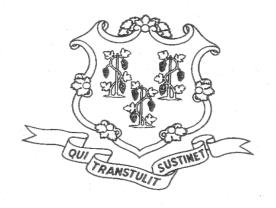
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as	licensed)								
1 Emerson Drive Sou	th Operations 1	LLC, d/b/a Kir	nberly South Co	enter					
Address (No. & Stree	et, City, State, Z	Zip Code)	•						
One Emerson Drive,	Windsor, CT ()6095							
Type of Facility									
Chronic and C	Convalescent		Rest Home wit	h Nursing					
✓ Nursing Home	e only		Supervision on	ly		(Specify)			
(CCNH)			(RHNS)						
Report for Year Beginning			Report for Yea	r Ending					
10/1/2017			9/30/2018						
License Numbers:		CCNH	RHNS		(Specify)		Med	dicare Provider	
License Numbers.		2369	Kiivs		(Specify)		07-5237		
		230)					07 3237		
Medicaid Provider N	umbers:		CNH	RF	HNS		ICF-IID		
		000010751							
For Department Use	•						T		
Sequence Number	Signed and	Date	Sequence N		Signed as	nd Notarize	ed	Date Received	
Assigned	Notarized	Received	Assign	ed	5151104 4			Bute Received	

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C.Expenditures Other than Salaries (Cont'd) - Dietary18C.Expenditures Other than Salaries (Cont'd) - Laundry19C.Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care20Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract21C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36			17
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property Depreciation Schedule Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures (Cont'd) F. Statement of Revenue G. Balance Sheet G. Balance Sheet (Cont'd)	C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
C.Expenditures Other than Salaries (Cont'd) - Maintenance and Property22Depreciation Schedule23Amortization Schedule24C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
Amortization Schedule C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance D. Adjustments to Statement of Expenditures D. Adjustments to Statement of Expenditures Cont'd) F. Statement of Revenue 30 G. Balance Sheet 31 G. Balance Sheet (Cont'd) 32 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 33 G. Balance Sheet (Cont'd) 34 G. Balance Sheet (Cont'd) - Reserves and Net Worth 35 H. Changes in Total Net Worth	C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
C.Expenditures Other than Salaries (Cont'd) - Property Questionnaire25C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Depreciation Schedule	23
C.Expenditures Other than Salaries (Cont'd) - Interest26C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36		Amortization Schedule	24
C.Expenditures Other than Salaries (Cont'd) - Interest and Insurance27D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
D.Adjustments to Statement of Expenditures28D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest	26
D.Adjustments to Statement of Expenditures (Cont'd)29F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F.Statement of Revenue30G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures	28
G.Balance Sheet31G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	D.	Adjustments to Statement of Expenditures (Cont'd)	29
G.Balance Sheet (Cont'd)32G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	F.	Statement of Revenue	30
G.Balance Sheet (Cont'd)33G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet	31
G.Balance Sheet (Cont'd)34G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	32
G.Balance Sheet (Cont'd) - Reserves and Net Worth35H.Changes in Total Net Worth36	G.	Balance Sheet (Cont'd)	33
H. Changes in Total Net Worth 36	G.	Balance Sheet (Cont'd)	34
<u> </u>	G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
I. Preparer's/Reviewer's Certification 37	H.	Changes in Total Net Worth	36
	I.	Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimber	2369	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 1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)	Signed (Administrator)		Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner)	
Thomas Russo			Keith Davis, V.P. of Reimb., C	Genesis Healthcare
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:				/ /
Address of Notary Public				

(Notary Seal)

State of Connecticut

Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	Page 1A	of 37			
Name of Facility		Period Cov	ered:	From	То
Emerson Drive South Operations LLC, d/b/a Kimberly South Center					9/30/2018
Address of Facility					
One Emerson Drive, Windsor, CT 06095		_		_	
Report Prepared By		Phone Num		Date	
homas Farnan		978-247-50	29	12/21/2018	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$	26,899	26,899		
4. Nursing wages paid	\$	3,671,707	3,671,707		
5. All other wages paid	\$	564,917	564,917		
6. Total Wages Paid	\$	4,263,523	4,263,523		
7. Total salaries paid	\$	249,004	249,004		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	4,512,527	4,512,527		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

	Phone No. of Fac	cility Report for Year	Ended Page	of
	860-688-6443	9/30/2018	2	37
Name of Facility (as shown on license)	Address (No	o. & Street, City, State,	Zip)	
1 Emerson Drive South Operations LLC, d/b/a Kimberly	Sout One Emerso	on Drive, Windsor, CT	06095	
CCNH	RHNS	(Specify)	Medicare I	Provider No.
License Numbers: 2369			07-5237	
Type of Facility (Check appropriate box(es))				
Chronic and Convalescent	Rest Home with 1	Nursing	:0)	
Nursing Home only (CCNH)	Supervision only	- 11(pecify)	
Type of Ownership (Check appropriate box)		<u>` </u>		
	O D C C	O M. D. C. C.	0 G	0 T
O Proprietorship	O Profit Corp.	O Non-Profit Corp.	O Government	O Trust
		Date Opened Da	ite Closed	
If this facility opened or closed during report year provide	e:			
Has there been any change in ownership				
or operation during this report year?	O Yes	• No If	"Yes," explain full	.y.

Administrator		N . II	1	
Name of Administrator		Nursing Home		
Thomas Russo		Administrator's		
Other Operators/Owners who are assistant administrators	(full an mont time)	License No.	:[
Name	(tuil of part tille)	License No.	.1	
Name		License No.	1	

General Information and Questionnaire Partners/Members

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimb Legal Name of Partnership/LLC		License No. 2369	Report for Y 9/30/2018	ear Ended	Page of 37			
Emerson Drive South Operations LLC, d/b/a Kin Legal Name of Partnership/LLC		Business A			s) and/or Town(s) in Thich Registered			
Name of Partners/Members	Business Ac	ldress	,	Γitle	% Owned			

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
1 Emerson Drive South Operations LLC, d/b	2369 9/30/2018			3A 37
If this facility is owned or operated as a corpo	oration, provide the	e following informat	ion:	
Legal Name of Corporation	Busines	s Address	State(s) in Whi	ch Incorporated
1 Emerson Drive South	101 East State Str	eet, Kennett	PA	
Operations LLC, d/b/a Kimberly	Square, PA 1934	8		
South Center				
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
See Attached				
Names of Stockholders Owning at Least				
10% of Shares				
See Attached				

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive South Operations LLC, d/b/a Kir	2369	9/30/2018	3B 37
If this facility is owned or operated as an individua	ıl proprietorship, p	rovide the following informat	ion:
	ner(s) of Facility		

General Information and Questionnaire **Related Parties***

Name of Facility		License			Report for Year Ended		Page	of
1 Emerson Drive South	Operations LLC, d/b/a Kimberly		2369		9/30/2018		4	37
A ' 1' ' 1 1		'1'4	1 4 1 41	1		TC037 0 '1 .1	>T /A 1	1 1
1	eiving compensation from the fac	•		_		If "Yes," provide th		
marriage, ability to cont	rol, ownership, family or busine	ss assoc	ciation?	0	Yes • No	complete the inforn	nation on Pa	ige 11 of the report.
	companies which provide goods							
	roperty or the loaning of funds to		•					
	ssociation, common ownership,		-	ness	⊙ Yes ○ No			
association to any of the	e owners, operators, or officials of	of this fa	acility?			If "Yes," provide th	e following	information:
								_
			so Provi			Indicate Where		
			ds/Servi			Costs are Included		
Name of Related	Business		Related 1		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company		Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	•	0		Home Office	Pg 16/m12	421,446	421,446
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	•	0	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	993,346	993,346
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	0	•	50%	Staffing Pool	Pg 10/A12, p15-1	9,764	9,764
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	•	0	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	28,680	28,680
Career Staffing	101 East State Street, Kennett Square, PA 19348	•	0	91%	Outside Agency	Pg 13/B11 pg 10-12, 15	5,089	5,089
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	•	0	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	94,795	94,795
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	•	0		Insurance	Pg 27/14	209,813	209,813
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	•	0		Capital Interest	Page 17, page 26-12A	41,692	41,692

^{*} 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	OI				
1 Emerson Drive South Operations LLC, d/b/a	2369	9/30/2018			37				
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TB	I services with special Medica:	id rates,	costs				
must be allocated to CCNH and RHNS as follo-	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 EA	СН				
Nursing		employee o	classification, i.e., Director (or	Charge	Nurse),				
		Registered	Nurses, Licensed Practical Nu	rses, Ai	ides and				
		Attendants							
Direct Resident Care Consultants]	Number of	hours of resident care provide	d by EA	С Н				
	2	specialist	(See listing page 13)	•					
Maintenance and operation of plant	;	Square feet							
Property costs (depreciation)	3	Square fee	t						
Employee health and welfare		Gross salaı	ries						
Management services		Appropriat	te cost center involved						
All other General Administrative expenses	,	Total of Di	irect and Allocated Costs						
The preparer of this report must answer the foll	owing questi	ons applic	able to the cost information pro	ovided.					
1. In the preparation of this Report, were all	O W	0 N	If "No," explain fully why suc	h alloca	ation was				
costs allocated as required?	Yes	O No	not made.						
2. Explain the allocation of related company ex	penses and a	ittach copy	of appropriate supporting data	 1.					
	•		11 1						
3. Did the Facility appropriately allocate and se	elf-disallow o	direct and i	indirect costs to non-nursing ho	ome cos	t centers?				
(e.g., Assisted Living, Home Health, Outpat:			•						
	If "No," explain fully why suc	sh allog	ation was						
	O Yes	O No	not made.	anoca	mon 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.

		License No.	Report for Y	ear Ended		Page	of
b/a Kimb	erly So	2369	9/30/2018			6	37
			.	T			
		5					
1	1	Description of Items Leased	Lease**	Lease	of Lease	Clai	med
0	0						
0	0						
0	0						
0	0						
0	0						
0	0						
0	0						
0	0						
0	0						
0	0						
1	Relation Own Oper Off Yes O O O O O O O O O O O O O O O O O O O	Related * to Owners, Operators, Officers Yes No O O O O O O O O O O O O O O O O O O	Related * to Owners, Operators, Officers Yes No Description of Items Leased O O O O O O O O O	Related * to Owners, Operators, Officers	Related * to Owners, Operators, Officers Date of Lease ** Lease	The A Kimberly So	Ab/a Kimberly So 2369 9/30/2018 6 Related * to Owners, Operators, Officers Description of Items Leased Date of Lease ** Lease Term of Amount of Lease Clair O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O

Is a Mileage Log Book Maintained for All Leased Vehicles?

^{*} 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.

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General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive South Operations	2369	9/30/2018	7 37
		were maintained on the following basis:	
	•	2	
	Modified Cash		
Is the accounting basis for this			
•	Yes	If "No," explain.	
previous period?	No		
Independent Accounting Firm			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	
1 Wells fargo institutional Retires	ment and Trust	PO BOX 563957	,
2	mont and Trast	Charlotte NC 28556	
3		2000	
4			
Services Provided by This Firm (des	scribe fully)		
1 401K plan auditing for collective bars	gainning unit employees		\$
2	3 3 1 7		\$
3			\$
4			\$ \$
<u>-</u>			Charge for Services Provided
And There Changes Deflected in the France	dituus Dantian af This Danage 163	Yes, Specify Expense Classification and Line No.	\$
O Yes O No	liture Fortion of This Report? If	res, specify Expense Classification and Line No.	
Legal Services Information			
Name of Legal Firm or Independent	t Attorney		Telephone Number
1 Greater Windsor Probate Court			860-644-2511
2			
3			
4			
5			
Address (No. & Street, City, State, 2			
1 1540 Sullivan Ave South Wind	lsor, CT 06074		
2			
3			
4			
5 Services Provided by This Firm (de.)	a a wile a fully.)		
Services Provided by This Firm (aes	scribe jully)		
1 Probate Court Fees for conservatorshi	ip		\$
2			\$
3 Saving on R.E tax reduction based on	the tax assessment		\$
4			\$
5			\$
			Charge for Services Provided
			\$
Are These Charges Reflected in the Expend	diture Portion of This Report? If	Yes, Specify Expense Classification and Line No.	
• Yes O No	Legal Fees pg. 15 1-e		
O 105 O 110			

Schedule of Resident Statistics

Name of Facility			License N	No.			Report fo	r Year Ende	ed		Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimb	erly South	n Centei	2	369			9/30/2018				8	37
						Period 10	/1 Thru 6/	30		Period 7/	1 Thru 9/3	30
	T. 4.1 A 11	Total	Total RHNS	Total								
	Total All Levels	CCNH Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity				(1 3)				(1 3)				(1 3)
A. On last day of PREVIOUS report period	180	180			180	180			180	180		
B. On last day of THIS report period	180	180			180	180			180	180		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	94	94			94	94			95	95		
B. As of midnight of THIS report period	95	95			95	95			95	95		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,490	5,490			4,463	4,463			1,027	1,027		
B. Medicaid (Conn.)	23,893	23,893			17,668	17,668			6,225	6,225		
C. Medicaid (other states)												
D. Private Pay	1,847	1,847			1,414	1,414			433	433		
E. State SSI for RCH												
F. Other (Specify)	3,993	3,993			3,006	3,006			987	987		
G. Total Care Days During Period (3A thru F)	35,223	35,223			26,551	26,551			8,672	8,672		
Total Number of Days Not Included in Figures in 3G												
4. for Which Revenue Was Received for Reserved												
Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	2	2			1	1			1	1		
5. Total Resident Days (3G + 4A + 4B)	35,225	35,225			26,552	26,552			8,673	8,673		

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Schedule of Resident Statistics (Cont'd)

Name of Faci	ame of Facility License No. Report for Year Ended								Page	of				
1 Emerson D	rive Sou	th Opera	ations LLC, d/b/	2	2369					9/30/201	8		9	37
	-	_			pacity du	ıring t	the repo	ort yea	ar?	0	Yes	•	No	
		Place of	f Change		Cł	nange	in Bed	s		Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	d			_		
Chamas										1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
5 If there y	was anv	change	in certified hed	canac	ity during	the r	enort v	ear (a	s renor	ted in iter	n 4 ahove)	provide the nu	mber of	
	-	-		_		, the i	Сроге у	cur (u	з терог	ted in itel	11 1 400 (0)	provide the na		
1	Change in Resident Days 1st change								(Spe	ecify)				
	_													
Finerson Drive South Operations LLC, db 2369 9/30/2018 9 37														
		ļ	Medicare		Medi	caid				Se	elf-Pay		Other Sta	te Assisted
	Τ.		COM		CNIII	DI	ID IC	00	SNILL	DI	Dic	(0 :0)	D C II	ICE IID
No. of R		,		C		KI	HNS	CC		KI	1NS	(Specify)	K.C.H.	ICF-IID
		,	13		/1				11					
b. Two	bed rms		557.85		209.32				390.71					
c. Three	or mor	e												
bed 1	rms.													
7 T (1)		CDI :	1.771							то.	T 4 T	CCNIII	DIDIC	(C :C)
				ımenı	S					10			KHNS	(Specify)
R.	Medica	id (Excl	lusive of Part R	1							2,063	2,063		
В.														
											994	994		
											20,385	20,385		
											23,442	23,442		
				nents										
											249	249		
В.		es South Operations LLC, drb 2369 9/30/2018 9 37 any changes in the certified bed capacity during the report year? O Yes © No provide the following information: Place of Change Change Change in Beds Capacity After Change CNH RHNS (Specify) Lost Gained (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) CNH RHNS (Specify) Reason for Change in Beds any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of IT DAYS for 90 days following the change. Change in Resident Days CCNH RHNS (Specify) Change in Resident Days CCNH RHNS (Specify) Reason for Change in Resident Days CCNH RHNS (Specify) Residents and Rates on September 30 of Cost Year Medicare Medicare Medicard Self-Pay Other State Assiste tem CCNH CCNH RHNS (Specify) Rate Irm. didents 13 77 11 11 11 11 11 11 11 11 11 11 11 11												
											146	146		
C.		torutive	Treatments											
		peech T	herapy Treatm	ents										
					ments									
A.	Medica	re - Par	t B								1,172	1,172		
B.		,												
		torative	Treatments											
	Other Total ()ccupat	onal Therapy T	roatn	onts					1	20,254	20,254 22,204		
υ.	1 omi C	лсирин	ониі і негиру І	reuin	ienis					Į	44,404	22,204		

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year	Ended	Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimberly Sou	2369		9/30/2018		10	37
Are time records maintained by all individuals receiving com	pensation?	•	Yes	0	No	
			Total Cost a	nd Hours	•	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III	126.205	2.006				
of Schedule A1)	136,295	2,086				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone	100 800	9.047				
operator, clerks, receptionists, etc.) 5. Dietary Service	199,800	8,947				
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	26,899	1,730				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	47,292	1,739				
b. Other Maintenance Workers	17,631	1,076				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
Accounting Services Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	112,709	2,064				
b. RN	112,707	2,004				
1. Direct Care	806,205	20,231				
2. Administrative**	161,204	4,024				
c. LPN	- , -	,-				
1. Direct Care	1,141,969	37,848				
2. Administrative**						
d. Aides and Attendants	1,483,501	84,671				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists	122.664	6.110				
h. Recreation Workers	122,664	6,119				
i. Physicians1. Medical Director						
Wedical Director Utilization Review						
3. Resident Care***						
4. Other (Specify)						
·· - ···· (open,)						
j. Dentists						
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	177,530	6,082				-
n. Marketing						
o. Other (Specify)						
See Attached Schedule	78,827	4,383				
A-13. Total Salary Expenditures	4,512,527	180,999	1			

^{*} 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	(Specify)		
Position		\$	Hours	\$	Hours	\$	Hours	
Ward Clerks	0	0	0					
Central Supply	0	4,987.62	284					
Medical Records	0	38,178.65	2,271					
Nursing Unit Secretary	0	35,660.81	1,828					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
0	0	0	0					
Total		78827	4383	\$ -	-	\$ -	-	

Schedule of Other Fees (Page 13)

		CC	NH	RH	NS	(Spe	cify)
Service		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	1,257.07	n/a				
3010620020	Purchased Services	160.00	n/a				
3015620020	Purchased Services	8,729.15	n/a				
3155620020	Purchased Services	57,071.34	n/a				
0	0	1	n/a				
0	0	1	n/a				
0	0	1	-				
0	0	-	n/a				
0							
0							
0							
Total		67218	0	\$ -	-	\$ -	-

CSP-11 Rev. 10/2005

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

Name of Facility				License No.		Report for	Year Ended		Page	of
1 Emerson Drive South Operation	s LLC, d/b/ε	a Kimberly				9/30/2018			11	37
		Salary Paid	d	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section 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.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
1 Emerson Drive South Operations	s LLC, d/b/	a Kimberly	South Cente	2369		9/30/2018			12	37
Name	ССИН	Salary Pai		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked		Name and Address of All	Total Hours Worked	Compensation Received
Section III - Administrators***	CCNII	KIINS	(Specify)	(describe fully)	Services Rendered	worked	Page 10	Other Employment**	worked	Received
Thomas Russo	136,295				Management of Center	2,086	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 <u>all</u> other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
1 Emerson Drive South Operations LLC, d/b/a Kim	236	59	9/30/2018		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	12,055	83				
3. Pharmacist	10,130	207				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	875,389	11,992				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	97,289	515				
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)						
Staff Development Committee (Once annually)						
e. Other (Specify)						
e. Other (specify)						
9. Speech Therapist						
a. Resident Care	51 201	656				
b. Other	51,201	656				
10. Occupational Therapist						
a. Resident Care	107.627	1 474				
	107,637	1,474				
b. Other 11. Nurses and aides and attendants						
a. RN	1.715	20				
1. Direct Care	1,715	29				
2. Administrative***						
b. LPN	2 = 1 2					
1. Direct Care	3,710	88				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	67,218					
3-13 Total Fees Paid in Lieu of Salaries	1,226,343	15,043				

^{*} 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 1 Emerson Drive South Operations LLC, d	License No. /b/a Kimberly 2369		Report for Y 9/30/2018	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Operator	* to Owners, rs, Officers	Explanation of Relationship		
		Yes	No			
		•	0			
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	•	0	Common Own	ership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	•	0	Common Own	ership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	•	0	Common Ownership		
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	•	0	Common Own	ership	
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
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		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

Emerson Drive South Operations LLC, db/a K 2369 9/30/2018 15 37	Name of Facility	Licer	ise No.	Report for Y	ear Ended	Page	of
Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 208,304 208,304 2. Disability Insurance \$ 57,834 57,834 3. Unemployeent Insurance \$ 57,834 57,834 4. Social Security (F.I.C.A.) \$ 333,251 333,251 5. Health Insurance \$ 383,229 383,229 6. Life Insurance (employees only) (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 17,890 17,890 8. Uniform Allowance \$ 17,890 17,890 9. Other (Specify) \$ 17,890 17,890 See Attached Schedule \$ 17,890 17,890 b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 322,589 322,589 d. Accounting and Auditing \$ 32,589 322,589 d. Accounting and Auditing \$ 32,589 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 322,589 322,589 e. Liegal (Services should be fully described on Page 7) \$ 5 f. Insurance on Lives of Owners and \$ 5 52,888 f. Telephone & Page 79 \$ 5 52,888 d. Accounting the Auditi		Operations LLC, d/b/a K	2369	_		•	37
Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 208,304 208,304 2. Disability Insurance \$ 57,834 57,834 3. Unemployeent Insurance \$ 57,834 57,834 4. Social Security (F.I.C.A.) \$ 333,251 333,251 5. Health Insurance \$ 383,229 383,229 6. Life Insurance (employees only) (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 17,890 17,890 8. Uniform Allowance \$ 17,890 17,890 9. Other (Specify) \$ 17,890 17,890 See Attached Schedule \$ 17,890 17,890 b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 322,589 322,589 d. Accounting and Auditing \$ 32,589 322,589 d. Accounting and Auditing \$ 32,589 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 322,589 322,589 e. Liegal (Services should be fully described on Page 7) \$ 5 f. Insurance on Lives of Owners and \$ 5 52,888 f. Telephone & Page 79 \$ 5 52,888 d. Accounting the Auditi		·					
Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 208,304 208,304 2. Disability Insurance \$ 57,834 57,834 3. Unemployeent Insurance \$ 57,834 57,834 4. Social Security (F.I.C.A.) \$ 333,251 333,251 5. Health Insurance \$ 383,229 383,229 6. Life Insurance (employees only) (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 17,890 17,890 8. Uniform Allowance \$ 17,890 17,890 9. Other (Specify) \$ 17,890 17,890 See Attached Schedule \$ 17,890 17,890 b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 322,589 322,589 d. Accounting and Auditing \$ 32,589 322,589 d. Accounting and Auditing \$ 32,589 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 32,889 322,589 d. Accounting and Auditing \$ 322,589 322,589 e. Liegal (Services should be fully described on Page 7) \$ 5 f. Insurance on Lives of Owners and \$ 5 52,888 f. Telephone & Page 79 \$ 5 52,888 d. Accounting the Auditi							
a. Employee Health & Welfare Benefits 1. Workmen's Compensation 2. Disability Insurance 3. Unemployment Insurance 3. Unemployment Insurance 5. 57,834 4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* 4. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Resident Day User Fee 5. 563,041 5. 63,041 5. 644 5. 644 5. 644 5. 644 5. 644 5. 63,041 5. 63,041				Total	CCNH	RHNS	(Specify)
1. Workmen's Compensation S 208,304 208,304 2. Disability Insurance S S7,834 57,834 4. Social Security (F.I.C.A.) S 333,251 333,251 5. Health Insurance S 57,834 57,834 4. Social Security (F.I.C.A.) S 333,251 333,251 5. Health Insurance S 383,229 383,229 6. Life Insurance (employees only) (not-owners and not-operators) S (not-owners and and Insurance S S S S S S S S S							
2. Disability Insurance S 3. Unemployment Insurance S 57,834 57,834 4. Social Security (F.I.C.A.) S 333,251 333,251 333,251 5. Health Insurance S 333,251 333,251 333,251 5. Health Insurance (employees only) (not-owners and not-operators) S (not-owners and not-operators) S (not-owners and not-operators) S (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 139,920 (139,920 (139,920 139,920 (139,920							
3. Unemployment Insurance \$ 57,834 57,834 4. Social Security (F.I.C.A.) \$ 333,251 333,251 333,251 5. Health Insurance \$ 383,229 383,229 6. Life Insurance (employees only) (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 17,890 17,890 17,890 \$ 17,890 17,890 \$		1	\$	208,304	208,304		
4. Social Security (F.I.C.A.) 5. Health Insurance 6. Life Insurance (employees only) (not-owners and not-operators) 7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 1. Telephone & Pagers 3. 13,060 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* See Attached Schedule 3. Resident Day User Fee \$ 563,041 \$ 563,041			\$				
5. Health Insurance \$ 383,229 383,229 6 6. Life Insurance (employees only) (not-owners and not-operators) \$ 7. Pensions (Non-Discriminatory) \$ 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 17,890 17,890 \$ 17,890 \$ See Attached Schedule \$ 17,890 17,890 \$ See Attached Schedule \$ 18,990 17,890 17,890 \$ See Attached Schedule \$ 18,990 17,990 17,990 17,990 17,890 \$ See Attached Schedule \$ 18,990 17,990 17,990 17,990 17,990 17,990 17,990 17,990 17,990 17,990 17,890 17			\$	57,834	57,834		
6. Life Insurance (employees only)		· , , , , , , , , , , , , , , , , , , ,	\$	333,251	333,251		
(not-owners and not-operators) \$ 139,920 139,920 139,920 (not-owners and not-operators) \$ 139,920 139,920 (not-owners and not-operators) \$ 8. Uniform Allowance \$ 9. Other (Specify) \$ 17,890 17,890 17,890 See Attached Schedule \$ 9. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 17,890 17,8			\$	383,229	383,229		
7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify) * g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	6. Life Insurance	ce (employees only)					
(not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephones 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	,	. ,					
8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing c. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	7. Pensions (No	on-Discriminatory)	\$	139,920	139,920		
9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies 1. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 5 1,011 1,011 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) S. Cother (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041							
See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephone & Pagers 2. Cellular Phones s 13,060 2. Cellular Phones s 1,011 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	8. Uniform Allo	owance	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephone & Pagers 2. Cellular Phones i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	9. Other (Specif	fy)	\$	17,890	17,890		
Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies f. Telephone and Cellular Phones f. Telephone & Pagers f. Telephone & Pagers f. Telephone & Pagers f. Telephone be pagers f. Te	See Attached	l Schedule					
Operators (Discriminatory)*	b. Personal Retirem	nent Plans, Pensions, and	\$				
c. Bad Debts* \$ 322,589 322,589 d. Accounting and Auditing \$ \$ e. Legal (Services should be fully described on Page 7) \$ f. Insurance on Lives of Owners and Operators (Specify)* \$ 22,858 g. Office Supplies \$ 22,858 22,858 h. Telephone and Cellular Phones \$ 13,060 13,060 2. Cellular Phones \$ 1,011 1,011 i. Appraisal (Specify purpose and attach copy)* \$ j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) \$ l. Income* \$ 2. Other (Specify) \$ 644 See Attached Schedule \$ 3. Resident Day User Fee \$ 563,041	Profit Sharing Pl	ans for Owners and					
d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephones 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	Operators (Discr	iminatory)*					
d. Accounting and Auditing e. Legal (Services should be fully described on Page 7) f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies h. Telephone and Cellular Phones 1. Telephone & Pagers 1. Telephones 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041							
e. Legal (Services should be fully described on Page 7) \$ f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 22,858 22,858 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 13,060 13,060 2. Cellular Phones \$ 1,011 1,011 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) \$ 644 644 See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	c. Bad Debts*		\$	322,589	322,589		
f. Insurance on Lives of Owners and Operators (Specify)* g. Office Supplies \$ 22,858 22,858 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 13,060 13,060 2. Cellular Phones \$ 1,011 1,011 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	d. Accounting and	Auditing	\$				
Operators (Specify)* g. Office Supplies \$ 22,858 22,858 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 13,060 13,060 2. Cellular Phones \$ 1,011 1,011 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) \$ 644 644 See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	e. Legal (Services s	hould be fully described on Pa	ige 7) \$				
g. Office Supplies \$ 22,858 22,858 h. Telephone and Cellular Phones 1. Telephone & Pagers \$ 13,060 13,060 2. Cellular Phones \$ 1,011 1,011 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	f. Insurance on Liv	es of Owners and	\$				
h. Telephone and Cellular Phones 1. Telephone & Pagers 2. Cellular Phones 3. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 13,060 13,060 13,060 \$ 1,011 1,011 \$ 644	Operators (Speci	fy)*					
1. Telephone & Pagers \$ 13,060 13,060 2. Cellular Phones \$ 1,011 1,011 i. Appraisal (Specify purpose and attach copy)* \$	g. Office Supplies		\$	22,858	22,858		
2. Cellular Phones \$ 1,011 1,011 i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) \$	h. Telephone and C	ellular Phones					
i. Appraisal (Specify purpose and attach copy)* j. Corporation Business Taxes (franchise tax) k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	1. Telephone &	Pagers	\$	13,060	13,060		
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	2. Cellular Pho	nes	\$	1,011	1,011		
j. Corporation Business Taxes (franchise tax) \$ k. Other Taxes (Not related to property - See Page 22) 1. Income* \$ 2. Other (Specify) \$ See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	i. Appraisal (Specij	fy purpose and	\$				
k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	attach copy)*						
k. Other Taxes (Not related to property - See Page 22) 1. Income* 2. Other (Specify) See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041							
1. Income* \$ 2. Other (Specify) \$ 644 644 See Attached Schedule \$ 563,041 563,041 3. Resident Day User Fee \$ 563,041 563,041	j. Corporation Bus	iness Taxes (franchise tax)	\$				
2. Other (Specify) \$ 644 644 See Attached Schedule \$ 563,041 563,041 3. Resident Day User Fee \$ 563,041 563,041	k. Other Taxes (No.	t related to property - See Pag	e 22)				
See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	1. Income*		\$				
See Attached Schedule 3. Resident Day User Fee \$ 563,041 563,041	2. Other (Specif	fy)	\$	644	644		
	3. Resident Day	User Fee	\$	563,041	563,041		
			\$	2,063,631	2,063,631		

^{*} 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

1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
3005520020	Union Health & Welfar	\$ 678	\$ -	
3030520020	Union Health & Welfar	\$ -	\$ -	
3040520020	Union Health & Welfar	\$ 263	\$ -	
3080520020	Union Health & Welfar	\$ 366	\$ -	
3225520020	Union Health & Welfar	\$ 13,989	\$ -	
5035520020	Union Health & Welfar	\$ 142	\$ -	
3040520050	Employee Benefits-Oth	\$ 252	\$ -	
3225520050	Employee Benefits-Oth	\$ 2,155	\$ -	
3080520060	Benefit Allocations	\$ 45	\$ -	
	0	\$ -	\$ -	
	0	\$ -	\$ -	
Total		\$ 17,890	\$ -	\$ -
		0		

Schedule of Other Taxes

Description		CCNH	RHNS	}	(Spec	eify)
1020640110	Sales Tax	\$ 644				
1020640110	Sales Tax	\$ -				
0	0	\$ -				
0	0	\$ -				
Total		\$ 644	\$	-	\$	-

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

Item	Name of Facility	License No.	Report for	Year Ended	Page	of
Item	1	2369	•		-	37
Subtotals Brought Forward: 2,063,631 2,064,631	•	<u> </u>				
Subtotals Brought Forward: 2,063,631 2,063,631 2,063,631 1.						
1. Travel and Entertainment 1. Resident Travel and Entertainment 2. Holiday Parties for Staff \$ 125 125 125 125 3. Gifts to Staff and Residents \$ 298 298 298 298 5. Education Expenses Related to Seminars and Conventions \$ 655 65	Item		Total	CCNH	RHNS	(Specify)
1. Resident Travel and Entertainment 2. Holiday Parties for Staff 5 12		ls Brought Forward:	2,063,631			(1 3)
2. Holiday Parties for Staff \$ 125 125	Travel and Entertainment					
3. Gifts to Staff and Residents 4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** See Attached Schedule 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 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319	Resident Travel and Entertainment	\$	S			
3. Gifts to Staff and Residents 4. Employee Travel 5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** See Attached Schedule 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 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319	2. Holiday Parties for Staff	\$	125	125		
5. Education Expenses Related to Seminars and Conventions 6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** See Attached Schedule 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 * 8. Dues and Membership Fees to Professional directly and not by contract or fee for service)*** * 8. Dues and Membership Fees to Professional directly and complete see Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 761 761 761 761 761 761 761 761 761 761		\$	3			
6. Automobile Expense (not purchase or depreciation) 7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** See Attached Schedule 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 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule 4,612 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** 4 421,274 13. Other (Specify) See At3319 48,319	4. Employee Travel	\$	298	298		
7. Other (Specify) See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) 3. Advertising Other (Specify)*** See Attached Schedule 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 * S. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule Schedule 12. Administrative Management Services** 421,274 421,274 421,274 13. Other (Specify) See 48,319 48,319	5. Education Expenses Related to Seminars an	d Conventions \$	655	655		
See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses)*** 3. Advertising Other (Specify)*** See Attached Schedule 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 \$ 2,175 2,175 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 761 761 10. Contributions*** \$ 2,360 2,360 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319	6. Automobile Expense (not purchase or depre	eciation) \$	•			
See Attached Schedule m. Other Administrative and General Expenses 1. Advertising Help Wanted (all such expenses) 2. Advertising Telephone Directory (all such expenses) ** \$ 3. Advertising Other (Specify)*** \$ See Attached Schedule 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 \$ * 8. Dues and Membership Fees to Professional \$ Associations (Specify) \$ See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 10. Contributions*** \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	7. Other (<i>Specify</i>)	\$	3			
1. Advertising Help Wanted (all such expenses) \$ \$ 2. Advertising Telephone Directory (all such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 15,169 15,169 See Attached Schedule 4. Fund-Raising*** \$ \$ 15,169 15,169 See Attached Schedule 4. Fund-Raising*** \$ \$ \$ 15,169 15,169 See Attached Schedule 4. Fund-Raising*** \$ \$ \$ \$ 15,169 15,169 See Attached Schedule \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
2. Advertising Telephone Directory (all such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 5. See Attached Schedule 4. Fund-Raising*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 7. Postage \$ 8. Dues and Membership Fees to Professional \$ 8. Dues and Membership Fees to Professional \$ 8. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 9. Subscriptions \$ 10. Contributions*** \$ 8. See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	m. Other Administrative and General Expenses					
2. Advertising Telephone Directory (all such expenses)*** \$ 3. Advertising Other (Specify)*** \$ 5. See Attached Schedule 4. Fund-Raising*** \$ 5. Medical Records \$ 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 7. Postage \$ 8. Dues and Membership Fees to Professional \$ 8. Dues and Membership Fees to Professional \$ 8. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 761 761 761 761 761 761 761 761 761 761	1. Advertising Help Wanted (all such expenses	\$)	3			
3. Advertising Other (Specify)*** See Attached Schedule 4. Fund-Raising*** 5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule * 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions * 761 10. Contributions*** \$ 2,360 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 421,274 431. Other (Specify) \$ 48,319			<u>, </u>			
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 * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 761 761 10. Contributions*** \$ 2,360 2,360 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 48,319 48,319			15,169	15,169		
5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 2,175 2,175 * 8. Dues and Membership Fees to Professional \$ 12,842 12,842 Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 761 761 10. Contributions*** \$ 2,360 2,360 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 4,612 4,612 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	See Attached Schedule					
5. Medical Records 6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** 7. Postage \$ 2,175 2,175 * 8. Dues and Membership Fees to Professional \$ 12,842 12,842 Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 761 761 10. Contributions*** \$ 2,360 2,360 See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 4,612 4,612 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	4. Fund-Raising***	\$				
directly and not by contract or fee for service)*** 7. Postage \$ 2,175 2,175 \$ * 8. Dues and Membership Fees to Professional \$ 12,842 12,842 \$ Associations (Specify) \$ See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 9. Subscriptions \$ 761 761 \$ 10. Contributions*** \$ 2,360 2,360 \$ See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 4,612 4,612 \$ Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 \$ 13. Other (Specify) \$ 48,319 48,319		\$	•			
directly and not by contract or fee for service)*** 7. Postage * 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 761 761 10. Contributions*** \$ 2,360 2,360 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 48,319 48,319	6. Barber and Beauty Supplies (if this service i	s supplied \$				
7. Postage \$ 2,175 2,175 * 8. Dues and Membership Fees to Professional \$ 12,842 12,842 Associations (Specify) \$ 2,175 See Attached Schedule \$ 12,842 12,842 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$ 1.0. Contributions*** \$ 2,360 2,360 See Attached Schedule \$ 2,360 2,360 See Attached Schedule \$ 4,612 4,612 Schedule C-2, Page 21 for each firm or individual) \$ 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	* **					
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 761 761 10. Contributions*** \$ 2,360 2,360 See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	7. Postage	\$	2,175	2,175		
See Attached Schedule 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 761 761 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 4,612 4,612 Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	* 8. Dues and Membership Fees to Professional	\$	12,842	12,842		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** 9. Subscriptions \$ 761 10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 48,319	Associations (Specify)					
9. Subscriptions \$ 761 761 10. Contributions*** \$ 2,360 2,360 See Attached Schedule \$ 4,612 4,612 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) \$ 4,612 4,612 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	See Attached Schedule					
10. Contributions*** See Attached Schedule 11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319	8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.*** \$	3			
See Attached Schedule 11. Services Provided by Contract (Specify and Complete \$ 4,612	9. Subscriptions	\$	761	761		
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319	10. Contributions***	\$	2,360	2,360		
Schedule C-2, Page 21 for each firm or individual) 12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	See Attached Schedule					
12. Administrative Management Services** \$ 421,274 421,274 13. Other (Specify) \$ 48,319 48,319	11. Services Provided by Contract (Specify and	Complete \$	4,612	4,612		
13. Other (Specify) \$ 48,319 48,319	Schedule C-2, Page 21 for each firm or indi	vidual)				
	12. Administrative Management Services**	\$	421,274	421,274		
See Attached Schedule	13. Other (Specify)	\$	48,319	48,319		
	See Attached Schedule					
C-14 Total Administrative & General Expenditures \$ 2,572,221 2,572,221	C-14 Total Administrative & General Expenditures	\$	2,572,221	2,572,221		

^{*} 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	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
Total Other Travel and Entertainment		\$ -	\$ -	\$ -

Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
1020630020	Advertising	1834.66	0	0
1020630330	Marketing Expense	10,874.28	0	0
1020630331	Marketing Exp- Corpo	2,460.04	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0		0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
Total Other Advertising		\$ 15,169	\$ -	\$ -
Total Other Advertising		\$ 15,169	\$ -	3 -

Schedule of Dues

Description		CCNH	RHNS	(Specify)
1020630310	Licenses & Certification	12,842.10	0	0
1020630310	Chamber of commence	0.00	0	0
1020630310	0	0.00	0	0
1020630310	0	0.00	0	0
1020630310	0	0	0	0
1020630310	0	1	0	0
1020630310	0	1	0	0
1020630310	0	-	0	0
1020630310	0	1	0	0
1020630310	0	1	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
0	0	0	0	0
Total Dues		\$ 12,842	\$ -	\$ -

Description			CCNH	RHNS	(Specify)
1020630135		Political Contributions	2,359.98	0	0
	0	0	0	0	0
	0	0	0	0	0
Total Contributions			\$ 2,360	\$ -	\$ -
			\$ -		

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
1020630060	Bank Service Charges	8,504.96	0	0
1020630120	Collection Fees	26,307.38	Disallow	0
1020630180	Employee Physicals	6,727.01	0	0
1020630140	Education Expense	6.25	0	0
1020630200	Employee Relations	979.46	0	0
1020630380	Printing	130.26	0	0
1020630610	Training Expense	485.14	0	0
1020640090	Miscellaneous	(44.41)	0	0
1020660080	Rental Expense	5,263.87	Disallow	0
1020660990	Accrued Expense Estir		Disallow	0
1020720070	State Tax Annual Repo	20.00	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0		0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0		0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
0	0	-	0	0
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0	0		0	0
Total Other Administrative and General		\$ 48,319	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive South Operations LLC,	2369	9/30/2018	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Healthcare, 101 East St., Kennett Square, PA 19348	421,446	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Healthcare, 101 East St., Kennett Square, PA 19348	41,692	Capital Interest	pg 26 12-A-1

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

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

	ne of Facility	License		Report for Y		Page of
1 Ei	nerson Drive South Operations LLC, d/b/a Kimber		2369	9/30/2018	1	18 37
	Item		Total	CCNH	RHNS	(Specify)
2.	Dietary					
	a. In-House Preparation & Service					
	1. Raw Food	\$	162,113	162,113		
	2. Non-Food Supplies	\$	28,026	28,026		
	3. Other (Specify)	\$	(323)	(323)		
	Contra Meal Expense					
	b. Purchased Services (by contract other	\$	568,482	568,482		
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)					
	c. Other (Specify)	\$				
	Books, Dues & Subscriptions					
2D.	Total Dietary Expenditures $(2a + b + c)$	\$	758,298	758,298		
2F.	Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day	.*				
Н.	Is cost of employee meals included in 2E? O	Yes	•	No		
I.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
J.	Where is the revenue received reported in the Cost	t Report	? (Page/Line)	Item)		
**	Is cost of meals provided to persons other	* 7	0	.	If yes, specify	
K.	than employees or residents (i.e., Board O Members, Guests) included in 2E?	Yes	<u></u>	No	cost.	
L.	Is any revenue collected from these people? O	Yes	•	No	If yes, specify amt.	
M.	Where is the revenue received reported in the Cost	t Report	? (Page/Line	Item)		
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	Yes	•	No	If yes, specify cost.	
O.	Is any revenue collected from employees?	Yes	•	No	If yes, specify amt.	
P.	Where is the revenue received reported in the Cost	t Report	? (Page/Line)	Item)		

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

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

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

Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly				ear Ended	Page	of 37
1 Emerson Drive South Operations LLC, d/b/a Kimberry	1	2309	9/30/2018	1	19	37
Item		Total	CCNH	RHNS	(Sp	ecify)
 3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items 	Lbs.	4,960	4,960			
washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
processed.***	Amt. \$					
3. Personal clothing of residents	Lbs.					
washed, ironed, and/or processed.***	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	6,201	6,201			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	151,033	151,033			
c. Other (Specify)	\$					_
3D. Total Laundry Expenditures (3a + b + c)	\$	162,194	162,194			
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.		
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		

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

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

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

Name of Facility		Repo	ort for Year E	nded	Page	of
1 Emerson Drive South Operations LLC, d/b/a	2369		9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	16,423	16,423		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$	208,876	208,876		
Page 21)						
c. Other (<i>Specify</i>)		\$				
T&E-Mileage/Parking/Tolls						
4D Total Housekeeping Expenditures (4a +	-b+c)	\$	225,299	225,299		
5. Resident Care (Supplies)**						
a. Prescription Drugs***		- 1				
1. Own Pharmacy		\$				
2. Purchased from		\$	366,781	366,781		
Neighborcare						
b. Medicine Cabinet Drugs		\$	20,148	20,148		
c. Medical and Therapeutic Supplies		\$	135,315	135,315		
d. Ambulance/Limousine***		\$	23,489	23,489		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	21,005	21,005		
f. X-rays and Related Radiological		\$	14,000	14,000		
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	37,706	37,706		
i. Recreation		\$	31,666	31,666		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
1. Other (Specify)****		\$	97,225	97,225		
Total Resident Care Expenditures						
5M. Total Resident Care Expenditures (5a - :	5j)	\$	747,335	747,335		

^{*} 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

0 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Description		CCNH	RHNS	(Specify)
Advertising-Help War 343.78 0 0 0 0 0 0 0 0 0	3060610160	Incontinency	46,106.21	0	0
Education Expense 1,639.36 0 0 0 0 0 0 0 0 0	3060610161	Incontinency - Rebates	(825.51)	0	0
Supplies	3080630030	Advertising-Help War	343.78	0	0
Supplies 21,259.13 0 0 0 0 0 0 0 0 0	3080630140	Education Expense	1,639.36	0	0
Rental Expense 505.00 0 0 0 0 0 0 0 0 0	3120630530	Supplies	4,339.09	0	0
Section Sect	3155630530	Supplies	21,259.13	0	0
3010610300 Consolidated Billing S,191.67 0 0 0 0 0 3080630310 Licenses & Certificatic 200.00 0 0 0 3165630530 Supplies 46.94 0 0 0 3080640090 Miscellaneous (90.86) 0 0 0 0 0 0 0 0 0	3120660080	Rental Expense	505.00	0	0
Licenses & Certification 200.00 0 0 0 0 0 0 3165630530 Supplies 46.94 0 0 0 0 0 0 0 0 0	3155660080	Rental Expense	18,509.88	0	0
Supplies 46.94 0 0 0 0 0 0 0 0 0	3010610300	Consolidated Billing	5,191.67	0	0
Miscellaneous	3080630310	Licenses & Certification	200.00	0	0
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Total Other Resident Care \$ 97,225 \$ - \$ -	0	0	0	0	0
	Total Other Resident Care		\$ 97,225	\$ -	\$ -

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

Name of Facility		License No.	Report for Year Ende				Page 21	of		
1 Emerson Drive South Open	rations LLC, d/b/a Kin	berly South (Centei	2369	9/30/2018	}				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
Healthcare Services Group	Drive, Bensalem, PA 19020	0	•	Vendor Contracted	Laundry Purchased Services	151,033			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020 Drive, Bensalem, PA	0	•	Vendor Contracted	Housekeeping Purchased Services Dietary Purchased	208,876			20	4b
Healthcare Services Group	19020	0	•	Vendor Contracted	Services	568,482			18	2b
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							
		0	0							

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

^{**} Refer to Page 4 for definition of related.

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

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

Name of Facility License No.	Report for Yo	ear Ended		Page	of
1 Emerson Drive South Operations LLC, d/b/2 2369	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 128,693	128,693			
b. Heat	\$ 62,318	62,318			
c. Light & Power	\$ 130,109	130,109			
d. Water	\$ 90,915	90,915			
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)	\$ 412,034	412,034			
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 2,496	2,496			
c. Non-Movable Equipment	\$ 450	450			
d. Movable Equipment	\$ 53,299	53,299			
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$ 56,246	56,246			
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$ 292,244	292,244			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 141,810	141,810			
c. Personal property taxes	\$				
11. Total Property Expenses $(7e + 8e + 9 + 10)$	\$ 490,300	490,300			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	_		
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

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

Depreciation Schedule

Name of Facility					License No.	iation St		Report for Year E	nded		Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center				236	9		9/30/2018			23	37	
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
Acquired prior to this report period					1,900		1,900	1,029	S/L	Various		
Disposals (attach schedule)					(1,900)		(1,900)	(1,029)				
3. Acquired during this report period (atta	ch sch	edule)										
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period					3,937,907		3,937,907	2,913,367	S/L	Various	0	
Disposals (attach schedule)					(3,937,907)		(3,937,907)	(2,913,367)				
3. Acquired during this report period (atta	ch sch	edule)			69,338		69,338				2,496	
B-4. Subtotal												2,496
C. Non-Movable Equipment												
Acquired prior to this report period					40,761		40,761	9,147	S/L	Various	0	
2. Disposals (attach schedule)					(40,761)		(40,761)	(9,147)				
3. Acquired during this report period (atta	ch sch	edule)			5,191		5,191				450	
C-4. Subtotal												450
	logł	nileage book ained?	Dat Acqui Month	e of sition	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
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule)					448,328		448,328		S/L	Various	52,313 987	
D-3. Subtotal												53,299
E. Total Depreciation												56,246

1 Emerson Drive South Operations LLC, d/b/a Kimberly South Center 9/30/2018

Schedule of Land Improvements Acquired during this report period

		Useful					
Acquisition Date	Description of Item	Cost	Life	Depreciation			
Additions:							
		-	-	-			
		-	-	-			
		-	-	-			
		-	-	-			
		-	1	-			
		-	-	-			
Total additions for	Land Improvements	0		0			
Deletions:							
10/1/2017	Various Deletions (see the attached)	(1,900.00)		(1,029.17)			
-	-	-	-	-			
-	-	-	-	-			
-	-	-	-	-			
-	-	-	-	-			
Total deletions for	Land Improvements	\$ (1,900)		\$ (1,029)			

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	ig improvements required during to		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
11/30/2017	Vinyl plank in common areas	16,974.76	10	1,414.56
12/31/2017	(2) 120 volt 20 amp circuits and duple	1,347.15	20	50.52
2/28/2018	3" drain line from 2nd to 1st floor	4,775.12	20	139.27
5/31/2018	Vinyl Flooring	12,722.13	10	424.07
6/30/2018	Install New Vinyl Flooring	15,858.39	10	396.46
6/30/2018	Install 6ft of New Drain Pipe	2,300.00	20	28.75
6/30/2018	New Magnet Holders Connected to F	2,462.00	20	30.78
8/31/2018	New Mounted LED Lights	2,826.20	20	11.78
9/30/2018	Elevator Tank Heater	2,127.00	15	1
9/30/2018	2 Elevator Doors & Hardware	7,945.41	20	1
		-	-	1
		-	-	1
		-	-	1
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	•
Total additions for	Building Improvements	\$ 69,338		\$ 2,496
Deletions:				
10/1/2017	Various Deletions (see the attached)	(3,937,907.33)		(2,913,366.74)

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

Total deletions for	Building Improvements	\$ (3,937,907)	\$ (2,913,367)	**	-	-	-

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

				Useful		
Acquisition Date	Description of Item	(Cost	Life	Dej	preciation
Additions:						
10/31/2017	Compressor East Wing First Floor		2127.00	10.00		194.98
11/30/2017	Taco Series 1600 heating pump		3064.48	10.00		255.37
Total additions for	Non-Movable Equipment	\$	5,191		\$	450
Deletions:						
10/1/2017	Various Deletions (see the attached)	\$	(40,761)		\$	(9,147)
Total deletions for	Non-Movable Equipment	\$	(40,761)		\$	(9,147)

^{*}Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

		• •	Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
11/30/2017	AT Express Conveyor/Radiant Toaste	563.08	10.00	46.92
12/31/2017	2 Reliant Floor Lifts	5,365.01	7.00	574.82
3/31/2018	Custom mat 5ft x 10ft	1,399.09	5.00	139.91
4/30/2018	7 Qt. Replacement Stainless Steel Bo	936.92	10.00	39.04
5/31/2018	(2) Meal Transport Carts	5,481.28	10.00	182.71
7/31/2018	Sales and Use Tax	146.00	7.00	3.48
Total additions for	Movable Equipment	\$ 13,891		\$ 987
Deletions:				

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

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

Total deletions for Movable Equipment	\$ -	\$ -	**

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

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

^{*}Ties to Page 24, Line C3

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

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

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility		License No.		Report for Year	r Ended		Page	of
1 Emerson Drive South Operations LLC, d/b/a Kimbe	rly Sou	230	2369 9/30/2018			24	37	
			Accumulated					
Dat	e of			Amort. to				
Acqu	sition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing		Amortization	
Item Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
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.

- 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:

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

	e of Facility	License No		Report for Year En	ded		Page	of
1 En	nerson Drive South Operations LL	23	69	9/30/2018			25	37
11.	Property Questionnaire							
	Part A							
	Is the property either owned by the or leased from a Related Party?*	ne Facility	0	Yes	•	No	If "Yes," complete If "No," complete	
	*If any owner or operator of this far business association to any person of a related party transaction.							
	Description			Total				
	1. Date Land Purchased							
	2. Date Structure Completed							
	3. If NOT Original Owner, Date	of Purchase	e					
	4. Date of Initial Licensure							
	5. Total Licensed Bed Capacity			180				
	6. Square Footage							
	7. Acquisition Cost a. Land							
	b. Building							
	Part B - Owner and Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
	1. Financing	1 (10)		15t Wiortgage	Zila Wiortgage	Sta Wortgage	rtii iviortgi	150
	a. Type of Financing (e.g., fi	ixed, variabl	le)					
	b. Date Mortgage Obtained	•	,					
	c. Interest Rate for the Cost	Year						
	d. Term of Mortgage (number	er of years)						
	e. Amount of Principal Borr							
	f. Principal balance outstand							
	Complete if Mortgage was I							
	During Current Cost Ye		1. \					
	g. Type of Financing (e.g., fi	ixed, variabl	le)					
	h. Date of Refinancing i. New Interest Rate							
	i. New Interest Rate j. Term of Mortgage (number)	er of vears)						
	k. Amount of Principal Borr							
	Principal Outstanding on 1		off					
	Part C - Arms-Length Lease			mprovements Only	v			
	Name and Address of Lesso			perty Leased		Term of Lease	Annual Amount	of Lease
Well	Tower / Healthcare REIT, Inc	-	Building an	d Equipment	04/01/11	20		292,244
Addı	ress: One Seagate Suite 1500							
Tole	do, OH 43603-1475							

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 Yea	ar Ended		Page of
1 Emerson Drive South Operations L 2369		9/30/2018			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					,
A. Building, Land Improvement & Non-Movable	e				
Equipment	41 (02	41 (02			
1. First Mortgage Name of Lender	41,692	41,692			
Traine of Lender	Rate				
Address of Lender					
2. Second Mortgage Name of Lender	\$ D-4-				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
Tradiciss of Echaci					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
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)	\$	41,692	41,692		
<u> </u>		· ·	Subtotals f	orward to n	art naga)

(Carry Subtotals forward to next page)

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

Name of Facility License 1			Report for Y	ear Ended		Page	of
1 Emerson Drive South Operations 23	369		9/30/2018			27	37
Item			Total	CCNH	RHNS	(Sno	if.)
	totals Bro	ught Forward:		41,692	KIINS	(Spec	311y)
12. C. Movable Equipment	iotais Dio	ugiit Foi waru.	41,092	41,092			
1. Automotive Equipment		\$					
A. Item	Rate	Amount					
71. Item	Rate	Timount					
Lender							
Address of Lender							
2. Other (Specify)		\$					
A. Item	Rate	Amount					
Lender							
Address of Lender							
D. L.	.						
B. Item	Rate	Amount					
Lender		l .					
Address of Lender							
12. C. 3. Total Movable Equipment Inte	rest						
Expense (C1 + 2)		\$					
12. D. Other Interest Expense (Specify)		\$					
13. Total All Interest Expense (12B7 + 12	C3 + 12D	9) \$	41,692	41,692			
14. Insurance							
a. Insurance on Property (buildings of	only)	\$	2,211	2,211			
b. Insurance on Automobiles		\$					
c. Insurance other than Property (as							
1. Umbrella (Blanket Coverage)	207,603	207,603					
2. Fire and Extended Coverage			_				
3. Other (<i>Specify</i>)							
14d. Total Insurance Expenditures (14a +	b+c)	\$	209,813	209,813			
15. Total All Expenditures (A-13 thru C-		\$		11,358,056			

D. Adjustments to Statement of Expenditures

	Name of Facility 1 Emerson Drive South Operations LLC, d/b/a Kimberly South			ense No.	Report for Year	Ended	Page of
1 Em	erson	Drive South Operations LLC, d/b/a Kimberly So	uth (2369	9/30/2018		28 37
_	_			Total			
	Page			Amount of			
No.	No.	1		Decrease	CCNH	RHNS	(Specify)
Page	10 - S	Salaries and Wages					
1.		Outpatient Service Costs	\$				
2.		Salaries not related to Resident Care	\$				
3.		Occupational Therapy	\$				
4.		Other - See attached Schedule	\$	23,350	23,350		
Page	13 - F	Professional Fees					
5.		Resident Care Physicians **	\$				
6.		Occupational Therapy	\$				
7.		Other - See attached Schedule	\$	1,100,187	1,100,187		
Page	s 15 &	16 - Administrative and General					
8.		Discriminatory Benefits	\$				
9.		Bad Debts	\$	322,589	322,589		
10.		Accounting	\$	•	Í		
10a.		Legal	\$				
11.		Telephone	\$				
12.		Cellular Telephone	\$				
13.		Life insurance premiums on the life					
10.		of Owners, Partners, Operators	\$				
14.		Gifts, flowers and coffee shops	\$				
15.		Education expenditures to colleges or	Ψ				
15.		universities for tuition and related costs					
		for owners and employees	\$				
16.		Travel for purposes of attending	Ψ				
10.		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.		Unallowable Advertising *	\$	15,169	15,169		
19.		Income Tax / Corporate Business Tax	\$	13,107	13,107		
20.		Fund Raising / Contributions	\$	2,360	2,360		
21.		Unallowable Management Fees	\$	(172)	(172)		
22.		Barber and Beauty	Φ	(172)	(1/2)		
23.		Other - See attached Schedule	\$	67,004	67,004		
	18 _ T	Dietary Expenditures	Φ	07,004	07,004		
24.	10 - L	Meals to employees, guests and others					
۷4.		who are not residents	¢.				
Dace	10 7	aundry Expenditures	\$				
	19 - L	* 1					
25.		Laundry services to employees, guests	σ.				
D	20 -	and others who are not residents	\$				
	20 - E	Jousekeeping Expenditures					
26.		Housekeeping services to employees, gues					
		and others who are not residents	\$		4.500.000		
		Subtotal (Items 1 -	26) \$	1,530,488	1,530,488		<u> </u>

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0	23350.02412	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
Total Othe	Total Other Salaries Adjustment			\$ 23,350	\$ -	\$ -

Schedule of Fees Adjustments

Line Ref		Description	CCNH	RHNS	(Specify)
5	Rehabilitation Services	3120620020	144920.14	0	0
5	Rehabilitation Services	3195620020	730468.61	0	0
9	Speech Therapist	3170620020	51200.79	0	0
10	Occupational Therapist	3105620020	107637.39	0	0
12	Other	3010620020	160	0	0
12	Other	3015620020	8729.15	0	0
12	Respiratory Purchased Servies	3155620020	57071.34	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
				0	0
0	0	0	0	0	0
Fees Adju	stments		\$ 1,100,187	\$ -	\$ -
	5 9 10 12 12 12 0 0 0	Semanting Color Color	5 Rehabilitation Services 3120620020 5 Rehabilitation Services 3195620020 9 Speech Therapist 3170620020 10 Occupational Therapist 3105620020 12 Other 3010620020 12 Respiratory Purchased Servies 3155620020 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 Rehabilitation Services 3120620020 144920.14 5 Rehabilitation Services 3195620020 730468.61 9 Speech Therapist 3170620020 51200.79 10 Occupational Therapist 3105620020 107637.39 12 Other 3010620020 160 12 Other 3015620020 8729.15 12 Respiratory Purchased Servies 3155620020 57071.34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 Rehabilitation Services 3120620020 144920.14 0 5 Rehabilitation Services 3195620020 730468.61 0 9 Speech Therapist 3170620020 51200.79 0 10 Occupational Therapist 3105620020 107637.39 0 12 Other 3010620020 160 0 12 Other 3015620020 8729.15 0 12 Respiratory Purchased Servies 3155620020 57071.34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 </td

Schedule of Other A&G Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
16	m13	Collection Fees	1020630120	26307.38	0	0
16	m13	Estimated Accrual	1020660990	-60.75	0	0
16	m8a	Chamber of Commerce	License Fee	0	0	0
16	m13	Non-recurring charges	7010800030	0	0	0
16	m-12	0	0	0	0	0
16	m-13	Penalty and Fines	1020640080	0	0	0
15	1-a-1	adj workers comp	0	-96018.18611	0	0
0	0-Jan	0	0	0	0	0
0	0	0	0	0	0	0
22	6.a	9.9% disallowed Dialysis	Repairs and Maint.	40792.99965	0	0
20	4e	9.9% disallowed Dialysis	Housekeeping	22305.54786	0	0
0	0	9.9% disallowed Dialysis	Capital	39902.91051	0	0
0	0	9.9% disallowed Dialysis	Fair Rent	33774.52925	0	0
Total Othe	r A&G Adj	ustments		\$ 67,004	\$ -	\$ -
			•	0		

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

Item No. Page 27. 28. 29. 30.	Page Li No. N	ine No. Item Description Subtotals Brought Forward sident Care Supplies*** Prescription Drugs	Total Amount of Decrease 1,530,488	Report for Y 9/30/2018 CCNH	ear Ended RHNS	Page 29	of 37
Item No. Page 27. 28. 29. 30.	Page Li No. N	ine No. Item Description Subtotals Brought Forward sident Care Supplies*** Prescription Drugs	Total Amount of Decrease		DHNS		37
No. Page 2 27. 28. 29. 30.	No. N	No. Item Description Subtotals Brought Forward sident Care Supplies*** Prescription Drugs	\$ Amount of Decrease	CCNH	DHNS		
No. Page 2 27. 28. 29. 30.	No. N	No. Item Description Subtotals Brought Forward sident Care Supplies*** Prescription Drugs	\$ Decrease	CCNH	DHNC		
Page 27. 28. 29. 30.		Subtotals Brought Forward sident Care Supplies*** Prescription Drugs	\$	CCNH	DHNC		
27. 28. 29. 30.	20 - Res	Prescription Drugs	\$ 1 530 488		KIIIND	(Spe	cify)
27. 28. 29. 30.	20 - Resi	Prescription Drugs	1,550,100	1,530,488			
28. 29. 30.		1 0					
29. 30.			\$ 366,781	366,781			
30.		Ambulance/Limousine	\$ 23,489	23,489			
		X-rays, etc	\$ 14,000	14,000			
2.1		Laboratory	\$ 37,706	37,706			
31.		Medical Supplies	\$				
32.		Oxygen (non emergency)	\$ 21,005	21,005			
33.		Occupational Therapy	\$				
34.		Other - See Attached Schedule	\$ 44,961	44,961			
Page 2	22 - Mai	intenance 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 2	27 - Inst	urance					
40.		Mortgage Insurance	\$				
41.		Property Insurance	\$				
Other	- Misce	ellaneous					
42.		Other - Indirect	\$ 22,430	22,430			
43.		Interest Income on Account Rec.	\$				
44.		Other - Miscellaneous Administrative	\$ (51,420)	(51,420)			
45.		Management Fees Direct	\$				
46.		Management Fees Indirect	\$				
47.		Other - Direct	\$				
Not F	or Profi	it Providers Only					
48.		Building/Non Movable Eq. Depreciation					
		Unallowable Building Interest -					
		See Attached Schedule	\$				
49.	Total An	mount of Decrease (Items 1 - 48)	\$ 2,009,440	2,009,440			

^{***} 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.

 $1\ Emerson$ Drive South Operations LLC, d/b/a Kimberly South Center 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20.00	5-j	Consolidated Billing	5,191.67	3010610300	-
20.00	5-j	Respiratory Supplies	21,259.13	3155630530	-
20.00	5-j	Respiratory Rental	18,509.88	3155660080	-
-	-	•	-	-	-
-	-	•	-	-	-
-	-	•	-	-	-
-	-	-	-	-	-
-	1	•	-	-	-
-	1	-	-	-	-
-	-	-	-	-	-
Total Oth	er Ancillary	Costs	44,960.68	-	-

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	1	-	-	ı	-
-	-	-	-	-	-
-	-	-	-	-	-
-	1	-	-	ı	-
-	-	-	-	-	-
Total Exce	ess Movable	Equipment Depreciation	-	-	=

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
-	-	-	-	-	-
-		-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-		-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	•	-	-	1	-
Total Othe	er Property	Adjustments	-	-	-

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27.00	14c1	General liability Insurance Adjust	(51,419.89)	-	-
-	1	-	-	-	-
-	-	-	-	-	-
-	-	•	-	-	-
-	1	-	-	-	-
-	-	-	-	-	-
-	-	•	-	-	-
-	1	-	-	-	-
-	-	-	-	-	-
-	1	-	-	-	-
Total Oth	er Adjustm	ents	(51,419.89)	-	-

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
-	-	-	-	ı	1
-	-	-	-	-	-
-	-	-	-	ı	-
-	-	-	-	ı	-
-	-	-	-	1	-
-	-	-	-	ı	1
-	-	-	-	ı	1
-	-	-	-	ı	-
-	-	-	-	ı	-
-	-	-	-	ı	1
Total Una	llowable Bu	uilding Interest	-	ı	1

Schedule of Other - Miscellaneous - Indirect

Page Ref	Line Ref	Description	CCNH	RHNS	i
20.00	5-i	Cable TV	22,429.73	3005660130	allow \$3600
-	-	•	-	I	-
-	-	•	-	ı	-
-	-	•	-	I	-
-	-	•	-	I	-
-	-	•	-	ı	-
-	-	•	-	I	-
-	-	•	=	-	-
Total Oth	er - Miscell	-	22,429.73	-	-

F. Statement of Revenue

Name of Facility License No.		Report for Y	ear Ended		Page of
1 Emerson Drive South Operations LLC, c2369	9/30/2018				30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	9,013,816	9,013,816		
b. Medicaid Room and Board Contractual Allowance **	\$	(4,126,448)	(4,126,448)		
2. a. Medicaid (All other states)	\$, , , , , , ,		
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	2,379,282	2,379,282		
b. Medicare Room and Board Contractual Allowance **	\$	(631,627)	(631,627)		
4. a. Private-Pay Residents and Other	\$	2,477,214	2,477,214		
b. Private-Pay Room and Board Contractual Allowance **	\$	(797,624)	(797,624)		
I. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$	223,846	223,846		
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(59,424)	(59,424)		
c. Prescription Drugs - Non-Medicare	\$	167,280	167,280		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(55,764)	(55,764)		
2. a. Medical Supplies - Medicare	\$	496	496		
b. Medical Supplies - Medicare Contractual Allowance **	\$	(132)	(132)		
c. Medical Supplies - Non-Medicare	\$	220	220		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(95)	(95)		
3. a. Physical Therapy - Medicare	\$	755,564	755,564		
b. Physical Therapy - Medicare Contractual Allowance **	\$	(200,579)	(200,579)		
c. Physical Therapy - Non-Medicare	\$	494,461	494,461		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(167,473)	(167,473)		
4. a. Speech Therapy - Medicare	\$	214,274	214,274		
b. Speech Therapy - Medicare Contractual Allowance **	\$	(56,883)	(56,883)		
c. Speech Therapy - Non-Medicare	\$	119,238	119,238		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(40,897)	(40,897)		
5. a. Occupational Therapy - Medicare	\$	726,862	726,862		
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(192,960)	(192,960)		
c. Occupational Therapy - Non-Medicare	\$	495,450	495,450		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(166,491)	(166,491)		
6. a. Other (Specify) - Medicare	\$	58,560	58,560		
b. Other (Specify) - Non-Medicare	\$	126,077	126,077		
II. Total Resident Revenue (Section I. thru Section II.)	\$	10,756,243	10,756,243		
V. Other Revenue*	ψ	10,/30,243	10,/30,243		
	¢.				
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$	202	202		
5. Interest Income (Specify)	\$	203	203		
6. Private Duty Nurses' Fees	\$	0	0		1
7. Barber, Coffee, Beauty and Gift shops	\$	9,665	9,665		1
8. Other (Specify)	\$	141,713	141,713		
V. Total Other Revenue (1 thru 8)	\$	151,581	151,581		
VI. Total All Revenue (III +V)	\$	10,907,824	10,907,824		

 $^{* \ \}textit{Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.}$

 $^{** \ \} Facility \ should \ report \ all \ contractual \ allowances \ and/or \ payer \ discounts.$

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	10,133.99	0	0
II-6-a	Medicare Part A	Laboratory	17,056.34	0	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	45,632.98	0	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	0	0
II-6-a	Medicare Part A	Audiology	1	0	0
II-6-a	Medicare Part A	Incontinency	-	0	0
II-6-a	Medicare Part A	Oxygen & Supplies	-	0	0
II-6-a	Medicare Part A	Physician Visit	1	0	0
II-6-a	Medicare Part A	Ambulance	-	0	0
II-6-a	Medicare Part A	Flu Shot	6,901.26	0	0
II-6-a	Contractuals-Medicare	X-Ray	(2,690.26)	0	0
II-6-a	Contractuals-Medicare	Laboratory	(4,527.94)	0	0
0	Contractuals-Medicare	Respiratory Therapy & Supplie	(12,114.16)	0	0
0	Contractuals-Medicare	Nursing Treatment Supplies	-	0	0
0	Contractuals-Medicare	Audiology	İ	0	0
0	Contractuals-Medicare	Incontinency	1	0	0
0	Contractuals-Medicare	Oxygen & Supplies	-	0	0
0	Contractuals-Medicare	Physician Visit	-	0	0
0	Contractuals-Medicare	Ambulance	-	0	0
0	Contractuals-Medicare	Flu Shot	(1,832.07)	0	0
Total Other	er Resident Revenue - Med	icare	\$ 58,560	\$ -	\$ -
			\$ 0		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	-	0	0
II-6-b	Medicaid	Laboratory	1,060.32	0	0
II-6-b	Medicaid	Respiratory Therapy & Supplie	12,347.84	0	0
II-6-b	Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Medicaid	Audiology	-	0	0
II-6-b	Medicaid	Incontinency	-	0	0
II-6-b	Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Medicaid	Physician Visit	-	0	0
II-6-b	Medicaid	Ambulance	-	0	0
II-6-b	Medicaid	Flu Shot	-	0	0
II-6-b	Contractuals Medicaid	X-Ray	-	0	0
II-6-b	Contractuals Medicaid	Laboratory	(485.41)	0	0
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	(5,652.74)	0	0
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals Medicaid	Audiology	-	0	0
II-6-b	Contractuals Medicaid	Incontinency	-	0	0
II-6-b	Contractuals Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Contractuals Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals Medicaid	Ambulance	-	0	0
II-6-b	Contractuals Medicaid	Flu Shot	-	0	0

II-6-b	Private and Other	X-Ray	5,536.87	0	0
II-6-b	Private and Other	Laboratory	10,807.59	0	0
II-6-b	Private and Other	Respiratory Therapy & Supplie	35,813.46	0	0
II-6-b	Private and Other	Nursing Treatment Supplies	-	0	0
II-6-b	Private and Other	Audiology	-	0	0
II-6-b	Private and Other	Incontinency	-	0	0
II-6-b	Private and Other	Oxygen & Supplies	-	0	0
II-6-b	Private and Other	Physician Visit	-	0	0
II-6-b	Private and Other	Ambulance	-	0	0
II-6-b	Private and Other	Flu Shot	1	0	0
II-6-b	Private and Other	Capitation Contracts	123,070.00	0	0
II-6-b	Contractuals-Non-Medicaid	X-Ray	(1,782.79)	0	0
II-6-b	Contractuals-Non-Medicaid	Laboratory	(3,479.87)	0	0
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(11,531.37)	0	0
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	1	0	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	1	0	0
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	0	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	0	0
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(39,626.60)	0	0
Total Oth	er Resident Revenue		\$ 126,077	\$ -	\$ -
			\$ 0	•	

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accoun	0000100250	202.82	0	0
0	0	0	-	0	0
0	0	0	-	0	0
Total Interest Income			\$ 203	\$ -	\$ -
			\$ (0)		

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	Rehab Screen Insurance Pa	430060	\$140.00	0	0
0	Rehab Screen-Med B	0	\$40.00	0	0
0	Peachtree Interface	0	141,180.00	0	0
0	reclass: Transportation 610	0	339.00	0	0
0	Account balance adj 08/12	0	13.85	0	0
0	0	0	-	0	0
0	0	0	-	0	0
0	0	0	-	0	0
0	0	0	-	0	0
0	0	0	-	0	0
0	0	0	-	0	0
IV-8	0	0	-	0	0
Total Othe	er Revenue		\$ 141,713	\$ -	\$ -
			\$ (0)		

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	_	
Emerson Drive South Opera	l .	9/30/2018	31	37
	Account			Amount
Assets				
A. Current Assets			Φ.	5 10
1. Cash (on hand and i		(D 1D 1:)	\$	5,13
	Receivable (Less Allowance		\$	1,514,090
	eivable (Excluding Owners	or Related Parties)	\$	19,57
4 Inventories			\$	33,26
5. Prepaid Expenses			\$	108,54
a. Prepaid Expenses		02.407	_	
b. Prepaid Property		92,405	_	
c. Prepaid Personal	1 7	16 120		
d. Prepaid Personal	Property Tax	16,138	d.	
6. Interest Receivable			\$	
7. Medicare Final Sett			\$	
8. Other Current Asset	s (ttemize)		\$	
				
A-9. Total Current Assets (I	Lines Al thru 8)		\$	1,680,61
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreci			
3. Buildings	*Historical Cost		\$	66,84
	Accum. Depreci	ation 2,496 Net		
4. Leasehold Improver	nents *Historical Cost		\$	
	Accum. Depreci	ation Net		
Non-Movable Equip	ment *Historical Cost	5,191	\$	4,74
	Accum. Depreci	ation 450 Net		
6. Movable Equipment	t *Historical Cost	462,220	\$	158,35
	Accum. Depreci	ation 303,870 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreci	ation Net		
8. Minor Equipment-N			\$	
9. Other Fixed Assets			\$	
PPE CIP	()		Ť	
			_	
3-10. Total Fixed Assets	(Lines B1 thru 9)		\$	229,93
. 10.			Ψ	

^{*} Historical Costs must agree with Historical Cost reported in Schedules on (Carry Total forward to next page) Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	P	Page of		
1 Emerson Drive South Operations L	LQ 2369	9/30/2018	3	32 37		
	Account	Account				
		Total Brought Forward:		1,910,546		
C. Leasehold or like property reco	rded for Equity Purpo	ses.				
1. Land			\$			
2. Land Improvements	*Historical Cost					
	Accum. Depreciati	ion Net	\$			
3. Buildings	*Historical Cost					
	Accum. Depreciati	ion Net	\$			
4. Non-Movable Equipment	*Historical Cost					
	Accum. Depreciati	ion Net	\$			
5. Movable Equipment	*Historical Cost					
	Accum. Depreciati	ion Net	\$			
6. Motor Vehicles	*Historical Cost					
	Accum. Depreciati	ion Net	\$			
7. Minor Equipment-Not Depr			\$			
C-8 Total Leasehold or Like Proper	rties (C1 thru 7)		\$			
D. Investment and Other Assets	Investment and Other Assets					
1. Deferred Deposits	1. Deferred Deposits					
2. Escrow Deposits			\$			
3. Organization Expense	*Historical Cost					
	Accum. Depreciati	ion Net	\$			
4. Goodwill (Purchased Only)	1					
5. Investments Related to Resi	dent Care (itemize)		\$			
6. Loans to Owners or Related	Parties (itemize)		\$			
Name and Address	Amount	Loan Date				
			\$	(3,267,974)		
7. Other Assets (itemize)	` ' '					
	I/C Due to/Due From Owned (3,267,974)					
I/C Due to/Due From Mu						
D-8. Total Investments and Other A	\$	(3,267,974)				
D-9. Total All Assets (Lines A9 + B	\$	(1,357,428)				

^{*} 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		Ended		Page	of	
1 Emerson Drive South Operations LLC, d/b		2369	9/30/2018			33	37	
			Account				Amo	ount
Liabilities								
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable				\$		505,662
	2.	Notes Payable (itemize)				\$		
						ı		
						1		
	3.	Loans Payable for Equipme	ent (Current parties) (itamiza)		\$		
	3.	Name of Lender	Purpose	Amount	Date Due	Φ		
		TVallie of Lender	Turpose	Amount	Date Due	ı		
	4.	Accrued Payroll (Exclusive	of Owners and/or S	tockholders only)	<u>I</u>	\$		129,088
	2 (\$		
	6.	Accrued Payroll Taxes Pay	able			\$		972
7. Medicare Final Settlement Payable					\$			
8. Medicare Current Financing Payable						\$		
						\$		
					\$			
11. Accrued Income Taxes*						\$		
	12. Other Current Liabilities (itemize)					\$		298,196
		Accr Exp Other	11,36	64 Accr Exp Water and S	Sew 8,982			
		A/R Credit Gross Up Liability	117,15	55 Deferred Revenue	1,804			
		Accr Exp Gas	4,32	29 Accrued Provider/Bed	l Τε 144,643			
		Accr Exp Electricity		9 Accr Exp Suspense				
A-13	To	tal Current Liabilities (Line	es A1 thru 12)			\$		933,918

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

me of Facility License No. Report		Report for Year	Ended	Page	of
1 Emerson Drive South Operations LLC, o	2369	9/30/2018		34	37
Account				Am	ount
	ht Forward:		933,918		
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment		A	\$	_	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
3. Loans from Owners or Re	lated Parties (itemize	2)	\$		
Name and Address of Lender	Name and Address of Lender Amount Loan Date				
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
4. Other Long-Term Liabiliti	\$		3,731,532		
LT Debt-Financing Obliga					
Escheatable Funds					
B-5. Total Long-Term Liabilities	\$		3,731,532		
C. Total All Liabilities (Lines A-13 + B-5)					4,665,450

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

	ne of Facility License No. Report for Year Ended	Page	
1 Er	nerson Drive South Operations LI 2369 9/30/2018	35	37
	Account		Amount
A.	Reserves		
	1. Reserve for value of leased land	\$	
	2. Reserve for depreciation value of leased buildings and appurtenances		
	to be amortized	\$	
	3. Reserve for depreciation value of leased personal property (<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	\$	700,338
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	(6,272,984)
	6. Gain or Loss for Period 10/1/2017 thru 9/30/2018	\$	(450,230)
	7. Total Net Worth	\$	(6,022,876)
C.	Total Reserves and Net Worth	\$	(6,022,876)
D.	Total Liabilities, Reserves, and Net Worth	\$	(1,357,426)

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H. Changes in Total Net Worth

	•	License No.	Report for Year	Ended	Page	of
1 Eme	erson Drive South Operations LLC	2369	9/30/2018		36	37
		Aı	nount			
Α.	Balance at End of Prior Period as s	\$	(5,572,644)			
В. ′	Total Revenue (From Statement of	Revenue Page 30)		\$	10,907,824
C. '	Total Expenditures (From Statemen	nt of Expenditures	s Page 27)		\$	11,358,056
D.	Net Income or Deficit				\$	(450,232)
E	Balance				\$	(6,022,876)
	Additions 1. Additional Capital Contributed 2. Other (itemize)	(itemize)				
	Total Additions Deductions				\$	
	1. Drawings of Owners/Operators	Partners (Specify	·)		\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
,	2. Other Withdrawings (Specify)				<u>\$</u>	
	Purpose Amount			Ψ		
	•		Time		\$	
	3. Total Deductions A. Balance at End of Period 09/30/18					(6,022,976)
п.	Balance at End of Period 09/30/18			\$	(6,022,876)	

I. Preparer's/Reviewer's Certification

Name of Facility		License No.		Report for Year Ended	Page	of			
1 Emerson Drive South Operations LLC,			2369	9/30/2018	37	37			
Check appropriate category									
V	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home wi		□ (Specify)					
		Preparer/Revie	wer Certificat	ion					
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.									
Signature of Preparer		Title		Date Signed					
Printe	Printed Name of Preparer								
Thomas Farnan Title -Sr. Director of Reimbursement									
Addres Address			Phone Number						
200 Brickstone Square, Andover, MA 01810				978-247-5029					