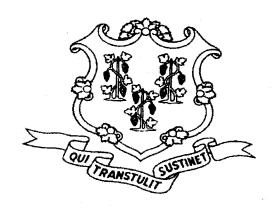
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as li	icensed)							
JACC Healthcare Cer	·	n						
Address (No. & Stree	t, City, State, Z	ip Code)						
111 Westcott Road, D	Danielson, CT 0	6239						
Type of Facility		-						
☐ Chronic and Conversing Home	Rest Home with Nursing Supervision only (RHNS)							
Report for Year Begin 10/1/2017		Report for Year 9/30/2018	Ending					
License Numbers: CCNH 383940364			RHNS	RHNS (Specify) Medicare Prov 07-5423				
Medicaid Provider Nu	umbers:		CNH RHNS			IC	ICF-IID	
For Department Use	e Only	20454			l_		M	
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assigne		Signed an	d Notarized	Date Received	
						·		

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
JACC Healthcare Center of Danielson	383940364	9/30/2018	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for JACC Healthcare Center of Danielson [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner)	
Steven Barrett				
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires
Address of Notary Public	J			

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of			
				1A	37
Name of Facility	Period Covered:			From	То
JACC Healthcare Center of Danielson				10/1/2017	9/30/2018
Address of Facility					·
111 Westcott Road, Danielson, CT 06239					
Report Prepared By		Phone Num	ıber	Date	
Marcum LLP		203-781-96	500	1/17/2019	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Phor	ne No. of Faci	ility	Report for Yea	ar Ended	Page		of
		(860) 774-9540 9/30/2018			2		37		
Name of Facility (as shown on license)			Address (No	. & S	Street, City, Sta	te, Zip)			
JACC Healthcare Center of Danielson					ad, Danielson,				
	CCNH		RHNS		(Specify)		Medicare P	rovid	er No.
License Numbers:	383940364						07-5423		
Type of Facility (Check appropriate box(es)))		_ _		_				
Chronic and Convalescent ✓			Home with N			(Specify)			
Nursing Home only (CCNH)		Supe	ervision only	(RHì	NS)	(opecity)	•		
Type of Ownership (Check appropriate box)	1				_				
	Partnership	0	Profit Corp.	0	Non-Profit Corp	·	Government	0	Trust
				Date	e Opened	Date Clo	sed		
If this facility opened or closed during report	t year provide:								
Has there been any change in ownership									
or operation during this report year?		0	Yes	•	No	If "Yes."	explain fully	′.	
N/A		<u> </u>							
Administrator									
Name of Administrator			,_		Nursing Ho				
Steven Barrett					Administrat	1	00141		
					License 1	No.:			
Other Operators/Owners who are assistant a	dministrators	(full	or part time)	of thi					
Name					License 1	No.:			
N/A									
									
		_ 	_ _				_	_	
						I			

General Information and Questionnaire Partners/Members

Name of Facility			Report for	Page	of	
JACC Healthcare Center of Da	383940364	9/30/2018	3	37		
Legal Name of Part JACC Healthcare Center of Da		Business A	oad,	or Town(legistered		
		Danielson, CT 0	6239 T		T	-
Name of Partners/Members Busines		Address		Title	% Ov	vned
JACC Healthcare Group LLC	130 Main Street, Thor	naston, CT 06787	Member		0.2	25
Shimshon Fisher	111 Westcott Road, D 06239	Panielson, CT	Member		0.	75
						-

General Information and Questionnaire Corporate Owners

Name of Facility					of
JACC Healthcare Center of Danielson	383940364	9/30/2018		3A	37
If this facility is owned or operated as a corpo	ration, provide the	following inform	nation:		
Legal Name of Corporation	Busine	ss Address	State(s) in Wh	ich Incorp	orated
N/A					
	<u> </u>				
				No. S	haroc
Name of Directors, Officers	Busine	ss Address	Title	Held by	
				Tield by	, Buen
N/A					
				+	
· ·					
				 	
				†	
N					
Names of Stockholders Owning at Least 10% of Shares					
of Shares					
N/A				 	
				İ	
				1	
				<u> </u>	
				ľ	
				<u> </u>	

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
JACC Healthcare Center of Danielson	383940364	9/30/2018	3B 37
If this facility is owned or operated as an individua	ıl proprietorship, p	provide the following informa	ation:
	ner(s) of Facility		
N/A			
<u></u>			
			
			·
			
	·		-
			· ·

General Information and Questionnaire Related Parties*

Name of Facility		License	e No.		Report for Year Ended		Page	of
JACC Healthcare Cente	r of Danielson	38	839403	64	9/30/2018		4	37
	eiving compensation from the fa					If "Yes," provide the		
marriage, ability to cont	rol, ownership, family or busin	ess asso	ciation?	0	Yes O No	complete the inform	nation on Pa	ige 11 of the report.
Are any individuals or c	ompanies which provide goods	or servi	ces,					
	roperty or the loaning of funds							
	ssociation, common ownership							
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide the	e following	information:
			so Provi			Indicate Where		
			ls/Servi		D : :: 60 1/0 :	Costs are Included	04	A -41 C4 4- 4b
Name of Related	Business Address		Related	Parties %**	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the Related Party
Individual or Company	Address	Yes	No	70	Provided	Page # / Line #	Reported	Tenated Furty
Shimshon Fisher	06239	0	0		Loan	Page 34, Line B3	585,500	585,500
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
	,,,,,	0	0					
		0	0					

^{*} 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			
JACC Healthcare Center of Danielson	38394036	54	9/30/2018	5	37			
If the facility is licensed as CDH and/or RCH or	r provides Al	DS or TBI	services with special Medicaid	rates, co	sts			
must be allocated to CCNH and RHNS as follow	ws:		_					
Item		Method of Allocation						
Dietary		Number of	meals served to residents					
Laundry		Number of pounds processed						
Housekeeping		Number of	square feet serviced					
		Number of	hours of routine care provided	by EACI	H			
Nursing		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 EAC	Н			
		specialist (See listing page 13)					
Maintenance and operation of plant		Square feet						
Property costs (depreciation)		Square feet						
Employee health and welfare		Gross salar						
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	owing questi	ons applical	ole to the cost information prov	ided.				
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why such	ı allocati	on was			
costs allocated as required?	0 165	O 140	not made.					
N/A - Only One Level of Care								
2. Explain the allocation of related company ex	penses and a	ttach copy of	of appropriate supporting data.		· ···			
N/A								
3. Did the Facility appropriately allocate and se				e cost ce	nters?			
(e.g., Assisted Living, Home Health, Outpatie	ent Services,	Adult Day	Care Services, etc.)					
	O Yes	O No	If "No," explain fully why such not made.	1 allocati	on was			
N/A - Only One Level of Care		•						

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.	1 -	Report for Year Ended				
JACC Healthcare Center of Danielson			383940364	9/30/2018	9/30/2018			
		ed * to ners,						
	Oper	•		Date of	Term of	Annual Amount	Amount	
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed	
ECOLAB, Inc., 370 N. Wabasha Street, St. Paul, MN 55102	0	0	Phase II Dishmachine	02/09/15	On-going	3,501	3,501	
Pitney Bowes	0	•	Postage Meter	09/09/15	39 Months	370	370	
Digital Office Solutions, 1449 37th Street, Brooklyn, NY 11218	0	•	Copier	04/07/16	48 Months	8,257	8,257	
	0	•						
	0	0						
	0	0						
	0	•						
	0	•						
	0	•						
	0	0						
Is a Mileage Log Book Maintained for All Le	eased Ve	hicles '	O Yes	s •	No	Total ***	12,128	

^{*} 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

•	nse No.	Report for Year Ended		Page	of
JACC Healthcare Center of Daniels	383940364	9/30/2018		7	37
The records of this facility for the period	covered by this report	were maintained on the following basis:			
O Accrual O Cash O Mod	ified Cash				
Is the accounting basis for this					
period the same as for the • Yes		If "No," explain.			
previous period? O No					<u>-</u>
N/A					
Indonesia Accounting Firm					
Independent Accounting Firm Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
		555 Long Wharf Drive, New Haven, CT			
 Marcum LLP H.A Business Services 		PO Box 182, Plainville, CT 06062	~~~		
3 Saul N. Friedman		1333 60th St., Brooklyn, NY 11219			
4 Harvard Bookkeeping		1408 N Piedmont Way, Tallahassee, FL			
Services Provided by This Firm (<i>describ</i>	e fully)	1			
			<u> </u>	8 626	
1 Cost Report Preparation & Reimbursement	Support		\$	8,626	
2 Bookkeeping			\$	1,200	
3 Bookkeeping / Financial Statement Preparat	ion		\$	30,000	
4 Bookkeeping			\$	200	
			Charge for S	Services Pro	ovided
			\$	40,026	
Are These Charges Reflected in the Expenditure F	Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
	e 15, Line 1d			, 	
Legal Services Information			1= ::		
Name of Legal Firm or Independent Atte	orney		Telephone N		
1 Arthur P Johnson			860-774-20		
2 Capozzi Adler P.C.			717-412-15		
3 Goldman Gruder			203-899-89		
4 LeClaire Ryan			215-278-80	23	
5 See Attached			Various		
Address (No. & Street, City, State, Zip					
1 610 Hartford Turnpike, Dayville, C					
2 1200 Camp Hill Byp Ste 205, Cam					
3 200 Connecticut Ave, Norwalk, CT					
4 1818 Market Street 26th Floor, Phi	ladelphia, PA 19103				
5 Various	(11)				
Services Provided by This Firm (describ	pe jully)				
1 General Legal Consultation			\$	1,002	
2 General Legal Consultation				938	
3 General Legal Consultation			\$	8,205	
4 General Legal Consultation			\$	210	
5 Various (See Attached)	· · · · · · · · · · · · · · · · · · ·		\$	9,321	
			Charge for	Services Pr	ovided
			\$	19,676	
Are These Charges Reflected in the Expenditure	Portion of This Report? If Y	es, Specify Expense Classification and Line No.	·		
Pag	e 15, Line 1e				
⊙ Yes O No	· -				

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General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	Pag	e of	
JACC Healthcare Center of Danielson	383940364	9/30/2018	9/30/2018 7a		
Legal Services Information					
Name of Legal Firm or Independent Attorney		Tele	ephone Numb	er	
l Murtha Cullina		203	-772-7700		
2 Treasurer State of CT		860	-702-3000		
3					
1					
5					
Address (No. & Street, City, State, Zip Code)					
2 Whitney Ave, New Haven, CT 0651	0				
55 Elm Street, Hartford, CT 06106					
3					
4					
5					
Services Provided by This Firm (describe fully)					
General Legal Consultation / Write off from F	Previous years		\$ 5,4	496	
2 General Legal Consultation			\$ 3,	825	
			\$		
			\$		
5			\$		
		Cha	arge for Servi	ces Provided	
			\$ 9,	321	
Are These Charges Reflected in the Expenditure Portion o	f This Report? If Yes, Specif	fy Expense Classification and Line	No.		
	Page 15, Line 1e				

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of		
JACC Healthcare Center of Danielson			383940364			9/30/2018				8	37	
		-				Period 10	/1 Thru 6/	30		Period 7/	1 Thru 9/3	0
		Total	Total									
	Total All	CCNH	RHNS	Total	Т-4-1	COMIL	DIDIO	(Smaaify)	Total	CCNH	RHNS	(Specify)
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNII	KIINS	(Specify)
Certified Bed Capacity					100	100			190	190		
A. On last day of PREVIOUS report period	190	190			190	190						
B. On last day of THIS report period	190	190			190	190			190	190		
2. Number of Residents									1.00	160		
A. As of midnight of PREVIOUS report period	153	153			153	153			169	169		
B. As of midnight of THIS report period	162	162		_	169	169			162	162		
3. Total Number of Days Care Provided During Period												1
A. Medicare	5,721	5,721			4,450	4,450			1,271	1,271		
B. Medicaid (Conn.)	46,462	46,462			33,980	33,980			12,482	12,482		
C. Medicaid (other states)		_										
D. Private Pay	3,639	3,639			2,948	2,948			691	691	4	
E. State SSI for RCH												
F. Other (Specify) Commercial Insurance / Manage	5,042	5,042			3,885	3,885			1,157	1,157		
G. Total Care Days During Period (3A thru F)	60,864	60,864			45,263	45,263			15,601	15,601		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days			ļ								-	
5. Total Resident Days (3G + 4A + 4B)	60,864	60,864			45,263	45,263		L	15,601	15,601		

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Schedule of Resident Statistics (Cont'd)

Name of Faci	Cacility License No. Repor								Report	port for Year Ended Page o				of	
JACC Health	care Cer	nter of D	anielson	383	940364					9/30/201	8		9	37	
	-	•	in the certified l		pacity du	ring t	he repo	rt yea	r?	0	Yes	•	No		
II TES			lowing informa	ion:	CL		:- Dad			Co	nacity A fla	ur Changa			
			Change (Const.Co.)	_		iange	in Bed			Ca	pacity Afte	r Change			
Date of	CCNH	RHNS	(Specify)	<u> </u>	Lost			Gaine	d						
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change	
	(1)	(2)	(5)	(1)							Idiito	(Бреспу)	reason re	, change	
							L								
5 If there y	vas anv	change	in certified bed	canaci	tv durine	the r	enort v	ear (as	s report	ed in iten	1 4 above)	provide the nun	nber of		
	5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number RESIDENT DAYS for 90 days following the change														
KLSIDI	RESIDENT DAYS for 90 days following the change.														
			Change in R	esidei	nt Dave					l co	ONH	RHNS	(Spe	cify)	
1st chan	ge		Change in it	CDIGO	it Dujs					<u></u>				,	
2nd char						-									
3rd chan															
4th chan									,						
6. Number	of Resid	dents an	d Rates on Sept	ember			ar			G.	olf Door		Other State Assisted		
			Medicare		Medi	caid		-		1 30	elf-Pay		Other Sta	e Assisted	
								l		l					
	Tt ama		CCNH	۱,	CNH	_{D1}	HNS		CNH	DI	INS	(Specify)	R.C.H.	ICF-MR	
No. of R	Item esidents	,	CCNH 17	_	132		шио		<u>۱۸۲۱ ـ</u> 13		1110	(Specify)	K.C.11.	ICI -IVIK	
Per Dier				1.4	2% 克拉		15 16 15	151	13		建设设施	MARKE STATE	amera d	计算机的	
a. One l			Various		244.09	116110000000000000000000000000000000000			350.00	P SANCTON A CONTRACTOR					
b. Two	bed rms		Various		244.09				336.00						
c. Three	e or mor	e		ł											
bed	rms.							<u> </u>		<u> </u>					
	•	anı .	led e								TD 4. I	000.111	DIDIG	(O16)	
	ımber o Medica		al Therapy Treat	ments	3					10	4,330	CCNH 4,330	RHNS	(Specify)	
			lusive of Part B	`						C. 10250 -	4,330	4,330		ERM SAME	
]		•	e Treatments	,						0.34.56.56.52.8	2,229	2,229	AN DENGLER A N	Fig. 17 (B) NP (B) B(J) (4.4)	
			Treatments				,	•							
	Other										22,950	22,950			
			Therapy Treat		ĭ						29,509	29,509	CONTRACT NOTICE OF THE PROPERTY OF THE PROPERT	30000000000000000000000000000000000000	
			Therapy Treatr	nents						Tally Talki				ALCOHOL:	
	Medic		t B clusive of Part B	<u> </u>							855	855	50 x 2 3 3 4 4 3 6 2 9 9 9		
В.			ce Treatments	,							396	396		COLOMBACO CO	
			Treatments							 		370	<u> </u>		
C.	Other										2,987	2,987			
			Therapy Treatn								4,238	4,238			
			ational Therapy	Treat	ments					444.04		distribution of	Edi.		
	Medic									E N. S. Activities	4,493	4,493			
B.			clusive of Part B)							2.163	3.47			
			Treatments Treatments	· · · · · ·							2,167 23,465	2,167 23,465	-		
C	Other	alive	1. Cathlellto							1	23,703	25,405	 	<u> </u>	
		Оссира	tional Therapy	Treat	ments						30,125	30,125			
															

Annual Report of Long-Term Care Facility

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Report of Expenditures - Salaries & Wages

Report of E2	- 1	- Dalain			Т	
Name of Facility	License No.		Report for Year	Ended	Page	of
ACC Healthcare Center of Danielson	383940364		9/30/2018		10	37
re time records maintained by all individuals receiving co	mpensation?	•	Yes	0	No	
SSOCIAL CONTRACTOR OF THE STATE	Ž.		Total Cost ar	nd Hours		***
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Salaries and Wages*		a特和 基		DOM:	10.5 翻译机	
Operators/Owners (Complete also Sec. I of Schedule A1)	er jahrkistesses.		Billion Laboration		il varanni sasa	4 15 At 81
2. Administrator(s) (Complete also Sec. III				15. 随意地		
of Schedule A1)	140,389	2,080		S ELLANGE OF EN	2 (2) (1) (1) (2)	
3. Assistant Administrator (Complete also Sec. IV				1.00		
of Schedule A1)				**************************************		
4. Other Administrative Salaries (telephone		植物				HARLE ALL
operator, clerks, receptionists, etc.)	406,308	17,693		**************************************	William Control William Anna Control	A. J. Dentile D. Deservicine
5. Dietary Service						84 NS:
a. Head Dietitian b. Food Service Supervisor	63,293 48,485	2,139 2,102			 	
b. Food Service Supervisor c. Dietary Workers	586,370	33,218			 	1
6. Housekeeping Service	980,570	35,210	235 at 272 bt 3	11 611	\$45 at 55	28.5
a. Head Housekeeper						
b. Other Housekeeping Workers	371,278	19,826				MA METERS CONTANT OF THE CONTANT OF
7. Repairs & Maintenance Services		111111			4.34.54.6	機能制度
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	71,530 97,710	2,120 5,588				+
8. Laundry Service	97,710	3,366				
a. Supervisor				CONTRACTOR	E SAZO ATA BUMILIPAN MINUS	<u> </u>
b. Other Laundry Workers	188,291	11,586				
Barber and Beautician Services						
10. Protective Services	24	South and the	10 II 0 I	Silings/Silings/Si	12 22 12 13 14 15 16 16	a bir as was a
Accounting Services Accountant		Mark Select			E ADRIGUES AND A	
b. Other Accountants			 		·	
12. Professional Care of Residents				14 7 17	1-001250	装制制
a. Directors and Assistant Director of Nurses	205,189	4,080				
b. RN	Delta de la composição de	1.2.4.36	SACHUL N		1917 5743	1111
1. Direct Care	1,210,272		-		1	
2. Administrative**	274,047	14,669			A STATE OF THE STA	o Bushanesan san
c. LPN 1. Direct Care	1,514,072	52,281				
2. Administrative**	71,758				+	
d. Aides and Attendants	2,937,288					1
e. Physical Therapists	412,038					
f. Speech Therapists	110,242				 	1
g. Occupational Therapists	518,049				 	
h. Recreation Workers i. Physicians	194,513	10,710			The Control of the Co	104 C N
1. Medical Director		1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			RESERVED AND THE SECOND PROPERTY.	
2. Utilization Review						
3. Resident Care***			OLDER WELLSON MICHIGANIA DE LA PROPERTICA DE LA PROPE			100 000000 to 100 00000 to 100
4. Other (Specify)		Park Saltur	AND PAGE	15,445	134	10 13
i. Dentists	 	 	 	 		
k. Pharmacists		 	 	 	<u> </u>	+
1. Podiatrists		 	·		1	
m. Social Workers/Case Management	90,603	4,218	3			
n. Marketing		3 311 3000 AND TOWNS		1000 1000 a 200 a 20	***	
o. Other (Specify)	2.010		LAUTIAL	SATE A		u saka i
See Attached Schedule A-13. Total Salary Expenditures	3,819 9,515,544			ļ		+

^{*} 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	RH	INS	(Spe	ecify)
Position	\$	Hours	\$	Hours	\$	Hours
	0					
Resp. Therapist	\$ 3,819	122	美国主要 打下者	75 26405		
	Tilliandin				LECCHI C	
	图45 46 46					
						100000
				2724		
		401111			A Tay and	
		1920 TA				u ka jinisi saanii. A saasii saanii
					i lastas titus e lastas sala sala nombrila las	
	1. A. and 2007 R. 1977					AND THE
			T. 1 4 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Section 2	
				200 2000		
	- Espain (55)					
Total	\$ 3,819	122	\$ -		S -	

Schedule of Other Fees (Page 13)

	CC	NH	RI	HNS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
	0						
Contracted Admissions	\$ 2,350	Monthly					
MDS Consultant	9,810						
			PSSIMUTT		, property The		
						us catéria Na	
		an examination					
			arakwa wasin		To Black to S	epris despué de la como	
						translit of the second	
			1-525253				
			F1 25 24				
		SANDER OF			和文字中,第4次(T		
	23.5000 million 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
	3 20 42500 6000		a standardi na 2008.	i rrios viec			
The second secon		Acceptance of the second	et antiger (1984) de la grande de la companya de l La companya de la co				
Total	\$ 12,160		\$	in in a transfer of the second			

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

			ISSISTATI		itors and Other				***	
Name of Facility				License No.		1	Year Ended		Page	of
JACC Healthcare Center of Danie	elson			383940364		9/30/2018			11	37
	COMM	Salary Pai	,	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section I - Operators/Owners										
					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
S. d. H. Othershad										
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.

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*

Report for Year Ended License No. of Name of Facility (as licensed) Page 12 37 383940364 9/30/2018 JACC Healthcare Center of Danielson Salary Paid Fringe Benefits Line Where Total and/or Other Payments Total Hours Claimed on Name and Address of All Hours Compensation Full Description of Page 10 Other Employment** Worked Received Worked **CCNH RHNS** (describe fully) Services Rendered Name (Specify) Section III - Administrators*** Non N/A 140,389 Discriminatory Administrator 2,080 A2 Steven Barrett Section IV - Assistant Administrators

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

^{**} Include $\underline{\mathbf{all}}$ 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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	0264	Report for Y 9/30/2018	ear Ended	Page	of 37
JACC Healthcare Center of Danielson	38394	0304		1.77	13	3/
	4		Total Cost	and Hours	Т	1
-	COM	**	DIDIG	1	(9:6)	7.7
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee				R# Mil		
for service basis in lieu of salary					非被伤害	Par Line
(For all such services complete Schedule B1)	1.004					Madel N
1. Dietitian	1,984	40		<u> </u>	 	ļ
2. Dentist	16,224	48		 	+	
3. Pharmacist	39,515	376	-	 	 	<u>-</u>
4. Podiatrist			E458 5464			Language a
5. Physical Therapy		2001	actoria geto del		0.0000000000000000000000000000000000000	
a. Resident Care	124,625	2,061		 		ļ
b. Other			ļ			
6. Social Worker					-	
7. Recreation Worker	and the Section of th		1 MACCAN 1227 / 24 / 26			
8. Physicians				Make	ASTER REG	
a. Medical Director (entire facility)	66,000	197	NAME OF THE OWNER OF THE OWNER.	HS Districtly were the control of the		
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	8,000	24	1 200 C 2 3 3 3 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	· XI INCOMPRESSION AND DESCRIPTION OF THE	an representative to the requirement	E CONTRACTOR STATE
d. Administrative Services facility		iza ka		1217288	25.54 15 15	Wat.
1. Infection Control Committee						
(Quarterly meetings) 2 Pharmaceutical Committee				 	+	
(Quarterly meetings)						
3. Staff Development Committee			 			
(Once annually)	Z.OMBOCO DISSO, J.F. J. J. M. HEROMAN	war 22 Million and PRO Separate	St. Control of the Co			91 \$14 mp 110 495 015 016 16 16 16 16
e. Other (Specify)						Trada.
9. Speech Therapist		134.44	74 FE S		TLL SHOOT	
a. Resident Care	76	17				
b. Other	1			· *		
10. Occupational Therapist	军车报	#44.46 B				M Raft
a. Resident Care		AF 24 IN COLUMN TO A STREET WHEN	400 A 400 000 000 000 000			
b. Other					 	
11. Nurses and aides and attendants		医胸部				
a. RN		444			引擎数数 (4)	12 100
1. Direct Care	DO OFFICE OF NATIONAL			AND		
2. Administrative***			 			
b. LPN		医基制 原 基		. Baran ka		
1. Direct Care			AMERICAN SERVICE			ene notamic med (2. colini
2. Administrative***	+		1	1	1	1
c. Aides	1	 		+		
d. Other	 		+		1	1
12. Other (Specify)		TANKE SEE	10 5 10 10 40 40 40 40 40 40 40 40 40 40 40 40 40			15.5
See Attached Schedule	12,160		A CHARLES			
B-13 Total Fees Paid in Lieu of Salaries	268,584	2,763				

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	ı	of
JACC Healthcare Center of Danielson	383940364	I 5 1 . 144	9/30/2018	T	14	<u>. i</u>	37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers		anation of	Relati	onship
		Yes	No				
James Alessandro	Medical Director	0	•	N/A			
Partners Pharmacy	Pharmacist	0	0	N/A			
Integra Scripts	Pharmacist	0	0	N/A			
Grandison Management	Rehab Therapy	0	0	N/A	•		
Swallowing Diagnostics	ST Therapy	0	0	N/A			
Diane Tryon	Dietician	0	0	N/A		-,	
Lisa Meadows	MDS Consultant	0	0	N/A		_	·
Healthdrive Dental	Dental	0	0	N/A		-	
Dr. Suba	Physcian Services	0	0	N/A			
Hirsch	Contracted Admissions	0	0	N/A			,
Melissa Bonafue	Contracted Admissions	0	0	N/A			-
		0	0				-, -
		0	0				
		0	0				
		0	0				
		0	0				
		0	•				
		0	0				
		0	•				
		0	•				
		0	•				
		0	0				

^{*} 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 Ye	ar Ended	Page	of
JACC Healthcare Center of Danielson 383940364		9/30/2018	•	15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General		和表现的			
a. Employee Health & Welfare Benefits					
Workmen's Compensation	\$	337,270	337,270		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	119,456	119,456		
4. Social Security (F.I.C.A.)	\$	725,020	725,020		
5. Health Insurance	\$	1,793,384	1,793,384		and the state of t
6. Life Insurance (employees only)	į	erran bah		* 7 (1938)	"基件等非常"。
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	597,855	597,855		
(not-owners and not-operators)		4.14.14.14.14.14.14.14.14.14.14.14.14.14	化铸造性基础	10.00	(基件) (基件)
8. Uniform Allowance	\$	53,529	53,529		
9. Other (Specify)	\$	87,991	87,991		
See Attached Schedule		LANGE FOR	構造學用於	和以中共制	第39 0年起時
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and			THE WAR	基本扩张:	
Operators (Discriminatory)*			医海丝虫形理		源海绵
		排列的量		计器基件的	有 。
c. Bad Debts*	\$				
d. Accounting and Auditing	\$	40,026	40,026		
e. Legal (Services should be fully described on Page 7)	\$	19,676	19,676		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*		BANK HE SERVICE BANK HE SERVICE		apath (2018)	INDIA PAR
g. Office Supplies	\$	37,912	37,912		
h. Telephone and Cellular Phones			机工物管理	性、原金合金	
1. Telephone & Pagers	\$	30,609	30,609		
2. Cellular Phones	\$	5,726	5,726		
i. Appraisal (Specify purpose and	\$				
attach copy)*			7.122.433		
		的数据数	JAKE S	2.48/4-高麗	经 国际时期
j. Corporation Business Taxes (franchise tax)	\$	705	705		
k. Other Taxes (Not related to property - See Page 22)		Dilleton.			
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					
3. Resident Day User Fee	\$	1,063,275	1,063,275		
Subtotal	\$	4,912,434	4,912,434		

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

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

JACC Healthcare Center of Danielson 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
Misc Employee Benefits(further info will be provided upon audit)	\$ 13,150		
Union Training	74,841		
	and the state of t		
	The second secon		
	The property of the control of the c		
Total	\$ 87,991	S	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		ulienanum er ar Eli Laronina er Elip
			大きな大きがです。 Hittie Dail The Company of the Com
	and the second second second second second		
Total	S	\$ - 4m - 2	\$

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

Name of Facility License No.			Report for Y	ear Ended	Page	of
JACC Healthcare Center of Danielson	383940364		9/30/2018		16	37
		-				
Item		_	Total	CCNH	RHNS	(Specify)
	als Brought Forwar	d:	4,912,434	4,912,434	**************************************	
l. Travel and Entertainment				计针针线		
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	24,345	24,345		
Education Expenses Related to Seminars ar	nd Conventions	\$	1,812	1,812		
6. Automobile Expense (not purchase or depi	reciation)	\$				
7. Other (Specify)		\$				
See Attached Schedule					domini di di	
m. Other Administrative and General Expenses					经营机	
1. Advertising Help Wanted (all such expense	es)	\$				
2. Advertising Telephone Directory (all such		\$			·	
3. Advertising Other (Specify)***		\$	39,867	39,867		
See Attached Schedule				A REPORT	计算机构设	
4. Fund-Raising***		\$				
5. Medical Records		\$	4,664	4,664		
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for service	7.7			AGA BAY	Male N	類以為關係
7. Postage		\$	4,043	4,043		
* 8. Dues and Membership Fees to Professional		\$				
Associations (Specify)					1 1517	
See Attached Schedule			人名菲瑟克	1114		
8a. Dues to Chamber of Commerce & Other Non	-Allowable Org.***	\$				
9. Subscriptions		\$		1		
10. Contributions***		\$				
See Attached Schedule				1946 Had		新的对象
11. Services Provided by Contract (Specify and	l Complete	\$	102,561	102,561		
Schedule C-2, Page 21 for each firm or in			TILBE	144487	1300 84	小脑神经
12. Administrative Management Services**		\$	197,444	197,444		
13. Other (<i>Specify</i>)		\$	90,594	90,594		
See Attached Schedule			LANGE	11111		Zaliwii I
C-14 Total Administrative & General Expenditures		\$	5,377,764	5,377,764	and the second s	

^{*} 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	figule de qu	
			e iba bi
	10 4 4 3 3		758985
	6.3 6.3		
		1-2-1-1	
Total Other Travel and Entertainment	\$ 7 11 11 11	\$ -	s -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Promotional Advertising	\$ 34,867	wassi.	
Business Development	5,000		
Total Other Advertising	\$ 39,867	\$ -	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0	·	
	File Straticus		
			Kin With
			50年在440年
	Bellotail.	AND THE	ode Chil
	2 2 10 10 10 10 10 1		
	100		
Total Dues	\$	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		*-
	aretiká i	elláizet	
	水平等清晰	pegari	Office to
Total Contributions	\$	\$ -	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		Pals Price.
Bank Charges	\$ 13,813		
Licenses & Permits	1,775		
Small Equipment Purchase	16,984		
Fines & Penalties (Disallow)	80		Tautur.
Penalties - Bed Tax (Disallow)	31,800		
Employee Physicals	4,584	lkadig	
Consulting Pee	1,000	Foliation of the second	
State & Federal Compliance	5,717		ROLL SEC
Purchasing Consultant	12,250		
Accounting Software	2,591		
Total Other Administrative and General	\$ 90,594	s -	\$

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of 17 37
JACC Healthcare Center of Danielson	383940364	9/30/2018	1/ 3/
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 #
Sam Krohn	116,000	Oversees day to day operations	Page 16, Line M12
Jennifer Simon LLC	81,444	Back office work	Page 16, Line M12
!			

^{*} 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.

Resident Meals: Total no. of meals served per day:*

Is cost of employee meals included in 2E?

Did you receive revenue from employees?

Name of Facility

G.

H.

I.

J.

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

License No.

Report for Year Ended

Page

of

37 JACC Healthcare Center of Danielson 383940364 9/30/2018 18 **RHNS** (Specify) **Total CCNH** Item Dietary 2. a. In-House Preparation & Service 424,937 424,937 Raw Food Non-Food Supplies \$ Other (Specify) b. Purchased Services (by contract other \$ 498 498 than through Management Services) (Complete Schedule C-2 att. Page 21) 45,517 c. Other (Specify) 45,517 Other Dietary Supplies Total Dietary Expenditures (2a + b + c + d)470,952 470,952 2D. **CCNH RHNS** (Specify) Dietary Questionnaire Total

O No

O No

If yes, specify

amt.

Is cost of meals provided to persons other If yes, specify than employees or residents (i.e., Board O Yes O No K. cost. Members, Guests) included in 2E? If yes, specify O No O Yes Is any revenue collected from these people? L. amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) M. Is cost of food (other than meals, e.g., snacks If yes, specify at monthly staff meetings, board meetings) O Yes O No cost. provided to employees included in 2E? If yes, specify Is any revenue collected from employees? O Yes O No O. amt. P. Where is the revenue received reported in the Cost Report? (Page/Line Item)

O Yes

O Yes

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		Licer			•		ear Ended	Page	of
JAC	JACC Healthcare Center of Danielson		183	940364	9/31	0/2018		19	37
	Item			Total	C	CNH	RHNS	(9	Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs							
	gowns and other resident care items washed, ironed, and/or processed.***	Amı	٠ ا				i		
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs	5.						
	processed.***	Amt	. \$					<u> </u>	
	3. Personal clothing of residents	Lbs	3.				· · · · · · · · · · · · · · · · · · ·		
	washed, ironed, and/or processed.***	Amt	. \$						
	4. Repair and/or purchase of linens.***	Lbs	\dashv						·
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt	\$	6,983		6,983			
25	c. Other (Specify) Other Laundry Supplies		\$	8,893	學事	8,893	各情學發		Least Plant III
3D. 3F.	Total Laundry Expenditures (3a + b + c) Laundry Questionnaire	<u> </u>	\$	15,876		15,876	<u> </u>	<u> </u>	
G.) Yes		•	No		If yes, specify cost.		
H.	Did you receive revenue from employees?) Yes		•	No		If yes, specify amt.		
I.	Where is the revenue received reported in the Cos	t Repor	t?		(Pa	ge/Line			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?) Yes		•	No		If yes, specify cost.		
K.	Did you receive revenue from these people?) Yes		•	No		If yes, specify amt.		
L.	Where is the revenue received reported in the Cos	t Repor	t?		(Pa	ge/Line	Item)		

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

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

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

Name of Facility	License No.	Repo	rt for Year Er	nded	Page	of
JACC Healthcare Center of Danielson	383940364	<u> </u>	9/30/2018		20	37
14		1	Total	CCNH	RHNS	(Specify)
Item	Sq. Ft. Serviced		Total	CCNH	KIINS	(Specify)
Housekeeping a. In-House Care	1 -					
a. In-House Care 1. Supplies - Cleaning (<i>Mops</i> ,	by Personnel	\$	19,842	19,842	<u> </u>	
pails, brooms, etc.)	Amt.	ا	19,042	19,042		
b. Purchased Services (by contract other	Sq. Ft. Serviced			,		
than through Management Services)	1 -			1		
	by Personnel	\$				
(Complete Schedule C-2 att. Page 21)	Amt.	•				
C. Other (Specify)	<u> </u>	\$			·······	
C. Other (Specify)		Ψ		3828 A 754	A SAME FOR	
4D. Total Housekeeping Expenditures (4a +	· h + c)	\$	19,842	19,842		
5. Resident Care (Supplies)**	<u> </u>	Ψ	77,042	17,042		
a. Prescription Drugs***			AND AND			
1. Own Pharmacy		\$		MESTALIKA ELA U		A SANTAN
2. Purchased from		\$	484,088	484,088		
Swallowing Diagnostics		£.	404,000		azaran.	
b. Medicine Cabinet Drugs		\$	18,457	18,457		
c. Medical and Therapeutic Supplies		\$	177,107	177,107		1
d. Ambulance/Limousine***		\$	57,314	57,314		
e. Oxygen		Ψ,	37,314			
1. For Emergency Use		\$	TERESTAIN DO SAGE	as: Alian kanner filter in		
2. Other***	·	\$	10,228	10,228		
f. X-rays and Related Radiological		\$	9,455	9,455		
Procedures***		"	5427 5746			1 数例4型指数
g. Dental (Not dentists who should be inc	rluded under	\$	Harry A. P. Barrier St.	NAME OF TAXABLE PARTY.		* 102
salaries or fees)		Ψ			THEATAS.	
h. Laboratory***		\$	15,100	15,100	SAIII SHURA AN	
i. Recreation		\$	27,048	27,048		
j. Direct Management Services*		\$	27,010	27,010		+
k. Indirect Management Services*	· · · · · · · · · · · · · · · · · · ·	\$				
I. Other (Specify)****		\$	55,876	55,876		
See Attached Schedule		*			BATTELLER	油作等 [14]
5M. Total Resident Care Expenditures (5a -	5i)	\$	854,673	854,673		CONTRACTOR AND

^{*} 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)
	0		
Tube Feeding	S 1,514		
Medical Equipment Rental (Disallow)	25,602		
Patient Expenses	3,001		7/2 7/2 7/2 7/2 7/2 7/2 7/2 7/2 7/2 7/2
Patient Consolidated Billing (Disallow)	20,648		
Physical Therapy Supplies	3,919		
Occupational Therapy Supplies (Disallow)	1,192		
		x-mind of the second	
			5.4.1 34.1
	Security Control Contr		
	- 10 mg - 10 m		
Total Other Resident Care	\$ 55,876	\$ -	\$ -

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

Name of Facility JACC Healthcare Center of Danielson										of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Steve Hirsch Consulting LLC	Ste 209, Fountain Valley, CA 92708	0	•	N/A	Purchasing Consultant	12,250			16	m13
		0	•							
		0	•							
		0	•							
		0	0						<u></u>	
		0	0							<u> </u>
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		0	•							

st 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 Lic	ense No.	Report for Ye	ar Ended		Page	of
JACC Healthcare Center of Danielson 3	883940364	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Spe	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	43,815	43,815			
b. Heat	\$	163,804	163,804			
c. Light & Power	\$				<u> </u>	
d. Water	\$	96,926	96,926			
e. Equipment Lease (Provide detail on page	(6) \$	12,128	12,128			
f. Other (itemize)	\$	65,438	65,438			
See Attached Schedule				排放异糖	排除缺陷	
6g. Total Maint. & Operating Expense (6a - 6f)) \$	382,111	382,111			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	96,576	96,576			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	4,396	4,396			
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	100,972	100,972			
8. Amortization (Complete att. Schedule Page 2	24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	10,599	10,599			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	10,599	10,599			
9. Rental payments on leased real property less						
real estate taxes included in item 10b	\$	919,131	919,131			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	145,888	145,888			
c. Personal property taxes	\$	22,300	22,300			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	1,198,890	1,198,890			

^{*} 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)
	0		
Contracted Services (None over \$10K)	\$ 19,224		新生物
Pest Control	2,165		A POTENTIAL PROPERTY OF THE PR
Groundskeeping / Sow Removal (No single vendor over \$10K)	12,783		
Trash Removal	27,233		
Medical Waste	583		
Minor Equipment	3,370		
Maintenance Consultant	80		
		Service of the servic	
	sur-manus groups Sport Court of the State of		
	Therein Market and Control of the Co		
Total Other Repairs and Maintenance	\$ 65,438	\$	\$ -

Depreciation Schedule

Name of Facility JACC Healthcare Center of Danielson			License No. 383940)364		Report for Year Ended 9/30/2018			Page 23	of 37		
Property Item			-		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements		Dand	V druc	Depreciated	Tom's operations	Бергенцион			ALCOHOLD TO			
1. Acquired prior to this report period												
Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)											· 美国和西西亚	
A-4. Subtotal					# 7 P		75. 70%	THE REPORT OF THE PARTY OF THE	學與主義學學	E CONTRACTOR		
B. Building and Building Improvements									,			
Acquired prior to this report period					633,393		633,393	41,472	S/L	Various	75,007	
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	dule)_			172,553		172,553		S/L	Various	21,569	
B-4. Subtotal							and the second			35.00	See to Siland	96,576
C. Non-Movable Equipment									•	-		
 Acquired prior to this report period 												
Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	dule)			MINIMAG NY I							The second second
C-4. Subtotal							A PARTY OF	The state of the s	Charles Age (Medic	September 1	The Shakesing A.	
	logt	ileage ook ained?	Date Acqui		Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c. d.												
Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period			Var.	Var.	29,850		29,850	7,168	S/L	Various	3,698	
(attach schedule)	ne ide	2000 M	Var .	Var	4,886	manan	4,886	A STATE OF S	S/L	Various	698	4,396
D-3. Subtotal							4 A 19 A 1		La la constitución	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
E. Total Depreciation	-2^{ij}		44	h de			A STATE OF THE STA	AND THE STATE OF	Something?			100,972

Schedule of Land Improvements Acquired during this report period

Description of Item	Cost	Useful Life	Depreciation
		5. 克克·克斯·克克·克克·克克·克克·克克·克克·克克·克克·克克·克克·克克·克	
		- 6 447777	
			Carlo da Taba
The state of the s	尾性肥灰 素		
		. The Aur Shelfall	
and Improvements	\$	SERVE E	\$ -
			#6 (5-17) s
	0.2445		
	37 S E 47 W		
and Improvements	s -		S -
	Description of Item and Improvements	Description of Item Cost And Improvements S	and Improvements S

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Description of Item	Cost	Useful Life	Depreciation
Asbestos Removal	\$ 14,850	8	\$ 1,856
Shower Rooms Renovation Project	130,000	8	16,250
AC Units	27,703	8	3,463
			医艾曼多克尔
		iguta 4.	
r Building Improvements	\$= 172,553	40.7 	\$ 21,569
		å Skinsens	
	우리 보면 함께 다		, i.e. 1248
Building Improvements	S -		S -
The second secon	Asbestos Removal Shower Rooms Renovation Project AC Units r Building Improvements	Asbestos Removal \$ 14,850 Shower Rooms Renovation Project 130,000 AC Units 27,703 r Building Improvements \$ 172,553	Asbestos Removal \$ 14,850 8 Shower Rooms Renovation Project 130,000 8 AC Units 27,703 8 F Building Improvements \$ 172,553

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	<mark>기 교육 (1985년) 1984년 (1987년) 1984년 (1987년) 1</mark> 1984년 (1987년) 1984년 (1987년) 기 대학생 (1984년) 1984년 (1987년)			
		to the		
			Girth Control	
l'otal additions for	Non-Movable Equipment	\$	The Profit of Part of the Community of t	s -
Deletions:				
	Harrist William Committee	Maria de la como	indicate sales.	
		a sample se	For States	er, Celebra, Podernico
Properties	A Company of the second	Jagania parte j	de la companya de la	2001/05/5 \$40,000
a Viantigo gradia supra sept			(Bering stational are contra	andiata.
water and				A deserving a serving
		FREE TOTAL		1 (g. 19 n <u>. 3 d M. 19 7 d</u>
Total deletions for	Non-Movable Equipment	\$ -		\$

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
ride Fly	Ultrasound Equipment	\$ 2,887	7	\$ 412
	Floor Wax Machine	1,999	7	286
		15.00		
			Jalen	
Total additions for	r Movable Equipment	\$ 4,886		\$ 698
Deletions:				
				Taltaur 7
			eg serii	
		1994 00 Jane -		50.591 Br 557
PERMISSE				
		Carlo Section		
Total deletions for	Movable Equipment	S -	12.00	\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
				是/数据/ "上手
re likac jest 1.				
Abadiáné kat K			receivate tagaini 1970	
		RAME OF THE	4.75 8 65 H	
Total additions for	Leasehold Improvement	\$ -		.\$. ± . − .
Deletions:				
		To the same		
dån et de				
		6.1.6.6.4		
Total deletions for	Leasehold Improvement	\$ -		\$ -

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility	•				Report for Year Ended			Page	of
JACC Healthcare Center of Danielson			38394	0364	9/30/2018			24	37
					Accumulated				
	Date of		:		Amort. to				
	Acqu	isition			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	i i	Amortization	
Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1.									
2.									
3.				**************************************		**************************************		***************************************	
A-4. Subtotal			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	and the second	Anne Carlo	The state of the s	2000 PM		4
B. Mortgage Expense									
1.									
2.						<u></u>			
3.		And the second s			_			Name of the Control o	
B-4. Subtotal	0.54	200		property of	The Control of the Co	T. 140 - 145			
C. Leasehold Improvements and Other					1				
1. Acquired prior to this report period	Var.	Var.	Various	73,685	10,441	S/L		10,599	
2. Disposals (attach schedule)					BASISARYH TURKUT ZURA	2000			
3. Acquired during this report period		A11275.75	Andrews	4,000	1 2 m	A STATE OF THE STA		And the second	
(attach schedule)							PARTY OF THE PROPERTY OF THE P	promote a second control of the	
C-4. Subtotal		10 mg		in the second se	San Barrier		100	3000	10,599
D. Total Amortization	The second of				東京社 まず	The second secon	100		10,599

^{*} Straight-line method must be used.

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

^{**} Specify which of the following bases were used:

JACC Healthcare Center of Danielson
Cost Report Year 2018
Medicaid Cost Report - Depreciation Summ

Cost Report Year 2018 Medicaid Cost Report - Depreciation Summary	Historical Cost	Method	Life	9/30/2016 Accumulated	9/30/2017 Depreciation Expense	9/30/2017 Accumulated	9/30/2018 Depreciation Expense	9/30/2018 Accumulated	NBV
	HISTORICAL COST	Metriou	ше	Depreclation	Depresion expense	Depreciation		Depreclation	
Building Improvement									
2016 Additions	46.750 6	n	10	1,675	1,675	3,350	1,675	5,025	11,725
Sign	16,750 S		10	2,500		5,000	2,500	7,500	42,500
Dining Room Renovations	50,000 S,	/L	20						
Total Additions 2016	66,750			4,175	4,175	8,350	4,175	12,525	54,225
2017 Additions					5 200	F 200	6,250	11,458	38,542
Renovation	50,000 S		8	•	5,208	5,208	•	1,238	4,416
HD Supply	5,655 S		8	-	531	531	1,000	1,667	6,333
Asbestos Abatement	8,000 S		8	•	667	667	·	21,433	81,447
Renovation	102,880 S		8	-	8,573	8,573		7,858	29,862
Renovation	37,720 S		8	•	3,143	3,143		1,208	4,592
Architectual Drawings	5,800 S		8	•	483	483 347	725 521	868	3,297
Commercial Doors	4,165 S	•	8	•	347	255		638	2,422
American Express	3,060 S	•	8	•	255 443	443		1,107	4,208
New Counter Tops	5,315 S		8	-	443 176	176		440	1,670
American Express	2,110 S		8	-	4,689	4,689		12,727	51,573
Renovation	64,300 S		8	-	4,689	181		542	2,347
American Express	2,888 S	•	8	-	75	75		224	970
American Express	1,194 S		8	-	75 275	275		936	4,349
Commercial Doors	5,285 S		8	-		59		236	1,177
American Express	1,413 S		8	•	59	6,946		34,732	187,553
Renovation	222,285 S		8	-	6,946	66		461	2,701
P&J Sprinkler	3,162 S		8	-	66	361		4,692	29,958
Asbestos Abatement	34,650 S		8	•	361	644		1,489	5,273
New Windows	6,762 S	/L	8	•	644	644			
Total Additions 2017	566,643			•	33,122	33,122	70,832	103,954	462,690
2018 Additions									
Asbestos Removal	14,850 S	5/L	8	-	-	-	1,856	1,856	12,994
Shower Rooms Renovation Project	130,000 \$		8		•	-	16,250	16,250	113,750
AC Units	27,703 S		8	-	-	•	3,463	3,463	24,240
Total Additions 2018	172,553			-	-	-	21,569	21,569	150,984
Total Building Improvement	805.946			4,175	37.297	41,472	96,576	138.048	667.899

Moveable	Equi,	pment
----------	-------	-------

2015 Additions								2 772
Grab Bars	5,151 \$/L		686	343	1,029	343	1,372	3,779
Time Clock	1,952 S/L		390	195	585	195	780	1,172
Server	2,825 S/L		1,130	565	1,695	565	2,260	565
Wireless Routers	1,535 S/L	L 5	614	307	921	307	1,228	307
Total Additions 2015	11,463		2,821	1,410	4,231	1,410	5,641	5,822
2016 Additions						405	745	4 254
Freezer	1,569 S/L		105	105	210	105	315	1,254
Oxygen Concentrator	4,977 S/L		711	711	1,422	711	2,133	2,844
Ice Machine	5,110 S/L	L 10	511	511	1,022	511	1,533	3,577
Total Additions 2016	11,656		1,327	1,327	2,654	1,327	3,981	7,675
2017 Additions								
Compact Water Booster	2,527 S/L		-	180	180	361	541	1,985
Water Cooler	2,066 S/L		-	49	49	295	344	1,722
Ice Bin	722 S/L		•	17	17	103	120	602
Garbage Disposal	1,379 S/L		•	33	33	197	230	1,149
Computer Equipment	35 S/L	L 7	-	2	2	5	7	28
Total Additions 2017	6,730		•	282	282	961	1,243	5,487
2018 Additions								
Ultrasound Equipment	2,887 S/l	L 7	•	-	•	412	412	2,475
Floor Wax Machine	1,999 S/L	L 7	-	-	-	286	286	1,713
Total Additions 2018	4,886		-	-	- · · · · · · · · · · · · · · · · · · ·	698	698	4,188
Total Moveable Equipment	34,734		4.147	3,019	7.166	4,396	11.562	23.172
Total for 2017	840,680		8.322	40,316	48,638	100.972	149,610	691.071

		Prior Year	Current Year	
Net Book Value per Trial Balance	A.01	608,798	692,935	
Net Book Value per C/R Depreciation	B.01	614,603	691,070	
Variance		(5,805)	1,865	
Software (Net)	A.01		-	
CR vs. TB Adjustment page 31 of the Cost Report	B.01	(5,805)	1,865	

	Per Marcum				
_	Per TTB	Above	Variance		
Building Improvement	87,695	96,576			
Moveable Equipment	5,607	4,396			
Depreciation Adjustment - Page 36 of the Cost Report	93,302	100,972	(7,670)		

JACC Healthcare Center of Danielson Cost Report Year 2018 Medicaid Cost Report - Amortization Summary	Historical Cost	Method	Life	9/30/2016 Accumulated Depreciation	9/30/2017 Depreciation Expense	9/30/2017 Accumulated Depreciation	9/30/2018 Depreciation Expense	9/30/2018 Accumulated Depreciation	NBV
Leasehold Improvement 2016 Additions					•				
Leasehold Acquisition Cost	18,516	S/L	5	3,703	3,703	7,406	3,703	11,109	7,407
Total Additions 2016	18,516	-		3,703	3,703	7,406	3,703	11,109	7,407
2017 Additions								4.077	4.003
Leasehold Acquisition Cost	5,169		8	-	431	431	646	1,077 8,854	4,092 41,146
Leasehold Acquisition Cost	50,000	S/L	8	-	2,604	2,604	6,250	8,834	41,140
Total Additions 2017	55,169	=		-	3,035	3,035	6,896	9,931	45,238
Total Leasehold Improvement	73,685			3,703	6,738	10,441	10,599	21,040	52,645
Total for 2018	73,685			3,703	6,738	10,441	10,599	21,040	

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

Name of Facility		Page of			
JACC Healthcare Center of Danielson	383940364	9/30/2018			25 37
11. Property Questionnaire			-	-	
Part A					
Is the property either owned by the	e Facility				If "Yes," complete Part B.
or leased from a Related Party?*	C	Yes Yes	•		If "No," complete Part C.
*If any owner or operator of this faci	lity is related by family m	arriage oumershin ahilit	ty to control or		ii ito, complete i ait of
business association to any person or					
related party transaction.	016				
Description		Total	化油料料 类	JULY WALLEY	
Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date	of Purchase				
4. Date of Initial Licensure			网络多物质	12.148-33979	
5. Total Licensed Bed Capacity					
6. Square Footage				BFWB LL	
7. Acquisition Cost		A PERMANDE AND	PATE BARBA	4.00	
a. Land		THE THE PARTY OF T			
b. Building					
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing			用作用排出型		
a. Type of Financing (e.g., fi	xed, variable)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b. Date Mortgage Obtained					
c. Interest Rate for the Cost	Year				
d. Term of Mortgage (number	er of years)				
e. Amount of Principal Borro					
f. Principal balance outstand					
Complete if Mortgage was					化油酸物 电电阻 化溶解剂
During Current Cost Ye			N 1004年		
g. Type of Financing (e.g., fi			CR. S. C.		A CONTRACT OF THE PROPERTY OF
h. Date of Refinancing	ited, variable)				
i. New Interest Rate		-	-		
j. Term of Mortgage (number	er of years)				
k. Amount of Principal Borre					
l. Principal Outstanding on			+		
Part C - Arms-Length Leas		Improvements Or	nlv	<u>'</u>	<u> </u>
Name and Address of Lesso		roperty Leased		Term of Lease	Annual Amount of Lease
Danielson Senior Holdings, LLC, 13 F		cott Road,		10 Years	919,131
Drive, Lakewood, NJ 08701		n, CT 06239-9292	05/01/15	l'o rems	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Diive, Lakewood, 143 00701	Dameison	1, 01 00237 7272	- 		-
	-				
				<u> </u>	1

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page of		
JACC Healthcare Center of Danielson 383940364		9/30/2018			26 37		
Item		Total	CCNH	RHNS	(Specify)		
 Interest A. Building, Land Improvement & Non-Movable Equipment 							
1. First Mortgage	<u> </u>		v forga verez az az az esta en e				
Name of Lender	Rate		推进	排發基準			
Address of Lender							
2. Second Mortgage	\$						
Name of Lender							
Address of Lender							
3. Third Mortgage	\$		Z Gruppin (100)				
Name of Lender	Rate						
Address of Lender							
4. Fourth Mortgage	\$		A STATE AND PROPERTY OF THE PARTY OF THE PAR				
Name of Lender	Rate						
Address of Lender	- 						
B. CHEFA Loan Information					在客意 及新。		
1. Original Loan Amount	9	<u> </u>			"我 是 是"全洲是这		
2. Loan Origination Date					用道是"在门底 "		
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)	<u> </u>					

(Carry Subtotals forward to next page)

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

Name of Facility JACC Healthcare Center of Daniels 3839	No. 940364		Report for Ye 9/30/2018	ear Ended		Page of 27 37
	_					· · · · · · · · · · · · · · · · · · ·
Item			Total	CCNH	RHNS	(Specify)
	ototals Brou	ught Forward:				
12. C. Movable Equipment						
Automotive Equipment		\$		want to wide and the state of t	MARTINI TO NOT A A A A A A A A A A A A A A A A A A A	Salaran Chatanas an Marin and Albaham Taka
A. Item	Rate	Amount			基準性	
Lender	<u></u>	<u> </u>				
Address of Lender						
2. Other (Specify)		\$		3.7365 C 11.10 6 5		
A. Item	Amount					
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender	- h	•				
Address of Lender						
12. C. 3. Total Movable Equipment Inter	est				A TOTAL TO A TOTAL CONTROL CONTROL	2. 94.3 WOOD IN COMPANIES ON A STATE OF THE
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)	. ~	\$		21,658		
Late Payment / Insurance Financir	g / Credit (Card (Disallov		A. Cherry		
			等机制制制 4.	进入器即 化矿		1 × 1145,000 1144
13. Total All Interest Expense (12B7 + 12	2C3 + 12D)\$	21,658	21,658		
14. Insurance	1.		100	100 -0-		
a. Insurance on Property (buildings of	nly)	\$		108,721		1
b. Insurance on Automobiles		\$	ļ	1		
c. Insurance other than Property (as	specified at	oove) \$				
1. Umbrella (Blanket Coverage)						
2. Fire and Extended Coverage		0.040				
3. Other (Specify)	9,260	9,260				
EPLI and D&O Insurance (Dis						
14d. Total Insurance Expenditures (14a +	(b+c)	\$	117,981	117,981	- XX	
15. Total All Expenditures (A-13 thru C-		\$	 	18,243,875	·	

D. Adjustments to Statement of Expenditures

	e of Fa		e Center of Danielson	1	ense No. 383940364	Report for Yea 9/30/2018	r Ended	Page 28	of 37
3/100	7 11041	tiicaic	Center of Banicison	1	Total	7/30/2010		1 20	
Itama	Dogo	I ina			Amount of				
	Page		Itam Description		Decrease	CCNH	RHNS	(Sno	aif.)
			Item Description		Decrease	CCNH	KHINS	(Spe	city)
	10 - 3		es and Wages	•	Parky Pike (III				
1.			Outpatient Service Costs	\$					
2.	10		Salaries not related to Resident Care	\$	710.040	510.040			
3.	10	al2g	Occupational Therapy	\$	518,049	518,049		ļ	
4.			Other - See attached Schedule	\$	3,819	3,819			e ce a lle se u
			sional Fees					11111	Hall III
5.	13	B8c	Resident Care Physicians **	\$	8,000	8,000	 	1	
6.			Occupational Therapy	\$				1	
7.	L		Other - See attached Schedule	\$					Simon and the second
	s 15 &	16 -	Administrative and General		(12)数字 指 针	350 (112-4)	2000年6月1日		118
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.			Accounting	\$					
10a.			Legal	\$					
11.			Telephone	\$					
12.	15	h2	Cellular Telephone	\$	4,286	4,286			
13.			Life insurance premiums on the life		#11-5		植具棉料	1411164	1811
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$	· · · · · · · · · · · · · · · · · · ·				
15.			Education expenditures to colleges or						1000
			universities for tuition and related costs		AR PALL	化洗涤器		11. 据题	
			for owners and employees	\$					
16.	16	14	Travel for purposes of attending	<u>*</u>		S TO SALES CONTROL		A14.54	
10.			conferences or seminars outside the				為學別學學		
			continental U.S. Other out-of-state				1980	Mar p	
	<u> </u>	ŀ	travel in excess of one representative	\$	5,678	5,678		L HARIE ALI	
17.			Automobile Expense (e.g. personal use)	\$	3,076	3,076			
18.	16	m2/2	Unallowable Advertising *	\$	39,867	39,867		+	
19.		1i	Income Tax / Corporate Business Tax					 -	
20.	15	[1]	<u> </u>	<u>\$</u>	455	455		 	 -
	ļ	ļ	Fund Raising / Contributions			-		-	
21.			Unallowable Management Fees	\$		-		<u> </u>	
22.			Barber and Beauty	\$		6:	 	 	
23.	<u> </u>	<u> </u>	Other - See attached Schedule	\$	31,880	31,880			
	18 - I	Dietar	y Expenditures			Part di A			
24.			Meals to employees, guests and others					'ighala	
	<u> </u>		who are not residents	\$		********************************		HEX EXPLORATION AND A STATE OF THE STATE OF	referent sehingen
	19 - 1	Launa	lry Expenditures		5.14:40007.7	SHEET SEVERAL	製化學組織		k didi
25.			Laundry services to employees, guests			TO SHOW THE	/ 使成多形形		
	<u></u>		and others who are not residents	\$					
Page	20 - 1	House	keeping Expenditures		4 (44) (4)	性機能 倒形	爱抚约学生。		
26.			Housekeeping services to employees, guests		古野鄉州村和				
			and others who are not residents	\$					
	-		Subtotal (Items 1 - 26		612,034	612,034		· · · · · · · · · · · · · · · · · · ·	

^{*} 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)
And the Control of Company of the State of Control	B120	Resp. Therapist	\$ 3,819		
		the state of the s			an is a second
general and a Good of the Control of	an la Ei				
				specific 5	
74597					
Total Othe	r Salaries A	Adjustment	\$ 3,819	\$ -	\$

Schedule of Fees Adjustments

	Description			
		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		Add Co. Charles Co. Land Co.
Corker colored contents with				
1. 多观		medale (
ALS E		i andiés		
		医静力性 一一		
		2000 A.		
es Adjus	stments	\$ 1,247	\$ -	\$ -
100mm 100mm 11 11 11 11 11 11 11 11 11 11 11 11 1	es Adju	es Adjustments		s Adjustments S - S -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Fines & Penalties	\$ 80		
16	m13	Penalties - Bed Tax	31,800		
			E		
					genalis y li Taliana
ningan miningan	Stanfilowic was				
Bare Brain	en ja			and the second second	
Total Othe	r A&G Ad	justments	\$ 31,880	\$	\$ -

JACC Healthcare Center of Danielson Calculation of Allowable Cell Phone Expense September 30, 2018

Beds	# of Allowable Cell Phones
1-100	3
101-200	4
201-300	5
301-400	6

Total Bed Capacity	190
# of Allowable Cell Phones	4

Allowable Cell Phone Expens	e (per cell phone):	
per month	\$	30
per year	\$	360

Page 15 Line 1h2	A	mount	
Cell Phone expense per TB	\$	5,726	
Allowable Cell Phone expense	\$	1,440	
Disallowed Cell Phone expense	\$	4,286	Page 28 Line 12

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

Name of Facility				D. Adjustments to Statemen	at	oi Expend	mures (co	ont a)		
Item Page Line No. No. Item Description Decrease CCNH RHNS (Specify)	Name	e of Fa	cility		Lic	ense No.		ear Ended	Page	of
Item Page Line No. N	JACC	C Heal	thcare	Center of Danielson		383940364	83940364 9/30/2018 2		29	
No. No. No. No. Item Description Decrease CCNH RHNS						Total				
No. No. No. No. Item Description Decrease CCNH RHNS	Item	Page	Line			Amount of				
Page 20 - Resident Care Supplies*** 27. 20 5a2 Prescription Drugs \$ 484,088 484,088 484,088 28. 20 5d Ambulance/Linousine \$ 57,314 57,314 29. 20 5f X-rays, etc \$ 9,455 9,455 30. 20 5h Laboratory \$ 15,100 15,100 31. Medical Supplies \$ 32. 20 5e2 Oxygen (non emergency) \$ 10,228 10,228 33. Occupational Therapy \$ 33. Other - See Attached Schedule \$ 58,121 58,121				Item Description	-	Decrease	CCNH	RHNS	(S	pecify)
Page 20 - Resident Care Supplies*** 27. 20 5a2 Prescription Drugs \$ 484,088 484,088 484,088 28. 20 5d Ambulance/Linousine \$ 57,314 57,314 29. 20 5f X-rays, etc \$ 9,455 9,455 30. 20 5h Laboratory \$ 15,100 15,100 31. Medical Supplies \$ 32. 20 5e2 Oxygen (non emergency) \$ 10,228 10,228 33. Occupational Therapy \$ 33. Other - See Attached Schedule \$ 58,121 58,121				Subtotals Brought Forward	\$	612,034	612,034			
27. 20 5a2 Prescription Drugs \$ 484,088 484,088 484,088 29. 20 5d Ambulance/Limousine \$ 57,314 57,3	Page	20 - F	Reside			SAMPREY	罗多数1444	植物植物	蜂	574745
29. 20 5f X-rays, etc \$ 9,455 9,455					\$	484,088	484,088			
30. 20 5h	28.	20	5d	Ambulance/Limousine	\$	57,314	57,314			
31. Medical Supplies \$ 10,228 10,228 32. 20 5e2 Oxygen (non emergency) \$ 10,228 10,228 33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 58,121 58,121 58,121	29.	20	5f	X-rays, etc	\$	9,455	9,455			
32. 20 5e2 Oxygen (non emergency) \$ 10,228 10,228	30.	20	5h	Laboratory	\$	15,100	15,100			
33. Occupational Therapy \$ 34. Other - See Attached Schedule \$ 58,121 58,121	31.			Medical Supplies	\$					
34. Other - See Attached Schedule \$ 58,121 58,121 Page 22 - Maintenance and Property 35.	32.	20	5e2	Oxygen (non emergency)	\$	10,228	10,228			
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 \$ 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 45. Management Fees Indirect \$ 47. Other - Direct \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	33.			Occupational Therapy	\$					
Sec Attached Schedule \$	34.			Other - See Attached Schedule	\$	58,121	58,121			
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 40. Mortgage Insurance 40. Mortgage Insurance 41. Property Insurance 3 Interest Income on Account Rec. 43. Interest Income on Account Rec. 44. Other - Miscellaneous Administrative 45. Management Fees Direct 46. Management Fees Indirect 47. Other - Direct 8 Building/Non Movable Eq. Depreciation Unallowable Building Interest -	Page	22 - N	Mainte	enance and Property		化多数操作系统	以266编辑	2.他是有形式		
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 \$ 41. Property Insurance \$ 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ 37,550 \$ Not For Profit Providers Only \$ 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	35.			Excess Movable Equipment Depreciation		注于要图片/188	图402000 图6	《我的种形 》。		
Motor Vehicles				See Attached Schedule	\$					
State Taxes S S S S S S S S S	36.			Depreciation on Unallowable		AUG MAG	Little and the	制造物的網	LAR	
Estate Taxes \$ 38. Rental of Building Space or Rooms \$ 39. Other - See Attached Schedule \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				Motor Vehicles	\$					
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 \$\) 43. Interest Income on Account Rec. \$\) 44. Other - Miscellaneous Administrative \$\) 45. Management Fees Direct \$\) 46. Management Fees Indirect \$\) 47. Other - Direct \$\) 37,550 \$\) Not For Profit Providers Only \$\) 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	37.			Unallowable Property and Real		Balent (19)	3.55	1.444		
39. Other - See Attached Schedule \$ Page 27 - Insurance					\$					
39. Other - See Attached Schedule \$ Page 27 - Insurance	38.			Rental of Building Space or Rooms	\$					
40. Mortgage Insurance \$ 41. Property Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	39.				\$					
41. Property Insurance \$ Other - Miscellaneous 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 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 -	Page	27 - 1	nsura	ince		(4) 大学生	皮脂腺性 行位	海热 起"。"	1.4	
Other - Miscellaneous 42. Other - Indirect \$ 43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 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 -	40.			Mortgage Insurance						
42. Other - Indirect \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	41.			Property Insurance	\$					
43. Interest Income on Account Rec. \$ 44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ 37,550 37,550 Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	Othe	r - Mi	scella	neous		有用机器。	分科技 /通	學表 1 多數	i i ii	用门边地 专
44. Other - Miscellaneous Administrative \$ 45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ 37,550 \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	42.			Other - Indirect	\$					
45. Management Fees Direct \$ 46. Management Fees Indirect \$ 47. Other - Direct \$ 37,550 \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	43.			Interest Income on Account Rec.						
46. Management Fees Indirect \$ 47. Other - Direct \$ 37,550 \$ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	44.			Other - Miscellaneous Administrative	\$		1			
47. Other - Direct \$ 37,550 37,550 \\ Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	45.			Management Fees Direct	\$				<u> </u>	
Not For Profit Providers Only 48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	46.			Management Fees Indirect						
48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	47.			Other - Direct	\$	37,550	37,550			
48. Building/Non Movable Eq. Depreciation Unallowable Building Interest -	Not .	For Pi	rofit F	Providers Only		"我",大块数		166割		
			Γ			Links In			144	
See Attached Schedule \$				Unallowable Building Interest -						
				See Attached Schedule	\$					
49. Total Amount of Decrease (Items 1 - 48) \$ 1,283,890 1,283,890	49.	Total	! Amo	unt of Decrease (Items 1 - 48)	\$	1,283,890	1,283,890			

^{***} 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	5i	Cable Television Disallowance (See Attached)	\$ 10,679		
20	51	Non Allowable Medical Equipment Rentals	25,602		grows september 19
20	51	Occupational Therpay Supplies	1,192		
20	51	Patient Consolidated Billing	20,648		e i i i i i i i i i i i i i i i i i i i
				-54	
a de d	ANGS				
	su versilê				walkati
	79				
Total Othe	r Ancillar	y Costs	\$ 58,121	\$ -	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
taljuk (ili					
				10.00	
4.46266	a naka		75 4 5 5 5 5 5 5		
a shaall					
			77.2,14904		
				25004 8	
0.186	物理系数				
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
227, 210					16 7 7 7
					7
	THE RESIDENCE				
	yfleigy (f. eff) My'r stair yn o'i				
	eng de viga.		nografijajini in ilin idi	adaggastatat (talya	
H Palace d	ration de la companie. Material de la companie de la comp				(E) (1) (1) (4) (4) (4) (4) (4) (5) (5)
Total Othe	r Property	y Adjustments	\$	S	\$

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense on Insurance Financing	\$ 2,452		
27	12d	Interest Expense on Late Payment	9,490		
27	12d	Interest Expense on Credit Card	9,716		
30	IV 8	State of CT Vendor Payment	150		
30	IV 8	Optum Q2 & Q3 Bonus Revenue	6,232		
30	IV 8	Check from Putnam Taxi	250		
27	14¢3	EPLI & D&O Insurance	9,260		
Total Othe	r Adjustm	ents	\$ 37,550	\$	\$

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
				WAYA PALL	Salistonia del Mal
	1353				
al activity					
1.09	利斯 剪车 。				
7 60					
	Employ Add and the second and the se		A Santa Cara	TO STATE OF THE ST	atoria casa es
			(*W.85).		
1000	Šir d				
					Maria I
	also .		"不幸敬恨?"连多。		1507 a7 c 100 477 a27 b2 7 23 3 3 2 2
Total Unal	lowable Bu	uilding Interest	S -	s -	s -

JACC Healthcare Center of Danielson Disallowance Schedule for Cable TV 9/30/2018

Total Cable TV Expense acct #	Amount 14,279 TB Linked
Monthly Allowable amount Months in Cost Report Year Total Allowable Cost	\$ 300 12 \$ 3,600
Disallowed Cable TV	\$ 10,679

CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility License No.		Report for Ye	ear Ended		Page of
JACC Healthcare Center of Danielson 383940364		9/30/2018			30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	15,517,467	15,517,467	AND WILLIAM	
b. Medicaid Room and Board Contractual Allowance **	\$	(4,393,585)	(4,393,585)		
2. a. Medicaid (All other states)	 \$	(4,575,705)	(1,000,000)	· · · ·	
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)		1,645,823	1,645,823		
b. Medicare Room and Board Contractual Allowance **	\$	1,894,148	1,894,148		
A. a. Private-Pay Residents and Other	 \$		3,344,778		
b. Private-Pay Room and Board Contractual Allowance **	 \$	3,344,778			
II. Other Resident Revenue		50,394	50,394		1 3538 - 1 35 35 5 5 5 5 5
			物作用用	A = 1 - 1 - 1	Am edition
a. Prescription Drugs - Medicare	\$	435,559	435,559		
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$	44,536	44,536		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$			·	
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	1,062,981	1,062,981		
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$	114,151	114,151		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$	212,494	212,494		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	28,055	28,055		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$,			
5. a. Occupational Therapy - Medicare	\$	1,156,405	1,156,405		
b. Occupational Therapy - Medicare Contractual Allowance **	\$. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,120,100		
c. Occupational Therapy - Non-Medicare	\$	141,221	141,221		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$,	1 (1,551		
6. a. Other (Specify) - Medicare	 \$	(2,343,209)	(2.343.200)		1
b. Other (Specify) - Non-Medicare	\$	(320,036)	(320,036)		
III. Total Resident Revenue (Section I. thru Section II.)	 \$				
IV. Other Revenue*	Ф	18,591,182	18,591,182	Lee Configuration	
	_	2 May 2 1	ARRES		A M M
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)	\$	139	139		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
	\$	53,230	53,230		
8. Other (Specify)	Φ.	**,=**			
8. Other (Specify) V. Total Other Revenue (1 thru 8)	\$	53,369	53,369		

^{*} 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)
		0		rite de l'accident de la lace
30 II6a	X-Ray	\$ 1,050		
30 Пба	Contractual Allowance	(2,338,963)		eksiningsi yang militiks
30 II6a	Sequestration	(5,296)		
				agsiliekter
MARK.				
Total Othe	er Resident Revenue - Medicare	\$ (2,343,209)	\$ -	s -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II6b	X-Ray	\$ 375	eli eli kai lili kurik	
30 II6b	Contractual Allowance	(320,411)		
Auresto ana				
144.5 K				at diference
Total Othe	er Resident Revenue	\$ (320,036)	s -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
#10 Must 1786			0		
30 IV5	Interest Income	N/A	\$ 139		
250			aley st.		
7. 10			TVESTE CLEA		
Total Inter	est Income		\$ 139	\$	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)	
		0		Grand State	
30 IV 8	Write Off (Prior Year Expenses)	\$ 46,598			
30 IV 8	State of CT Vendor Payment	150			
30 IV 8	Optum Q2 & Q3 Bonus	6,232		Addison Co. Co. Review	
30 IV 8	Check from Putnam Taxi	250	Andreason Bullioners		
House te la					
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				£ (1.0) 24.0	
Cresposes,					
		Thusan			
Perk		Care and	Control of the Control	saas gaa	
Far & Sec			67-14 Asseptable Fingle D	(Constitution	
Total Othe	er Revenue	\$ 53,230	\$	\$ -	

G. Balance Sheet

Name of Faci	lity	License No.	Report for Year	Ended	Page	of
JACC Health	care Center of Danielson	383940364	9/30/2018		31	37
		Account			An	nount
Assets		•				
A. Current	Assets					
	h (on hand and in banks				\$	(245,360)
	ident Accounts Receivab				\$	3,728,369
	er Accounts Receivable (Excluding Owners or	Related Parties)		\$	
	entories				\$	
	paid Expenses				\$	73,167
	Prepaid Workers Comp		47,677			15.24 <u>.46</u> .8
b. <u>P</u>	Prepaid Insurance		25,490			
c						
	See Schedule					
	rest Receivable				\$	
	dicare Final Settlement R				\$	19,459
	er Current Assets (itemiz		90.725		\$	93,555
	Allowance for Doubtful Accouding Julian III Accouding Transfer of the Account of	nts	89,635 3,920			使要选择 选
			2,2-0			
**	See Schedule					
	Current Assets (Lines A1	thru 8)			\$	3,669,190
B. Fixed A						
1. Lan				<u>.</u>	\$	
2. Lan	d Improvements	*Historical Cost		- 1	\$	
		Accum. Depreciation		Net	<u> </u>	665.000
3. Buil	ldings	*Historical Cost	805,946	- i	\$	667,898
	1 11 7	Accum. Depreciation	on 138,048		Φ.	
4. Lea	sehold Improvements	*Historical Cost		_	\$	
	36 11 7	Accum. Depreciation	on	Net	Φ.	
5. Non	n-Movable Equipment	*Historical Cost		_	\$	
	11 5	Accum. Depreciation		Net	Φ	22 172
6. Mo	vable Equipment	*Historical Cost	34,736		\$	23,172
7) (Accum. Depreciation	on 11,564		Φ.	
7. Mot	tor Vehicles	*Historical Cost		_	\$	
0 14:	D : (N/D	Accum. Depreciation	on	Net	Φ.	
ð. Min	nor Equipment-Not Depre	eciable			\$	
9. Oth	er Fixed Assets (itemize))			\$	1,865
F	S vs CR Net Book Value	e	1,865			
	See Schedule				<u> </u>	
B-10. Tota	al Fixed Assets (Lines B	11 thru 9)			\$	692,935

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

G. Balance Sheet (cont'd)

Nam	ne of Facility	License No.	Report for Year Ended	Pa	age	of
JAC	C Healthcare Center of Danielson	enter of Danielson 383940364 9/30/2018		3	2	37
		Account			Amoun	ıt
		····	Total Brought Forward:	\$	4.	,362,125
C.	Leasehold or like property record	ded for Equity Purpose	s.			•
	1. Land			\$		
	2. Land Improvements	*Historical Cost				
		Accum. Depreciatio	n Net	\$		
	3. Buildings	*Historical Cost				
	-	Accum. Depreciatio	n Net	\$		
	4. Non-Movable Equipment	*Historical Cost			•	
		Accum. Depreciatio	n Net	\$		
	5. Movable Equipment	*Historical Cost				
		Accum. Depreciatio	n Net	\$		
	6. Motor Vehicles	*Historical Cost				
		Accum. Depreciatio	n Net	\$		
	7. Minor Equipment-Not Depre	eciable		\$		
C-8	Total Leasehold or Like Proper	ties (C1 thru 7)		\$		-
D.	Investment and Other Assets					
	1. Deferred Deposits			\$		
	2. Escrow Deposits			\$		
	3. Organization Expense	*Historical Cost			•	
		Accum. Depreciation	n Net	\$		
	4. Goodwill (Purchased Only)			\$		
	5. Investments Related to Resid	dent Care (itemize)		\$		
				The same		推翻 讚
	6. Loans to Owners or Related	Parties (itemize)		\$		
	Name and Address	Amount	Loan Date		GARPIT!	J. Market
				1,1		
						1247
					Marina	HELL
	7. Other Assets (itemize)			\$		279,118
	Due from Prior Owner		338,983			
	Due from Landlord		11,280			横横斜
	See Schedule		(71,145)			
	. Total Investments and Other A)	\$		279,118
D-9.	. Total All Assets (Lines A9 + B	10 + C8 + D8		\$	4	,641,243

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

G. Balance Sheet (cont'd)

Name of Fac	ility		License No.	Report for Year E	nded	Page	of
JACC Health	care (Center of Danielson	383940364	9/30/2018		33	37
		•	Account			Ar	nount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		2,369,912
	2.	Notes Payable (itemize)			\$		
							Translate
							1.11134
ļ		See Schedule					
) (:4:)		50 50 c	
	3.	Loans Payable for Equipm Name of Lender	Purpose	Amount	Date Due		
		Name of Lender	Purpose	Amount	Date Due	THE P	然此为在 。
						推翻。	双数分表扩张
							到那份推炼
i						Mak k	机有双弧压力
						372.74	植物体质
						数据线	
	4.	Accrued Payroll (Exclusiv	e of Owners and/or S	tockholders only)	\$		440,010
	5.	Accrued Payroll (Owners of	and/or Stockholders	only)	\$	•	
	6.	Accrued Payroll Taxes Pay	yable		\$		15,958
	7.	Medicare Final Settlement	Payable		\$		
	8.	Medicare Current Financin	ng Payable		\$		
	9.	Mortgage Payable (Curren	nt Portion)		\$		
	10.	Interest Payable (Exclusive	e of Owner and/or Re	lated Parties)	\$	1	
	11.	Accrued Income Taxes*			\$	ı	
	12.	Other Current Liabilities (itemize)		\$		329,308
		Accrued Provider Tax	296,2	294 Union Dues Witholding	(1,011)	掛性	建设 郑明 明
		Accrued Expense Other	22,9	216 Accrued Employee Ins.	657	deri	
		Accrued Accounting	10,0	000 Patient Refund	(42,770)	散制用	
		Accrued Health & Welfare		222 See Schedule		i e Mit i	2020 8 253
A-13	To	tal Current Liabilities (Lin	nes Al thru 12)	<u> </u>		<u> </u>	3,155,188

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page	of
JACC Healthcare Center of Danielson	383940364	9/30/2018		34	37
	Account			Ar	nount
		Total Broug	ht Forward:		3,155,188
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment		1	\$		SISSER CONTRACTOR
Name of Lender	Purpose	Amount	Date Due		
				MYW	
					Manifel
					(基础的表现
2. Mortgages Payable			9	S	
3. Loans from Owners or Re	elated Parties (itemize)		9	3	585,500
Name and Address of Lender	Amount	Loan D	ate		
					建设等 预计
Shimshon Fisher	585,500	On-Going			
				THE PARTY	
4. Other Long-Term Liabilit	ies (<i>itemize</i>)		S	5	600,750
Due to 3rd Party A		87,500	466		
Due to 3rd Party B		513,250			
See Schedule	(T. D1 (1 A)				1 107 252
B-5. Total Long-Term Liabilities				<u> </u>	1,186,250
C. Total All Liabilities (Lines A	1-12 + D-2)			<u> </u>	4,341,438

Schedule of Prepa	id Expenses Page 31 Line A5
Page Ref Line	Ref Description
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otal Prepaid Ex	
chedule of Othe	r Current Assets (itemized) Page 31 Line A8
age Ref Line	Ref Description
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# F LU 154	
otal Other Curr	at Assets (Itemize)
	P. 4 4 4 (4) D 24 I ! DA
chedule of Olbe	r Fixed Assets (Itemize) Page 31 Line B9
age Ref Line	Ref Description
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OLE VIBEL VIBE	r Pixed Assets (Itemize)
Schedule of Othe	r Assets Page 32 Line D7
Dana Daf I ina	Ref Description
Page Ref Line 32 D7	Loan & Exchange \$ (174,22
32 D7	Lease Acquisition Cost (Net) 5 52,64
32 D7	Replacement Reserves \$ 50,46
in any promoted to promote the	Replacement Reserves \$ 50,46
	KEDIACUSTI KASSEVS
	SEPERATURE ASSETS STATE OF THE PROPERTY OF THE
Total Other Asse	
Total Other Asse	\$ (71,12)
Total Other Asse	\$ Payable (Hemize) Page 33 Line A2
Total Other Asse	\$ (71,12)
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G. Balance Sheet (cont'd) Reserves and Net Worth

Name of Facility		License No.	port for Year Ended			of	
JACC Healthcare Center of Danielson		383940364	9/30/2	018		35	37
Account						A	mount
A.	Reserves						
Reserve for value of leased land							
	2. Reserve for depreciation value						
	to be amortized	\$					
	3. Reserve for depreciation valu	ue of leased persona	l propert	y (Equity	v)	\$	
4. Reserve for leasehold real properties on which fair rental value is based							
	5. Reserve for funds set aside a	s donor restricted				\$	
	6. Total Reserves					\$	
B.	Net Worth						00 000
	1. Owner's Capital					\$	1,500,000
	2. Capital Stock					\$	
	3. Paid-in Surplus					\$	
	4. Treasury Stock				 	\$	
	5. Cumulated Earnings					\$	(1,608,541)
	6. Gain or Loss for Period	10/1/20	17	thru	9/30/2018	\$	408,346
	7. Total Net Worth	····				\$	299,805
C.	Total Reserves and Net Worth					\$	299,805
D.	Total Liabilities, Reserves, and	Net Worth				\$	4,641,243

H. Changes in Total Net Worth

Name of Facility	License No.	1 4		Page	of		
JACC Healthcare Center of Daniels	on 383940364	383940364 9/30/2018		36	37		
		Amount \$ (108,541)					
B. Total Revenue (From Stateme		\$	18,644,551				
C. Total Expenditures (From Sta		\$ \$	18,236,205 408,346				
E. Balance				\$	299,805		
F. Additions							
Additional Capital Contrib							
Expenses Per Page 27							
Difference in Deprecia							
Total Expenses	\$18,236,205						
2. Other (itemize)							
F-3. Total Additions		- 	- ··· ·				
G. Deductions							
	Drawings of Owners/Operators/Partners (Specify)						
Name and Address (No.,		Title	Amount	\$	6. 化螺旋形理		
·				推的。			
2. Other Withdrawings (Spec	2. Other Withdrawings (Specify)						
Purpose		Amount			oranie programa		
					高的人科斯特的		
					HAN THANKS		
3. Total Deductions	3. Total Deductions						
H. Balance at End of Period		\$	299,805				

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of 9/30/2018 37 37						
JACC Healthcare Center of Danielson	Healthcare Center of Danielson 383940364							
Check appropriate category								
☐ Chronic and Convalescent Nursir Home only (CCNH)	g Rest Home with Nursing Supervision only (RHNS)	□ (Specify)						
Preparer/Reviewer Certification								
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Pleparer Allered Land	Date Signed							
Printed Name of Preparer								
Matthew S. Bavolack								
Addres Address	Phone Number							
555 Long Wharf Drive, New Haven, CT	203-781-9600							
Annual Report Contact	Phone Number							
Sam Fisher	(860) 774-9540							
Annual Report Contact Email Address								
sfisher@davisplacehcc.com								