State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed)					
Harborside CT Limited Partnership- d/b/a: Governor's House					
Address (No. & Street, City, State, Zip Code))				
36 Firetown Road, Simsbury, CT 06070					
Type of Facility					
Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	□ (Specify)		
Report for Year Beginning 10/1/2019		Report for Year Ending 9/30/2020			

2200-C 07-5338

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	20628		

For Department Use Only

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

			Iormation			
Name of Facility (as licensed)	- 1/1-/ C	License N		Report for Year Ended	Page	of 27
Harborside CT Limited Partnership	b- d/b/a: Govern	or's 2200-C		9/30/2020	1	37
	Admini	strator's/Ow	vner's Certificat	ion		
MISREPRESENTATIO COST REPORT MAY FEDERAL LAW.						
I HEREBY CERTIFY to Cost Report and support House [facility name], to 2020, and that to the be prepared from the book	ting schedules p for the cost repo st of my knowle	prepared for Ha ort period begins edge and belief,	rborside CT Limite ning October 1, 201 it is a true, correct,	d Partnership- d/b/a: Go 9 and ending Septembe and complete statemer	overnor's er 30, nt	
I hereby certify that I hav Schedule of Resident Stat Balance Sheet of this Fac year ended as specified at	istics, Statements	s of Reported Exp	penditures, Statement	ts of Revenues and the rel	ated	
I have read this Report my knowledge under th in this Report as a basis were incurred to provid have been retained as re	e penalty of per for securing re e resident care i	jury. I also cer imbursement fo n this Facility.	tify that all salary a or Title XIX and/or All supporting reco	nd non-salary expenses other State assisted resi ords for the expenses re	presented dents corded	
Signed (Administrator)		Date	Signed (Owner	-)	Date	
nghed (Administrator)		Date	Signed (Owner	()	Date	
Printed Name (Administrator) McClurg,Jarrett			Printed Name Lashuan Bethe	(Owner) ea-VP-Legislative Affai	rs-Genesis	Healthca
Subscribed and Sworn o before me:	State of	Date	Signed (Notary	y Public)	Comm. Ex	pires
Address of Notary Public		I			/	/

General Information

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of	
				1A	37	
Name of Facility		Period Cov	ered:	From	То	
Harborside CT Limited Partnership- d/b/a: Governor's House				10/1/2019	9/30/2020	
Address of Facility						
36 Firetown Road, Simsbury, CT 06070						
Report Prepared By		Phone Num		Date		
Thomas Farnan		978-247-50	29	12/28/2020)	
				D U U Z	(7	
Item		Total	CCNH	RHNS	(Specify)	
1. Dietary wages paid	\$					
2. Laundry wages paid	\$					
3. Housekeeping wages paid	\$					
4. Nursing wages paid	\$	2,232,688	2,232,688			
5. All other wages paid	\$	412,357	412,357			
6. Total Wages Paid	\$	2,645,045	2,645,045			
7. Total salaries paid	\$	273,876	273,876			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	2,918,921	2,918,921			

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 Fac	ility Report for Year E	Inded Page	of
	860-658-1018	9/30/2020	2	37
Name of Facility (as shown on license)	Address (No	o. & Street, City, State, 2	Zip)	
Harborside CT Limited Partnership- d/b/a: Governor's H		Road, Simsbury, CT (
CCNH	RHNS	(Specify)		Provider No.
License Numbers: 2200-C			07-5338	
Type of Facility (Check appropriate box(es))				
☑Chronic and Convalescent Nursing Home only (CCNH)□	Rest Home with I Supervision only		ecify)	
Type of Ownership (Check appropriate box)				
O Proprietorship O LLC O Partnership	O Profit Corp.	O Non-Profit Corp.	O Government	O Trust
If this facility opened or closed during report year provid	le:	Date Opened Dat	e Closed	
Ilas there have any shorter in any order				
Has there been any change in ownership or operation during this report year?	O Yes	⊙ No If "	Yes," explain full	V
or operation during this report year.	0 103	0 110 11		у.
Administrator				
Name of Administrator		Nursing Home		
McClurg,Jarrett		Administrator's		
		License No.:		
Other Operators/Owners who are assistant administrators	s (full or part time)			
Name	· · · ·	License No.:		
			1	

General Information and Questionnaire Partners/Members

Name of Facility Harborside CT Limited Partnersh		License No. 2200-C	Report for 9/30/2020	Year Ended		of 87
Legal Name of Partner		Business	-	State(s) and/or Town(Which Registered		
Name of Partners/Members	Business Ac	ldress		Title	% Owned	d

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Ended	Page of	
Harborside CT Limited Partnership- d/b/a: G	2200-С	9/30/2020	3Å		
If this facility is owned or operated as a corp		e following inform	nation:	•	
Legal Name of Corporation		s Address		ch Incorporated	
Harborside CT Limited	101 East State Str		PA	*	
Partnership- d/b/a: Governor's	Square, PA 1934				
House					
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each	
See Attached					
Names of Stockholders Owning at Least 10% of Shares					
See Attached					

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Harborside CT Limited Partnership- d/b/a: Govern	2200-С	9/30/2020	3B 37
If this facility is owned or operated as an individua	l proprietorship, j	provide the following informat	ion:
Own	ner(s) of Facility		

Harborside Connecticut Limited Partnership d/b/a Governor's House OWNERSHIP DISCLOSURE

LICENSEE

Harborside Connecticut LP

FEIN: 06-1496629 Provider Location: Governors House, 36 Firetown Road, S AGENT FOR SERVICE: Corporation Service Company, 5

Harborside Health I LLC
101 East State Street
Kennett Square PA 19348
FEIN: 51-0304578
Harborside Healthcare Advisors, LP
101 East State Street
Kennett Square PA 19348
FEIN: 04-2985690
Harborside Healthcare LLC
101 East State Street
Kennett Square PA 19348
FEIN: 04-3307188
KHI, LLC*
101 East State Street
Kennett Square PA 19348
SunBridge Healthcare LLC
101 East State Street
Kennett Square PA 19348
FEIN: 85-0370802
Genesis Holdings LLC
101 East State Street
Kennett Square PA 19348
FEIN: 30-0843337
100% Owned by Genesis Healthcare LLC

Genesis HealthCare LLC

EIN: 27-3237296 101 East State Street Kennett Square, PA 19348

<u>Ownership</u>

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225 101 East State Street Kennett Square, PA 19348

<u>Ownership</u>

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090 101 East State Street Kennett Square, PA 19348

<u>Ownership</u>

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005 101 East State Street Kennett Square, PA 19348

<u>Ownership</u>

Sun Healthcare Group, Inc. (approximately 59.295) Sundance Rehabilitation Holdco, Inc. (5.5444%) Other members that are disclosed herein as owners c Other members that do not trigger 5% ownership tes

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180 101 East State Street Kennett Square, PA 19348

<u>Ownership</u> Sun Healthcare Group, Inc. (100%)

<u>Sun Healthcare Group, Inc.</u>

EIN: 13-4230695 101 East State Street Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the New York Stock Exchange (f/k/a Skilled Healthcare Group, Inc.) EIN: 20-3934755 101 East State Street Kennett Square, PA 19348

<u>Ownership</u>

HCCF Management Group XI, LLC (approximately Senior Care Genesis, LLC (approximately 5.3%) ZAC Properties XI, LLC (approximately 8.1%) Welltower, Inc. (approximately 5.9%) Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674 3820 Mansell Road Suite 280 Alpharetta, GA 30022

<u>Ownership</u>

Arnold M. Whitman[1] 3820 Mansell Road Suite 280 Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579 1617 JFK Boulevard Suite 545 Philadelphia, PA 19103

<u>Ownership</u>

Steven E. Fishman[2] 1617 JFK Boulevard Suite 545 Philadelphia, PA 19103 Other members that do not trigger 5% ownership tes

Welltower Inc.

EIN: 34-1096634 4500 Dorr Street Toledo, OH 43615

<u>Ownership</u>

(publicly traded company on the New York Stock Ex

Senior Care Genesis, LLC

EIN: 20-8282470 234 Church Street, Suite 901 New Haven, CT 06510

<u>Ownership</u>

-

-

David Reis[3] 234 Church Street, Suite 901 New Haven, CT 06510

The information included in this memorandum supersedes a

[1] HCCF is a privately-held company that is not affiliate [2] ZAC Properties is a privately-held company that is no 3 Senior Care is a privately-held company that is not affiliated with Genesis, however, 50 Weston Street, Hartford CT 06120

99% General Partner of: Harborside Connecticut LP

100% Member of Harborside Health I, LLC

99% Partner of: Harborside Healthcare Advisors, LP

1% Partner of Harborside Healthcare Advisors LP

100% Member of Harborside Healthcare LLC

100% Owner of SunBridge Healthcare LLC

7%)

of Genesis Healthcare, Inc.

;)

14.0%)

(change)

Il previously submitted ownership information for the Operator as well as all officer/director/manager info

d with Genesis, however, it is our understanding that Mr. Whitman may be considered the beneficial ov t affiliated with Genesis, however, it is our understanding that Mr. Fishman may be considered the beneficial owner of the shares held by Senior Care.

rmation for the Operator and its 5% or more direct and indirect owners.

vner of the shares held by HCCF eficial owner of the shares held by ZAC Properties

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
Harborside CT Limited	Partnership- d/b/a: Governor's H		2200-С		9/30/2020		4	37
	iving compensation from the fa- rol, ownership, family or busine			U	Yes • No	If "Yes," provide th complete the inform		
including the rental of pr related through family a	ompanies which provide goods roperty or the loaning of funds t ssociation, common ownership, owners, operators, or officials o	o this fa control	icility, , or busi	ness	• Yes O No	If "Yes," provide th	e following	information:
Name of Related Individual or Company	Business Address	Good	so Provi ls/Servic Related I No	ces to	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	۲	0		Home Office	Pg 16/m12	231,623	231,623
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	۲	0	64%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	161,996	161,996
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	0	۲	37%	Staffing Pool	Pg 10/A12, p15-1	453	453
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	۲	0	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	6,895	6,895
Career Staffing	101 East State Street, Kennett Square, PA 19348	\odot	0	66%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	۲	0	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	88	88
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	۲	0		Insurance	Pg 27/14	108,052	108,052
		۲	0					
		0	۲					

* 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	License No.		Report for Year Ended	Page	of					
Harborside CT Limited Partnership- d/b/a: Gov	и 2200-С		9/30/2020	5	37					
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TH	BI services with special Medicai	d rates, c	costs					
must be allocated to CCNH and RHNS as follo	ws:									
Item			Method of Allocation							
Dietary	1	Number of meals served to residents								
Laundry	1	Number of pounds processed								
Housekeeping	1	Number o	f square feet serviced							
		Number of hours of routine care provided by EACH								
Nursing		1 2	classification, i.e., Director (or	0	<i>,,</i>					
	I	Registered	l Nurses, Licensed Practical Nu	rses, Aid	les and					
		Attendant								
Direct Resident Care Consultants			f hours of resident care provide	d by EA	CH					
		A	(See listing page 13)							
Maintenance and operation of plant		Square fee								
Property costs (depreciation)		Square fee								
Employee health and welfare		Gross sala								
Management services			te cost center involved							
All other General Administrative expenses			virect and Allocated Costs							
The preparer of this report must answer the foll	owing questi	ons applie	cable to the cost information pro	ovided.						
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocat	ion was					
costs allocated as required?	0 103	0 110	not made.							
2. Explain the allocation of related company ex	penses and a	ttach cop	y of appropriate supporting data	l.						
3. Did the Facility appropriately allocate and se			e	me cost	centers?					
(e.g., Assisted Living, Home Health, Outpat	ient Services,	, Adult Da	ay Care Services, etc.)							
	• Yes	O No	If "No," explain fully why suc not made.	h allocat	tion was					

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General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Y	ear Ended		Page of
Harborside CT Limited Partnership- d/b/a: C	Bovernoi	's Hous	2200-С	9/30/2020			6 37
	Relate	ed * to					
		ners,					
	-	ators,				Annual	
	Offi			Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	\odot					
	0	\odot					
	0	\odot					
	0	\odot					
	0	\odot					
	0	\odot					
	0	\odot					
	0	\odot					
	0	\odot					
	0	\odot					
Is a Mileage Log Book Maintained for All L	eased V	ehicles	? O Yes	۲	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.

General Information and Questionnaire Accounting Basis

5		Report for Year Ended	Page of
Harborside CT Limited Partnership	2200-С	9/30/2020	7 37
The records of this facility for the pe	eriod covered by this report v	were maintained on the following basis:	
• Accrual • Cash • I	Modified Cash		
Is the accounting basis for this			
period the same as for the \odot	Yes	If "No," explain.	
previous period? O	No		
Independent Accounting Firm			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	
1 KPMG Peat Marwick		1600 Market Street, Philadelphia, PA 191	03
2			
3			
4			
Services Provided by This Firm (des	cribe fully)		
1 Year end financial audit			\$
2			\$
2			\$
3			\$ S
4			*
			Charge for Services Provided
			\$
		es, Specify Expense Classification and Line No.	
• Yes O No	iture Portion of This Report? If Y Included in Management Fee		
⊙ Yes ○ No Legal Services Information	Included in Management Fee		
• Yes O No	Included in Management Fee		Telephone Number
⊙ Yes ○ No Legal Services Information	Included in Management Fee		Telephone Number
Yes O No Legal Services Information Name of Legal Firm or Independent 1 2	Included in Management Fee		Telephone Number
 ○ Yes ○ No Legal Services Information Name of Legal Firm or Independent 1 2 3 	Included in Management Fee		Telephone Number
Yes O No Legal Services Information Name of Legal Firm or Independent 1 2	Included in Management Fee		Telephone Number
 ○ Yes ○ No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 	Included in Management Fee Attorney		Telephone Number
 ○ Yes ○ No Legal Services Information Name of Legal Firm or Independent 1 2 3 	Included in Management Fee Attorney		Telephone Number
 ○ Yes ○ No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 	Included in Management Fee Attorney		Telephone Number
 ○ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 	Included in Management Fee Attorney		Telephone Number
 ⊙ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 	Included in Management Fee Attorney		Telephone Number
 ○ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 	Included in Management Fee Attorney		Telephone Number
 ○ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 	Included in Management Fee Attorney		Telephone Number
 ⊙ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (destance) 	Included in Management Fee Attorney		
 ○ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (des 1 	Included in Management Fee Attorney		\$
 O Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (des 1 2 	Included in Management Fee Attorney		\$ \$
 ○ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (des 1 	Included in Management Fee Attorney		S S S S
 O Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (des 1 2 	Included in Management Fee Attorney		\$ \$
 ⊙ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (<i>No. & Street, City, State, Z</i> 1 2 3 4 5 Services Provided by This Firm (<i>des</i> 1 2 3 	Included in Management Fee Attorney		S S S S S S S S
⊙ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (des 1 2 3 4 5 Services Provided by This Firm (des 1 2 3 4	Included in Management Fee Attorney		S S S S S S
⊙ Yes O No Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (des 1 2 3 4 5 Services Provided by This Firm (des 1 2 3 4	Included in Management Fee Attorney		S S S S S S S S
⊙ Yes O No 1 Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (des 1 2 3 4 5 1 2 3 4 5	Included in Management Fee Attorney		\$ \$ \$ \$ \$ \$ \$ \$ Charge for Services Provided
⊙ Yes O No 1 Legal Services Information Name of Legal Firm or Independent 1 2 3 4 5 Address (No. & Street, City, State, Z 1 2 3 4 5 Services Provided by This Firm (des 1 2 3 4 5 1 2 3 4 5	Included in Management Fee Attorney	e pg. 16 m-12	\$ \$ \$ \$ \$ \$ \$ \$ Charge for Services Provided

Schedule of Resident Statistics

Name of Facility	•						Report fo	or Year Ende	ed		Page	of
Harborside CT Limited Partnership- d/b/a: Governor	's House		22	200-С			9/30/202	0			8	37
						Period 10/	/1 Thru 6/	30	Period 7/1 Thru 9/3			30
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
 Certified Bed Capacity On last day of PREVIOUS report period 	73	73			73	73						
B. On last day of THIS report period	70	70							70	70		
2. Number of ResidentsA. As of midnight of PREVIOUS report period	51	51			51	51						
B. As of midnight of THIS report period	42	42							42	42		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,749	1,749			1,478	1,478			271	271		
B. Medicaid (Conn.)	13,705	13,705			10,360	10,360			3,345	3,345		
C. Medicaid (other states)												
D. Private Pay	2,337	2,337			1,890	1,890			447	447		
E. State SSI for RCH												
F. Other (Specify)	186	186			174	174			12	12		
G. Total Care Days During Period (3A thru F)	17,977	17,977			13,902	13,902			4,075	4,075		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	35	35			34	34			1	1		
B. Other Bed Reserve Days	50	50			5.							
5. Total Resident Days (3G + 4A + 4B)	18,012	18,012			13,936	13,936			4,076	4,076		

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			Sch	edu	le of	Res	sider	nt S	tatis	stics (Cont'd	l)		
Name of Faci	lity			Licer	1se No.				Report	t for Year	Ended		Page	of
	•	-d Partn	ership- d/b/a: Go		200-С				I	9/30/202			9	37
Thurbonshue C	I Linit	ea i artii	ersnip avora. Go		200 0					71501202	0		,	51
	-	-	in the certified b llowing informa		pacity du	ring t	he repo	ort yea	r?	0	Yes	۲	No	
11 1125	T Î		-	uon.	C1		· D 1			C		CI		
			f Change			nange	in Bed			Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	d					
Change						(\mathbf{a})				CONT	DIDIG		D (CI
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
		-	in certified bed 90 days followin	-	• •	the r	eport y	ear (as	s repor	ted in iten	n 4 above)	provide the nur	nber of	
			Change in R	esider	nt Davs					CC	NH	RHNS	(Spe	cify)
1st chang	ge		Change in R	Sider	n Days							MIND	(Spt	(elly)
2nd char														
3rd chan														
4th chan	ge													
6. Number	of Resid	lents an	d Rates on Septe	mber			ar							
			Medicare		Medi	caid				Se	elf-Pay		Other Sta	te Assisted
	Item		CCNH	C	CNH	RI	INS	CC	CNH	RI	INS	(Specify)	R.C.H.	ICF-MR
No. of R		5	3		34				5	;				
Per Dien														
a. One b														
b. Two			609.56		218.22				503.17					
c. Three		e												
bed r	ms.													
7 Total Nu	umber of	Physic	al Therapy Treat	ment	2					то	TAL	CCNH	RHNS	(Specify)
			t B	ment	3					10	2,109	2,109	MIND	(speeny)
			lusive of Part B)								2,109	2,109		
			e Treatments											
	2. Res	torative	Treatments								415	415		
	Other										2,329	2,329		
			Therapy Treatm								4,853	4,853		
			h Therapy Treatm	nents										
	Medica										57	57		
B. Medicaid (Exclusive of Part B)1. Maintenance Treatments														
			Treatments								234	234		
C	2. Kes Other	lorative	Treatments								351	351		
D. Total Speech Therapy Treatments											642	642		
9. Total Number of Occupational Therapy Treatments											172	042		
	Medica										858	858		
			lusive of Part B)											
			e Treatments											
			Treatments								438	438		
	Other										2,075	2,075		
D.	Total C	Dccupati	ional Therapy T	reatm	ents					1	3,371	3,371		

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. se 2200-C		Report for Yea 9/30/2020	r Ended	Page	of 27
Harborside CT Limited Partnership- d/b/a: Governor's Hous	•				10 N	37
Are time records maintained by all individuals receiving con-	mpensation?	•	Yes		No	
	1		Total Cost a	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)	141,572	2,144				
3. Assistant Administrator (Complete also Sec. IV	141,572	2,144				
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	152,526	6,936				
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	(2.142	2 1 (2				
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	62,142	2,163				
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	132,304	2,249				
b. RN						
1. Direct Care 2. Administrative**	573,103 910	12,316 23				
c. LPN	910	23				
1. Direct Care	671,748	19,433				
2. Administrative**	,					
d. Aides and Attendants	932,272	45,583				
e. Physical Therapists f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	60,098	2,539				
i. Physicians		,				
1. Medical Director						
2. Utilization Review						
3. Resident Care*** 4. Other (Specify)						
T. Other (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists	107 50-	4 10-				
m. Social Workers/Case Management n. Marketing	137,590	4,482				
n. Marketing o. Other (Specify)						
See Attached Schedule	54,654	2,767				
A-13. Total Salary Expenditures	2,918,921	100,635				

* 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)

	CC	NH		RHNS				(Specify)			
Position	\$	I	Iours		\$	H	ours		\$	Hou	urs
Ward Clerks	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Central Supply	\$ 13,736	\$	700	\$	-	\$	-	\$	-	\$	-
Medical Records	\$ 38,868	\$	1,916	\$	-	\$	-	\$	-	\$	-
Coordinator-Staffing Centers	\$ 2,050	\$	151	\$	-	\$	-	\$	-	\$	-
										-	
Fotal	\$ 54,654		2,767	\$	_		-	\$	-		

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS		(Spe	cify)	
Service	\$	Hours	\$		Hours	\$	Ho	urs
Consulting Fees	\$ 646	n/a	\$ -	\$	-	\$ -	\$	-
Purchased Services	\$ -	n/a	\$ -	\$	-	\$ -	\$	-
Purchased Services	\$ 2,229	n/a	\$ -	\$	-	\$ -	\$	-
Purchased Services	\$ 88	n/a	\$ -	\$	-	\$ -	\$	-
0	\$ -	n/a	\$ -	\$	-	\$ -	\$	-
0	\$ -	n/a	\$ -	\$	-	\$ -	\$	-
Total	\$ 2,962	-	\$ -		-	\$ -		-

Attachment Page 10/13

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.			Year Ended		Page	of
Harborside CT Limited Partnershi	n- d/b/a: Go	vernor's Ho	1160	2200-C		9/30/2020			11 11	37
Harborside e i Elinited i artiersnij	p- u/0/a. 00			2200-0		9/30/2020			11	51
Name	CCNH	Salary Paie 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 Y	ear Ended		Page	of
Harborside CT Limited Partnership	p- d/b/a: Go	overnor's H	ouse	2200-С		9/30/2020			12	37
		Salary Pai	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
McClurg,Jarrett	64,790				Management of Center	864	2			
Cyr,Raymond 12/26/2019- 5/27/20	45,920				Management of Center	744	2			
Moriarty,Teri Ann 10/1/2019- 12/25/2019	30,862				Management of Center	536	2			
Section IV - Assistant Administrators										

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

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

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

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

B. Report of Expenditures - Professional Fees

B. Report of E. Name of Facility	License No.		Report for Y	Page	of	
Harborside CT Limited Partnership- d/b/a: Governo)-C	9/30/2020		1 age	37
Tarborside CT Ennited Tartnersinp- d/b/a. Governo.	2200)-C	Total Cost	and Hours	15	57
			Total Cost			
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
⁴ B. Direct care consultants paid on a fee	COIM	Houis	Tunto	Hours	(Speeny)	Hours
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	2,282	16				
3. Pharmacist	6,759	138				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	135,764	1,860				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,396	97				
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	4,760	61				
b. Other						
10. Occupational Therapist						
a. Resident Care	22,192	304				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	31,454	525				
2. Administrative***						
b. LPN						
1. Direct Care	11,657	275				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	2,962					
3-13 Total Fees Paid in Lieu of Salaries	236,227	3,276				

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

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

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

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of	
Harborside CT Limited Partnership- d/b/a:			9/30/2020		14	37	
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers			elationship	
		Yes	No				
		0	۲	<u> </u>			
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	۲	0	Common Own			
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	۲	0	Common Ownership			
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	۲	0	Common Own	ership		
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	۲	0	Common Own	ership		
		0	۲				
		0	۲				
		0	۲				
		0	۲				
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		0	۲				
		0	۲				

* 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 Y	ear Ended	Page	of
Harborside CT Limited Partnership- d/b/a: Gover 2200-C	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 143,961	143,961		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 34,875	34,875		
4. Social Security (F.I.C.A.)	\$ 216,018	216,018		
5. Health Insurance	\$ 205,490	205,490		
6. Life Insurance (employees only)				
(not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory)	\$ 99,269	99,269		
(not-owners and not-operators)				
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>)	\$ 15,928	15,928		
See Attached Schedule				
b. Personal Retirement Plans, Pensions, and	\$			
Profit Sharing Plans for Owners and				
Operators (Discriminatory)*				
c. Bad Debts*	\$ 43,430	43,430		
d. Accounting and Auditing	\$			
e. Legal (Services should be fully described on Page 7)	\$ 0	0		
f. Insurance on Lives of Owners and	\$			
Operators (Specify)*				
g. Office Supplies	\$ 14,190	14,190		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,238	20,238		
2. Cellular Phones	\$ 1,376	1,376		
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 (<i>Specify</i>)	\$ 382	382		
See Attached Schedule				
3. Resident Day User Fee	\$ 336,552	336,552		
Subtotal	\$ 1,131,711	1,131,711		

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

(Carry Subtotals forward to next page)

*** DO NOT Include Holiday Parties / Awards / Gifts to Staff

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	CNH		(Specify)
Benefit Allocations	\$ 403	\$	-	\$	-
Union Health & Welfare	\$ 497	\$	-	\$	-
Union Health & Welfare	\$ 16	\$	-	\$	-
Union Health & Welfare	\$ (5)	\$	-	\$	-
Union Health & Welfare	\$ (2)	\$	-	\$	-
Union Health & Welfare	\$ 834	\$	-	\$	-
Union Health & Welfare	\$ 4,889	\$	-	\$	-
Union Health & Welfare	\$ 9,297	\$	-	\$	-
Union Health & Welfare	\$ (1)	\$	-	\$	-
0	\$ -	\$	-	\$	-
Total	\$ 15,928	\$	-	\$	-

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)	
Sales Tax	\$ 382	\$ -	\$	-
Sales Tax	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
Total	\$ 382	\$ -	\$	-

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

Name of Facility License No.		Report for Y	Year Ended	Page	of
Harborside CT Limited Partnership- d/b/a: Governor's 2200-C		9/30/2020		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forw	ard:	1,131,711	1,131,711		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,886	1,886		
5. Education Expenses Related to Seminars and Conventions	\$				
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses)***	\$	105	105		
3. Advertising Other (<i>Specify</i>)***	\$	8,535	8,535		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***					
7. Postage	\$	3,529	3,529		
* 8. Dues and Membership Fees to Professional	\$	5,766	5,766		
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	۴ \$				
9. Subscriptions	\$	111	111		
10. Contributions***	\$	1,540	1,540		
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$	2,042	2,042		
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	314,668	314,668		
13. Other (<i>Specify</i>)	\$	31,805	31,805		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	1,501,699	1,501,699		

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

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

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

Attachment Page 16

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description		CCNH		RHNS		(Specify)	
Advertising		\$	3,640	\$	-	\$	-
Marketing Expense		\$	1,058	\$	-	\$	-
Marketing Exp- Corporate Spend		\$	4,088	\$	-	\$	-
Marketing Exp- Corporate Spend		\$	-	\$	-	\$	-
Marketing Expense		\$	(250)	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
Total Other Advertising		\$	8,535	\$	-	\$	-

Schedule of Dues

Description	CCNI		RHNS	(Specify)
Licenses & Certifications	\$	5,766	\$ -	\$	-
Dues to Chamber of Commerce	\$	-	\$ -	\$	-
0	\$	-	\$ -	\$	-
0	\$	-	\$ -	\$	-
0	\$	-	\$ -	\$	-
0	\$	-	\$ -	\$	-
0	\$	-	\$ -	\$	-
0	\$	-	\$ -	\$	-
0	\$	-	\$ -	\$	-
0	\$	-	\$ -	\$	-
Total Dues	\$	5,766	\$ -	\$	-

Schedule of Contributions

Description	CCNH	RHNS	(5	specify)
Contributions	\$ 300	\$ -	\$	-
Political Contributions	\$ 1,240	\$ -	\$	-
0	\$ -	\$ -	\$	-
Total Contributions	\$ 1,540	\$ -	\$	-

Schedule of Other Administrative and General

Description		CCNH		RHNS	(5	Specify)
Bank Service Charges		\$ 2,722	\$	-	\$	-
Collection Fees		\$ 11,631	sel	f-disallowed	\$	-
Education Expense		\$ 2	\$	-	\$	-
Employee Physicals		\$ 8,814	\$	-	\$	-
Employee Relations		\$ 6,312	\$	-	\$	-
Printing		\$ 375	\$	-	\$	-
Training Expense		\$ 159	\$	-	\$	-
Fines & Penalties		\$ -	sel	f-disallowed	\$	-
Miscellaneous		\$ 172	\$	-	\$	-
Rental Expense		\$ 721	\$	-	\$	-
Accrued Expense Estimation		\$ 300	self-disallowed		\$	-
Landlord Operating Taxes		\$ 600	\$	-	\$	-
State Tax Annual Report Filing		\$ -	\$	-	\$	-
Recruiting Fees		\$ -	\$	-	\$	-
Recruiting Fees		\$ -	\$	-	\$	-
Non-recurring Charges		\$ -	\$	-	\$	-
Interest Expense		\$ (3)	\$	-	\$	-
	0	\$ -	\$	-	\$	-
	0	\$ -	\$	-	\$	-
	0	\$ -	\$	-	\$	-
	0	\$ -	\$	-	\$	-
	0	\$ -	\$	-	\$	-
	0	\$ -	\$	-	\$	-
	0	\$ -	\$	-	\$	-
Total Other Administrative and General		\$ 31,805	\$	-	\$	

Name of Facility	License No.	Report for Year Ended	Page of
Harborside CT Limited Partnership- d/b/a	2200-С	9/30/2020	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 Administrative Services LLC, 101 East St., Kennett Square, PA 19348		Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

Schedule C-1 - Management Services*

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

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

	ľ	Note o	n Page 5)			
	ne of Facility	Licens		Report for Y	ear Ended	Page of
Har	borside CT Limited Partnership- d/b/a: Governor's	s]	2200-С	9/30/2020		18 37
	Item		Total	CCNH	RHNS	(Specify)
2.	Dietary					
	a. In-House Preparation & Service					
	1. Raw Food	9		89,548		
	2. Non-Food Supplies	91		13,194		
	3. Other (<i>Specify</i>)		2,075	2,075		
	b. Purchased Services (by contract other	5	6 443,713	443,713		
	than through Management Services)	4	, 10,,15	110,710		
	(Complete Schedule C-2 att. Page 21) c. Other (Specify)	9	?			
	c. Other (<i>specify</i>)		, 			
2D.	Total Dietary Expenditures $(2a + b + c + d)$	S	548,530	548,530		
2E.	Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per da	av:*				
G.) Yes	۲	No		
H.	Did you receive revenue from employees? C	Yes	۲	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Co	ost Repoi	t? (Page/Line)	Item)		
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board C Members, Guests) included in 2D?) Yes	٥	No	If yes, specify cost.	
K.	Is any revenue collected from these people? C) Yes	٥	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Co	ost Repoi	t? (Page/Line)	Item)		
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, hoard) Yes	· •	No	If yes, specify cost.	
N.	Is any revenue collected from employees? C	Yes	\odot	No	If yes, specify amt.	
0.	Where is the revenue received reported in the Co	ost Repoi	t? (Page/Line	Item)		
	1	1		/		

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

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

	e of Facility	License		Report for Y		Page of
Harbo	orside CT Limited Partnership- d/b/a: Governor's H	2	200-С	9/30/2020	1	19 37
	Item		Total	CCNH	RHNS	(Specify)
	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,939	2,939		
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	16,967	-		
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	123,260	123,260		
(c. Other (<i>Specify</i>)	\$				
	Total Laundry Expenditures (3a + b + c)	\$	143,167	143,167		
	Laundry Questionnaire Is cost of employee laundry included in 3D? O	Yes	٥	No	If yes, specify cost.	
G.]	Did you receive revenue from employees? O	Yes	۲	No	If yes, specify amt.	
Н. '	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	
	Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	۲	No	If yes, specify cost.	
J.]	Did you receive revenue from these people? O	Yes	۲	No	If yes, specify amt.	
К. У	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3D.

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

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

Nam	e of Facility	License No.	Repo	ort for Year E	nded	Page	of
Harb	orside CT Limited Partnership- d/b/a: Gov	2200-С		9/30/2020		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	10,485	10,485		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	210,211	210,211		
	Page 21)						
	C. Other (<i>Specify</i>)		\$				
4D.	Total Housekeeping Expenditures (4a +	b + c)	\$	220,696	220,696		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	55,846	55,846		
	b. Medicine Cabinet Drugs		\$	5,996	5,996		
	c. Medical and Therapeutic Supplies		\$	81,496	81,496		
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	597	597		
	f. X-rays and Related Radiological		\$	3,714	3,714		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$ \$	22,918	22,918		
	i. Recreation			23,635	23,635		
	j. Direct Management Services*		\$				ļ
	k. Indirect Management Services*		\$				ļ
	1. Other (Specify)****		\$	38,253	38,253		
	See Attached Schedule						
5M.	Total Resident Care Expenditures (5a - 5	j)	\$	232,455	232,455		

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

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

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

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

Schedule of Other Resident Care

Description		CCNH	RHNS	(S)	pecify)
Incontinency	\$	18,005	\$ -	\$	-
Advertising-Help Wanted	\$	(213)	\$ -	\$	-
Advertising-Help Wanted	\$	3,126	\$ -	\$	-
Books, Dues & Subscriptions	\$	62	\$ -	\$	-
Education Expense	\$	182	\$ -	\$	-
Supplies	\$	51	\$ -	\$	-
Supplies	\$	1,918	\$ -	\$	-
Supplies	\$	-	\$ -	\$	-
Office Supplies	\$	34	\$ -	\$	-
Office Supplies	\$	-	\$ -	\$	-
Office Supplies	\$	165	\$ -	\$	-
Training Expense	\$	-	\$ -	\$	-
Rental Expense	\$	-	\$ -	\$	-
Rental Expense	\$	192	\$ -	\$	-
Consolidated Billing	\$	14,170	\$ -	\$	-
Tuition Reimbursement	\$	-	\$ -	\$	-
Tuition Reimbursement	\$	-	\$ -	\$	-
Tuition Reimbursement	\$	-	\$ -	\$	-
Miscellaneous	\$	-	\$ -	\$	-
Licenses & Certifications	\$	-	\$ -	\$	-
Supplies	\$	206	\$ -	\$	-
T&E-Lodging/Transportation	\$	355	\$ -	\$	-
	0 \$	-	\$ -	\$	-
Total Other Resident Care	\$	38,253	\$ -	\$	-

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 Harborside CT Limited Partn	ership- d/b/a: Governo	or's House		License No. 2200-C	Report for Year Ende 9/30/2020	d			Page 21	of 37
		Related ** to Owners, Operators, Officers		,			Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	0	٥	Vendor Contracted	Laundry Purchased Services	123,260				3b
Healthcare Services Group	Drive, Bensalem, PA 19020 Drive, Bensalem, PA	0	⊙	Vendor Contracted	Housekeeping Purchased Services Dietary Purchased	210,211			20	4b
Healthcare Services Group	19020	0	•	Vendor Contracted	Services	442,416			18	2b
		0	• •							
		0	0							
		0	٥							
		0	٥							
		0	⊙ ⊙							
		0	0							
		0	۲							
		0	⊙							
		0	\odot							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility License No.	Report for Ye	ar Ended		Page of
Harborside CT Limited Partnership- d/b/a: Go 2200-C	9/30/2020			22 37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 197,586	197,586		
b. Heat	\$ 26,003	26,003		
c. Light & Power	\$ 127,717	127,717		
d. Water	\$ 50,579	50,579		
e. Equipment Lease (<i>Provide detail on page</i> 6)	\$			
f. Other (<i>itemize</i>)	\$			
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 401,885	401,885		
7. Depreciation (<i>complete schedule page 23</i> *)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 13,240	13,240		
c. Non-Movable Equipment	\$ 1,154	1,154		
d. Movable Equipment	\$ 1,086	1,086		
*7e. <i>Total Depreciation Costs</i> (7a + b + c + d)	\$ 15,479	15,479		
8. Amortization (<i>Complete att. Schedule Page 24</i> *)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other (<i>Specify</i>)	\$			
*8e. <i>Total Amortization Costs</i> (8a + b + c + d)	\$			
9. Rental payments on leased real property less				
real estate taxes included in item 10b	\$ (379,453)	(379,453)		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 126,293	126,293		
c. Personal property taxes	\$			
11. Total Property Expenses $(7e + 8e + 9 + 10)$	\$ (237,681)	(237,681)		

* 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.		incuuic	Report for Year E	nded		Page	of
Harborside CT Limited Partnership- d/b/a: (Joverr	or's H	ouse		2200	-C		9/30/2020	ilided		23	37
Tharborshe CT Ennited Tarthership- d/o/a. C	JUVCII	101 5 11	ouse		Historical	-0	1	Accumulated			23	51
					Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated		Depreciation		for This Year	Totals
A. Land Improvements					Lund	varae	Depreciated	rear 5 operations	Depreclation	Life	for this tour	Totals
1. Acquired prior to this report period									S/L	Various		
2. Disposals (attach schedule)									5,1	various		
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal	en sen	eaale)										
B. Building and Building Improvements												
1. Acquired prior to this report period					106,740		106,740	5,500	S/L	Various	11,418	
2. Disposals (attach schedule)								- ,- • •			,	
	Acquired during this report period (attach schedule)			25,916		25,916				1,822		
B-4. Subtotal											-,	13,240
C. Non-Movable Equipment												-, -
	1. Acquired prior to this report period			11,044		11,044	374	S/L	Various	1,154		
	Acquired prior to this report period Disposals (attach schedule)									, -		
	 Disposals (attach schedule) Acquired during this report period (attach schedule) 											
C-4. Subtotal		/										1,154
	Ic o m	nileage										
		book	D	e of	Historical			Accumulated				
	-	ained?		e of isition	Cost	Less		Depreciation to	Method of			
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation		for This Year	Totals
D. Movable Equipment	105	110	Wohth	Tear	Lunu	, and	Depresaura	i our s'operations	2 oprosimilar	Ent		100000
1. Motor Vehicles (Specify name, model												
and year of each vehicle)												
a.												
b.												
с.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					8,196		8,196	530	S/L	Various	1,033	
b. Disposals (attach schedule)												
c. Acquired during this report period												
(attach schedule)					553		553				53	
D-3. Subtotal												1,086
E. Total Depreciation												15,480

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item			Cost	Useful Life	Denr	eciation
Additions:						I	
1/0/1900		1/0/1900	s	-	-	\$	
1/0/1900		1/0/1900	s		-	\$	-
			s		-	\$	
			s		-	\$	-
			s		-	\$	
			s	-	-	\$	
Total additions for Land Improv	ements		s	-		\$	-
Deletions:							
Total deletions for Land Improv	ement		s	-		\$	-

"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	Depr	eciation
Additions:						
11/30/2019	Loading Dock Interior Door	s	2,025	09 01	\$	186
	New Exhaust Fan	s	2,004	09 00	\$	167
12/31/2019	Daikin Water Source Heat Pump	s	4,584	09 00	\$	382
	WSHP for 2nd Floor Back Hallway	S	4,126	08 10	\$	273
3/31/2020	Daikin Vertical Floor Mount WSHP	s	6,168	08 09	\$	352
9/30/2020	Sept 2020 Accruals	s	73	-	\$	-
5/31/2020	Installation of 2 storage tanks & required	s	3,876	5	\$	258
5/31/2020	2 - TJV 120M Storage Tanks	s	3,060	5	\$	204
1/0/1900	(S		-	\$	
1/0/1900	0	s		-	\$	-
1/0/1900	(S		-	\$	
1/0/1900	0	s	-	-	\$	-
1/0/1900	(S		-	\$	
1/0/1900	(s		-	\$	
		s		-	\$	-
		S		-	\$	
		s		-	\$	-
		s		-	\$	
		s		-	\$	-
		S		-	\$	
		s	-	-	\$	-
		S		-	\$	
	Building Improvement	s	25,916		\$	1,822
Deletions:						
1/0/1900		s	-	s -		
Fotal deletions for	Building Improvements	S	-		\$	-

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report perior

Acquisition Date	Description of Item			Cost	seful Life	Depr	eciatio
Additions:							
1/0/1900		1/0/1900	s		\$ -	\$	
1/0/1900		1/0/1900	s		\$ -	\$	
1/0/1900		1/0/1900	s		\$ -	\$	
1/0/1900		1/0/1900	s		\$ -	\$	
			s		\$ -	\$	
			s		\$ -	\$	
Total additions for Non-Moval	le Equipment		s	-		\$	
Deletions:							
1/0/1900		1/0/1900	s		\$		
Total deletions for Non-Movah	le Equipment		s			s	
*Ties to Page 23, Line C3						-	

Acquisition Date	Description of Item			Cost	Useful Life	Denr	eciation
Additions:	Description of real	T		on	Laix	Depi	centron
1/31/2020	2 - 22" RCA Long Term Care TV		S	553	\$ 7	\$	53
1/0/1900		900	s	-	\$ -	\$	-
1/0/1900	1/0/1	900	s		\$ -	\$	-
1/0/1900	1/0/1	900	s		\$	\$	
1/0/1900	1/0/1	900	s		\$ -	\$	
1/0/1900	1/0/1	900	S		\$ -	\$	
1/0/1900	1/0/1	900	s	-	\$ -	\$	-
1/0/1900	1/0/1	900	S		\$ -	\$	
1/0/1900	1/0/1	900	s		\$ 	\$	-
1/0/1900		900			\$ -	s	
1/0/1900	1/0/1	900	s		\$ 	\$	-
1/0/1900	1/0/1	900	s		\$ -	s	
1/0/1900	1/0/1	900	s		\$ 	\$	-
1/0/1900		900			\$ -	s	
1/0/1900	1/0/1	900	s		\$ 	\$	-
1/0/1900	1/0/1	900	s		\$ -	\$	
1/0/1900		900			\$ 	\$	-
	Movable Equipment		\$	553		\$	53
Deletions:							
1/0/1900	1/0/1	900	S	-	\$ -		
		_					
		_					
		_					

Total deletions for Movable Equipment *Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

S

chedule of Leasehold Improvements Acquired during this report perio	

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
fotal additions for Leasehold	Improvement	S -		s -
Deletions:				
Deletions:				_
				-
Total deletions for Leasehold I	Improvement	s -		ş -

**Ties to Page 24, Line C2

				Harborside CT Limited Par Depreciation Expense Repo	tnership- d/b/a: vrt	Governor's H	ouse	Sch 23 Total Dep Sch 29 total Dep		\$15,479.77 \$46,876.42		
				As of September 30, 2020	485,404,70			Total Deprn Exp 485,404,70	162.977.29	\$62,356.19 62,356.19	225.333.48	
Locati	G/L Asset	Acct Desc Sys	Ex	Description In Svc Date Ac		PT DeprMeth	EstLife		Prior Accum	Current YTD Depreciation	Current Accum Depreciation 9/30/2020	0
57003 57003	150075 150080	Non Moval006804 Movable E 006805	000	Sun Valuat 12/1/2012 \$ Sun Valuat 12/1/2012 \$	980.00	P SLMM P SLMM	09 00 07 00	Basis \$0.00 \$980.00	\$0.00 \$956.67	2,020.00 \$0.00 \$23.33	\$0.00 \$980.00	
57003 57003	150088 150110	Movable E 006806 Movable E 006807	000 000	Sun Valuat 12/1/2012 \$ Sun Valuat 12/1/2012 \$	840.00 16,230.00	P SLMM P SLMM	03 00 02 00	\$840.00 \$16,230.00	\$840.00 \$16,230.00	\$0.00 \$0.00	\$840.00 \$16,230.00)
57003 57003	150085 150085	Movable E 007051 Movable E 007052	000	LIFESAFE 12/31/2012 \$ LAUNDR\ 12/31/2012 \$	9,037.10 998.97	P SLMM	10 00 10 00	\$9,037.10 \$998.97	\$6,100.04 \$674.33	\$903.71 \$99.90	\$7,003.75 \$774.23	3
57003 57003 57003	150115 150115 150080	Movable E 007053 Movable E 007054 Movable E 007148	000 000 000	PRINTER 12/31/2012 \$ DESKTOP 12/31/2012 \$ Sara 30001 1/31/2013 \$	512.65 1,227.05 7.920.92	P SLMM	05 00 05 00 07 00	\$512.65 \$1,227.05 \$7,920.92	\$512.65 \$1,227.05 \$7,543.73	\$0.00 \$0.00 \$377.19	\$512.65 \$1,227.05 \$7,920.92	5
57003 57003	150088 150080	Movable E 007758 Movable E 007652	000	65 MATTF 5/31/2013 \$ Reliant 600 7/31/2013 \$	15,692.63 3,321.27	P SLMM P SLMM	03 00 07 00	\$15,692.63 \$3,321.27	\$15,692.63 \$2,925.90	\$0.00 \$395.37	\$15,692.63 \$3,321.27	3
57003 57003	150087 150087	Movable E 007650 Movable E 007651	000	Dual-Moto 7/31/2013 \$ vacumm cl 7/31/2013 \$	492.51 357.34	P SLMM	05 00 05 00	\$492.51 \$357.34	\$492.51 \$357.34	\$0.00 \$0.00	\$492.51 \$357.34	4
57003 57003 57003	150085 150075 150075	Movable E 007784 Non Moval007972 Non Moval007975	000 000 000	Undercoun 8/31/2013 \$ 1 hp compr 10/31/2013 \$ Repairs to 10/31/2013 \$		P SLMM P SLMM P SLMM	10 00 10 00 10 00	\$5,858.43 \$0.00 \$0.00	\$3,563.86 \$0.00 \$0.00	\$585.84 \$0.00 \$0.00	\$4,149.70 \$0.00 \$0.00	D
57003 57003	150085 150080	Movable E 007973 Movable E 008166	000	OmniCycle 10/31/2013 \$ 32i Long T 12/31/2013 \$	7,019.11 413.05	P SLMM	10 00 10 00 07 00	\$7,019.11 \$413.05	\$4,152.97 \$339.31	\$701.91 \$59.01	\$4,854.88 \$398.32	8
57003 57003	150080 150075	Movable E 008418 Non Moval 008508	000 000	IPSO 75 lb 2/28/2014 \$ McQuay W 3/31/2014 \$		P SLMM	07 00 10 00	\$5,838.62 \$0.00	\$4,657.00 \$0.00	\$834.09 \$0.00	\$5,491.09 \$0.00	0
57003 57003 57003	150085 150100 150075	Movable E 008597 Movable E 008729 Non Moval008843	000 000 000	Big Blue B 4/30/2014 \$ Credit Carc 5/31/2014 \$ PUMP REI 6/30/2014 \$	461.68 73.07	P SLMM	09 08 09 07 10 00	\$461.68 \$73.07 \$0.00	\$264.13 \$41.76 \$0.00	\$53.19 \$8.70 \$0.00	\$317.32 \$50.40 \$0.00	5
57003 57003	150100 150085	Movable E 008942 Movable E 009064	000	Clark 12/2: 7/31/2014 \$ 3 Tracer E2 9/30/2014 \$	956.25 468.94	P SLMM	09 05 09 03	\$956.25 \$468.94	\$543.42 \$264.93	\$120.30 \$62.13	\$663.72 \$327.00	2
57003 57003	150085 150075	Movable E 009296 Non Moval 009387	000 000	(2) 1.6 cu r 12/31/2014 \$ Water sour 1/31/2015 \$		P SLMM	09 00 10 00	\$1,055.08 \$0.00	\$589.07 \$0.00	\$149.46 \$0.00	\$738.53 \$0.00	0
57003 57003 57003	150080 150080 150085	Movable E 009431 Movable E 009432 Movable E 009430	000 000 000	Water sour 2/28/2015 \$ Water sour 2/28/2015 \$ 3 Tracer E2 2/28/2015 \$	6,646.88 4,307.18 476.94	P SLMM	07 00 07 00 08 10	\$6,646.88 \$4,307.18 \$476.94	\$4,352.15 \$2,820.17 \$263.73	\$949.56 \$615.31 \$70.26	\$5,301.71 \$3,435.48 \$333.99	8
57003 57003	150085 150080 150050	Movable E 009430 Movable E 009509 Bldg Imp 009600	000	5 Tracer E. 2/26/2015 \$ 15 Continu 3/31/2015 \$ 2 Daikin w 4/30/2015 \$	4,948.75		07 00 20 00	\$4,948.75 \$0.00	\$3,181.36 \$0.00	\$706.97 \$0.00	\$3,888.33 \$3,888.33 \$0.00	3
57003 57003	150080 150080	Movable E 009601 Movable E 009602	000 000	Reliant 450 4/30/2015 \$ Digital Lift 4/30/2015 \$	1,325.10 739.35	P SLMM	07 00 07 00	\$1,325.10 \$739.35	\$836.08 \$466.50	\$189.30 \$105.62	\$1,025.38 \$572.12	2
57003 57003	150080 150085	Movable E 009603 Movable E 009599	000	Reliant 350 4/30/2015 \$ 2 GEN ON 4/30/2015 \$	2,384.35 7,828.32	P SLMM	07 00 08 08	\$2,384.35 \$7,828.32	\$1,504.41 \$4,280.50	\$340.62 \$1,194.33	\$1,845.03 \$5,474.83	3
57003 57003 57003	150050 150057 150080	Bldg Imp 009666 Bldg Imp 009667 Movable E 009665	000 000 000	Jeron Provi 5/31/2015 \$ Awing w/st 5/31/2015 \$ Invacare Pr 5/31/2015 \$		R SLMM R SLMM P SLMM	20 00 10 00 07 00	\$0.00 \$0.00 \$3.865.65	\$0.00 \$0.00 \$2.393.04	\$0.00 \$0.00 \$552.24	\$0.00 \$0.00 \$2.945.28	0
57003 57003	150085 150050	Movable E 009664 Bldg Imp 009847	000	5 GEN ON 5/31/2015 \$ Labor and 1 7/31/2015 \$	7,828.32		08 07 20 00	\$7,828.32 \$0.00	\$4,253.66 \$0.00	\$1,213.53 \$0.00	\$5,467.19 \$0.00	9
57003 57003	150057 150057	Bldg Imp 009845 Bldg Imp 009846	000	Weatherma 7/31/2015 \$ Delayed eg 7/31/2015 \$	-	R SLMM R SLMM	10 00 10 00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	0
57003 57003 57003	150050 150050 150057	Bldg Imp 010005 Bldg Imp 010006 Bldg Imp 010004	000 000 000	Water sour 8/31/2015 \$ Water sour 8/31/2015 \$ Upper and 8/31/2015 \$	-	R SLMM R SLMM R SLMM	20 00 20 00 10 00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	0
57003 57003	150055 150055	Bldg Imp 010004 Bldg Imp 010132 Bldg Imp 010216	000	Roofing pe 10/31/2015 \$ Water sour 11/30/2015 \$	-	R SLMM R SLMM	15 00 20 00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00	0
57003 57003	150055 150080	Bldg Imp 010218 Movable E 010214	000 000	Support be: 11/30/2015 \$ Attendant 11/30/2015 \$	2,142.17		15 00 07 00	\$0.00 \$2,142.17	\$0.00 \$1,173.11	\$0.00 \$306.03	\$0.00 \$1,479.14	4
57003 57003 57003	150080 150085 150085	Movable E 010217 Movable E 010212 Movable E 010213	000 000 000	Samsung 6 11/30/2015 \$ 2 Tracer E2 11/30/2015 \$ Tracer SX5 11/30/2015 \$	1,344.89 247.96 999.92	P SLMM	07 00 08 01 08 01	\$1,344.89 \$247.96 \$999.92	\$736.50 \$128.39 \$517.67	\$192.13 \$41.46 \$167.18	\$928.63 \$169.85 \$684.85	5
57003 57003	150085 150087 150087	Movable E 010213 Movable E 010210 Movable E 010211	000	YARD MA 11/30/2015 \$ YARD MA 11/30/2015 \$	954.79 954.79	P SLMM	05 00 05 00	\$954.79 \$954.79	\$732.01 \$732.01	\$190.96 \$190.96	\$922.97 \$922.97	7
57003 57003	150088 150050	Movable E 010215 Bldg Imp 010352	000 000	GENESIS 11/30/2015 \$ Fire Alarm 12/31/2015 \$		R SLMM	$\begin{array}{ccc} 03 & 00 \\ 20 & 00 \end{array}$	\$4,191.83 \$0.00	\$4,191.83 \$0.00	\$0.00 \$0.00	\$4,191.83 \$0.00	D
57003 57003 57003	150050 150050 150055	Bldg Imp 010362 Bldg Imp 010363 Bldg Imp 010361	000 000 000	Viking F-1 1/31/2016 \$ Fire alarm 1/31/2016 \$ Stanley De 1/31/2016 \$	-	R SLMM R SLMM R SLMM	20 00 20 00 15 00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	0
57003 57003	150110 150050	Movable E 010360 Bldg Imp 010471	000	1 HP Laser 1/31/2016 \$ Water sour 2/29/2016 \$	469.84	P SLMM R SLMM	03 00 20 00	\$469.84 \$0.00	\$469.84 \$0.00	\$0.00 \$0.00 \$0.00	\$469.84 \$0.00	4
57003 57003	150085 150057	Movable E 010756 Bldg Imp 011010	000 000	2 GEN ON 4/30/2016 \$ Roam Aler 7/31/2016 \$		R SLMM	07 08 10 00	\$3,095.42 \$0.00	\$1,512.94 \$0.00	\$537.21 \$0.00	\$2,050.15 \$0.00	0
57003 57003 57003	150085 150050 150085	Movable E 011520 Bldg Imp 011821 Movable E 012236	000 000 000	Countertop 1/31/2017 \$ Daikin wat 3/31/2017 \$ 6 Table Plu 9/30/2017 \$	3,337.24 - 2,570.75	R SLMM	06 11 20 00 06 03	\$3,337.24 \$0.00 \$2,570.75	\$1,385.84 \$0.00 \$822.64	\$581.68 \$0.00 \$411.32	\$1,967.52 \$0.00 \$1,233.90	D
57003 57003	150057 150057	Bldg Imp 012307 Bldg Imp 012310	000	Segregatioi 10/31/2017 \$ Manningto 10/31/2017 \$	4,156.56 38,413.00	R SLMM	06 02	\$4,156.56	\$1,235.74 \$11,197.62	\$617.87 \$5,487.57	\$1,853.61 \$1,853.61 \$16,685.15	1
57003 57003	150085 150085	Movable E 012308 Movable E 012309	000 000	6 Maxwell 10/31/2017 \$ 36 Maxwel 10/31/2017 \$	1,044.13 10,455.08	P SLMM	2	7 \$10,455.08	\$304.37 \$3,047.72	\$149.16 \$1,493.58	\$453.53 \$4,541.31	1
57003 57003 57003	150057 150080 150085	Bldg Imp 012418 Movable E 012470 Movable E 012469	000 000 000	Roam Aler 11/30/2017 \$ Television 12/31/2017 \$ 3 recliners 12/31/2017 \$	6,836.18 329.41 447.90	P SLMM	1		\$1,913.07 \$88.24 \$119.98	\$976.60 \$47.06 \$63.99	\$2,889.66 \$135.30 \$183.90)
57003 57003	150087 150080	Movable E 01240) Movable E 012471 Movable E 012600	000	Fireplace/N 12/31/2017 \$ LED high c 2/28/2018 \$	317.99 299.74	P SLMM P SLMM	4	5 \$317.99	\$111.30 \$89.92	\$63.60 \$59.95	\$174.90 \$149.87)
57003 57003	150085 150085	Movable E 012601 Movable E 012602	000 000	WHEELCI 2/28/2018 \$ 10 UCXT I 2/28/2018 \$	216.52 22,104.99	P SLMM P SLMM	4	5 \$22,104.99	\$64.95 \$6,631.50	\$43.30 \$4,421.00	\$108.20 \$11,052.50)
57003 57003 57003	150050 150050 150057	Bldg Imp 012669 Bldg Imp 012757 Bldg Imp 012758	000 000 000	WSHP rooi 3/31/2018 \$ Water sour 4/30/2018 \$ Repair/rein 4/30/2018 \$	3,669.08 9,810.79 14,984.72	R SLMM	4	5 \$9,810.79	\$1,052.87 \$2,683.54 \$4,098.76	\$733.82 \$1,962.16 \$2,996.94	\$1,786.68 \$4,645.70 \$7,095.71	0
57003 57003	150050 150050	Bldg Imp 012845 Bldg Imp 012846	000	Water Sour 5/31/2018 \$ Water Sour 5/31/2018 \$	5,370.68		4	5 \$5,370.68	\$1,394.78 \$1,153.10	\$1,074.14 \$888.02	\$2,468.91 \$2,041.12	1
57003 57003	150050 150055	Bldg Imp 012851 Bldg Imp 012840	000 000	Water Sour 5/31/2018 \$ tank testing 5/31/2018 \$	4,892.10 1,036.91	R SLMM R SLMM	4	5 \$1,036.91	\$1,270.49 \$269.28	\$978.42 \$207.38	\$2,248.91 \$476.66	5
57003 57003 57003	150055 150055 150055	Bldg Imp 012841 Bldg Imp 012842 Bldg Imp 012843	000 000 000	disconnect 5/31/2018 \$ excavated s 5/31/2018 \$ transfer oil 5/31/2018 \$	470.07 2,173.39 511.81	R SLMM R SLMM R SLMM	4	5 \$2,173.39	\$122.07 \$564.43 \$132.91	\$94.01 \$434.68 \$102.36	\$216.09 \$999.11 \$235.27	1
57003 57003	150055 150055	Bldg Imp 012844 Bldg Imp 012848	000 000	tank testing 5/31/2018 \$ additional t 5/31/2018 \$	186.11 531.75	R SLMM R SLMM	4	5 \$186.11 5 \$531.75	\$48.33 \$138.10	\$37.22 \$106.35	\$85.55 \$244.45	5
57003 57003	150055 150055	Bldg Imp 012849 Bldg Imp 012850	000	initial hook 5/31/2018 \$ tank rental 5/31/2018 \$ Beem Form 5/21/2018 \$	4,528.88 1,119.87	R SLMM	4	5 \$4,528.88 5 \$1,119.87	\$1,176.16 \$290.83	\$905.78 \$223.97	\$2,081.93 \$514.81	3 I
57003 57003 57003	150085 150050 150050	Movable E 012847 Bldg Imp 012926 Bldg Imp 012927	000 000 000	Room Furn 5/31/2018 \$ Tank Instal 6/30/2018 \$ Fuel Tank ! 6/30/2018 \$	20,289.52 9,200.00 1,119.87	R SLMM	4	5 \$9,200.00	\$5,269.21 \$2,258.18 \$274.88	\$4,057.90 \$1,840.00 \$223.97	\$9,327.12 \$4,098.18 \$498.86	8
57003 57003	150075 150080	Non Moval013086 Movable E 013240	000 000	New Hot W 8/31/2018 \$ Attendant I 9/30/2018 \$	15,947.18 7,401.94	P SLMM P SLMM	4	5 \$15,947.18 5 \$7,401.94	\$3,438.62 \$1,480.39	\$3,189.44 \$1,480.39	\$6,628.05 \$2,960.78	5
57003 57003	150080 150080	Movable E 013241 Movable Equip	000	Rolling sta: 9/30/2018 \$ September 9/30/2018 \$	307.33 1,795.11	P SLMM	-	\$1,795.11	\$61.47 \$0.00	\$61.47 \$0.00	\$122.93 \$0.00	0
57003 57003 57003	150080 150080 150080	Movable Equip Movable Equip Movable Equip		September 9/30/2018 \$ Reversal St 10/1/2018 \$ Reversal St 10/1/2018 \$	4,828.50 (1,795.11) (4,828.50)			\$4,828.50 -\$1,795.11 -\$4,828.50	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	0
57003 57003	150050 150050	Bldg Imp 013495 Bldg Imp 013585	000 000	GMA Nort 1/31/2019 \$ GMA Nort 2/28/2019 \$	14,957.46 12,258.69	R SLMM	10 10	\$14,957.46 \$12,258.69	\$997.16 \$715.09	\$1,495.75 \$1,225.87	\$2,492.91 \$1,940.90	1 5
57003 57003	150050 150085	Bldg Imp 013587 Movable E 013586	000	Installed IA 2/28/2019 \$ 3 Gallon C 2/28/2019 \$	11,375.20 2,389.71	P SLMM	10	\$2,389.71	\$663.55 \$139.40	\$1,137.52 \$238.97	\$1,801.07 \$378.37	7
57003 57003 57003	150050 150050 150050	Bldg Imp 013668 Bldg Imp 013669 Bldg Imp 013671	000 000 000	2 Water So 3/31/2019 \$ GMA Mair 3/31/2019 \$ Room 108 3/31/2019 \$	7,476.41 11,612.58 4,280,59	R SLMM	10 10 10	\$11,612.58	\$373.82 \$580.63 \$214.03	\$747.64 \$1,161.26 \$428.06	\$1,121.40 \$1,741.89 \$642.09	9
57003 57003	150050 150075	Bldg Imp 013672 Non Moval013670	000 000	Room 111 3/31/2019 \$ Shaft Kit & 3/31/2019 \$	4,168.92 6,500.00	R SLMM P SLMM	10) \$4,168.92) \$6,500.00	\$208.45 \$325.00	\$416.89 \$650.00	\$625.34 \$975.00	4 D
57003 57003	150080 150085	Movable E 013674 Movable E 013673	000 000	2 - Spot Vi 3/31/2019 \$ 2 - Danby 1 3/31/2019 \$	4,252.55 984.78	P SLMM P SLMM	10	7 \$4,252.55) \$984.78	\$303.75 \$49.24	\$607.51 \$98.48	\$911.20 \$147.72	5
57003 57003 57003	150050 150057 150080	Bldg Imp 013860 Bldg Imp 013784 Movable E 013783	000 000 000	GMA Nort 4/30/2019 \$ New Floori 4/30/2019 \$ Countertop 4/30/2019 \$	14,874.58 536.77 569.36	P SLMM	10	\$536.77	\$619.77 \$22.37 \$33.89	\$1,487.46 \$53.68 \$81.34	\$2,107.2 \$76.04 \$115.2	4
57003 57003 57003	150080 150050 150050	Bldg Imp 013864 Bldg Imp 013867	000 000 000	Allocate Gi 5/31/2019 \$ Main Lobb 5/31/2019 \$	3,222.68	P SLMM R SLMM R SLMM	10	\$3,222.68	\$33.89 \$107.42 \$191.43	\$81.34 \$322.27 \$574.29	\$115.2 \$429.69 \$765.72	9
57003 57003	150055 150058	Bldg Imp 013866 Bldg Imp 013865	000 000	Double Wa 5/31/2019 \$ New ETV 5/31/2019 \$	10,714.89 4,776.00	R SLMM P SLMM	10	\$10,714.89 \$4,776.00	\$357.16 \$318.40	\$1,071.49 \$955.20	\$1,428.65 \$1,273.60	5
57003 57003	150050 150075 150050	Bldg Imp 014064 Non Moval014172	000 000 000	2 Guardian 7/31/2019 \$ Evapco Co 8/31/2019 \$ Loading D: 11/30/2019 \$	741.98 4,544.44 2,024.93	P SLMM	10) \$741.98) \$4,544.44	\$12.37 \$37.87 \$0.00	\$74.20 \$454.44 \$84.37	\$86.50 \$492.31 \$84.32	1
57003 57003 57003	150050 150050 150050	Bldg Imp 014437 Bldg Imp 014507 Bldg Imp 014508	000	Loading Di 11/30/2019 \$ New Exhat 12/31/2019 \$ Daikin Wat 12/31/2019 \$	2,024.93 2,003.63 4,583.69		20 20 20	\$2,003.63	\$0.00 \$0.00 \$0.00	\$84.37 \$75.14 \$171.89	\$84.3 \$75.1 \$171.8	4
57003 57003	150050 150050	Bldg Imp 014663 Bldg Imp 014767	000 000	WSHP for 2/29/2020 \$ Daikin Ver 3/31/2020 \$	4,126.38 6,168.30	R SLMM R SLMM	20 20	\$4,126.38 \$6,168.30	\$0.00 \$0.00	\$120.35 \$154.21	\$120.35 \$154.21	5
57003 57003 57003	150058 150058 150080	Bldg Imp 014948 Bldg Imp 014949 Movable E 014576	000 000 000	Installation 5/31/2020 \$ 2 - TJV 12(5/31/2020 \$ 2 - 22" RC. 1/31/2020 \$		P SLMM P SLMM P SLMM	4	5 \$3,059.69	\$0.00 \$0.00 \$0.00	\$258.40 \$203.98 \$52.65	\$258.40 \$203.98 \$52.65	8
57003	1.70080	.viovadie E 0145/6	000	2-22 AC: 1/31/2020 \$	332.87	. SLMM		, 3,32.8/	\$0.00	\$32.05	\$52.63	

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

Amortization Schedule*

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
	orside CT Limited Partnership- d/b/a: Go	vernor's	House	220	0-С	9/30/2020		24	37	
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									
A-4.	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	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 N		Report for Year Er	nded		Page	of
Harborside CT Limited Partnership- d/ 22	00-С	9/30/2020			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the Facility	-	••	•		If "Yes," comple	ete Part B.
or leased from a Related Party?*	0	Yes	\odot	No	If "No," complet	
*If any owner or operator of this facility is relat	ed by family, r	narriage, ownership, ab	ility to control or			
business association to any person or organizati						
a related party transaction.			_			
Description		Total				
1. Date Land Purchased		n/a				
2. Date Structure Completed		n/a				
3. If NOT Original Owner, Date of Purcha	ise					
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity		70				
6. Square Footage						
7. Acquisition Cost						
a. Land		n/a				
b. Building		n/a			1	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	gage
1. Financing						
a. Type of Financing (e.g., fixed, variation	ble)					
b. Date Mortgage Obtained						
c. Interest Rate for the Cost Year						
d. Term of Mortgage (number of years))					
e. Amount of Principal Borrowed						
f. Principal balance outstanding as of						
Complete if Mortgage was Refinance	d					
During Current Cost Year						
g. Type of Financing (e.g., fixed, variat	ble)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number of years))					
k. Amount of Principal Borrowed						
1. Principal Outstanding on Note Paid-						
Part C - Arms-Length Leases for Rea	<u> </u>					
Name and Address of Lessor		perty Leased			Annual Amoun	
GMF-CT	Facility Le	ase	7/1/2019-12/31	10 years		-379,45
650 Madigan Avanua Norre Verde NV 10000						
650 Madison Avenue New York, NY 10022						

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 Ye	ar Ended		Page of
Harborside CT Limited Partnership- d 2200-C		9/30/2020	T	1	26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable	;				
Equipment					
1. First Mortgage Name of Lender	\$				
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)	\$				
	Ψ	(С	L v Subtotals f		

(Carry Subtotals forward to next page)

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

Name of FacilityLicenseHarborside CT Limited Partnership220	No.)0-C		Report for Y 9/30/2020	ear Ended		Page of 27 37
Item			Total	CCNH	RHNS	(Specify)
Sub	totals Bro	ught Forward:				· · · · ·
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender	I					
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 Inter Expense (C1 + 2)	rest	\$				
12. D. Other Interest Expense (<i>Specify</i>)		<u>ې</u> \$				
		Ŷ				
13. Total All Interest Expense (12B7 + 12	$C3 + 12D^{2}$) \$				
14. Insurance		, ψ				
a. Insurance on Property (buildings o	only)	\$	9,539	9,539		
b. Insurance on Automobiles	57	\$,		
c. Insurance other than Property (as s	specified a	bove)				
1. Umbrella (<i>Blanket Coverage</i>)		\$	98,513	98,513		
2. Fire and Extended Coverage		\$				
3. Other (<i>Specify</i>)		\$				
14d. Total Insurance Expenditures (14a +	b+c)	\$	108,052	108,052		
15. Total All Expenditures (A-13 thru C-1		\$		6,073,951		

D. Adjustments to Statement of Expenditures

	e of Fa			Lic	ense No.	Report for Yea	r Ended	Page	of
Harbo	orside	CTL	imited Partnership- d/b/a: Governor's House	<u> </u>	2200-С	9/30/2020		28	37
					Total				
	Page				Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
Page	10 - S		es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	60,151	60,151			
Page			sional Fees						
5.	13		Resident Care Physicians **	\$					
6.		B-10	Occupational Therapy	\$					
7.			Other - See attached Schedule	\$	165,033	165,033			
Page	s 15 &		Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1-c	Bad Debts	\$	43,430	43,430			
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.	16	m-2 8	Unallowable Advertising *	\$	8,640	8,640			
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$	1,540	1,540			
21.			Unallowable Management Fees	\$	83,045	83,045		1	
22.			Barber and Beauty	\$,				
23.			Other - See attached Schedule	\$	23,006	23,006			
	18 - L	Dietar	y Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - L		ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - H		keeping Expenditures	Ŧ					
26.			Housekeeping services to employees, guests						
-0.			and others who are not residents	\$					
			Subtotal (Items 1 - 26	_	384,845	384,845			

* All except "Help Wanted".

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

⁽Carry Subtotal forward to next page)

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Sp	ecify)
10	2	Administrator's salary disallowed	\$ 60,151	\$ -	\$	-
0	0	0	\$ -	\$ -	\$	-
0	0	0	\$ -	\$ -	\$	-
0	0	0	\$ -	\$ -	\$	-
0	0	0	\$ -	\$ -	\$	-
0	0	0	\$ -	\$ -	\$	-
0	0	0	\$ -	\$ -	\$	-
Total Other	r Salaries A	Adjustment	\$ 60,151	\$ -	\$	-

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	(Sj	pecify)
13	5	Rehabilitation Services	\$	57,626	\$ -	\$	-
13	5	Rehabilitation Services	\$	78,138	\$ -	\$	-
13	9	Speech Therapist	\$	4,760	\$ -	\$	-
13	10	Occupational Therapist	\$	22,192	\$ -	\$	-
13	12	Other	\$	-	\$ -	\$	-
13	12	Other	\$	2,229	\$ -	\$	-
13	12	Respiratory Purchased Servies	\$	88	\$ -	\$	-
Total Othe	r Fees Adj	ustments	\$	165,033	\$ -	\$	-

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	(Sp	ecify)
16	m-13	Collection Fees	\$	11,631	\$ -	\$	-
16	m-13	Estimated Accrual	\$	300	\$ -	\$	-
16	m-13	Non-recurring Charges	\$	-	\$ -	\$	-
16	m-13	Dues to Chamber of Commerce	\$	-	\$ -	\$	-
16	m-13	Penalty	\$	-	\$ -	\$	-
16	m-12	0	\$	-	\$ -	\$	-
15	1-a-1	adj workers comp	\$	11,075	\$ -	\$	-
Total Othe	r A&G Ad	justments	\$	23,006	\$ -	\$	-

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

	D. Adjustments to Statement of Expenditures (cont'd)											
Name	e of Fa	cility	L	icense No.	Report for Y	ear Ended	Page	of				
Harbo	orside	CT L	imited Partnership- d/b/a: Governor's House	2200-С	9/30/2020		29	37				
				Total								
Item	Page	Line		Amount of								
No.	No.	No.	Item Description	Decrease	CCNH	RHNS	(Spe	cify)				
			Subtotals Brought Forward	\$ 384,845	384,845							
Page	20 - K	Reside	nt Care Supplies***									
27.	20	5-a-2	Prescription Drugs	\$ 55,846	55,846							
28.	20	5-d	Ambulance/Limousine	\$								
29.	20	5-f	X-rays, etc	\$ 3,714	3,714							
30.	20	5-h	Laboratory	\$ 22,918	22,918							
31.			Medical Supplies	\$								
32.	20	5-e-2	Oxygen (non emergency)	\$ 597	597							
33.			Occupational Therapy	\$								
34.			Other - See Attached Schedule	\$ 16,280	16,280							
Page	22 - N	lainte	enance and Property									
35.			Excess Movable Equipment Depreciation									
			See Attached Schedule	\$ (46,876)	(46,876)							
36.			Depreciation on Unallowable									
			Motor Vehicles	\$								
37.			Unallowable Property and Real									
			Estate Taxes	\$								
38.			Rental of Building Space or Rooms	\$								
39.			Other - See Attached Schedule	\$								
Page	27 - I	nsura	nce									
40.			Mortgage Insurance	\$								
41.			Property Insurance	\$								
Other	r - Mis	scella	neous									
42.			Other - Indirect	\$ 18,115	18,115							
43.			Interest Income on Account Rec.	\$								
44.			Other - Miscellaneous Administrative	\$ 61,143	61,143							
45.			Management Fees Direct	\$								
46.			Management Fees Indirect	\$								
47.			Other - Direct	\$								
Not F	For Pr	ofit P	roviders Only									
48.			Building/Non Movable Eq. Depreciation									
			Unallowable Building Interest -									
			See Attached Schedule	\$								
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$ 516,581	516,581							

ros (cont'd) State ont of Fr dit n A .J. 4 4

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(5	Specify)
20	5-j	Consolidated Billing	\$ 14,170	\$ -	\$	
20	5-j	Respiratory Supplies	\$ 1,918	\$ -	\$	
20	5-j	Respiratory Rental	\$ 192	\$ -	\$	
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
Total Othe	Fotal Other Ancillary Costs		\$ 16,280	\$ -	\$	-

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description		CCNH	RHNS	(S	pecify)
0	0-Jan	0	\$	-	\$ -	\$	-
Page 22	7a	Land Imp	\$	-	\$ -	\$	-
Page 22	7b	Bldg Imp	\$	(18,871)	\$ -	\$	-
Page 22	7c	Non Movable Equip	\$	(3,140)	\$ -	\$	-
Page 22	7d	Movable Equip	\$	(24,866)	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
Total Exce	tal Excess Movable Equipment Depreciation			(46,876)	\$ -	\$	-

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Property	Adjustments	\$-	s -	s -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$	18,115	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
0	0-Jan	0	\$	-	\$ -	\$	-
Total Othe	otal Other Adjustments			18,115	\$ -	\$	-

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(S	pecify)
27	14c1	General liability Insurance Adjust	\$ 61,143	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
0	0-Jan	0	\$ -	\$ -	\$	-
Total Othe	tal Other Adjustments		\$ 61,143	\$ -	\$	-

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$ -	s -	s -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unal	owable Bui	ilding Interest	\$-	\$ -	\$ -

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

F. Statement of Revenue

Name of FacilityLicense No.Harborside CT Limited Partnership- d/b/a 2200-C		Report for Y 9/30/2020	ear Ended		Page of 30 37
Hardorside C1 Linnied Partnersinp- d/0/a 2200-C		9/30/2020			30 37
Item		Total	CCNH	RHNS	(Specify)
l. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	7,350,699	7,350,699		
b. Medicaid Room and Board Contractual Allowance **	\$	(3,736,286)	(3,736,286)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	949,527	949,527		
b. Medicare Room and Board Contractual Allowance **	\$	(193,441)	(193,441)		
4. a. Private-Pay Residents and Other	\$	1,395,064	1,395,064		
b. Private-Pay Room and Board Contractual Allowance **	\$	(101,601)	(101,601)		
I. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$	48,303	48,303		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(9,840)	(9,840)		
c. Prescription Drugs - Non-Medicare	\$	11,169	11,169		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(2,918)	(2,918)		
2. a. Medical Supplies - Medicare	\$	159	159		
b. Medical Supplies - Medicare Contractual Allowance **	\$	(32)	(32)		
c. Medical Supplies - Non-Medicare	\$	155	155		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(79)	(79)		
3. a. Physical Therapy - Medicare	\$	199,496	199,496		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(40,642)	(40,642)		
c. Physical Therapy - Non-Medicare	\$	40,556	40,556		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(11,014)	(11,014)		
4. a. Speech Therapy - Medicare	\$	46,721	46,721		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(9,518)	(9,518)		
c. Speech Therapy - Non-Medicare	\$	32,661	32,661		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(14,602)	(14,602)		
5. a. Occupational Therapy - Medicare	\$	141,985	141,985		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(28,926)	(28,926)		
c. Occupational Therapy - Non-Medicare	\$	37,839	37,839		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(12,682)	(12,682)		
6. a. Other (Specify) - Medicare	\$	8,457	8,457		
b. Other (Specify) - Non-Medicare	\$	128	128		
II. Total Resident Revenue (Section I. thru Section II.)	\$	6,101,339	6,101,339		
V. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	(109)	(109)		1
6. Private Duty Nurses' Fees	\$				1
7. Barber, Coffee, Beauty and Gift shops	\$	2,235	2,235		1
8. Other (Specify)	\$	346,070	346,070		1
V. Total Other Revenue (1 thru 8)	\$	348,196	348,196		
VI. Total All Revenue (III +V)	\$				
· · · · · · · · · · · · · · · · · · ·	Ψ	6,449,535	6,449,535		·

* 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.

Attachment Page 30

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ 1,092	s -	s -
II-6-a	Medicare	Laboratory	\$ 1,727	s -	ş -
II-6-a	Medicare	Respiratory Therap	\$ 88	s -	s -
II-6-a	Medicare	Nursing Treatment	s -	s -	s -
II-6-a	Medicare	Audiology	s -	s -	ş -
II-6-a	Medicare	Incontinency	s -	s -	s -
II-6-a	Medicare	Oxygen & Supplies	s -	s -	s -
II-6-a	Medicare	Physician Visit	s -	s -	ş -
II-6-a	Medicare	Ambulance	s -	s -	s -
II-6-a	Medicare	Flu Shot	\$ 7,714	s -	s -
II-6-a	Medicare Contractual	X-Ray	\$ (222)	s -	ş -
II-6-a	Medicare Contractual	Laboratory	\$ (352)	s -	s -
II-6-a	Medicare Contractual	Respiratory Therap	\$ (18)	s -	s -
II-6-a	Medicare Contractual	Nursing Treatment	s -	s -	ş -
II-6-a	Medicare Contractual	Audiology	s -	s -	ş -
II-6-a	Medicare Contractual	Incontinency	s -	s -	s -
II-6-a	Medicare Contractual	Oxygen & Supplies	s -	s -	s -
II-6-a	Medicare Contractual	Physician Visit	s -	s -	ş -
II-6-a	Medicare Contractual	Ambulance	s -	s -	ş -
II-6-a	Medicare Contractual	Flu Shot	\$ (1,572)	s -	ş -
	0	0	s -	s -	ş -
Total Othe	er Resident Revenue - Medicare		\$ 8,457	s -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)	
II-6-b	Medicaid	X-Ray	\$ 156	s -	s -	
II-6-b	Medicaid	Laboratory	\$ 105	s -	s -	
II-6-b	Medicaid	Respiratory Therap	S -	S -	S -	
II-6-b	Medicaid	Nursing Treatment	s -	s -	s -	
II-6-b	Medicaid	Audiology	s -	s -	s -	
II-6-b	Medicaid	Incontinency	s -	s -	s -	
II-6-b	Medicaid	Oxygen & Supplies	s -	s -	s -	
II-6-b	Medicaid	Physician Visit	s -	s -	s -	
II-6-b	Medicaid	Ambulance	s -	s -	s -	
II-6-b	Medicaid	Flu Shot	s -	s -	s -	
II-6-b	Contractuals-Medicaid	X-Ray	\$ (79)	s -	s -	
II-6-b	Contractuals-Medicaid	Laboratory	\$ (53)	s -	s -	
II-6-b	Contractuals-Medicaid	Respiratory Therap	s -	s -	s -	
II-6-b	Contractuals-Medicaid	Nursing Treatment	s -	s -	s -	
II-6-b	Contractuals-Medicaid	Audiology	s -	s -	s -	
II-6-b	Contractuals-Medicaid	Incontinency	s -	s -	s -	
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	s -	s -	s -	
II-6-b	Contractuals-Medicaid	Physician Visit	s -	s -	s -	
II-6-b	Contractuals-Medicaid	Ambulance	S -	S -	s -	
II-6-b	Contractuals-Medicaid	Flu Shot	s -	s -	s -	
II-6-b	Non-Medicaid	X-Rav	s -	s -	s -	
II-6-b	Non-Medicaid	Laboratory	s -	s -	s -	
II-6-b	Non-Medicaid	Respiratory Therap	s -	s -	s -	
II-6-b	Non-Medicaid	Nursing Treatment	s -	s -	s -	
II-6-b	Non-Medicaid	Audiology	s -	s -	s -	
II-6-b	Non-Medicaid	Incontinency	s -	s -	s -	
II-6-b	Non-Medicaid	Oxygen & Supplier	s -	s -	s -	
II-6-b	Non-Medicaid	Physician Visit	S -	S -	s -	
II-6-b	Non-Medicaid	Ambulance	s -	s -	s -	
II-6-b	Non-Medicaid	Flu Shot	s -	s -	s -	
II-6-b	Non-Medicaid	Capitation Contrac	S -	S -	s -	
II-6-b	Contractuals-Non-Medicaid	X-Rav	s -	s -	S -	
II-6-b	Contractuals-Non-Medicaid	Laboratory	s -	s -	s -	
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	S -	S -	s -	
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	s -	s -	s -	
II-6-b	Contractuals-Non-Medicaid	Audiology	S -	s -	s -	
II-6-b	Contractuals-Non-Medicaid	Incontinency	s -	s -	\$ -	
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	s -	s -	\$	
II-6-b	Contractuals-Non-Medicaid	Physician Visit	s -	s -	\$	
II-6-b	Contractuals-Non-Medicaid	Ambulance	s -	s -	s -	
II-6-b	Contractuals-Non-Medicaid	Flu Shot	s -	s -	\$ -	
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	s -	s -	s -	
(0	0	s -	s -	s -	
Total Oth	er Resident Revenue		\$ 128	s -	\$ -	

Interest Income

		Account			
Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts	0	\$ (109)	s -	s -
Total Inter	Total Interest Income		\$ (109)	S -	s -

Schedule of Other Revenue

Page Ref	Description	CCNH		RHNS		ecify)	
IV-8	RehabCare Settlement Administrator	0	\$ 1,096	\$	-	\$	-
IV-8	Telehealth Facility Fee	0	\$ 586	\$	-	\$	-
IV-8	Federal Stimulus 1	0	\$ 53,432	\$	-	\$	-
IV-8	Federal Stimulus 2	0	\$ 58,456	\$	-	\$	-
IV-8	Federal Stimulus 3	0	\$ 232,500	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
Total Othe	r Revenue	\$ 346,070	\$	-	\$	-	

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

G. Balance Sheet

Name of Facility	imited Partnership- d	License No. l/b 2200-C	Report 9/30/2	t for Year Ended	Page 31	of 37
Tarborside CTL	imited Partnership- d		9/30/2	020		
Assets		Account				Amount
Assets A. Current Ass	aata					
	on hand and in banks)			\$	5,373
) ble (Less Allowance f	for Pad Da	hta)	\$	427,054
				/	\$	· · · · · ·
4 Invento		(Excluding Owners o	r Kelaled I	Parties)	\$ \$	(122,78
					\$ \$	23,93
5. Prepaid	-				Ф	58,322
a b.					_	
					-	
c.	Schedule			58,322	-	
	Receivable			38,322	\$	
	re Final Settlement R	Pagaiwahla			\$	
					\$ \$	
8. Other C	Current Assets (<i>itemiz</i>	(e)			Ф	
	1 1 1					
	Schedule	41			¢	201.00
	ent Assets (Lines Al	thru 8)			\$	391,90
B. Fixed Asse	ts				¢	
<u>1. Land</u>		*11. 1 1 0 1			\$	
2. Land In	nprovements	*Historical Cost	. —		\$	
2 0 11		Accum. Depreciat	101	Net	¢	112.01
3. Buildin	gs	*Historical Cost	. ——	<u>132,655</u>	\$	113,91
4 T 1	111	Accum. Depreciat	101	18,740 Net	Φ	
4. Leaseho	old Improvements	*Historical Cost	. ——		\$	
		Accum. Depreciat	10n	Net	•	0.51
	ovable Equipment	*Historical Cost		11,044	\$	9,51
5. Non-M	ovuole Equipment				· ·	
		Accum. Depreciat	ion	1,527 Net		
	le Equipment	*Historical Cost		1,527 Net 8,749	\$	7,13
6. Movabl	le Equipment	*Historical Cost Accum. Depreciat		1,527 Net	\$	7,134
	le Equipment	*Historical Cost Accum. Depreciat *Historical Cost	ion	1,527 Net 8,749 1,615 Net		7,13
 6. Movabl 7. Motor V 	le Equipment Vehicles	*Historical Cost Accum. Depreciat *Historical Cost Accum. Depreciat	ion	1,527 Net 8,749	\$ \$	7,13
 6. Movabl 7. Motor V 	le Equipment	*Historical Cost Accum. Depreciat *Historical Cost Accum. Depreciat	ion	1,527 Net 8,749 1,615 Net	\$	7,13
 Movabl Motor V 8. Minor I 	le Equipment Vehicles	*Historical Cost Accum. Depreciat *Historical Cost Accum. Depreciat eciable	ion	1,527 Net 8,749 1,615 Net	\$ \$	7,13
 Movabl Motor V Minor I Other F 	le Equipment Vehicles Equipment-Not Depre	*Historical Cost Accum. Depreciat *Historical Cost Accum. Depreciat eciable	ion	1,527 Net 8,749 1,615 Net	\$ \$ \$	7,13

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

(Carry Total forward to next page)

Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description		
30	A5	Prepaid Expenses	\$	27,909
30	A5	Prepaid Prop Taxes	\$	28,264
30	A5	Prepaid Escrow Real Estate	\$	2,149
30	A5	Prepaid Escrow Insurance		
30	A5	Prepaid Escrow Replace Reserve		
30	A5	Prepaid Personal Property Tax		
30	A5			
Total Prep	Total Prepaid Expenses			

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

Page Ref	Line Ref	Description		
Total Othe	Total Other Current Assets (Itemize)			

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

Page Ref	Line Ref	Description	
Total Othe	r Other Fi	xed Assets (Itemize)	\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	ROU Bldg Asset-Oper Lease	
32	D7	AccumAmort-ROU Bldg OprLease	
Total Othe	r Assets		\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description Image: Image Ref Image Ref

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

Page Ref	Line Ref	Description

Page Ker	Line Kei	Description	
33	A12	Acer Gross Rec Tax-FY11	\$ 2,640
33	A12	Accr Gross Rec Tax-FY12	\$ 2,400
33	A12	Accr Gross Rec Tax-FY13	\$ 2,400
33	A12	Accr Gross Rec Tax-FY14	\$ 2,400
33	A12	Acer Gross Ree Tax-FY15	\$ 2,400
33	A12	Acer Gross Ree Tax-FY16	\$ 2,400
33	A12	Acer Gross Ree Tax-FY17	\$ 2,400
33	A12	Acer Gross Rec Tax-FY18	\$ 4,800
33	A12	Accr Sales and Use Tax - FY18	\$ 49
33	A12	Accrued Provider/Bed Tax	\$ 79,098
Total Othe	r Current l	Liabilities (Itemize)	\$ 100,987

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

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

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended	Page	of
Harb	orsi	de CT Limited Partnership- d/b	2200-С	9/30/2020	32	37
			Account		Amo	unt
				Total Brought Forward:	\$	522,466
C.	Lea	asehold or like property recorde	ed for Equity Purposes	5.		
	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 Deprec	iable		\$	
C-8	Tot	tal Leasehold or Like Properti	es (C1 thru 7)		\$	
D.	Inv	estment and Other Assets				
	1.	Deferred Deposits			\$	
	2.	Escrow Deposits			\$	
	3.	Organization Expense	*Historical Cost			
			Accum. Depreciation	Net	\$	
		Goodwill (Purchased Only)			\$	
	5.	Investments Related to Reside	ent Care (<i>itemize</i>)		\$	
	6.	Loans to Owners or Related P	arties (itemize)		\$	
		Name and Address	Amount	Loan Date		
L						
	7.	Other Assets (<i>itemize</i>)	_		\$ ((4,348,295)
		I/C Due to/Due From Own		(4,348,295)		
		I/C Due to/Due From Mult	icare			
		See Schedule				
		tal Investments and Other Ass			\$	(4,348,295)
D-9.	Tot	tal All Assets (Lines A9 + B10	0 + C8 + D8)		\$	(3,825,829)

* 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

Name of Fac	ility		License No.	Report for Year E	nded	Page	of
Harborside C	CT Li	mited Partnership- d/b/a: Go	2200-С	9/30/2020		33	37
Account						А	mount
Liabilities							
А.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable				\$	191,253
	2.	Notes Payable (itemize)				\$	
		See Schedule					
	3.	Loans Payable for Equipme				\$	
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	of Owners and/or Ste	ckholders only)		\$	128,748
	5.	Accrued Payroll (Owners a		• •		\$	
	6.	Accrued Payroll Taxes Pay		57		\$	578
	7.	Medicare Final Settlement				\$	
	8.	Medicare Current Financin				\$	
	9.	Mortgage Payable (Current	<u> </u>			\$	
		Interest Payable (Exclusive		ated Parties)		\$	
		Accrued Income Taxes*	cj e)		\$	
		Other Current Liabilities (in	temize)			\$	549,726
		Accr Exp Other		2 Accr Exp Nursing Purch	a 247,678	•)
		Accr Exp Water and Sewer		5 Deferred Revenue	134,958		
		Accr Exp Gas		A/R Credit Gross Up Li			
		Accr Exp Electricity		5 See Schedule	100,987		
A-13	. To	tal Current Liabilities (Line				\$	870,305

G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Harborside CT Limited Partnership- d/b/a:	2200-С	9/30/2020		34	37
	Account			А	mount
		Total Broug	ht Forward:		870,305
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable		```	\$		
3. Loans from Owners or Re	, ,	,	\$;	
Name and Address of Lender	Amount	Loan D	Date		
4. Other Long-Term Liabiliti	es (itemize)		\$		978,773
LT Debt-Financing Obliga		978,773			
Escheatable Funds					
See Schedule					
B-5. Total Long-Term Liabilities (\$		978,773
C. Total All Liabilities (Lines A-	13 + B-5)		\$		1,849,078

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

	he of Facility License No. Report for Year Ended borside CT Limited Partnership- d 2200-C 9/30/2020	Page of 35 37
Tial	Account	Amount
A.	Reserves	
	1. Reserve for value of leased land	\$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	\$
	3. Reserve for depreciation value of leased personal property (<i>Equity</i>)	\$
	4. Reserve for leasehold real properties on which fair rental value is based	\$
	5. Reserve for funds set aside as donor restricted	\$
	6. Total Reserves	\$
B.	Net Worth	
	1. Owner's Capital	\$
	2. Capital Stock	\$
	3. Paid-in Surplus	\$
	4. Treasury Stock	\$
	5. Cumulated Earnings	\$ (6,050,492)
	6. Gain or Loss for Period 10/1/2019 thru 9/30/2020	\$ 375,583
	7. Total Net Worth	\$ (5,674,909)
C.	Total Reserves and Net Worth	\$ (5,674,909)
D.	Total Liabilities, Reserves, and Net Worth	\$ (3,825,831)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Harborside CT Limited Partnership- d/b/	2200-C	9/30/2020	Liidea	36	37
		mount			
Account A. Balance at End of Prior Period as shown on Report of 09/30/2019					(6,050,494)
B. Total Revenue (From Statement of Revenue Page 30)					6,449,534
C. Total Expenditures (From Statement	Total Expenditures (From Statement of Expenditures Page 27)				6,073,949
D. Net Income or Deficit					375,585
E. Balance			9	5	(5,674,909)
 F. Additions 1. Additional Capital Contributed 2. Other (<i>itemize</i>) 	(itemize)				
F-3. Total Additions				6	
G. Deductions					
1. Drawings of Owners/Operators/	1. Drawings of Owners/Operators/Partners (Specify)			5	
Name and Address (No., City,	State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)	2. Other Withdrawings (Specify)				
Purpose		Amo	unt		
3. Total Deductions			C.	5	
H.Balance at End of Period09/30/20				5	(5,674,909)

Name of Facility License No. Report for Year Ended Page of Harborside CT Limited Partnership- d/b/a: 2200-С 9/30/2020 37 37 Check appropriate category Chronic and Convalescent Nursing Rest Home with Nursing $\mathbf{\nabla}$ \Box (Specify) Home only (CCNH) Supervision only (RHNS) **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 Addres Address Phone Number 200 Brickstone Square, Andover, MA 01810 978-247-5029 Contacted Person Regarding Additional Information Needed Regarding This Report Phone Number Thomas Farnan 978-247-5029 Contact Email Address thomas.farnan@genesishcc.com

I. Preparer's/Reviewer's Certification