

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) The Reservoir Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 1 Emily Way, West Hartford, CT 06107	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2203-C	RHNS	(Specify)	Medicare Provider 07-5407
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Medicaid Provider Numbers:	CCNH 21668	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Reservoir Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Reservoir Care and Rehabilitation Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 1 Emily Way, West Hartford, CT 06107				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/28/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	2,700,702	2,700,702	
5. All other wages paid	\$	554,334	554,334	
6. Total Wages Paid	\$	3,255,036	3,255,036	
7. Total salaries paid	\$	228,201	228,201	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	3,483,237	3,483,237	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-561-7022	Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) The Reservoir Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 1 Emily Way, West Hartford, CT 06107		
License Numbers:	CCNH 2203-C	RHNS	(Specify)	Medicare Provider No. 07-5407
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Amanda Schutz		Nursing Home Administrator's License No.:	00-2001	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

HARBORSIDE CONNECTICUT LIMITED PARTNERSHIP
Chain of Ownership for The Reservoir

Harborside Health I LLC 101 East State Street Kennett Square PA 19348 FEIN: 51-0304578	General Partner of: Harborside Connecticut LP
Harborside Healthcare Advisors, LP 101 East State Street Kennett Square PA 19348 FEIN: 04-2985690	100% Member of Harborside Health I, LLC
Harborside Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 04-3307188	99% Partner of: Harborside Healthcare Advisors, LP
KHI, LLC* 101 East State Street Kennett Square PA 19348	1% Partner of Harborside Healthcare LLC
SunBridge Healthcare LLC 101 East State Street Kennett Square PA 19348 FEIN: 85-0370802	100% Member of Harborside Healthcare LLC
Sun Healthcare Group, Inc. 101 East State Street Kennett Square PA 19348 FEIN 13-4230695	100% Member of SunBridge Healthcare LLC
Genesis HealthCare LLC 101 East State Street Kennett Square PA 19348 FEIN: 27-3237296	100% Member of Sun Healthcare Group Inc.

Genesis HealthCare LLC

EIN: 27-3237296
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090

101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 59.2957%)
Sundance Rehabilitation Holdco, Inc. (5.5444%)
Other members that are disclosed herein as owners of Genesis Healthcare, Inc.
Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the New York Stock Exchange)
(f/k/a Skilled Healthcare Group, Inc.)
EIN: 20-3934755
101 East State Street
Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC (approximately 14.0%)

Senior Care Genesis, LLC (approximately 5.3%)
ZAC Properties XI, LLC (approximately 8.1%)
Welltower, Inc. (approximately 5.9%)
Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674

**General Information and Questionnaire
Related Parties***

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	310,978	310,978
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	558,376	558,376
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	60,949	60,949
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	145	145
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	111,185	111,185
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C			Report for Year Ended 9/30/2019		Page of 6 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed			
	Yes	No								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility The Reservoir Care and Rehabilitat	License No. 2203-C	Report for Year Ended 9/30/2019	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4		Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103		
Services Provided by This Firm (<i>describe fully</i>)				
1	Year end financial audit		\$	
2			\$	
3			\$	
4			\$	
			Charge for Services Provided	
			\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Woods LLC 2 Mark J. Witkin 3 4 5			Telephone Number 203-899-8900 617-367-2500	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 Connecticut Ave Norwalk, CT 06854 2 One Boston Place -37th Floor Boston,MA 02108 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1	Property Ownership search		\$	
2	Saving the R.E Taxes Assetsment Reduction		\$	33,266
3			\$	
4			\$	
5			\$	
			Charge for Services Provided	
			\$ 33,266	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No				

Schedule of Resident Statistics

Name of Facility The Reservoir Care and Rehabilitation Center		License No. 2203-C			Report for Year Ended 9/30/2019				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	75	75			75	75			75	75		
B. On last day of THIS report period	75	75			75	75			75	75		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	67	67			67	67			60	60		
B. As of midnight of THIS report period	69	69			60	60			69	69		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,361	2,361			2,005	2,005			356	356		
B. Medicaid (Conn.)	14,638	14,638			10,538	10,538			4,100	4,100		
C. Medicaid (other states)												
D. Private Pay	2,126	2,126			1,612	1,612			514	514		
E. State SSI for RCH												
F. Other (Specify)	3,957	3,957			3,140	3,140			817	817		
G. Total Care Days During Period (3A thru F)	23,082	23,082			17,295	17,295			5,787	5,787		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	2	2			2	2						
B. Other Bed Reserve Days	11	11			2	2			9	9		
5. Total Resident Days (3G + 4A + 4B)	23,095	23,095			17,299	17,299			5,796	5,796		

Schedule of Resident Statistics (Cont'd)

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		50		14								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	529.69		253.47		533.35								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									859	859			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									349	349			
C. Other													
D. Total Physical Therapy Treatments									1,208	1,208			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									188	188			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									28	28			
C. Other													
D. Total Speech Therapy Treatments									216	216			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,072	1,072			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									299	299			
C. Other													
D. Total Occupational Therapy Treatments									1,371	1,371			

Report of Expenditures - Salaries & Wages

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	119,450	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	209,799	10,140				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,941	2,129				
b. Other Maintenance Workers	30,907	1,753				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	108,750	1,756				
b. RN						
1. Direct Care	671,606	17,233				
2. Administrative**	1,079	29				
c. LPN						
1. Direct Care	833,716	27,668				
2. Administrative**						
d. Aides and Attendants	1,121,244	62,951				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	79,194	4,300				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	178,493	5,971				
n. Marketing						
o. Other (Specify) See Attached Schedule	73,057	3,781				
<i>A-13. Total Salary Expenditures</i>	<i>3,483,237</i>	<i>139,792</i>				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
The Reservoir Care and Rehabilitation Center				2203-C	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Reservoir Care and Rehabilitation Center				2203-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Amanda Schutz	119,450				Management of Center	2,080	2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,739	60				
3. Pharmacist	10,193	208				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	506,601	6,940				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	60,840	322				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	18,849	242				
b. Other						
10. Occupational Therapist						
a. Resident Care	38,820	532				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	4,434	105				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	9,814					
B-13 Total Fees Paid in Lieu of Salaries	658,290	8,408				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 154,176	154,176		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 47,272	47,272		
4. Social Security (F.I.C.A.)	\$ 253,175	253,175		
5. Health Insurance	\$ 266,597	266,597		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 87,755	87,755		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 33,266	33,266		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 13,207	13,207		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,443	16,443		
2. Cellular Phones	\$ 2,048	2,048		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 458	458		
3. Resident Day User Fee	\$ 365,474	365,474		
Subtotal	\$ 1,239,871	1,239,871		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
Sales Tax		\$ 458	\$ -	\$ -
Sales Tax		\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total		\$ 458	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,239,871	1,239,871		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,434	1,434		
5. Education Expenses Related to Seminars and Conventions	\$	402	402		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	9,666	9,666		
4. Fund-Raising***	\$				
5. Medical Records	\$	(0)	(0)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	1,735	1,735		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	6,689	6,689		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	450	450		
9. Subscriptions	\$	336	336		
10. Contributions*** See Attached Schedule	\$	2,717	2,717		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	5,002	5,002		
12. Administrative Management Services**	\$	337,518	337,518		
13. Other (<i>Specify</i>) See Attached Schedule	\$	(3,623,398)	(3,623,398)		
C-14 Total Administrative & General Expenditures	\$	(2,017,579)	(2,017,579)		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 2,625	\$ -	\$ -
Marketing Expense	\$ 4,740	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 2,301	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
Total Other Advertising	\$ 9,666	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 7,139	\$ -	\$ -
Dues to Chamber of Commerce	\$ (450)	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Dues	\$ 6,689	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 2,642	\$ -	\$ -
0	\$ -	\$ -	\$ -
Total Contributions	\$ 2,717	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 8,025	\$ -	\$ -
Collection Fees	\$ 4,483	self-disallowed	\$ -
Education Expense	\$ 97	\$ -	\$ -
Employee Physicals	\$ 5,396	\$ -	\$ -
Employee Relations	\$ 3,786	\$ -	\$ -
Printing	\$ 146	\$ -	\$ -
Training Expense	\$ 464	\$ -	\$ -
Fines & Penalties	\$ -	self-disallowed	\$ -
Miscellaneous	\$ (24)	\$ -	\$ -
Rental Expense	\$ 7,714	\$ -	\$ -
Accrued Expense Estimation	\$ 549	self-disallowed	\$ -
Landlord Operating Taxes	\$ 2,400	\$ -	\$ -
State Tax Annual Report Filing	\$ 465	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	\$ (3,657,075)	\$ -	\$ -
Uniforms	\$ 176	\$ -	\$ -
Total Other Administrative and General	\$ (3,623,398)	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility The Reservoir Care and Rehabilitation Ce	License No. 2203-C	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	310,978	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
The Reservoir Care and Rehabilitation Center		2203-C	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 109,924	109,924			
2.	Non-Food Supplies	\$ 15,240	15,240			
3.	Other (Specify) _____	\$ (1,249)	(1,249)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 512,149	512,149			
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 636,065	636,065			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility The Reservoir Care and Rehabilitation Center		License No. 2203-C	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,873	2,873		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	6,847	6,847		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	128,950	128,950		
c. Other (Specify)	\$				
3D. Total Laundry Expenditures (3a + b + c)	\$	138,670	138,670		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
The Reservoir Care and Rehabilitation Center		2203-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	9,934	9,934		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	192,547	192,547		
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 202,481	202,481		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	213,925	213,925		
	b. Medicine Cabinet Drugs	\$	(11,957)	(11,957)		
	c. Medical and Therapeutic Supplies	\$	55,570	55,570		
	d. Ambulance/Limousine***	\$	21,959	21,959		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	43,733	43,733		
	f. X-rays and Related Radiological Procedures***	\$	10,898	10,898		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	47,656	47,656		
	i. Recreation	\$	16,792	16,792		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	44,005	44,005		
5M. Total Resident Care Expenditures (5a - 5j)			\$ 442,581	442,581		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 28,658	\$ -	\$ -
Advertising-Help Wanted	\$ (415)	\$ -	\$ -
Advertising-Help Wanted	\$ 903	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ 1,539	\$ -	\$ -
Supplies	\$ 807	\$ -	\$ -
Supplies	\$ 4,279	\$ -	\$ -
Supplies	\$ 39	\$ -	\$ -
Office Supplies	\$ 299	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 318	\$ -	\$ -
Rental Expense	\$ 3,022	\$ -	\$ -
Consolidated Billing	\$ 4,558	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 44,005	\$ -	\$ -

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

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C		Report for Year Ended 9/30/2019			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	128,950			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	192,547			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	512,149			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2019			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	176,139	176,139			
b. Heat	\$	43,699	43,699			
c. Light & Power	\$	158,669	158,669			
d. Water	\$	27,804	27,804			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$					
f. Other <i>(itemize)</i>	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	406,310	406,310			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	692	692			
c. Non-Movable Equipment	\$	324	324			
d. Movable Equipment	\$	1,397	1,397			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	2,412	2,412			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	(74,333)	(74,333)			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	171,078	171,078			
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	99,157	99,157			

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

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
9/30/2019	Asphalt patching, Commercial Crack Repair, Sealcoating & Line Striping	\$ 14,219	3	
Total additions for Land Improvements				
		\$ 14,219		\$ -
Deletions:				
Total deletions for Land Improvements				
		\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
2/28/2019	Heating Loop Air Separator 1/2 of pmt	\$ 3,520	09 10	\$ 209
3/31/2019	New Emergency Lighting	\$ 2,645	09 09	\$ 136
5/31/2019	Heating Loop Air Separator 2/2 of pmt	\$ 492	09 07	\$ 17
6/30/2019	Staff Lounge Sink	\$ 5,315	09 06	\$ 140
7/31/2019	2nd & Final PMT for Staff Lounge Sink	\$ 8,112	09 05	\$ 144
7/31/2019	Allocate GMA North Maintenance Labor	\$ 2,645	09 05	\$ 47
				20
				\$ -
				10
				\$ -
Total additions for Building Improvements				
		\$ 22,729		\$ 692
Deletions:				
10/1/2018	Asset Deletions - See attached	\$ (29,882)		
Total deletions for Building Improvements				
		\$ (29,882)		\$ -

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
3/31/2019	2 Whalen motors for A/C units&5 Chassis Final pmt	6311.88	09 09	323.69
				10
				0
Total additions for Non-Movable Equipment				
		\$ 6,312		\$ 324
Deletions:				
10/1/2018	Asset Deletions - See attached	\$ (18,632)		
Total deletions for Non-Movable Equipment				
		\$ (18,632)		\$ -

*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
4/30/2019	2nd Floor Office WSHp replacement	\$ 4,663	07 00	\$ 278
5/31/2019	Rolling Stand for Bladder Scanner	\$ 308	07 00	\$ 15
5/31/2019	Attendant Prodigy Bladder Scanner	\$ 8,072	07 00	\$ 384
8/31/2019	Insignia 55" Class LED HDTV 1080p	\$ 266	07 00	\$ 3
3/31/2019	10 Basic Wheelchairs	\$ 1,240	09 09	\$ 64
4/30/2019	Electric Conveyer Toaster	\$ 1,304	09 08	\$ 56
4/30/2019	Six Pan Steam and Hold Steamer	\$ 5,772	09 08	\$ 249
4/30/2019	Food Processor w/ continuous feed	\$ 1,293	09 08	\$ 56
4/30/2019	1/2 Gallon 3.5 HP Blender w/ poly jar	\$ 487	09 08	\$ 21
7/31/2019	Whirlpool 19.2 Cu. Ft. Top Freezer Refrigerator	\$ 954	09 05	\$ 17
9/30/2019	Electric Can Opener 115v, 2 speed	\$ 719	09 03	\$ -
6/30/2019	8 Mattresses	\$ 1,931	03 00	\$ 161
5/31/2019	16 Logan Office Chairs	\$ 2,697	09 07	\$ 94
9/30/2019	Logan Office Chair	\$ 146	09 03	\$ -
Total additions for Movable Equipment				
		\$ 29,851		\$ 1,397
Deletions:				
10/1/2018	Asset Deletions - See attached	\$ (211,903)		
Total deletions for Movable Equipment				
		\$ (211,903)		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

The Reservoir Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2018

Locati	G/L Asset	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation
						(260,416.80)				(99,143.88)
57008	150050	Bldg Imj012537	000	Water Source Heat Pump	1/31/2018	(6,381.00)	R	SLMM	09 11	(428.97)
57008	150057	Bldg Imj012686	000	Mannington vinyl tile	3/31/2018	(17,957.00)	R	SLMM	09 09	(920.87)
57008	150057	Bldg Imj012944	000	Water Source Heat Pump	6/30/2018	(2,885.00)	R	SLMM	09 06	(75.92)
57008	150058	Bldg Imj012943	000	Labor and Materials for Firestopping	6/30/2018	(2,658.75)	R	SLMM	05 00	(132.94)
57008	150075	Non Mo'012314	000	payment #2 for kitchen and laundry hot w	10/31/2017	(6,195.00)	P	SLMM	10 00	(567.88)
57008	150075	Non Mo'012421	000	Final payment hot water storage tank	11/30/2017	(1,380.00)	P	SLMM	10 00	(115.00)
57008	150075	Non Mo'012941	000	1 HP Belt Drive Motor	6/30/2018	(321.06)	P	SLMM	09 06	(8.45)
57008	150075	Non Mo'012942	000	A/C Unit Chassis	6/30/2018	(10,736.03)	P	SLMM	09 06	(282.53)
57008	150080	Movable006831	000	Sun Valuation - PPE Moveable Equip 7 Y	12/1/2012	(10,310.00)	P	SLMM	07 00	(8,591.69)
57008	150080	Movable007467	000	Attendant Bladder Scanner	5/31/2013	(7,790.17)	P	SLMM	07 00	(5,935.36)
57008	150080	Movable008074	000	Attendant Handheld Pulse Oximeter (2)	11/30/2013	(648.37)	P	SLMM	07 00	(447.71)
57008	150080	Movable009244	000	Parts and repair to Unimac washer	11/30/2014	(4,354.72)	P	SLMM	07 00	(2,384.72)
57008	150080	Movable009441	000	Actuator on A/C	2/28/2015	(1,276.20)	P	SLMM	07 00	(653.31)
57008	150080	Movable010141	000	Sales and Use Tax Oct 2015	10/31/2015	(64.00)	P	SLMM	07 00	(26.66)
57008	150080	Movable010881	000	Attendant Bladder Scanner Probe	5/31/2016	(1,177.31)	P	SLMM	07 00	(392.44)
57008	150080	Movable010922	000	4 Hoyer Pro Lifts and various slings	6/30/2016	(17,196.76)	P	SLMM	07 00	(5,527.53)
57008	150080	Movable011020	000	Hoyer Bariatric 700 lb Floor Lift w/ Scale	7/31/2016	(3,666.12)	P	SLMM	07 00	(1,134.75)
57008	150080	Movable011021	000	2 HOYER PROFESSIONAL SLING	7/31/2016	(495.08)	P	SLMM	07 00	(153.25)
57008	150080	Movable011529	000	Boston Diagnostic Aphasia Examination	1/31/2017	(671.05)	P	SLMM	07 00	(159.78)
57008	150080	Movable011835	000	24 fire extinguishers	3/31/2017	(2,174.86)	P	SLMM	07 00	(466.04)
57008	150080	Movable011891	000	Spot Vital Signs Monitor, NIBP	4/30/2017	(1,468.67)	P	SLMM	07 00	(297.23)
57008	150080	Movable011963	000	Welch Allyn CP150 ECG System	5/31/2017	(3,026.87)	P	SLMM	07 00	(576.55)
57008	150080	Movable011964	000	Spot Vital Signs Monitor, NIBP, SureTem	5/31/2017	(1,461.76)	P	SLMM	07 00	(278.42)
57008	150080	Movable011965	000	Mobile Stand for Welch Allyn CP150 ECG	5/31/2017	(595.88)	P	SLMM	07 00	(113.51)
57008	150080	Movable012420	000	Unimac #85 Hardmont Washer/Tumbler	11/30/2017	(22,367.00)	P	SLMM	07 00	(2,662.74)
57008	150080	Movable012773	000	Washer/Extractor Unimac Extractor/Tumb	4/30/2018	(14,743.64)	P	SLMM	07 00	(877.60)
57008	150085	Movable007201	000	Pump motor on dishwasher	3/31/2013	(4,301.33)	P	SLMM	10 00	(2,365.72)
57008	150085	Movable007800	000	Tracer recliner wheelchair	8/31/2013	(150.00)	P	SLMM	10 00	(76.25)
57008	150085	Movable007801	000	Tracer IV wheelchair	8/31/2013	(100.00)	P	SLMM	10 00	(50.83)
57008	150085	Movable007900	000	Tracer IV wheelchair	9/30/2013	(100.00)	P	SLMM	10 00	(50.00)
57008	150085	Movable008174	000	OmniCycle Elite Rehab System	12/31/2013	(7,019.11)	P	SLMM	10 00	(3,334.07)
57008	150085	Movable008427	000	18" SILVER SPORT 2 WHEELCHAIR	2/28/2014	(276.60)	P	SLMM	10 00	(126.78)
57008	150085	Movable008616	000	Big Blue Board	4/30/2014	(461.68)	P	SLMM	10 00	(203.92)
57008	150085	Movable008851	000	2 ReliaCare Wheelchair 18W	6/30/2014	(295.50)	P	SLMM	10 00	(125.59)
57008	150085	Movable008852	000	Countertop Mixer 20 Qt	6/30/2014	(2,439.65)	P	SLMM	10 00	(1,036.86)
57008	150085	Movable009070	000	8 ReliaCare Wheelchair 18W Full	9/30/2014	(1,182.02)	P	SLMM	10 00	(472.80)
57008	150085	Movable009176	000	Heavy duty wheelchair 350 lb capacity	10/31/2014	(250.00)	P	SLMM	10 00	(97.92)
57008	150085	Movable009242	000	wheelchair heavy duty 350 lb capacity	11/30/2014	(250.00)	P	SLMM	10 00	(95.83)
57008	150085	Movable009243	000	ReliaCare Wheelchair 24W Full	11/30/2014	(272.88)	P	SLMM	10 00	(104.61)
57008	150085	Movable009396	000	wheelchair	1/31/2015	(470.00)	P	SLMM	10 00	(172.33)
57008	150085	Movable009437	000	wheelchair	2/28/2015	(250.00)	P	SLMM	10 00	(89.58)
57008	150085	Movable009438	000	wheelchair	2/28/2015	(250.00)	P	SLMM	10 00	(89.58)
57008	150085	Movable009675	000	UltraWide, 39i/42i Lam Panels	5/31/2015	(365.01)	P	SLMM	10 00	(121.67)
57008	150085	Movable010015	000	Direct Choice Overbed Table	8/31/2015	(74.67)	P	SLMM	10 00	(23.03)
57008	150085	Movable010016	000	Economy Overbed Table Walnut V	8/31/2015	(75.48)	P	SLMM	10 00	(23.28)
57008	150085	Movable010052	000	Direct Choice Overbed Table	9/30/2015	(133.42)	P	SLMM	10 00	(40.03)
57008	150085	Movable010056	000	Lt Duty Food Proc., 2-1/2 Qt.	9/30/2015	(462.28)	P	SLMM	10 00	(138.69)
57008	150085	Movable010057	000	Undercounter Ice Cuber, 220lb	9/30/2015	(2,043.60)	P	SLMM	10 00	(613.08)
57008	150085	Movable010370	000	Ice Machines Self-Contained Cuber	1/31/2016	(2,234.80)	P	SLMM	10 00	(595.95)
57008	150085	Movable010764	000	2 medical grade refrigerators	4/30/2016	(1,055.08)	P	SLMM	10 00	(254.98)
57008	150085	Movable010882	000	comforter tall extra wide lift chair	5/31/2016	(1,352.77)	P	SLMM	10 00	(315.65)
57008	150085	Movable011148	000	Direct Choice Overbed Table, S	8/31/2016	(80.53)	P	SLMM	10 00	(16.78)
57008	150085	Movable011293	000	Direct Choice Overbed Table	10/31/2016	(68.09)	P	SLMM	10 00	(13.06)
57008	150085	Movable011294	000	Double 3 Gallon Coffee Urn	10/31/2016	(2,254.62)	P	SLMM	10 00	(432.14)
57008	150085	Movable012535	000	Double Deck Convection Oven,	1/31/2018	(12,238.72)	P	SLMM	09 11	(822.77)
57008	150085	Movable012536	000	Single Quick Disconnect Kit	1/31/2018	(274.37)	P	SLMM	09 11	(18.44)
57008	150085	Movable012685	000	Reach-In Refrigerator, One Section, 2 Ha	3/31/2018	(2,933.11)	P	SLMM	09 09	(150.41)
57008	150085	Movable013013	000	1/2 Gal 3.5 HP Blender	7/31/2018	(448.30)	P	SLMM	09 05	(7.94)
57008	150085	Movable013014	000	(2) Direct Choice Basic Wheelchair	7/31/2018	(233.96)	P	SLMM	09 05	(4.14)
57008	150085	Movable013091	000	(8) Wheelchairs	8/31/2018	(927.84)	P	SLMM	09 04	(8.29)
57008	150087	Movable010636	000	Pocket tag reader	3/31/2016	(618.96)	P	SLMM	05 00	(309.47)
57008	150087	Movable010762	000	Pocket tag reader	4/30/2016	(618.96)	P	SLMM	05 00	(299.16)
57008	150087	Movable010763	000	DIRECT CHOICE WIDE RECLINING SHO	4/30/2016	(483.88)	P	SLMM	05 00	(233.89)
57008	150087	Movable012478	000	Reclining showers system wheelchair	12/31/2017	(3,400.00)	P	SLMM	05 00	(510.00)
57008	150087	Movable012479	000	Powersmart 24in Electric Start Snow Blow	12/31/2017	(845.48)	P	SLMM	05 00	(126.83)
57008	150087	Movable012772	000	Entrapment Measurement Tool	4/30/2018	(1,380.23)	P	SLMM	05 00	(115.02)
57008	150088	Movable006832	000	Sun Valuation - PPE Moveable Equip 3 y	12/1/2012	(12,700.00)	P	SLMM	03 00	(12,700.00)
57008	150088	Movable009305	000	MATTRESS GENESIS SLCT BARIMATT	12/31/2014	(508.35)	P	SLMM	03 00	(508.35)

The Reservoir Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2018

Locati	G/L Asset	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation
						(260,416.80)				(99,143.88)
57008	150088	Movable009520	000	MATTRESS GENESIS SLCT BARIMATT	3/31/2015	(508.35)	P	SLMM	03 00	(508.35)
57008	150088	Movable009524	000	MATTRESS,GENESIS VISCO SELECT	3/31/2015	(313.73)	P	SLMM	03 00	(313.73)
57008	150088	Movable009674	000	MATTRESS GENESIS SLCT BARIMATT	5/31/2015	(508.36)	P	SLMM	03 00	(508.36)
57008	150088	Movable010055	000	12 MATTRESS,GENESIS VISCO SELEC	9/30/2015	(3,764.80)	P	SLMM	03 00	(3,764.80)
57008	150088	Movable010880	000	13 MATTRESS,GENESIS VISCO SELEC	5/31/2016	(4,078.52)	P	SLMM	03 00	(3,172.19)
57008	150088	Movable011962	000	2 DermaFloat Alternating Pressure Air M	5/31/2017	(4,162.50)	P	SLMM	03 00	(1,850.01)
57008	150088	Movable012038	000	Gas Grill	6/30/2017	(317.99)	P	SLMM	03 00	(132.50)
57008	150088	Movable012683	000	DermaFloat Alternating Pressure Air Mat	3/31/2018	(2,143.14)	P	SLMM	03 00	(357.19)
57008	150088	Movable012684	000	17 MATTRESS,GEN,BULK VISCO SELE	3/31/2018	(4,104.23)	P	SLMM	03 00	(684.04)
57008	150100	Movable008740	000	Credit Card Machine	5/31/2014	(73.07)	P	SLMM	10 00	(31.67)
57008	150100	Movable010054	000	5 Logan Office Chairs	9/30/2015	(801.45)	P	SLMM	10 00	(240.45)
57008	150100	Movable011961	000	Valencia Laminate Series 5-Shelf Bookc	5/31/2017	(298.82)	P	SLMM	10 00	(39.84)
57008	150100	Movable012534	000	Logan Office Chair	1/31/2018	(186.68)	P	SLMM	09 11	(12.55)
57008	150100	Movable012940	000	Logan Office Chair	6/30/2018	(187.07)	P	SLMM	09 06	(4.93)
57008	150110	Movable006833	000	Sun Valuation - PPE IS Equip - 3 Year	12/1/2012	(24,990.00)	P	SLMM	02 00	(24,990.00)
57008	150110	Movable009615	000	HP 400 M425DN & tag	4/30/2015	(428.35)	P	SLMM	03 00	(428.35)
57008	150110	Movable009616	000	HP 400 M425DN & tag	4/30/2015	(428.35)	P	SLMM	03 00	(428.35)
57008	150110	Movable010014	000	N McAllister credit card - projector	8/31/2015	(436.70)	P	SLMM	03 00	(436.70)
57008	150117	Movable010053	000	Data Drop	9/30/2015	(1,000.00)	P	SLMM	07 00	(428.59)
57008	150117	Movable010879	000	2 Scout cordless phones w/lifters	5/31/2016	(2,111.13)	P	SLMM	07 00	(703.71)
		Movable Equip		Septemeber Accruals	9/30/2018	(1,689.98)				

The Reservoir Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 2,412.59
 Sch 29 total Deprn Adj 30,755.73
 Total Deprn Expense 33,168.32

339,440.00

339,440.00 99,143.88 33,168.32 132,312.20

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptor In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	Prior	Current	Current	
											Accum	YTD	Accum	
											9/30/2018	2,019.00	9/30/2019	
57008	150080	Movable E006831	000		Sun Valua	12/1/2012	10,310.00	P	SLMM	07 00	10,310.00	8,591.69	1,472.86	10,064.55
57008	150088	Movable E006832	000		Sun Valua	12/1/2012	12,700.00	P	SLMM	03 00	12,700.00	12,700.00	-	12,700.00
57008	150110	Movable E006833	000		Sun Valua	12/1/2012	24,990.00	P	SLMM	02 00	24,990.00	24,990.00	-	24,990.00
57008	150085	Movable E007201	000		Pump mot	3/31/2013	4,301.33	P	SLMM	10 00	4,301.33	2,365.72	430.13	2,795.85
57008	150080	Movable E007467	000		Attendant	5/31/2013	7,790.17	P	SLMM	07 00	7,790.17	5,935.36	1,112.88	7,048.24
57008	150085	Movable E007800	000		Tracer recl	8/31/2013	150.00	P	SLMM	10 00	150.00	76.25	15.00	91.25
57008	150085	Movable E007801	000		Tracer IV	8/31/2013	100.00	P	SLMM	10 00	100.00	50.83	10.00	60.83
57008	150085	Movable E007900	000		Tracer IV	9/30/2013	100.00	P	SLMM	10 00	100.00	50.00	10.00	60.00
57008	150080	Movable E008074	000		Attendant	11/30/2013	648.37	P	SLMM	07 00	648.37	447.71	92.63	540.34
57008	150085	Movable E008174	000		OmniCycl	12/31/2013	7,019.11	P	SLMM	10 00	7,019.11	3,334.07	701.91	4,035.98
57008	150085	Movable E008427	000		18" SILVE	1/28/2014	276.60	P	SLMM	10 00	276.60	126.78	27.66	154.44
57008	150085	Movable E008616	000		Big Blue E	4/30/2014	461.68	P	SLMM	10 00	461.68	203.92	46.17	250.09
57008	150100	Movable E008740	000		Credit Car	5/31/2014	73.07	P	SLMM	10 00	73.07	31.67	7.31	38.98
57008	150085	Movable E008851	000		2 ReliaCar	6/30/2014	295.50	P	SLMM	10 00	295.50	125.59	29.55	155.14
57008	150085	Movable E008852	000		Countertop	6/30/2014	2,439.65	P	SLMM	10 00	2,439.65	1,036.86	243.97	1,280.83
57008	150085	Movable E009070	000		8 ReliaCar	9/30/2014	1,182.02	P	SLMM	10 00	1,182.02	472.80	118.20	591.00
57008	150085	Movable E009176	000		Heavy duty	10/31/2014	250.00	P	SLMM	10 00	250.00	97.92	25.00	122.92
57008	150080	Movable E009244	000		Parts and r	11/30/2014	4,354.72	P	SLMM	07 00	4,354.72	2,384.72	622.10	3,006.82
57008	150085	Movable E009242	000		wheelchair	11/30/2014	250.00	P	SLMM	10 00	250.00	95.83	25.00	120.83
57008	150085	Movable E009243	000		ReliaCare	11/30/2014	272.88	P	SLMM	10 00	272.88	104.61	27.29	131.90
57008	150088	Movable E009305	000		MATTRE:	12/31/2014	508.35	P	SLMM	03 00	508.35	508.35	-	508.35
57008	150085	Movable E009396	000		wheelchair	1/31/2015	470.00	P	SLMM	10 00	470.00	172.33	47.00	219.33
57008	150080	Movable E009441	000		Actuator o	2/28/2015	1,276.20	P	SLMM	07 00	1,276.20	653.31	182.32	835.63
57008	150085	Movable E009437	000		wheelchair	2/28/2015	250.00	P	SLMM	10 00	250.00	89.58	25.00	114.58
57008	150085	Movable E009438	000		wheelchair	2/28/2015	250.00	P	SLMM	10 00	250.00	89.58	25.00	114.58
57008	150088	Movable E009520	000		MATTRE:	3/31/2015	508.35	P	SLMM	03 00	508.35	508.35	-	508.35
57008	150088	Movable E009524	000		MATTRE:	3/31/2015	313.73	P	SLMM	03 00	313.73	313.73	-	313.73
57008	150110	Movable E009615	000		HP 400 M-	4/30/2015	428.35	P	SLMM	03 00	428.35	428.35	-	428.35
57008	150110	Movable E009616	000		HP 400 M-	4/30/2015	428.35	P	SLMM	03 00	428.35	428.35	-	428.35
57008	150085	Movable E009675	000		UltraWide.	5/31/2015	365.01	P	SLMM	10 00	365.01	121.67	36.50	158.17
57008	150088	Movable E009674	000		MATTRE:	5/31/2015	508.36	P	SLMM	03 00	508.36	508.36	-	508.36
57008	150085	Movable E010015	000		Direct Cho	8/31/2015	74.67	P	SLMM	10 00	74.67	23.03	7.47	30.50
57008	150085	Movable E010016	000		Economy C	8/31/2015	75.48	P	SLMM	10 00	75.48	23.28	7.55	30.83
57008	150110	Movable E010014	000		N McAllis	8/31/2015	436.70	P	SLMM	03 00	436.70	436.70	-	436.70
57008	150085	Movable E010052	000		Direct Cho	9/30/2015	133.42	P	SLMM	10 00	133.42	40.33	13.34	53.37
57008	150085	Movable E010056	000		Lt Duty Fe	9/30/2015	462.28	P	SLMM	10 00	462.28	138.69	46.23	184.92
57008	150085	Movable E010057	000		Undercoun	9/30/2015	2,043.60	P	SLMM	10 00	2,043.60	613.08	204.36	817.44
57008	150088	Movable E010055	000		12 MATTI	9/30/2015	3,764.80	P	SLMM	03 00	3,764.80	3,764.80	-	3,764.80
57008	150100	Movable E010054	000		5 Logan O	9/30/2015	801.45	P	SLMM	10 00	801.45	240.45	80.15	320.60
57008	150117	Movable E010053	000		Data Drop	9/30/2015	1,000.00	P	SLMM	07 00	1,000.00	428.59	142.86	571.45
57008	150080	Movable E010141	000		Sales and I	10/31/2015	64.00	P	SLMM	07 00	64.00	26.66	9.14	35.80
57008	150085	Movable E010370	000		Ice Machir	1/31/2016	2,234.80	P	SLMM	10 00	2,234.80	595.95	223.48	819.43
57008	150087	Movable E010636	000		Pocket tag	3/31/2016	618.96	P	SLMM	05 00	618.96	309.47	123.79	433.26
57008	150085	Movable E010764	000		2 medical	4/30/2016	1,055.08	P	SLMM	10 00	1,055.08	254.98	105.51	360.49
57008	150087	Movable E010762	000		Pocket tag	4/30/2016	618.96	P	SLMM	05 00	618.96	299.16	123.79	422.95
57008	150087	Movable E010763	000		DIRECT C	4/30/2016	483.88	P	SLMM	05 00	483.88	233.89	96.78	330.67
57008	150080	Movable E010881	000		Attendant	5/31/2016	1,177.31	P	SLMM	07 00	1,177.31	392.44	168.19	560.63
57008	150085	Movable E010882	000		comforter	5/31/2016	1,352.77	P	SLMM	10 00	1,352.77	315.65	135.28	450.93
57008	150088	Movable E010880	000		13 MATTI	5/31/2016	4,078.52	P	SLMM	03 00	4,078.52	3,172.19	906.33	4,078.52
57008	150117	Movable E010879	000		2 Scout co	5/31/2016	2,111.13	P	SLMM	07 00	2,111.13	703.71	301.59	1,005.30
57008	150080	Movable E010922	000		4 Hoyer Pr	6/30/2016	17,196.76	P	SLMM	07 00	17,196.76	5,527.53	2,456.68	7,984.21
57008	150080	Movable E011020	000		Hoyer Bari	7/31/2016	3,666.12	P	SLMM	07 00	3,666.12	1,134.75	523.73	1,658.48
57008	150080	Movable E011021	000		2 HOYER	7/31/2016	495.08	P	SLMM	07 00	495.08	153.25	70.73	223.98
57008	150085	Movable E011148	000		Direct Cho	8/31/2016	80.53	P	SLMM	10 00	80.53	16.78	8.05	24.83
57008	150085	Movable E011293	000		Direct Cho	10/31/2016	68.09	P	SLMM	10 00	68.09	13.06	6.81	19.87
57008	150085	Movable E011294	000		Double 3 C	10/31/2016	2,254.62	P	SLMM	10 00	2,254.62	432.14	225.46	657.60
57008	150080	Movable E011529	000		Boston Dis	1/31/2017	671.05	P	SLMM	07 00	671.05	159.78	95.87	255.65
57008	150080	Movable E011835	000		24 fire exti	3/31/2017	2,174.86	P	SLMM	07 00	2,174.86	466.04	310.69	776.73
57008	150080	Movable E011891	000		Spot Vital	4/30/2017	1,468.67	P	SLMM	07 00	1,468.67	297.23	209.81	507.04
57008	150080	Movable E011963	000		Welch All	5/31/2017	3,026.87	P	SLMM	07 00	3,026.87	576.55	432.41	1,008.96
57008	150080	Movable E011964	000		Spot Vital	5/31/2017	1,461.76	P	SLMM	07 00	1,461.76	278.42	208.82	487.24
57008	150080	Movable E011965	000		Mobile Sta	5/31/2017	595.88	P	SLMM	07 00	595.88	113.51	85.13	198.64
57008	150088	Movable E011962	000		2 DermaFl	5/31/2017	4,162.50	P	SLMM	03 00	4,162.50	1,850.01	1,387.51	3,237.52
57008	150100	Movable E011961	000		Valencia L	5/31/2017	298.82	P	SLMM	10 00	298.82	39.84	29.88	69.72
57008	150088	Movable E012038	000		Gas Grill	6/30/2017	317.99	P	SLMM	03 00	317.99	132.50	106.00	238.50
57008	150075	Non Mov 012314	000		payment #.	10/31/2017	6,195.00	P	SLMM	10	6,195.00	567.88	619.50	1,187.38
57008	150075	Non Mov 012421	000		Final payr	11/30/2017	1,380.00	P	SLMM	10	1,380.00	115.00	138.00	253.00
57008	150080	Movable E012420	000		Unimac #8	11/30/2017	22,367.00	P	SLMM	7	22,367.00	2,662.74	3,195.29	5,858.03
57008	150087	Movable E012478	000		Reclining	12/31/2017	3,400.00	P	SLMM	5	3,400.00	510.00	680.00	1,190.00
57008	150087	Movable E012479	000		Powersma	12/31/2017	845.48	P	SLMM	5	845.48	126.83	169.10	295.93
57008	150050	Bldg Imp 012537	000		Water Sou	1/31/2018	6,381.00	R	SLMM	10	6,381.00	428.97	638.10	1,067.07
57008	150085	Movable E012535	000		Double De	1/31/2018	12,238.72	P	SLMM	10	12,238.72	822.77	1,223.87	2,046.64
57008	150085	Movable E012536	000		Single Qui	1/31/2018	274.37	P	SLMM	10	274.37	18.44	27.44	45.88
57008	150100	Movable E012534	000		Logan Offi	1/31/2018	186.68	P	SLMM	10	186.68	12.55	18.67	31.22
57008	150057	Bldg Imp 012686	000		Manningto	3/31/2018	17,957.00	R	SLMM	10	17,957.00	920.87	1,795.70	2,716.57

The Reservoir Care and Rehabilitation Center
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn 2,412.59
 Sch 29 total Deprn Adj 30,755.73
 Total Deprn Expense 33,168.32

339,440.00

339,440.00 99,143.88 33,168.32 132,312.20

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptor In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	Prior	Current	Current
											Accum	YTD	Accum
											9/30/2018	2,019.00	9/30/2019
57008	150085	Movable E012685	000	000	Reach-In F 3/31/2018	2,933.11	P	SLMM	10	2,933.11	150.41	293.31	443.72
57008	150088	Movable E012683	000	000	DermaFlo 3/31/2018	2,143.14	P	SLMM	3	2,143.14	357.19	714.38	1,071.57
57008	150088	Movable E012684	000	000	17 MATTI 3/31/2018	4,104.23	P	SLMM	3	4,104.23	684.04	1,368.08	2,052.12
57008	150080	Movable E012773	000	000	Washer/Ex 4/30/2018	14,743.64	P	SLMM	7	14,743.64	877.60	2,106.23	2,983.83
57008	150087	Movable E012772	000	000	Entrapmen 4/30/2018	1,380.23	P	SLMM	5	1,380.23	115.02	276.05	391.07
57008	150057	Bldg Imp 012944	000	000	Water Sou 6/30/2018	2,885.00	R	SLMM	10	2,885.00	75.92	288.50	364.42
57008	150058	Bldg Imp 012943	000	000	Labor and 6/30/2018	2,658.75	R	SLMM	5	2,658.75	132.94	531.75	664.69
57008	150075	Non Mova 012941	000	000	1 HP Belt 6/30/2018	321.06	P	SLMM	10	321.06	8.45	32.11	40.56
57008	150075	Non Mova 012942	000	000	A/C Unit C 6/30/2018	10,736.03	P	SLMM	10	10,736.03	282.53	1,073.60	1,356.13
57008	150100	Movable E012940	000	000	Logan Offi 6/30/2018	187.07	P	SLMM	10	187.07	4.93	18.71	23.64
57008	150085	Movable E013013	000	000	1/2 Gal 3.5 7/31/2018	448.30	P	SLMM	10	448.30	7.94	44.83	52.77
57008	150085	Movable E013014	000	000	(2) Direct 7/31/2018	233.96	P	SLMM	10	233.96	4.14	23.40	27.54
57008	150085	Movable E013091	000	000	(8) Wheelc 8/31/2018	927.84	P	SLMM	10	927.84	8.29	92.78	101.07
57008	150085	Movable E013255	000	000	8 Oak Park 10/31/2018	2,737.11	P	SLMM	7	2,737.11	-	358.43	358.43
57008	150088	Movable E013254	000	000	7 Visco M. 10/31/2018	1,689.98	P	SLMM	3	1,689.98	-	516.38	516.38
57008	150050	Bldg Imp 013350	000	000	1st install 11/30/2018	3,175.00	R	SLMM	7	3,175.00	-	377.98	377.98
57008	150050	Bldg Imp 013594	000	000	Second&F 02/28/19	3,520.00	R	SLMM	10	3,520.00	-	205.33	205.33
57008	150050	Bldg Imp 013682	000	000	Water Sou 03/31/19	2,645.00	R	SLMM	10	2,645.00	-	132.25	132.25
57008	150075	Non Mova 013683	000	000	2 Whalen 03/31/19	6,311.88	P	SLMM	10	6,311.88	-	315.59	315.59
57008	150085	Movable E013681	000	000	10 Basic W 03/31/19	1,239.80	P	SLMM	10	1,239.80	-	61.99	61.99
57008	150080	Movable E013799	000	000	2nd Floor 04/30/19	4,663.45	P	SLMM	7	4,663.45	-	277.59	277.59
57008	150085	Movable E013795	000	000	Electric Cc 04/30/19	1,304.03	P	SLMM	10	1,304.03	-	54.33	54.33
57008	150085	Movable E013796	000	000	Six Pan St 04/30/19	5,771.59	P	SLMM	10	5,771.59	-	240.48	240.48
57008	150085	Movable E013797	000	000	Food Procc 04/30/19	1,292.59	P	SLMM	10	1,292.59	-	53.86	53.86
57008	150085	Movable E013798	000	000	1/2 Gallon 04/30/19	486.58	P	SLMM	10	486.58	-	20.27	20.27
57008	150050	Bldg Imp 013881	000	000	Push Buttc 05/31/19	492.39	R	SLMM	10	492.39	-	16.41	16.41
57008	150080	Movable E013879	000	000	Rolling Str 05/31/19	308.39	P	SLMM	7	308.39	-	14.69	14.69
57008	150080	Movable E013880	000	000	Attendant 05/31/19	8,071.94	P	SLMM	7	8,071.94	-	384.38	384.38
57008	150100	Movable E013878	000	000	16 Logan C 05/31/19	2,697.20	P	SLMM	10	2,697.20	-	89.91	89.91
57008	150050	Bldg Imp 013989	000	000	Allocate G 06/30/19	5,314.52	R	SLMM	10	5,314.52	-	132.86	132.86
57008	150088	Movable E013988	000	000	8 Mattress 06/30/19	1,931.41	P	SLMM	3	1,931.41	-	160.95	160.95
57008	150050	Bldg Imp 014070	000	000	Allocate G 07/31/19	8,112.07	R	SLMM	10	8,112.07	-	135.20	135.20
57008	150050	Bldg Imp 014072	000	000	First Instal 07/31/19	2,645.00	R	SLMM	10	2,645.00	-	44.08	44.08
57008	150085	Movable E014071	000	000	Whirlpool 07/31/19	953.95	P	SLMM	10	953.95	-	15.90	15.90
57008	150080	Movable E014178	000	000	Insignia 55 08/31/19	265.86	P	SLMM	7	265.86	-	3.17	3.17
57008	150028	#N/A 014266	000	000	Asphalt pa 09/30/19	14,219.00	R	SLMM	3	14,219.00	-	-	-
57008	150085	Movable E014265	000	000	Electric Ca 09/30/19	718.90	P	SLMM	10	718.90	-	-	-
57008	150100	Movable E014264	000	000	Logan Offi 09/30/19	145.54	P	SLMM	10	145.54	-	-	-

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility The Reservoir Care and Rehabilitation	License No. 2203-C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
<p>Part A</p> <p>Is the property either owned by the Facility or leased from a Related Party?*</p> <p style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p style="text-align: right;">If "Yes," complete Part B. If "No," complete Part C.</p> <p><small>*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.</small></p>				
Description	Total			
1. Date Land Purchased	n/a			
2. Date Structure Completed	n/a			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	75			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
GMF-CT	Facility Lease	12/21/2018-12	10 years	-74,333
650 Madison Avenue New York, NY 10022				

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
The Reservoir Care and Rehabilitation		2203-C	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
The Reservoir Care and Rehabilitat		2203-C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 7,766	7,766		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 103,420	103,420		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 111,186	111,186		
15. Total All Expenditures (A-13 thru C-14)				\$ 4,160,400	4,160,400		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation Center				2203-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 37,769	37,769		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 573,814	573,814		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 87,755	87,755		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 9,666	9,666		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,717	2,717		
21.			Unallowable Management Fees	\$ 26,540	26,540		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (3,565,023)	(3,565,023)		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$ 22,030	22,030		
Subtotal (Items 1 - 26)				\$ (2,804,732)	(2,804,732)		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 37,769	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 37,769	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Description	\$ 34,795	\$ -	\$ -
13	5	Rehabilitation Services	\$ 471,807	\$ -	\$ -
13	9	Rehabilitation Services	\$ 18,849	\$ -	\$ -
13	10	Speech Therapist	\$ 38,820	\$ -	\$ -
13	12	Occupational Therapist	\$ -	\$ -	\$ -
13	12	Other	\$ 9,384	\$ -	\$ -
13	12	Other	\$ 159	\$ -	\$ -
Total Other Fees Adjustments			\$ 573,814	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 4,483	\$ -	\$ -
16	m-13	Estimated Accrual	\$ 549	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ (3,657,075)	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ 450	\$ -	\$ -
16	m-13	Penalty	\$ -	\$ -	\$ -
16	m-12	Management Fee disallowed	\$ -	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 42,364	\$ -	\$ -
22	6.a	10.88% disallowed regional office	\$ 19,164	\$ -	\$ -
22	6.b	10.88% disallowed regional office	\$ 4,754	\$ -	\$ -
22	6.c	10.88% disallowed regional office	\$ 17,263	\$ -	\$ -
22	6.d	10.88% disallowed regional office	\$ 3,025	\$ -	\$ -
22	6.f	10.88% disallowed regional office	\$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other A&G Adjustments			\$ (3,565,023)	\$ -	\$ -

Schedule of Housekeeping Exp adjs

Page Ref	Line Ref	Description	CCNH	RHNS	ContractsF
20	4. b	10.88% disallowed regional office-Housekeeping	\$ 20,949	\$ -	\$ -
20	4.a.1	10.88% disallowed regional office-Housekeeping-Other	\$ 1,081	\$ -	\$ -
Schedule of Housekeeping Exp adjs			\$ 22,030	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation Center				2203-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ (2,804,732)	(2,804,732)		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 213,925	213,925		
28.	20	5-d	Ambulance/Limousine	\$ 21,959	21,959		
29.	20	5-f	X-rays, etc	\$ 10,898	10,898		
30.	20	5-h	Laboratory	\$ 47,656	47,656		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 43,733	43,733		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 11,859	11,859		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (12,142)	(12,142)		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 7,450	7,450		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 112,798	112,798		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ (2,346,597)	(2,346,597)		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 4,558	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 4,279	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 3,022	\$ -	\$ -
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
Total Other Ancillary Costs			\$ 11,859	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ -	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (3,606)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (1,855)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (25,295)	\$ -	\$ -
22	10.b	10.88% disallowed regional office-Real Estate Tax	\$ 18,613	\$ -	\$ -
0	0		0 \$	- \$	- \$
Total Excess Movable Equipment Depreciation			\$ (12,142)	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 7,450	\$ -	\$ -
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
Total Other Adjustments			\$ 7,450	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 54,364	\$ -	\$ -
0	0	10.88% disallowed regional office-Land Fair Rent	\$ 816	\$ -	\$ -
0	0	10.88% disallowed regional office-Real Property Fair Rent	\$ 56,774	\$ -	\$ -
27	14.a	10.88% disallowed regional office-Property Insurance	\$ 845	\$ -	\$ -
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
Total Other Adjustments			\$ 112,798	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
0	0		0 \$	- \$	- \$
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
The Reservoir Care and Rehabilitation Ce	2203-C	9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 7,912,005	7,912,005			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,178,715)	(4,178,715)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,223,236	1,223,236			
b. Medicare Room and Board Contractual Allowance **	\$ (436,378)	(436,378)			
4. a. Private-Pay Residents and Other	\$ 3,035,046	3,035,046			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,021,482)	(1,021,482)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 73,724	73,724			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (26,300)	(26,300)			
c. Prescription Drugs - Non-Medicare	\$ 150,574	150,574			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (51,637)	(51,637)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 799	799			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (280)	(280)			
3. a. Physical Therapy - Medicare	\$ 271,699	271,699			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (96,926)	(96,926)			
c. Physical Therapy - Non-Medicare	\$ 368,813	368,813			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (127,942)	(127,942)			
4. a. Speech Therapy - Medicare	\$ 106,192	106,192			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (37,883)	(37,883)			
c. Speech Therapy - Non-Medicare	\$ 108,935	108,935			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (37,318)	(37,318)			
5. a. Occupational Therapy - Medicare	\$ 374,222	374,222			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (133,500)	(133,500)			
c. Occupational Therapy - Non-Medicare	\$ 404,715	404,715			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (139,650)	(139,650)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 17,570	17,570			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 22,439	22,439			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,781,958	7,781,958			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 251	251			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 10,427	10,427			
8. Other (<i>Specify</i>)	\$ 701	701			
V. Total Other Revenue (1 thru 8)	\$ 11,378	11,378			
VI. Total All Revenue (III +V)	\$ 7,793,336	7,793,336			

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation C	2203-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	10,753
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	923,792
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	919
4. Inventories			\$	24,220
5. Prepaid Expenses			\$	58,381
a. _____				
b. _____				
c. _____				
d. See Schedule		58,381		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,018,065
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	14,219		
	Accum. Depreciation	_____		
	Net		\$	14,219
3. Buildings	*Historical Cost	22,729		
	Accum. Depreciation	692		
	Net		\$	22,037
4. Leasehold Improvements	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	6,312		
	Accum. Depreciation	324		
	Net		\$	5,988
6. Movable Equipment	*Historical Cost	29,851		
	Accum. Depreciation	1,397		
	Net		\$	28,454
7. Motor Vehicles	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	70,698

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	1,088,763
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	(217,515)
I/C Due to/Due From Owned			(217,515)	
I/C Due to/Due From Multicare				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(217,515)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	871,248

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

G. Balance Sheet (cont'd)

Name of Facility The Reservoir Care and Rehabilitation Cent		License No. 2203-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				801,798	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 34	
LT Debt-Financing Obligation					
Escheatable Funds		34			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 34	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 801,832	

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation	2203-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,563,519)
6. Gain or Loss for Period			\$	3,632,936
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	69,417
C. Total Reserves and Net Worth			\$	69,417
D. Total Liabilities, Reserves, and Net Worth			\$	871,249

H. Changes in Total Net Worth

Name of Facility The Reservoir Care and Rehabilitation C	License No. 2203-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(3,563,520)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,793,337
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	4,160,400
D. Net Income or Deficit			\$	3,632,937
E. Balance			\$	69,417
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	69,417
				09/30/19

I. Preparer's/Reviewer's Certification

Name of Facility The Reservoir Care and Rehabilitation	License No. 2203-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				