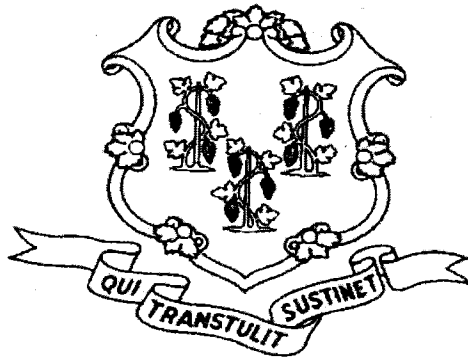


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing	
Address (No. & Street, City, State, Zip Code) 88 Clark Lane, Waterford, CT 06385	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 1048C	RHNS	(Specify)	Medicare Provider 07-5158
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Medicaid Provider Numbers:	CCNH 10488	RHNS	ICF-IID
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For Department Use Only

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

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Annual Report of Long-Term Care Facility

CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New London Sub-Acute	1048C	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 IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) James Murphy			Printed Name (Owner) Shannon Mirlis		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 88 Clark Lane, Waterford, CT 06385				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/7/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-442-0471	Report for Year Ended 9/30/2018	Page 2	of 37
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Name of Facility (as shown on license) 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nu	Address (No. & Street, City, State, Zip) 88 Clark Lane, Waterford, CT 06385
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License Numbers: CCNH 1048C	RHNS (Specify)	Medicare Provider No. 07-5158
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Type of Facility (Check appropriate box(es))

Chronic and Convalescent Nursing Home only (CCNH)
 Rest Home with Nursing Supervision only (RHNS)
 (Specify)

Type of Ownership (Check appropriate box)

Proprietorship
 LLC
 Partnership
 Profit Corp.
 Non-Profit Corp.
 Government
 Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed
---	-------------	-------------

Has there been any change in ownership or operation during this report year?
 Yes
 No
 If "Yes," explain fully.

N/A

Administrator

Name of Administrator James Murphy	Nursing Home Administrator's License No.: 002034
---------------------------------------	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name N/A	License No.:

General Information and Questionnaire
Corporate Owners

Name of Facility 88 Clark Operating, LLC d/b/a New London	License No. 1048C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Related Parties*

Name of Facility 88 Clark Operating, LLC d/b/a New London Sub-Acute	License No. 1048C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
88 Clark Lane Realty, LLC	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>	Rent	Pg. 22 / Line 9	1,224,135	1,386,515
88 Clark Lane Realty, LLC	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>	Real Estate Taxes	Pg. 22 / Line 10b	77,372	78,342
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Physical Therapy	Pg. 13 / Line B5a	243,901	243,901
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Speech Therapy	Pg. 13 / Line B9a	47,673	47,673
Regal Care Rehab	26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	<input type="radio"/>	<input checked="" type="radio"/>	Occupational Therapy	Pg. 13 / Line B10a	275,922	275,922
93 W Main Operating, LLC	93 W Town Street, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Laundry Services	Pg 19 / Line 3C	72,000	72,000
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility 88 Clark Operating, LLC d/b/a New London Su	License No. 1048C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. </div>				
N/A				

**General Information and Questionnaire
 Leases (Excluding Real Property)**

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

Name of Facility		License No.		Report for Year Ended		Page of	
88 Clark Operating, LLC d/b/a New London Sub-Acute and		1048C		9/30/2018		6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Nurse Rosie Products	<input type="radio"/>	<input checked="" type="radio"/>	Case of F3000 probe covers, Rosebud Vital Sign Carts with mounthed thermometers	10/28/16	36 Months	6,852	6,852
Pitney Bowes, Inc. 1 Elmcroft Road, Stamford, CT 06926	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	09/29/09	Open Ended	881	881
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
						Total ***	7,733

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility 88 Clark Operating, LLC d/b/a Nev	License No. 1048C	Report for Year Ended 9/30/2018	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
N/A				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Marcum LLP		555 Long Wharf Drive, 8th Floor, New Haven, CT 06511		
2 Roth & Co		100 Central Ave, Farmingdale, NJ 07727		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Management Advisory Services / Cost Report Preparation				\$ 7,240
2 Financial Review / Tax Preparation				\$ 7,800
3				\$
4				\$
			Charge for Services Provided	
			\$ 15,040	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Murtha Cullina			860-240-6000	
2 BrownJacobson			860-889-3321	
3 Pepper Hamilton LLP			212-808-2700	
4 Treasurer State of CT			860-702-3000	
5 Kaufman & Serota			212-732-6366	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 185 Asylum Street, Floor 29, Hartford, CT 06103				
2 22 Courthouse Sq., Norwich, CT 06360				
3 620 Eithh Ave, 37th Floor, New York, NY 10018				
4 55 Elm Street, Hartford, CT 06106				
5 225 Broadway 1902, New York, NY 10007				
Services Provided by This Firm (<i>describe fully</i>)				
1 Licensing / General Healthcare Regulatory (Disallowed \$497 on Pg 28)				\$ 865
2 Settlement with Dolores Sullivan (Disallowed \$129 on Pg 28)				\$ 257
3 Modification to Loan (Disallowed on page 28)				\$ 2,250
4 Conservatorship Fees (Disallowed on page 28)				\$ 2,025
5 Settlement with ProCaire (Disallowed \$1,250 on Pg 28)				\$ 2,500
			Charge for Services Provided	
			\$ 7,897	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e				

Schedule of Resident Statistics (Cont'd)

Name of Facility 88 Clark Operating, LLC d/b/a New London	License No. 1048C	Report for Year Ended 9/30/2018	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	17	79		7				
Per Diem Rate								
a. One bed rm.	Various	192.58		425.00				
b. Two bed rms.	Various	192.58		375.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,978	1,978		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	125	125		
2. Restorative Treatments	1,123	1,123		
C. Other	11,242	11,242		
D. Total Physical Therapy Treatments	14,468	14,468		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	447	447		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	15	15		
2. Restorative Treatments	139	139		
C. Other	768	768		
D. Total Speech Therapy Treatments	1,369	1,369		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,640	1,640		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	148	148		
2. Restorative Treatments	1,331	1,331		
C. Other	12,699	12,699		
D. Total Occupational Therapy Treatments	15,818	15,818		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
88 Clark Operating, LLC d/b/a New London Sub-Acute and	1048C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	93,854	2,088				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	115,977	3,114				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	60,187	2,155				
c. Dietary Workers	240,408	19,704				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	183,797	15,805				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,059	1,947				
b. Other Maintenance Workers	29,065	2,132				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	211,351	4,231				
b. RN						
1. Direct Care	563,362	14,004				
2. Administrative**	255,174	7,657				
c. LPN						
1. Direct Care	1,054,166	37,568				
2. Administrative**						
d. Aides and Attendants	1,230,374	79,028				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	114,627	7,044				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	70,333	2,097				
n. Marketing	10,140	351				
o. Other (Specify)						
See Attached Schedule	157,623	5,411				
A-13. Total Salary Expenditures	4,443,497	204,336				

* 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)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Admissions	\$ 119,958	3,646				
Medical Records	37,665	1,765				
Total	\$ 157,623	5,411	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
IV Insertion Nurse	\$ 8,528	72				
Respiratory Therapist	360	No Hours				
Independent Nursing Consultant	13,200	120				
Clinical Consultant	4,000	No Hours				
Total	\$ 26,088	192	\$ -	-	\$ -	-

**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				
	88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing	1048C	9/30/2018	11			37			
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.	Report for Year Ended		Page	of			
88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing		1048C	9/30/2018		12	37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Carroll Skoglund (10/1/17 - 3/16/18)	46,177		Non Discrim	Administrator	1,002	A2			
James Murphy (3/26/18 - 9/30/18)	47,677		Non Discrim	Administrator	1,086	A2			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include **all** other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
88 Clark Operating, LLC d/b/a New London Sub-A	1048C	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	10,755	138				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	243,901	3,617				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	51,250	198				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	47,673	342				
b. Other						
10. Occupational Therapist						
a. Resident Care	275,922	3,955				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	26,088	192				
B-13 Total Fees Paid in Lieu of Salaries	655,589	8,442				

* 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 88 Clark Operating, LLC d/b/a New London Sub-Acute		License No. 1048C	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
LTC Management	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Healthdrive Dental Group, 888 Worcester St., Wellesley, MA 02482	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Deborah A Hardy, 187 George Wood Road, Somers, CT 06071	Independent Nurse Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
HC consulting	Clinical Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Regal Care Rehab, 26 Firemens Memorial Drive, Suite 205, Pomona, NY 10970	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Joseph Alessandro, D.O., P.O. Box 6, Pomfret Center, CT 06259	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Uconn Health, PO Box 660, Hartford, CT 06142	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
IPC Healthcare, PO Box 844929 Los Angeles, CA 90084	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Medwiz Solutions, LLC, 167 Route 304, Bardonia, NY 10954	IV Insertion Nurse	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Technical Gas Products, Inc., 101 N Plains industrial Road, Wallingford, CT 06492	Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New London Sub-	1048C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 107,446	107,446		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 401,224	401,224		
5. Health Insurance	\$ 327,286	327,286		
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	\$ 6,512	6,512		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 99,522	99,522		
d. Accounting and Auditing	\$ 15,040	15,040		
e. Legal (Services should be fully described on Page 7)	\$ 7,897	7,897		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 43,545	43,545		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 6,544	6,544		
2. Cellular Phones	\$ 2,173	2,173		
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*	\$ 90	90		
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 724,139	724,139		
Subtotal	\$ 1,741,418	1,741,418		

* 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**

88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
Training & Education	\$ 894		
Background Checks	5,523		
Employee Physicals	95		
Total	\$ 6,512	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
88 Clark Operating, LLC d/b/a New London Sub-Acute	1048C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	1,741,418	1,741,418			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 457	457			
2. Holiday Parties for Staff	\$ 2,173	2,173			
3. Gifts to Staff and Residents	\$ 987	987			
4. Employee Travel	\$ 6,922	6,922			
5. Education Expenses Related to Seminars and Conventions	\$ 3,272	3,272			
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)	\$ 119	119			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$ 11,977	11,977			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,881	3,881			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 715	715			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 390	390			
9. Subscriptions	\$ 41	41			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 263,645	263,645			
12. Administrative Management Services**	\$				
13. Other (Specify) See Attached Schedule	\$ 16,228	16,228			
C-14 Total Administrative & General Expenditures	\$ 2,052,225	2,052,225			

* 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		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Marketing & Advertising	\$ 11,977		
Total Other Advertising	\$ 11,977	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT LTC Dues	\$ 700		
ACHE Dues	15		
Total Dues	\$ 715	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Resident Missing Items	\$ (155)		
Licenses	1,177		
Fines, Penalties & Settlements	1,458		
Late Fees	4,588		
Bank Fees	3,521		
Startup Costs	3,304		
Miscellaneous	51		
Employee Food	240		
Discriminatory Bonus	1,000		
Employee Relations	1,044		
Total Other Administrative and General	\$ 16,228	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility 88 Clark Operating, LLC d/b/a New Lond	License No. 1048C	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New London Sub-Acute		1048C	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 320,180	320,180			
2. Non-Food Supplies	\$ 25,846	25,846			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 300	300			
c. Other (Specify) _____	\$				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 346,326	346,326			
	Total	CCNH	RHNS	(Specify)	
2F. Dietary Questionnaire					
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
M. Where is the revenue received reported in the Cost 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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New London Sub-Acute	1048C	9/30/2018	19	37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ 72,000	72,000		
c. Other (<i>Specify</i>) Laundry Supplies	\$ 972	972		
3D. Total Laundry Expenditures (3a + b + c)	\$ 72,972	72,972		
3F. Laundry Questionnaire				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
88 Clark Operating, LLC d/b/a New London Su		1048C	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 23,018	23,018		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$			
C.	Other (<i>Specify</i>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 23,018	23,018		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from MedWiz		\$ 233,868	233,868		
b.	Medicine Cabinet Drugs		\$ 11,927	11,927		
c.	Medical and Therapeutic Supplies		\$ 150,131	150,131		
d.	Ambulance/Limousine***		\$			
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other***		\$ 4,353	4,353		
f.	X-rays and Related Radiological Procedures***		\$ 7,381	7,381		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 12,032	12,032		
i.	Recreation		\$ 26,140	26,140		
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 53,702	53,702		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 499,534	499,534		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	0		
Sanitation & Incineration	\$ 890		
Equipment Rental	51,677		
Medical Equipment Cleaning	1,135		
Total Other Resident Care	\$ 53,702	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of				
88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing		1048C		9/30/2018		21 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Quiet Korner Health & Wellness	Promret Center, Ct 06259	O	O	N/A	Oversees Maintenance Projects	12,680			22	6f
On-Time IT	407B Monroe, NY 10950	O	O	N/A	IT	22,617			16	m11
Caretech Group	1123 McDonald Ave, Brooklyn NY 11230	O	O	N/A	Purchasing Company	16,800			16	m11
CWPM	PO Box 415 Plainville, Ct 06062	O	O	N/A	Garbage	21,508			22	6f
LTC Consulting Services	7 Randolph Road, Howell, NJ, 07731	O	O	N/A	Billing and Fiscal Services	173,000			16	m11
93 W Main Operating, LLC	93 W Town Street, Norwich, CT 06360	O	O	Common Ownership	Laundry services	72,000			19	3c
		O	O							
		O	O							
		O	O							
		O	O							
		O	O							
		O	O							
		O	O							
		O	O							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
88 Clark Operating, LLC d/b/a New London S	1048C	9/30/2018		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 45,092	45,092			
b. Heat	\$ 36,637	36,637			
c. Light & Power	\$ 129,170	129,170			
d. Water	\$ 41,043	41,043			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 7,733	7,733			
f. Other (<i>itemize</i>)	\$ 116,411	116,411			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 376,086	376,086			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 47,550	47,550			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 23,070	23,070			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 70,620	70,620			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$ 62,000	62,000			
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 62,000	62,000			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,224,135	1,224,135			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 77,372	77,372			
c. Personal property taxes	\$ 8,153	8,153			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,442,280	1,442,280			

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

Depreciation Schedule

Name of Facility 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing		License No. 1048C		Report for Year Ended 9/30/2018				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period		26,130		26,130	26,130	S/L	Various		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period		2,359,078		2,359,078	2,025,178	S/L	Various	37,333	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		202,567		202,567		S/L	Various	10,217	47,550
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period		92,905		92,905	92,905	S/L	Various		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
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				1,415,034	1,371,848	S/L	Various	9,380	
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal				70,628		S/L	Various	13,690	
E. Total Depreciation									23,070
									70,620

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
88 Clark Operating, LLC d/b/a New London Sub-Acute and		1048C		9/30/2018		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1. Deferred Financing Costs	7	2017	10 Years	310,000	7,667	S/L		62,000	
2.									
3.									
A-4. Subtotal									62,000
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									62,000

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

Eastern Connecticut Health Systems, Inc. d/b/a New London
 Rehabilitation and Care of Waterford
 Depreciation Schedule
 September 30, 2018

Property	Acquisition Year	Historical Costs	Cost to Be Depreciated	Life	Method	9/30/2017 Deprec.	9/30/2018 Deprec.	9/30/2018 Accum Deprec.	Net Book Value
Land Improvements									
Acquired prior 2011	Var	26,130	26,130	Var	S/L	-	-	26,130	-
Total		26,130	26,130					26,130	
Building and Building Improvements									
Acquired prior 2011	Var	2,031,125	2,031,125	Var	S/L	16,252	16,252	1,865,877	148,996
Total		2,031,125	2,031,125			16,252	16,252	1,865,877	148,996
Acquisition 2012									
Renovations	8/21/2012	6,780	6,780	5	S/L	-	-	6,780	-
Repair Flooring	4/26/2012	15,587	15,587	5	S/L	-	-	15,587	-
Repair Sewer	7/31/2012	2,659	2,659	5	S/L	-	-	2,659	-
Repair Sewer	8/1/2012	5,318	5,318	5	S/L	-	-	5,318	-
Carpet	12/15/2011	10,868	10,868	5	S/L	-	-	10,868	-
New Generator	12/21/2011	12,000	12,000	20	S/L	150	600	4,200	7,800
Wallpaper	Var	28,657	28,657	10	S/L	717	2,866	20,061	8,595
Generator	var	74,669	74,669	10	S/L	1,867	7,467	52,269	22,400
Wanderguard	12/1/2011	3,247	3,247	5	S/L	-	-	3,247	-
Outdoor Sign	12/1/2011	6,528	6,528	10	S/L	163	653	4,571	1,957
Electrical Work	10/20/2011	3,084	3,084	10	S/L	77	308	2,157	927
Total 2012 Acq		169,394	169,394			2,974	11,894	115,821	41,680
Acquisition 2013									
Dish Machine and Booster	5/17/2013	13,599	13,599	5	S/L	679	-	13,599	-
Total New Acq		13,599	13,599			679	-	13,599	-
Acquisition 2014									
FLOORING REPAIR/TEAR OUT	11/14/2013	5,830	5,830	10	S/L	146	583	2,235	3,012
WALK-IN FRIDGE/FREEZER	1/1/2014	47,759	47,759	15	S/L	796	3,184	11,144	33,431
ELECTRICAL DEMO/WIRING WALKIN COOLER	1/8/2014	4,201	4,201	15	S/L	70	280	1,260	2,941
ELECTRIC SERVICES FOR WALKIN	1/8/2014	2,165	2,165	15	S/L	36	144	505	1,517
SPRINKLER SERVICES FOR WALKIN	1/15/2014	3,261	3,261	15	S/L	54	217	760	2,284
DAYROOM RENOVATION	2/28/2014	6,777	6,777	20	S/L	85	339	1,130	5,308
WALKIN FREEZER WALL DEMO	3/11/2014	9,004	9,004	15	S/L	150	600	1,900	6,504
RENOVATE SHOWER ROOMS	3/31/2014	95,110	95,110	20	S/L	1,189	4,755	15,058	75,297
Settlement for AM/PM Roof - Repaired in 2010	10/18/2013	(32,500)	(32,500)	30	S/L	(271)	(1,083)	(5,416)	(27,084)
Total 2014 Additions		141,607	141,607			2,255	9,019	29,379	103,209
Acquisition 2015									
NEW ELECTRICAL PANEL	10/28/2014	3,353	3,353	20	S/L	42	168	504	2,681
Total 2015 Additions		3,353	3,353			42	168	504	2,681
Acquisition 2018									
install new doors	10/26/2017	3,000	3,000	10	S/L	-	-	300	2,700
door handles	11/1/2017	2,764	2,764	10	S/L	-	-	276	2,488
door handles	11/1/2017	905	905	10	S/L	-	-	91	814
paving	11/24/2017	6,168	6,168	8	S/L	-	-	771	5,397
Kropp Environmental Contractors - Sewage Project	12/31/2017	174,238	174,238	25	S/L	-	-	6,970	167,268
heat exchanger	1/9/2018	3,126	3,126	15	S/L	-	-	208	2,918
A/C maintenance	6/27/2018	1,950	1,950	15	S/L	-	-	130	1,820
A/C maintenance	7/9/2018	2,077	2,077	15	S/L	-	-	138	1,939
A/C maintenance	7/9/2018	2,516	2,516	15	S/L	-	-	168	2,348
flooring	7/9/2018	1,823	1,823	5	S/L	-	-	365	1,458
flooring	9/28/2018	1,800	1,800	5	S/L	-	-	360	1,440
flooring	9/28/2018	2,200	2,200	5	S/L	-	-	440	1,760

Total 2018 Additions	202,567	202,567	-	-	10,217	10,217	192,350
Total Building Improvements	2,561,645	2,561,645	22,201	2,025,179	47,550	2,072,729	488,915
Non-Movable Equipment							
Acquired prior 2011	92,905	92,905	Var	92,905	-	92,905	-
Total	92,905	92,905		92,905	-	92,905	-
Moveable Equipment							
Acquired prior 2011	1,198,371	1,198,371	Var	1,198,371	-	1,198,371	-
Acquisition 2012							
Dell Computers	2,548	2,548	5	2,548	-	2,548	-
Dell Computers	2,813	2,813	5	2,813	-	2,813	-
Dell Computers	12,240	12,240	5	12,240	-	12,240	-
Furniture	4,804	4,804	5	4,804	-	4,804	-
Furniture	9,518	9,518	5	9,518	-	9,518	-
Furniture	9,518	9,518	5	9,518	-	9,518	-
Furniture	9,518	9,518	5	9,518	-	9,518	-
Furniture	9,519	9,519	5	9,519	-	9,519	-
Furniture	4,599	4,599	5	4,599	-	4,599	-
Kitchen Tray Caddy	3,576	3,576	5	3,576	-	3,576	-
Furniture	9,518	9,518	5	9,518	-	9,518	-
Furniture	9,518	9,518	5	9,518	-	9,518	-
Furniture	4,600	4,600	5	4,600	-	4,600	-
Lamps/Furniture	3,508	3,508	5	3,508	-	3,508	-
Resident Beds	5,923	5,923	5	5,923	-	5,923	-
Ice machine	6,057	6,057	5	6,057	-	6,057	-
TVs	5,210	5,210	5	5,210	-	5,210	-
Total 2012 Additions	112,986	112,986		112,986	-	112,986	-
Acquisition 2013							
Medline Beds	8,142	8,142	5	8,142	-	8,142	-
Direct Supply Furniture For Dining Room	12,711	12,711	5	12,711	-	12,711	-
Equipment	4,110	4,110	5	4,110	-	4,110	-
Total 2013 Additions	24,963	24,963		24,963	-	24,963	-
Acquisition 2014							
BARIATRIC BED	3,119	3,119	5	2,184	624	2,808	311
FURNITURE FOR DAY ROOM	3,503	3,503	5	2,512	701	3,213	291
BEDS/FLOOR SCRUBBER	6,737	6,737	5	5,052	1,347	6,399	338
ELECTRIC BEDS	2,982	2,982	5	1,887	596	2,483	499
Total 2014 Additions	16,342	16,342		11,635	3,268	14,903	1,439
Acquisition 2015							
BED HEAD/FOOTBOARD KITS/LAMIN FOR PANELS	1,015	1,015	3	1,015	-	1,015	-
BEDS	13,831	13,831	3	13,831	-	13,831	-
HOT FOOD SERVING COUNTER	2,535	2,535	5	1,521	507	2,028	507
Total 2015 Additions	17,381	17,381		16,367	507	16,874	507
Acquisition 2016							
Beds	8,944	8,944	12	1,490	745	2,235	6,709
Beds	8,789	8,789	12	1,464	732	2,196	6,593
Ultra Sound for Rehab	5,352	5,352	7	1,530	765	2,295	3,057
Rehab Equipment	8,742	8,742	7	2,498	1,249	3,747	4,995
Rehab Equipment	8,586	8,586	7	2,454	1,227	3,681	4,905
Time Clock System	6,995	6,995	10	1,398	699	2,097	4,898
Total 2016 Additions	47,406	47,406		10,834	5,417	16,251	31,155
Disposals 2016							
Generator	(570)	(570)	5	(570)	-	(570)	-
Timeclock Plus	(2,785)	(2,785)	3	(2,785)	-	(2,785)	-
Total 2016 Disposals	(3,355)	(3,355)		(3,355)	-	(3,355)	-

Acquisition 2017
 Kitchen Equipment 884 884
 Kitchen Equipment-Sales Use Tax 56 56
Total 2017 Additions 940 940

Acquisition 2018
 Electric Bed 2,365 2,365
 Electric Bed - Sales Tax 151 151
 Bed Motor 643 643
 Liquid Oxygen Reservoir 1,800 1,800
 Notebook, Monitor 1,425 1,425
 Lenovo Notebook 917 917
 131/18 58 58
 Computer Equipment 17,432 17,432
 Computer Equipment- Sales Use Tax 1,107 1,107
 Laptop 510 510
 Copier 44,220 44,220

Total 2018 Additions 70,628 70,628

Total 1,485,663 1,485,663

Total 4,166,343 4,166,343

T/B 274,135 274,135
 Prior Operator 3,892,207 3,892,207
 Variance 1 1

CR vs. FS NBV (323,016) (53,144)
 Rounding Variance (2)
CR vs. FS NBV - Page 31, Line B9 (323,018) (53,144)

Total Historical Cost and Depreciation For Period

8/30/2017	884	884	5	S/L	44	44	177	221	663
8/30/2017	56	56	5	S/L	3	3	11	14	42
Total 2017 Additions	940	940			47	47	188	235	705

11/15/2017	2,365	2,365	12	S/L	-	-	197	197	2,168
11/30/2017	151	151	12	S/L	-	-	13	13	138
3/31/2018	643	643	12	S/L	-	-	54	54	589
6/30/2018	1,800	1,800	8	S/L	-	-	225	225	1,575
10/1/2017	1,425	1,425	5	S/L	-	-	285	285	1,140
1/22/2018	917	917	5	S/L	-	-	183	183	734
131/18	58	58	5	S/L	-	-	12	12	46
2/8/2018	17,432	17,432	5	S/L	-	-	3,486	3,486	13,946
2/28/2018	1,107	1,107	5	S/L	-	-	221	221	886
6/25/2018	510	510	3	S/L	-	-	170	170	340
6/30/2018	44,220	44,220	5	S/L	-	-	8,844	8,844	35,376

Total 70,628 70,628

Total 4,835 1,371,849 23,070 1,394,919 90,744

Total 27,036 3,516,063 70,620 3,586,683 579,659

T/B	274,135	274,135	17,476	17,492	286,643
Prior Operator	3,892,207	3,892,207	46,525	3,562,541	329,666
Variance	1	1	53,144	3,569,191	323,016

CR vs. FS NBV (323,016) (53,144)
 Rounding Variance (2)
CR vs. FS NBV - Page 31, Line B9 (323,018) (53,144)

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

Name of Facility 88 Clark Operating, LLC d/b/a New L	License No. 1048C	Report for Year Ended 9/30/2018	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If NOT Original Owner, Date of Purchase	
4. Date of Initial Licensure	05/21/05
5. Total Licensed Bed Capacity	120
6. Square Footage	
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable for LIBOR			
b. Date Mortgage Obtained	07/01/17			
c. Interest Rate for the Cost Year	LIBOR + 3.25% Wit			
d. Term of Mortgage (number of years)	5			
e. Amount of Principal Borrowed	8,250,000			
f. Principal balance outstanding as of 9/30/18	7,995,822			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
88 Clark Operating, LLC d/b/a New L		1048C	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
88 Clark Operating, LLC d/b/a New		1048C		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Credit Card / Investor / Takebacks / Utility Interest				\$	16,031	16,031	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	16,031	16,031	
14. Insurance							
a. Insurance on Property (buildings only)				\$	59,825	59,825	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) Surety Bond				\$	221	221	
14d. Total Insurance Expenditures (14a + b + c)				\$	60,046	60,046	
15. Total All Expenditures (A-13 thru C-14)				\$	9,987,604	9,987,604	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New London Sub-Acute and Nu				1048C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 275,922	275,922		
7.			Other - See attached Schedule	\$ 26,088	26,088		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 99,522	99,522		
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 6,151	6,151		
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 733	733		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 988	988		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 11,977	11,977		
19.	15	1k1	Income Tax / Corporate Business Tax	\$ 90	90		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 13,915	13,915		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 435,386	435,386		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12o	IV Insertion Nurse	\$ 8,528		
13	B12o	Respiratory Therapist	360		
13	B12o	Independent Nursing Consultant	13,200		
13	B12o	Clinical Consultant	4,000		
Total Other Fees Adjustments			\$ 26,088	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Resident Missing Items	\$ (155)		
16	m13	Fines, Penalties & Settlements	1,458		
16	m13	Late Fees	4,588		
16	m13	Non Routine Bank Charges	1,995		
16	m13	Startup Costs	3,304		
16	m13	Miscellaneous	51		
16	m13	Employee Food	240		
16	m13	Discriminatory Bonus	1,000		
16	m13	Employee Relations	1,044		
16	m8a	Chamber of Commerce Dues	390		
Total Other A&G Adjustments			\$ 13,915	\$ -	\$ -

**88 Clark Operating, LLC
Disallowance Schedule for Cell Phones
September 30, 2018**

Pg. 28b

	<u>Amount</u>
Total Cell Phone Expense	2,173 TB Linked
Cell Phone Allowed Based on Bed Capacity	4
Monthly Allowable amount per Cell Phone	\$ 30
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 1,440
Full Year Cost Report (365 out of 365 Days)	<u>100%</u>
Revised Allowable Cost	\$ 1,440
Disallowed Cell Phone (Page 28, Line 12)	<u><u>\$ 733</u></u>

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

Name of Facility				License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New London Sub-Acute and				1048C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 435,386	435,386		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 233,868	233,868		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 7,381	7,381		
30.	20	5h	Laboratory	\$ 12,032	12,032		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 4,353	4,353		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 17,921	17,921		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 62,000	62,000		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 17,125	17,125		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	Total Amount of Decrease (Items 1 - 48)			\$ 790,066	790,066		

*** 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.

88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Television Disallowance	\$ 10,211		
20	5c	Non Allowable Nursing Supplies	4,815		
20	5l	Non Allowable Nursing Equipment	2,895		
Total Other Ancillary Costs			\$ 17,921	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8a	Amortization Expense	\$ 62,000		
Total Other Property Adjustments			\$ 62,000	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Gift to Nursing Home for Recreation	\$ 178		
30	IV 8	Medical Record Revenue	790		
27	12D	Interest on Credit Cards	985		
27	12D	Interest to Investors	14,000		
27	12D	Interest on Takebacks	462		
27	12D	Interest on Utility Bill	585		
30	IV 8	Food Revenue	91		
30	IV 8	Book Revenue	34		
Total Other Adjustments			\$ 17,125	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**88 Clark Operating, LLC
Disallowance Schedule for Cable TV
September 30, 2018**

	<u>Amount</u>
Total Cable TV Expense acct # 80-232-00	\$ 13,811 TB Linked
Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600
Full Year Cost Report (365 out of 365 Days)	<u>100%</u>
Revised Allowable Cost	\$ 3,600
Disallowed Cable TV	<u><u>\$ 10,211</u></u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
88 Clark Operating, LLC d/b/a New Lon	1048C	9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,767,044	5,767,044				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,335,459	2,335,459				
b. Medicare Room and Board Contractual Allowance **	\$ (42,656)	(42,656)				
4. a. Private-Pay Residents and Other	\$ 1,851,824	1,851,824				
b. Private-Pay Room and Board Contractual Allowance **	\$ (5,023)	(5,023)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 186,394	186,394				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (186,394)	(186,394)				
c. Prescription Drugs - Non-Medicare	\$ 14,455	14,455				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (15,250)	(15,250)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 326,896	326,896				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (276,375)	(276,375)				
c. Physical Therapy - Non-Medicare	\$ 88,574	88,574				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (81,613)	(81,613)				
4. a. Speech Therapy - Medicare	\$ 98,241	98,241				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (55,909)	(55,909)				
c. Speech Therapy - Non-Medicare	\$ 27,532	27,532				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (22,342)	(22,342)				
5. a. Occupational Therapy - Medicare	\$ 376,189	376,189				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (317,225)	(317,225)				
c. Occupational Therapy - Non-Medicare	\$ 109,332	109,332				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (98,454)	(98,454)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 3,510	3,510				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (45,559)	(45,559)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,038,650	10,038,650				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 21	21				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 37	37				
8. Other (<i>Specify</i>)	\$ 1,093	1,093				
V. Total Other Revenue (1 thru 8)	\$ 1,151	1,151				
VI. Total All Revenue (III + V)	\$ 10,039,801	10,039,801				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6a	Other Ancillary Rev>Medicare B	\$ 3,646		
30 II 6a	Revenue Adjustments>Medicare A	(136)		
Total Other Resident Revenue - Medicare		\$ 3,510	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6b	Radiology Rev>HMO	\$ 795		
30 II 6b	Other Ancillary Revenue>Private	1,724		
30 II 6b	Revenue Adjustments>HMO	(1,173)		
30 II 6b	Revenue Adjustments>Hospice	(1,126)		
30 II 6b	Revenue Adjustments>Medicaid	(45,779)		
Total Other Resident Revenue		\$ (45,559)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV 5	Interest Paid by HMOs	N/A	\$ 21		
Total Interest Income			\$ 21	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 IV 8	Gift to Nursing Home for Recreation	\$ 178		
30 IV 8	Food	91		
30 IV 8	Books	34		
30 IV 8	Medical Records	790		
Total Other Revenue		\$ 1,093	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New Lo	1048C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	278,223
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,192,498
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	106,260
a. Prepaid Expenses	8,623			
b. Prepaid Expenses>Taxes	21,288			
c. Prepaid Expenses>Workers Comp	76,349			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,576,981
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	26,130	\$	
	Accum. Depreciation	26,130		Net
3. Buildings	*Historical Cost	2,561,645	\$	488,917
	Accum. Depreciation	2,072,728		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	92,905	\$	
	Accum. Depreciation	92,905		Net
6. Movable Equipment	*Historical Cost	1,485,662	\$	90,744
	Accum. Depreciation	1,394,918		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(323,018)
F/S vs C/R NBV		(323,018)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	256,643

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New Lo	1048C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	1,833,624
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
3. Buildings				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
5. Movable Equipment				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
6. Motor Vehicles				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
				\$ 8,245
2. Escrow Deposits				
				\$ 16,145
3. Organization Expense				
		*Historical Cost	310,000	
		Accum. Depreciation	69,667	Net
				\$ 240,333
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
				\$ 1,073,498
Name and Address		Amount	Loan Date	
Due from Holdings, Vendor, Southport, Greenwich, Eli Mirlis, Maplewood, Saugus, Twin		1,073,498		
7. Other Assets (<i>itemize</i>)				
\$				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
				\$ 1,338,221
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
				\$ 3,171,845

* 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 88 Clark Operating, LLC d/b/a New London Su		License No. 1048C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	759,458
2. Notes Payable (<i>itemize</i>)				\$	150,000
Note Payable>LOC					150,000
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	260,735
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	1,086
7. Medicare Final Settlement Payable				\$	4,700
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	314,414
Other Current Payables>Misc. PR D		1,075	Accrued Expenses>Year	7,735	
Other Current Payables>Misc. PR D		(1,004)	Accrued Expenses>Work	71,259	
Accrued Expenses		193,986			
Accrued Expenses>Capital Lease>C		41,363	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,490,393

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility 88 Clark Operating, LLC d/b/a New London		License No. 1048C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,490,393	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 1,546,112	
Name and Address of Lender	Amount	Loan Date			
Due to Southport Rlty, Norwich, Norwich Rlty, NL Rlty, Employee	1,546,112				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 9,219	
Due To>Old Owner		9,219			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,555,331	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,045,724	

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

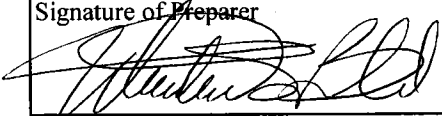
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New L	1048C	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			\$	(18,200)
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	38,980
6. Gain or Loss for Period			\$	105,341
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	126,121
C. Total Reserves and Net Worth			\$	126,121
D. Total Liabilities, Reserves, and Net Worth			\$	3,171,845

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
88 Clark Operating, LLC d/b/a New Lond	1048C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	38,978
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	10,039,801
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,934,460
D. Net Income or Deficit			\$	105,341
E. Balance			\$	144,319
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Expenses Per Page 27			\$9,987,604	
F/S vs C/R Depreciation			(53,144)	
Expenses Per F/S			\$9,934,460	
2. Other (<i>itemize</i>)				
Rounding				2
F-3. Total Additions			\$	2
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	18,200
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Eli Mirlis			14,000	
All Partners			4,200	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	18,200
H. Balance at End of Period			\$	126,121
				09/30/18

I. Preparer's/Reviewer's Certification

Name of Facility 88 Clark Operating, LLC d/b/a New	License No. 1048C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/9/19		
Printed Name of Preparer Matthew S. Bavalack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Annual Report Contact		Phone Number		
Annual Report Contact Email Address				

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing for the year ended September 30, 2018, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
February 8, 2019



MARCUMGROUP
MEMBER

Annual Report of Long-Term Care Facility Cost Year 2018 Checklist

This checklist is not required to be submitted with the Annual Report

Facility Name 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation:

Yes No

Were all discrepancies on the Error Page addressed?

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation:

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation:

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation:

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation:

Client: 88 Clark Operating, LLC
 Engagement: Medicaid - 88 Clark Operating, LLC
 Period Ending: 9/30/2018
 Trial Balance: A.01 - TB-CCNH

Account	Description	ADJ 9/30/2018	JE Ref #	RJE	FINAL 9/30/2018
10-001-02	Cash>Clearing>Payroll	(448.00)			(448.00)
10-010-96	Cash>Operating>New London	203,786.00			203,786.00
10-014-00	Cash>Petty Cash Facility	300.00			300.00
10-014-96	Cash>PettyCash>New London	16,161.00			16,161.00
10-015-00	Cash>Petty Cash PNA	500.00			500.00
10-060-96	Cash>Resident Trust>New London	52,924.00			52,924.00
10-061-00	Cash>Care Cost	5,000.00			5,000.00
10-300-00	Cash>Escrow	16,145.00			16,145.00
11-102-00	Accounts Receivable>Medicare A	298,887.00			298,887.00
11-102-70	Accounts Receivable>Medicare A>Old A/R	64,757.00			64,757.00
11-103-70	Accounts Receivable>Medicare B>Old A/R	17,577.00			17,577.00
11-104-00	Accounts Receivable>Private	95,810.00			95,810.00
11-104-70	Accounts Receivable>Private>Old A/R	193,079.00			193,079.00
11-105-00	Accounts Receivable>HMO	81,564.00			81,564.00
11-105-70	Accounts Receivable>HMO>Old A/R	32,672.00			32,672.00
11-109-00	Accounts Receivable>Hospice	(6,103.00)			(6,103.00)
11-109-70	Accounts Receivable>Hospice>Old A/R	(6,224.00)			(6,224.00)
11-111-00	Accounts Receivable>Medicaid	599,597.00			599,597.00
11-111-70	Accounts Receivable>Medicaid>Old A/R	51,995.00			51,995.00
11-112-00	Accounts Receivable>Income	138,697.00			138,697.00
11-112-70	Accounts Receivable>Income>Old A/R	(32,527.00)			(32,527.00)
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(117,093.00)			(117,093.00)
11-123-00	Accounts Receivable>Ancillary	44,943.00			44,943.00
11-191-00	Accounts Receivable>Allowance Purchased A/R	(265,133.00)			(265,133.00)
12-000-00	Prepaid Expenses	8,623.00			8,623.00
12-126-00	Prepaid Expenses>Taxes	21,288.00			21,288.00
12-881-00	Prepaid Expenses>Workers Comp	76,349.00			76,349.00
13-128-00	Due From>Vendor Security Deposits	8,245.00			8,245.00
14-131-00	Fixed Assets>Leasehold Improvements	202,567.00			202,567.00
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	3,249.00			3,249.00
14-133-00	Fixed Assets>Medical Equipment	2,443.00			2,443.00
14-134-00	Fixed Assets>Computer Hardware	20,284.00			20,284.00
14-136-00	Fixed Assets>CIP	0.00			0.00
14-137-01	Fixed Asset>Capital Lease>Copier	44,220.00			44,220.00
14-305-00	Fixed Assets>Sales Use Tax	1,372.00			1,372.00
15-131-00	Accum Depn>Leasehold Improvements	(11,007.00)			(11,007.00)
15-132-00	Accum Depn>Furniture, Fixtures and Equipment	(625.00)			(625.00)
15-133-00	Accum Depn>Medical Equipment	(75.00)			(75.00)
15-134-00	Accum Depn>Computer Hardware	(2,781.00)			(2,781.00)
15-137-01	Accumulated Depn>Capital Lease>Copier	(2,808.00)			(2,808.00)
15-305-00	Accum Depn>Sales Use Tax	(196.00)			(196.00)
17-000-00	Deferred Financing Costs	310,000.00			310,000.00
19-265-00	Accumulated Amortization>Deferred Financing Costs	(69,667.00)			(69,667.00)
20-000-00	Accounts Payable	(707,724.00)			(707,724.00)
21-149-00	Other Current Payables>Misc. PR Deduction	(1,075.00)			(1,075.00)
21-149-09	Other Current Payables>Misc. PR Deduction>401k	1,004.00			1,004.00
21-273-00	Other Current Payables>Fica Payable	0.00			0.00
21-350-00	Other Current Payables>Resident Funds	(52,924.00)			(52,924.00)
21-354-00	Other Current Payables>DTF RFMS	(300.00)			(300.00)
21-884-00	Other Current Payable>Disability & Other Insurance	1,490.00			1,490.00
22-000-01	Note Payable>LOC	(150,000.00)			(150,000.00)
23-000-00	Accrued Wages & Related	(94,691.00)			(94,691.00)
23-156-00	Accrued Wages & Related>PR Taxes	(1,086.00)			(1,086.00)
23-157-00	Accrued Expenses>PTO	(166,044.00)			(166,044.00)
24-000-00	Accrued Expenses	(193,986.00)			(193,986.00)
24-137-01	Accrued Expenses>Capital Lease>Copier	(41,363.00)			(41,363.00)
24-285-00	Accrued Expenses>Year End Adjustments	(7,735.00)			(7,735.00)
24-881-00	Accrued Expenses>Workers Comp	(71,259.00)			(71,259.00)

Account	Description	ADJ 9/30/2018	JE Ref #	RJE	FINAL 9/30/2018
27-000-76	Due To/(From)>Southport Realty	(185,000.00)			(185,000.00)
27-000-78	Due To/(From)>Maplewood Rehab and Nursing	5,569.00			5,569.00
27-000-82	Due To/(From)>Saugus Rehab and Nursing	569.00			569.00
27-000-83	Due To/(From)>Twin Oaks Rehab and Nursing	569.00			569.00
27-000-84	Due To/(From)>930 Mill Hill Realty	350,167.00			350,167.00
27-000-91	Due To/(From)>Waterbury	0.00			0.00
27-000-93	Due To/(From)>Holdings	458,122.00			458,122.00
27-000-95	Due To/(From)>Norwich	(713,339.00)		(72,000.00)	(785,339.00)
			RJE - 9	(72,000.00)	
27-000-97	Due To/(From)>Norwich Realty	(216,677.00)			(216,677.00)
27-000-98	Due To/(From)>New London Realty	(358,316.00)			(358,316.00)
27-102-00	Due To/(From)>Medicare A	(4,700.00)			(4,700.00)
27-152-00	Due To/(From)>Employee	(780.00)			(780.00)
27-172-00	Due To/(From)>Vendor	8,502.00			8,502.00
27-315-00	Due To/(From)>Southport	90,000.00			90,000.00
27-316-00	Due To/(From)>Greenwich	150,000.00			150,000.00
27-400-00	Due to/(from)>Eli Mirlis	10,000.00			10,000.00
28-127-00	Due To>Old Owner	(9,219.00)			(9,219.00)
30-000-00	Retained Earnings	(38,980.00)			(38,980.00)
31-000-86	Partner's Equity>All Partners>Capital Draws	4,200.00			4,200.00
31-400-86	Partners' Equity>Eli Mirlis>CapitalDraws	14,000.00			14,000.00
40-102-00	Room & Board Revenue>Medicare A	(2,335,459.00)			(2,335,459.00)
40-102-14	Room & Board Revenue>Medicare A>Sequester	42,656.00			42,656.00
40-104-00	Room & Board Revenue>Private	(1,309,954.00)			(1,309,954.00)
40-105-00	Room & Board Revenue>HMO	(427,202.00)			(427,202.00)
40-105-14	Room & Board Revenue>HMO>Sequester	5,023.00			5,023.00
40-109-00	Room & Board Revenue>Hospice	(114,668.00)			(114,668.00)
40-111-00	Room & Board Revenue>Medicaid	(5,763,000.00)			(5,763,000.00)
40-111-73	Room & Board Revenue>Medicaid Bed Hold	(4,044.00)			(4,044.00)
41-102-00	Pharmacy Rev>Medicare A	(186,394.00)			(186,394.00)
41-102-01	Pharmacy Rev>Medicare A>C/A	186,394.00			186,394.00
41-105-00	Pharmacy Rev>HMO	(14,455.00)			(14,455.00)
41-105-01	Pharmacy Rev>HMO>C/A	15,250.00			15,250.00
42-102-00	PT Revenue>Medicare A	(276,375.00)			(276,375.00)
42-102-01	PT Revenue>Medicare A>C/A	276,375.00			276,375.00
42-103-00	PT Revenue>Medicare B	(50,521.00)			(50,521.00)
42-105-00	PT Revenue>HMO	(50,719.00)			(50,719.00)
42-105-01	PT Revenue>HMO>C/A	43,758.00			43,758.00
42-111-00	PT Revenue>Medicaid	(37,855.00)			(37,855.00)
42-111-01	PT Revenue>Medicaid>C/A	37,855.00			37,855.00
43-102-00	OT Revenue>Medicare A	(317,225.00)			(317,225.00)
43-102-01	OT Revenue>Medicare A>C/A	317,225.00			317,225.00
43-103-00	OT Revenue>Medicare B	(58,964.00)			(58,964.00)
43-105-00	OT Revenue>HMO	(61,139.00)			(61,139.00)
43-105-01	OT Revenue>HMO>C/A	50,261.00			50,261.00
43-111-00	OT Revenue>Medicaid	(48,193.00)			(48,193.00)
43-111-01	OT Revenue>Medicaid>C/A	48,193.00			48,193.00
44-102-00	ST Revenue>Medicare A	(55,909.00)			(55,909.00)
44-102-01	ST Revenue>Medicare A>C/A	55,909.00			55,909.00
44-103-00	ST Revenue>Medicare B	(42,332.00)			(42,332.00)
44-105-00	ST Revenue>HMO	(12,262.00)			(12,262.00)
44-105-01	ST Revenue>HMO>C/A	7,072.00			7,072.00
44-111-00	ST Revenue>Medicaid	(15,270.00)			(15,270.00)
44-111-01	ST Revenue>Medicaid>C/A	15,270.00			15,270.00
45-105-00	Radiology Rev>HMO	(795.00)			(795.00)
47-103-00	Other Ancillary Rev>Medicare B	(3,646.00)			(3,646.00)
47-104-00	Other Ancillary Revenue>Private	(1,724.00)			(1,724.00)
51-100-00	Other Rev>Miscellaneous	(178.00)			(178.00)
51-160-00	Other Rev>Interest	(21.00)			(21.00)
51-178-00	Other Rev>Food	(91.00)			(91.00)
51-179-00	Other Rev>Barber & Beauty	(37.00)			(37.00)
51-186-00	Other Rev>Books	(34.00)			(34.00)

Account	Description	ADJ 9/30/2018	JE Ref #	RJE	FINAL 9/30/2018
51-818-00	Other Rev>Medical Records	(790.00)			(790.00)
52-102-00	Revenue Adjustments>Medicare A	136.00			136.00
52-105-00	Revenue Adjustments>HMO	1,173.00			1,173.00
52-109-00	Revenue Adjustments>Hospice	1,126.00			1,126.00
52-111-00	Revenue Adjustments>Medicaid	45,779.00			45,779.00
60-183-00	Nursing Expense>Supplies	147,742.00			147,742.00
60-185-00	Nursing Expense>Incontinence Supplies	2,389.00			2,389.00
60-204-00	Nursing Expense>Training & Education	2,838.00			2,838.00
60-205-00	Nursing Expense>Sanitation & Incineration	890.00			890.00
60-206-00	Nursing Expense>Clinical Services	16,728.00		(10,755.00)	5,973.00
			RJE - 7	(10,755.00)	
60-207-00	Nursing Expense>Repairs & Maint	5,525.00			5,525.00
60-208-00	Nursing Expense>Equip-Rental	58,529.00		(6,852.00)	51,677.00
			RJE - 4	(6,852.00)	
60-212-00	Nursing Expense>Clinical Consultants	20,115.00			20,115.00
60-213-00	Nursing Expense>Transportation	457.00			457.00
60-230-00	Nursing Expense>Data Processing	46,806.00			46,806.00
60-700-06	Nursing Expense>Contracted Service>Other	1,135.00			1,135.00
60-801-80	Nursing Expense>CNA>Wages	1,187,949.00			1,187,949.00
60-801-92	Nursing Expense>CNA>PTO Accrual	42,425.00			42,425.00
60-805-80	Nursing Expense>LPN>Wages	1,012,542.00			1,012,542.00
60-805-92	Nursing Expense>LPN>PTO Accrual	41,624.00			41,624.00
60-808-80	Nursing Expense>RN>Wages	157,798.00			157,798.00
60-808-92	Nursing Expense>RN>PTO Accrual	6,115.00			6,115.00
60-809-80	Nursing Expense>RN Supervisor>Wages	386,965.00			386,965.00
60-809-92	Nursing Expense>RN Supervisor>PTO Accrual	12,484.00			12,484.00
61-750-00	Nursing Admin Expense>Medical Director	51,250.00			51,250.00
61-811-80	Nursing Admin Expense>Director>Wages	106,815.00			106,815.00
61-811-92	Nursing Admin Expense>Director>PTO Accrual	7,173.00			7,173.00
61-812-80	Nursing Admin Expense>Assistant Director>Wages	91,225.00			91,225.00
61-812-92	Nursing Admin Expense>Assistant Director>PTO Accrual	6,138.00			6,138.00
61-813-80	Nursing Admin Expense>Case Manager>Wages	0.00			0.00
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	123,830.00			123,830.00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	279.00			279.00
61-818-80	Nursing Admin Expense>Medical Records>Wages	36,817.00			36,817.00
61-818-92	Nursing Admin Expense>Medical Records>PTO Accrual	848.00			848.00
61-819-80	Nursing Admin Expense>Nurse Admin>Wages	0.00			0.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	51,911.00			51,911.00
61-823-92	Nursing Admin Expense>Staff Coordinator>PTO Accrual	2,462.00			2,462.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	75,258.00			75,258.00
61-824-92	Nursing Admin Expense>Staff Devel Director>PTO Accrual	1,434.00			1,434.00
61-825-80	Nursing Admin Expense>Unit Manager>Wages	0.00			0.00
61-880-00	Nursing Admin Expense>Payroll Taxes	308,030.00			308,030.00
61-881-00	Nursing Admin Expense>Workers Comp	82,480.00			82,480.00
61-882-00	Nursing Admin Expense>Health Insurance	251,352.00			251,352.00
61-883-00	Nursing Admin Expense>Other Benefits	9,203.00		(9,203.00)	0.00
			RJE - 1	(9,203.00)	
62-145-00	Pharmacy Expense>RX	233,868.00			233,868.00
62-222-00	Pharmacy Expense>OTC	11,927.00			11,927.00
64-223-00	Other Ancillary Expense>Oxygen	4,353.00			4,353.00
64-224-00	Other Ancillary Expense>Lab	12,032.00			12,032.00
64-225-00	Other Ancillary Expense>Radiology	7,381.00			7,381.00
65-000-00	PT Expense	243,901.00			243,901.00
66-000-00	OT Expense	275,922.00			275,922.00
67-000-00	ST Expense	47,673.00			47,673.00
69-811-80	Social Services Expense>Director>Wages	65,869.00			65,869.00
69-811-92	Social Services Expense>Director>PTO Accrual	4,464.00			4,464.00
69-880-00	Social Services Expense>Payroll Taxes	6,418.00			6,418.00
69-881-00	Social Services Expense>Workers Comp	1,842.00			1,842.00
69-882-00	Social Services Expense>Health Insurance	5,322.00			5,322.00
69-883-00	Social Services Expense>Other Benefits	213.00		(213.00)	0.00
			RJE - 1	(213.00)	

Account	Description	ADJ 9/30/2018	JE Ref #	RJE	FINAL 9/30/2018
70-177-00	Dietary Expense>Supplements	19,150.00			19,150.00
70-178-00	Dietary Expense>Food	301,030.00			301,030.00
70-183-00	Dietary Expense>Supplies	25,846.00			25,846.00
70-207-00	Dietary Expense>Repairs & Maint	495.00			495.00
70-700-00	Dietary Expense>Contracted Service	300.00			300.00
70-811-80	Dietary Expense>Director>Wages	58,301.00			58,301.00
70-811-92	Dietary Expense>Director>PTO Accrual	1,886.00			1,886.00
70-831-80	Dietary Expense>Aide>Wages	106,917.00			106,917.00
70-831-92	Dietary Expense>Aide>PTO Accrual	2,066.00			2,066.00
70-832-80	Dietary Expense>Cook>Wages	128,571.00			128,571.00
70-832-92	Dietary Expense>Cook>PTO Accrual	2,854.00			2,854.00
70-880-00	Dietary Expense>Payroll Taxes	27,574.00			27,574.00
70-881-00	Dietary Expense>Workers Comp	7,389.00			7,389.00
70-882-00	Dietary Expense>Health Insurance	22,525.00			22,525.00
70-883-00	Dietary Expense>Other Benefits	828.00		(828.00)	0.00
			RJE - 1	(828.00)	
71-178-00	Activity Expense>Food	213.00			213.00
71-183-00	Activity Expense>Supplies	7,271.00			7,271.00
71-202-00	Activity Expense>Resident Missing Items	(155.00)			(155.00)
71-700-00	Activity Expense>Contracted Service	4,845.00			4,845.00
71-811-80	Activity Expense>Director>Wages	47,001.00			47,001.00
71-811-92	Activity Expense>Director>PTO Accrual	1,717.00			1,717.00
71-831-80	Activity Expense>Aide>Wages	64,925.00			64,925.00
71-831-92	Activity Expense>Aide>PTO Accrual	984.00			984.00
71-880-00	Activity Expense>Payroll Taxes	10,489.00			10,489.00
71-881-00	Activity Expense>Workers Comp	2,819.00			2,819.00
71-882-00	Activity Expense>Health Insurance	8,564.00			8,564.00
71-883-00	Activity Expense>Other Benefits	311.00		(311.00)	0.00
			RJE - 1	(311.00)	
72-183-00	Housekeeping Expense>Supplies	23,018.00			23,018.00
72-831-80	Housekeeping Expense>Aide>Wages	179,451.00			179,451.00
72-831-92	Housekeeping Expense>Aide>PTO Accrual	4,346.00			4,346.00
73-183-00	Laundry Expense>Supplies	972.00			972.00
73-700-00	Laundry Expense>Contracted Service	0.00		72,000.00	72,000.00
			RJE - 9	72,000.00	
74-880-00	Housekeeping & Laundry Expense>Payroll Taxes	16,954.00			16,954.00
74-881-00	Housekeeping & Laundry Expense>Workers Comp	4,522.00			4,522.00
74-882-00	Housekeeping & Laundry Expense>Health Insurance	13,678.00			13,678.00
74-883-00	Housekeeping & Laundry Expense>Other Benefits	503.00		(503.00)	0.00
			RJE - 1	(503.00)	
75-183-00	Maintenance Expense>Supplies	30,391.00			30,391.00
75-205-00	Maintenance Expense>Sanitation & Incineration	21,508.00			21,508.00
75-207-00	Maintenance Expense>Repairs & Maint	39,072.00			39,072.00
75-217-00	Maintenance Expense>Extermination	2,162.00			2,162.00
75-218-00	Maintenance Expense>Snow Removal	9,896.00			9,896.00
75-219-00	Maintenance Expense>Landscaping	7,664.00			7,664.00
75-220-00	Maintenance Expense>Fire Drill	1,819.00			1,819.00
75-700-00	Maintenance Expense>Contracted Service	42,971.00			42,971.00
75-811-80	Maintenance Expense>Director>Wages	52,239.00			52,239.00
75-811-92	Maintenance Expense>Director>PTO Accrual	820.00			820.00
75-829-80	Maintenance Expense>Staff>Wages	28,524.00			28,524.00
75-829-92	Maintenance Expense>Staff>PTO Accrual	541.00			541.00
75-880-00	Maintenance Expense>Payroll Taxes	7,361.00			7,361.00
75-881-00	Maintenance Expense>Workers Comp	1,951.00			1,951.00
75-882-00	Maintenance Expense>Health Insurance	6,081.00			6,081.00
75-883-00	Maintenance Expense>Other Benefits	228.00		(228.00)	0.00
			RJE - 1	(228.00)	
76-227-00	Utility Expense>Gas	36,637.00			36,637.00
76-228-00	Utility Expense>Electric	129,170.00			129,170.00
76-229-00	Utility Expense>Water/Sewer	41,043.00			41,043.00
80-101-00	Admin Expense>Provider Tax	724,139.00			724,139.00
80-147-00	Admin Expense>Sales & Use Taxes	90.00			90.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2018			9/30/2018
80-162-00	Admin Expense>Insurance - General Liability & Other	59,825.00			59,825.00
80-164-00	Admin Expense>Surety Bond	221.00			221.00
80-183-00	Admin Expense>Supplies	17,433.00			17,433.00
80-208-00	Admin Expense>Equip-Rental	26,993.00		(881.00)	26,112.00
			RJE - 4	(881.00)	
80-209-00	Admin Expense>Postage	3,881.00			3,881.00
80-210-00	Admin Expense>Internet	3,143.00			3,143.00
80-230-00	Admin Expense>Data Processing	22,795.00			22,795.00
80-231-00	Admin Expense>Telephone	8,717.00		(2,173.00)	6,544.00
			RJE - 3	(2,173.00)	
80-232-00	Admin Expense>Cable TV	13,811.00			13,811.00
80-233-00	Admin Expense>Seminars	434.00			434.00
80-234-00	Admin Expense>Licenses	1,177.00			1,177.00
80-235-00	Admin Expense>Dues & Subscriptions	1,146.00		(431.00)	715.00
			RJE - 6	(431.00)	
80-236-00	Admin Expense>Travel	2,038.00			2,038.00
80-236-04	Admin Expense>Travel>Allowable	4,884.00			4,884.00
80-238-00	Admin Expense>Legal Fees	3,372.00		4,525.00	7,897.00
			RJE - 2	4,525.00	
80-239-00	Admin Expense>Accounting Fees	64,500.00		(49,460.00)	15,040.00
			RJE - 2	7,240.00	
			RJE - 5	(56,700.00)	
80-240-00	Admin Expense>Professional Fees	128,100.00		44,935.00	173,035.00
			RJE - 2	(11,765.00)	
			RJE - 5	56,700.00	
80-242-00	Admin Expense>Fines, Penalties & Settlements	1,458.00			1,458.00
80-243-00	Admin Expense>Late Fees	4,588.00			4,588.00
80-244-00	Admin Expense>Bank Fees	3,521.00			3,521.00
80-249-00	Admin Expense>Recruiting	119.00			119.00
80-250-00	Admin Expense>Marketing & Advertising	11,977.00			11,977.00
80-251-00	Admin Expense>Bad Debt	99,522.00			99,522.00
80-252-00	Admin Expense>Startup Costs	3,304.00			3,304.00
80-700-00	Admin Expense>Contracted Service	17,866.00			17,866.00
80-811-80	Admin Expense>Director>Wages	163,963.00		(71,201.00)	92,762.00
			RJE - 8	(71,201.00)	
80-811-92	Admin Expense>Director>PTO Accrual	1,092.00			1,092.00
80-839-80	Admin Expense>Admissions>Wages	107,670.00			107,670.00
80-839-92	Admin Expense>Admissions>PTO Accrual	12,288.00			12,288.00
80-840-80	Admin Expense>Business Office>Wages	43,566.00		71,201.00	114,767.00
			RJE - 8	71,201.00	
80-840-92	Admin Expense>Business Office>PTO Accrual	1,210.00			1,210.00
80-842-80	Admin Expense>Marketing>Wages	10,137.00			10,137.00
80-842-92	Admin Expense>Marketing>PTO Accrual	3.00			3.00
80-880-00	Admin Expense>Payroll Taxes	24,398.00			24,398.00
80-881-00	Admin Expense>Workers Comp	6,443.00			6,443.00
80-882-00	Admin Expense>Health Insurance	19,764.00			19,764.00
80-883-00	Admin Expense>Other Benefits	721.00		(721.00)	0.00
			RJE - 1	(721.00)	
85-100-00	Miscellaneous	0.00		51.00	51.00
			RJE - 1	51.00	
85-204-00	Training and Education	0.00		894.00	894.00
			RJE - 1	894.00	
85-245-00	Background Checks	0.00		5,523.00	5,523.00
			RJE - 1	5,523.00	
85-257-00	Employee Physicals	0.00		95.00	95.00
			RJE - 1	95.00	
91-121-00	Property Expense>Rent	1,224,135.00			1,224,135.00
91-161-00	Property Expense>RE Taxes	77,372.00			77,372.00
91-261-00	Property Expense>Personal Prop Taxes	8,153.00			8,153.00
92-000-00	Depreciation Expense	17,476.00			17,476.00
93-000-00	Amortization Expense	62,000.00			62,000.00
94-000-00	Interest Expense	16,031.00			16,031.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2018			9/30/2018
Marcum 101	Employee Food	0.00		240.00	240.00
			RJE - 1	240.00	
Marcum 102	Flowers, cards, etc.	0.00		987.00	987.00
			RJE - 1	987.00	
Marcum 103	Holiday Party	0.00		2,173.00	2,173.00
			RJE - 1	2,173.00	
Marcum 104	Equipment Lease	0.00		7,733.00	7,733.00
			RJE - 4	7,733.00	
Marcum 105	Drug Administering Expense	0.00			0.00
Marcum 106	Cell Phone	0.00		2,173.00	2,173.00
			RJE - 3	2,173.00	
Marcum 107	Discriminatory Bonus	0.00		1,000.00	1,000.00
			RJE - 1	1,000.00	
Marcum 108	Employee Relations	0.00		1,044.00	1,044.00
			RJE - 1	1,044.00	
Marcum 109	Subscriptions	0.00		41.00	41.00
			RJE - 6	41.00	
Marcum 110	Chamber Dues	0.00		390.00	390.00
			RJE - 6	390.00	
Marcum 111	Dentist	0.00		10,755.00	10,755.00
			RJE - 7	10,755.00	
Total		0.00		0.00	0.00
Net (Income) Loss		0.00		0.00	0.00

Client: **88 Clark Operating, LLC**
 Engagement: **Medicaid - 88 Clark Operating, LLC**
 Period Ending: **9/30/2018**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **A.03 - Grouping Schedule**

Account	Description	ADJ 9/30/2018	JE Ref #	RJE 9/30/2018	FINAL 9/30/2018
Group : [10-A]	Salaries and Wages				
Subgroup : [2]	Administrators				
80-811-80	Admin Expense>Director>Wages	163,963.00		(71,201.00)	92,762.00
			RJE - 8	(71,201.00)	
80-811-92	Admin Expense>Director>PTO Accrual	1,092.00		0.00	1,092.00
Subtotal [2]	Administrators	165,055.00		(71,201.00)	93,854.00
Subgroup : [4]	Other Administrative Salaries				
80-840-80	Admin Expense>Business Office>Wages	43,566.00		71,201.00	114,767.00
			RJE - 8	71,201.00	
80-840-92	Admin Expense>Business Office>PTO Accrual	1,210.00		0.00	1,210.00
Subtotal [4]	Other Administrative Salaries	44,776.00		71,201.00	115,977.00
Subgroup : [5B]	Food Service Supervisor				
70-811-80	Dietary Expense>Director>Wages	58,301.00		0.00	58,301.00
70-811-92	Dietary Expense>Director>PTO Accrual	1,886.00		0.00	1,886.00
Subtotal [5B]	Food Service Supervisor	60,187.00		0.00	60,187.00
Subgroup : [5C]	Dietary Workers				
70-831-80	Dietary Expense>Aide>Wages	106,917.00		0.00	106,917.00
70-831-92	Dietary Expense>Aide>PTO Accrual	2,066.00		0.00	2,066.00
70-832-80	Dietary Expense>Cook>Wages	128,571.00		0.00	128,571.00
70-832-92	Dietary Expense>Cook>PTO Accrual	2,854.00		0.00	2,854.00
Subtotal [5C]	Dietary Workers	240,408.00		0.00	240,408.00
Subgroup : [6B]	Other Housekeeping Workers				
72-831-80	Housekeeping Expense>Aide>Wages	179,451.00		0.00	179,451.00
72-831-92	Housekeeping Expense>Aide>PTO Accrual	4,346.00		0.00	4,346.00
Subtotal [6B]	Other Housekeeping Workers	183,797.00		0.00	183,797.00
Subgroup : [7A]	Engineer or Chief of Maintenance				
75-811-80	Maintenance Expense>Director>Wages	52,239.00		0.00	52,239.00
75-811-92	Maintenance Expense>Director>PTO Accrual	820.00		0.00	820.00
Subtotal [7A]	Engineer or Chief of Maintenance	53,059.00		0.00	53,059.00
Subgroup : [7B]	Other Maintenance Workers				
75-829-80	Maintenance Expense>Staff>Wages	28,524.00		0.00	28,524.00
75-829-92	Maintenance Expense>Staff>PTO Accrual	541.00		0.00	541.00
Subtotal [7B]	Other Maintenance Workers	29,065.00		0.00	29,065.00
Subgroup : [12A]	Director of Nurses/Assistant Director				
61-811-80	Nursing Admin Expense>Director>Wages	106,815.00		0.00	106,815.00
61-811-92	Nursing Admin Expense>Director>PTO Accrual	7,173.00		0.00	7,173.00
61-812-80	Nursing Admin Expense>Assistant Director>Wages	91,225.00		0.00	91,225.00
61-812-92	Nursing Admin Expense>Assistant Director>PTO Accr.	6,138.00		0.00	6,138.00
Subtotal [12A]	Director of Nurses/Assistant Director	211,351.00		0.00	211,351.00
Subgroup : [12B1]	RNs - Direct Care				
60-808-80	Nursing Expense>RN>Wages	157,798.00		0.00	157,798.00
60-808-92	Nursing Expense>RN>PTO Accrual	6,115.00		0.00	6,115.00
60-809-80	Nursing Expense>RN Supervisor>Wages	386,965.00		0.00	386,965.00
60-809-92	Nursing Expense>RN Supervisor>PTO Accrual	12,484.00		0.00	12,484.00
Subtotal [12B1]	RNs - Direct Care	563,362.00		0.00	563,362.00
Subgroup : [12B2]	RNs - Administrative				
61-817-80	Nursing Admin Expense>MDS / RNAC>Wages	123,830.00		0.00	123,830.00
61-817-92	Nursing Admin Expense>MDS / RNAC>PTO Accrual	279.00		0.00	279.00
61-823-80	Nursing Admin Expense>Staff Coordinator>Wages	51,911.00		0.00	51,911.00
61-823-92	Nursing Admin Expense>Staff Coordinator>PTO Accrual	2,462.00		0.00	2,462.00
61-824-80	Nursing Admin Expense>Staff Devel Director>Wages	75,258.00		0.00	75,258.00
61-824-92	Nursing Admin Expense>Staff Devel Director>PTO Acc	1,434.00		0.00	1,434.00
Subtotal [12B2]	RNs - Administrative	255,174.00		0.00	255,174.00
Subgroup : [12C1]	LPNs - Direct Care				

60-805-80	Nursing Expense>LPN>Wages	1,012,542.00	0.00	1,012,542.00
60-805-92	Nursing Expense>LPN>PTO Accrual	41,624.00	0.00	41,624.00
Subtotal [12C1]	LPNs - Direct Care	1,054,166.00	0.00	1,054,166.00
Subgroup : [12D]	Aides and Attendants			
60-801-80	Nursing Expense>CNA>Wages	1,187,949.00	0.00	1,187,949.00
60-801-92	Nursing Expense>CNA>PTO Accrual	42,425.00	0.00	42,425.00
Subtotal [12D]	Aides and Attendants	1,230,374.00	0.00	1,230,374.00
Subgroup : [12H]	Recreation Workers			
71-811-80	Activity Expense>Director>Wages	47,001.00	0.00	47,001.00
71-811-92	Activity Expense>Director>PTO Accrual	1,717.00	0.00	1,717.00
71-831-80	Activity Expense>Aide>Wages	64,925.00	0.00	64,925.00
71-831-92	Activity Expense>Aide>PTO Accrual	984.00	0.00	984.00
Subtotal [12H]	Recreation Workers	114,627.00	0.00	114,627.00
Subgroup : [12M]	Social Workers/Case Management			
69-811-80	Social Services Expense>Director>Wages	65,869.00	0.00	65,869.00
69-811-92	Social Services Expense>Director>PTO Accrual	4,464.00	0.00	4,464.00
Subtotal [12M]	Social Workers/Case Management	70,333.00	0.00	70,333.00
Subgroup : [12N]	Marketing			
80-842-80	Admin Expense>Marketing>Wages	10,137.00	0.00	10,137.00
80-842-92	Admin Expense>Marketing>PTO Accrual	3.00	0.00	3.00
Subtotal [12N]	Marketing	10,140.00	0.00	10,140.00
Subgroup : [12O]	Other			
61-818-80	Nursing Admin Expense>Medical Records>Wages	36,817.00	0.00	36,817.00
61-818-92	Nursing Admin Expense>Medical Records>PTO Accrual	848.00	0.00	848.00
80-839-80	Admin Expense>Admissions>Wages	107,670.00	0.00	107,670.00
80-839-92	Admin Expense>Admissions>PTO Accrual	12,288.00	0.00	12,288.00
Subtotal [12O]	Other	157,623.00	0.00	157,623.00
Total [10-A]	Salaries and Wages	4,443,497.00	0.00	4,443,497.00
Group : [13-B]	Professional Fees			
Subgroup : [2]	Dentist			
Marcum 111	Dentist	0.00	10,755.00	10,755.00
			RJE - 7	10,755.00
Subtotal [2]	Dentist	0.00	10,755.00	10,755.00
Subgroup : [5A]	PT - Resident Care			
65-000-00	PT Expense	243,901.00	0.00	243,901.00
Subtotal [5A]	PT - Resident Care	243,901.00	0.00	243,901.00
Subgroup : [8A]	Medical Director			
61-750-00	Nursing Admin Expense>Medical Director	51,250.00	0.00	51,250.00
Subtotal [8A]	Medical Director	51,250.00	0.00	51,250.00
Subgroup : [9A]	ST - Resident Care			
67-000-00	ST Expense	47,673.00	0.00	47,673.00
Subtotal [9A]	ST - Resident Care	47,673.00	0.00	47,673.00
Subgroup : [10A]	OT - Resident Care			
66-000-00	OT Expense	275,922.00	0.00	275,922.00
Subtotal [10A]	OT - Resident Care	275,922.00	0.00	275,922.00
Subgroup : [12]	Other			
60-206-00	Nursing Expense>Clinical Services	16,728.00	(10,755.00)	5,973.00
			RJE - 7	(10,755.00)
60-212-00	Nursing Expense>Clinical Consultants	20,115.00	0.00	20,115.00
Subtotal [12]	Other	36,843.00	(10,755.00)	26,088.00
Total [13-B]	Professional Fees	655,589.00	0.00	655,589.00
Group : [15]	Expenditures Other than Salaries			
Subgroup : [1A1]	Workmen's Compensation			
61-881-00	Nursing Admin Expense>Workers Comp	82,480.00	0.00	82,480.00
69-881-00	Social Services Expense>Workers Comp	1,842.00	0.00	1,842.00
70-881-00	Dietary Expense>Workers Comp	7,389.00	0.00	7,389.00
71-881-00	Activity Expense>Workers Comp	2,819.00	0.00	2,819.00
74-881-00	Housekeeping & Laundry Expense>Workers Comp	4,522.00	0.00	4,522.00

75-881-00	Maintenance Expense>Workers Comp	1,951.00	0.00	1,951.00
80-881-00	Admin Expense>Workers Comp	6,443.00	0.00	6,443.00
Subtotal [1A1]	Workmen's Compensation	107,446.00	0.00	107,446.00
Subgroup : [1A4]	Social Security (FICA)			
61-880-00	Nursing Admin Expense>Payroll Taxes	308,030.00	0.00	308,030.00
69-880-00	Social Services Expense>Payroll Taxes	6,418.00	0.00	6,418.00
70-880-00	Dietary Expense>Payroll Taxes	27,574.00	0.00	27,574.00
71-880-00	Activity Expense>Payroll Taxes	10,489.00	0.00	10,489.00
74-880-00	Housekeeping & Laundry Expense>Payroll Taxes	16,954.00	0.00	16,954.00
75-880-00	Maintenance Expense>Payroll Taxes	7,361.00	0.00	7,361.00
80-880-00	Admin Expense>Payroll Taxes	24,398.00	0.00	24,398.00
Subtotal [1A4]	Social Security (FICA)	401,224.00	0.00	401,224.00
Subgroup : [1A5]	Health Insurance			
61-882-00	Nursing Admin Expense>Health Insurance	251,352.00	0.00	251,352.00
69-882-00	Social Services Expense>Health Insurance	5,322.00	0.00	5,322.00
70-882-00	Dietary Expense>Health Insurance	22,525.00	0.00	22,525.00
71-882-00	Activity Expense>Health Insurance	8,564.00	0.00	8,564.00
74-882-00	Housekeeping & Laundry Expense>Health Insurance	13,678.00	0.00	13,678.00
75-882-00	Maintenance Expense>Health Insurance	6,081.00	0.00	6,081.00
80-882-00	Admin Expense>Health Insurance	19,764.00	0.00	19,764.00
Subtotal [1A5]	Health Insurance	327,286.00	0.00	327,286.00
Subgroup : [1A9]	Other			
61-883-00	Nursing Admin Expense>Other Benefits	9,203.00	(9,203.00)	0.00
			RJE - 1 (9,203.00)	
69-883-00	Social Services Expense>Other Benefits	213.00	(213.00)	0.00
			RJE - 1 (213.00)	
70-883-00	Dietary Expense>Other Benefits	828.00	(828.00)	0.00
			RJE - 1 (828.00)	
71-883-00	Activity Expense>Other Benefits	311.00	(311.00)	0.00
			RJE - 1 (311.00)	
74-883-00	Housekeeping & Laundry Expense>Other Benefits	503.00	(503.00)	0.00
			RJE - 1 (503.00)	
75-883-00	Maintenance Expense>Other Benefits	228.00	(228.00)	0.00
			RJE - 1 (228.00)	
80-883-00	Admin Expense>Other Benefits	721.00	(721.00)	0.00
			RJE - 1 (721.00)	
85-204-00	Training and Education	0.00	894.00	894.00
			RJE - 1 894.00	
85-245-00	Background Checks	0.00	5,523.00	5,523.00
			RJE - 1 5,523.00	
85-257-00	Employee Physicals	0.00	95.00	95.00
			RJE - 1 95.00	
Subtotal [1A9]	Other	12,007.00	(5,495.00)	6,512.00
Subgroup : [1C]	Bad Debts			
80-251-00	Admin Expense>Bad Debt	99,522.00	0.00	99,522.00
Subtotal [1C]	Bad Debts	99,522.00	0.00	99,522.00
Subgroup : [1D]	Accounting and Auditing			
80-239-00	Admin Expense>Accounting Fees	64,500.00	(49,460.00)	15,040.00
			RJE - 2 7,240.00	
			RJE - 5 (56,700.00)	
Subtotal [1D]	Accounting and Auditing	64,500.00	(49,460.00)	15,040.00
Subgroup : [1E]	Legal			
80-238-00	Admin Expense>Legal Fees	3,372.00	4,525.00	7,897.00
			RJE - 2 4,525.00	
Subtotal [1E]	Legal	3,372.00	4,525.00	7,897.00
Subgroup : [1G]	Office Supplies			
80-183-00	Admin Expense>Supplies	17,433.00	0.00	17,433.00
80-208-00	Admin Expense>Equip-Rental	26,993.00	(881.00)	26,112.00
			RJE - 4 (881.00)	
Subtotal [1G]	Office Supplies	44,426.00	(881.00)	43,545.00
Subgroup : [1H1]	Telephone and Telegraph			
80-231-00	Admin Expense>Telephone	8,717.00	(2,173.00)	6,544.00
			RJE - 3 (2,173.00)	
Subtotal [1H1]	Telephone and Telegraph	8,717.00	(2,173.00)	6,544.00

Subgroup : [1H2]	Cellular Phones and Beepers			
Marcum 106	Cell Phone	0.00	2,173.00	2,173.00
			RJE - 3	
			2,173.00	
Subtotal [1H2]	Cellular Phones and Beepers	0.00	2,173.00	2,173.00
Subgroup : [1K1]	Other Taxes - Income			
80-147-00	Admin Expense>Sales & Use Taxes	90.00	0.00	90.00
Subtotal [1K1]	Other Taxes - Income	90.00	0.00	90.00
Subgroup : [1K3]	Resident Day User Fee			
80-101-00	Admin Expense>Provider Tax	724,139.00	0.00	724,139.00
Subtotal [1K3]	Resident Day User Fee	724,139.00	0.00	724,139.00
Total [15]	Expenditures Other than Salaries	1,792,729.00	(51,311.00)	1,741,418.00
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and General			
Subgroup : [1]	Resident Travel and Entertainment			
60-213-00	Nursing Expense>Transportation	457.00	0.00	457.00
Subtotal [1]	Resident Travel and Entertainment	457.00	0.00	457.00
Subgroup : [2]	Holiday Parties for Staff			
Marcum 103	Holiday Party	0.00	2,173.00	2,173.00
			RJE - 1	
			2,173.00	
Subtotal [2]	Holiday Parties for Staff	0.00	2,173.00	2,173.00
Subgroup : [3]	Gifts to Staff and Residents			
Marcum 102	Flowers, cards, etc.	0.00	987.00	987.00
			RJE - 1	
			987.00	
Subtotal [3]	Gifts to Staff and Residents	0.00	987.00	987.00
Subgroup : [4]	Employee Travel			
80-236-00	Admin Expense>Travel	2,038.00	0.00	2,038.00
80-236-04	Admin Expense>Travel>Allowable	4,884.00	0.00	4,884.00
Subtotal [4]	Employee Travel	6,922.00	0.00	6,922.00
Subgroup : [5]	Education Expense			
60-204-00	Nursing Expense>Training & Education	2,838.00	0.00	2,838.00
80-233-00	Admin Expense>Seminars	434.00	0.00	434.00
Subtotal [5]	Education Expense	3,272.00	0.00	3,272.00
Subgroup : [M1]	Advertising Help Wanted			
80-249-00	Admin Expense>Recruiting	119.00	0.00	119.00
Subtotal [M1]	Advertising Help Wanted	119.00	0.00	119.00
Subgroup : [M3]	Advertising Other			
80-250-00	Admin Expense>Marketing & Advertising	11,977.00	0.00	11,977.00
Subtotal [M3]	Advertising Other	11,977.00	0.00	11,977.00
Subgroup : [M7]	Postage			
80-209-00	Admin Expense>Postage	3,881.00	0.00	3,881.00
Subtotal [M7]	Postage	3,881.00	0.00	3,881.00
Subgroup : [M8]	Dues and Membership Fees to Professional Associations			
80-235-00	Admin Expense>Dues & Subscriptions	1,146.00	(431.00)	715.00
			RJE - 6	
			(431.00)	
Subtotal [M8]	Dues and Membership Fees to Professional Associa	1,146.00	(431.00)	715.00
Subgroup : [M8A]	Dues to Chamber of Commerce			
Marcum 110	Chamber Dues	0.00	390.00	390.00
			RJE - 6	
			390.00	
Subtotal [M8A]	Dues to Chamber of Commerce	0.00	390.00	390.00
Subgroup : [M9]	Subscriptions			
Marcum 109	Subscriptions	0.00	41.00	41.00
			RJE - 6	
			41.00	
Subtotal [M9]	Subscriptions	0.00	41.00	41.00
Subgroup : [M11]	Services Provided by Contract			
60-230-00	Nursing Expense>Data Processing	46,806.00	0.00	46,806.00
80-210-00	Admin Expense>Internet	3,143.00	0.00	3,143.00
80-230-00	Admin Expense>Data Processing	22,795.00	0.00	22,795.00

80-240-00	Admin Expense>Professional Fees	128,100.00		44,935.00	173,035.00
			RJE - 2	(11,765.00)	
			RJE - 5	56,700.00	
80-700-00	Admin Expense>Contracted Service	17,866.00		0.00	17,866.00
Subtotal [M11]	Services Provided by Contract	218,710.00		44,935.00	263,645.00
Subgroup : [M13]	Other				
71-202-00	Activity Expense>Resident Missing Items	(155.00)		0.00	(155.00)
80-234-00	Admin Expense>Licenses	1,177.00		0.00	1,177.00
80-242-00	Admin Expense>Fines, Penalties & Settlements	1,458.00		0.00	1,458.00
80-243-00	Admin Expense>Late Fees	4,588.00		0.00	4,588.00
80-244-00	Admin Expense>Bank Fees	3,521.00		0.00	3,521.00
80-252-00	Admin Expense>Startup Costs	3,304.00		0.00	3,304.00
85-100-00	Miscellaneous	0.00		51.00	51.00
Marcum 101	Employee Food	0.00	RJE - 1	51.00	
				240.00	240.00
Marcum 107	Discriminatory Bonus	0.00	RJE - 1	240.00	
				1,000.00	1,000.00
Marcum 108	Employee Relations	0.00	RJE - 1	1,000.00	
				1,044.00	1,044.00
Subtotal [M13]	Other	13,893.00	RJE - 1	1,044.00	16,228.00
				2,335.00	
Total [16]	Expenditures Other than Salaries (cont'd) - Admin. a	260,377.00		50,430.00	310,807.00
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food				
70-177-00	Dietary Expense>Supplements	19,150.00		0.00	19,150.00
70-178-00	Dietary Expense>Food	301,030.00		0.00	301,030.00
Subtotal [2A1]	Raw Food	320,180.00		0.00	320,180.00
Subgroup : [2A2]	Non-Food Supplies				
70-183-00	Dietary Expense>Supplies	25,846.00		0.00	25,846.00
Subtotal [2A2]	Non-Food Supplies	25,846.00		0.00	25,846.00
Subgroup : [2B]	Purchased Services				
70-700-00	Dietary Expense>Contracted Service	300.00		0.00	300.00
Subtotal [2B]	Purchased Services	300.00		0.00	300.00
Total [18]	Dietary Basis for Allocation of Costs	346,326.00		0.00	346,326.00
Group : [19]	Laundry-Basis for Allocation of Costs				
Subgroup : [3B]	Purchased Services				
73-700-00	Laundry Expense>Contracted Service	0.00	RJE - 9	72,000.00	72,000.00
				72,000.00	
Subtotal [3B]	Purchased Services	0.00		72,000.00	72,000.00
Subgroup : [3C]	Other				
73-183-00	Laundry Expense>Supplies	972.00		0.00	972.00
Subtotal [3C]	Other	972.00		0.00	972.00
Total [19]	Laundry-Basis for Allocation of Costs	972.00		72,000.00	72,972.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs				
Subgroup : [4A1]	In-House Care Supplies				
72-183-00	Housekeeping Expense>Supplies	23,018.00		0.00	23,018.00
Subtotal [4A1]	In-House Care Supplies	23,018.00		0.00	23,018.00
Subgroup : [5A2]	Purchased from				
62-145-00	Pharmacy Expense>RX	233,868.00		0.00	233,868.00
Subtotal [5A2]	Purchased from	233,868.00		0.00	233,868.00
Subgroup : [5B]	Medicine Cabinet Drugs				
62-222-00	Pharmacy Expense>OTC	11,927.00		0.00	11,927.00
Subtotal [5B]	Medicine Cabinet Drugs	11,927.00		0.00	11,927.00
Subgroup : [5C]	Medical and Therapeutic Supplies				
60-183-00	Nursing Expense>Supplies	147,742.00		0.00	147,742.00
60-185-00	Nursing Expense>Incontinence Supplies	2,389.00		0.00	2,389.00
Subtotal [5C]	Medical and Therapeutic Supplies	150,131.00		0.00	150,131.00
Subgroup : [5E2]	Oxygen - Other				

64-223-00	Other Ancillary Expense>Oxygen	4,353.00	0.00	4,353.00
Subtotal [5E2]	Oxygen - Other	4,353.00	0.00	4,353.00
Subgroup : [5F]	X-Rays and related radiological			
64-225-00	Other Ancillary Expense>Radiology	7,381.00	0.00	7,381.00
Subtotal [5F]	X-Rays and related radiological	7,381.00	0.00	7,381.00
Subgroup : [5H]	Laboratory			
64-224-00	Other Ancillary Expense>Lab	12,032.00	0.00	12,032.00
Subtotal [5H]	Laboratory	12,032.00	0.00	12,032.00
Subgroup : [5I]	Recreation			
71-178-00	Activity Expense>Food	213.00	0.00	213.00
71-183-00	Activity Expense>Supplies	7,271.00	0.00	7,271.00
71-700-00	Activity Expense>Contracted Service	4,845.00	0.00	4,845.00
80-232-00	Admin Expense>Cable TV	13,811.00	0.00	13,811.00
Subtotal [5I]	Recreation	26,140.00	0.00	26,140.00
Subgroup : [5L]	Other			
60-205-00	Nursing Expense>Sanitation & Incineration	890.00	0.00	890.00
60-208-00	Nursing Expense>Equip-Rental	58,529.00	(6,852.00)	51,677.00
			RJE - 4 (6,852.00)	
60-700-06	Nursing Expense>Contracted Service>Other	1,135.00	0.00	1,135.00
Subtotal [5L]	Other	60,554.00	(6,852.00)	53,702.00
Total [20]	Housekeeping and Resident Care Basis for Allocati	529,404.00	(6,852.00)	522,552.00
Group : [22]	Maintenance and Property			
Subgroup : [6A]	Repairs and Maintenance			
60-207-00	Nursing Expense>Repairs & Maint	5,525.00	0.00	5,525.00
70-207-00	Dietary Expense>Repairs & Maint	495.00	0.00	495.00
75-207-00	Maintenance Expense>Repairs & Maint	39,072.00	0.00	39,072.00
Subtotal [6A]	Repairs and Maintenance	45,092.00	0.00	45,092.00
Subgroup : [6B]	Heat			
76-227-00	Utility Expense>Gas	36,637.00	0.00	36,637.00
Subtotal [6B]	Heat	36,637.00	0.00	36,637.00
Subgroup : [6C]	Light & Power			
76-228-00	Utility Expense>Electric	129,170.00	0.00	129,170.00
Subtotal [6C]	Light & Power	129,170.00	0.00	129,170.00
Subgroup : [6D]	Water			
76-229-00	Utility Expense>Water/Sewer	41,043.00	0.00	41,043.00
Subtotal [6D]	Water	41,043.00	0.00	41,043.00
Subgroup : [6E]	Equipment Lease			
Marcum 104	Equipment Lease	0.00	7,733.00	7,733.00
			RJE - 4 (7,733.00)	
Subtotal [6E]	Equipment Lease	0.00	7,733.00	7,733.00
Subgroup : [6F]	Other			
75-183-00	Maintenance Expense>Supplies	30,391.00	0.00	30,391.00
75-205-00	Maintenance Expense>Sanitation & Incineration	21,508.00	0.00	21,508.00
75-217-00	Maintenance Expense>Extermination	2,162.00	0.00	2,162.00
75-218-00	Maintenance Expense>Snow Removal	9,896.00	0.00	9,896.00
75-219-00	Maintenance Expense>Landscaping	7,664.00	0.00	7,664.00
75-220-00	Maintenance Expense>Fire Drill	1,819.00	0.00	1,819.00
75-700-00	Maintenance Expense>Contracted Service	42,971.00	0.00	42,971.00
Subtotal [6F]	Other	116,411.00	0.00	116,411.00
Subgroup : [7D]	Movable Equipment			
92-000-00	Depreciation Expense	17,476.00	0.00	17,476.00
Subtotal [7D]	Movable Equipment	17,476.00	0.00	17,476.00
Subgroup : [8A]	Organization Expense			
93-000-00	Amortization Expense	62,000.00	0.00	62,000.00
Subtotal [8A]	Organization Expense	62,000.00	0.00	62,000.00
Subgroup : [9]	Rental Payments			
91-121-00	Property Expense>Rent	1,224,135.00	0.00	1,224,135.00
Subtotal [9]	Rental Payments	1,224,135.00	0.00	1,224,135.00

Subgroup : [10B]	Real estate taxes paid by lessor			
91-161-00	Property Expense>RE Taxes	77,372.00	0.00	77,372.00
Subtotal [10B]	Real estate taxes paid by lessor	<u>77,372.00</u>	<u>0.00</u>	<u>77,372.00</u>
Subgroup : [10C]	Personal property taxes			
91-261-00	Property Expense>Personal Prop Taxes	8,153.00	0.00	8,153.00
Subtotal [10C]	Personal property taxes	<u>8,153.00</u>	<u>0.00</u>	<u>8,153.00</u>
Total [22]	Maintenance and Property	<u>1,757,489.00</u>	<u>7,733.00</u>	<u>1,765,222.00</u>
Group : [27]	Interest and Insurance			
Subgroup : [12D]	Other Interest Expense			
94-000-00	Interest Expense	16,031.00	0.00	16,031.00
Subtotal [12D]	Other Interest Expense	<u>16,031.00</u>	<u>0.00</u>	<u>16,031.00</u>
Subgroup : [14A]	Insurance on Property			
80-162-00	Admin Expense>Insurance - General Liability & Other	59,825.00	0.00	59,825.00
Subtotal [14A]	Insurance on Property	<u>59,825.00</u>	<u>0.00</u>	<u>59,825.00</u>
Subgroup : [14C3]	Other			
80-164-00	Admin Expense>Surety Bond	221.00	0.00	221.00
Subtotal [14C3]	Other	<u>221.00</u>	<u>0.00</u>	<u>221.00</u>
Total [27]	Interest and Insurance	<u>76,077.00</u>	<u>0.00</u>	<u>76,077.00</u>
Group : [30]	Statement of Revenue			
Subgroup : [1A]	Medicaid Residents (CT only)			
40-111-00	Room & Board Revenue>Medicaid	(5,763,000.00)	0.00	(5,763,000.00)
40-111-73	Room & Board Revenue>Medicaid Bed Hold	(4,044.00)	0.00	(4,044.00)
Subtotal [1A]	Medicaid Residents (CT only)	<u>(5,767,044.00)</u>	<u>0.00</u>	<u>(5,767,044.00)</u>
Subgroup : [3A]	Medicare Residents (All inclusive)			
40-102-00	Room & Board Revenue>Medicare A	(2,335,459.00)	0.00	(2,335,459.00)
Subtotal [3A]	Medicare Residents (All inclusive)	<u>(2,335,459.00)</u>	<u>0.00</u>	<u>(2,335,459.00)</u>
Subgroup : [3B]	Medicare room and board contractual allowance			
40-102-14	Room & Board Revenue>Medicare A>Sequester	42,656.00	0.00	42,656.00
Subtotal [3B]	Medicare room and board contractual allowance	<u>42,656.00</u>	<u>0.00</u>	<u>42,656.00</u>
Subgroup : [4A]	Private-pay residents and other			
40-104-00	Room & Board Revenue>Private	(1,309,954.00)	0.00	(1,309,954.00)
40-105-00	Room & Board Revenue>HMO	(427,202.00)	0.00	(427,202.00)
40-109-00	Room & Board Revenue>Hospice	(114,668.00)	0.00	(114,668.00)
Subtotal [4A]	Private-pay residents and other	<u>(1,851,824.00)</u>	<u>0.00</u>	<u>(1,851,824.00)</u>
Subgroup : [4B]	Private-pay room and board contractual allowance			
40-105-14	Room & Board Revenue>HMO>Sequester	5,023.00	0.00	5,023.00
Subtotal [4B]	Private-pay room and board contractual allowance	<u>5,023.00</u>	<u>0.00</u>	<u>5,023.00</u>
Subgroup : [5A]	Prescription Drugs - Medicare			
41-102-00	Pharmacy Rev>Medicare A	(186,394.00)	0.00	(186,394.00)
Subtotal [5A]	Prescription Drugs - Medicare	<u>(186,394.00)</u>	<u>0.00</u>	<u>(186,394.00)</u>
Subgroup : [5B]	Prescription Drugs - Medicare Contractual Allowance			
41-102-01	Pharmacy Rev>Medicare A>C/A	186,394.00	0.00	186,394.00
Subtotal [5B]	Prescription Drugs - Medicare Contractual Allowanc	<u>186,394.00</u>	<u>0.00</u>	<u>186,394.00</u>
Subgroup : [5C]	Prescription Drugs - Non-medicare			
41-105-00	Pharmacy Rev>HMO	(14,455.00)	0.00	(14,455.00)
Subtotal [5C]	Prescription Drugs - Non-medicare	<u>(14,455.00)</u>	<u>0.00</u>	<u>(14,455.00)</u>
Subgroup : [5D]	Prescription Drugs - Non-medicare Contractual Allowance			
41-105-01	Pharmacy Rev>HMO>C/A	15,250.00	0.00	15,250.00
Subtotal [5D]	Prescription Drugs - Non-medicare Contractual Allo	<u>15,250.00</u>	<u>0.00</u>	<u>15,250.00</u>
Subgroup : [7A]	Physical Therapy - Medicare			
42-102-00	PT Revenue>Medicare A	(276,375.00)	0.00	(276,375.00)
42-103-00	PT Revenue>Medicare B	(50,521.00)	0.00	(50,521.00)
Subtotal [7A]	Physical Therapy - Medicare	<u>(326,896.00)</u>	<u>0.00</u>	<u>(326,896.00)</u>
Subgroup : [7B]	Physical Therapy - Medicare Contractual Allowance			

42-102-01	PT Revenue>Medicare A>C/A	276,375.00	0.00	276,375.00
Subtotal [7B]	Physical Therapy - Medicare Contractual Allowance	276,375.00	0.00	276,375.00
Subgroup : [7C] Physical Therapy - Non-medicare				
42-105-00	PT Revenue>HMO	(50,719.00)	0.00	(50,719.00)
42-111-00	PT Revenue>Medicaid	(37,855.00)	0.00	(37,855.00)
Subtotal [7C]	Physical Therapy - Non-medicare	(88,574.00)	0.00	(88,574.00)
Subgroup : [7D] Physical Therapy - Non-medicare Contractual Allowance				
42-105-01	PT Revenue>HMO>C/A	43,758.00	0.00	43,758.00
42-111-01	PT Revenue>Medicaid>C/A	37,855.00	0.00	37,855.00
Subtotal [7D]	Physical Therapy - Non-medicare Contractual Allow.	81,613.00	0.00	81,613.00
Subgroup : [8A] Speech Therapy - Medicare				
44-102-00	ST Revenue>Medicare A	(55,909.00)	0.00	(55,909.00)
44-103-00	ST Revenue>Medicare B	(42,332.00)	0.00	(42,332.00)
Subtotal [8A]	Speech Therapy - Medicare	(98,241.00)	0.00	(98,241.00)
Subgroup : [8B] Speech Therapy - Medicare Contractual Allowance				
44-102-01	ST Revenue>Medicare A>C/A	55,909.00	0.00	55,909.00
Subtotal [8B]	Speech Therapy - Medicare Contractual Allowance	55,909.00	0.00	55,909.00
Subgroup : [8C] Speech Therapy - Non-medicare				
44-105-00	ST Revenue>HMO	(12,262.00)	0.00	(12,262.00)
44-111-00	ST Revenue>Medicaid	(15,270.00)	0.00	(15,270.00)
Subtotal [8C]	Speech Therapy - Non-medicare	(27,532.00)	0.00	(27,532.00)
Subgroup : [8D] Speech Therapy - Non-medicare Contractual Allowance				
44-105-01	ST Revenue>HMO>C/A	7,072.00	0.00	7,072.00
44-111-01	ST Revenue>Medicaid>C/A	15,270.00	0.00	15,270.00
Subtotal [8D]	Speech Therapy - Non-medicare Contractual Allowa	22,342.00	0.00	22,342.00
Subgroup : [9A] Occupational Therapy - Medicare				
43-102-00	OT Revenue>Medicare A	(317,225.00)	0.00	(317,225.00)
43-103-00	OT Revenue>Medicare B	(58,964.00)	0.00	(58,964.00)
Subtotal [9A]	Occupational Therapy - Medicare	(376,189.00)	0.00	(376,189.00)
Subgroup : [9B] Occupational Therapy - Medicare Contractual Allowance				
43-102-01	OT Revenue>Medicare A>C/A	317,225.00	0.00	317,225.00
Subtotal [9B]	Occupational Therapy - Medicare Contractual Allowi	317,225.00	0.00	317,225.00
Subgroup : [9C] Occupational Therapy - Non-medicare				
43-105-00	OT Revenue>HMO	(61,139.00)	0.00	(61,139.00)
43-111-00	OT Revenue>Medicaid	(48,193.00)	0.00	(48,193.00)
Subtotal [9C]	Occupational Therapy - Non-medicare	(109,332.00)	0.00	(109,332.00)
Subgroup : [9D] Occupational Therapy - Non-medicare Contractual Allowance				
43-105-01	OT Revenue>HMO>C/A	50,261.00	0.00	50,261.00
43-111-01	OT Revenue>Medicaid>C/A	48,193.00	0.00	48,193.00
Subtotal [9D]	Occupational Therapy - Non-medicare Contractual A	98,454.00	0.00	98,454.00
Subgroup : [10A] Other - Medicare				
47-103-00	Other Ancillary Rev>Medicare B	(3,646.00)	0.00	(3,646.00)
52-102-00	Revenue Adjustments>Medicare A	136.00	0.00	136.00
Subtotal [10A]	Other - Medicare	(3,510.00)	0.00	(3,510.00)
Subgroup : [10B] Other - Non-medicare				
45-105-00	Radiology Rev>HMO	(795.00)	0.00	(795.00)
47-104-00	Other Ancillary Revenue>Private	(1,724.00)	0.00	(1,724.00)
52-105-00	Revenue Adjustments>HMO	1,173.00	0.00	1,173.00
52-109-00	Revenue Adjustments>Hospice	1,126.00	0.00	1,126.00
52-111-00	Revenue Adjustments>Medicaid	45,779.00	0.00	45,779.00
Subtotal [10B]	Other - Non-medicare	45,559.00	0.00	45,559.00
Subgroup : [15] Interest Income				
51-160-00	Other Rev>Interest	(21.00)	0.00	(21.00)
Subtotal [15]	Interest Income	(21.00)	0.00	(21.00)
Subgroup : [17] Barber, Coffee, Beauty & Gift Shops				
51-179-00	Other Rev>Barber & Beauty	(37.00)	0.00	(37.00)
Subtotal [17]	Barber, Coffee, Beauty & Gift Shops	(37.00)	0.00	(37.00)

Subgroup : [18]	Other Revenue			
51-100-00	Other Rev>Miscellaneous	(178.00)	0.00	(178.00)
51-178-00	Other Rev>Food	(91.00)	0.00	(91.00)
51-186-00	Other Rev>Books	(34.00)	0.00	(34.00)
51-818-00	Other Rev>Medical Records	(790.00)	0.00	(790.00)
Subtotal [18]	Other Revenue	<u>(1,093.00)</u>	<u>0.00</u>	<u>(1,093.00)</u>
Total [30]	Statement of Revenue	<u>(10,039,801.00)</u>	<u>0.00</u>	<u>(10,039,801.00)</u>
Group : [31-32]	Assets			
Subgroup : [A1]	Cash			
10-001-02	Cash>Clearing>Payroll	(448.00)	0.00	(448.00)
10-010-96	Cash>Operating>New London	203,786.00	0.00	203,786.00
10-014-00	Cash>Petty Cash Facility	300.00	0.00	300.00
10-014-96	Cash>PettyCash>New London	16,161.00	0.00	16,161.00
10-015-00	Cash>Petty Cash PNA	500.00	0.00	500.00
10-060-96	Cash>Resident Trust>New London	52,924.00	0.00	52,924.00
10-061-00	Cash>Care Cost	5,000.00	0.00	5,000.00
Subtotal [A1]	Cash	<u>278,223.00</u>	<u>0.00</u>	<u>278,223.00</u>
Subgroup : [A2]	Resident Accounts Receivable			
11-102-00	Accounts Receivable>Medicare A	298,887.00	0.00	298,887.00
11-102-70	Accounts Receivable>Medicare A>Old A/R	64,757.00	0.00	64,757.00
11-103-70	Accounts Receivable>Medicare B>Old A/R	17,577.00	0.00	17,577.00
11-104-00	Accounts Receivable>Private	95,810.00	0.00	95,810.00
11-104-70	Accounts Receivable>Private>Old A/R	193,079.00	0.00	193,079.00
11-105-00	Accounts Receivable>HMO	81,564.00	0.00	81,564.00
11-105-70	Accounts Receivable>HMO>Old A/R	32,672.00	0.00	32,672.00
11-109-00	Accounts Receivable>Hospice	(6,103.00)	0.00	(6,103.00)
11-109-70	Accounts Receivable>Hospice>Old A/R	(6,224.00)	0.00	(6,224.00)
11-111-00	Accounts Receivable>Medicaid	599,597.00	0.00	599,597.00
11-111-70	Accounts Receivable>Medicaid>Old A/R	51,995.00	0.00	51,995.00
11-112-00	Accounts Receivable>Income	138,697.00	0.00	138,697.00
11-112-70	Accounts Receivable>Income>Old A/R	(32,527.00)	0.00	(32,527.00)
11-120-00	Accounts Receivable>Allow for Doubtful Accts	(117,093.00)	0.00	(117,093.00)
11-123-00	Accounts Receivable>Ancillary	44,943.00	0.00	44,943.00
11-191-00	Accounts Receivable>Allowance Purchased A/R	(265,133.00)	0.00	(265,133.00)
Subtotal [A2]	Resident Accounts Receivable	<u>1,192,498.00</u>	<u>0.00</u>	<u>1,192,498.00</u>
Subgroup : [A5]	Prepaid Expenses			
12-000-00	Prepaid Expenses	8,623.00	0.00	8,623.00
12-126-00	Prepaid Expenses>Taxes	21,288.00	0.00	21,288.00
12-881-00	Prepaid Expenses>Workers Comp	76,349.00	0.00	76,349.00
Subtotal [A5]	Prepaid Expenses	<u>106,260.00</u>	<u>0.00</u>	<u>106,260.00</u>
Subgroup : [B4]	Leasehold Improvements			
14-131-00	Fixed Assets>Leasehold Improvements	202,567.00	0.00	202,567.00
15-131-00	Accum Depn>Leasehold Improvements	(11,007.00)	0.00	(11,007.00)
Subtotal [B4]	Leasehold Improvements	<u>191,560.00</u>	<u>0.00</u>	<u>191,560.00</u>
Subgroup : [B5]	Non-Movable Equipment			
14-132-00	Fixed Assets>Furniture, Fixtures and Equipment	3,249.00	0.00	3,249.00
14-305-00	Fixed Assets>Sales Use Tax	1,372.00	0.00	1,372.00
15-132-00	Accum Depn>Furniture, Fixtures and Equipment	(625.00)	0.00	(625.00)
15-305-00	Accum Depn>Sales Use Tax	(196.00)	0.00	(196.00)
Subtotal [B5]	Non-Movable Equipment	<u>3,800.00</u>	<u>0.00</u>	<u>3,800.00</u>
Subgroup : [B6]	Movable Equipment			
14-133-00	Fixed Assets>Medical Equipment	2,443.00	0.00	2,443.00
14-134-00	Fixed Assets>Computer Hardware	20,284.00	0.00	20,284.00
14-137-01	Fixed Asset>Capital Lease>Copier	44,220.00	0.00	44,220.00
15-133-00	Accum Depn>Medical Equipment	(75.00)	0.00	(75.00)
15-134-00	Accum Depn>Computer Hardware	(2,781.00)	0.00	(2,781.00)
15-137-01	Accumulated Depn>Capital Lease>Copier	(2,808.00)	0.00	(2,808.00)
Subtotal [B6]	Movable Equipment	<u>61,283.00</u>	<u>0.00</u>	<u>61,283.00</u>
Subgroup : [D1]	Deferred Deposits			
13-128-00	Due From>Vendor Security Deposits	8,245.00	0.00	8,245.00
Subtotal [D1]	Deferred Deposits	<u>8,245.00</u>	<u>0.00</u>	<u>8,245.00</u>
Subgroup : [D2]	Escrow Deposits			
10-300-00	Cash>Escrow	16,145.00	0.00	16,145.00

Subtotal [D2]	Escrow Deposits	16,145.00	0.00	16,145.00
Subgroup : [D3]	Organization Expense			
17-000-00	Deferred Financing Costs	310,000.00	0.00	310,000.00
19-265-00	Accumulated Amortization>Deferred Financing Costs	(69,667.00)	0.00	(69,667.00)
Subtotal [D3]	Organization Expense	240,333.00	0.00	240,333.00
Subgroup : [D6]	Loans to Owners or Related Parties			
27-000-78	Due To/(From)>Maplewood Rehab and Nursing	5,569.00	0.00	5,569.00
27-000-82	Due To/(From)>Saugus Rehab and Nursing	569.00	0.00	569.00
27-000-83	Due To/(From)>Twin Oaks Rehab and Nursing	569.00	0.00	569.00
27-000-84	Due To/(From)>930 Mill Hill Realty	350,167.00	0.00	350,167.00
27-000-93	Due To/(From)>Holdings	458,122.00	0.00	458,122.00
27-172-00	Due To/(From)>Vendor	8,502.00	0.00	8,502.00
27-315-00	Due To/(From)>Southport	90,000.00	0.00	90,000.00
27-316-00	Due To/(From)>Greenwich	150,000.00	0.00	150,000.00
27-400-00	Due to/(from)>Eli Miris	10,000.00	0.00	10,000.00
Subtotal [D6]	Loans to Owners or Related Parties	1,073,498.00	0.00	1,073,498.00
Total [31-32]	Assets	3,171,845.00	0.00	3,171,845.00
Group : [33-34]	Liabilities			
Subgroup : [A1]	Trade Accounts Payable			
20-000-00	Accounts Payable	(707,724.00)	0.00	(707,724.00)
21-350-00	Other Current Payables>Resident Funds	(52,924.00)	0.00	(52,924.00)
21-354-00	Other Current Payables>DTF RFMS	(300.00)	0.00	(300.00)
21-884-00	Other Current Payable>Disability & Other Insurance	1,490.00	0.00	1,490.00
Subtotal [A1]	Trade Accounts Payable	(759,458.00)	0.00	(759,458.00)
Subgroup : [A2]	Note Payable			
22-000-01	Note Payable>LOC	(150,000.00)	0.00	(150,000.00)
Subtotal [A2]	Note Payable	(150,000.00)	0.00	(150,000.00)
Subgroup : [A4]	Accrued Payroll			
23-000-00	Accrued Wages & Related	(94,691.00)	0.00	(94,691.00)
23-157-00	Accrued Expenses>PTO	(166,044.00)	0.00	(166,044.00)
Subtotal [A4]	Accrued Payroll	(260,735.00)	0.00	(260,735.00)
Subgroup : [A6]	Accrued Payroll Taxes Payable			
23-156-00	Accrued Wages & Related>PR Taxes	(1,086.00)	0.00	(1,086.00)
Subtotal [A6]	Accrued Payroll Taxes Payable	(1,086.00)	0.00	(1,086.00)
Subgroup : [A7]	Medicare Final Settlement Payable			
27-102-00	Due To/(From)>Medicare A	(4,700.00)	0.00	(4,700.00)
Subtotal [A7]	Medicare Final Settlement Payable	(4,700.00)	0.00	(4,700.00)
Subgroup : [A12]	Other Current Liabilities			
21-149-00	Other Current Payables>Misc. PR Deduction	(1,075.00)	0.00	(1,075.00)
21-149-09	Other Current Payables>Misc. PR Deduction>401k	1,004.00	0.00	1,004.00
24-000-00	Accrued Expenses	(193,986.00)	0.00	(193,986.00)
24-137-01	Accrued Expenses>Capital Lease>Copier	(41,363.00)	0.00	(41,363.00)
24-285-00	Accrued Expenses>Year End Adjustments	(7,735.00)	0.00	(7,735.00)
24-881-00	Accrued Expenses>Workers Comp	(71,259.00)	0.00	(71,259.00)
Subtotal [A12]	Other Current Liabilities	(314,414.00)	0.00	(314,414.00)
Subgroup : [B3]	Loans from Owners or Related Parties			
27-000-76	Due To/(From)>Southport Realty	(185,000.00)	0.00	(185,000.00)
27-000-95	Due To/(From)>Norwich	(713,339.00)	(72,000.00)	(785,339.00)
			RJE - 9 (72,000.00)	
27-000-97	Due To/(From)>Norwich Realty	(216,677.00)	0.00	(216,677.00)
27-000-98	Due To/(From)>New London Realty	(358,316.00)	0.00	(358,316.00)
27-152-00	Due To/(From)>Employee	(780.00)	0.00	(780.00)
Subtotal [B3]	Loans from Owners or Related Parties	(1,474,112.00)	(72,000.00)	(1,546,112.00)
Subgroup : [B4]	Other Long-Term Liabilities			
28-127-00	Due To>Old Owner	(9,219.00)	0.00	(9,219.00)
Subtotal [B4]	Other Long-Term Liabilities	(9,219.00)	0.00	(9,219.00)
Total [33-34]	Liabilities	(2,973,724.00)	(72,000.00)	(3,045,724.00)
Group : [35]	Equity			
Subgroup : [B1]	Owners' Capital			

31-000-86	Partner's Equity>All Partners>Capital Draws	4,200.00	0.00	4,200.00
31-400-86	Partners' Equity>Eli Miris>CapitalDraws	14,000.00	0.00	14,000.00
Subtotal [B1]	Owners' Capital	<u>18,200.00</u>	<u>0.00</u>	<u>18,200.00</u>
Subgroup : [B5]	Cumulated Earnings			
30-000-00	Retained Earnings	(38,980.00)	0.00	(38,980.00)
Subtotal [B5]	Cumulated Earnings	<u>(38,980.00)</u>	<u>0.00</u>	<u>(38,980.00)</u>
Total [35]	Equity	<u>(20,780.00)</u>	<u>0.00</u>	<u>(20,780.00)</u>
	NET (INCOME) LOSS	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
	Sum of Account Groups	0.00	0.00	0.00

Client: **88 Clark Operating, LLC**
 Engagement: **Medicaid - 88 Clark Operating, LLC**
 Period Ending: **9/30/2018**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **H.02 - Reclassifying Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entries JE # 1		E.04a		
To reclass other benefits				
85-100-00	Miscellaneous		51.00	
85-204-00	Training and Education		894.00	
85-245-00	Background Checks		5,523.00	
85-257-00	Employee Physicals		95.00	
Marcum 101	Employee Food		240.00	
Marcum 102	Flowers, cards, etc.		987.00	
Marcum 103	Holiday Party		2,173.00	
Marcum 107	Discriminatory Bonus		1,000.00	
Marcum 108	Employee Relations		1,044.00	
61-883-00	Nursing Admin Expense>Other Benefits			9,203.00
69-883-00	Social Services Expense>Other Benefits			213.00
70-883-00	Dietary Expense>Other Benefits			828.00
71-883-00	Activity Expense>Other Benefits			311.00
74-883-00	Housekeeping & Laundry Expense>Other			503.00
75-883-00	Maintenance Expense>Other Benefits			228.00
80-883-00	Admin Expense>Other Benefits			721.00
Total			12,007.00	12,007.00
Reclassifying Journal Entries JE # 2		E.02		
To reclass legal & Accounting fees to correct line				
80-238-00	Admin Expense>Legal Fees		4,525.00	
80-239-00	Admin Expense>Accounting Fees		7,240.00	
80-240-00	Admin Expense>Professional Fees			11,765.00
Total			11,765.00	11,765.00
Reclassifying Journal Entries JE # 3		E.08		
To reclass cell phone expense from telephone expense				
Marcum 106	Cell Phone		2,173.00	
80-231-00	Admin Expense>Telephone			2,173.00
Total			2,173.00	2,173.00
Reclassifying Journal Entries JE # 4		N.01a		
To reclass equipment leases from from equipment rental				
Marcum 104	Equipment Lease		7,733.00	
60-208-00	Nursing Expense>Equip-Rental			6,852.00
80-208-00	Admin Expense>Equip-Rental			881.00
Total			7,733.00	7,733.00
Reclassifying Journal Entries JE # 5		E.01		
To reclass professional fees from accounting fees				
80-240-00	Admin Expense>Professional Fees		56,700.00	
80-239-00	Admin Expense>Accounting Fees			56,700.00
Total			56,700.00	56,700.00
Reclassifying Journal Entries JE # 6		E.10		
To reclass subscriptions and chamber dues to correct line of cost report				
Marcum 109	Subscriptions		41.00	
Marcum 110	Chamber Dues		390.00	
80-235-00	Admin Expense>Dues & Subscriptions			431.00

Client: **88 Clark Operating, LLC**
 Engagement: **Medicaid - 88 Clark Operating, LLC**
 Period Ending: **9/30/2018**
 Trial Balance: **A.01 - TB-CCNH**
 Workpaper: **H.02 - Reclassifying Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
Total			<u>431.00</u>	<u>431.00</u>
Reclassifying Journal Entries JE # 7				
		D.04a		
To Reclass Dental Fees to Correct Line of Cost Report				
Marcum 111	Dentist		10,755.00	
60-206-00	Nursing Expense>Clinical Services			10,755.00
Total			<u>10,755.00</u>	<u>10,755.00</u>
Reclassifying Journal Entries JE # 8				
		N.02a		
To Reclass Director of Operations into correct line of Cost Report				
80-840-80	Admin Expense>Business Office>Wages		71,201.00	
80-811-80	Admin Expense>Director>Wages			71,201.00
Total			<u>71,201.00</u>	<u>71,201.00</u>
Reclassifying Journal Entries JE # 9				
		PDW Sheva		
To book Laundry Expenses that were on the books of 93 W main to correct line of CR				
73-700-00	Laundry Expense>Contracted Service		72,000.00	
27-000-95	Due To/(From)>Norwich			72,000.00
Total			<u>72,000.00</u>	<u>72,000.00</u>



MYERS AND STAUFFER
L.C.
CERTIFIED PUBLIC ACCOUNTANTS

Workpaper Index:
Prepared By:
Reviewed By:
Workpaper Date: 1/22/2019
Run Date: 1/22/2019

Provider Name: 88 Clark Operating, LLC d/b/a New London Sub-Acute and Nursing
Provider Number: 2428
Period Ended: 9/30/18

Name of Workpaper: VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE: To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: