

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) 1145 Poquonock Road Operations LLC ,d/b/a Groton center	
Address (No. & Street, City, State, Zip Code) 1145 Poquonock Road, Groton, CT 06340	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2374	RHNS	(Specify)	Medicare Provider 07-5270
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Medicaid Provider Numbers:	CCNH 000020355	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton	2374	9/30/2020	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 1145 Poquonnock Road Operations LLC ,d/b/a Groton center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Patrick Townsend			Printed Name (Owner) Lashuan Bethea-VP-Legislative Affairs-Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 1145 Poquonnock Road, Groton, CT 06340				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2020	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,427,220	3,943,046	484,174
5. All other wages paid	\$	714,182	433,820	280,362
6. Total Wages Paid	\$	5,141,402	4,376,865	764,537
7. Total salaries paid	\$	483,733	401,679	82,054
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	5,625,135	4,778,544	846,591

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-446-9960		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Address (No. & Street, City, State, Zip) 1145 Poquonnock Road, Groton, CT 06340		
License Numbers:	CCNH 2374	RHNS	(Specify)	Medicare Provider No. 07-5270
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Patrick Townsend		Nursing Home Administrator's License No.:	1484	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility 1145 Poquonnock Road Operations LLC ,d/t	License No. 2374	Report for Year Ended 9/30/2020	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
1145 Poquonnock Road Operations LLC ,d/b/a Groton center	101 East State Street, Kennett Square, PA 19348	DE

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			

Names of Stockholders Owning at Least 10% of Shares			
See Attached			

**General Information and Questionnaire
Related Parties***

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton	License No. 2374	Report for Year Ended 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	669,085	669,085
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	64%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	403,444	403,444
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	37%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	23,659	23,659
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	28,382	28,382
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	328,887	328,887
	, 101 East St., Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* 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 1145 Poquonnock Road Operations LLC ,d/b/a	License No. 2374	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton cent			License No. 2374		Report for Year Ended 9/30/2020		Page of 6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input checked="" type="radio"/> 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.

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
1145 Poquonnock Road Operations LLC ,d/b/a Groton center		2374			9/30/2020				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	243	162		81	243	162		81					
B. On last day of THIS report period	243	162		81					243	162			81
2. Number of Residents													
A. As of midnight of PREVIOUS report period	176	115		61	176	115		61					
B. As of midnight of THIS report period	185	112		73					185	112			73
3. Total Number of Days Care Provided During Period													
A. Medicare	2,563	2,563			2,259	2,259			304	304			
B. Medicaid (Conn.)	36,261	36,261			27,137	27,137			9,124	9,124			
C. Medicaid (other states)													
D. Private Pay	6,668	2,738		3,930	5,187	2,063		3,124	1,481	675			806
E. State SSI for RCH	21,318			21,318	15,893			15,893	5,425				5,425
F. Other (Specify)	1,579	1,579			1,187	1,187			392	392			
G. Total Care Days During Period (3A thru F)	68,389	43,141		25,248	51,663	32,646		19,017	16,726	10,495			6,231
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	557	32		525	404	17		387	153	15			138
B. Other Bed Reserve Days	187	5		182	129			129	58	5			53
5. Total Resident Days (3G + 4A + 4B)	69,133	43,178		25,955	52,196	32,663		19,533	16,937	10,515			6,422

Schedule of Resident Statistics (Cont'd)

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/			License No. 2374			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		99		8			73					
Per Diem Rate													
a. One bed rm.							122.00						
b. Two bed rms.	666.72		219.46		372.65		115.00	94.00					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,551	2,551			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									795	795			
C. Other									9,756	9,756			
D. Total Physical Therapy Treatments									13,102	13,102			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									304	304			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									49	49			
C. Other									860	860			
D. Total Speech Therapy Treatments									1,213	1,213			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,015	2,015			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									638	638			
C. Other									8,559	8,559			
D. Total Occupational Therapy Treatments									11,212	11,212			

Report of Expenditures - Salaries & Wages

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center	License No. 2374	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	133,878	1,334			82,054	818
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	132,459	5,235			81,184	3,209
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	35,848	1,191			28,167	936
b. Other Maintenance Workers	47,902	2,577			37,638	2,025
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	267,801	4,163				
b. RN						
1. Direct Care	955,517	22,855		RN		
2. Administrative**	143,633	3,497		NUMD		
c. LPN						
1. Direct Care	990,407	29,545		LPN		
2. Administrative**				NLN1		
d. Aides and Attendants	1,790,392	91,982		PCA	445,502	24,594
e. Physical Therapists				ACN1		
f. Speech Therapists				CNA		
g. Occupational Therapists						
h. Recreation Workers	92,151	4,506			56,480	2,761
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	125,459	4,254			76,894	2,608
n. Marketing						
o. Other (Specify)						
See Attached Schedule	63,097	3,122			38,672	1,914
<i>A-13. Total Salary Expenditures</i>	<i>4,778,544</i>	<i>174,262</i>			<i>846,591</i>	<i>38,864</i>

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	9/30/2020			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Patrick Townsend	4,938		3,026		Management of Center	136	2			
Thomas,Diane F 10/1/2019-9/12/2020	128,940		79,028		Management of Center	2,016	2			
Section IV - Assistant Administrators										
					Management of Center		3			

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
1145 Poquonnock Road Operations LLC ,d/b/a Grot	2374	9/30/2020	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	14,037	96				
3. Pharmacist	15,694	320				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	404,507	5,541				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	111,488	590				
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	22,837	293				
b. Other						
10. Occupational Therapist						
a. Resident Care	30,139	413				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	30,111					
B-13 Total Fees Paid in Lieu of Salaries	628,813	7,253				

* 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 Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton c		2374	9/30/2020	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a C	2374	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 281,935	239,645		42,290
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 60,426	51,362		9,064
4. Social Security (F.I.C.A.)	\$ 414,395	352,236		62,159
5. Health Insurance	\$ 429,332	364,932		64,400
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 403	403		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 187,167	116,044		71,123
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 25,124	15,577		9,547
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,504	18,292		11,212
2. Cellular Phones	\$ 2,129	1,320		809
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 228	141		87
3. Resident Day User Fee	\$ 827,263	827,263		
Subtotal	\$ 2,257,906	1,987,215		270,691

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Benefit Allocations	\$ 403	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 403	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	141.36	0	86.64
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total	\$ 141	\$ -	\$ 87

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

Name of Facility	License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Grotor	2374	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,257,906	1,987,215		270,691	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 247	153		94	
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,143	709		434	
5. Education Expenses Related to Seminars and Conventions	\$ 100	62		38	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 7,894	4,894		3,000	
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	\$ 5,028	3,117		1,911	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,502	7,751		4,751	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 111	69		42	
10. Contributions*** See Attached Schedule	\$ 2,741	2,741			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 3,196	1,982		1,214	
12. Administrative Management Services**	\$ 737,066	456,981		280,085	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 64,254	39,838		24,417	
C-14 Total Administrative & General Expenditures	\$ 3,092,188	2,505,512		586,676	

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	978,5708	0	599,7692
Marketing Expense	1345.803	0	824.847
Marketing Exp- Corporate Spend	2569.9806	0	1575.1494
Total Other Advertising	\$ 4,894	\$ -	\$ 3,000

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses and Certification	7751.0912	0	4750.6688
Total Dues	\$ 7,751	\$ -	\$ 4,751

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions	2441.2	0	0
Contributions	300	0	0
Total Contributions	\$ 2,741	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	6590.1412	0	4039.1188
Collection Fees	16925.38	0	10373.62
Education Expense	1.333	0	0.817
Employee Physicals	5001.6082	0	3065.5018
Employee Relations	1121.177	0	687.173
Printing	180.9036	0	110.8764
Training Expense	132.5002	0	81.2098
Fines & Penalties	6200	0	3800
Miscellaneous	316.2434	0	193.8266
Rental Expense	3468.1436	0	2125.6364
Accrued Expense Estimation	-313.1806	0	-191.9494
State Tax Annual Report Filing	12.4	0	7.6
Uniforms	200.88	0	123.12
Total Other Administrative and General	\$ 39,838	\$ -	\$ 24,417

Schedule C-1 - Management Services*

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	669,085	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton		2374	9/30/2020		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 338,118	209,633		128,485	
2.	Non-Food Supplies	\$ 49,777	30,862		18,915	
3.	Other (Specify) _____	\$ 4,926	3,054		1,872	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 888,168	550,664		337,504	
c. Other (Specify) _____						
		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 1,280,989	794,213		486,776	
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton c		2374	9/30/2020		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	8,777	5,442		3,335
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	6,390	3,962		2,428
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	277,136	171,824		105,312
c. Other (Specify)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	292,303	181,228		111,075
3E. Laundry Questionnaire						
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a		2374	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	28,480	15,949		12,531
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	443,246	248,218		195,028
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 471,726	264,167		207,559
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	155,110	155,110		
b.	Medicine Cabinet Drugs	\$	15,821	15,821		
c.	Medical and Therapeutic Supplies	\$	174,901	174,901		
d.	Ambulance/Limousine***	\$	7,070	7,070		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	1,208	1,208		
f.	X-rays and Related Radiological Procedures***	\$	6,905	6,905		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	530	530		
i.	Recreation	\$	51,306	28,731		22,575
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	90,734	50,811		39,923
5M. Total Resident Care Expenditures (5a - 5j)			\$ 503,585	441,087		62,498

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 29,837	\$ -	\$ 23,443
Incontinency - Rebates	\$ (2,606)	\$ -	\$ (2,047)
Advertising-Help Wanted	\$ 980	\$ -	\$ 770
Education Expense	\$ 2,622	\$ -	\$ 2,060
Supplies	\$ 558	\$ -	\$ 439
Supplies	\$ 2,774	\$ -	\$ 2,179
Supplies	\$ 347	\$ -	\$ 273
Rental Expense	\$ 475	\$ -	\$ 373
Supplies	\$ 2,720	\$ -	\$ 2,137
Consolidated Billing	\$ 479	\$ -	\$ 376
Training Expense	\$ 12,600	\$ -	\$ 9,900
Tuition Reimbursement	\$ (41)	\$ -	\$ (32)
T&E-Lodging/Transportation	\$ -	\$ -	\$ -
Books, Dues & Subscriptions	\$ 89	\$ -	\$ 70
Supplies	\$ (39)	\$ -	\$ (31)
Office Supplies	\$ 17	\$ -	\$ 13
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 50,811	\$ -	\$ 39,923

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center			License No. 2374		Report for Year Ended 9/30/2020				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	171,824		105,312	19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	248,218		195,028	20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	547,763		335,726	18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC ,d/b/	2374	9/30/2020			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	191,394	107,181			84,213
b. Heat	\$	41,703	23,354			18,349
c. Light & Power	\$	250,509	140,285			110,224
d. Water	\$	74,634	41,795			32,839
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	558,240	312,615			245,625
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	209	117			92
b. Building & Building Improvements	\$	80,105	44,859			35,246
c. Non-Movable Equipment	\$	16,215	9,080			7,135
d. Movable Equipment	\$	84,057	47,072			36,985
*7e. Total Depreciation Costs (7a + b + c + d)	\$	180,586	101,128			79,458
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	2,795,281	1,565,357			1,229,924
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	287,087	160,769			126,318
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	3,262,954	1,827,254			1,435,700

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 1145 Poquonnock Road Operations LI	License No. 2374	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		243			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Well Tower / Healthcare REIT, Address: One Seagate Suite 1500, Toledo, OH 43603-1475	Building and Equipments	04/01/11	20	2,795,281	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
1145 Poquonnock Road Operations L		2374	9/30/2020			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
1145 Poquonnock Road Operations		2374		9/30/2020		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 47,829	26,784		21,045
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 281,059	157,393		123,666
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 328,888	184,177		144,711
15. Total All Expenditures (A-13 thru C-14)				\$ 16,044,821	11,917,610		4,127,210

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374	9/30/2020	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 103,097	63,920		39,177
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 485,669	485,669		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 187,167	116,044		71,123
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 &	Unallowable Advertising *	\$ 7,894	4,894		3,000
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,741	2,741		
21.			Unallowable Management Fees	\$ 67,981	42,149		25,833
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 61,784	44,054		17,730
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 916,334	759,472		156,863

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 63,920	\$ -	\$ 39,177
0	0	Assistant Administrator's salary disallowed	\$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 63,920	\$ -	\$ 39,177

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 58,726	\$ -	\$ -
13	5	Rehabilitation Services	\$ 345,781	\$ -	\$ -
13	9	Speech Therapist	\$ 22,837	\$ -	\$ -
13	10	Occupational Therapist	\$ 30,139	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 28,187	\$ -	\$ -
Total Other Fees Adjustments			\$ 485,669	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310	\$ -	\$ -	\$ -
16	m-13	1020630120	\$ 16,925	\$ -	\$ 10,374
16	m-13	1020660990	\$ (313)	\$ -	\$ (192)
16	m-13	7010800030	\$ -	\$ -	\$ -
16	m-13	1020640080	\$ 6,200	\$ -	\$ 3,800
16	m-12		0 \$ -	\$ -	\$ -
15	l-a-1	adj workers comp	\$ 21,242	\$ -	\$ 3,749
Total Other A&G Adjustments			\$ 44,054	\$ -	\$ 17,730

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

Name of Facility				License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton cente				2374	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 916,334	759,472		156,863
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 155,110	155,110		
28.	20	5-d	Ambulance/Limousine	\$ 7,070	7,070		
29.	20	5-f	X-rays, etc	\$ 6,905	6,905		
30.	20	5-h	Laboratory	\$ 530	530		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 1,208	1,208		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 10,666	10,666		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 42,140	23,598		18,542
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 153,843	86,152		67,691
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,293,806	1,050,711		243,095

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 855	3010610300	\$ -
20	5-j	Respiratory Supplies	\$ 4,953	3155630530	\$ -
20	5-j	Respiratory Rental	\$ 4,857	3155660080	\$ -
Total Other Ancillary Costs			\$ 10,666	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	0	0	0
Page 22	7b	Bldg Imp	0	0	0
Page 22	7c	Non Movable Equip	0	0	0
Page 22	7d	Movable Equip	0	0	0
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV	23598.4784	3005660130	18541.6616
Total Other Adjustments			\$ 23,598	\$ -	\$ 18,542

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14,c1	General liability Insurance Adjust	86152.06397	0	67690.90741
Total Other Adjustments			\$ 86,152	\$ -	\$ 67,691

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ (12,995,792)	(10,006,760)		(2,989,032)		
b. Medicaid Room and Board Contractual Allowance **	\$ 5,090,187	3,919,444		1,170,743		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ (1,044,532)	(1,044,532)				
b. Medicare Room and Board Contractual Allowance **	\$ 9,214	9,214				
4. a. Private-Pay Residents and Other	\$ (4,484,163)	(3,228,597)		(1,255,566)		
b. Private-Pay Room and Board Contractual Allowance **	\$ 397,103	285,914		111,189		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ (67,637)	(67,637)				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ 597	597				
c. Prescription Drugs - Non-Medicare	\$ (78,886)	(48,909)		(29,977)		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ 10,340	6,411		3,929		
2. a. Medical Supplies - Medicare	\$ (744)	(744)				
b. Medical Supplies - Medicare Contractual Allowance **	\$ 7	7				
c. Medical Supplies - Non-Medicare	\$ (140)	(87)		(53)		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ 43	27		16		
3. a. Physical Therapy - Medicare	\$ (300,811)	(300,811)				
b. Physical Therapy - Medicare Contractual Allowance **	\$ 2,654	2,654				
c. Physical Therapy - Non-Medicare	\$ (190,102)	(117,863)		(72,239)		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ 30,385	18,839		11,546		
4. a. Speech Therapy - Medicare	\$ (68,632)	(68,632)				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 605	605				
c. Speech Therapy - Non-Medicare	\$ (18,959)	(11,755)		(7,204)		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ 2,892	1,793		1,099		
5. a. Occupational Therapy - Medicare	\$ (270,395)	(270,395)				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 2,385	2,385				
c. Occupational Therapy - Non-Medicare	\$ (163,982)	(101,669)		(62,313)		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ 24,043	14,907		9,136		
6. a. Other (<i>Specify</i>) - Medicare	\$ (46,625)	(28,907)		(17,717)		
b. Other (<i>Specify</i>) - Non-Medicare	\$ (211,195)	(130,941)		(80,254)		
III. Total Resident Revenue (Section I. thru Section II.)	\$ (14,372,140)	(11,165,442)		(3,206,698)		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ (260)	(260)				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (685,246)	(685,246)				
V. Total Other Revenue (1 thru 8)	\$ (685,506)	(685,506)				
VI. Total All Revenue (III +V)	\$ (15,057,646)	(11,850,949)		(3,206,698)		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ (2,311)	\$ -	\$ (1,417)
II-6-a	Medicare	Laboratory	\$ (2,746)	\$ -	\$ (1,683)
II-6-a	Medicare	Respiratory Thera	\$ (11,812)	\$ -	\$ (7,240)
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ (12,295)	\$ -	\$ (7,536)
II-6-a	Contractuals-Medicare	X-Ray	\$ 20	\$ -	\$ 12
II-6-a	Contractuals-Medicare	Laboratory	\$ 24	\$ -	\$ 15
II-6-a	Contractuals-Medicare	Respiratory Thera	\$ 104	\$ -	\$ 64
II-6-a	Contractuals-Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Contractuals-Medicare	Flu Shot	\$ 108	\$ -	\$ 66
			0	0	\$ -
Total Other Resident Revenue - Medicare			\$ (28,907)	\$ -	\$ (17,177)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ (12.40)	\$ -	\$ (7.60)
II-6-b	Medicaid	Laboratory	\$ (459.59)	\$ -	\$ (281.68)
II-6-b	Medicaid	Respiratory Thera	\$ (4,537.58)	\$ -	\$ (2,781.09)
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ 4.86	\$ -	\$ 2.98
II-6-b	Contractuals-Medicaid	Laboratory	\$ 180.01	\$ -	\$ 110.33
II-6-b	Contractuals-Medicaid	Respiratory Thera	\$ 1,777.28	\$ -	\$ 1,089.30
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Private,insurance, other	X-Ray	\$ (979.31)	\$ -	\$ (600.23)
II-6-b	Private,insurance, other	Laboratory	\$ (1,788.71)	\$ -	\$ (1,096.31)
II-6-b	Private,insurance, other	Respiratory Thera	\$ (6,315.31)	\$ -	\$ (3,870.68)
II-6-b	Private,insurance, other	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Private,insurance, other	Audiology	\$ -	\$ -	\$ -
II-6-b	Private,insurance, other	Incontinency	\$ -	\$ -	\$ -
II-6-b	Private,insurance, other	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Private,insurance, other	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Private,insurance, other	Ambulance	\$ -	\$ -	\$ -
II-6-b	Private,insurance, other	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Private,insurance, other	Capitation Contra	\$ (131,236.55)	\$ -	\$ (80,435.31)
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ 86.73	\$ -	\$ 53.15
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ 158.40	\$ -	\$ 97.09
II-6-b	Contractuals-Non-Medicaid	Respiratory Thera	\$ 559.26	\$ -	\$ 342.77
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contra	\$ 11,621.90	\$ -	\$ 7,123.10
			\$ (130,941)	\$ -	\$ (80,254)
Total Other Resident Revenue			\$ (130,941)	\$ -	\$ (80,254)

Interest Income

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts		\$ (260.12)	0	0
Total Interest Income			\$ (260)	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	Federal Stimulus 1	400090	\$ (141,456.46)	\$ -	\$ -
IV-8	Federal Stimulus 2	400095	\$ (86,952.73)	\$ -	\$ -
IV-8	Federal Stimulus 3	400100	\$ (455,000.00)	\$ -	\$ -
IV-8	HARI DRESSER RINEHART	430060	\$ (100.00)	\$ -	\$ -
IV-8	SALON RENT - ELLEN	430060	\$ (500.00)	\$ -	\$ -
IV-8	HAIRDRESSER RENT JAN 2020	430060	\$ (100.00)	\$ -	\$ -
IV-8	Rehab settlement	430060	\$ (0.33)	\$ -	\$ -
IV-8	HAIRDRESSER RENT FEB 2020	430060	\$ (100.00)	\$ -	\$ -
IV-8		430060	\$ (100.00)	\$ -	\$ -
IV-8	Rehab Screen	400010	\$ (256.55)	\$ -	\$ -
IV-8	OT Telehealth	400010	\$ (0.10)	\$ -	\$ -
IV-8	Telehealth Facility Fee	400010	\$ (380.00)	\$ -	\$ -
IV-8	HAIRDRESSER RENT	400030	\$ (100.00)	\$ -	\$ -
IV-8	HAIRDRESSER RENT	400030	\$ (100.00)	\$ -	\$ -
IV-8	Rinehart	400030	\$ (100.00)	\$ -	\$ -
			\$ (685,246)	\$ -	\$ -
Total Other Revenue			\$ (685,246)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	9,015
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,133,686
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(348,127)
4. Inventories			\$	56,881
5. Prepaid Expenses			\$	94,595
a. _____				
b. _____				
c. _____				
d. See Schedule		94,595		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	946,050
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	4,185		
	Accum. Depreciation	1,779		
	Net		\$	2,406
3. Buildings	*Historical Cost	1,294,765		
	Accum. Depreciation	524,001		
	Net		\$	770,764
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	280,509		
	Accum. Depreciation	206,746		
	Net		\$	73,763
6. Movable Equipment	*Historical Cost	1,098,913		
	Accum. Depreciation	831,568		
	Net		\$	267,345
7. Motor Vehicles	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
PPE CIP				
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,114,278

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
30	A5	Prepaid Expenses	\$ 10,492
30	A5	Prepaid Prop Taxes	\$ 75,610
30	A5	Prepaid Personal Property Tax	\$ 8,493
30	A5		
30	A5		
30	A5		
30	A5		
Total Prepaid Expenses			\$ 94,595

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	ROU Bldg Asset-Oper Lease	\$ 25,493,512
32	D7	Accum.Amort-ROU Bldg OprLease	\$ (819,546)
Total Other Assets			\$ 24,673,965

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description		
33	A12	Accrued Provider/Bed Tax	\$ 204,567	Accrued Provider/Bed Tax
33	A12	Accr Sales and Use Tax - FY18	\$ 5	Accr Sales and Use Tax - FY18
Total Other Current Liabilities (Itemize)			\$ 204,572	

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

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

G. Balance Sheet (cont'd)

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,060,328
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost	
			Accum. Depreciation	
			Net	\$
3. Buildings			*Historical Cost	
			Accum. Depreciation	
			Net	\$
4. Non-Movable Equipment			*Historical Cost	
			Accum. Depreciation	
			Net	\$
5. Movable Equipment			*Historical Cost	
			Accum. Depreciation	
			Net	\$
6. Motor Vehicles			*Historical Cost	
			Accum. Depreciation	
			Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost	
			Accum. Depreciation	
			Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	24,490,391
I/C Due to/Due From Owned			(183,574)	
ROU Bldg Asset-Oper Lease				
See Schedule			24,673,965	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	24,490,391
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	26,550,718

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

G. Balance Sheet (cont'd)

Name of Facility 1145 Poquonnock Road Operations LLC ,d		License No. 2374	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,931,849	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 25,242,412	
LT Debt-Financing Obligation		25,242,412			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 25,242,412	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 27,174,261	

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

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(4,490,840)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,854,467
6. Gain or Loss for Period			\$	(987,171)
	10/1/2019	thru	9/30/2020	
7. Total Net Worth			\$	(623,545)
C. Total Reserves and Net Worth			\$	(623,545)
D. Total Liabilities, Reserves, and Net Worth			\$	26,550,716

H. Changes in Total Net Worth

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	363,630
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,057,646
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,044,820
D. Net Income or Deficit			\$	(987,175)
E. Balance			\$	(623,545)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(623,545)
				09/30/20

I. Preparer's/Reviewer's Certification

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address 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				