State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as I	icensed)		TO THE PROPERTY OF THE PROPERT			S.S	N.=43	-X
Fairview Health of So	outhport, LLC	d/b/a RegalCar	e at Southport					
Address (No. & Stree	t, City, State, 2	Zip Code)						
930 Mill Hill Terrace,	Southport, C7	Г 06890						
Type of Facility	Allo San Age			7 - 7 West - 17				
☐ Chronic and Control Nursing Home	Rest Home with Nursing Supervision only (RHNS)							
Report for Year Begin 10/1/2017	nning		Report for Year 9/30/2018	Ending				
								12-22-1
License Numbers: CCNH 2307-C			RHNS					dicare Provider 07-5200
Medicaid Provider Numbers: CO		CNH RH		HNS		ICF-IID		
For Department Use	e Only							NI Z W
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned Signed a			Signed and Notarized		Date Received

Table of Contents

Gene	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners/Members	
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
Sche	dule of Resident Statistics	8
Sche	dule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C. C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Ma-service Con	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. C. D.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F. G.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G. G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Fairview Health of Southport, LLC d/b/a RegalCare at	2307-C	9/30/2018	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Fairview Health of Southport, LLC d/b/a RegalCare at Southport [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) Melissa Vivo			Printed Name (Owner) Eliyahu Mirlis		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of 37			
N. CF. Th	-	Period Cov	anad.	From	To
Name of Facility		Period Cov	erea.	The little organisms	F00050810
Fairview Health of Southport, LLC d/b/a RegalCare at Southport				10/1/2017	9/30/2018
Address of Facility					
930 Mill Hill Terrace, Southport, CT 06890				· · · · · · · · · · · · · · · · · · ·	
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-90	500	10/23/2013	8
Item		Total	CCNH	RHNS	(Specify)
Dietary wages paid	\$				
Laundry wages paid	\$				
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

			ility	Report for Ye	ar Ended	Page	of
	203	-259-7894		9/30/2018		2	37
Name of Facility (as shown on license)				Street, City, Sta	하스타 맛이 뭐면서 못하는데 없다.		
Fairview Health of Southport, LLC d/b/a RegalCare at			ll Ter		t, CT 068		
CCNH		RHNS		(Specify)		Medicare P	rovider No
License Numbers: 2307-C						07-5200	
Type of Facility (Check appropriate box(es))							
☐ Chronic and Convalescent		t Home with I			(Specify)		
Nursing Home only (CCNH)	Sup	ervision only	(KH	NS)	1.5% NO.	- 19	
Type of Ownership (Check appropriate box)							
O Proprietorship O	0	Profit Corp.	0	Non-Profit Cor	р. О	Government	O Trust
			Date	Opened	Date Clo	sed	
If this facility opened or closed during report year provi	de:						
Has there been any change in ownership			L				ionin-service.
or operation during this report year?	0	Yes	0	No	If "Yes."	explain fully	Ç.
N/A							
printeriorio							
Administrator							
Name of Administrator				Nursing Ho	The state of the s		
Melissa Vivo				Administrat	PERSONAL PROPERTY.	2043	
				License 1	No.:		
Other Operators/Owners who are assistant administrato	ors (full	or part time)	of thi			=======================================	
Name				License 1	No.:		
N/A							
- 1000000 0 N N N N N N N N N N N N N N N	2000		W 5				MARKET WEIGHT DRI
					1		

General Information and Questionnaire Partners/Members

Name of Facility	License No.	Report for \	Page of		
Fairview Health of Southport, L	2307-C	9/30/2018	3 37		
Legal Name of Partnership/LLC Fairview Health of Southport, LLC d/b/a RegalCare at Southport		Business	errace,		or Town(s) in egistered
	1.00				
Name of Partners/Members	ddress		Title	% Owned	
See Attached Schedule					

Fairview Healthcare Center of Fairfield Org Chart

Yaakov (Jacob) Sod	13.50%
Eliyahu Mirlis	2.00%
Shalom Auerbach	12.00%
Benjamin Landa	23.85%
Lori Fensterman	9.90%
Stuart Serota	3.00%
Matthew Serota	3.00%
Jack Jaffa	9.00%
Baruch Klien	10.00%
Miriam Taub	8.75%
Aliza Beer	5.00%



Fairview Health of Southport, LLC (OE)



Fairview Healthcare Center of Fairfield (d/b/a)

General Information and Questionnaire Corporate Owners

Name of Facility	License No.			
Fairview Health of Southport, LLC d/b/a Reg	2307-C 9/30/2018		3A 37	
If this facility is owned or operated as a corporate	ration, provide the	following informatio	n:	
Legal Name of Corporation				
N/A				
				VI
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
N/A				
Names of Stockholders Owning at Least 10%				
of Shares				
N/A	i			
110000		22. St. (1995) 1131		

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Fairview Health of Southport, LLC d/b/a RegalC		9/30/2018	3B 37
If this facility is owned or operated as an individu		provide the following inform	ation:
Ov	vner(s) of Facility		
N/A			
IN/A			
		<u> </u>	
	2/2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		***
		7.99614	
	100 1 000 1000 100 100 100 100 100 100		
		Walter Control of the	

General Information and Questionnaire Related Parties*

Name of Facility	27 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	License			Report for Year Ended		Page	of
Fairview Health of Sout	hport, LLC d/b/a RegalCare at		2307-C		9/30/2018		44	37
Are any individuals rece	iving compensation from the fac	cility rel	ated thr	ough		If "Yes," provide th	e Name/Add	dress and
	rol, ownership, family or busine				Yes O No	complete the inform	nation on Pa	ge 11 of the report
Are any individuals or c	ompanies which provide goods	or servi	ces,				N N	
including the rental of p	roperty or the loaning of funds t	o this fa	cility,					
	ssociation, common ownership,			iness				2
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
						T v 0 . mn		
	_		o Provi			Indicate Where Costs are Included		
			ls/Servi		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Name of Related Individual or Company	Business Address	Yes	Related I	%**	Provided	Page # / Line #	Reported	Related Party
Fairview Healthcare		0	0					221.22
Management	930 Mill Hill Terrace, Southport, CT				Management Fee	Pg. 16 / Line m12	231,330	231,330
930 Mill Hill Terrace, LLC	930 Mill Hill Terrace, Southport, CT	0	•		Rental Property	Pg. 22 / Line 9	747,839	690,44
Regal Care Rehabilitation, LLC	26 Firemens Memorial Drive Suite 205, Pomona, NY 10970	0	0		Physical Therapy	Pg. 13 / B5a	254,220	254,220
Regal Care Rehabilitation, LLC	26 Firemens Memorial Drive Suite 205, Pomona, NY 10970	0	0		Speech Therapy	Pg. 13 / B9a	113,006	113,00
Regal Care Rehabilitation, LLC	26 Firemens Memorial Drive Suite 205, Pomona, NY 10970	0	0		Occupational Therapy	Pg. 13 / B10a	279,287	279,28
		0	0	5300				
		0	0					
		0	0	113			0	
10.0 AV. (10.0 A		0	0					

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of			
Fairview Health of Southport, LLC d/b/a Regale	2307-C		9/30/2018	5 37			
If the facility is licensed as CDH and/or RCH or	r provides AII	OS or TBI	services with special Medica	id rates, costs			
must be allocated to CCNH and RHNS as follow	ws:		- A.				
Item			Method of Allocation	n			
Dietary	N	lumber of	meals served to residents				
Laundry	N	Number of	pounds processed				
Housekeeping	N	Number of	square feet serviced				
	1	Number of	hours of routine care provide	d by EACH			
Nursing	e	mployee o	classification, i.e., Director (or	Charge Nurse),			
	F	Registered	Nurses, Licensed Practical N	urses, Aides and			
	A	Attendants					
Direct Resident Care Consultants	1	Number of	hours of resident care provid	ed by EACH			
	s	pecialist	(See listing page 13)				
Maintenance and operation of plant	S	Square fee	t				
Property costs (depreciation)		Square fee					
Employee health and welfare		Gross sala					
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 follow	owing question	ns applica	ble to the cost information pro	ovided.			
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why su	ich allocation was			
costs allocated as required?	O 1es	0 140	not made.	5. Notice			
N/A- One Level of Care				The contestion of a con-			
10.5		7.27					
2. Explain the allocation of related company ex	penses and att	tach copy	of appropriate supporting dat	a.			
N/A- One Level of Care							
3. Did the Facility appropriately allocate and se			16. [[[[[[[[[[[[[[[[[[[ome cost centers?			
(e.g., Assisted Living, Home Health, Outpati	ient Services,	Adult Day	Care Services, etc.)				
	O Yes	O No	If "No," explain fully why so not made.	uch allocation was			
N/A- One Level of Care							

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for			Page of
Fairview Health of Southport, LLC d/b/a	RegalCare	at Soutl	2307-C	9/30/2018			6 37
	Own	ed * to ners, ators,		Date of	Term of	Annual Amount	Amount
Name and Address of Lessor	Yes	icers No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Great America Financial Services	0	0	Copier	Monthly	Monthly	4,299	4,299
Pitney Bowes, Inc.	0	0	Postage Meter	Monthly	Monthly	1,211	1,211
Eagle Leasing	0	0	Storage Rental	Monthly	Monthly	4,420	4,420
	0	0					
	0	0					
	0	0		70			
	0	0					413/A
	0	0					
	0	0				V-1	
	0	0					77,727
Is a Mileage Log Book Maintained for Al	Leased Vo	ehicles '	? O Y	es ⊙	No	Total ***	9,930

* 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 License No.	Report for Year Ended		Page	of
Fairview Health of Southport, LLC 2307-C	9/30/2018		7	37
The records of this facility for the period covered by this report	were maintained on the following basis:			
Accrual O Cash O Modified Cash				
Is the accounting basis for this				
period the same as for the • Yes	If "No," explain.			
previous period? O No	a parameter and a second of the second			
N/A				
Independent Accounting Firm	-	Aller en		
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP	555 Long Wharf Drive, New Haven, CT	06511		
2				
3				
4				
Services Provided by This Firm (describe fully)				
Annual Review and Preparation of Cost Reports		\$	15,333	
2		\$		
3		\$		
4		\$		- 19
		Charge for	Services Pro	ovided
		\$	15,333	
Are These Charges Reflected in the Expenditure Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O Yes O No Page 15, Line 1d				
Legal Services Information		31 - 10 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Name of Legal Firm or Independent Attorney		Telephone 1	Number	
1 Robinson & Cole LLP		203-462-75	18	
2 Murtha Cullina LLP		860-240-60	000	
3 Kaufman and Serota		212-732-63	66	
4 Donahue, Durham, & Noonan		203-458-91	68	
5 See Attached Page 7a		Various		
Address (No. & Street, City, State, Zip Code)				
1 280 Trumbull St., Hartford, CT 06103				
2 185 Asylum St., Hartford, CT 06103				
3 252 Broadway 1902, New York, NY 10007				
4 741 Boston Post Road, Guilford, CT 06437				
5 Various	() () () () () () () () () ()		- 1200mm	
Services Provided by This Firm (describe fully)			Waste V	
1 Compliance Issues (Disallowed on Pg 28)		\$	27	1907430
2 Licensing (Disallowed on Pg, 28)		\$	9,118	
3 Retainer / Settlement (Disallowed \$10,000 on Pg. 28)	22	\$	15,000	
4 Case with NEHC (Disallowed on Pg 28)		\$	1,120	
5 See Attached Page 7a (Disallowed \$1,499 on Pg. 28)		\$	1,774	
		Charge for	Services Pr	ovided
		\$	27,039	
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	<i>N</i>		
Page 15. Line 1e	W M M			
• Yes O No				

State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name o	f Facility	License No.	Report for Year Ende	ed	Page	of
	w Health of Southport, LLC d/b/a RegalCare	2307-C	9/30/2018	12	7a	37
Legal S	ervices Information			44 W MAN	S1_W.M	
Name o	f Legal Firm or Independent Attorney		303 3-3 3-33-3	Telephone N	umber	
1	American Arbitration Association			215-	732-500	2
2	Treasurer State of CT			860-	702-300	0
3	Schettino & Temchin			203-	239-669	9
Address	s (No. & Street, City, State, Zip Code)				2332	
1	230 S Broad Street, FI 12, Philadelphia, P	A 19102				
2	55 Elm Street, Suite 3, Hartford, CT 0610	6				
3	18 Peck St, North Haven, CT 06473					124
Services	s Provided by This Firm (describe fully)				170-1:X	
1	Legal Assistance Regarding Termination of Emplo	yee		\$	275	
2	Probate Court Fees (Disallowed on Pg 28)			\$	1,040	*******
3	Retainer (Disallowed on Pg 28)		7,6577/2	\$	459	
	300 300 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		133-44-17 FF 12-1	Charge for S	ervices F	rovided
				\$	1,774	

Schedule of Resident Statistics

Name of Facility	Trivie to		License N					r Year Ende	ed		Page	of
Fairview Health of Southport, LLC d/b/a RegalCare a	at Southpo	ort	23	07-C			9/30/201				8	37
					Period 10/1 Thru 6/30 Period 7/				Period 7/	1 Thru 9/3	0	
	Total All	Total CCNH	Total RHNS	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity			3.1000	DOM: 38					120	120		\$
A. On last day of PREVIOUS report period	120	120			120	120	-		120	120		- 27 33
B. On last day of THIS report period	120	120			120	120			120	120		10
Number of Residents A. As of midnight of PREVIOUS report period	104	104			104	104			109	109		
B. As of midnight of THIS report period	113	113			109	109			113	113		
3. Total Number of Days Care Provided During Period							OFFE 1922					
A. Medicare	4,883	4,883	n causes		3,670	3,670			1,213	1,213		
B. Medicaid (Conn.)	30,760	30,760			22,465	22,465			8,295	8,295		
C. Medicaid (other states)												302.70
D. Private Pay	1,227	1,227			726	726			501	501		
E. State SSI for RCH												
F. Other (Specify) Managed Care	771	771			608	608			163	163		
G. Total Care Days During Period (3A thru F)	37,641	37,641			27,469	27,469			10,172	10,172	-3972	
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds		30.							4	4		
A. Medicaid Bed Reserve Days B. Other Bed Reserve Days	58	58			58	58			4	4		
5. Total Resident Days (3G + 4A + 4B)	37,703	37,703		1100	27,527	27,527			10,176	10,176		

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licen	ise No.				Report	for Year	Ended		Page .	of
		uthport,	, LLC d/b/a Reg	23	307-C					9/30/201	8		9	37
											v			
	1150		in the certified b		pacity du	ring t	he repo	rt yea	r?	0	Yes	0	No	
If "YES"	, provid	e the fol	lowing informat	tion:				-						
		Place of	f Change		Ch	ange	in Bed	S	0000	Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	b					
Changa							1000	Topic and				9998m) sinsteed	gree 5.00	100
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	r Change
							-							
		\vdash		\vdash		\vdash		-					-	
		لــــا				No.				1				
5. If there v	vas any	change	in certified bed	capaci	ty during	the re	eport ye	ear (as	s report	ted in item	1 4 above)	provide the nun	nber of	
	100		90 days followir											
			Change in R	esider	t Davs					CC	CNH	RHNS	(Spe	cify)
1st chan	ge		C.Imige III I	221401									, ,	
2nd char						inter-A	72.65		- s - 	1 44700	3.00			
3rd chan							MARIE .				1125			
4th chan	ige						****							
6. Number	of Resid	dents an	d Rates on Septe	ember			ar				10.0		0.1	
	1,7		Medicare	-	Medi	caid		-		Se	elf-Pay		Other Stat	e Assisted
								1		1	Ì		, 1	
		/	l	1	4					2.0	2002	<u>50</u> 800	22 5000	
	ltem		CCNH	_	CNH	+	HNS	C	CNH	RI	HNS	(Specify)	R.C.H.	ICF-MR
NI . CD	esidents	3	13	1	93	1		1	7	7				
			Charles and the Control of the Contr			Miller	Sec. of the last	验性的证法	The second	ON STREET	60,000, 360,000 d	CALL CONTRACTOR OF THE STATE OF	SEMBRETO CONTROL	200000000000000000000000000000000000000
Per Dier	n Rate							The state of	\$00.00				S. F. Walter	- treat
Per Dier a. One b	n Rate bed rm.		Various		253 12	575		1	500.00	+			5 N. W.	
Per Dier a. One t b. Two	m Rate bed rm. bed rms								500.00 460.00	+				
Per Dier a. One l b. Two c. Three	n Rate bed rm. bed rms e or more		Various		253 12					+				
Per Dier a. One t b. Two	n Rate bed rm. bed rms e or more		Various		253 12	20,07 (+)				+				
Per Dier a. One l b. Two c. Three	n Rate bed rm. bed rms e or more		Various		253 12	•••				+				
Per Dier a. One t b. Two c. Three bed	m Rate bed rm. bed rms e or more rms.	e	Various Various		253 12 253 12						DTAL	CCNH	RHNS	(Specify)
Per Dier a. One t b. Two c. Three bed 7. Total No	m Rate bed rm. bed rms e or more rms.	e f Physic	Various Various al Therapy Treat		253 12 253 12						DTAL 1,247	CCNH 1,247	RHNS	
Per Dier a. One t b. Two c. Three bed 7. Total No	m Rate bed rm. bed rms e or more rms.	e f Physicare - Par	Various Various al Therapy Treat	tments	253 12 253 12	•							RHNS	
Per Dier a. One t b. Two c. Three bed 7. Total No	n Rate bed rm. bed rms e or more rms. umber of . Medica . Medica	f Physica are - Par aid (Exc intenance	Various Various al Therapy Treat t B clusive of Part B ce Treatments	tments	253 12 253 12					то	1,247	1,247 182	RHNS	
Per Dier a. One l b. Two c. Three bed 7. Total No A. B.	n Rate bed rm. bed rms e or more rms. umber of . Medica . Medica 1. Mai 2. Res	f Physica are - Par aid (Exc intenance	Various Various al Therapy Treat t B clusive of Part B	tments	253 12 253 12					то	1,247 182 1,637	1,247 182 1,637	RHNS	
Per Dier a. One i b. Two c. Three bed 7. Total No A. B.	n Rate bed rm. bed rms e or more rms. umber of . Medica . Medica 1. Ma 2. Res	f Physica are - Par aid (Exc intenance storative	Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments	tments	253 12 253.12					то	1,247 182 1,637 12,038	1,247 182 1,637 12,038	RHNS	
Per Dier a. One i b. Two c. Three bed 7. Total No A. B.	m Rate bed rms bed rms e or more rms. umber of Medica 1. Mai 2. Res Other	f Physica are - Par aid (Exc intenanc storative	Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments I Therapy Treat	tments)	253 12 253.12					то	1,247 182 1,637	1,247 182 1,637	RHNS	
Per Dier a. One i b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No	m Rate bed rm. bed rms e or more rms. umber of . Medica 1. Mai 2. Res . Other . Total I	f Physica are - Par aid (Exc intenance storative	Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments I Therapy Treat Therapy Treat	tments)	253 12 253.12					то	1,247 182 1,637 12,038 15,104	1,247 182 1,637 12,038 15,104	RHNS	
Per Dier a. One i b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A.	m Rate bed rm. bed rms e or more rms. umber of Medica 1. Mai 2. Res Other Total I umber of Medica	f Physical are - Par aid (Excintenance storative Physical of Speechare - Par	Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments I Therapy Treat the Therapy Treat	tments)	253 12 253.12					то	1,247 182 1,637 12,038	1,247 182 1,637 12,038	RHNS	
Per Dier a. One i b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A.	m Rate bed rm. bed rms e or more rms. umber of . Medica . Medica . Medic . Other . Total I umber of . Medica . Medica	f Physica are - Par aid (Exc intenance storative Physical f Speech are - Par aid (Exc	Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments Therapy Treat the Therapy Treat the Therapy Treat the B clusive of Part B clusive of Part B	tments)	253 12 253.12					то	1,247 182 1,637 12,038 15,104	1,247 182 1,637 12,038 15,104	RHNS	
Per Dier a. One i b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A.	m Rate bed rm. bed rms e or more rms. umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Medica	f Physica are - Par aid (Exc intenance storative Physical f Speech are - Par aid (Exc intenance	Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments I Therapy Treat t B clusive of Part B clusive of Part B clusive of Part B ce Treatments	tments)	253 12 253.12					то	1,247 182 1,637 12,038 15,104	1,247 182 1,637 12,038 15,104	RHNS	
Per Dier a. One i b. Two c. Three bed i 7. Total No A. B. C. D. 8. Total No A. B.	m Rate bed rm. bed rms e or more rms. umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Medica 2. Res Other Total I 2. Res	f Physica are - Par aid (Exc intenance storative Physical f Speech are - Par aid (Exc intenance	Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments Therapy Treat the Therapy Treat the Therapy Treat the B clusive of Part B clusive of Part B	tments)	253 12 253.12					то	1,247 182 1,637 12,038 15,104 561	1,247 182 1,637 12,038 15,104 561	RHNS	
Per Dier a. One i b. Two c. Three bed i 7. Total No A. B. C. D. 8. Total No A. B.	m Rate bed rm. bed rms e or more rms. umber of Medica 1. Mai 2. Res Other Total I Mai 2. Res Other	f Physical are - Par aid (Exc intenance storative Physical are - Par aid (Exc intenance storative storativ	Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments I Therapy Treat t B clusive of Part B clusive of Part B clusive of Part B ce Treatments	tments)	253 12 253.12					то	1,247 182 1,637 12,038 15,104 561	1,247 182 1,637 12,038 15,104 561 13 113	RHNS	
Per Dier a. One i b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A. B.	m Rate bed rms bed rms e or more rms. umber of Medica 1. Mai 2. Res Other 1. Mai 2. Res Other Total I 4. Medica 4. Medica 5. Medica 6. Medica 7. Medica 7. Medica 7. Total I 7.	f Physical are - Paraid (Excintenancistorative Physical of Speech are - Paraid (Excintenancistorative Speech	Various Various Various al Therapy Treat t B clusive of Part B ce Treatments Treatments Therapy Treat t B clusive of Part B clusive of Part B ce Treatments Treatments	tments) ments)	253 12 253.12					то	1,247 182 1,637 12,038 15,104 561 13 113 3,042	1,247 182 1,637 12,038 15,104 561 13 113 3,042	RHNS	
Per Dier a. One is b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A. B. C. D. 9. Total No A	m Rate bed rms e or more rms. umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Mai 2. Res Other Medica 1. Mai	f Physical are - Par aid (Excintenance of Speech are - Par aid (Excintenance of Speech are - Par aid (Excintenance of Occupare - Par are	Various Various Various al Therapy Treat t B clusive of Part B ce Treatments Therapy Treat the Therapy Treat the Therapy Treat the Treatments Treatments Treatments Treatments Treatments Treatments Treatments Therapy Treatments Therapy Treatments Therapy Treatments	tments) ments) Treati	253 12 253.12					то	1,247 182 1,637 12,038 15,104 561 13 113 3,042	1,247 182 1,637 12,038 15,104 561 13 113 3,042	RHNS	
Per Dier a. One is b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A. B. C. D. 9. Total No A	m Rate bed rms e or more rms. umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Mai 2. Res Other Total I umber of Medica 2. Res Medica 1. Mai 2. Res Medica 1. Medic	f Physical are - Paraid (Exceintenancestorative Physical of Speech are - Paraid (Exceintenancestorative Speech of Occupare - Paraid (Exceintenancestorative)	Various Various Various al Therapy Treat t B clusive of Part B ce Treatments Therapy Treat t B clusive of Part B clusive of Part B clusive of Part B clusive of Part B ce Treatments Treatments Therapy Treatments	tments) ments) Treati	253 12 253.12					то	1,247 182 1,637 12,038 15,104 561 13 113 3,042 3,729	1,247 182 1,637 12,038 15,104 561 13 113 3,042 3,729		
Per Dier a. One is b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A. B. C. D. 9. Total No A	m Rate bed rms e or more rms. umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Mai 2. Res Medica 1. Mai 2. Res Medica 1. Mai 2. Res Other I Medica 1. Mai 1. Mai	f Physical are - Par aid (Exc intenance storative Physical of Speech are - Par aid (Exc intenance storative Speech of Occupare - Par aid (Exc intenance are - P	Various Various Various All Therapy Treat t B Elusive of Part B the Treatments Therapy Treat the Therapy Treat the Therapy Treat the Treatments Therapy Treat the Treatments Therapy Treat ational Therapy the B the Treatments Therapy Treat the Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments	tments) ments) Treati	253 12 253.12					то	1,247 182 1,637 12,038 15,104 561 13 113 3,042 3,729 1,441	1,247 182 1,637 12,038 15,104 561 13 113 3,042 3,729		
Per Dier a. One is b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A. B. C. D. 9. Total No A B	m Rate bed rms e or more rms. umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Mai 2. Res Other Total I umber of Medica 1. Mai 2. Res Other Total I umber of Redica 1. Mai 2. Res	f Physical are - Par aid (Exc intenance storative Physical of Speech are - Par aid (Exc intenance storative Speech of Occupare - Par aid (Exc intenance are - P	Various Various Various al Therapy Treat t B clusive of Part B ce Treatments Therapy Treat t B clusive of Part B clusive of Part B clusive of Part B clusive of Part B ce Treatments Treatments Therapy Treatments	tments) ments) Treati	253 12 253.12					то	1,247 182 1,637 12,038 15,104 561 13 113 3,042 3,729 1,441 30 273	1,247 182 1,637 12,038 15,104 561 13 113 3,042 3,729 1,441 30 273		
Per Dier a. One is b. Two c. Three bed 7. Total No A. B. C. D. 8. Total No A. B. C. D. 9. Total No A B C. C. D.	m Rate bed rm. bed rms e or more rms. umber of Medica 1. Mai 2. Res Other . Total I umber of Medica 1. Mai 2. Res Other . Medica 1. Mai 2. Res Other . Total I umber of . Medica 1. Mai 2. Res Other . Total S umber of . Medica 1. Mai 2. Res Other . Medica 1. Mai 2. Res Other . Medica 2. Res Other	f Physical are - Par aid (Excintenance storative Physical of Speech are - Par aid (Excintenance storative Speech of Occupare - Par aid (Excintenance storative)	Various Various Various All Therapy Treat t B Elusive of Part B the Treatments Therapy Treat the Therapy Treat the Therapy Treat the Treatments Therapy Treat the Treatments Therapy Treat ational Therapy the B the Treatments Therapy Treat the Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments Therapy Treatments	tments) ments) Treati	253 12 253.12					то	1,247 182 1,637 12,038 15,104 561 13 113 3,042 3,729 1,441	1,247 182 1,637 12,038 15,104 561 13 113 3,042 3,729 1,441 30 273		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	r Ended	Page	of
airview Health of Southport, LLC d/b/a RegalCare at Sou	th 2307-C		9/30/2018		10	37
are time records maintained by all individuals receiving con	npensation?	0	Yes	0	No	
	15		Total Cost a	nd Hours	16	
		1100000				
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. 1 Operators/Owners (Complete also Sec. 1						
of Schedule A1) 2. Administrator(s) (Complete also Sec. III			E-124 (COS. 2)	Server State		200
of Schedule A1)	110,262	2,284			AND SHAREST SHAREST SHAREST	
Assistant Administrator (Complete also Sec. IV	110,202	2,20,	988			
of Schedule A1)	Salar and Art State (Section 2) to produce the		SACALON STATE OF STAT	COMPLETE CONTROL CONTR	NEW YORK CONTRACTOR CO.	X STATE OF S
Other Administrative Salaries (telephone				100		
operator, clerks, receptionists, etc.)	339,795	15,175				
5. Dietary Service	de la la companya di					1. 25
a. Head Dietitian					-	ļ
b. Food Service Supervisor	574 400	33,484				
c. Dietary Workers 6. Housekeeping Service	574,408		1.000			ar contest
a. Head Housekeeper	DATE TO BE SEED OF THE PARTY OF	NAME OF THE OWNER, WHEN PARTY		indicated a back	A SECTION OF THE PARTY OF THE	A CONTRACTOR
b. Other Housekeeping Workers	350,544	22,650				
7. Repairs & Maintenance Services		2	And Therese		And the second	
a. Engineer or Chief of Maintenance					-	
b. Other Maintenance Workers	93,342	4,337			et tillner en trend av sere.	a community of
8. Laundry Service	143	3.00	Mattet (1976)	200		Company Control
a. Supervisor b. Other Laundry Workers	226,036	15,196		 	 	
Barber and Beautician Services	220,030	13,190			·	
10. Protective Services						
11. Accounting Services	The State of State	September 1	2450000	*13.7	大约 区域模	ENTRY OF
a. Head Accountant						
b. Other Accountants	KORPON TO SERVED AND AND AND AND AND AND AND AND AND AN	STAND SECTION OF STAND	I VS. HEADWAY PARTY	N FAIR PARTY AND THE REAL PROPERTY AND THE R	Name of the second	o Antonyouthernoon
12. Professional Care of Residents				THE NAME OF	Space and a	AND DESCRIPTION OF THE PERSON
a. Directors and Assistant Director of Nurses	132,435	2,326		A SECTION AND AND AND AND AND AND AND AND AND AN	A Mari entropelitation	
b. RN 1. Direct Care	442,551	10,080	53 SVA		E STRUSSESSES	
2. Administrative**	102,569				1	
c. LPN		The state of				100
1. Direct Care	1,099,655	37,657	7			
2. Administrative**					0.018	
d. Aides and Attendants	1,775,363	108,624	H			
e. Physical Therapists						
f. Speech Therapists g. Occupational Therapists	 			 	+	-
h. Recreation Workers	68,791	3,134				
i. Physicians	140 N 100 - 100 N	2. 3. 3. 3. 4.				
Medical Director	Contract Account to the Contract Contra					
Utilization Review					7,177	
3. Resident Care***			TO THE REAL PROPERTY AND	N DESCRIPTION	NAME OF TAXABLE PARTY.	
4. Other (Specify)		25 14 14	37.97mm			
j. Dentists		-	 	+	+	-
k. Pharmacists	-		1			
l. Podiatrists						
m. Social Workers/Case Management	91,895	4,495	5			
n. Marketing						and the same of th
o. Other (Specify)		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
See Attached Schedule A-13. Total Salary Expenditures	5,407,646	265,210	1	-	 	-

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	CCNH					
Position	\$	Hours	S	Hours	S	Hours	
		10 July 10 Jul		HENRY -			
					11		
		- H.M					
The State Event I was a second as a second	100				100000		
state a terminal property of	30 1 1 2 2	V vas					
Harden A Company of the Company of t		10 TO			Viethory	1.2.7	
						3 S 4 1 2 "	
accepto and a contract						-1. F-W	
	Terminal State of the State of		Table and the				
1000	-445 TF 175				47.72		
			N. C. L. W. C. L.	- 1 mg 45			
					0.25		
		Marin Artis		137		15	
						- 1000 /	
			30.70	1	in the second		
					-		
					100		
			1				
					1		
Total	\$ -		\$ -	-	\$ -		

Schedule of Other Fees (Page 13)

	CCN	Н	RI	INS	(Sp	ecify)
Service	\$	Hours	S	Hours	\$	Hours
	-			1 2 2 2 3		177
Respiratory Therapist	\$ 220	4		107 ²³⁸	D-87 / 1	
IV Insertion Nurse	7,231	31		12	31A + X	E 11 C
Independent Nursing Consultant	145,850	744		= 11 - 11	1 2 2 2 2 2	1 17
		1,500			1	-
					10.3	11/2
					A 174	
					1000	
			- 4- 2- 1			-
	e legit in					
					-	
N 201						1
Total	\$ 153,301	779	\$ -		\$ -	-

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

Assistant Administrators and Other Related Parties*

Name of Facility				License No.	itors and Other		Year Ended		Page	of
Fairview Health of Southport, LL	C d/b/a Reg	alCare at S	Southport	2307-C		9/30/2018			11	37
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	(Specify)	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										
Eliyahu Mirlis	15,975			Non Discrim	Oversee the financial operations of facility	N/A	A4	Fairview Health of Greenwich	N/A	
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

^{**} Include all employment worked during the cost year.

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Fairview Health of Southport, LLC	d/b/a Rega	lCare at So	uthport	2307-C		9/30/2018			12	37
		Salary Pai		Fringe Benefits						
Name	CCNH	RHNS	(Specify)	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 III - Administrators***										
Melissa Vivo (10/1/17-8/29/18)	100,281			Non Discrim	Administrator	2,086	A2		-3807	
Onyeabo A Ekekwe (8/29/18- 9/30/18)	9,981			Non Discrim	Administrator	198	A2			
Section IV - Assistant Administrators										
Administrators		1000								
										3,5
										(1)

^{*}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.

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

ame of Facility airview Health of Southport, LLC d/b/a RegalCare	License No. 230	7-C	Report for Y 9/30/2018		Page 13	of 37
(1) 10 10 10 10 10 10 10 10 10 10 10 10 10			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
3. Direct care consultants paid on a fee						
for service basis in lieu of salary					Ne skel	100
(For all such services complete Schedule B1)			"是是	7 7 2 4		
1. Dietitian						
2. Dentist	7,200	133		+		
3. Pharmacist	13,056	Monthly Fee				
4. Podiatrist						
5. Physical Therapy	XXXX	100		100	12 A	
a. Resident Care	254,220	3,776				
b. Other	Nagrania and					
6. Social Worker						
7. Recreation Worker						
8. Physicians		10.5		-	建筑装置	
a. Medical Director (entire facility)	47,880	285 - EST				Fina November
b. Utilization Review	Contract Contract			544		200
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	1					
d. Administrative Services facility						
 Infection Control Committee 						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee					-	-
(Once annually)			1			1
e. Other (Specify)						
c. other (openity)				SERVICE PROPERTY.	DESCRIPTION OF THE PARTY OF THE	APRIL PARAMETRICA
9. Speech Therapist						
a. Resident Care	113,006	932	A STATE OF THE WAY WAS A STATE OF THE STATE	SE SENSON SHOW SHOWING THE	CONTRACTOR CONTRACTOR AND ADDRESS ADDR	
b. Other					1	
10. Occupational Therapist			AND THE RESERVE	Electrical Control	A SOUTH A STATE OF THE STATE OF	Mey C
a. Resident Care	279,287	4,148				and the second s
b. Other		1 .,				
11. Nurses and aides and attendants						27.45
a. RN						1
1. Direct Care	192,985	4,112		please Access Control		
2. Administrative***	34,701	398	 	1		1
b. LPN	7,701	A STATE OF THE STA		5.5 640		
1. Direct Care	64,008	1,792		E STEEL STEEL AND ALL		
2. Administrative***	04,000	1,172			1	1
c. Aides	37,177	1,547		—		
d. Other	37,177	1,347				
12. Other (Specify)						e e a la tra
See Attached Schedule	153,301	779	S GENERAL STATE OF THE STATE OF	《福納公司》		ar a control of the
2-13 Total Fees Paid in Lieu of Salaries	1,196,821					+

^{*} 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 Fairview Health of Southport, LLC d/b/a R	License No. egalCare at Se 2307-C		Report for \ 9/30/2018	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers	Explai	nation of R	elationship
LTC Management, 174 Scott Road, Prospect, CT 06712	Dentist	0	0	N/A		
IntegraScripts, 160 Airport Road, Lakewood, NJ 08701	Pharmacist	0	0	N/A		
Regal Care Rehabilitation, LLC, 26 Firemens Memorial Drive Suite 205, Pomona, NY 10970	Physical, Occupational & Speech Therapy	0	0	Common Own	ership	
Cavallo Orthopedics and Sports Medicine, LLC, 3 Parkridge Court Rye Brook, NY 10573	Medical Director	0	0	N/A		
Western Connecticut Medical Group, 14 Research Drive Bethel, CT 06801-1040 14	Medical Director	0	0	N/A		
Dr. Maher Madhoun, 1 Hospital Plz, Stamford, CT 06902	Medical Director	0	0	N/A		
Deborah Hardy, 187 George Wood Road, Somers, CT 06071	Independent Nurse Consultant	0	0	N/A		
Technical Gas Products, 101 North Plains Industrial Road Suite 1B, Wallingford, CT 06492	Respiratory Therapist	0	0	N/A		
Medwiz Solutions, 167 Route 304, Bardonia, NY 10954	IV Insertion Nurse	0	0	N/A	3.00	
Universal Medical Records, 22 The Cross Road, Cortland Manor, NY 10567-6141	Contracted RNs / RN Admins/ LPNs	0	0	N/A		.,, ., ., .,
The Nurse Network, LLC, 405 Park Avenue New York, NY 10022	Contracted RNs / LPNs	0	0	N/A		
AAA Nursing Care, 3303 Main Street, Stratford, CT 06614 3303	Contracted RNs / LPNs	0	0	N/A		
Towne Staffing, 1413 38th St., Brooklyn, NY 11218	Contracted LPNs / CNAs	0	0	N/A		
Towne Healthcare, 5140 US Highway 9 S Howell, NJ 07731	Contracted CNAs	0	0	N/A		
Maureen McCarthy, RN,BS, Celtic Consulting, 507 East Main Street Suite 308, Torrington, CT	RN Admin	0	0	N/A		
		0	0			
		0	0			
		0	0		~5#dil	N 10 10 10 10 10 10 10 10 10 10 10 10 10
- 1000 Marine - 100 Marine - 10		0	0		-5/5/57/7	
		0	0	STIGMOS		
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Fairview Health of Southport, LLC d/b/a RegalCa License No. 2307-C		Report for Ye 9/30/2018	ar Ended	Page 15	of 37
an view reduction Southpert, 220 distantes garday					
Item		Total	CCNH	RHNS	(Specify)
. Administrative and General	観なお				
a. Employee Health & Welfare Benefits					
Workmen's Compensation	\$	232,518	232,518		
2. Disability Insurance	\$				
Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$	481,247	481,247		100
5. Health Insurance	\$	901,175	901,175		
6. Life Insurance (employees only)					344
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	231,033	231,033		
(not-owners and not-operators)	water				
8. Uniform Allowance	\$	300	300		
9. Other (Specify)	\$	30,512	30,512		
See Attached Schedule					A 37 75
b. Personal Retirement Plans, Pensions, and	\$	V/22/1			
Profit Sharing Plans for Owners and					100
Operators (Discriminatory)*					
c. Bad Debts*	\$		X X		
d. Accounting and Auditing	\$	15,333	15,333		
e. Legal (Services should be fully described on Page 7)	\$	27,039	27,039	100 100 100	
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*		HOLE TO BE		国第17400 8	
g. Office Supplies	\$	16,207	16,207		
h. Telephone and Cellular Phones			1.04		
1. Telephone & Pagers	\$	15,667	15,667		
2. Cellular Phones	\$	3,022	3,022		
i. Appraisal (Specify purpose and	\$				
attach copy)*				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify)	\$			Wind	
See Attached Schedule					
3. Resident Day User Fee	\$	682,234	682,234		
Subtotal	\$	2,636,287	2,636,287		

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

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

Fairview Health of Southport, LLC d/b/a RegalCare at Southport 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH		RHNS		(Specify)
materials and the second secon					
Union Training Fund	\$	28,350			
Background Checks		2,162			
		190			
		Water Service			
				120	1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	1 50				0.0
		ACCOUNT AND A SHIPPION AND A SHIPPIO			
	+			_	
	+				
		Harry Service	- "ATP" "C		
Total	\$	30,512	\$	1.	\$ -

Schedule of Other Taxes

Description	C	CNH	I	RHNS	(S	pecify)
		. 6.4	_			
			-	-	-	
Total	\$		\$		\$	-

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

Name of Facility License No.	-0.00	Report for Y	ear Ended	Page	of
Fairview Health of Southport, LLC d/b/a RegalCare at \$ 2307-C		9/30/2018		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Fo	rward:	2,636,287	2,636,287		(0)
I. Travel and Entertainment					
Resident Travel and Entertainment	\$	2,056	2,056	Account of the Control	
Holiday Parties for Staff	\$	13,167	13,167		
Gifts to Staff and Residents	\$	461	461		
4. Employee Travel	\$	16,519	16,519		2.11.0.1
5. Education Expenses Related to Seminars and Conventions	\$	1,563	1,563	1 -2.2	
6. Automobile Expense (not purchase or depreciation)	\$	17-11-07-	Space of		
7. Other (Specify)	\$			2	
See Attached Schedule		《公司》			
m. Other Administrative and General Expenses		10.50			
1. Advertising Help Wanted (all such expenses)	\$	1,101	1,101		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$	16,239	16,239		
See Attached Schedule		多数数据			
4. Fund-Raising***	\$				
Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***			$h(x_{i+1}, x_{i+1}) = 0$	100	
7. Postage	\$	2,550	2,550		
* 8. Dues and Membership Fees to Professional	\$	10	10		
Associations (Specify)					1.0
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.	*** \$				
9. Subscriptions	\$				
10. Contributions***	\$				The second secon
See Attached Schedule		1000			777 34
11. Services Provided by Contract (Specify and Complete	\$	100,424	100,424		
Schedule C-2, Page 21 for each firm or individual)		result to the			200
12. Administrative Management Services**	\$	423,530	423,530		
13. Other (Specify)	\$	66,173	66,173		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,280,080	3,280,080		

^{*} 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		
CHARLES TO THE PARTY OF THE PAR		disk was in	Jane Fill
			Charles .
	_ 3		
			建工程 "4"
Total Other Travel and Entertainment	s .	s -	s -

Schedule of Other Advertising

Description		CCNH	RH	NS	(Spe	ecify)
		7 3				
Marketing & Advertising	S	16,239	Simple		07.00	
Total Other Advertising	s	16,239	\$	(*)	\$	-

Schedule of Dues

Description	cc	NH	RH	INS	(Spec	ify)
		170				
American College of Health Care Executives Dues	\$	10		700		-
	100/10		12	_	-	_
	70 L 10 100	14 N	- 114	His	-	
		100	12 E	S.,		
	1000				-	
	1.1				-	
		~	_		-	
			_		-	
Total Dues	2	10	\$		s	-

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	10 0 02		
		Control of	
Total Contributions	s -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-	11 11 11 11 11 11	
Licenses	\$ 1,351		
Fines, Penalties & Settlements	9,628		
Late Fees	34,351		
Bank Fees	5,712		
Employee Relations	40	7.0011	Stephen (1)
Employee Food	1,173		
Discriminatory Bonus	11,450		
NYS Tax	2,468	130/14 14 140	
Total Other Administrative and General	\$ 66,173	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Fairview Health of Southport, LLC d/b/a	2307-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 #
Fairview Healthcare Management	231,330	Oversee operations of the facility	Page 16 / Line m12
8			
LTC Consulting Services	168,800	Billing & Financial Svcs	Page 16 / Line m12
Caretech	23,400	Purchasing	Page 16 / Line m12

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

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

				Page 5)	-			Ι		_
			License			port for Ye	ear Ended	Page	of	
Fair	view Health of Southport, LLC d/b/a RegalCare a	at !		2307-C	9	9/30/2018		18	37	_
	Item			Total		CCNH	RHNS	(8	Specify)	
2.	Dietary a. In-House Preparation & Service 1. Raw Food		\$	243,378		243,378				
	Non-Food Supplies		\$	18,342		18,342		İ .		
	3. Other (Specify)		\$				e E			
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	21		21				
	c. Other (Specify)	_	\$				##************************************	34		
2D.	Total Dietary Expenditures $(2a + b + c + d)$	11-11	\$	261,741		261,741		<u></u>		
2F.	The state of the s			Total		CCNH	RHNS	(5	Specify)	
G.	Resident Meals: Total no. of meals served per de				L.		1			
H.	Is cost of employee meals included in 2E?)	Yes	•	No)				
I.	Did you receive revenue from employees?)	Yes	0	No)	If yes, specify amt.	12110		
J.	Where is the revenue received reported in the Co	ost	Report	? (Page/Line It	tem)	500 Live Section			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?)	Yes	0	No)	If yes, specify cost.			
L.)	Yes	•	No)	If yes, specify amt.			
M.	Where is the revenue received reported in the Co	ost	Report	? (Page/Line I	tem)				
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	•	No)	If yes, specify cost.			
O.	Is any revenue collected from employees?	0	Yes	•	No)	If yes, specify amt.			
P.	Where is the revenue received reported in the Co	ost	Report	? (Page/Line I	tem)				
		_								_

^{*} 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)

	e of Facility riew Health of Southport, LLC d/b/a RegalCare at S	License 2	No. 307-C	Report for Y 9/30/2018	ear Ended	Page of 19 37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.	Total	CCMI	KIINO	(ореспу)
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs. Amt. \$			- NUMBER OF	
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
100	c. Other (Specify) Laundry Supplies	\$		4970	and the	
3D. 3F.	Total Laundry Expenditures (3a + b + c) Laundry Questionnaire	1 2	1,111	1,111		
G.		Yes	•	No	If yes, specify cost.	
Н.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	1
I.	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.	
K.		Yes		No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	

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

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

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

	ne of Facility		Repo	ort for Year En	ded	Page 20	of 37
air	view Health of Southport, LLC d/b/a Regal	2307-C		9/30/2018		20	37
	Item			Total	CCNH	RHNS	(Specify)
6	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	30,971	30,971		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					10000000
	(Complete Schedule C-2 att.	Amt.	\$	169,104	169,104		
	Page 21)	55.546					
	C. Other (Specify)		\$				
							25%
D.	Total Housekeeping Expenditures (4a +	b+c)	\$	200,075	200,075		
	Resident Care (Supplies)**	0.000.00		14.20			
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	266,104	266,104	2000 00000	
	Medwiz					Sagarer Co.	· 特拉尔文斯
	b. Medicine Cabinet Drugs		\$	4,577	4,577		
	c. Medical and Therapeutic Supplies		\$	184,692	184,692		
	d. Ambulance/Limousine***		\$				
	e. Oxygen			* 特别·特别的	特性的技术		
	1. For Emergency Use		\$				
	2. Other***		\$	3,840	3,840	12	iv and
	f. X-rays and Related Radiological		\$	4,516	4,516		
	Procedures***			THE PERSON			
	g. Dental (Not dentists who should be inc	luded under	\$				×
	salaries or fees)						1000
	h. Laboratory***	\$	21,255	21,255			
- 60	i. Recreation	\$	24,952	24,952			
	j. Direct Management Services*		\$				
- 11 - 11	k. Indirect Management Services*		\$				
	l. Other (Specify)****		\$	25,883	25,883		
	See Attached Schedule						77 77
M.	Total Resident Care Expenditures (5a - 5	5j)	\$	535,819	535,819		78.63

^{*} 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)
Incontinence Supplies	\$ 556	ally I was	
Sanitation & Incineration	456		Three de la la
Data Processing	24,547		
Resident Missing Items	324		
			Car Santa
	magn, santagana i		
		Ĭ.	
	and the state of the same		182 12
			1127
	 To entre la jarante 		
		P1 53 (W)	
Total Other Resident Care	\$ 25,883	\$ -	\$ -

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

Name of Facility Fairview Health of Southpor	t, LLC d/b/a RegalCar	e at Southport		License No. 2307-C	Report for Year Ende	d			Page 21	of 37
		Related ** t					*			
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
H&H Linen	A10, Rocky Hill, CT 06067	0	•	N/A	Laundry	104,837			20	4b
On-Time IT Solutions	407B, Monroe, NY 10950	0	0	N/A	IT	17,198			16	mll
All American Waste	PO Box 630, East Windsor, CT 06088	0	0	N/A	Garbage /Sanitation	25,855			22	6f
Quiet Korner	Promfret Center, CT 06259	0	•	N/A	Maintenance	12,227			22	6f
MicroManagement	PO Box 1024 Chadds Ford, PA 19317	0	•	N/A	Maintenance	31,480			22	6f
Unitex	Parkway Mt. Vernon, NY 0550	0	0	N/A	Laundry	45,246	1132-2000-		20	4b
		0	0							
		0	•			., 920				
		0	•							_
S AND STATE		0	•							_
		0	0							_
		0	0							_
		0	0							_
		0	0							L

^{*} 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 Ye	ar Ended		Page	of
Fairview Health of Southport, LLC d/b/a Rega 2307-C	2	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant		-10-AV 1				
a. Repairs & Maintenance	\$	53,729	53,729			
b. Heat	\$	60,804	60,804		222002033333110	
c. Light & Power	\$	134,756	134,756			Alteras
d. Water	\$	38,514	38,514			
e. Equipment Lease (Provide detail on page 6)	\$	9,930	9,930			
f. Other (itemize)	\$	125,393	125,393			
See Attached Schedule		To the			+	200
6g. Total Maint. & Operating Expense (6a - 6f)	\$	423,126	423,126			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$		88570			
b. Building & Building Improvements	\$	25,047	25,047			
c. Non-Movable Equipment	\$	498	498			
d. Movable Equipment	\$	20,613	20,613		S 5/600	
*7e. Total Depreciation Costs (7a + b + c + d)	\$	46,158	46,158			
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less						
real estate taxes included in item 10b	\$	747,839	747,839	27		
10. Property Taxes) Rec	ADMINISTRAL	
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	104,747	104,747		not the co	
c. Personal property taxes	\$	13,552	13,552			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	912,296	912,296			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Supplies	\$ 13,08	37	
Sanitation & Incineration	24,65	51	
Extermination	1,79	93	, in the first or on
Landscaping	13,02	20	
Fire Drill	10,65	55	
Contracted Service	55,23	31	
Water/Chemical Consulting	6,95	56	
	= ()		
		1 10	
		A SERVER	STATE THE PARTY OF
		VIII SELEC	TEN OF THE
			9 -
Total Other Repairs and Maintenance	\$ 125,39	93 \$ -	\$ -

Depreciation Schedule

Name of Facility					License No.	ation St		Report for Year E	nded	- 1112 AT	Page	of
Fairview Health of Southport, LLC d/b/a Re	galCa	re at S	outhpor	t	2307	-c		9/30/2018			23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												。
Acquired prior to this report period												
Disposals (attach schedule)												以 有1000年
Acquired during this report period (atta	ch sche	edule)										
A-4. Subtotal) sin		10.00	War 1890 1 15	· 数4	常种植物	Physical Land	
B. Building and Building Improvements	77188											计等分类分
1. Acquired prior to this report period					142,443		142,443	22,931	S/L	Various	12,253	7. 27.
Disposals (attach schedule)	Property Item Land Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Subtotal Building and Building Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Subtotal Non-Movable Equipment 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) Subtotal Is a mileage logbook maintained? Yes No Month Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period c. Acquired prior to this report period c. Acquired prior to this report period c. Acquired during this report period		SE (
	ch sche	edule)			142,314		142,314		S/L	Various	12,794	
B-4. Subtotal		1084					1.6	15年表现。				25,047
C. Non-Movable Equipment			200									NET THE REAL
Acquired prior to this report period					19,068		19,068	18,107	S/L	Various	107	5.45
			- 452					02.50				
3. Acquired during this report period (atta	ch sch	edule)	192		1,953		1,953		S/L	Various	391	
C-4. Subtotal							N. W. (48)		Alter and the		14 n - 144	498
	logi	book	100		Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation		for This Year	Totals
E. 22								Tallian !	ar i			
and year of each vehicle)				E.	jada							
	-	-					1			 	 	
		-		 	-			†				
								312	200			
	2512	12506		100			72 73 950		ST 186 (18	4 4 4 4 6	1	
₽		1324	Var	Var	159,625		159,625	60,325	S/L	Various	18,185	
		Sec. 1										
			100	0.0		A contract	100	And the state of	AM 1519	200	+ State of Sent	Marie San Marie
(attach schedule)		1.23	Var	Var	24,590		24,590		S/L	Various	2,428	
D-3. Subtotal			1100			74	Company		net and	1	10.004.1	20,613
E. Total Depreciation	1 7	100	100		4 2 2 3 3					The second	Tor The A	46,158

Fairview Health of Southport, LLC d/b/a RegalCare at Southport 9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:			,	Tay S IIII
		talanti wakaniti k		
MANAGEMENT COLUMN				
ALCOHOLOGICAL TOPOLOGICAL TOPOLOGICA TOP		STATEM SYSTEM		
				7 . A
		eren various	Y 1 6 4 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W 1837 W 1741 F
otal additions for Land Improv	ements	\$		s -
Deletions:	W. Company			
Cart and the second			n Ott	
- I with the			. 4	
				1
Total deletions for Land Improv	ements	s -		\$ -
Communication Communication				

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Association Date	Description of Item	Cost	Useful Life	Depreciation
Acquisition Date Additions:	Description of item	Cost	Life	Depreciation
11/8/2017	vent	\$ 5,068	10	\$ 507
11/10/2017	installation of domestic water supply flow preventer	4,123	20	206
	installation of domestic water supply flow preventer	4,123	20	206
- N -	entrance door maintenance	1,819	10	182
1/4/2018	heat exchangers	4,617	15	308
	heat exchangers replacement	4,617	15	308
2/15/2018	Sink Repairs	7,996	20	400
3/5/2018	install new flooring	44,950	10	4,495
4/30/2018	automatic doors	3,566	10	357
6/18/2018	RTU Maintenance	1,202	10	120
7/20/2018	screen	7,849	10	785
3/5/2018	install new flooring	44,950	10	4,495
8/29/2018	fire pump maintenance	6,374	20	319
9/26/2018	replace smoke detector	1,060	10	106
Total additions for	Building Improvements	\$ 142,314		\$ 12,794
Deletions:			7 70 2	
Jeginer seit				
9. FY 1.84				
www.com				7 300
Control Control				
Total deletions for	Building Improvements	S -		S -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item		Cost	Useful Life	Depre	ciation
Additions:						
6/30/2018	AC		1,953	5		391
STEEL WORLD TO FARLY				7 - N - II - WI	BUST !	34
			080,504	1		-
	personal fragmentage en estatul epon personal filosophic personal de la companya de la companya de la companya	C. 10 MILE				
	ES ME AND BEING AND		3-10-8-F			
A fait the most in a					1 1-17	7.7
Total additions for	Non-Movable Equipment	\$	1,953		\$	391
Deletions:						

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

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

Attachment Pages 23 24

Fotal deletions for Non-Movable Equipment			•		
					1
	 -			_	1
		T. T.			

^{*}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:			0, 1500	
10/9/2017	Mattress	\$ 973	5	\$ 195
11/6/2017	drawers	1,713	15	114
11/30/2017	fire saftey doors	4,600	20	230
12/5/2017	dining room chairs	10,795	15	720
1/16/2018	wheel chair	594	5	119
5/16/2018	Mattress	644	5	129
5/31/2018	Television	1,191	5	238
7/24/2018	bed motor and hand control	973	10	97
7/26/2018	Mattress	859	5	172
8/29/2018	bed	1,077	10	108
8/31/2018	Motorola 2 Way Radios	631	5	126
8/9/2018	Notebook	540	3	180
	Movable Equipment	\$ 24,590		\$ 2,428
Deletions:				
A LEE NAME			- 11	
1 148				
A A S		1 1		27
777				
25 (30.2)				
Total deletions for	Movable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
consumerated office M			S. L. Stra	
- F4854 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				4 6 -4 5
			625-2	12.2
200 PRODE - 13	The second secon			
			1012101-05	
Total additions for Lease	ehold Improvement	\$ -		S -
Deletions:				
we street it is		1	1 155	750
31 2 2 2 2				10000
A WAR				
			t-	
The short the		34 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Total deletions for Lease	hold Improvement	\$ -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S -

^{*}Ties to Page 24, Line C3

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

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

Amortization Schedule*

Name	e of Facility	11-11-1		License No.		Report for Yea	r Ended		Page	of
	iew Health of Southport, LLC d/b/a Rega	alCare at	South	230	7-C	9/30/2018			24	37
		Date Acqui			C	Accumulated Amort. to Beginning of	Basis for	Data	Amouticotion	
	Item	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	%	Amortization for This Year	The service and report
A.	Organization Expense 1.									
	2.				188					April 18 Company
A-4.	Subtotal						"是我们的			
B.	Mortgage Expense 1.									
	2. 3.		-							
B-4.	Subtotal		5.1.54						The state of the	
C.	Leasehold Improvements and Other 1. Acquired prior to this report period									
	2. Disposals (attach schedule)							DESCRIPTION TO A		
	3. Acquired during this report period (attach schedule)					5 HW 27		1.350		
C-4.	Subtotal								第一条:	
D.	Total Amortization									

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

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

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

Fairview Health of Southport, LLC Asset /Depreciation Schedule - Page 23, 23a & 24 September 30, 2018

Page 1 Page 1 Page 2 Page 3 P	BUILDING IMPRO	VEMENTS <u>DESCRIPTION</u>	<u>Life</u>	Cost	Monthly Deprec	9/30/2017 Accum Depreciation	9/30/2018 Depreciation	9/30/2018 Accum Depreciation	Net Book <u>Value</u>
	12/10/13	AC Units Rooftop	10	26,375	220	10,552	2,638	13,190	13,185
	2014 Building Impro	vements		26,375	220	10,552	2,638	13,190	13,185
1111/2016	04/30/15	Return Ducts	10	2,320	19	696	232	928	1,392
1900 1900	2015 Building Impre	ovements		2,320	19	696	232	928	1,392
1909.001 Current Technologic Electronics 15 3.00 19 466 233 230 23	11/11/2015	Allied Construction Mant Inc	15	10.500	59	1.400	700	2 100	8,400
2000.016 Replacement of edusars firs 14, 144 79		[[기타 시기 : 1 시기 :				0.0000000			2,801
Page 10 1,700 11 1,700 12 1,700 13 1,700 13 1,700 13 1,700 1		얼마님이 가면서는 (TSG)의 사용 아니었다. (TSG) 살아 살아 있다면 하나 하다 하다.							11,315
Page	8/15/2016	STATE OF THE STATE	10		11	274	137	411	959
11/7/2016 new flooring 10 8,204 68 820 1640 65 11/2016 new concrete walkways 15 5,006 28 5333 333 666 64 11/2016 new concrete walkways 15 5,006 28 5333 333 666 64 43 11/2016 new concrete walkways 15 5,006 28 5333 333 666 64 43 11/2016 11/2016 fish fregulatations to meet dod requirements 16 2,504 24 285 285 570 22 22 22 244 23 22 22 2	9/7/2016	Roof Repairs	10	2,871	24	574	287	861	2,010
11/12/10/16 new concrete walkways 15 5,000 28 333 333 660 3.0 12/12/20/16 new concrete walkways 15 4,500 22 3.00	2016 Building Impro	ovements	2 11 1 2 2	32,385	191	4,600	2,300	6,900	25,485
125/2016 new concrete wilkways 15 4,500 25 300 300 300 300 301	11/7/2016	new flooring	10	8,204	68	820	820	1,640	6,564
Page	11/21/2016	new concrete walkways	15	5,000	28		333	666	4,334
1942-016 fix fix pull stations to mets code requirements 10 2,854 24 285 570 22 22 22 20 20 20 20		77, 124 155							3,900
1.00 1.00									3,900
20000117 fix writing of elevator freezop installation 0 2,445 2 3 25 25 5 5 5 5 5 5 5		The second secon							2,284
Page				140000					2,600
Act								2,035	
R18/2017 environmental water issues - water treatmented 10		930 BBB (C) 10 BBB (C)							9,844
Section Process		NEW COLD (1994) (1994) (1994)							8,933
Page									2,394
Page	9/1/2017	final installment for boiler room repairs	20	2,660	11	133	133	266	2,394
2017 Building Improvements									8,933
11/8/2017 vent 10 5.068 42 - 507 507 54.	9/30/2017	legionella filters	10	6,368	53	637	637	1,274	5,094
111/10/2017 installation of domestic water supply flow preventer 20	2017 Building Impre	ovements	Tr.	81,363	590	7,083	7,083	14,166	67,197
11/14/2017		vent	10	5,068	42		507	507	4,561
11/1/2017 entrance door maintenance 10 1,819 15 . 182 182 11/1/2018 heat exchangers 15 4,617 26 . 308 308 4.3 21/1/2018 heat exchangers replacement 15 4,617 26 . 308 308 4.3 21/1/2018 Sink Repairs 20 7,966 313 . 400 400 47.3 47.5		는 내용하다 살아야 하는 일이 이렇게 할 수 있다면 점점하다 가는 사람들이 되었다. 그런 사람들이 되었다면 하는 사람들이 살아가는 사람들이 가지 않는데 보다 하는데 그렇다면 하는데 그렇다면 하는데 살아보다면 살아보다면 하는데 살아보다면 살아보다면 살아보다면 하는데 살아보다면 하는		300,000,000					3,917
1/4/2018 heat exchangers replacement 15 4,617 26 - 308 308 330 320 321/2018 heat exchangers replacement 15 4,617 26 - 308 308 340 321/2018 heat exchangers replacement 15 4,617 26 - 308 308 340 321/2018 315/2018 install new flooring 10 44,950 375 - 4,495 4,495 40,4400/2018 automatic doors 10 1,022 10 - 120 120		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							3,917
21/27018 heat exchangers replacement 15 4,617 26						*			1,637
215/2018 Sink Repairs 20		장이 그리는 이 가는 이 바람이 아니는 것이다.				-			4,309
33/5/2018 install new flooring 10									4,309 7,596
A/30/2018 ATU Maintenance 10 1,366 30 - 337 357 357 357 6/18/2018 RTU Maintenance 10 1,262 10 - 120 120 1,0		N 1807 000 N				12			40,455
Second S		N - 42 - 0 - 4 0 2							3,209
35/5/2018 install new flooring 10	6/18/2018	RTU Maintenance	10		10	9	120	120	1,082
R. R. R. R. R. R. R. R.	7/20/2018	screen	10	7,849	65	4	785	785	7,064
Poblic P		[- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				-	4,495		40,455
NON-MOVABLE EQUIPMENT						25			6,055
NON-MOVABLE EQUIPMENT DESCRIPTION Life Cost Depreciation Depreciation	Value of the second	Se orange control of the sections	10		1476				954
DATE DESCRIPTION Life Cost Monthly Accum Depreciation Depreciation Depreciation Value	2018 Building Impro	ovements		142,314	1,067	-	12,794	12,794	129,520
DATE DESCRIPTION Life Cost Depreciation Depreciation Depreciation Value	NON-MOVABLE E	QUIPMENT			Monthly		0/30/2019		
3/1/2014 Balance Call System 3 18,000 500 18,000 - 18,	DATE	DESCRIPTION	1 ife	Cost	74 / 200				
18,000 500 18,000 - 18,000		and the state of t					Depreciation		<u>value</u>
11/1/2016 Walk In Freezer 10 1,068 9 107 107 214 8		The second secon	3						
2017 Non-Movable Equipment 1,068 9 107 107 214 55 1,007 107 214 55 1,007 107 214 55 1,007 107 214 55 1,007 1			On March	18,000		177.70		18,000	
5 1,953 33 - 391 391 1,555 1,953 33 - 391 391 1,555 1,953 33 - 391 391 1,555 1,955 3,457 58 3,283 174 3,457 1,205 1,205 1,205 1,405	11/1/2016	Walk In Freezer	10	1,068	9	107	107	214	854
EQUIPMENT MOVEABLE	2017 Non-Movable	Equipment		1,068	9	107	107	214	854
EQUIPMENT MOVEABLE	6/30/2018	AC	5	1,953	33		391	391	1,562
DATE DESCRIPTION Life Cost Deprec Depreciation 9/30/2018 Accum Depreciation Book Value 01/09/13 Computers 5 3,457 58 3,283 174 3,457 01/17/13 Broda - Sling 5 1,200 20 1,140 60 1,200 0 01/31/13 televisions 5 1,477 25 1,402 75 1,477 05/01/13 Pressure Mattress 3 2,297 64 2,297 - 2,297 05/04/13 Water Cooler 10 1,290 11 570 129 699 25/05/05/13 69/04/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043	2018 Non-Movable	Equipment		1,953	33		391	391	1,562
DATE DESCRIPTION Life Cost Deprec Depreciation 9/30/2018 Accum Depreciation Book Value 01/09/13 Computers 5 3,457 58 3,283 174 3,457 01/17/13 Broda - Sling 5 1,200 20 1,140 60 1,200 0 01/31/13 televisions 5 1,477 25 1,402 75 1,477 05/01/13 Pressure Mattress 3 2,297 64 2,297 - 2,297 05/04/13 Water Cooler 10 1,290 11 570 129 699 25/05/05/13 69/04/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043									
DATE DESCRIPTION Life Cost Depreciation Depreciation Depreciation Value 01/09/13 Computers 5 3,457 58 3,283 174 3,457 01/17/13 Broda - Sling 5 1,200 20 1,140 60 1,200 01/31/13 televisions 5 1,477 25 1,402 75 1,477 05/01/13 Pressure Mattress 3 2,297 64 2,297 - 2,297 - 05/04/13 Water Cooler 10 1,290 11 570 129 699 5 07/31/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 - 1,043 <t< td=""><td>EQUIPMENT MOV</td><td>VEABLE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	EQUIPMENT MOV	VEABLE							
01/09/13 Computers 5 3,457 58 3,283 174 3,457 01/17/13 Broda - Sling 5 1,200 20 1,140 60 1,200 01/31/13 televisions 5 1,477 25 1,402 75 1,477 05/01/13 Pressure Mattress 3 2,297 64 2,297 - 2,297 05/04/13 Water Cooler 10 1,290 11 570 129 699 5 07/31/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 09/30/13 Beds - Electric 12 30,000 208 10,208 2,500 12,708 17,200	DATE	DESCRIPTION	Life	Cost					
01/17/13 Broda - Sling 5 1,200 20 1,140 60 1,200 01/3 1/13 televisions 5 1,477 25 1,402 75 1,477 05/01/13 Pressure Mattress 3 2,297 64 2,297 - 2,297 05/04/13 Water Cooler 10 1,290 11 570 129 699 5 07/31/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 09/30/13 Beds - Electric 12 30,000 208 10,208 2,500 12,708 17,200	2007/07/2007				A CONTRACTOR OF THE PARTY OF TH				
01/31/13 televisions 5 1,477 25 1,402 75 1,477 05/01/13 Pressure Mattress 3 2,297 64 2,297 - 2,297 05/04/13 Water Cooler 10 1,290 11 570 129 699 5 07/31/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 09/30/13 Beds - Electric 12 30,000 208 10,208 2,500 12,708 17,200									0
05/01/13 Pressure Mattress 3 2,297 64 2,297 - 2,297 05/04/13 Water Cooler 10 1,290 11 570 129 699 5 07/31/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 09/30/13 Beds - Electric 12 30,000 208 10,208 2,500 12,708 17,200				7					0
05/04/13 Water Cooler 10 1,290 11 570 129 699 5 07/31/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 09/30/13 Beds - Electric 12 30,000 208 10,208 2,500 12,708 17,200									
07/31/13 Freezer 10 4,965 41 2,112 497 2,609 2,3 08/22/13 Pressure Mattress 3 1,043 29 1,043 - 1,043 - 09/30/13 Beds - Electric 12 30,000 208 10,208 2,500 12,708 17,208									591
09/30/13 Beds - Electric 12 30,000 208 10,208 2,500 12,708 17,2									2,356
							2		-
2012 Mountain Faminages	09/30/13	Beds - Electric	12	30,000	208	10,208	2,500	12,708	17,292
2013 movaore equipment 45,129 455 22,054 5,455 25,489 20,	2013 Movable Equip	pment	118 Tanzazzono (2018 ETEX.1618 E	45,729	455	22,054	3,435	25,489	20,240

1/31/2014	Med Essentials	3	2,851	24	2,851	947	2,851	40
1/31/2014	Pressure Mattress	10	1,375	11	552	138	690	685
3/9/2014	Wheel Chair Ramp Scale	3	1,073	30	1,073		1,073	2
5/31/2014	Pump	3	1,114	31	1,114	4	1,114	27
2014 Movable Equipment			6,413	96	5,590	138	5,728	685
6/30/2014	Pressure Mattress	3	7,200	60	7,200	725	7,200	
6/29/2015	Cardio Stress Sorftware	3	3,137	26	3,137		3,137	20
7/26/2015	Wander system Alarm	5	907	8	543	181	724	183
8/18/2015	Patient Wander System	10	7,000	194	2,100	700	2,800	4,200
9/28/2015	Wander guard tags	5	3,386	94	2,031	677	2,708	678
2015 Movable Equipment			21,630	382	15,011	1,558	16,569	5,061
	200 CAN LET 200 SAL 200 CAN LET 200 CAN LE	2016	572 000		00 40 000 00 40 000	Access	190 February	
10/7/2015	Technologies Electronics	5	1,350	23	540	270	810	540
10/29/2015	Technologies Electronics	5	686	11	274	137	411	275
11/9/2015	Patient Wander System	10	7,000	58	1,400	700	2,100	4,900
2/3/2016	Technologies Electronics	5	1,616	27	646	323	969	647
11/17/2015	Tower Furniture	10	6,500	54	1,300	650	1,950	4,550
7/11/2016	Chairs/Couch (Quantity = 5)	15	4,700	26	626	313	939	3,761
9/25/2016	Card Printer	5	1,069	18	428	214	642	427
9/22/2016	Scale, Frame, Mattress, Side Cover, Wheelchair, Desk Arm	10	17,463	146	3,492	1,746	5,238	12,225
9/12/2016	Bariatric Mattress	10	1,590	13	318	159	477	1,113
8/3/2016	Lenovo Computer	5	519	9	208	104	312	207
2016 Movable Equipment			42,493	385	9,232	4,616	13,848	28,645
Delina da de			700	10	140	140	280	420
11/1/2016	Stop Button Generator	5	700	12	140	140	5570397	
2/1/2017	Snow Blower	5	956	16	191	191	382	574
6/1/2017	Ice Machine	10	2,335	19	234	234	468	1,867
7/1/2017	Washing Machine Motor	5	791	13	158	158	316	475
7/1/2017	NEC Port 8 Daughter Board	5	1,100	18	220	220	440	660
8/1/2017	Amex Credit Card	5	510	9	102	102	204	306
9/1/2017	Saucier Mechanical	5	1,125	19	225	225	450	675
10/1/2016	Computer Monitor	5	975	16	195	195	390	585
11/1/2016	Computer Monitor	5	594	10	119	119	238	356
6/1/2017	Computer Hardware	5	7,531	126	1,506	1,506	3,012	4,519
7/1/2017	Computer Hardware	5	5,882	98	1,176	1,176	2,352	3,530
1/1/2017	Medical Equipment	5	19,615	327	3,923	3,923	7,846	11,769
6/1/2017	Wheelchairs	5	502	8	100	100	200	302
8/1/2017	Mattress	5	744	12	149	149	298	446
2017 Movable Equipment		-	43,360	703	8,438	8,438	16,876	26,484
10/9/2017	Mattress	5	973	16	181	195	195	778
11/6/2017	drawers	15	1,713	10	-	114	114	1,599
11/30/2017	fire saftey doors	20	4,600	19		230	230	4,370
12/5/2017	dining room chairs	15	10,795	60		720	720	10,075
1/16/2018	wheel chair	5	594	10	147	119	119	475
5/16/2018	Mattress	5	644	11	220	129	129	515
	Television	5	1,191	20		238	238	953
5/31/2018		10	973	8	-	97	97	876
7/24/2018	bed motor and hand control		973 859	14	1000	172	172	687
7/26/2018	Mattress	5				0.000		
8/29/2018	bed	10	1,077	9		108	108	969
8/31/2018	Motorola 2 Way Radios Notebook	5	631 540	11 15		126 180	126 180	505 360
8/9/2018	inotebook	,	12.707474		25%			
2018 Movable Equipment	2.00 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		24,590	203		2,428	2,428	22,162

Total Assets	489,994	101,363	46,158	147,521	342,472
Per Trial Balance	489,994		55,436	141,704	348,290
Variance	~ ₂₁		(9,278)	5,817	(5,818)
Rounding				1	

F/S vs C/R NBV - Page 31, Line B9 F/S vs C/R Depreciation - Page 36, Line F1 5,818 9,278

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

Name of Facility License	No. 2307-C	Report for Year Er 9/30/2018	ided		Page 25	of 37
	2307-0	7/30/2016			23	
11. Property Questionnaire						
Part A	470				If "Yes," complet	e Part R
Is the property either owned by the Facility or leased from a Related Party?*	y ⊙	Yes	0	No	If "No," complete	
*If any owner or operator of this facility is rela	ated by family ma	rriage ownership abilit	v to control or			
business association to any person or organizat	tion from whom b	uildings are leased, then	it is considered a			
related party transaction.	3 At 14.7		- Carlotte Military Company of Article Company	Lorent Bull Control Late Green	OCA TAT FORM PARK AND AND THE VANCE OF THE V	-
Description		Total			A SAME TO A	
Date Land Purchased		11/26/13				
2. Date Structure Completed					36	
3. If NOT Original Owner, Date of Purc	hase					A COUNTY
4. Date of Initial Licensure			一的特殊的意思	15 经直流		
5. Total Licensed Bed Capacity		120	4			
Square Footage Acquisition Cost		Service Control				64C
 Acquisition Cost Land 						
b. Building		<u> </u>				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing		1st Wortgage	Zild Wiortgage	ord Wortgage	THE PERSON NAMED IN	
a. Type of Financing (e.g., fixed, var	iable)	中央自体的 关系。	14 Specification of the second			A STATE OF THE STA
b. Date Mortgage Obtained	idote)		-			
c. Interest Rate for the Cost Year		177	1			
d. Term of Mortgage (number of yea	rs)					
e. Amount of Principal Borrowed						
f. Principal balance outstanding as of	of					***
Complete if Mortgage was Refinan		1945 PH F 10 TO 1		THE RESERVE	744 6	Sales Sales
During Current Cost Year						
g. Type of Financing (e.g., fixed, var	riable)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number of year	rs)					
k. Amount of Principal Borrowed						
Principal Outstanding on Note Pa		1				
Part C - Arms-Length Leases for F						
Name and Address of Lessor		operty Leased			Annual Amoun	
930 Mill Hill Terrace, LLC		Hill Terrace,	11/26/13	10 years		747,839
	Southport	CT 06890				-
			-			W
			1			
				i.		
					1	

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

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

Name of Facility License No.		Report for Yes	1000000	Page o		
Fairview Health of Southport, LLC d/t 2307-C		9/30/2018			26 37	
Item		Total	CCNH	RHNS	(Specify)	
 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	9	100000000000000000000000000000000000000			AND SAID STORY OF THE PARTY OF	
Name of Lender	Rate		A. Carlo			
Address of Lender						
4. Fourth Mortgage	5			A THE SECRETARY AND A SECRETAR	Section of the Control of the Contro	
Name of Lender	Rate	The Contract of the Contract o				
Address of Lender				7.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1		
B. CHEFA Loan Information						
Original Loan Amount	9	S				
Loan Origination Date		The Cooperation				
3. Interest Rate %					147,48	
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		B				
12 Dr. Total Dulling Interest Expense (11 11 15)			v Subtotals	forward to	nert nage	

(Carry Subtotals forward to next page)

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

Name of Facility Fairview Health of Southport, LLC License 1	No.)7-C		Report for Ye 9/30/2018	ear Ended		Page of 27 37
Item		1.6	Total	CCNH	RHNS	(Specify)
The second secon	totals Brou	ight Forward:				
5. 179		Φ.				
	T 5.	\$	POPER NEW PROPERTY.		Marie Tolonia della	
A. Item	Rate	Amount	44.5			1 To
Lender						
Address of Lender						
2. Other (Specify)		\$	TOP ASSESS TO SERVICE	OSTATION PRINTS NAME		
A, Item	C. Movable Equipment 1. Automotive Equipment A. Item Rate Press of Lender 2. Other (Specify) A. Item Rate Rate Rate Rate Rate Press of Lender B. Item Rate Rate C. 3. Total Movable Equipment Interest Expense (C1 + 2) D. Other Interest Expense (Specify) Interest on Late Payments / Loan / Credit Card Total All Interest Expense (12B7 + 12C3 + 12D) Insurance					All the second
Lender	I					
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender		111				
 Internet Annual Continues A	est		(22.42)		A STATE OF THE STA	
		\$		10.202		
	0 1:0	\$	48,202	48,202	out a survey of	A CONTRACTOR OF THE
Interest on Late Payments / Loan /	Credit Car	ď		4.20		
12	C2 12D) \$	48.202	48.202		
	C3 + 12D) 3	48,202	48,202		
	nlv)	\$	134,091	134,091		
a. Insurance on Property (buildings o b. Insurance on Automobiles	iny)	\$		2,204		1
c. Insurance other than Property (as s	necified at		2,204	2,204		
1. Umbrella (Blanket Coverage)	poornou at	\$				
2. Fire and Extended Coverage	3970	\$				
3. Other (Specify)		<u> </u>		7,097		
EPLI Insurance / Surety Bond		13				
14d. Total Insurance Expenditures (14a +		9		143,392		
15. Total All Expenditures (A-13 thru C-	14)	9	12,410,309	12,410,309		

D. Adjustments to Statement of Expenditures

	of Fa		of Southport, LLC d/b/a RegalCare at Southpo		nse No. 2307-C	Report for Year 9/30/2018	r Ended	Page of 28 37
tem	Page No.	Line	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
Page	10 - S	Salarie	es and Wages	1				
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$			- 22.5	
4.			Other - See attached Schedule	\$	15,975	15,975		Company of the Control Philippine - Office
Page	13 - I	Profes	sional Fees				等的 第二人体	1000
5.			Resident Care Physicians **	\$				
6.	13	B10a	Occupational Therapy	\$	279,287	279,287		
7.	32		Other - See attached Schedule	\$	153,301	153,301		
Page	s 15 &	16 -	Administrative and General	30		WORLD TO SEE	为其他的事员	2 1 THE P. LEWIS CO.
8.			Discriminatory Benefits	\$				
9.		ā-	Bad Debts	\$				
10.		7.25.00 / 1.41.0	Accounting	\$				
10a.	15	le	Legal	\$	21,764	21,764		
11.	H-von-		Telephone	\$				
12.	15	h2	Cellular Telephone	\$	1,582	1,582		
13.			Life insurance premiums on the life				The Lorenza	
			of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.			Education expenditures to colleges or			以基础。这样是是		
	ē.		universities for tuition and related costs					Allerte U.T.
			for owners and employees	\$				
16.	16	L4	Travel for purposes of attending	5				
			conferences or seminars outside the					技术 ^{等等} 。E
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$	5,920	5,920		
17.			Automobile Expense (e.g. personal use)	\$				
18.	16	m2/3		\$	16,239	16,239		
19.			Income Tax / Corporate Business Tax	\$	**************************************			
20.			Fund Raising / Contributions	\$				
21.	16	m12	Unallowable Management Fees	\$	101,376	101,376		
22.		Ι	Barber and Beauty	\$			ar 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
23.			Other - See attached Schedule	\$	64,705	64,705		
Page	18 - 1	Dietar	y Expenditures	100				
24.			Meals to employees, guests and others			No. 1 Telephone		
		. 1999	who are not residents	\$				
Page	19 - 1	Laund	dry Expenditures				51446	
25.			Laundry services to employees, guests	e colle				
			and others who are not residents	\$				E
Page	20 - 1	House	ekeeping Expenditures	9				
26.			Housekeeping services to employees, guests				144	
			and others who are not residents	\$		V -1/47 - 37 1500		
			Subtotal (Items 1 - 26)	\$	660,149	660,149		

^{*} 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	RI	HNS	(Spe	cify)
10		Owner's Salary	\$	15,975	1			
To the state of	3-1-1		المرا	a 14" 3	200		ls '	No.
Carl Fee				711				3.2
			THE TAX	1.25			27.23.8.47	
								-(4)3.00
Se .				961		7.00		20
	e de la companya della companya della companya de la companya della companya dell			100				
otal Othe	r Salaries	Adjustment	\$	15,975	\$	-	\$	

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B120	Independent Nurse Consultant	\$ 145,85	50	
13	B12o	Respiratory Therapist	22	20	1 210
13	B12o .	IV Insertion Nurse	7,23	31	
				4	45
100	14-14				
	until Fill I				
Total Othe	r Fees Adi	ustments	\$ 153,30	01 \$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Fines, Penalties & Settlements	\$ 9,628		1 1 N
16	m13	Late Fees	34,351	nes .	
16	m13	Non Routine Bank Charges	1,511		
16	m13	Employee Relations	_40	1-1	3
16	m13	Employee Food	1,173		
16	m13	Discriminatory Bonus	11,450		
16	m13	NYS Tax	2,468		Daniel L
15	Var	Owner's Benefits	4,084	7 - 7 - 70	The second
otal Othe	r A&G Ad	justments	\$ 64,705	\$ -	\$ -

Fairview Health of Greenwich, LLC September 30, 2018 Benefits Disallowance

Pg. 28a

О	W	n	e	r
_	_	_	_	_

Owner's Salary 15,975 Page 11
Total Salaries 5,407,646 TB Linked
Percent to Total Salaries 0.30%

Total Benefits (Pg 15, Line 1a3 - 1a6) 1,382,422 TB Linked

Owner's Benefits Disallowed 4,084 Page 28 attachment

Fairview Health of Southport, LLC Calculation of Allowable Management Fee September 30, 2018

Descrption	Amount			
Management fees Charged (Pg. 16 / Line m12)	423,530	TB Link	ed	
Patient Days	37,703	Page 8 o	f C/R	
Imputed Days - 90% Occupancy	39,420	Calculat	ion	
Amount Per Patient Day (Greater of 90% or Acta	ul Days)	\$	10.7440	
PPD Allowance Per Rate Agreement			8.09	
2018 CPI Increase of 1.0178%			1.0178%	J.01a
PPD Allowance 9/30/2018			8.17	
Amount over (Under)		\$	2.5717	
Total Days			39,420	Greater of Actual or 90%
Disallowed Management Fee		\$	101,376	- -

Fairview Health of Southport, LLC Disallowance Schedule for Cell Phones September 30, 2018

	Amount	
Total Cell Phone Expense	3,022	TB Linked
Cell Phone Allowed Based on Bed Capacity	4	
Monthly Allowable amount per Cell Phone	\$ 30	
Months in Cost Report Year	12	
Total Allowable Cost	\$ 1,440	
Disallowed Cell Phone (Page 28, Line 12)	\$ 1,582	-,: ² = ::

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

D. Adjustments to Statemen				ense No.	Report for Y	Page	of		
			of Southport, LLC d/b/a RegalCare at South		2307-C	9/30/2018		29	37
			or boumport, DEC Core to govern	\neg	Total				dodunario de
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S	pecify)
140.	140.	140.	Subtotals Brought Forward	8	660,149	660,149		(-)	7
Page	20 - 1	Rosido	nt Care Supplies***	-					
27.			Prescription Drugs	\$	266,104	266,104		1 HEAD (MINE) 2019/50	Charles and the Law Street
28.	20	Juz	Ambulance/Limousine	\$					
29.	20	5f	X-rays, etc	\$	4,516	4,516			
30.		5h	Laboratory	\$	21,255	21,255		—	
31.	20	5c	Medical Supplies	\$	17,126	17,126		†	
32.	20	5e2	Oxygen (non emergency)	\$	3,840	3,840			
33.		302	Occupational Therapy	\$		1		1	5000000
34.			Other - See Attached Schedule	\$	26,089	26,089			
	22 - 1	Maint	enance and Property					STATE OF	
35.			Excess Movable Equipment Depreciation					100	
00.			See Attached Schedule	\$		LACTORITATIONS IN SERVI			
36.			Depreciation on Unallowable			7 F 17 F 18 F 19			
50.			Motor Vehicles	\$	IN AND THE PROPERTY OF		NAMES AND DESCRIPTIONS	A MESO, AUTOMOS	- And Control of the
37.	-		Unallowable Property and Real				A. 50 (1)	L. Carrie	
٠,,		ļ	Estate Taxes	\$				Parket and service activity	STATE OF STREET STREET, SAME
38.			Rental of Building Space or Rooms	\$					A NOW THE
39.			Other - See Attached Schedule	\$				1	
	27 - 1	nsura	Language Control of the Control of t						
40.			Mortgage Insurance	\$					
41.		1000	Property Insurance	\$	-				
		scella	neous			100 150 120			The S
42.	T	T	Other - Indirect	\$					
43.		-	Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					A
45.		\vdash	Management Fees Direct	\$			1-4000	1	
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	50,155	50,155			
	For P	rofit F	Providers Only						
48.	-	T	Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$		Total Control of the		- The second	
40	Total	l Amo	unt of Decrease (Items 1 - 48)	\$	1,049,234	1,049,234			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
20	5i	Cable Television Disallowance	\$	17,826		
20	51	Resident Missing Items	1	324		
20	5c	Non Allowable Nursing Supplies	25 July 1	1,519		
20	5c	Non Allowable Nursing Equipment		6,420		
				1/10		
						74.00
	1.1		- 1 S			1
			, = = =		16	
- 4-1115				ar i bas		4 1
			a ju		E	
Total Othe	r Ancillar	y Costs	\$	26,089	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
E 186	-1 -	while on a different control of	110		
		Colonia Colonia de la colonia			
STANT STAN	Baltimental Districts				
				No.	1.0
			ALC: NO.	1	1 2 2 2 2 2
					-
				3	
	a di				
44.5	355.00				
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			1		
			100		1000
Three and					
	avilla s				
1.00			10.72		
1,-21,000	CENT				
March Co.			31.7		
31 - 12			U This is the		12
	L 275.00		DH		
otal Othe	r Propert	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Class Action Lawsuit Revenue from Vendor	\$ 1,279		
30	IV 8	Medical Records	674		11 1 14 1
27	12d	Interest on Late Payments	1,485	7 A - 4 - 2 - 2 - 4 - 14	The same of
27	12d	Interest on Loan	44,052	3740	TAP NOW
27	12d	Interest on Credit Card	2,665	a, 42.70	
CHIEV.	1 1 3 3				1 - 3 - 3 - 3
					1000
			A41		
Lux 25	48.00		7	21	
Total Othe	r Adjustm	ents	\$ 50,155	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
1-15-7					-
adout III			17		0.000
and the Said					
	msufe_t_		Control of the Control		
			9 2 20		100
1121			e water		
net si	A)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				1=45 +=	d Salacie -
				L Helis	
Total Unal	lowable Bu	uilding Interest	\$ -	\$ -	\$ -

Fairview Health of Southport, LLC Disallowance Schedule for Cable TV September 30, 2018

Total Cable TV Expense #80-232-00	Acct	<u> </u>	21,426
Monthly Allowable amount		\$	300 12
Months in Cost Report Year Total Allowable Cost		\$	3,600
Disallowed Cable TV		\$	17,826

F. Statement of Revenue

Name of Facility License No. Fairview Health of Southport, LLC d/b/a 2307-C	- 10	Report for Ye 9/30/2018	ar Ended			of 37
anview reduction southport, blie dioid 2507 C		I				
Item		Total	CCNH	RHNS	(Specify))
. Resident Room, Board & Routine Care Revenue	NA STATE OF					
1. a. Medicaid Residents (CT only)	\$	7,707,257	7,707,257			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	3,417,239	3,417,239			
b. Medicare Room and Board Contractual Allowance **	\$	(58,208)	(58,208)	77.2	=22	
4. a. Private-Pay Residents and Other	\$	926,674	926,674			
b. Private-Pay Room and Board Contractual Allowance **	\$	(2,545)	(2,545)			
I. Other Resident Revenue						
a. Prescription Drugs - Medicare	\$	148,261	148,261			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(148,261)	(148,261)			
c. Prescription Drugs - Non-Medicare	\$	11,776	11,776			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(11,776)	(11,776)			
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					12.50
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					_
3. a. Physical Therapy - Medicare	\$	389,944	389,944			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(349,417)	(349,417)			
c. Physical Therapy - Non-Medicare	\$	66,682	66,682	C. Perelli		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(63,604)	(63,604)			_
4. a. Speech Therapy - Medicare	\$	276,713	276,713			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(233,086)	(233,086)			
c. Speech Therapy - Non-Medicare	\$	18,257	18,257		0.000	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(15,759)	(15,759)			_
5. a. Occupational Therapy - Medicare	\$	476,222	476,222	0 1000.00	The Partie	
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(430,161)	(430,161)			
c. Occupational Therapy - Non-Medicare	\$	16,982	16,982			_
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(15,063)	(15,063)		100000000000000000000000000000000000000	
6. a. Other (Specify) - Medicare	\$	460	460			_
b. Other (Specify) - Non-Medicare	\$	(76,681)	(76,681)			
II. Total Resident Revenue (Section I. thru Section II.)	\$	12,051,906	12,051,906			
V. Other Revenue*	_	12,031,900	12,031,900	W. 202.12		
Meals sold to guests, employees & others	\$			THE CONTRACTOR	STATE STATE OF THE	
	\$					
Rental of rooms to non-residents Talanhana	\$					_
3. Telephone	\$					_
Rental of Television and Cable Services Interest Income (Specify)	<u> </u>	158	158		1	-
	\$	138	130	-	-	
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$	1,953	1,953	-		_
8. Other (Specify)	\$					No.
V. Total Other Revenue (1 thru 8)		2,111	2,111	-	-	-
VI. Total All Revenue (III+V)	\$	12,054,017	12,054,017			

^{*} 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	\$ 571			
30 II 6a	Revenue Adjustments>Medicare A	(111)			
		F 1975	Self cutton		
Resident					
WALL -			on serious		
Total Other	er Resident Revenue - Medicare	\$ 460	s -	\$ -	

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30 II 6b	Other Ancillary Rev>Private	\$ 4,400		
30 II 6b	Other Ancillary Rev>Medicaid	238	l s	
30 II 6b	Other Ancillary Rev>Medicaid>C/A	(238)		
30 II 6b	Revenue Adjustments>HMO	(1)		
30 II 6b	Revenue Adjustments>Hospice	(72)		
30 II 6b	Revenue Adjustments>Medicaid	(81,008)	1 E	
Total Oth	er Resident Revenue	\$ (76,681)	S -	s -

Interest Income

Account

Page Ref	Account	Balance	C	CNH	RH	NS	(Spec	cify)
				0	1000		V. 1	
30 IV 5	Late Payments from Insurance Interest	N/A	S	158	A			
	200 FEE - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-					_
Total Inte	rest Income		s	158	\$		\$	

Schedule of Other Revenue

Page Ref	Description	(CCNH	RHNS	(5	Specify)
SHEWE'S			0			
30 IV 8	Class Action Lawsuit Revenue from Vendor	\$	1,279	111111111111111111111111111111111111111	37.0	iti
30 IV 8	Medical Records	-	674			
		-				
25.020 w-12.5						
in the s						
Total Oth	er Revenue	s	1,953	s -	s	

G. Balance Sheet

		Facility	License No.		ort for Year Ended	Page	of 37
airv	view	Health of Southport, LLC d/		19/30	/2018	31	
		2000	Account				mount
Asse						1	
A.		rrent Assets	\$			0	97.252
	1.			- D 1	5.1	\$	87,352
	2.	Resident Accounts Receivab				\$	2,612,016
_	3.		Excluding Owners o	r Relate	d Parties)	\$	
	4	Inventories				\$	51005
	5.	Prepaid Expenses				\$	54,285
		a. Prepaid Expenses			3,260		1. 图显示
		b. Prepaid Expenses>Insura	nce		47,327		
		c. Prepaid Expenses>Taxes			3,698		
		d. See Schedule				100	
	1.5071.01	Interest Receivable				\$	
	7.	Medicare Final Settlement R	eceivable			\$	
	8.	Other Current Assets (itemiz	re)			\$	
		See Schedule				4274.94	
4-9.	To	tal Current Assets (Lines A1	thru 8)			\$	2,753,653
В.	Fix	ked Assets		***************************************		1	
	1.	Land				\$	
	2.	Land Improvements	*Historical Cost			\$	
			Accum. Depreciat	ion	Net		
	3.	Buildings	*Historical Cost		284,757	\$	236,779
		5	Accum. Depreciat	ion	47,978 Net		
	4.	Leasehold Improvements	*Historical Cost			\$	***************************************
			Accum. Depreciat	ion —	Net	1275	
	5.	Non-Movable Equipment	*Historical Cost		21,021	\$	2,410
	37100	1,1	Accum. Depreciat	ion	18,605 Net		10x++c5c+t0
	6.	Movable Equipment	*Historical Cost		184,215	\$	103,27
	•		Accum. Depreciat	ion	80,938 Net		
	7	Motor Vehicles	*Historical Cost		30,700	\$	
	•	Wiotor Venicies	Accum. Depreciat	ion	Net	"	
	8.	Minor Equipment-Not Depr			1100	\$	
	9.	Other Fixed Assets (itemize)			\$	11,90
		F/S vs C/R Depreciation	6).		5,818		
		See Schedule			6,083	_	
B-10	0	Total Fixed Assets (Lines E	31 thru 9)	1177	*,***	\$	354,373

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

G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page		of
Fair	iew	Health of Southport, LLC d/b/a	2307-C	9/30/2018		32		37
			Account			Ar	mount	
		450		Total Brought Forward:	\$		3,1	08,026
C.	Lea	asehold or like property recorde	d for Equity Purposes.	A.V.E.D.C.				
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	Net	\$		-	
1	3.	Buildings	*Historical Cost					
			Accum. Depreciation	Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	Net	\$			
	5.	Movable Equipment	*Historical Cost					
		0001.00	Accum. Depreciation	Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	Net	\$			
	7.	Minor Equipment-Not Deprec	iable		\$			1000
C-8	To	tal Leasehold or Like Properti	es (C1 thru 7)		\$			
D.	Inv	estment and Other Assets	t. 15359V - W					
	1.	Deferred Deposits			\$			6,792
	2.	Escrow Deposits			\$	18	2	274,346
	3.	Organization Expense	*Historical Cost	Andrew				
	- 20		Accum. Depreciation	Net	\$			
Ä	4.	Goodwill (Purchased Only)			\$		1,4	114,318
	5.	Investments Related to Reside	nt Care (itemize)		\$		No. of Contrast of	ment to only be the
		3						
C10000000		CONTROL SECURITION OF WAR AND) - / - / x	
	6.	Loans to Owners or Related P	arties (itemize)		\$	enterva i mastado	4	169,322
		Name and Address	Amount	Loan Date				
		Due From SP Realty, Torr,						
		Pro, WH, Wtrbry,	10.000.00000000000000000000000000000000					
		Employee, Frvw Mgmt	469,322					美华科
	7.	Other Assets (itemize)			\$		NA COLUMN	5,263
		Due To/(From)>Vendor		5,263	-			and the least
ĺ								
		See Schedule		10.00				
		otal Investments and Other Ass			\$			170,041
D-9	. To	otal All Assets (Lines A9 + B10	0 + C8 + D8		\$		5,2	278,067

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

G. Balance Sheet (cont'd)

Name of Fac			License No.	Report for Year	Ended	Page	of
Fairview Hea	alth of	f Southport, LLC d/b/a Rega		9/30/2018		33	37
			Account			An	nount
Liabilities		9590 ST00000			1		
A.	Cu	rrent Liabilities			j	.	2 005 200
	1.	Trade Accounts Payable				\$	2,805,309
	2.	Notes Payable (itemize)		200.00		\$	300,000
		Note Payable>Misc		300,00	0	10-24 miles	
							6-1-11
		Car Cahadula					
		See Schedule	and (Comment montion	-) (itami-a)		\$	
	3.	Loans Payable for Equipm Name of Lender		Amount	Date Due	o S	THE CONTRACT
- 335		Name of Lender	Purpose	Amount	Date Due		
				1			建一直接
				1			
				8		Line 1	
5							44
	4.	Accrued Payroll (Exclusiv	e of Owners and/or	Stockholders only)		\$	129,95
W 1: 12 2	5.	Accrued Payroll (Owners				\$	
137	6.	Accrued Payroll Taxes Pay				\$	6,788
	7.	Medicare Final Settlement				\$	3,883
	8.	Medicare Current Financia				\$	
	9.	Mortgage Payable (Curren		2		\$	
	10	. Interest Payable (Exclusiv		Related Parties)		\$	
		. Accrued Income Taxes*			60000	\$	A 11
		. Other Current Liabilities (itemize)			\$	640,123
			,				
			MARKET MA				
				See Schedule	640,123		
A-13	2 T	otal Current Liabilities (Li	nec A1 thru 12)			\$	3,886,054

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Fairview Health of Southport, LLC d/b/a Re	2307-C	9/30/2018		34	37
I I	Account			Ar	nount
		Total Broug	tht Forward:		3,886,054
Liabilities (cont'd)					
B. Long-Term Liabilities	vac a technic				
Loans Payable-Equipment (r	\$		
Name of Lender	Purpose	Amount	Date Due		
				34.1	
	1				
		1			
	202				
Mortgages Payable			\$	3	
Loans from Owners or Relation	ated Parties (itemize)	41 M	\$		1,050,572
Name and Address of Lender	Amount	Loan I	Date		100
Holdings, Nor, NL,					
Maplewood, 930 Mill Hill					
Realty	1,050,572				
		1			
		i			
	1				
		1			
4. Other Long-Term Liabilitie			5		100,344
Due To/(From)>TSM Hole	dings	100,000	E		
Due To/(From)>HMO		83			
Due To/(From)>Medicaid		261			7
See Schedule	Lines D1 then A)				1,150,916
B-5. Total Long-Term Liabilities (C. Total All Liabilities (Lines A-				<u> </u>	5,036,970
C. Total All Liabilities (Lines A-	15 T D-3)			D	3,030,970

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
versions.	Mile E		100
-	**************************************		
			APPENDING TO A
Cotal Per	aid Expens		S .

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

Page Ref	Line Ref	Description	
F-82 (III	196		-1.77
	1077		GUITE AL
5 - 74 .5	**		14 14 14
111000			
			MCD TO
T-104			
Total Othe	r Current	Assets (Hembre)	,

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

31	B9	Fixed Assets>CIP	2	6,083
-400	100			
			-	-
367-72	10.50	the state of the s	-	
- 1			+	
		Fixed Assets (Itemize)	1-	6,08

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description		
4-0				
			2	
	810			
	3,41			
4 39-1	500			
otal Othe	r Assets		S	

Schedule of Notes Payable (Itemize) Page 33 Line A2

ige Ref Line Ref Descri					
					- Sent-1.7
A CHARLEST THE	-0-49-25				
745 T 1 1 1 1		St. 4			
167 1388		Total Indiana in the	La de Antonio	2012-101-1-1	
		100 A 200 A 1			
T-12-12-12-7					

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

Page Ref	A12	Description POTO	\$ 99,676
		Accrued Expenses>PTO	
33	A12	Accrued Expenses	246,202
33	A12	Accrued Expenses>Prior	9,079
33	A12	Accrued Expenses>RE Taxes	116,442
33	A12	Accrued Expenses>Management Fee	(9,557
33	A12	Accrued Expenses>Year End Adjustments	18,638
33	A12	Accrued Expenses>Health Insurance	116,622
33	A12	Deferred Revenue>R&B Prepayment	10,983
33	A12	Due To/(From)>Income	1,066
33	A12	Due To>Patient Spend Down	30,972
Total Othe	r Current	Liabilities (Itemize)	\$ 640,123

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

Page Ref	Line Ref	Description		

100	2			3
	11-12-14			
	10			
	Lating			7000
in Kart	200		250	
Total Othe	Current I	Liabilitics (Itemize)	2	

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

		eport for Ye	ar Ended	Page	of
Fair	view Health of Southport, LLC d/b 2307-C 9/	/30/2018		35	37 Amount
A.	Reserves	· · · · ·	Milouit		
67 (10)	Reserve for value of leased land	\$			
	Reserve for depreciation value of leased buildings are to be amortized	nces	\$	2	
	3. Reserve for depreciation value of leased personal pro	operty (Equi	ty)	\$	
	4. Reserve for leasehold real properties on which fair re	ental value is	based	\$	- Coloration and the coloration
	5. Reserve for funds set aside as donor restricted			\$	
	6. Total Reserves	· · · · · · · · · · · · · · · · · · ·		\$	
В.	Net Worth 1. Owner's Capital		\$	1,261,771	
	2. Capital Stock			\$	
	3. Paid-in Surplus			\$	J. W. Company
	4. Treasury Stock			\$	
	5. Cumulated Earnings			\$	(655,104)
	6. Gain or Loss for Period 10/1/2017	thru	9/30/2018	\$	(365,570)
	7. Total Net Worth		SA STATES	\$	241,097
C.	Total Reserves and Net Worth		3 49	\$	241,097
D.	Total Liabilities, Reserves, and Net Worth			\$	5,278,067

H. Changes in Total Net Worth

	e of Facility	License No.	Report for Year	Ended	Page	of
Fairy	view Health of Southport, LLC d/b/a		9/30/2018		36	37
	Account					mount
A.						608,787
B.	Total Revenue (From Statement of			\$		12,054,017
C.	Total Expenditures (From Statemen	nt of Expenditures F	Page 27)	\$		12,419,587
D.	Net Income or Deficit			\$		(365,570)
E.	Balance		VI	\$		243,217
F.	Additions					
	 Additional Capital Contributed 	3				A Constant
	Expenses Per Page 27	\$12,410,309				
	F/S vs C/R Depreciation	\$9,278				
G	Expenses Per F/S	\$12,419,587				
					5.50	
	77 - 500000	<u> </u>				
et-iri	2. Other (itemize)					
						A CAPACITY
					1	
i						
F-3.	Total Additions			\$		
G.	Deductions					
	1. Drawings of Owners/Operators	/Partners (Specify)			1	2,120
	Name and Address (No., City,	State, Zip)	Title	Amount		
All F	Partners			2,120		
	2. Other Withdrawings (Specify)			\$		
				Amount		
						A 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				*		
					Lv. Parity	
	3. Total Deductions			19		2,120
				19	43	-,0

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page					
Fairview Health of Southport, LLC d/b/a	2307-C	9/30/2018 37	37				
	Check appropriate category						
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)					
F	Preparer/Reviewer Certification	tion					
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.							
Signature of Preparer Attention of the signature of the	Date Signed 2 14 1 9						
Printed Name of Preparer							
Matthew S. Bavolack Addres Address		Phone Number					
Address	I none ivanioei						
555 Long Wharf Drive, New Haven, CT 065	203-781-9600						
Annual Report Contact	Phone Number						
Jamie Spencer	860-445-7478						
Annual Report Contact Email Address							
spencerj@fairviewct.org	<u> </u>	- April - Apri					



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Fairview Health of Southport, LLC d/b/a RegalCare at Southport 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 Fairview Health of Southport, LLC d/b/a RegalCare at Southport. 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 Fairview Health of Southport, LLC d/b/a RegalCare at Southport 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 14, 2019

