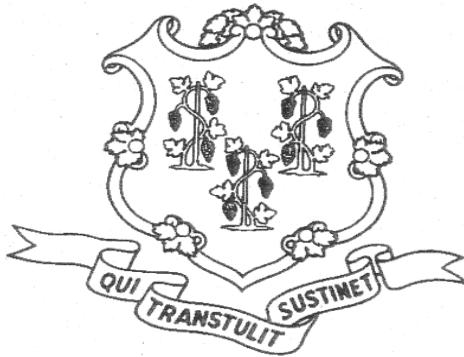


State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2020

Name of Facility (as licensed) 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	
Address (No. & Street, City, State, Zip Code) One Emerson Drive, Windsor, CT 06095	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2376	RHNS	(Specify)	Medicare Provider 07-5279
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Medicaid Provider Numbers:	CCNH 000010769	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) 1 Emerson Drive North Operations LLC,d/b/a Kimberl	License No. 2376	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Elza Augustin		Printed Name (Owner) Lashuan Bethea-VP-Legislative Affairs-Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility One Emerson Drive, Windsor, CT 06095			
Report Prepared By Thomas Farnan	Phone Number 978-247-5029	Date 12/28/2020	
Item	Total	CCNH	RHNS (Specify)
1. Dietary wages paid	\$		
2. Laundry wages paid	\$ 24,559	24,559	
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$ 4,695,752	4,695,752	
5. All other wages paid	\$ 616,006	616,006	
6. Total Wages Paid	\$ 5,336,317	5,336,317	
7. Total salaries paid	\$ 355,214	355,214	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 5,691,532	5,691,532	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

	Phone No. of Facility 860-688-6443	Report for Year Ended 9/30/2020	Page 2
		of 37	
Name of Facility (as shown on license) 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall		Address (No. & Street, City, State, Zip) One Emerson Drive, Windsor, CT 06095	
License Numbers:	CCNH 2376	RHNS	(Specify)
Medicare Provider No. 07-5279			
Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)			
Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust			
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
		If "Yes," explain fully.	
Administrator Name of Administrator Elza Augustin			
		Nursing Home Administrator's License No.:	02097
Other Operators/Owners who are assistant administrators (full or part time) of this facility.			
Name		License No.:	

General Information and Questionnaire Partners/Members

General Information and Questionnaire
Corporate Owners

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a	License No. 2376	Report for Year Ended 9/30/2020	Page of 3A 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	101 East State Street, Kennett Square, PA 19348	PA	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			
Names of Stockholders Owning at Least 10% of Shares			
See Attached			

General Information and Questionnaire

Individual Proprietorship

General Information and Questionnaire

Related Parties*

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly	License No. 2376	Report for Year Ended 9/30/2020			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?			<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?			<input checked="" type="radio"/> Yes <input type="radio"/> No		If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	542,969	542,969
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	64%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	227,757	227,757
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	37%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	13,462	13,462
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	77	77
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	289,180	289,180
		<input checked="" type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a K	License No. 2376	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If "No," explain fully why such allocation was not made.
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.		
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)		
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.		

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility 1 Emerson Drive North Operations	License No. 2376	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

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

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

Yes No Included in Management Fee pg. 16 m-12

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Senior Care Valuation, LLC 2 3 4 5	Telephone Number 203-698-0602
--	----------------------------------

Address (No. & Street, City, State, Zip Code)

1 4 Willow lane Old Greenwich, CT 06870 2 3 4 5	
---	--

Services Provided by This Firm (*describe fully*)

1 Saving on R.E Taxes (R.E Tax Appeal and Settlement Fees)	\$ 5,100
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 5,100

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

Yes No

Schedule of Resident Statistics

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North			License No. 2376			Report for Year Ended 9/30/2020				Page 8 of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					150	150						
A. On last day of PREVIOUS report period	150	150										
B. On last day of THIS report period	150	150							150	150		
2. Number of Residents					142	142						
A. As of midnight of PREVIOUS report period	142	142										
B. As of midnight of THIS report period	102	102							102	102		
3. Total Number of Days Care Provided During Period					1,235	1,235						
A. Medicare	1,445	1,445							210	210		
B. Medicaid (Conn.)	35,930	35,930			28,286	28,286			7,644	7,644		
C. Medicaid (other states)												
D. Private Pay	5,040	5,040			4,177	4,177			863	863		
E. State SSI for RCH												
F. Other (Specify)	824	824			738	738			86	86		
G. Total Care Days During Period (3A thru F)	43,239	43,239			34,436	34,436			8,803	8,803		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	2	2			2	2						
5. Total Resident Days (3G + 4A + 4B)	43,241	43,241			34,438	34,438			8,803	8,803		

Schedule of Resident Statistics (Cont'd)

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a	License No. 2376	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	7	85		10				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	578.41	218.49		408.70				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL		CCNH	RHNS	(Specify)	
	1,936		1,936			
B. Medicaid (Exclusive of Part B)						
1. Maintenance Treatments						
2. Restorative Treatments		9	9			
C. Other		4,609	4,609			
D. Total Physical Therapy Treatments		6,554	6,554			
8. Total Number of Speech Therapy Treatments	198	198				
	A. Medicare - Part B					
	B. Medicaid (Exclusive of Part B)					
	1. Maintenance Treatments					
2. Restorative Treatments						
C. Other	444	444				
D. Total Speech Therapy Treatments	642	642				
9. Total Number of Occupational Therapy Treatments	2,408	2,408				
	A. Medicare - Part B					
	B. Medicaid (Exclusive of Part B)					
	1. Maintenance Treatments					
2. Restorative Treatments		21	21			
C. Other	5,089	5,089				
D. Total Occupational Therapy Treatments	7,518	7,518				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall	2376	9/30/2020		10	37
Are time records maintained by all individuals receiving compensation?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify)
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	186,572	2,160			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	191,599	7,463			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers					
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	76,477	2,587			
b. Other Maintenance Workers	53,783	2,205			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	24,559	1,294			
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	168,643	2,316			
b. RN					
1. Direct Care	1,192,235	25,662			
2. Administrative**	82,883	2,008			
c. LPN					
1. Direct Care	1,110,046	28,361			
2. Administrative**					
d. Aides and Attendants	2,221,167	106,759			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	135,434	7,283			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	158,714	5,281			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	89,422	4,573			
A-13. Total Salary Expenditures	5,691,532	197,953			

* 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)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North				License No. 2376		Report for Year Ended 9/30/2020			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed) 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North				License No. 2376		Report for Year Ended 9/30/2020			Page 12	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Elza Augustin	4,192				Management of Center	80	2			
Wood,Courtney 10/1/19- 9/26/2020	182,379				Management of Center	2,080	2			
					Management of Center		2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2376	9/30/2020		13	37
	Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	35,062	240			
3. Pharmacist	13,518	276			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	177,798	2,436			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	30,353	161			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	21,616	277			
b. Other					
10. Occupational Therapist					
a. Resident Care	91,362	1,252			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	43,633	728			
2. Administrative***					
b. LPN					
1. Direct Care	15,865	375			
2. Administrative***					
c. Aides	3,010	123			
d. Other					
12. Other (Specify)					
See Attached Schedule	2,174				
B-13 Total Fees Paid in Lieu of Salaries	434,392	5,866			

* 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*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended 9/30/2020		Page 15	of 37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	275,696	275,696		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	40,321	40,321		
4. Social Security (F.I.C.A.)	\$	424,572	424,572		
5. Health Insurance	\$	511,156	511,156		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$	194,669	194,669		
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	30,818	30,818		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	78,895	78,895		
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	5,100	5,100		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	17,367	17,367		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	43,966	43,966		
2. Cellular Phones	\$	1,885	1,885		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$	509	509		
3. Resident Day User Fee	\$	861,063	861,063		
Subtotal	\$	2,486,016	2,486,016		

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Benefit Allocations	\$ 403	\$ -	\$ -
Union Health & Welfare	\$ (7)	\$ -	\$ -
Union Health & Welfare	\$ 886	\$ -	\$ -
Union Health & Welfare	\$ 252	\$ -	\$ -
Union Health & Welfare	\$ 391	\$ -	\$ -
Union Health & Welfare	\$ (4)	\$ -	\$ -
Union Health & Welfare	\$ (28)	\$ -	\$ -
Union Health & Welfare	\$ (19)	\$ -	\$ -
Union Health & Welfare	\$ 21,748	\$ -	\$ -
Union Health & Welfare	\$ 542	\$ -	\$ -
Employee Benefits-Other	\$ 6,653	\$ -	\$ -
Total	\$ 30,818	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 509	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total	\$ 509	\$ -	\$ -

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

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimber	License No. 2376	Report for Year Ended 9/30/2020		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<i>Subtotals Brought Forward:</i>		2,486,016	2,486,016		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	267	267		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,336	1,336		
5. Education Expenses Related to Seminars and Conventions	\$	475	475		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	8	8		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	12,169	12,169		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	5,034	5,034		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,479	9,479		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	535	535		
9. Subscriptions	\$	111	111		
10. Contributions*** See Attached Schedule	\$	733	733		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	3,608	3,608		
12. Administrative Management Services**	\$	447,393	447,393		
13. Other (<i>Specify</i>) See Attached Schedule	\$	48,648	48,648		
<i>C-14 Total Administrative & General Expenditures</i>	\$	3,015,811	3,015,811		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 2,058	\$ -	\$ -
Marketing Expense	\$ 7,383	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 2,879	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ (151)	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Advertising	\$ 12,169	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 10,014	\$ -	\$ -
Dues to Chamber of Commerce	\$ (535)	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Dues	\$ 9,479	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ (1,200)	\$ -	\$ -
Political Contributions	\$ 1,933	\$ -	\$ -
Total Contributions	\$ 733	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 12,095	\$ -	\$ -
Collection Fees	\$ 21,510	self-disallowed	\$ -
Education Expense	\$ 6	\$ -	\$ -
Employee Physicals	\$ 8,633	\$ -	\$ -
Employee Relations	\$ 5,493	\$ -	\$ -
Printing	\$ 292	\$ -	\$ -
Training Expense	\$ 208	\$ -	\$ -
Fines & Penalties	\$ -	self-disallowed	\$ -
Miscellaneous	\$ 673	\$ -	\$ -
Rental Expense	\$ 4,437	\$ -	\$ -
Accrued Expense Estimation	\$ (4,821)	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 20	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Uniforms	\$ 101	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 48,648	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC, d/b/a The Residences at 1 Emerson Drive	2376	9/30/2020	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	542,969	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

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

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

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberl	License No. 2376	Report for Year Ended 9/30/2020		Page 18 of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 196,753	196,753		
2. Non-Food Supplies	\$ 40,778	40,778		
3. Other (Specify) _____	\$ 6,085	6,085		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 737,326	737,326		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 980,942	980,942		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility 1 Emerson Drive North Operations LLC, d/b/a Kimberly	License No. 2376	Report for Year Ended 9/30/2020		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	6,335	6,335		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	10,220	10,220		
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	219,077	219,077		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	235,633	235,633		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

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

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

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a	License No. 2376	Report for Year Ended 9/30/2020		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 25,192	25,192		
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt.	\$ 448,442	448,442		
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	473,634	473,634		
5. Resident Care (Supplies)**					
a. Prescription Drugs***	\$				
1. Own Pharmacy	\$				
2. Purchased from	\$	36,700	36,700		
b. Medicine Cabinet Drugs	\$	19,354	19,354		
c. Medical and Therapeutic Supplies	\$	131,093	131,093		
d. Ambulance/Limousine***	\$				
e. Oxygen	\$				
1. For Emergency Use	\$				
2. Other***	\$	5,246	5,246		
f. X-rays and Related Radiological Procedures***	\$	2,277	2,277		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	18,717	18,717		
i. Recreation	\$	41,852	41,852		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	55,344	55,344		
5M. Total Resident Care Expenditures (5a - 5j)	\$	310,584	310,584		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 56,897	\$ -	\$ -
Advertising-Help Wanted	\$ (11,314)	\$ -	\$ -
Advertising-Help Wanted	\$ 2,200	\$ -	\$ -
Books, Dues & Subscriptions	\$ 62	\$ -	\$ -
Education Expense	\$ 1,577	\$ -	\$ -
Supplies	\$ 1,275	\$ -	\$ -
Supplies	\$ 1,000	\$ -	\$ -
Supplies	\$ 1,398	\$ -	\$ -
Office Supplies	\$ 31	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 110	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 723	\$ -	\$ -
Rental Expense	\$ 976	\$ -	\$ -
Consolidated Billing	\$ 294	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
	0	\$ -	\$ -
Meetings & Seminars	\$ 280	\$ -	\$ -
Licenses & Certifications	\$ (731)	\$ -	\$ -
T&E-Lodging/Transportation	\$ 566	\$ -	\$ -
Total Other Resident Care	\$ 55,344	\$ -	\$ -

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

* 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 1 Emerson Drive North Operations LLC,d/b/a	License No. 2376	Report for Year Ended 9/30/2020			Page 22 37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 159,862	159,862			
b. Heat	\$ 21,922	21,922			
c. Light & Power	\$ 199,703	199,703			
d. Water	\$ 116,457	116,457			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 497,945	497,945			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 674	674			
b. Building & Building Improvements	\$ 11,651	11,651			
c. Non-Movable Equipment	\$ 1,361	1,361			
d. Movable Equipment	\$ 2,984	2,984			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 16,672	16,672			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 763,366	763,366			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 120,279	120,279			
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 900,317	900,317			

* 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

Depreciation Schedule

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North				License No. 2376			Report for Year Ended 9/30/2020				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												
1. Acquired prior to this report period								S/L	Various	(0)		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			8,094			8,094				674		
A-4. Subtotal											674	
B. Building and Building Improvements				52,429		52,429	106	S/L	Various	926		
1. Acquired prior to this report period				(39,131)		(39,131)						
2. Disposals (attach schedule)				299,128		299,128				10,726		
B-4. Subtotal												11,651
C. Non-Movable Equipment				13,613		13,613	227	S/L	Various	1,361		
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal											1,361	
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year		
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment				7,922		7,922	310	S/L	Various	838		
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)				52,921		52,921				2,147		
D-3. Subtotal											2,984	
E. Total Depreciation												16,671

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2019	Bituminous Blacktop Concrete for Parking	\$ 8,094	10/00	\$ 674
1/0/1900		1/0/1900	\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
Total additions for Land Improvement:		\$ 8,094		\$ 674
Deletions:				
			\$ -	\$ -
Total deletions for Land Improvement:		\$ -		\$ -

*Ties to Page 23, Line A

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/31/2019	New wiring & central power supply for ms	\$ 14,134	20/00	\$ 530
12/31/2019	Installed 64 grab bars in bathrooms throu	\$ 76,380	20/00	\$ 2,864
1/31/2020	55% progress bill for Separation of Dry S	\$ 21,569	20/00	\$ 719
1/31/2020	50% down payment for replacement of sp	\$ 21,775	20/00	\$ 726
2/29/2020	Fire Rated Drop Down Attic Stairs	\$ 11,058	20/00	\$ 323
3/31/2020	50% Deposit for new sprinkler heads in a	\$ 21,775	20/00	\$ 544
3/31/2020	50% Deposit for separation of dry system	\$ 5,272	20/00	\$ 1,306
4/30/2020	50% Deposit for replacing sprinkler head	\$ 27,752	20/00	\$ 1,078
10/31/2019	5 New Exterior Doors with panic hardware	\$ 39,131	10/00	\$ 2,351
12/31/2019	Installation of grab bars supplied by cente	\$ 3,143	10/00	\$ 236
3/31/2020	Sheetrock work for front foyer area	\$ 10,166	10/00	\$ 508
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total additions for Building Improvement:		\$ 299,128		\$ 10,726
Deletions:				
10/1/2019	Reversal Sept 2019 Accrual	\$ (39,131)	\$ -	
Total deletions for Building Improvement:		\$ (39,131)		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/0/1900		1/0/1900	\$ -	\$ 10
1/0/1900		1/0/1900	\$ -	\$ -
1/0/1900		1/0/1900	\$ -	\$ -
1/0/1900		1/0/1900	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total additions for Non-Movable Equipment:		\$ -		\$ -
Deletions:				
1/0/1900		1/0/1900	\$ -	\$ -
Total deletions for Non-Movable Equipment:		\$ -		\$ -

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/29/2020	50" 4K TCL HDTV	\$ 264	07/00	\$ 22
3/31/2020	3 - Vital Signs Monitor & 3 - Mobile Stand	\$ 6,373	07/00	\$ 455
6/30/2020	2 - Reliant 450 Series Floor Lifts	\$ 3,042	07/00	\$ 109
6/30/2020	Attendant Prodigy Bladder Scanner	\$ 8,072	07/00	\$ 288
6/30/2020	6 - Reliant Series Slings	\$ 664	07/00	\$ 24
6/30/2020	2 - Reliant 350 Series Sit to Stand Lifts	\$ 5,147	07/00	\$ 184
6/30/2020	4 - Reliant Lift Scales & 78 - Slings of vario	\$ 11,403	07/00	\$ 407
6/30/2020	3 - Reliant 600 Series Bariatric Floor Lifts	\$ 5,128	07/00	\$ 183
7/31/2020	Attendant Rolling Stand for Bladder Scan	\$ 361	07/00	\$ 7
7/31/2020	5 - 32" HD TVs, 2 - Toshiba & 3 - Insignia	\$ 712	07/00	\$ 17
9/30/2020	5 - PTAC units w/ resistance heat, 9,000 B	\$ 2,802	07/00	\$ -
3/31/2020	3 - SteamChef 6 Pan Electric CounterTop con	\$ 7,474	10/00	\$ 374
3/31/2020	20 - Overbed Tables w/ H base	\$ 1,531	10/00	\$ 77
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total additions for Movable Equipment:		\$ 52,921		\$ 2,147
Deletions:				
1/0/1900		1/0/1900	\$ -	\$ -
Total deletions for Movable Equipment:		\$ -		\$ -

*Ties to Page 23, Line D2

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement:		\$ -		\$ -
Deletions:				
Total deletions for Leasehold Improvement:		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall			License No. 2376		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 1 Emerson Drive North Operations LL	License No. 2376	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		n/a			
2. Date Structure Completed		n/a			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		150			
6. Square Footage					
7. Acquisition Cost					
a. Land		n/a			
b. Building		n/a			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased		Date of Lease	Term of Lease	Annual Amount of Lease
Next HC-JV	Facility Lease		2/1/2019 - 1/31	15 years	763,366
587 Fifth Avenue New York, NY 10017					

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

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

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$					
12. D. Other Interest Expense (Specify)	\$					
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$					
14. Insurance						
a. Insurance on Property (buildings only)	\$	23,490	23,490			
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)	\$	265,690	265,690			
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	289,180	289,180			
15. Total All Expenditures (A-13 thru C-14)	\$	12,829,969	12,829,969			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
1 Emerson Drive North Operations LLC, d/b/a Kimberly Hall Nc			2376	9/30/2020		28 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 77,241	77,241		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 291,626	291,626		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 78,895	78,895		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 12,169	12,169		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 733	733		
21.			Unallowable Management Fees	\$ (95,576)	(95,576)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 39,534	39,534		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 404,620	404,620			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 77,241	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
Total Other Salaries Adjustment			\$ 77,241	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 78,722	\$ -	\$ -
13	5	Rehabilitation Services	\$ 99,076	\$ -	\$ -
13	9	Speech Therapist	\$ 21,616	\$ -	\$ -
13	10	Occupational Therapist	\$ 91,362	\$ -	\$ -
13	12	Other	\$ 500	\$ -	\$ -
13	12	Other	\$ 260	\$ -	\$ -
13	12	Respiratory Purchased Services	\$ 89	\$ -	\$ -
Total Other Fees Adjustments			\$ 291,626	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 21,510	\$ -	\$ -
16	m-13	Estimated Accrual	\$ (4,821)	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ 535	\$ -	\$ -
16	m-13	Penalty	\$ -	\$ -	\$ -
16	m-12		0	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 22,310	\$ -	\$ -
Total Other A&G Adjustments			\$ 39,534	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	2376	9/30/2020		29 37
				Total Amount of Decrease	CCNH	RHNS
			Subtotals Brought Forward	\$ 404,620	404,620	
Page 20 - Resident Care Supplies***						
27.	20	5-a-2	Prescription Drugs	\$ 36,700	36,700	
28.	20	5-d	Ambulance/Limousine	\$		
29.	20	5-f	X-rays, etc	\$ 2,277	2,277	
30.	20	5-h	Laboratory	\$ 18,717	18,717	
31.			Medical Supplies	\$		
32.	20	5-e-2	Oxygen (non emergency)	\$ 5,246	5,246	
33.			Occupational Therapy	\$		
34.			Other - See Attached Schedule	\$ 2,270	2,270	
Page 22 - Maintenance and Property						
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (32,347)	(32,347)	
36.			Depreciation on Unallowable Motor Vehicles	\$		
37.			Unallowable Property and Real Estate Taxes	\$		
38.			Rental of Building Space or Rooms	\$		
39.			Other - See Attached Schedule	\$		
Page 27 - Insurance						
40.			Mortgage Insurance	\$		
41.			Property Insurance	\$		
Other - Miscellaneous						
42.			Other - Indirect	\$ 27,984	27,984	
43.			Interest Income on Account Rec.	\$		
44.			Other - Miscellaneous Administrative	\$ 176,567	176,567	
45.			Management Fees Direct	\$		
46.			Management Fees Indirect	\$		
47.			Other - Direct	\$		
Not For Profit Providers Only						
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$		
49.	Total Amount of Decrease (Items 1 - 48)			\$ 642,035	642,035	

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 294	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 1,000	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 976	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 2,270	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (0)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (2,757)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (0)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (29,590)	\$ -	\$ -
0	0-Jan		0 \$	\$ -	\$ -
0	0-Jan		0 \$	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (32,347)	\$ -	\$ -

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 27,984	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
Total Other Adjustments			\$ 27,984	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 176,567	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
0	0-Jan		\$ 0	\$ -	\$ -
Total Other Adjustments			\$ 176,567	\$ -	\$ -

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,961,829	13,961,829				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,179,906)	(6,179,906)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 566,111	566,111				
b. Medicare Room and Board Contractual Allowance **	\$ (10,833)	(10,833)				
4. a. Private-Pay Residents and Other	\$ 2,310,535	2,310,535				
b. Private-Pay Room and Board Contractual Allowance **	\$ (217,446)	(217,446)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 18,426	18,426				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (353)	(353)				
c. Prescription Drugs - Non-Medicare	\$ 20,170	20,170				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (2,807)	(2,807)				
2. a. Medical Supplies - Medicare	\$ 520	520				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (10)	(10)				
c. Medical Supplies - Non-Medicare	\$ 128	128				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (57)	(57)				
3. a. Physical Therapy - Medicare	\$ 168,862	168,862				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (3,231)	(3,231)				
c. Physical Therapy - Non-Medicare	\$ 157,695	157,695				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (33,560)	(33,560)				
4. a. Speech Therapy - Medicare	\$ 36,043	36,043				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (690)	(690)				
c. Speech Therapy - Non-Medicare	\$ 42,177	42,177				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (10,565)	(10,565)				
5. a. Occupational Therapy - Medicare	\$ 202,423	202,423				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (3,874)	(3,874)				
c. Occupational Therapy - Non-Medicare	\$ 193,674	193,674				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (36,118)	(36,118)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 19,673	19,673				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 279,010	279,010				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,477,826	11,477,826				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 641	641				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 679,281	679,281				
V. Total Other Revenue (1 thru 8)	\$ 679,922	679,922				
VI. Total All Revenue (III +V)	\$ 12,157,748	12,157,748				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ 27	\$ - \$ -
II-6-a	Medicare	Laboratory	\$ 6,646	\$ - \$ -
II-6-a	Medicare	Respiratory Therap	\$ -	\$ - \$ -
II-6-a	Medicare	Nursing Treatment	\$ -	\$ - \$ -
II-6-a	Medicare	Audiology	\$ -	\$ - \$ -
II-6-a	Medicare	Incontinency	\$ -	\$ - \$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ - \$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ - \$ -
II-6-a	Medicare	Ambulance	\$ 349	\$ - \$ -
II-6-a	Medicare	Flu Shot	\$ 13,036	\$ - \$ -
II-6-a	Medicare Contractual	X-Ray	\$ (1)	\$ - \$ -
II-6-a	Medicare Contractual	Laboratory	\$ (127)	\$ - \$ -
II-6-a	Medicare Contractual	Respiratory Therap	\$ -	\$ - \$ -
II-6-a	Medicare Contractual	Nursing Treatment	\$ -	\$ - \$ -
II-6-a	Medicare Contractual	Audiology	\$ -	\$ - \$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ - \$ -
II-6-a	Medicare Contractual	Oxygen & Supplie	\$ -	\$ - \$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ - \$ -
II-6-a	Medicare Contractual	Ambulance	\$ -	\$ - \$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (249)	\$ - \$ -
		0	\$ 0	\$ - \$ -
Total Other Resident Revenue - Medicare			\$ 19,673	\$ - \$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 8,493	\$ -
II-6-b	Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ (3,759)	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ -	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 2,500	\$ -
II-6-b	Non-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Non-Medicaid	Capitation Contrac	\$ 300,270	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (235)	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ (28,259)	\$ -
0		0	\$ 279,010	\$ -
Total Other Resident Revenue				

Interest Income

Page Ref	Account	Account Balance	CCNH			RHNS	(Specify)
IV-5	Interest On Overdue Accounts		0	\$ 641	\$ -	\$ -	
Total Interest Income			\$ 641	\$ -	\$ -		

Schedule of Other Revenues

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Federal Stimulus 1	\$ 45,970	\$ -	\$ -
IV-8	Federal Stimulus 2	\$ 208,312	\$ -	\$ -
IV-8	Federal Stimulus 3	\$ 425,000	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
Total Other Revenue		\$ 679,281	\$ -	\$ -

G. Balance Sheet

Name of Facility 1 Emerson Drive North Operations LLC	License No. 2376	Report for Year Ended 9/30/2020	Page 31	of 37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 3,834	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 988,068	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ (364,332)	
4. Inventories			\$ 46,054	
5. Prepaid Expenses			\$ 83,254	
a. _____				
b. _____				
c. _____				
d. See Schedule		83,254		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 756,878	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	8,094	\$ 7,420	
	Accum. Depreciation	674 Net		
3. Buildings	*Historical Cost	312,426	\$ 300,669	
	Accum. Depreciation	11,757 Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost	13,613	\$ 12,025	
	Accum. Depreciation	1,588 Net		
6. Movable Equipment	*Historical Cost	60,842	\$ 57,548	
	Accum. Depreciation	3,294 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 377,662	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
30	A5	Prepaid Expenses	\$ 5,857
30	A5	Prepaid Prop Taxes	\$ 70,239
30	A5	Prepaid Personal Property Tax	\$ 7,158
30	A5		
Total Prepaid Expenses			\$ 83,254

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7		
32	D7		
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	A/R Credit Gross Up Liability	\$ 302,923
33	A12	Accrued Provider/Bed Tax	\$ 177,199
33	A12	Accr Sales and Use Tax - FY18	\$ 40
33	A12		
Total Other Current Liabilities (Itemize)			\$ 480,162

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

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

G. Balance Sheet (cont'd)

Name of Facility 1 Emerson Drive North Operations LLC	License No. 2376	Report for Year Ended 9/30/2020	Page 32	of 37
Account		Amount		
Total Brought Forward:			\$	1,134,540
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost Accum. Depreciation	Net	\$	
4. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
5. Movable Equipment	*Historical Cost Accum. Depreciation	Net	\$	
6. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost Accum. Depreciation	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	(4,449,311)
I/C Due to/Due From Owned	(4,449,311)			
I/C Due to/Due From Multicare				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(4,449,311)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	(3,314,771)

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of								
1 Emerson Drive North Operations LLC,d/b/a	2376	9/30/2020	33 37								
Account			Amount								
Liabilities											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 334,329								
2. Notes Payable (<i>itemize</i>)			\$								
See Schedule											
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name of Lender	Purpose	Amount	Date Due				
Name of Lender	Purpose	Amount	Date Due								
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 200,170								
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$								
6. Accrued Payroll Taxes Payable			\$ 527								
7. Medicare Final Settlement Payable			\$								
8. Medicare Current Financing Payable			\$								
9. Mortgage Payable (<i>Current Portion</i>)			\$								
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$								
11. Accrued Income Taxes*			\$								
12. Other Current Liabilities (<i>itemize</i>)			\$ 1,081,778								
Accr Exp Other 56,721 Accr Exp Suspense											
Accr Exp Water and Sewer 11,993 Accr Exp Nursing Purch 246,803											
Accr Exp Gas 336 Deferred Revenue 277,463											
Accr Exp Electricity 8,300 See Schedule 480,162											
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 1,616,804								

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility 1 Emerson Drive North Operations LLC,d/l	License No. 2376	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				1,616,804
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 108
LT Debt-Financing Obligation				
Escheatable Funds	108			
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 108
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,616,912

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility 1 Emerson Drive North Operations LI	License No. 2376	Report for Year Ended 9/30/2020	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$ (1,929,122)
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (2,330,345)
6. Gain or Loss for Period	10/1/2019	thru	9/30/2020	\$ (672,218)
7. Total Net Worth				\$ (4,931,685)
C. Total Reserves and Net Worth				\$ (4,931,685)
D. Total Liabilities, Reserves, and Net Worth				\$ (3,314,773)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
1 Emerson Drive North Operations LLC	2376	9/30/2020	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2019				\$ (4,259,463)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 12,157,748		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 12,829,970		
D. Net Income or Deficit				\$ (672,222)		
E. Balance				\$ (4,931,685)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ (4,931,685)		