

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Pendleton Health and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 44 Maritime Dr. , Mystic, CT 06355	
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 checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2069-C	RHNS	Other	Medicare Provider 07-5341
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Medicaid Provider Numbers:	CCNH 2069-C	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Pendleton Health and Rehabilitation Center	License No. 2069-C	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator) N/A Administrator is not responsible for Cost Reporting		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner) Chris S. Stenger, SVP Operations Fir SavaSeniorCare Admin Svc. LLC	on behalf of Pendleton Health & Rehab
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Pendleton Health and Rehabilitation Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 44 Maritime Dr. , Mystic, CT 06355				
Report Prepared By Margaret Philen		Phone Number 832-467-6225	Date 2/15/2019	
Item	Total	CCNH	RHNS	Other
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 860-572-1700		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Pendleton Health and Rehabilitation Center		Address (No. & Street, City, State, Zip) 44 Maritime Dr. , Mystic, CT 06355		
License Numbers:	CCNH 2069-C	RHNS	Other	Medicare Provider No. 07-5341
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input checked="" type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Susan Peglow		Nursing Home Administrator's License No.:	001290	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
Related Parties***

Name of Facility Pendleton Health and Rehabilitation Center	License No. 2069-C	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	%**				
SSC Administrative Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	<input type="radio"/>	<input checked="" type="radio"/>		Back Office Services	Page 16/C.1.m.12	261,555	261,555
SSC Consulting Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Services	Page 16/C.1.m.12	448,964	448,964
		<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.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Pendleton Health and Rehabilitation Center	License No. 2069-C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Pendleton Health and Rehabilitation Center			License No. 2069-C	Report for Year Ended 9/30/2018			Page 6	of 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						
Canon Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copier	expired	month to month	3,902	3,902	
Krystal Kleer LLC	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler			265	265	
Pitney Bowes	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter			1,373	1,373	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							5,541	

* 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 Pendleton Health and Rehabilitation	License No. 2069-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 2 3 4	Address (No. & Street, City, State, Zip Code)
---	---

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

- Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Shawe Rosenthal LLP 2 Sciacca Law Group LLC 3 ProTitleUSA 4 5	Telephone Number 410-752-1040 617-322-1555
---	--

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

- 1 One South Street Ste. 1800, Baltimore, MD 21202
 2 P.O. Box 870126, Milton Village, MA 02187
 3 P.O.Box 52328, Philadelphia, PS 19155
 4
 5

Services Provided by This Firm (*describe fully*)

1 Legal Rep - Union Issues	\$ 85,310
2 Legal Rep - Guardianship	\$ 750
3 Legal Rep - title issues	\$ 192
4	\$
5	\$
	Charge for Services Provided
	\$ 86,252

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

- Yes No

Legal, page 15, line 1.e

Schedule of Resident Statistics

Name of Facility Pendleton Health and Rehabilitation Center			License No. 2069-C			Report for Year Ended 9/30/2018				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	103	103			103	103			95	95		
B. As of midnight of THIS report period	98	98			95	95			98	98		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,989	7,989			6,028	6,028			1,961	1,961		
B. Medicaid (Conn.)	23,469	23,469			17,880	17,880			5,589	5,589		
C. Medicaid (other states)												
D. Private Pay	1,803	1,803			1,248	1,248			555	555		
E. State SSI for RCH												
F. Other (Specify) VA/Hospice/Insurance	3,824	3,824			2,715	2,715			1,109	1,109		
G. Total Care Days During Period (3A thru F)	37,085	37,085			27,871	27,871			9,214	9,214		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	37,085	37,085			27,871	27,871			9,214	9,214		

Schedule of Resident Statistics (Cont'd)

Name of Facility Pendleton Health and Rehabilitation Center			License No. 2069-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Other		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	20		55		23								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									109,197	109,197			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									37,296	37,296			
D. Total Physical Therapy Treatments									146,493	146,493			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									31,588	31,588			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									15,465	15,465			
D. Total Speech Therapy Treatments									47,053	47,053			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									124,495	124,495			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									35,621	35,621			
D. Total Occupational Therapy Treatments									160,117	160,117			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Pendleton Health and Rehabilitation Center	2069-C	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	Other	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)	134,059	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	332,990	16,687				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	283,892	21,190				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	63,964	2,080				
b. Other Maintenance Workers	32,617	2,054				
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	200,689	4,160				
b. RN						
1. Direct Care	1,206,497	33,013				
2. Administrative**	236,583	6,306				
c. LPN						
1. Direct Care	959,296	32,520				
2. Administrative**	522	17				
d. Aides and Attendants	1,004,937	64,953				
e. Physical Therapists	512,448	13,669				
f. Speech Therapists	106,064	2,416				
g. Occupational Therapists	383,302	10,182				
h. Recreation Workers	130,708	5,621				
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	101,815	4,159				
n. Marketing						
o. Other (Specify) See Attached Schedule	104,429	3,654				
<i>A-13. Total Salary Expenditures</i>	<i>5,794,812</i>	<i>224,760</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapist	\$ 68,954	1,622				
Medical Records Assistant	\$ 35,350	2,025				
Wheelchair Transport Driver	\$ 125	7				
Total	\$ 104,429	3,654	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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
Pendleton Health and Rehabilitation Center				2069-C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
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	
Pendleton Health and Rehabilitation Center				2069-C	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	Other							
Section III - Administrators***										
Susan Peglow	134,059			Standard Package	Administrative responsibility over day today operations	2,080	A.2	N/A		
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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Pendleton Health and Rehabilitation Center	2069-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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	4,800					
3. Pharmacist	11,767					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	24,146					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	54,675					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	76,837					
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	18,488					
2. Administrative***	283					
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	190,996					

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health and Rehabilitation Center	2069-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 142,646	142,646		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 56,171	56,171		
4. Social Security (F.I.C.A.)	\$ 425,249	425,249		
5. Health Insurance	\$ 216,885	216,885		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,588	4,588		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 5,713	5,713		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 8,812	8,812		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 279,303	279,303		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 86,252	86,252		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 21,302	21,302		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 28,205	28,205		
2. Cellular Phones	\$ 864	864		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 50	50		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 29,374	29,374		
3. Resident Day User Fee	\$ 598,502	598,502		
Subtotal	\$ 1,903,916	1,903,916		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Pendleton Health and Rehabilitation Center	2069-C	9/30/2018	16	37	
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		1,903,916	1,903,916		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	7,227	7,227		
4. Employee Travel	\$	3,293	3,293		
5. Education Expenses Related to Seminars and Conventions	\$	7,253	7,253		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	14,393	14,393		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	18,836	18,836		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	3,374	3,374		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	10,449	10,449		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	797	797		
9. Subscriptions	\$	1,922	1,922		
10. Contributions***	\$	225	225		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	49,094	49,094		
12. Administrative Management Services**	\$	642,458	642,458		
13. Other (<i>Specify</i>)	\$	1,095,971	1,095,971		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,759,208	3,759,208		

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

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Unallowable Advertising adjusted off report on Adjustment page 28	\$ 18,836		
Total Other Advertising	\$ 18,836	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
Professional Dues - Physical Plant	\$ 803		
Professional Dues - Administrative	\$ 9,645		
Total Dues	\$ 10,449	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
Donations and Contributions - Administrative	\$ 225		
Total Contributions	\$ 225	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Employee Background Screenings	\$ 14,782		
Licenses	\$ 2,671		
Bank Charges	\$ 6,113		
Interest Expense	\$ 1,068,547		
Lost Resident Property	\$ 1,842		
Staff Meetings	\$ 65		
Directors & Trustee Fees/Surety Bonds	\$ 1,396		
Memoriam/Benevolence Expense	\$ 555		
Total Other Administrative and General	\$ 1,095,971	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Pendleton Health and Rehabilitation Center	2069-C	9/30/2018	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
SSC Administrative Svc, LLC, One Ravinia Dr, Ste 1500, Atlanta, GA 30346	261,555	Back Office Services	Page16, line C.1.m.12
SSC Consulting Svc, LLC, One Ravinia Dr, Ste 1500, Atlanta, GA 30346	448,964	Consulting Services	Page16, line C.1.m.12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Pendleton Health and Rehabilitation Center		2069-C	9/30/2018		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 3,331	3,331			
2.	Non-Food Supplies	\$ 6,993	6,993			
3.	Other (<i>Specify</i>) _____ Dietary Equipment Lease	\$ 2,570	2,570			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 377,617	377,617			
c. Other (<i>Specify</i>) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 390,511	390,511			
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No						
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No					If yes, specify amt.	(\$5,641)
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						Page 30, IV, 1
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 Pendleton Health and Rehabilitation Center		License No. 2069-C	Report for Year Ended 9/30/2018		Page 19	of 37
Item		Total	CCNH	RHNS	Other	
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. \$	433	433		
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. \$	11,462	11,462		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	218,464	218,464		
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	230,360	230,360		
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	
Pendleton Health and Rehabilitation Center	2069-C	9/30/2018	20	37	
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 24,750	24,750		
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.	\$ 249,226	249,226		
C. Other (<i>Specify</i>)		\$			
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 273,976	273,976		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy		\$			
2. Purchased from Omnicare		\$ 373,025	373,025		
b. Medicine Cabinet Drugs		\$ 33,221	33,221		
c. Medical and Therapeutic Supplies		\$ 236,219	236,219		
d. Ambulance/Limousine***		\$ 55,626	55,626		
e. Oxygen					
1. For Emergency Use		\$			
2. Other***		\$ 65,694	65,694		
f. X-rays and Related Radiological Procedures***		\$ 33,632	33,632		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h. Laboratory***		\$ 18,752	18,752		
i. Recreation		\$ 5,926	5,926		
j. Direct Management Services*		\$			
k. Indirect Management Services*		\$			
l. Other (Specify)**** See Attached Schedule		\$ 163,832	163,832		
5M. Total Resident Care Expenditures (5a - 5j)		\$ 985,928	985,928		

* 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	Other
Supplies including Incontinent Care	\$ 142,652		
Lease Expense	\$ 9,972		
Minor Equipment Purchase	\$ 11,207		
Total Other Resident Care	\$ 163,832	\$ -	\$ -

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

Name of Facility Pendleton Health and Rehabilitation Center			License No. 2069-C	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Pendleton Health and Rehabilitation Cente	2069-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 169,397	169,397				
b. Heat	\$ 138,100	138,100				
c. Light & Power	\$ 141,972	141,972				
d. Water	\$ 63,849	63,849				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 5,541	5,541				
f. Other (<i>itemize</i>)	\$ 101,199	101,199				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 620,059	620,059				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 662,406	662,406				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 24,796	24,796				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 687,202	687,202				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ (64,778)	(64,778)				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 364,550	364,550				
c. Personal property taxes	\$ 6,576	6,576				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 993,549	993,549				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
Infectious Waste Disposal	\$ 1,425		
Physical Plant Supplies	\$ 3,964		
Garbage Service	\$ 18,095		
Contract Services	\$ 42,818		
Offsite Storage Lease Expense	\$ 9,804		
Minor Equipment Purchase	\$ 9,794		
TV Cable/Dish	\$ 10,822		
Network WAN	\$ 3,537		
Equipment Lease	\$ 940		
Total Other Repairs and Maintenance	\$ 101,199	\$ -	\$ -

Depreciation Schedule

Name of Facility Pendleton Health and Rehabilitation Center			License No. 2069-C			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													
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			14,045,988		14,045,988	1,823,588			655,297				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			75,322						7,108				
B-4. Subtotal										662,406			
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						658,365		658,365	566,659			19,098	
b. Disposals (attach schedule)						(11,671)							
c. Acquired during this report period (attach schedule)						26,159						5,698	
D-3. Subtotal													24,796
E. Total Depreciation													687,202

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/5/2017	11:LvoTP L470,1:HPEliteDesk800	\$ 10,779		\$ 3,893
10/5/2017	2:LVO TP L470 8GB	\$ 1,736		\$ 627
11/14/2017	SiteVisit2017Tech&Exps11/07/17	\$ 2,947		\$ 900
1/5/2018	3 Position Recliner-Delux Extr	\$ 570		\$ 52
6/22/2018	Upgrade Core Network-Parts	\$ 78		\$ 5
8/12/2018	LifeSense Capnograph Monitor	\$ 2,948		\$ 74
8/8/2018	Master-Bilt Refrigerator	\$ 3,473		\$ 87
8/31/2018	LifeSense Monitor Cable/Sofwar	\$ 233		\$ 4
9/14/2018	Ice Cuber 525lb & Bin 536ib	\$ 3,132		\$ 52
9/14/2018	Ice Machine - Hose & Filte	\$ 264		\$ 4
Total additions for Movable Equipmen		\$ 26,159		\$ 5,698 *
Deletions:				
		\$ (11,671)		
Total deletions for Movable Equipmen		\$ (11,671)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Pendleton Health and Rehabilitation Center			2069-C		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.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Pendleton Health and Rehabilitation C	License No. 2069-C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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 Pendleton Health and Rehabilitation C		License No. 2069-C	Report for Year Ended 9/30/2018		Page 26	of 37
Item			Total	CCNH	RHNS	Other
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
Pendleton Health and Rehabilitation		2069-C		9/30/2018		27	37
Item				Total	CCNH	RHNS	Other
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 18,676	18,676		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) GL/PL & Crime/Kidnap				\$ 163,096	163,096		
14d. Total Insurance Expenditures (14a + b + c)				\$ 181,772	181,772		
15. Total All Expenditures (A-13 thru C-14)				\$ 13,421,170	13,421,170		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Pendleton Health and Rehabilitation Center			2069-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$ 383,302	383,302		
4.			Other - See attached Schedule	\$ 63,465	63,465		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 76,837	76,837		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 279,303	279,303		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 18,836	18,836		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (106,035)	(106,035)		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ (5,641)	(5,641)		
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)				\$ 710,067	710,067		

* 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	Other
10	A.12.o	Salaries Respiratory Therapist	\$ 63,465		
Total Other Salaries Adjustment			\$ 63,465	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
15	C.1.a.1	Adjust Worker's Comp to Paid Claims	\$ (110,469)		
16	C.1.m.8a	Civic Dues	\$ 797		
16	C.1.m.10.	Donations / Contributions (includes revenue from p. 30, line IV.8.)	\$ 225		
16	C.1.m.13.	Cash Over/Short and Patient Trust Reconciliation	\$ 198		
16	C.1.m.13.	Memorium / Benevolence Expense	\$ 86		
16	C.1.m.13.	Lost Resident Property	\$ 1,842		
16	C.1.m.13.	Miscellaneous Receipts - Administrative (from p. 30, line IV.8.)	\$ 100		
16	C.1.m.13.	Director and Trustee Fees	\$ 525		
16	C.1.m.11.	Consulting / Prof Svcs-Administrative-Physician	\$ 360		
16	C.1.m.13.	Interest Income (from p.30, line IV.5.)	\$ 302		
Total Other A&G Adjustments			\$ (106,035)	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Pendleton Health and Rehabilitation Center			2069-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 710,067	710,067		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 373,025	373,025		
28.			Ambulance/Limousine	\$ 55,626	55,626		
29.			X-rays, etc	\$ 33,632	33,632		
30.			Laboratory	\$ 18,752	18,752		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 65,694	65,694		
33.			Occupational Therapy	\$ 710	710		
34.			Other - See Attached Schedule	\$ 220,291	220,291		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$ 144,499	144,499		
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,622,295	1,622,295		

*** 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.

Pendleton Health and Rehabilitation Center
 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	C.5.c.	Ancillary Cost of Goods Sold - P.E.N. Therapy	\$ 11,259		
20	C.5.c.	Respiratory Therapy	\$ 13,460		
20	C.5.c.	Ancillary Cost of Goods Sold - IV Therapy	\$ 32,462		
20	C.5.c.	Ancillary Cost of Goods Sold - Equipment Rental	\$ 19,646		
20	C.5.c.	Oxygen Concentrators	\$ 22,874		
20	C.5.i.	Miscellaneous Receipts - Activities (from p. 30, line IV.8.)	\$ 100		
20	C.5.c.	Adjust Medical Supplies to Proper Cost-to-Charge Ratio	\$ 120,490		
Total Other Ancillary Costs			\$ 220,291	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Pendleton Health and Rehabilitation Cente	2069-C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 19,892,705	19,892,705				
b. Medicaid Room and Board Contractual Allowance **	\$ (14,395,437)	(14,395,437)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 6,417,806	6,417,806				
b. Medicare Room and Board Contractual Allowance **	\$ (1,522,412)	(1,522,412)				
4. a. Private-Pay Residents and Other	\$ 4,259,591	4,259,591				
b. Private-Pay Room and Board Contractual Allowance **	\$ (2,253,707)	(2,253,707)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 356,106	356,106				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (354,599)	(354,599)				
c. Prescription Drugs - Non-Medicare	\$ 149,000	149,000				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (132,489)	(132,489)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ (319)	(319)				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 914,926	914,926				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (805,729)	(805,729)				
c. Physical Therapy - Non-Medicare	\$ 291,636	291,636				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (254,340)	(254,340)				
4. a. Speech Therapy - Medicare	\$ 239,539	239,539				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (207,951)	(207,951)				
c. Speech Therapy - Non-Medicare	\$ 74,504	74,504				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (59,039)	(59,039)				
5. a. Occupational Therapy - Medicare	\$ 943,295	943,295				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (818,800)	(818,800)				
c. Occupational Therapy - Non-Medicare	\$ 241,015	241,015				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (205,394)	(205,394)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,280	1,280				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (29,497)	(29,497)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,741,690	12,741,690				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ (5,641)	(5,641)				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 302	302				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 200	200				
V. Total Other Revenue (1 thru 8)	\$ (5,139)	(5,139)				
VI. Total All Revenue (III +V)	\$ 12,736,551	12,736,551				

* 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	Other
30 II 6a	Medicare A Oxygen Anc SNF Revenue	\$ 1,375		
	Medicare A IV Therapy Anc SNF Revenue	\$ 27,647		
	Medicare A Laboratory Anc SNF Revenue	\$ 16,893		
	Medicare A XRay Anc SNF Revenue	\$ 19,768		
	Medicare Ancillary Revenue Contractual Adjustment	\$ (64,403)		
Total Other Resident Revenue - Medicare		\$ 1,280	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
30 II 6b	Oxygen Rev - Private, PY Medicaid,HMO	\$ 1,256		
	IV Therapy Rev -HMO, Medicaid	\$ 9,445		
	Laboratory Rev- VA, HMO	\$ 3,519		
	X-Ray Rev - VA, HMO, Medicaid	\$ 6,172		
	Other Ancillary Contractual Adjustments	\$ (49,889)		
Total Other Resident Revenue		\$ (29,497)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
30 IV 5	Interest Income - Administrative		\$ 302		
Total Interest Income			\$ 302	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
30 IV 8	Miscellaneous Receipts	\$ 200		
Total Other Revenue		\$ 200	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health and Rehabilitation Cent	2069-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	36,672
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,634,181
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	2,993
a. _____				
b. _____				
c. _____				
d. See Schedule		2,993		
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)			\$	1,673,846
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 14,121,310		\$	11,635,316
	Accum. Depreciation 2,485,994	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 672,854		\$	81,399
	Accum. Depreciation 591,455	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	11,716,715

* 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
Pendleton Health and Rehabilitation Cent	2069-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	13,390,561
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
3. Buildings			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
4. Non-Movable Equipment			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
5. Movable Equipment			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
6. Motor Vehicles			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____ Net	
			Accum. Depreciation _____	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)			\$	10,509

See Schedule				
				10,509
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	10,509
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	13,401,070

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health and Rehabilitation Center	2069-C	9/30/2018	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	554,738
2. Notes Payable (<i>itemize</i>)			\$	

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>)			\$	412,084
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	63,070
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	413
12. Other Current Liabilities (<i>itemize</i>)			\$	756,785
CLO Current Portion				112,571
Deferred CLO Gain/Loss				64,822

See Schedule				579,392
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,787,089

* 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 Pendleton Health and Rehabilitation Center	License No. 2069-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			1,787,089	
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>)				
\$ (6,486,131)				
Name and Address of Lender	Amount	Loan Date		
Intercompany Revolver - SSC	(6,486,131)			
4. Other Long-Term Liabilities (<i>itemize</i>)				
\$ 13,621,853				
See Schedule		13,621,853		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				
\$ 7,135,723				
C. Total All Liabilities (Lines A-13 + B-5)				
\$ 8,922,811				

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health and Rehabilitation Ce	2069-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,162,878
6. Gain or Loss for Period			\$	(684,619)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	4,478,259
C. Total Reserves and Net Worth			\$	4,478,259
D. Total Liabilities, Reserves, and Net Worth			\$	13,401,070

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H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Pendleton Health and Rehabilitation Cent		2069-C	9/30/2018	36	37
Account				Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017				\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$	
D. Net Income or Deficit				\$	
E. Balance				\$	
F. Additions					
1. Additional Capital Contributed (<i>itemize</i>)					
2. Other (<i>itemize</i>)					
F-3. Total Additions				\$	
G. Deductions					
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)					
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount		
2. Other Withdrawings (<i>Specify</i>)				\$	
Purpose		Amount			
3. Total Deductions				\$	
H. <i>Balance at End of Period</i>		09/30/18		\$	

I. Preparer's/Reviewer's Certification

Name of Facility Pendleton Health and Rehabilitation Center	License No. 2069-C	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 checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Margaret Philen				
Address Address		Phone Number		
5300 West Sam Houston Pkwy N, Houston TX 77041		832-467-6225		
Annual Report Contact		Phone Number		
Margaret Philen		832-467-6225		
Annual Report Contact Email Address				
MLPhilen@SavaSC.com				