

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center	
Address (No. & Street, City, State, Zip Code) 162 South Britain Road, Southbury, CT 06488	
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 2280	RHNS	(Specify)	Medicare Provider 07-5241
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Medicaid Provider Numbers:	CCNH 9431	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) 162 South Britain Road Operating Company II, LLC o	License No. 2280	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 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care 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) Mary Noonan			Printed Name (Owner) Alberto Lugo		
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 162 South Britain Road, Southbury, CT 06488				
Report Prepared By Richard Beckler		Phone Number 80-261-9357	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 203-264-9600	Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) 162 South Britain Road Operating Company II, LLC of Fort L		Address (No. & Street, City, State, Zip ) 162 South Britain Road, Southbury, CT 06488		
License Numbers:	CCNH 2280	RHNS (Specify)	Medicare Provider No. 07-5241	
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.				
<b>Administrator</b>				
Name of Administrator Mary Noonan		Nursing Home Administrator's License No.:	001033	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



## General Information and Questionnaire Corporate Owners

Name of Facility 162 South Britain Road Operating Company I	License No. 2280	Report for Year Ended 9/30/2019	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				





**Annual Report of Long-Term Care Facility**

**General Information and Questionnaire  
Related Parties\***

Name of Facility 162 South Britain Road Operating Company II, LLC of	License No. 2280	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	%**				
162 South Britain Road, LLC	162 South Britain Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>		Facility Real Estate Lease	Pg. 22 / Line 9	842,685	842,685
Care Group, LLC	57 Old Road to Nine Acre Corner, Concord, MA 01742	<input type="radio"/>	<input checked="" type="radio"/>		Management Services/Clinical Specialists	Pg. 16 / Line m12	1,028,365	1,028,365
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs	Pg 20 / Line 5a2	439,632	417,650
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs Medicine Cabinet	Page 20 / Line 5b	20,821	19,780
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy - I Vs	Page 20 / Line 5j	15,069	14,316
HealthBridge & Related Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Common Pension, Health and Insurance Prg	Page 15 Line 1a5,6,7	1,323,979	1,323,979
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility 162 South Britain Road Operating Company II, I	License No. 2280	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Management Fee allocation to facilities on the basis of patient days. Services of related pharmacy invoices as per customary charges that were negotiated.

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

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

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

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

Name of Facility			License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Company II, LLC of For			2280	9/30/2019			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						
Konica Minolta	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/24/17	and then on-going	7,552	7,552	
Mail Finance	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	08/02/12	and then on-going	1,334	1,334	
Ecolab	<input type="radio"/>	<input checked="" type="radio"/>	Dishmachine Lease	03/01/18	and then year to year	4,259	4,259	
	<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"/>						
							<b>Total ***</b>	13,145

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

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility 162 South Britain Road Operating	License No. 2280	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 PPS of Colorado LLC 2 3 4	Address (No. & Street, City, State, Zip Code) 245 S. Benton St, Lakewood, CO 80226
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Services Provided by This Firm (*describe fully*)

1 Medicare cost report software - user fee	\$ 120
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 120

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Accounting expense page 15 line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Various Legal (Disallowed page 28) 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Disallowed - Page 28	\$ 28,967
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 28,967

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15. line 1e

### Schedule of Resident Statistics

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/E		License No. 2280			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	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	98	98			98	98			109	109			
B. As of midnight of THIS report period	102	102			109	109			102	102			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,667	6,667			5,136	5,136			1,531	1,531			
B. Medicaid (Conn.)	19,454	19,454			14,443	14,443			5,011	5,011			
C. Medicaid (other states)													
D. Private Pay	8,464	8,464			6,447	6,447			2,017	2,017			
E. State SSI for RCH													
F. Other (Specify)	4,953	4,953			3,621	3,621			1,332	1,332			
G. Total Care Days During Period (3A thru F)	39,538	39,538			29,647	29,647			9,891	9,891			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	39,538	39,538			29,647	29,647			9,891	9,891			

### Schedule of Resident Statistics (Cont'd)

Name of Facility 162 South Britain Road Operating Company I			License No. 2280			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? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	16		55			16							
Per Diem Rate													
a. One bed rm.	744.00		224.37			527.00							
b. Two bed rms.	684.00		224.37			250.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,371	1,371			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									9,673	9,673			
D. <b>Total Physical Therapy Treatments</b>									11,044	11,044			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									415	415			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,889	1,889			
D. <b>Total Speech Therapy Treatments</b>									2,304	2,304			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,012	1,012			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									8,850	8,850			
D. <b>Total Occupational Therapy Treatments</b>									9,862	9,862			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC of Fort L	2280	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	149,982	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	514,355	16,738				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	571,294	29,924				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	333,252	19,575				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	103,969	5,228				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	156,868	9,644				
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	210,756	4,194				
b. RN						
1. Direct Care	986,389	25,113				
2. Administrative**	368,039	11,067				
c. LPN						
1. Direct Care	1,015,765	34,134				
2. Administrative**						
d. Aides and Attendants	1,663,918	95,973				
e. Physical Therapists	603,747	14,693				
f. Speech Therapists	95,862	1,999				
g. Occupational Therapists	428,508	11,356				
h. Recreation Workers	204,527	11,169				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
Respiratory Therapist	40,574	1,430				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	133,910	4,989				
n. Marketing	75,858	1,898				
o. Other (Specify)						
See Attached Schedule	50,949	2,040				
A-13. Total Salary Expenditures	7,708,522	303,250				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Central Supply	\$ 24,621	960				
Medical Records	\$ 26,328	1,080				
<b>Total</b>	\$ 50,949	2,040	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



**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	
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ			2280	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)							
<b>Section I - Operators/Owners</b>										
N/A										
<b>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).</b>										
N/A										

\* 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	
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D				2280	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)							
<b>Section III - Administrators***</b>										
Mary Noonan	149,982			Standard Employee Benefits	Administrator	2,086	A2			
<b>Section IV - Assistant Administrators</b>										
N/A										

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

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

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

**Annual Report of Long-Term Care Facility**

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC	2280	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	54,145	928				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,000	96				
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	3,240	21				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>99,385</b>	<b>1,045</b>				

\* 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
162 South Britain Road Operating Company II, I	2280	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 83,882	83,882		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 97,496	97,496		
4. Social Security (F.I.C.A.)	\$ 569,809	569,809		
5. Health Insurance	\$ 1,215,341	1,215,341		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,677	2,677		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 22,080	22,080		
8. Uniform Allowance	\$ 19,734	19,734		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 2,277	2,277		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 164,370	164,370		
d. Accounting and Auditing	\$ 120	120		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 28,967	28,967		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 22,053	22,053		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 41,536	41,536		
2. Cellular Phones	\$ 3,600	3,600		
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	\$			
3. Resident Day User Fee	\$ 608,467	608,467		
<b>Subtotal</b>	\$ 2,882,409	2,882,409		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC	2280	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,882,409	2,882,409			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,804	3,804			
3. Gifts to Staff and Residents	\$ 15,600	15,600			
4. Employee Travel	\$ 3,043	3,043			
5. Education Expenses Related to Seminars and Conventions	\$ 2,785	2,785			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 2,440	2,440			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 3,162	3,162			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 16,174	16,174			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 105,064	105,064			
4. Fund-Raising***	\$				
5. Medical Records	\$ 1,010	1,010			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,938	4,938			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 18,910	18,910			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 97,881	97,881			
12. Administrative Management Services**	\$ 1,028,365	1,028,365			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 139,088	139,088			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,324,671	4,324,671			

\* 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)
Travel - Meals	\$ 54		
Travel - Other Corporate Expense	\$ 1,316		
Travel - Hotel	\$ 1,729		
Meeting Expense	\$ 63		
<b>Total Other Travel and Entertainment</b>	<b>\$ 3,162</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Corporate Expense	\$ 432		
Marketing Expense Corporate Expense	\$ 97,903		
Marketing Expense Meals	\$ 3,792		
Public Relations Corporate Expense	\$ 2,428		
Shows & Conferences Corporate Expense	\$ 509		
Sponsorships	\$ -		
<b>Total Other Advertising</b>	<b>\$ 105,064</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health Care Facilities, Inc	\$ 18,910		
<b>Total Dues</b>	<b>\$ 18,910</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Charitable Contributions	\$ -		
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Criminal Record Check Corporate Expense	\$ 12,509		
Compliance Expense Nursing Administration	\$ 9,629		
Other Professional Fees Corporate Expense	\$ 39,421		
Other Fees	\$ 14,799		
Bank Charges Corporate Expense	\$ 14,437		
Collection Fees Corporate Expense	\$ 16,702		
Off Site Storage Corporate Expense	\$ 9,016		
Professional Licenses Corporate Expense	\$ -		
License & Permits Corporate Expense	\$ 1,955		
Consolidated Billing Nursing Administration	\$ 12,706		
Annual Report Fees	\$ 430		
Resident Replacement Items Corporate Expense	\$ 294		
Gift Shop Supplies Corporate Expense	\$ 6,404		
Facility Entertainment Corporate Expense	\$ 536		
Corporate Business Tax Expense	\$ 250		
<b>Total Other Administrative and General</b>	<b>\$ 139,088</b>	<b>\$ -</b>	<b>\$ -</b>



**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
162 South Britain Road Operating Compa	2280	9/30/2019	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 #
Care Group LLC	742,736	Operational and financial management services	Page 16 / Line 12
Care Group LLC	285,629	Data processing allocation to facility for payroll, HR and employee benefit systems	Page 16 / Line 12

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

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

Name of Facility 162 South Britain Road Operating Company II, LLC o		License No. 2280	Report for Year Ended 9/30/2019	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 289,694	289,694		
2.	Non-Food Supplies	\$ 33,503	33,503		
3.	Other ( <i>Specify</i> ) _____ Dietary Supplies	\$ 4,600	4,600		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$			
c. Other ( <i>Specify</i> ) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 327,797	327,797		
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		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC of		2280	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	10,574	10,574		
c. Other (Specify) Laundry Supplies		\$	9,776	9,776		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>20,350</b>	<b>20,350</b>		
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
162 South Britain Road Operating Company II		2280	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. \$	39,152	39,152		
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	c. Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	39,152	39,152		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	439,632	439,632		
	b. Medicine Cabinet Drugs	\$	29,259	29,259		
	c. Medical and Therapeutic Supplies	\$	152,806	152,806		
	d. Ambulance/Limousine***	\$	2,946	2,946		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	38,972	38,972		
	f. X-rays and Related Radiological Procedures***	\$	23,260	23,260		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$	13,680	13,680		
	h. Laboratory***	\$	72,999	72,999		
	i. Recreation	\$	42,517	42,517		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	61,077	61,077		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	877,146	877,146		

\* 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)
RN Agency	\$ -		
LPN Agency	\$ 13,331		
C N A Agency	\$ -		
Nursing Supplies Corporate Expense	\$ 4,079		
Patient Medical Fees Corporate Expense	\$ -		
Podiatry Service Expense	\$ 129		
IV Expense Corporate Expense	\$ 15,069		
DME (Durable Medical EQPT) Corporate Expense	\$ 4,435		
Equipment Rental - Other (Drugs & Supplies) Corporate Expense	\$ 350		
PT Supplies Corporate Expense	\$ 9,061		
OT Supplies Housekeeping	\$ 829		
ST Supplies Corporate Expense	\$ -		
RT Supplies Corporate Expense	\$ 1,354		
PT/OT Equipment Rental Corporate Expense	\$ 12,440		
<b>Total Other Resident Care</b>	\$ 61,077	\$ -	\$ -

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

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A			License No. 2280		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
Saucier Mechanical Services	148 North St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility repairs and maintenance	28,243			22	6f
CWPM, LLC	P.O. Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation Services	31,422			22	6f
Green Horizon Landscaping LLC	685 Berkshire Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Grounds Maintenance & Snow Removal	25,066			22	6f
PointClickCare Technologies Inc	Mississauga, ON L4W 0C4, Canada	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Billing and Accounting System/Service	24,830			16	m11
Smart Linx	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time Clock and Staff Scheduling Software	16,569			16	m11
Kodiak Systems	South Suite 499, Piscataway, NJ 08854	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Network Support and Maint. Fees - ASP	44,153			16	m11
ACPL	4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Therapy Equipment Lease & Service	12,440			20	5j
		<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
162 South Britain Road Operating Company I	2280	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 94,114	94,114				
b. Heat	\$ 64,724	64,724				
c. Light & Power	\$ 136,030	136,030				
d. Water	\$ 31,431	31,431				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 13,145	13,145				
f. Other ( <i>itemize</i> )	\$ 104,212	104,212				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 443,656	443,656				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 81,702	81,702				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 81,702	81,702				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 149,243	149,243				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 149,243	149,243				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 842,685	842,685				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 119,957	119,957				
c. Personal property taxes	\$ 35,748	35,748				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,229,335	1,229,335				

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Minor Computer Equipment Corporate Expense	\$ 5,093		
Maintenance Outside Service Grounds - Other Maintenance	\$ 27,552		
Minor Equipment/Tools Other Equipment Maintenance	\$ 3,000		
Grounds Maintenance Rep and Maintenance Default Corporate Expense	\$ 15,221		
Snow Removal Rep and Maintenance Default Maintenance	\$ 9,885		
Pest Control Pest Control Corporate Expense	\$ 1,851		
Fire Alarm Service Building Maintenance	\$ 8,574		
Sanitation Corporate Expense	\$ 31,811		
Medical Waste Disposal Corporate Expense	\$ 1,225		
<b>Total Other Repairs and Maintenance</b>	\$ 104,212	\$ -	\$ -



### Depreciation Schedule

Name of Facility			License No.			Report for Year Ended			Page	of		
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/E			2280			9/30/2019			23	37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
			Var	Var	1,331,338		1,331,338	1,013,565	S/L	Various	76,782	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
			Var	Var	91,587		91,587			S/L	4,920	
D-3. Subtotal												
E. <b>Total Depreciation</b>												
											81,702	
											81,702	

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
Various	See attached list	\$ 91,587	various	\$ 4,920
<b>Total additions for Movable Equipmen</b>		\$ 91,587		\$ 4,920 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
Various	See attached list	\$ 141,448	Various	\$ 2,929
<b>Total additions for Leasehold Improvemen</b>		\$ 141,448		\$ 2,929 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvemen</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
162 South Britain Road Operating Company II, LLC of Fort			2280		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var		3,187,814	1,859,346	S/L	Var	146,314	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var		141,448		S/L	Var	2,929	
C-4. Subtotal									149,243
<b>D. Total Amortization</b>									149,243

\* 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 162 South Britain Road Operating Cor	License No. 2280	Report for Year Ended 9/30/2019	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		06/29/10		
c. Interest Rate for the Cost Year		5.00%		
d. Term of Mortgage (number of years)		27		
e. Amount of Principal Borrowed		8,900,000		
f. Principal balance outstanding as of <u>9/30/19</u>		6,940,749		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Co		2280	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. <b>Total Building Interest Expense</b> (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
162 South Britain Road Operating		2280		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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 8,472	8,472		
b. Insurance on Automobiles				\$ 4,782	4,782		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 94,331	94,331		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 107,585	107,585		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 15,177,600	15,177,600		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
162 South Britain Road Operating Company II, LLC of Fort Lee			2280	9/30/2019	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	A12n	Salaries not related to Resident Care	\$ 75,858	75,858		
3.	10	A12g	Occupational Therapy	\$ 428,508	428,508		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 164,370	164,370		
10.			Accounting	\$			
10a.			Legal	\$ 28,967	28,967		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,160	2,160		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 15,600	15,600		
15.	15	1a9	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.		16m3	Unallowable Advertising *	\$ 105,064	105,064		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.		16m1	Unallowable Management Fees	\$ 746,870	746,870		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 97,950	97,950		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,665,346	1,665,346		

\* 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.





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

Name of Facility				License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Company II, LLC of Fort				2280	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,665,346	1,665,346		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 439,632	439,632		
28.	20	5d	Ambulance/Limousine	\$ 2,946	2,946		
29.	20	5f	X-rays, etc	\$ 23,260	23,260		
30.	20	5h	Laboratory	\$ 72,999	72,999		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 38,972	38,972		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 59,028	59,028		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 18,139	18,139		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 2,320,322	2,320,322		

\*\*\* 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.



<b>Total Other Adjustments</b>			\$ 18,139	\$ -	\$ -

**Schedule of Other - Miscellaneous Administrative Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
162 South Britain Road Operating Compar 2280		9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 9,133,217	9,133,217				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,862,027)	(4,862,027)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 3,925,610	3,925,610				
b. Medicare Room and Board Contractual Allowance **	\$ 486,893	486,893				
4. a. Private-Pay Residents and Other	\$ 7,184,314	7,184,314				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,396,556)	(1,396,556)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 240,934	240,934				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 201,776	201,776				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,446,505	1,446,505				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 858,986	858,986				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 256,302	256,302				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 139,149	139,149				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,345,516	1,345,516				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 732,585	732,585				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (3,029,159)	(3,029,159)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (1,828,111)	(1,828,111)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,835,933	14,835,933				
<b>IV. Other Revenue*</b>						
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> )	\$ 97	97				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 18,042	18,042				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 18,139	18,139				
<b>VI. Total All Revenue</b> (III +V)	\$ 14,854,072	14,854,072				

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Medicare A	\$ 36,787		
	IV Therapy Medicare A	\$ 1,978		
	X-Ray Medicare A	\$ 15,271		
	Ancillary Contractual Adjustment Medicare A	\$ (3,083,195)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (3,029,159)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Managed Care	\$ 33,459		
	Lab Medicaid	\$ 1,218		
	IV Therapy Medicaid	\$ 2,293		
	IV Therapy Managed Care	\$ 3,081		
	X-Ray Managed Care	\$ 12,032		
	Ancillary Contractual Adjustment Managed Care	\$ (1,850,459)		
	Ancillary Contractual Adjustment Medicaid	\$ (27,791)		
	Ancillary Contractual Adjustment Private	\$ (1,945)		
<b>Total Other Resident Revenue</b>		<b>\$ (1,828,111)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 97		
<b>Total Interest Income</b>			<b>\$ 97</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue	\$ 18,042		
<b>Total Other Revenue</b>		<b>\$ 18,042</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Comp	2280	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	975,447
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(0)
4. Inventories			\$	
5. Prepaid Expenses			\$	21,471
a. Prepaid GL-PL	15,666			
b. Prepaid Other Insurance & Property Tax	5,805			
c. Prepaid Maintenance Contracts				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	38,134
Resident PNA Funds	38,134			
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,035,051
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation	Net		
4. Leasehold Improvements	*Historical Cost	3,329,262	\$	1,320,673
	Accum. Depreciation	2,008,589	Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	1,422,925	\$	329,228
	Accum. Depreciation	1,093,697	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,649,901

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

(Carry Total forward to next page )



## Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		<b>Total Prepaid Expenses</b>	\$ -

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

Page Ref	Line Ref	Description	
		<b>Total Other Current Assets (Itemize)</b>	\$ -

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

Page Ref	Line Ref	Description	
		<b>Total Other Other Fixed Assets (Itemize)</b>	\$ -

## Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		<b>Total Other Assets</b>	\$ -

## Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		<b>Total Notes Payable</b>	\$ -

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

Page Ref	Line Ref	Description	
		Accrued Legal - Employee Benefit	\$ -
		Accrued Accounting	\$ 1,000
		Accrued Pharmacy	\$ 9,343
		Accrued Workers Comp Insurance	\$ (35,810)
		Accrued GLPL - Third	\$ 233,073
		Accrued Auto Insurance	\$ 2,332
		Accrued Health Insurance	\$ 161,140
		Accrued Dental Insurance	\$ (9,084)
		Accrued Vision Insurance	\$ 1,718
		Accrued Whole Life Insurance	\$ 710
		Accrued Supplemental Life Payable	\$ 589
		Accrued AD&D Payable	\$ -
		Accrued Critical Illness	\$ (902)
		Accrued Short Term Disability	\$ 16
		Accrued Long Term Disability	\$ 65
		Accrued 401K Employer Match	\$ -
		Accrued Provider Tax Payable	\$ 141,705
		Accrued Sales & Use tax Payable	\$ 9,861
		Accrued Other Payroll Withholdings	\$ 105
		PNA Security Deposits	\$ 38,134
		Accrued HAS Payable	\$ 2,500
		Unearned Rome & Board Revenue	\$ 101,979
		<b>Total Other Current Liabilities (Itemize)</b>	\$ 658,471

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

Page Ref	Line Ref	Description	
		<b>Total Other Current Liabilities (Itemize)</b>	\$ -

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Comp	2280	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	2,684,952
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 <b>Total Leasehold or Like Properties</b> (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> )			\$	23,000
Deposit for Utilities	23,000			
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	23,000
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	2,707,952

\* 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
162 South Britain Road Operating Company I	2280	9/30/2019	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	495,898
2. Notes Payable ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	63,283
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	658,471
_____				
_____				
_____				
See Schedule				658,471
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			\$	1,217,653

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

*(Carry Total forward to next page)*

### G. Balance Sheet (cont'd)

Name of Facility 162 South Britain Road Operating Company	License No. 2280	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				1,217,653
<b>Liabilities (cont'd)</b>				
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> )				\$ (13,719,260)
Name and Address of Lender	Amount	Loan Date		
Due to/from Affiliates	(13,719,260)			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (13,719,260)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ (12,501,607)

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

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Con	2280	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,649,901
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			\$	1,649,901
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	13,652,242
6. Gain or Loss for Period			\$	(92,583)
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	13,559,658
<b>C. Total Reserves and Net Worth</b>			\$	15,209,559
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,707,952

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Comp	2280	9/30/2019	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	13,652,242		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,854,072		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,946,655		
D. Net Income or Deficit			\$	<b>(92,583)</b>		
E. Balance			\$	13,559,658		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Total Expenditures (page 27)	\$ 15,177,600					
(Less F/S vs C/R Depreciation	( 230,945					
Total	14,496,655					
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. <b><i>Balance at End of Period</i></b>			\$	13,559,658		
09/30/19						

### I. Preparer's/Reviewer's Certification

Name of Facility 162 South Britain Road Operating	License No. 2280	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)		
<b>Preparer/Reviewer Certification</b>				
<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				
Richard Beckler				
Address Address			Phone Number	
10571 Telegraph Road, Suite 203, Glen Allen, VA 23059			804-261-9357	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
rbeckler@care-one.com			804-261-9357	
Contact Email Address				
rbeckler@care-one.com				