	$ -
3120660080	Rental Expense	$ -	$ -	$ -
3010610300	Consolidated Billing	$ 11,353.34	$ -	$ -
3080630310	Licenses & Certificati	$ 150.00	$ -	$ -
3080630550	T&E-Lodging/Transp	$ 1,052.11	$ -	$ -
3080630610	Training Expense	$ 3,000.00	$ -	$ -
-	-	$ -	$ -	$ -
-	-	$ -	$ -	$ -
-	-	$ -	$ -	$ -
-	-	$ -	$ -	$ -
-	-	$ -	$ -	$ -
Total Other Resident Care		$ 72,306	$ -	$ -
		0		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⦿	Vendor Contracted	Laundry Purchased Services	88,213			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⦿	Vendor Contracted	Housekeeping Purchased Services	132,496			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⦿	Vendor Contracted	Dietary Purchased Services	487,437			18	2b
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* 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).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	22	37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	150,652	150,652		
b. Heat	$	61,110	61,110		
c. Light & Power	$	100,495	100,495		
d. Water	$	41,005	41,005		
e. Equipment Lease (*Provide detail on page 6*)	$				
f. Other (*itemize*)	$				
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	353,262	353,262		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	9,579	9,579		
b. Building & Building Improvements	$	57,792	57,792		
c. Non-Movable Equipment	$	8,632	8,632		
d. Movable Equipment	$	31,690	31,690		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	107,693	107,693		
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	$	3,674,235	3,674,235		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	128,584	128,584		
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	3,910,512	3,910,512		

* 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	$ -	$ -	$ -

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

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-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**								
1. Acquired prior to this report period	43,133		43,133	5,065	S/L	Various	9,579	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								9,579
B. **Building and Building Improvements**								
1. Acquired prior to this report period	232,719		232,719	64,906	S/L	Various	51,792	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	41,406		41,406				6,000	
B-4. Subtotal								57,792
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	130,874		130,874	67,904	S/L	Various	7,757	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	17,369		17,369				875	
C-4. Subtotal								8,632

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.									S/L	Various		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					189,240		189,240	86,115	S/L	Various	27,039	
b. Disposals (attach schedule)					(315)		(315)					
c. Acquired during this report period (attach schedule)					34,779		34,779				4,650	
D-3. Subtotal												31,690
E. ***Total Depreciation***												107,693

Glen Hill Care and Rehabilitation Center
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation				
Additions:								
Total additions for Land Improvements		0		0	*	-	-	-
Deletions:								
Total deletions for Land Improvements		$ -		$ -	**	-	-	-

***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				
Additions:								
11/30/2017	Pushbutton Combination Door Lock I	537.06	5.00	89.51				
12/31/2017	3 Pushbutton Combination Door Locl	1,611.17	5.00	241.68				
12/31/2017	50% deposit Nurse Call System	18,778.22	5.00	2,816.73				
12/31/2017	Final payment Nurse Call System	18,778.22	5.00	2,816.73				
8/31/2018	Surveilance System	1,701.60	4.00	35.45				
Total additions for Building Improvements		$ 41,406		$ 6,000	*	-	-	-
Deletions:								
Total deletions for Building Improvements		$ -		$ -	**	-	-	-

***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
Additions:				

5/31/2018	2 Circulators/ Attic and Pump 4	6,061.95	5.00	404.13				
7/31/2018	2 ton Ductless System	5,428.10	4.00	226.17				
7/31/2018	New Air Handler	5,879.03	4.00	244.96				
Total additions for Non-Movable Equipment		$ 17,369		$ 875	*	-	-	-
Deletions:								
Total deletions for Non-Movable Equipment		$ -		$ -	**	-	-	-

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation				
Additions:								
11/30/2017	Dome Storage Rack, 100 Lid Capacit	1,216.62	5.00	202.77				
12/31/2017	Double 3 Gallon Coffee Urn	2,447.42	5.00	367.11				
12/31/2017	Echo line Reclining Shower Cha	549.69	5.00	82.45				
12/31/2017	30 MATTRESS,GEN,BULK VISCO	7,242.75	3.00	1,810.69				
1/31/2018	4 Tracer EX2 Wheelchair	699.92	5.00	93.32				
1/31/2018	Bubba Q. Built?-in Outdoor Charbroi	2,769.35	3.00	615.41				
2/28/2018	RCA 42i Long Term Care LED HDT	677.25	5.00	79.01				
3/31/2018	2 UCXT Bed w/ Laminate Panels and	4,050.87	4.00	506.36				
3/31/2018	2 Panacea Original Foam Mattress, E	953.42	3.00	158.90				
3/31/2018	1 LaserJet PRO M102W	132.26	3.00	22.04				
4/30/2018	Derma Float and ProMatt Pluss Mattr	4,214.62	3.00	585.36				
6/30/2018	Digital Lift Scale for Floor Lift	780.59	4.00	48.79				
6/30/2018	Robot Blade Assembly	754.02	4.00	47.13				
6/30/2018	Pressure Washer	498.05	4.00	31.13				
9/30/2018	Window A/C unit	2,868.09	4.00	-				
9/30/2018	Rifton TRAM Lift & Accessories	4,923.85	4.00	-				
Total additions for Movable Equipment		$ 34,779		$ 4,650	*	-	-	-
Deletions:								
10/1/2017	28 RCA TV	$ (315)		$ (5)				
Total deletions for Movable Equipment		$ (315)		$ (5)	**	-	-	(4.92)

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				

Total additions for Leasehold Improvement		$ -		$ -	*	-	-	-
Deletions:								
Total deletions for Leasehold Improvement		$ -		$ -	**	-	-	-

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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

Amortization Schedule*

Name of Facility Glen Hill Care and Rehabilitation Center	License No. 2217-C	Report for Year Ended 9/30/2018	Page 24	of 37

Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Cer	2217-C	9/30/2018	25 | 37

11. Property Questionnaire

Part A

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

○ Yes ⊙ No

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

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

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	100
6. Square Footage	
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of ___________				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87107	Facility Lease	11/15/10 - 6/3(	127 months	3,674,235

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Ce	2217-C	9/30/2018	26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	$	43,963	43,963		
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)	$	43,963	43,963		

(*Carry Subtotals forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation (	2217-C	9/30/2018	27 | 37

Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				43,963	43,963		
12. C. Movable Equipment 1. Automotive Equipment			$				
A. Item	Rate	Amount					
Lender							
Address of Lender							
2. Other (*Specify*)			$				
A. Item	Rate	Amount					
Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			$				
12. D. Other Interest Expense (*Specify*)			$				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D)			$	43,963	43,963		
14. Insurance a. Insurance on Property (buildings only)			$	4,502	4,502		
b. Insurance on Automobiles			$				
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*)			$	176,690	176,690		
2. Fire and Extended Coverage			$				
3. Other (*Specify*)			$				
14d. ***Total Insurance Expenditures (14a + b + c)***			$	181,192	181,192		
15. ***Total All Expenditures (A-13 thru C-14)***			$	13,974,208	13,974,208		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	28 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages								
1.			Outpatient Service Costs	$				
2.			Salaries not related to Resident Care	$				
3.			Occupational Therapy	$				
4.			Other - See attached Schedule	$	82,187	82,187		
Page 13 - Professional Fees								
5.	13	B-8-c	Resident Care Physicians **	$				
6.		B-10	Occupational Therapy	$				
7.			Other - See attached Schedule	$	1,350,103	1,350,103		
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	$				
9.	15	1-c	Bad Debts	$	45,412	45,412		
10.			Accounting & Legal	$				
10a.			Legal	$				
11.			Telephone	$				
12.			Cellular Telephone	$				
13.			Life insurance premiums on the life of Owners, Partners, Operators	$				
14.			Gifts, flowers and coffee shops	$				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	$				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	$				
17.			Automobile Expense (e.g. personal use)	$				
18.	16	m-2 &	Unallowable Advertising *	$	22,454	22,454		
19.			Income Tax / Corporate Business Tax	$				
20.			Fund Raising / Contributions	$	1,327	1,327		
21.			Unallowable Management Fees	$	93,884	93,884		
22.			Barber and Beauty	$				
23.			Other - See attached Schedule	$	62,517	62,517		
Page 18 - Dietary Expenditures								
24.			Meals to employees, guests and others who are not residents	$				
Page 19 - Laundry Expenditures								
25.			Laundry services to employees, guests and others who are not residents	$				
Page 20 - Housekeeping Expenditures								
26.			Housekeeping services to employees, guests and others who are not residents	$				
			Subtotal (Items 1 - 26)	$	1,657,884	1,657,884		

* All except "Help Wanted".

(*Carry Subtotal forward to next page*)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0	$ 82,187	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
Total Other Salaries Adjustment				$ 82,187	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	$ 89,187	0	0
13	5	Rehabilitation Services	3195620020	$ 1,175,416	0	0
13	9	Speech Therapist	3170620020	$ 29,045	0	0
13	10	Occupational Therapist	3105620020	$ 56,302	0	0
13	12	Other	3010620020	$ 20	0	0
13	12	Other	3015620020	$ -	0	0
13	12	Respiratory Purchased Servies	3155620020	$ 133	0	0
					0	0
					0	0
					0	0
					0	0
					0	0
Total Other Fees Adjustments				$ 1,350,103	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120	$ 2,591	$ -	$ -
16	m-8a	Chamber of Commerce	1020630310	$ -	$ -	$ -
16	m-13	Estimated Accrual	1020660990	$ (591)	$ -	$ -
16	m-13	Fines	1020640080	$ -	$ -	$ -
16	m-13	Non-recurring Charges	7010800030	$ -	$ -	$ -
16	m-12	Management Fee disallowed	CBO service Fee	$ -	$ -	$ -
15	1-a-1	adj workers comp	0	$ 60,517	$ -	$ -
0	0	0	0	$ -	$ -	$ -
0	0	0	0	$ -	$ -	$ -
0	0	0	0	$ -	$ -	$ -
Total Other A&G Adjustments				$ 62,517	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	1,657,884	1,657,884		
Page 20 - Resident Care Supplies*								
27.	20	5-a-2	Prescription Drugs	$	319,843	319,843		
28.	20	5-d	Ambulance/Limousine	$	408	408		
29.	20	5-f	X-rays, etc	$	36,406	36,406		
30.	20	5-h	Laboratory	$	29,522	29,522		
31.			Medical Supplies	$				
32.	20	5-e-2	Oxygen (non emergency)	$	6,426	6,426		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	23,637	23,637		
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	$				
36.			Depreciation on Unallowable Motor Vehicles	$				
37.			Unallowable Property and Real Estate Taxes	$				
38.			Rental of Building Space or Rooms	$				
39.			Other - See Attached Schedule	$				
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
42.			Other - Indirect	$	16,391	16,391		
43.			Interest Income on Account Rec.	$				
44.			Other - Miscellaneous Administrative	$	(36,244)	(36,244)		
45.			Management Fees Direct	$				
46.			Management Fees Indirect	$				
47.			Other - Direct					
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$				
49.			***Total Amount of Decrease (Items 1 - 48)***	$	2,054,274	2,054,274		

*** 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.

Attachment Page 29

Glen Hill Care and Rehabilitation Center
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	11353.34	3010610300	0
20	5-j	Respiratory Supplies	11002.11	3155630530	0
20	5-j	Respiratory Rental	1281.85	3155660080	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Ancillary Costs			$ 23,637	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan	0	0	0	0
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

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

Other - Miscellaneous- In Direct

Page Ref	Line Ref	Description	CCNH	RHNS	$0.00
20	5-i	Cable TV	16390.83	3005660130	allow $3600

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	$ (36,244)	$ -	$ -
27	14c1	0	$ -	$ -	$ -
-	-	-	$ -	$ -	$ -
-	-	-	$ -	$ -	$ -
-	-	-	$ -	$ -	$ -
-	-	-	$ -	$ -	$ -
-	-	-	$ -	$ -	$ -
-	-	-	$ -	$ -	$ -
Total Other Adjustments			$ (36,244)	$ -	$ -

Schedule of Unallowable Building Interest

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

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	8,398,185	8,398,185		
b. Medicaid Room and Board Contractual Allowance **	$	(4,651,575)	(4,651,575)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	5,250,762	5,250,762		
b. Medicare Room and Board Contractual Allowance **	$	(1,412,192)	(1,412,192)		
4. a. Private-Pay Residents and Other	$	3,526,356	3,526,356		
b. Private-Pay Room and Board Contractual Allowance **	$	(970,306)	(970,306)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	230,363	230,363		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(61,956)	(61,956)		
c. Prescription Drugs - Non-Medicare	$	107,563	107,563		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(30,944)	(30,944)		
2. a. Medical Supplies - Medicare	$	29,883	29,883		
b. Medical Supplies - Medicare Contractual Allowance **	$	(8,037)	(8,037)		
c. Medical Supplies - Non-Medicare	$	51,671	51,671		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(25,862)	(25,862)		
3. a. Physical Therapy - Medicare	$	1,464,753	1,464,753		
b. Physical Therapy - Medicare Contractual Allowance **	$	(393,945)	(393,945)		
c. Physical Therapy - Non-Medicare	$	291,163	291,163		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(81,174)	(81,174)		
4. a. Speech Therapy - Medicare	$	237,174	237,174		
b. Speech Therapy - Medicare Contractual Allowance **	$	(63,788)	(63,788)		
c. Speech Therapy - Non-Medicare	$	55,517	55,517		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(15,276)	(15,276)		
5. a. Occupational Therapy - Medicare	$	1,483,435	1,483,435		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(398,970)	(398,970)		
c. Occupational Therapy - Non-Medicare	$	288,211	288,211		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(80,587)	(80,587)		
6. a. Other *(Specify)* - Medicare	$	40,578	40,578		
b. Other *(Specify)* - Non-Medicare	$	11,949	11,949		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	13,272,951	13,272,951		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$	30	30		
5. Interest Income *(Specify)*	$	28	28		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	8,657	8,657		
V. Total Other Revenue (1 thru 8)	$	8,715	8,715		
VI. Total All Revenue (III +V)	$	13,281,666	13,281,666		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	$ 31,765	-	$ -
II-6-a	Medicare Part A	Radiology Service	$ -	-	$ -
II-6-a	Medicare Part A	Outpatient Therapy Program	$ -	-	$ -
II-6-a	Medicare Part A	Laboratory	$ 15,545	-	$ -
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	$ 41	-	$ -
II-6-a	Medicare Part A	Nursing Treatment Supplies	$ -	-	$ -
II-6-a	Medicare Part A	Audiology	$ -	-	$ -
II-6-a	Medicare Part A	Incontinency	$ -	-	$ -
II-6-a	Medicare Part A	Oxygen & Supplies	$ -	-	$ -
II-6-a	Medicare Part A	Physician Visit	$ -	-	$ -
II-6-a	Medicare Part A	Ambulance	$ -	-	$ -
II-6-a	Medicare Part A	Flu Shot	$ 8,155	-	$ -
II-6-a	Contractuals-Medicare	X-Ray	$ (8,543)	-	$ -
II-6-a	Contractuals-Medicare	Radiology Service	$ -	-	$ -
II-6-a	Contractuals-Medicare	Outpatient Therapy Program	$ -	-	$ -
II-6-a	Contractuals-Medicare	Laboratory	$ (4,181)	-	$ -
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	$ (11)	-	$ -
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	$ -	-	$ -
II-6-a	Contractuals-Medicare	Audiology	$ -	-	$ -
II-6-a	Contractuals-Medicare	Incontinency	$ -	-	$ -
II-6-a	Contractuals-Medicare	Oxygen & Supplies	$ -	-	$ -
II-6-a	Contractuals-Medicare	Physician Visit	$ -	-	$ -
II-6-a	Contractuals-Medicare	Ambulance	$ -	-	$ -
II-6-a	Contractuals-Medicare	Flu Shot	$ (2,193)	-	$ -
Total Other Resident Revenue - Medicare			$ 40,578	$ -	$ -

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	$ -	$ -	$ -
II-6-b	Medicaid	Respiratory Therapy & Supplie	$ -	$ -	$ -
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	$ -	$ -	$ -
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	$ -	$ -	$ -
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	$ -	$ -	$ -
II-6-b	Private and Other	X-Ray	$ 11,517	$ -	$ -
II-6-b	Private and Other	Radiology Service	$ -	$ -	$ -
II-6-b	Private and Other	Outpatient Therapy Program	$ -	$ -	$ -
II-6-b	Private and Other	Laboratory	$ 4,797	$ -	$ -
II-6-b	Private and Other	Respiratory Therapy & Supplie	$ 171	$ -	$ -
II-6-b	Private and Other	Nursing Treatment Supplies	$ -	$ -	$ -
II-6-b	Private and Other	Audiology	$ -	$ -	$ -
II-6-b	Private and Other	Incontinency	$ -	$ -	$ -
II-6-b	Private and Other	Oxygen & Supplies	$ -	$ -	$ -
II-6-b	Private and Other	Physician Visit	$ -	$ -	$ -
II-6-b	Private and Other	Ambulance	$ -	$ -	$ -
II-6-b	Private and Other	Flu Shot	$ -	$ -	$ -
II-6-b	Private and Other	Capitation Contracts	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	$ (3,169)	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Radiology Service	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Outpatient Therapy Program	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	$ (1,320)	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	$ (47)	$ -	$ -
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	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	$ -	$ -	$ -
			$ -		
Total Other Resident Revenue			$ 11,949	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
Pg 30 line I	430055	Interest On Overdue Accounts	$ 28	0	0
-	-	-	-	-	-
-	-	-	-	-	-
Total Interest Income			$ 28	$ -	$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
Pg 30 line I	DONATION-BBQ PROJEC	0	$6,000.00	-	-
0	RehabCare Settlement Adm	0	$2,105.29	-	-
0	Salon Rental	0	$550.00	-	-
0	0	0	$0.00	-	-
0	0	0	$0.00	-	-
0	0	0	$0.00	-	-
0	0	0	$0.00	-	-
0	0	0	$0.00	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
Total Other Revenue			$ 8,655	$ -	$ -
			$ (2)		

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Cente	2217-C	9/30/2018	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 3,577
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,287,250
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ (51,221)
4 Inventories				$ 56,449
5. Prepaid Expenses				$
a. Prepaid Expenses				
b. Prepaid Property Tax				
c. Prepaid Personal Property Tax				
d. Prepaid Personal Property Tax				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 1,296,055
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost	43,133		$ 28,489
	Accum. Depreciation	14,644	Net	
3. Buildings	*Historical Cost	274,125		$ 151,427
	Accum. Depreciation	122,698	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	148,243		$ 71,707
	Accum. Depreciation	76,536	Net	
6. Movable Equipment	*Historical Cost	223,704		$ 105,899
	Accum. Depreciation	117,805	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 357,522

* 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
Glen Hill Care and Rehabilitation Cent	2217-C	9/30/2018	32 | 37

Account				Amount
			Total Brought Forward:	$ 1,653,577
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ 4,088,495
I/C Due to/Due From Owned		4,088,495		
I/C Due to/Due From Multicare				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 4,088,495
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 5,742,072

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	33 | 37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 409,111
2. Notes Payable (*itemize*)				$
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 205,011
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$
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 (*itemize*)				$ 217,474
Accrued Provider/Bed Tax	118,153	Accr Exp Electricity	5,540	
Accr Exp Other	10,172	Deferred Revenue	10,538	
Accr Exp Water and Sewer	6,985	A/R Credit Gross Up Lia	47,062	
Accr Gross Rec Tax-FY11-FY18	19,024	Accr Sales and Use Tax		
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 831,596

* 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	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	34 | 37

Account	Amount
Total Brought Forward:	831,596
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

Account	Amount
2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

Account		Amount
4. Other Long-Term Liabilities (*itemize*)		$ 699,368
LT Debt-Financing Obligation	699,368	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 699,368
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 1,530,964

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

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

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Cer	2217-C	9/30/2018	35 | 37

Account				Amount
A. **Reserves**				
1. Reserve for value of leased land				$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				$
3. Reserve for depreciation value of leased personal property (*Equity)*				$
4. Reserve for leasehold real properties on which fair rental value is based				$
5. Reserve for funds set aside as donor restricted				$
6. Total Reserves				$
B. **Net Worth**				
1. Owner's Capital				$
2. Capital Stock				$
3. Paid-in Surplus				$
4. Treasury Stock				$
5. Cumulated Earnings				$ 4,903,652
6. Gain or Loss for Period	10/1/2017	thru	9/30/2018	$ (692,542)
7. Total Net Worth				$ 4,211,110
C. ***Total Reserves and Net Worth***				$ 4,211,110
D. ***Total Liabilities, Reserves, and Net Worth***				$ 5,742,074

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
Glen Hill Care and Rehabilitation Cente	2217-C	9/30/2018	36 | 37

	Account	Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2017	$ 4,903,652
B.	Total Revenue (*From Statement of Revenue Page 30*)	$ 13,281,666
C.	Total Expenditures (*From Statement of Expenditures Page 27*)	$ 13,974,208
D.	Net Income or Deficit	$ (692,542)
E.	Balance	$ 4,211,110
F.	Additions	
	1. Additional Capital Contributed (*itemize*)	
	2. Other (*itemize*)	
F-3.	Total Additions	$
G.	Deductions	
	1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

	Account	Amount
	2. Other Withdrawings (*Specify*)	$

Purpose	Amount

	Account		Amount
	3. Total Deductions		$
H.	***Balance at End of Period***	09/30/18	$ 4,211,110

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

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Glen Hill Care and Rehabilitation Center	2217-C	9/30/2018	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (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 Title -Sr. Director of Reimbursement

Addres Address	Phone Number
200 Brickstone Square, Andover, MA 01810	978-247-5029