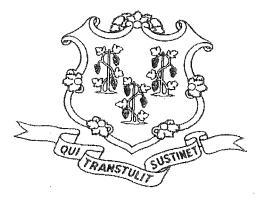
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as licensed)		
Riverside Health Care Center, Inc.		
Address (No. & Street, City, State, Zip Code)		
745 Main Street, East Hartford, CT 06108		
Type of Facility		
☑ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)
Report for Year Beginning 10/1/2018	 Report for Year Ending 9/30/2019	

License Numbers:	CCNH 1000c	RHNS	(Specify)	Medicare Provider 07-5257
Medicaid Provider Numbers:	CC	CNH	RHNS	ICF-IID
	10009			

For Department Use Only

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

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		General In				
Name of Facility (as licensed) Riverside Health Care Center, Inc.		License N 1000c		oort for Year Ended 0/2019	Page	of 37
Tverside Health Care Center, Inc.		10000	973	0/2019		
	Adminis	strator's/Ow	mer's Certification	n		
MISREPRESENTATIO COST REPORT MAY E FEDERAL LAW.						
I HEREBY CERTIFY the Cost Report and support the cost report period be my knowledge and belie records of the provider(s	ing schedules p ginning Octobo f, it is a true, co	orepared for River 1, 2018 and e orrect, and correct, and correct.	verside Health Care Co ending September 30, aplete statement prepar	enter, Inc. [facility 2019, and that to th	name], for e best of	
I hereby certify that I have Schedule of Resident Stati Balance Sheet of this Faci year ended as specified ab	stics, Statement	s of Reported E	penditures, Statements	of Revenues and the	related	
I have read this Report a my knowledge under the presented in this Report residents were incurred t recorded have been retai request.	penalty of per as a basis for s to provide resid	jury. I also cen ecuring reimbu dent care in this	tify that all salary and rsement for Title XIX s Facility. All support	non-salary expense and/or other State ing records for the o	es assisted expenses	
{a} Subject to Desk A	udit Review	,				
Signed (Administrator)		Date	Signed (Owner)		Date	
Printed Name (Administrator) Karen Chadderton			Printed Name (Or Marvin Ostreiche	,		<u> </u>
Subscribed and Sworn to before me:	State of	Date	Signed (Notary P	ublic)	Comm. Ex	pires
Address of Notary Public	<u> </u>				//	/

General Information

(Notary Seal)

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

Data Required for Real Wage Adjustment of Page 1A 37 Name of Facility Period Covered: From То Riverside Health Care Center, Inc. 10/1/2018 9/30/2019 Address of Facility 745 Main Street, East Hartford, CT 06108 Phone Number **Report Prepared By** Date Marcum LLP 203-781-9600 2/3/2020 Total CCNH RHNS (Specify) Item Dietary wages paid \$ 1. \$ Laundry wages paid 2. \$ Housekeeping wages paid 3. \$ Nursing wages paid 4. All other wages paid \$ 5. \$ Total Wages Paid 6. \$ Total salaries paid 7. Total Wages and Salaries Paid (As per page 10 of Report) \$ 8.

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.

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General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Yea	ır Ended	Page	of
		860	-289-2791		9/30/2019		2	37
Name of Facility (as shown on license)			Address (No	. & S	Street, City, Sta	te, Zip)		
Riverside Health Care Center, Inc.			745 Main St	reet,	East Hartford,	CT 0610		
	CNH		RHNS		(Specify)		1	Provider No
License Numbers: 1000	c			L			07-5257	
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with 1 ervision only			(Specify))	
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partne	ership	•	Profit Corp.	-	Non-Profit Cor		Government	O Trust
If this facility opened or closed during report year	provide:			Date	e Opened	Date Clo	sed	
Has there been any change in ownership or operation during this report year?		0	Yes	•	No	If "Yes "	explain full	V.
N/A	۰		103		110	<u>11 103,</u>	explain fun	y
Administrator					4			
Name of Administrator					Nursing Ho	ome		
Karen Chadderton					Administrat	or's	001221	
					License N	No.:		
Other Operators/Owners who are assistant admir	istrators	(full	or part time)	of th				
Name					License 1	٥٠:		
N/A								

General Information and Questionnaire Partners/Members

Name of Facility Riverside Health Care Center, Inc.		License No.	Report for Y	Page of 3 37		
Kiverside Health Care Center, 1	nc.	1000c	9/30/2019		1	
Legal Name of Partr	nership/LLC	Business A	Address	State(s) and/or Town(s) in Which Registered		
N/A			······································			
	Business Ac	duaga		Title	% Owned	
Name of Partners/Members	Business Ad	laress		1 ILIC	76 Owned	
N/A						
÷	:					
	· · · · · · · · · · · · · · · · · · ·					
		<u> </u>				
				<u></u>		
·						
				······		
1	1		1		1	

General Information and Questionnaire Corporate Owners

License No.	Report for Year End	ded	Page of
1000c	9/30/2019		3A 37
pration, provide the	e following informatio	n:	
Busine	ss Address	State(s) in Wh	ich Incorporated
745 Main Street,	East Hartford, CT	СТ	
06108			
Busine	ess Address	Title	No. Shares Held by Each
1402 59th Street 11219	, Brooklyn, NY	President	50
184 Wildacre Av 11559	enue, Lawrence, NY	Secretary	200
2441 Beachwood OH 44122	l Road, Beachwood,	Director	100
9 Dogwood Lane 11559	e, Lawrence, NY	Director	56
2441 Beachwood OH 44122	l Road, Beachwood,	Director	100
1 Lakeside Drive 11559	e, East Lawrence, NY	Director	166
:			
	1000cTation, provide theBusine745 Main Street,06108Busine1402 59th Street,11219184 Wildacre Av115592441 BeachwoodOH 441229 Dogwood Lane115592441 BeachwoodOH 441229 Logwood Lane115592441 Beachwood0H 441221 Lakeside Drive11559	1000c 9/30/2019 ration, provide the following informatio Business Address 745 Main Street, East Hartford, CT 06108 Business Address 1402 59th Street, Brooklyn, NY 11219 184 Wildacre Avenue, Lawrence, NY 11559 2441 Beachwood Road, Beachwood, OH 44122 9 Dogwood Lane, Lawrence, NY 11559 2441 Beachwood Road, Beachwood, OH 44122 1 Lakeside Drive, East Lawrence, NY 11559	1000c 9/30/2019 ration, provide the following information: Business Address State(s) in Wh 745 Main Street, East Hartford, CT CT 06108 CT Business Address Title 1402 59th Street, Brooklyn, NY President 1219 President 184 Wildacre Avenue, Lawrence, NY Secretary 2441 Beachwood Road, Beachwood, OH 44122 Director 9 Dogwood Lane, Lawrence, NY Director 11559 Interctor 2441 Beachwood Road, Beachwood, OH 44122 Director 11559 Interctor 2441 Beachwood Road, Beachwood, OH 44122 Director 1 Interctor Director 1 Lakeside Drive, East Lawrence, NY Director 11559 Interctor Interctor

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Riverside Health Care Center, Inc.	1000c	9/30/2019	3B 37
If this facility is owned or operated as an individuation	al proprietorship,	provide the following inform	ation:
Ow	ner(s) of Facility		
			· · · ·
N/A			
· · · ·			
	·	·	
	<u></u>		
		·	
	<u> </u>	<u></u>	
		· · · · · · · · · · · · · · · · · · ·	

State of Connecticut **Annual Report of Long-Term Care Facility** CSP-4 Rev. 10/2005

General Information and Questionnaire **Related Parties***

Name of Facility		License	e No.		Report for Year Ended		Page	of
Riverside Health Care C	enter, Inc.		1000c		9/30/2019	·	4	37
Ano any individuala race	iving compensation from the fa	oility ro	lated the	ouch		If "Vac " provide th	Noma/Ad	dragg and
•	0	•		-		If "Yes," provide th		
marriage, ability to conti	col, ownership, family or busine	ss asso	ciation?		Yes O No	complete the inform	nation on Pa	ige 11 of the report.
Are any individuals or co	ompanies which provide goods	or servi	ces,		,			
	operty or the loaning of funds t ssociation, common ownership,			iness	• Yes O No			
-	owners, operators, or officials					If "Yes," provide th	e following	information:
		Als	so Provi	des	I	Indicate Where		
			ls/Servi			Costs are Included		
Name of Related	Business		Related I		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	0	•		Consulting Fees	Page 16 / Line m11	43,929	43,929
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	0	o		Job Placement Consulting Fees	Page 16 / Line m11	7,800	7,800
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	0	•		Interest	Page 27 / Line 12d	10,015	10,015
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	0	•		Shared Expense	Page 16 / Line m12	1,479,325	1,479,325
850 SILAS DEANE	850 Silas Deane Hwy Wethersfield, CT 06109	0	•		Rent/Other	Page 16 / Line m12	4,997	4,997
20 Sunrise	20 E Sunrise Hwy, Valley Stream NY, 11581	0	•		Rent/Other	Page 16 / Line m12	45,686	45,686
Preferred Therapy Solutions	850 Silas Deane Hwy Wethersfield, CT 06109	0	•		PT,OT,ST Services / Consulting	Various	1,811,303	1,762,885
NOA DIAGNOSTICS	6851 Jericho Tpke, Suite 150 Syosset, NY 11791	0	O		Radiology	Page 20 / Line 5f	23,547	20,275
See Attached for Continued List	Various	0	•		Various	Various	4,202,181	4,152,158

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

General Information and Questionnaire **Related Parties***

Name of Facility		License N	0.	_	Report for Year Ended		Page	of
Riverside Health & Rehab			1000c		9/30/2019		4a	37
Name of Related	Business		vides Good n-Related	ls/Services Parties	Description of Goods/Services	Indicate Where Costs are Included in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
PROCARE LTC PHARMACY OF CT	1492 Highland Ave Cheshire CT 06410	0	0	0%	Drugs/OTC/RX Consulting	Various	629,306	579,283
National HealthCare Associates-Aetna	850 Silas Deane Hwy Wethersfield, CT 06109	0	O	0%	Health Insurance	Page 15 / Line 1a5	2,275,061	2,275,061
National HealthCare Associates	20 E Sunrise Hwy, Valley Stream NY, 11581	0	•	0%	Bank Charges	Page 16 / Line m13	29,433	29,433
Riverside Realty Co.	745 Main St. East Hartford CT 06108	0	0	0%	Facility Lease	Page 22 / Line 9	1,261,427	***1,261,427
Cambridge Health and Rehabilitation Center	2428 Easton Tpke Fairfield CT 06825	0	•	0%	Workers Comp	Page 15 / Line 1a1	6,954	6,954

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.
 *** N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of		
Riverside Health Care Center, Inc.	1000c		9/30/2019	5 37		
If the facility is licensed as CDH and/or RCH or	r provides Al	rovides AIDS or TBI services with special Medicaid rates, costs				
must be allocated to CCNH and RHNS as follo			·			
Item			Method of Allocation			
Dietary		Number of	meals served to residents			
Laundry		Number of	pounds processed			
Housekeeping		Number of	square feet serviced			
			hours of routine care provided	•		
Nursing		• •	lassification, i.e., Director (or 6			
		-	Nurses, Licensed Practical Nur	rses, Aides and		
		Attendants	·	······································		
Direct Resident Care Consultants			hours of resident care provided	l by EACH		
			See listing page 13)			
Maintenance and operation of plant		Square feet		•		
Property costs (depreciation)		Square feet				
Employee health and welfare		Gross salar				
Management services		the second s	e cost center involved			
All other General Administrative expenses			rect and Allocated Costs	• • •		
The preparer of this report must answer the foll	owing questi	ons applica				
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocation was		
costs allocated as required?			not made.			
N/A						
2. Explain the allocation of related company ex	nonses and a	ttach conv	of appropriate supporting data			
N/A	penses and a	ttach copy (or appropriate supporting data.	<u></u>		
		,				
3. Did the Facility appropriately allocate and se	elf-disallow c	irect and in	direct costs to non-nursing hon	ne cost centers?		
			-			
(e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)						
	• Yes	O No	not made.	anocation was		
 N/A		<u></u>				

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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 Y	Report for Year Ended				
Riverside Health Care Center, Inc.			1000c	9/30/2019	6	37			
		ed * to							
	Ow	ners,							
	Oper	ators,				Annual			
•	Off	icers		Date of	Term of	Amount	Amo	ount	
Name and Address of Lessor Yes No		No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med	
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 1230	0	•	Computer Equipment	10/01/08	60 Months / Ongoing	2,956	2,956		
Wescom Solutions, PO Box 674802, Detroit, MI 48267	0	•	Software	Ongoing	Ongoing	74,813	74,813		
Pitney Bowes, Inc.	0	•	Mailing Machine	Ongoing	Ongoing	3,707	3,707		
Wells Fargo, PO Box 7777, San Francisco, CA 94120	0	•	Copier	08/01/16	39 Months	818	818	_	
Leaf 1720A Crete Street, Moberly, MO 65270	0	•	Copier	01/01/16	39 Months	11,716	2,525		
Leaf 1720A Crete Street, Moberly, MO 65270	0	•	Copier	10/01/16	39 Months	7,208	7,208		
eaf 1720A Crete Street, Moberly, MO 65270	0	•	Copier	05/01/19	39 Months	22,068	14,725		
Foyota Financial Services	0	•	Auto Lease	03/16/15	36 Months	3,914	· 3,914		
Nissan Motor Acceptance Corp, PO Box 371447, Pittsburgh PA 15250	0	•	Auto Lease	08/05/16	35 Months	3,811	3,811		
	0	•							

Is a Mileage Log Book Maintained for All Leased Vehicles?

O Yes

Total *** 114,477

* 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.

LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270 Phone: 800-662-3759, Fax: 800-426-2626

Telephone No:

Riverside Heal	ithcare doa RIVERSIDE HEALIF	I & REHABILITAT			8602892791	
Billing Address: 745 MAIN ST	, EAST HARTFORD, CT 06108	÷	Equipment Location (if other than Billi 745 Main Street, East Hart)8	
EQUIPMENT DI	ESCRIPTION: (indicate quantity, new or u	sed and include make, model, ser	ial # and all attachments - see below	and/or attached	Schedule A)	
Unit Quantity	Description of Equipme	ent Leased	Make and Type	Model	Number	Serial Number
	* PLEASE REFER TO S	SCHEDULE A				
BASE TERM IN MONTHS	TOTAL NUMBER OF LEASE PAYMENTS	END OF I X Fair market value, plus ta	EASE PURCHASE OPTION		(a) Advance Payr	ment; \$0,00
<u>39</u>	39 @ \$1.679.00 (plus taxes)	10% of Equipment cost, \$1.00, plus taxes			(b) Security Dep	osit: \$0.00
		(FMV unless another option is	selected. You may not exercise a pu	rchase option if	(c) Documentatio	on Fee: \$95.00
		you are in default. If you exe right, title and interest in such warranty.)	rcise a purchase option we will co Equipment to you on an AS-IS WH	nvey all of our ERE IS without	Total due a + b +	c=: \$95.00
**If more than or	ne lease payment is required as an Advan	ce Payment the balance will b	e applied to lease payments in ins	erse order, start	ing with the last	lease payment

Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as our interests (and only our interests). If we obtain such insurance, you will pay us an Lessor and "you" and "you" refer to the Lessee. You agree to lease the Equipment upon the additional amount for the cost of it and an administrative fee, the cost of which may be more following terms and conditions;

1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date"). The first Lease Payment shall be due on the date we specify in the month following the Lease Commencement Date as set forth in our invoice, and the remaining Lease Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Lease Payment for the period from the Lease Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. We may adjust the Lease Payments up to 15% if the actual costs are different than the estimate used to calculate the Lease Payments.

2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment. You authorize us to fill in the Lease Commencement Date, serial numbers and other information. You will not move the Equipment from the above location without our written consent and are responsible for maintaining the Equipment in good repair. We are not responsible for Equipment or vendor failures.

3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.

4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment. If you return the Equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a Restocking Fee equal to one Lease Payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the Equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the Equipment in accordance with this Lease or for damages incurred in shipping and handling. If you exercise a purchase option we will convey all of our interest in such Equipment to you on an AS-IS WHERE IS basis without representation or warranty.

5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or if less, the maximum legal rate) until paid. You agree to pay \$25 for each pay by phone and \$35 for each returned payment.

6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.

7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from is order until it is returned in the required condition or purchased by you ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured. If you do not provide us with proof of such insurance, we may secure insurance on the Equipment to cover

than the cost to obtain your own insurance and on which we may make a profit.

8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. If we pay any taxes, (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.

9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.

10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.

11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.

12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit

bureau reports, and make other credit inquiries that we deem necessary. 13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.

14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. This Lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Lease that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use. The USA PATRIOT Act requires us to obtain, verify, and record information that identifies you thus we ask for your name, address and other information or documents that substantiate your identity.

ACCEPTED BY LESSEE: Riverside Healthcare dba RIVERSIDE HEALT	H& Print Name	MICHAEL BOKOW	Title: Puechas,	5
REHABILITAT	1 mil round.	MICHICE SEL		
X X FOR RINDESIS	E-Mail Address;		Date:	
Eessee Authorized Signature	Tax ID Number:			
PERSONAL GUARANTY: Undersigned guarantees that Lessee will make	all payments and perfo	rm alliother obligations under the Lease whe	n due. Undersigned agrees that th	is is a guaranty
of navment and not of collection and that we can proceed directly against w	idersigned without first	proceeding against Lessee or the Equipment.	Undersigned also waives all sure	tyship defenses
and notification if the Lessée is in default and consents to any extensions	or modifications gran	ed to Lessee. Undersigned will pay us all (expenses (including attorneys' te	es) we incur in
enforcing our rights ugainst undersigned or Lessee. If more than one person	signs this guaranty par	h agrees that his/her liability is joint and sev	eral. Undersigned authorizes us a	nd our affiliates
to obtain credit bureau reports and make inquiries regarding undersigned's p	ersonal credit You cons	ent to jurisdiction in the State or Federal cou	rts in Pennsylvania and expressly	waive any right
to a trial by jury.	cisotiai etettiti, toa cons			
to a trai by July.			4	
SIGNED X Print	it Name:	E-Mail A	Address:	
Accepted by:				
LEAF Capital Funding, LLC By:	Title:	Date:		
			LEASE01 2-7-201	9 App=505542



SCHEDULE A TO LEASE AGREEMENT (EQUIPMENT DESCRIPTION)

Lease Application No.: 505542

QNT	Equipment Description	New/Used	Make	Model	Serial Number
Loca	tion: 745 Main Street, East Hartford, CT	06108			
6	Toshiba E-studio 3018A	New		E-studio 3018A	
1	Toshiba E-studio 3518A	New		E-studio 3518A	
1	Toshiba E-studio 6518A	New		E-studio 6518A	
2	Toshiba E-studio 7518A	New		E-studio 7518A	
1	Toshiba E-studio 4515AC	New		E-studio 4515AC	
1	Kyocera M2040dn	New		M2040dn	

LESSEE: Riverside Healthcare dba RIVERSIDE HEALTH	<u>&</u>
REHABILITAT	

LEAF CAPITAL FUNDING, LLC

1/1	BY:
BY: X J BEER MEB.	PRINT NAME:
PRINT NAME: MICHAER TROKAN	
	TITLE:
TITLE: P-RCHASMG	DATE
NTT. 2/00/14	
DATE: 3/22/19	



DELIVERY AND ACCEPTANCE CERTIFICATE

Date of Equipment Delivery:

Application No.: 505542

Riverside Healthcare dba RIVERSIDE HEALTH & REHABILITAT ("Customer") hereby certifies that all of the equipment, software and other property (collectively, "Equipment") referred to in that certain Agreement related to the above referenced application number (the "Agreement") by and between Customer and LEAF Capital Funding, LLC ("LEAF") has been delivered to and been received by Customer at the location(s) set forth in the Agreement, that all installation or other work necessary prior to the use thereof has been completed, that the Equipment has been examined by the Customer and is in good operating order and condition and is in all respects satisfactory to Customer, and that the Equipment is accepted by the Customer for all purposes under the Agreement. Customer represents and warrants that the Date of Equipment Delivery set forth above and the Billing Address and the Equipment Location set forth in the Agreement are correct. By its execution and delivery of this Acceptance Certificate, Customer hereby reaffirms all of the representations, warranties and covenants contained in the Agreement as of the date hereof, and further represents and warrants to LEAF that no Event of Default, and no event or condition which with notice or the passage of time or both would constitute an Event of Default, has occurred and is continuing as of the date hereof. Customer further certifies to LEAF that Customer has selected the Equipment (and to the extent applicable, the vendor of the Equipment) and has received and approved the purchase order, purchase agreement or supply contract under which the Equipment will be acquired for all purposes of the Agreement.

ACCORDINGLY, CUSTOMER AUTHORIZES LEAF TO PURCHASE THE EQUIPMENT FROM THE APPLICABLE SUPPLIER(S).

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED ALL OF THE EQUIPMENT.

CUSTOMER: <u>Riverside Healthcare dba RIVERSIDE</u> <u>HEALTH & REHABILITAT</u>
Ву
Print Name:
Title:
E-Mail Address:
Date:

THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, MEMBER, PARTNER OR PROPRIETOR OF THE ABOVE NAMED CUSTOMER.



Plainville, CT 06			Date: M	arch 13, 2019
<u>1-800-634-4810</u> SILL TO:	1-860-793-9994	all density of the law years	SHIP TO	a
Riverside Health Ca	re			a Tanan katala
745 Main Street			Same	
East Hartford, CT 0	6108			
ITEM	DESCRIPTION	QTY		SALE / LEASE PRICE
e-Studio 3018A	Toshiba digital multifunction copier	6		
e-Studio 3518A	Toshiba digital multifunction copier	1		39-month lease
e-Studio 6518A	Toshiba digital multifunction copier	<u> </u>		\$1,679.00 per month
e-Studio 7518A	Toshiba digital multifunction copier	2		94,973.00 per month
e-Studio 4515AC	Toshiba digital color multifunction copier	1		
MR3031	Document handler	8		
MJ1109B	Console document finisher	1	†	
MJ6105B	Hole punch unit	1		7999 <u>10000000000000000000000000000000000</u>
KN5005	Finisher bridge kit	1		
KD1059B	Large capacity paper feed pedestal	1		
GD1370N	Fax board	11		
Stand 5005	Cabinet stand	·		N/A
M2040dn	Kyocera Desktop MFP (1)	DELI	VERY	N/C
P6230cdn	Kyocera color printer (1)	SALE	S TAX	6.35% of monthly paymen
P2040dw	Kyocera monochrome printer (3)	TOTA	L DUE	N/A
return them to the	n and training is included at N/C. The office works will r leasing company at no charge.	emove the		
CUSTOMER: Rive	. A			ce Works, Inc. d By
Authorized Signal	ULE CONTRACTOR CONTRACTOR			
Authorized Signal	CHAIEZ BOKan		Print Na	me
Print Name <u>M</u> Title <u>FvP-Cl</u>	CHAEZ BOKON IASNG			me
Print Name <u>) 1</u>	CHAEZ BOKON IASNG			

General Information and Questionnaire Accounting Basis

Name of Facility License No. Riverside Health Care Center, Inc. 1000c	Report for Year Ended		Page of
The records of this facility for the period covered by this report	9/30/2019		7 37
	t were maintained on the following basis.		
• Accrual O Cash O Modified Cash			
Is the accounting basis for this			
period the same as for the • Yes	If "No," explain.		
previous period? O No			
N/A			
Independent Accounting Firm			<u></u>
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code))	
1 Blum, Shapiro & Company, P.C.	2 Enterprise Dr., Shelton, CT 06484		
2			
3			
4			·
Services Provided by This Firm (<i>describe fully</i>)	·		
1 Compilation, preparation of Medicare and Medicaid cost reports and Y	E tax services	\$	30,873
2		<u> </u>	
3		\$	
4		\$	·····
		Charge for S	ervices Provided
		\$	30,873
		<u>↓</u>	
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	<u> </u>	
• Yes O No Page 15 / Line 1d	Yes, Specify Expense Classification and Line No.	· · · ·	
O Yes O No Page 15 / Line 1d Legal Services Information Page 15 / Line 1d Page 15 / Line 1d	Yes, Specify Expense Classification and Line No.		
O Yes O Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney	Yes, Specify Expense Classification and Line No.	Telephone N	umber
• Yes • No Page 15 / Line 1d Legal Services Information • Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD	Yes, Specify Expense Classification and Line No.	Telephone N 203-899-890	umber 0
O Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD 2 BERCHEM MOSES PC	Yes, Specify Expense Classification and Line No.	Telephone N 203-899-890 203-783-120	umber 0 0
OYesONoPage 15 / Line 1dLegal Services InformationName of Legal Firm or Independent Attorney1GOLDMAN GRUDER & WOOD2BERCHEM MOSES PC3TREASURER STATE OF CONNECTICUT	Yes, Specify Expense Classification and Line No.	Telephone N 203-899-890 203-783-120 860-291-727	umber 0 0
O Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD 2 BERCHEM MOSES PC	Yes, Specify Expense Classification and Line No.	Telephone N 203-899-890 203-783-120	umber 0 0
OYesONoPage 15 / Line 1dLegal Services InformationName of Legal Firm or Independent Attorney1GOLDMAN GRUDER & WOOD2BERCHEM MOSES PC33TREASURER STATE OF CONNECTICUT4STATEWIDE PROCESS SERVING	Yes, Specify Expense Classification and Line No.	Telephone N 203-899-890 203-783-120 860-291-727	umber 0 0
OYesONoPage 15 / Line 1dLegal Services InformationName of Legal Firm or Independent Attorney1GOLDMAN GRUDER & WOOD2BERCHEM MOSES PC33TREASURER STATE OF CONNECTICUT4STATEWIDE PROCESS SERVING5Address (No. & Street, City, State, Zip Code)1200 CONNECTICUT AVENUE NORWALK CT 06854		Telephone N 203-899-890 203-783-120 860-291-727	umber 0 0
OYesONoPage 15 / Line 1dLegal Services InformationName of Legal Firm or Independent Attorney1GOLDMAN GRUDER & WOOD2BERCHEM MOSES PC3TREASURER STATE OF CONNECTICUT4STATEWIDE PROCESS SERVING5Address (No. & Street, City, State, Zip Code)1200 CONNECTICUT AVENUE NORWALK CT 06854275 Broad Street, Milford, CT 06460		Telephone N 203-899-890 203-783-120 860-291-727	umber 0 0
 Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD 2 BERCHEM MOSES PC 3 TREASURER STATE OF CONNECTICUT 4 STATEWIDE PROCESS SERVING 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 CONNECTICUT AVENUE NORWALK CT 06854 2 75 Broad Street, Milford, CT 06460 3 Town Hall, 740 Main Street, East Hartford, CT 06108 		Telephone N 203-899-890 203-783-120 860-291-727	umber 0 0
OYesONoPage 15 / Line 1dLegal Services InformationName of Legal Firm or Independent Attorney1GOLDMAN GRUDER & WOOD2BERCHEM MOSES PC3TREASURER STATE OF CONNECTICUT4STATEWIDE PROCESS SERVING5Address (No. & Street, City, State, Zip Code)1200 CONNECTICUT AVENUE NORWALK CT 06854275 Broad Street, Milford, CT 0646033Town Hall, 740 Main Street, East Hartford, CT 06108434 Connecticut Blvd. Suite #9, East Hartford, CT 06108		Telephone N 203-899-890 203-783-120 860-291-727	umber 0 0
OYesONoPage 15 / Line 1dLegal Services InformationName of Legal Firm or Independent Attorney1GOLDMAN GRUDER & WOOD2BERCHEM MOSES PC3TREASURER STATE OF CONNECTICUT4STATEWIDE PROCESS SERVING5Address (No. & Street, City, State, Zip Code)1200 CONNECTICUT AVENUE NORWALK CT 06854275 Broad Street, Milford, CT 0646033Town Hall, 740 Main Street, East Hartford, CT 06108434 Connecticut Blvd. Suite #9, East Hartford, CT 061085		Telephone N 203-899-890 203-783-120 860-291-727	umber 0 0
OYesONoPage 15 / Line 1dLegal Services InformationName of Legal Firm or Independent Attorney1GOLDMAN GRUDER & WOOD2BERCHEM MOSES PC3TREASURER STATE OF CONNECTICUT4STATEWIDE PROCESS SERVING5Address (No. & Street, City, State, Zip Code)1200 CONNECTICUT AVENUE NORWALK CT 06854275 Broad Street, Milford, CT 06460333434 Connecticut Blvd. Suite #9, East Hartford, CT 0610855Services Provided by This Firm (describe fully)		Telephone N 203-899-890 203-783-120 860-291-727 N/A	umber 0 0 8
OYesONoPage 15 / Line 1dLegal Services InformationName of Legal Firm or Independent Attorney1GOLDMAN GRUDER & WOOD2BERCHEM MOSES PC33TREASURER STATE OF CONNECTICUT4STATEWIDE PROCESS SERVING5Address (No. & Street, City, State, Zip Code)1200 CONNECTICUT AVENUE NORWALK CT 06854275 Broad Street, Milford, CT 06460333434 Connecticut Blvd. Suite #9, East Hartford, CT 061085Services Provided by This Firm (describe fully)1Collections (Disallowed on Pg 28)	· · · · · · · · · · · · · · · · · · ·	Telephone N 203-899-890 203-783-120 860-291-727 N/A	umber 0 0 8 19,307
 Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney I GOLDMAN GRUDER & WOOD BERCHEM MOSES PC TREASURER STATE OF CONNECTICUT STATEWIDE PROCESS SERVING Address (<i>No. & Street, City, State, Zip Code</i>) 200 CONNECTICUT AVENUE NORWALK CT 06854 75 Broad Street, Milford, CT 06460 Town Hall, 740 Main Street, East Hartford, CT 06108 34 Connecticut Blvd. Suite #9, East Hartford, CT 06108 Services Provided by This Firm (<i>describe fully</i>) Collections (Disallowed on Pg 28) Labor - CHRO Complaint / Wrongful Discharge (Disallowed on Pg 28) 	· · · · · · · · · · · · · · · · · · ·	Telephone N 203-899-890 203-783-120 860-291-727 N/A \$ \$	umber 0 0 8 19,307 5,910
 Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD 2 BERCHEM MOSES PC 3 TREASURER STATE OF CONNECTICUT 4 STATEWIDE PROCESS SERVING 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 CONNECTICUT A VENUE NORWALK CT 06854 2 75 Broad Street, Milford, CT 06460 3 Town Hall, 740 Main Street, East Hartford, CT 06108 4 34 Connecticut Blvd. Suite #9, East Hartford, CT 06108 Services Provided by This Firm (<i>describe fully</i>) 1 Collections (Disallowed on Pg 28) 2 Labor - CHRO Complaint / Wrongful Discharge (Disallowed on Pg 28) 	· · · · · · · · · · · · · · · · · · ·	Telephone N 203-899-890 203-783-120 860-291-727 N/A \$ \$ \$ \$	umber 0 8 19,307 5,910 494
 Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney I GOLDMAN GRUDER & WOOD BERCHEM MOSES PC TREASURER STATE OF CONNECTICUT STATEWIDE PROCESS SERVING Address (<i>No. & Street, City, State, Zip Code</i>) 200 CONNECTICUT AVENUE NORWALK CT 06854 75 Broad Street, Milford, CT 06460 Town Hall, 740 Main Street, East Hartford, CT 06108 34 Connecticut Blvd. Suite #9, East Hartford, CT 06108 Services Provided by This Firm (<i>describe fully</i>) Collections (Disallowed on Pg 28) Labor - CHRO Complaint / Wrongful Discharge (Disallowed on Pg 28) 	· · · · · · · · · · · · · · · · · · ·	Telephone N 203-899-890 203-783-120 860-291-727 N/A \$ \$ \$ \$ \$ \$	umber 0 0 8 19,307 5,910
 Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD 2 BERCHEM MOSES PC 3 TREASURER STATE OF CONNECTICUT 4 STATEWIDE PROCESS SERVING 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 CONNECTICUT A VENUE NORWALK CT 06854 2 75 Broad Street, Milford, CT 06460 3 Town Hall, 740 Main Street, East Hartford, CT 06108 4 34 Connecticut Blvd. Suite #9, East Hartford, CT 06108 Services Provided by This Firm (<i>describe fully</i>) 1 Collections (Disallowed on Pg 28) 2 Labor - CHRO Complaint / Wrongful Discharge (Disallowed on Pg 28) 	· · · · · · · · · · · · · · · · · · ·	Telephone N 203-899-890 203-783-120 860-291-727 N/A \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	umber 0 0 8 19,307 5,910 494 200
 Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD 2 BERCHEM MOSES PC 3 TREASURER STATE OF CONNECTICUT 4 STATEWIDE PROCESS SERVING 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 CONNECTICUT A VENUE NORWALK CT 06854 2 75 Broad Street, Milford, CT 06460 3 Town Hall, 740 Main Street, East Hartford, CT 06108 4 34 Connecticut Blvd. Suite #9, East Hartford, CT 06108 Services Provided by This Firm (<i>describe fully</i>) 1 Collections (Disallowed on Pg 28) 2 Labor - CHRO Complaint / Wrongful Discharge (Disallowed on Pg 28) 	· · · · · · · · · · · · · · · · · · ·	Telephone N 203-899-890 203-783-120 860-291-727 N/A \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	umber 0 10 8 19,307 5,910 494 200 ervices Provided
 Yes Yes No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney I GOLDMAN GRUDER & WOOD BERCHEM MOSES PC TREASURER STATE OF CONNECTICUT STATEWIDE PROCESS SERVING Address (<i>No. & Street, City, State, Zip Code</i>) 200 CONNECTICUT AVENUE NORWALK CT 06854 75 Broad Street, Milford, CT 06460 Town Hall, 740 Main Street, East Hartford, CT 06108 34 Connecticut Blvd. Suite #9, East Hartford, CT 06108 Services Provided by This Firm (<i>describe fully</i>) Collections (Disallowed on Pg 28) Labor - CHRO Complaint / Wrongful Discharge (Disallowed on Pg 28) Conservator (Disallowed on Pg 28) 		Telephone N 203-899-890 203-783-120 860-291-727 N/A \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	umber 0 0 8 19,307 5,910 494 200
 Yes O No Page 15 / Line 1d Legal Services Information Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD 2 BERCHEM MOSES PC 3 TREASURER STATE OF CONNECTICUT 4 STATEWIDE PROCESS SERVING 5 Address (<i>No. & Street, City, State, Zip Code</i>) 1 200 CONNECTICUT A VENUE NORWALK CT 06854 2 75 Broad Street, Milford, CT 06460 3 Town Hall, 740 Main Street, East Hartford, CT 06108 4 34 Connecticut Blvd. Suite #9, East Hartford, CT 06108 Services Provided by This Firm (<i>describe fully</i>) 1 Collections (Disallowed on Pg 28) 2 Labor - CHRO Complaint / Wrongful Discharge (Disallowed on Pg 28) 		Telephone N 203-899-890 203-783-120 860-291-727 N/A \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	umber 0 10 8 19,307 5,910 494 200 ervices Provided

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License N	No.				or Year Ende		Page	of			
Riverside Health Care Center, Inc.			10	000c	-		9/30/2019				8	37
				Period 10/	/1 Thru 6/	/30		Period 7/	1 Thru 9/2	30		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHŅS	(Specify)	Total	CCNH	RHNS	(Specify)
 Certified Bed Capacity A. On last day of PREVIOUS report period 	345	345			345	345			345	345		
B. On last day of THIS report period	345	345	-		345	345			345	345		
 Number of Residents A. As of midnight of PREVIOUS report period 	320	320			320	320			319	319		
B. As of midnight of THIS report period	307	307			319	319			307	307		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,528	3,528			2,826	2,826			702	702		
B. Medicaid (Conn.)	106,014	106,014			78,797	78,797			27,217	27,217		
C. Medicaid (other states)												
D. Private Pay	2,678	2,678			2,006	2,006			672	672		
E. State SSI for RCH												
F. Other (Specify) Managed Care & Hospice	5,257	5,257			4,261	4,261			996	996		
G. Total Care Days During Period (3A thru F)	117,477	117,477			87,890	87,890			29,587	29,587		
 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days 	3	3			2	2			1			
B. Other Bed Reserve Days	43	43			28	28			15	15		·
5. Total Resident Days (3G + 4A + 4B)	117,523	117,523			87,920	87,920			29,603	29,603		

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

			Sch	edı	ile of	Res	sider	nt S	tatis	tics (Cont'd	l)		
Name of Faci	lity			Licer	nse No.				Report	for Year	Ended		Pagé	of
Riverside He	alth Care	e Center	, Inc.	1	000c					9/30/201	9		9	37
			<u> </u>											
4. Were th	ere any o	changes	in the certified b	oed ca	pacity du	ring t	he repo	rt yea	r?	0	Yes	\odot	No	
If "YES	", provid	e the fo	llowing informat	ion:										
		Place of	f Change		Cł	ange	in Bed	s		Ca	pacity Afte	er Change		
Date of	CCNH	RHNS			Lost			Gaine	d					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	r Change
N/A		· · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>		<u>, , , , , , , , , , , , , , , , , , , </u>		<u>````</u>	· · · · · ·					<u>`````</u>
	1													
			·											
5 If there	wae anv	change	in certified bed	anaci	ity during	the r	enort v	ar (ac	report	ed in iten	1 A above)	provide the num	ber of	
		-		-	-	uic i	epon y	lai (az	report	eu minen	14 40000)	provide the num		
RESID	ENTDA	A Y S TOP	90 days followir	ig the	cnange.					I				
			~ ` . ~									DIDIG	(5	aif ()
			Change in R	esider	nt Days						CNH	RHNS	(Spe	city)
1 st char			· · · · · · · · · · · · · · · · · · ·											
2nd cha 3rd chai											· · · · ·			
4th chai														
		dents an	d Rates on Sept	ember	30 of Co	st Ye	ar					L		
0. 11000	orrees	donto un	Medicare		Medi					S	elf-Pay		Other Stat	e Assisted
										[<i>k</i>			
	Item		CCNH	C	CCNH	R	HNS	C	CNH	RI	INS .	(Specify)	R.C.H.	ICF-MR
No. of F	Resident	s	9	<u> </u>	273				25	+ ·· · · · · · · · · · · · · · · · · ·		(29-007)		
Per Die					1.2.2.1.1				i lages.					
a. One			Various		254.20	are a destroy		Î	535.00					
	bed rms	3.	Various		254.20			1	500.00					
c. Thre	e or mor	e		ŀ						T				
	rms.													
			P			.					······			
7. Total N	umber o	f Physic	al Therapy Treat	ments	s					TC	TAL	CCNH	RHNS	(Specify)
	. Medic										7,339	7,339		
В		•	clusive of Part B)										
			ce Treatments					·		<u> </u>				<u> </u>
		storative	Treatments								5,000	5,000		
	C. Other	Dhuaia	I Thomas Ta 4	mant						<u> </u>	<u>17,294</u> 29,633	17,294 29,633		
			I Therapy Treat		, . 						29,033	29,033		
	. Medic			nents							1,630	1,630		
			clusive of Part B)						and the second	1,050	1,050		
			ce Treatments	,						12102200020493128	927) and 1928			
			Treatments								497	497		
C	. Other										1,687	1,687		
D). Total		Therapy Treatn								3,814	3,814		
9. Total N	umber o	of Occup	ational Therapy	Treat	ments									
A	. Medic	are - Pa	rt B								18,915	18,915		
E			clusive of Part B)										
L			ce Treatments											
		storative	e Treatments			<u> </u>					7,293	7,293		
	C. Other	0.	4	T	144.02-4-						18,023	18,023		
), Total	оссира	tional Therapy	i reat	ments					<u> </u>	44,231	44,231	<u>I</u>	l

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c		Report for Year 9/30/2019	Ended	Page 10	of 37
Are time records maintained by all individuals receiving con			Yes	0	No	
			Total Cost a			
	8		Total Cost a			
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
 A. Salaries and Wages* I. Operators/Owners (Complete also Sec. I 						
of Schedule A1)	47,633	93	<u> Andreas and A</u>			
2. Administrator(s) (Complete also Sec. III	11,000			4		
of Schedule A1)	189,839	2,080				
3. Assistant Administrator (Complete also Sec. IV	1.1.1					
of Schedule A1)	133,314	2,080				:
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	490,379	19,890				And the second
5. Dietary Service	177.010	F 400				
a. Head Dietitian	175,343	5,483 8,827				
b. Food Service Supervisor c. Dietary Workers	207,651 891,739	<u>8,827</u> 53,298				
6. Housekeeping Service	071,757	55,270				
a. Head Housekeeper	121,225	4,433				
b. Other Housekeeping Workers	1,251,609	67,706				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	80,975	2,080				
b. Other Maintenance Workers	153,256	6,616				
8. Laundry Service	2 (92	100				-
a. Supervisor b. Other Laundry Workers	3,683	180		}		
9. Barber and Beautician Services	449,622	25,524				
10. Protective Services			1			
11. Accounting Services						
a. Head Accountant						L
b. Other Accountants						
12. Professional Care of Residents					In the second	
a. Directors and Assistant Director of Nurses	278,856	4,160)			
b. RN		A (A (A))				
1. Direct Care	1,462,882					<u> </u>
2. Administrative** c. LPN	396,764	11,735	<u>, , , , , , , , , , , , , , , , , , , </u>	Contra Contra Contra		
1. Direct Care	3,513,355	122,170))			
2. Administrative**	6,232					1
d. Aides and Attendants	5,546,258	100 101				
e. Physical Therapists						
f. Speech Therapists				ļ		
g. Occupational Therapists		10.000		ļ		
h. Recreation Workers	452,218	19,002	2			
i. Physicians I. Medical Director						
2. Utilization Review			-			
3. Resident Care***						
4. Other (Specify)			-			
j. Dentists		1		· · · · ·		
k. Pharmacists		ļ		<u> </u>	+	
1. Podiatrists	200.000	770	7	<u> </u>		+
m. Social Workers/Case Management	209,850	7,36	/	+	· · · · ·	+
n. Marketing o. Other (Specify)						
See Attached Schedule	522,699	15,66	8			
A-13. Total Salary Expenditures	16,585,582			-	1	1

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting. *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

		CCN	H	R	HNS	(Specify)		
Position		\$	Hours	\$	Hours	\$	Hours	
an a		-			·			
Admissions	\$	314,961	8,521					
Medical Records		43,189	2,313					
Respiratory Therapist (Disallowed on Pg 28a)		164,549	4,834					
· · · · · · · · · · · · · · · · · · ·								
	•					<u></u>		
seren er en								
- Aller Market - Lander and -								
talanak watayan ang kananan antara a								
Total	\$	522,699	15,668	\$ -	-	\$ -		

Schedule of Other Fees (Page 13)

		CCN	Н		RIINS		(Specify)		
Service		\$	Hours	\$	Hours	\$		Hours	
		-							
IV Nursing Consultant (Disallowed on Pg 28a)	\$	31,228	416						
Rehab Consultant (Disallowed on Pg 28a)		24,116	481						
					·	ļ			
				·		<u> </u>			
								· · · · · · · · · · · · · · · · · · ·	
							;		
						ļ			
					·				
							_ <u></u>	ļ	
Total	\$	55,344	897	\$	- -	\$	-		

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

<u> </u>		1	15515tan	······································	ators and Other	······		· · · · · · · · · · · · · · · · · · ·	_	
Name of Facility				License No.		Report for Year Ended		Page	of	
Riverside Health Care Center, Inc				1000c		9/30/2019			11	37
Name	CCNH	Salary Pai RHNS	d (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners								· · · · ·		
Marvin J. Ostreicher	47,633		· · ·	Non Discriminatory	Supervises Operations, Deals with DNS & Other	93	A1	See Attached		
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.

Riverside Health & Rehab Marvin J Ostreicher Time Study 9/30/2019

	BEDS	Total w/ Bnft
Bethel	161	66.00
Bloomfield	120	67.00
Bristol	132	60.00
Cambridge	160	73.00
Hebrew Home	257	111.00
Ludlowe	144	60.00
Maple View	120	58.00
Marlborough	120	56.00
Milford	120	60.00
Regency	130	62.00
Riverside	345	93.00
Village Crest	95	58.00
Water's Edge	150	64.00
Augusta	72	57.00
Belair	102	53.00
Brattleboro	80	65.00
Brentwood	78	50.00
Brewer	111	64.00
Catskill	136	58.00
Colony	92	55.00
Country	111	58.00
Dover	112	58.00
Eastside	69	51.00
Eliot	114	62.00
Glen Falls	120	56.00
Huntington	320	94.00
Kennebunk	78	51.00
Maywood	120	65.00
Newton Wellseley	110	58.00
Norway	70	48.00
Poughkeepsie	200	74.00
Reservoir	144	71.00
Rutland	125	64.00
Sachem	111	54.00
Sands Point	180	70.00
Utica	117	53.00
Westgate	104	59.00
Winship	72	50.00
Vacation/PTO		
Sick		
Personal		
Holiday		
Total	2,948	1,498.00

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

·		£	Assistan	i Administra	ators and Other	Related	Parties.	·		
Name of Facility (as licensed)				License No.		Report for Y	'ear Ended		Page	of
Riverside Health Care Center, Inc.				1000c		9/30/2019		12	37	
		Salary Pai	d	1 1						
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators***										
Karen Chadderton	189,839			Non Discriminatory	Administrator	. 2,080	A2			
Section IV - Assistant Administrators										
Michael Bernardi	133,314			Non Discriminatory	Assistant Administrator	2,080	A3			
									-	
					× .					

Assistant Administrators and Other Related Parties*

*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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility Riverside Health Care Center, Inc.	License No. 100	0c	Report for Y 9/30/2019	ear Ended	Page 13	of 37
			Total Cost a	and Hours		
	1			ind nours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	10,209	184				
3. Pharmacist	33,491	447				· ·
4. Podiatrist	179	2				
5. Physical Therapy						
a. Resident Care	604,555	10,467				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians	E ACE P					
a. Medical Director (entire facility)	105,933	317		- 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199 -		
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)						
e. Other (speeny)				C. S. G. M. S. S. W. S.		
9. Speech Therapist						
a. Resident Care	203,379	3,314	<u> </u>		<u> </u>	
b. Other	203,575	5,514				
10. Occupational Therapist						
a. Resident Care	978,795	17,763	1			
b. Other	978,795	17,705				
11. Nurses and aides and attendants		no esta de la compañía				
a. RN						
a. Kin 1. Direct Care						
2. Administrative***						
b. LPN			-			
1, Direct Care						
2. Administrative***						1
c. Aides				1	+	
			<u> </u>		<u> </u>	
d. Other						
12. Other (Specify) See Attached Schedule	55,344	897				
B-13 Total Fees Paid in Lieu of Salaries	1,991,885	33,391		<u></u>		<u> </u>

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

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

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

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility	License No.	·····	Report for Y	ear Ended	Page	of		
Riverside Health Care Center, Inc.	1000c	9/30/2019		14	37			
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No	Expla	Explanation of Relationship			
Gerident Solutions, P.O. Box 290539, Wethersfield, CT 06129	Dentist	0	0	N/A				
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist / IV Nursing Consultant	O	0	Common Ownership				
Preferred Thearpy-850 Silas Deane HWY Wethersfield CT	PT, OT, ST / Rehab Consultant	Ó	0	Common Own	iership			
Starling Physicians - 2110 Sillas Deane Highway, Rocky Hill, CT 06067	Medical Director	0	۲	N/A				
Bloomfield Foot Specialists, 1 Northwestern Drive Bloomfield CT 06002	Podiatrist	0	٥	N/A				
Mouli Associates - 43 Wood Street, Hartford, CT 06105	Medical Director	0	٥	N/A				
Elmo Villanueva Collins Medical Associates - 506 Cromwell Avenue, Rocky Hill CT 06067	Medical Director	0	•	N/A				
Swallowing Diagnostics - PO Box 484 Avon CT 06001	Speech Therapy	0	٥	N/A				
CLIMB MEDICAL GROUP LLC PO Box 23369 Belfast, ME 04915	Nursing Consultant	0	o	N/A		-		
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* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

State of Connecticut Annual Report of Long-Term Care Facility CSP-15 Rev. 9/2018

C. Expenditures Other Than Salaries - Administrative and General

	cense No.		Report for Ye	ear Ended	Page	of
Riverside Health Care Center, Inc.	1000c	<u> </u>	9/30/2019		15	37
Item			Total	CCNH	RHNS	(Specify)
1. Administrative and General			Total			(speeny)
a. Employee Health & Welfare Benefits						
1. Workmen's Compensation		\$	703,385	703,385		
2. Disability Insurance		\$	100,000	103,300		
3. Unemployment Insurance		\$	152,040	152,040		
4. Social Security (F.I.C.A.)		\$	1,215,884	1,215,884		
5. Health Insurance	anna an tao a	\$	2,275,773	2,275,773		
6. Life Insurance (employees only)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	79,375	79,375		
(not-owners and not-operators)						
8. Uniform Allowance	·····	\$				
9. Other (<i>Specify</i>)		\$	8,125	8,125		
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						1,22
Operators (Discriminatory)*						1. Sec. 1
c. Bad Debts*		\$	370,330	370,330		
d. Accounting and Auditing		\$	30,873	30,873		
e. Legal (Services should be fully described or	1 Page 7)	\$	25,911	25,911		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*				and the second		
g. Office Supplies		\$	30,741	30,741		
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	26,603	26,603		
2. Cellular Phones		\$	9,829	9,829		
i. Appraisal (Specify purpose and		\$	nden selective international rest of the second	Marchenska z Alexandro - sola dal		
attach copy)*						
j. Corporation Business Taxes (franchise tax)		\$	479	479		
k. Other Taxes (Not related to property - See	Page 22)		100			
1. Income*		\$				
2. Other $(Specify)$		\$				
See Attached Schedule						
3. Resident Day User Fee		\$		1,769,171	<u> </u>	
Subtotal	····	\$	6,698,519	6,698,519	<u> </u>	<u> </u>

* 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

Attachment Page 15

Schedule of Other Employee Benefits

(CONH	RHNS	(Specify)
			ļ
\$	8,125		
-			
1		l	
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			· · ·
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_		·	
-+	8 125	\$ -	\$ -
		\$ 8,125	- \$ 8,125

Schedule of Other Taxes

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

	License No.		Report for Y	'ear Ended	Page	of
Riverside Health Care Center, Inc.	1000c		9/30/2019		16	37
			ļ			
Item			Total	CCNH	RHNS	(Specify)
	s Brought Forward	d:	6,698,519	6,698,519		
1. Travel and Entertainment	•					The second s
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	12,923	12,923		
3. Gifts to Staff and Residents		\$	33,641	33,641		
4. Employee Travel		\$	13,168	13,168		
5. Education Expenses Related to Seminars and	Conventions	\$	3,351	3,351		
6. Automobile Expense (not purchase or depres	ciation)	\$	1,189	1,189		
7. Other (<i>Specify</i>)		\$				
See Attached Schedule					1	
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such ex		\$				
3. Advertising Other (<i>Specify</i>)***		\$	77,039	77,039		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service is	supplied	\$				
directly and not by contract or fee for service)						
7. Postage		\$	11,222	11,222		
* 8. Dues and Membership Fees to Professional		\$	22,964	22,964		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	750	750		
9. Subscriptions		\$	254	254		
10. Contributions***		\$	And Market			and the state of the
See Attached Schedule						
11. Services Provided by Contract (Specify and C	Complete	\$	182,983	182,983		
Schedule C-2, Page 21 for each firm or indi	vidual)					
12. Administrative Management Services**		\$	1,573,937	1,573,937		
13. Other (Specify)		\$	73,042	73,042		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	8,704,982	8,704,982		

* 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	RI	INS	(Specify
Fotal Other Travel and Entertainment		\$	-	\$

Schedule of Other Advertising

1

Description	CCNH	RHNS	(Specify)
·	-		
Promotional Advertising (Disallowed on Pg 28)	\$ 77,039		
Total Other Advertising	\$ 77,039	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)	
	-			
CAHCF Dues	\$ 22,819			
ALTCFM Dues	145			
		<u> </u>	<u> </u>	
<u> </u>				
Total Dues	\$ 22,964	\$ -	\$ -	

Schedule of Contributions

Description	 	CCNH		RHNS		(Specify	
	 			1			
Total Contributions	 	\$	-	\$	-	\$	-

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses and Permits	\$ 6,573		
Penalties (Disallowed on Pg 28a)	. 671		
Bank Charges	59,511		
Misc Expenses (Disallowed on Pg 28a)	6,287		
		·	
Total Other Administrative and General	\$ 73,042	\$ -	\$ -

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Schedule C-1 - Ma	magement Services*
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Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2019	Page of
		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 #
National Healthcare	1,573,937	Shared Expenses	Page 16 / Line m12
	1,070,707		
		· · · · · · · · · · · · · · · · · · ·	
	· · ·		

* 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

		No	ote or	1 Page 5)				
Name of Facility Riverside Health Care Center, Inc.			License	No. 1000c	Report for Y 9/30/201		Page 18	of 37
	Item			Total	CCNH	RHNS	(Sp	becify)
2.	Dietary a. In-House Preparation & Service 1. Raw Food 2. Non-Food Supplies 3. Other (Specify)		\$ \$ \$	969,794 101,322	969,794 101,322			
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	42,960	42,960			
	c. Other (<i>Specify</i>)		\$					
2D.	<i>Total Dietary Expenditures</i> (2a + b + c + d)		\$	1,114,076	1,114,076	; 		
2E. F.	Dietary Questionnaire Resident Meals: Total no. of meals served per d	day:	*	Total	CCNH	RHNS	(Sl	becify)
G.	Is cost of employee meals included in 2D?	0	Yes	•	No			
H.	Did you receive revenue from employees?	0	Yes	۲	No	If yes, specify amt.		
I.	Where is the revenue received reported in the C	Cost	Report	? (Page/Line I	tem)			
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	0	Yes	۲	No	If yes, specify cost.	-	
К.		0	Yes	۲	No	If yes, specify amt.		
L.	Where is the revenue received reported in the C	Cost	Report	? (Page/Line I	tem)	•		
М.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	0	Yes	۲	No	If yes, specify cost.		
N.	Is any revenue collected from employees?	0	Yes	0	No	If yes, specify amt.		
О.	Where is the revenue received reported in the C	Cost	Report	? (Page/Line I	tem)			

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

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

Name of Facility			License		Report for		Page of
Riverside Health Care Center, Inc.				000c	9/30/2019) T	19 37
	Item			Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	-	Lbs. Amt. \$.196,584	196,584		
	 washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 		Lbs.	· .			
			Amt. \$				
	3. Personal clothing of residents		Lbs.				
	washed, ironed, and/or processed.***		Amt. \$				·····
	4. Repair and/or purchase of linens.***		Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		<u>Amt. \$</u> \$	1,561	1,56		
20	c. Other (<i>Specify</i>) Other Laundry Supplies Total Laundry Expenditures (3a + b + c)		\$				
3D. 3E.	Laundry Questionnaire		\$	220,657	220,657	/]	
<u>ус.</u> F.	Is cost of employee laundry included in 3D?	0	Yes	۲	No	If yes, specify cost.	
G.	Did you receive revenue from employees?	0	Yes	۲	No	If yes, specify amt.	
H.	Where is the revenue received reported in the Co	ost l	Report?		(Page/Lin		
Ι.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	0	Yes	٢	No	If yes, specify cost.	
J.	Did you receive revenue from these people?	0	Yes	۲	No	If yes, specify amt.	
К.	Where is the revenue received reported in the Co	ost	Report?		(Page/Lin	e 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)

	ne of Facility		Repo	ort for Year E	nded	Page	of
Riverside Health Care Center, Inc.		1000c		9/30/2019		20	37
	Item	•		Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel			·.		
	1. Supplies - Cleaning (Mops,	Amt.	\$	88,261	88,261		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft, Serviced					
	than through Management Services)	by Personnel					
1	(Complete Schedule C-2 att.	Ämt.	\$				
	Page 21)						
	C. Other (<i>Specify</i>)		\$				
4D.	Total Housekeeping Expenditures (4a +	b + c)	\$	88,261	88,261		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$	553,271	553,271		
	2. Purchased from		\$	an an ar the community of the state of the	-		a na antonio de constitui a se de constitui a se de constitui a se de constitui a se de constitui de constitui
	b. Medicine Cabinet Drugs		\$	37,601	37,601		
	c. Medical and Therapeutic Supplies		\$	438,084	438,084		
	d. Ambulance/Limousine***		\$	32,508	32,508		
	e. Oxygen						
	1. For Emergency Use		\$				
	2. Other***		\$	22,363	22,363		
	f. X-rays and Related Radiological		\$	23,733	23,733		
	Procedures***				and the second second		
	g. Dental (Not dentists who should be inc	luded under	\$			www.word.ches.com.com.com.com.com.com.com.com.com.com	
	salaries or fees)						
	h. Laboratory***		\$	47,716	47,716		
	i. Recreation		\$		57,689		
	j. Direct Management Services*		\$	and the second se			
	k. Indirect Management Services*		\$				
	1. Other (Specify)****		\$	86,475	86,475	and the west of provide a second state of the	
	See Attached Schedule						
5M	, Total Resident Care Expenditures (5a - 5	5j)	\$	1,299,440	1,299,440		

* 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	С	CNH	RHNS	(Specify)
-		-		
Supplies - Nursing Admin		201		
V Thy Supplies - Rehab Tpy and Ancllr (Disallowed on Pg 29a)		12,077 [.]		
Purch Services - Nursing		1,739		
Equip Rental - Nursing (Disallowed on Pg 29a)		21,568		
Equip Rental - Rehab Tpy and Ancllry (Disallowed on Pg 29a)		11,746		
Equip Rental - Respiratory (Disallowed on Pg 29a)		39,144		
· · · · · ·				
		4		
Total Other Resident Care	\$	86,475	\$-	\$ -

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

Name of Facility				License No.	Report for Year Ended					of
Riverside Health Care Center	r, Inc.	1000c	9/30/2019				21	37		
Related ** to Operators,						Total Cost	/Page Ref.**	**		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
MJ Daly	110 Mattatuck Heights, Waterbury, CT, 06705		•	N/A	HVAC	76,822				6f
Otis Elevator	PO Box 13716 Newark, NJ 07188 1701 Highland Ave #4,	0	•	N/A	Elevator Service Alarm Maintenance and	34,083			22	6f
Fire Protection Testing	Cheshire, CT 06410 47-36 36th Street, Long	0	•	N/A	Monitoring	21,212			22	6f
Kone Inc.	Island City, NY 11101 1317 Coney Island Ave,	0	•	N/A	Elevator Maintenance Trash Removal /	14,281			22	6f
ADM Environmental	Brooklyn, NY 11230 Philadelphia, PA 19170-	0	•	N/A	Recycling Service	54,043			22	6f
ADP	0372 PO Box 23072 Overland	0	0	N/A	Payroll Processing Computer Maintenance	45,576			16	mll
Intergrated Health Stystems	Park, KS 66283 333 Thornall St. 4th	0	•	N/A	Sytems	21,632			16	m11
Smartlinx	Floor Edison, NJ 08837	0	•	N/A	Time & Attendance	19,530			16	mll
	· ·	0	•							<u> </u>
		0	•							<u> </u>
		0	0							
		0	<u> </u>							
		0	• •	·						

* 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

	License No.	Report for Ye	ear Ended	,	Page of
Riverside Health Care Center, Inc.	1000c	9/30/2019		<u></u>	22 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$				
b. Heat	\$	167,928	167,928		
c. Light & Power	\$	534,690	534,690		-
d. Water	\$	166,049	166,049		
e. Equipment Lease (Provide detail on pa	nge 6) \$	114,477	114,477		
f. Other (<i>itemize</i>)	\$	353,628	353,628		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	6f) \$	1,336,772	1,336,772		
7. Depreciation (complete schedule page 23*	[•])				
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	164,761	164,761		
*7e. Total Depreciation Costs (7a + b + c + d)	\$	164,761	164,761		
8. Amortization (Complete att. Schedule Pag	e 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$	214,713	214,713		
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)) \$	214,713	214,713		
9. Rental payments on leased real property leased	SS				
real estate taxes included in item 10b	\$	1,261,427	1,261,427		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	322,064	322,064		
c. Personal property taxes	\$	44,027	44,027		
11. Total Property Expenses (7e + 8e + 9 + 1	0) \$	2,006,992	2,006,992		

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

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Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Supplies	\$ 44,178		
Purchased Services	226,911		
Ground Services	14,025		
Pest Control	10,035		
Carting	58,479		
	······································		
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· · · · · · · · · · · · · · · · · · ·			
Total Other Denairs and Maintenance	\$ 353,628	\$ -	\$ -
Total Other Repairs and Maintenance	\$ 333,028.	φ	<u></u>

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

Depreciation Schedule Report for Year Ended Page Name of Facility License No. of 9/30/2019 Riverside Health Care Center, Inc. 1000c 23 37 Historical Accumulated Depreciation to Method of Cost Less Salvage Exclusive of Beginning of Computing Useful Depreciation Cost to Be Depreciated Land Value Year's Operations Depreciation Life for This Year Totals **Property Item** A. Land Improvements 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) A-4. Subtotal **Building and Building Improvements** B. 20,614,833 (Equity Purposes) 20,614,833 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) B-4. Subtotal C. Non-Movable Equipment 1. Acquired prior to this report period 1,048,608 1.048.608 (Equity Purposes) 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) C-4. Subtotal Is a mileage Accumulated logbook Historical Date of Depreciation to Method of maintained? Cost Less Acquisition Exclusive of Salvage Beginning of Computing Useful Depreciation Cost to Be Value Depreciated Year's Operations Depreciation Life for This Year Totals Yes Land No Month Year D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a. b. c. d. 2. Movable Equipment 2,073,919 1,327.339 S/L 148,651 a. Acquired prior to this report period Var 2,073,919 Various Var b. Disposals (attach schedule) c. Acquired during this report period 150,182 150.182 S/L Various 16,110 (attach schedule) Var Var D-3. Subtotal 164,761 Total Depreciation 164.761

Schedule of Land Improvements Acquired during this report period

	Cost	Life	Depreciation
Description of Item			
tanana, tatatan, tanan arang			
nts .	\$ -		\$ -
			•
			· ·
nts	\$ -		\$ -
	· · · · · · · · · · · · · · · · · · ·	ents \$ -	ents \$ -

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**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

			Useful	
cquisition Date	Description of Item	Cost	Life	Depreciation
dditions:				
			1	
			+	+
	· · · · · · · · · · · · · · · · · · ·			
			+	
	·			
otal additions for Building In	nprovements	\$ -		\$ -
eletions:	· · ·			
		i		
				_ <u></u>
otal deletions for Building In	nprovements	\$ -		\$ -

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	· · · · · · · · · · · · · · · · · · ·			
			^	
Total additions for Non-Movable	Equipment	\$ -		\$ -
Deletions:	rid albumatic			
Deletions:				
·				
The first diagonal by the barrier by	P	<u> </u>		\$ -
Total deletions for Non-Movable	Equipment	φ -		Ψ

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

quisition Date	Description of Item	Cost	Useful Life	Depreciation
ditions:				
10/11/2018	Starling Physicians-ApneaLink	\$ 1,604	7	\$ 229
10/10/2018	TriState Surg-Bariatric Beds	2,334	15	156
10/17/2018	Culinary Depot-Waring CB15	1,138	10	114
11/6/2018	TriState-Bariatric Wheelchair	798	5	160
11/30/2018	Cul Depot-shipp on Asset 1212	36	10	4
11/30/2018	Culinary Depot-Ice Maker	2,989	10	299
11/6/2018	Cul Depot-Merid Water Dispense	4,057	10	406
11/12/2018	Smart Care-blower motor	1,925	8	241
11/1/2018	Daniel's Equip-UniMacWasher	 4,844	10	484
11/14/2018	MLK Lock-Security Cameras	3,551	5	710
	RVH Millwork-Cabinet/Sink	5,583	20	279
1/21/2019	Dir Supply-Dig Chair Scale	1,308	10	• 131
11/20/2018	Cul Depot-Meat Chopper	5,115	10	- 511
2/25/2019	Daniel's Equip-UniMacWasher	19,377	10	1,938
2/4/2019	SupplyWorks-window coverings	1,849	5	370
2/14/2019	SupplyWorks-window coverings	1,308	5	262
2/1/2019	SmartCare - Thermostat	1,407	5	281
3/25/2019	McKesson-Trapeze Bed	499	15	33
3/13/2019	Direct Supply-Vacuum	635	8	. 79
3/1/2019	Direct Supply-Cabinets/Chests	4,822	15	321
4/22/2019	Culinary Depot - Ice Dispenser	3,766	10	377
4/8/2019	Supply Works-Cellular shades	2,460	5	492
5/7/2019	Direct Supply-Dig Chair Scale	1,368	10	137
5/29/2019	TriState-Bariatric Wheel Chair	798	5	160
5/24/2019	Direct Supply-Floor Machine	670	10	67
4/2/2019	MLK Lock-cameras	1,752	5	. 350
	MJ Daly- Chiller	64,859	10	6,486
8/21/2019	TriState Surg-Elec Actuator	541	10	54
9/24/2019	Cul Dep-Mobile dish dispenser	7,796	10	780
4/18/2019	McKesson-Defibrillator	 995	5	· 199
tal additions for	Movable Equipment	\$ 150,182		\$ 16,110
eletions:				
		 		ļ.:
		 		l
		 		·
		 		·
tal deletions for	Movable Equipment	\$ -		\$ -

*Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

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Schedule of Leasehold Improvements Acquired during this report period

	old Improvements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
10/12/2018	Magnum Ind - Entry Tile	\$ 2,320	10	\$ 232
11/16/2018	Junga Electric-ballards	2,746	15	183
12/31/2018	Magnum Ind-Sheet Vinyl	1,133	10	113
12/21/2018	OTIS-Power unit/Starter	28,117	20	1,400
1/31/2019	MJ Daly-pipes, fittings	8,777	20	439
1/31/2019	MJ Daly-couplers, diverters	3,024	20	15
1/31/2019	MJ Daly-Module Control	2,767	20	13
1/31/2019	MJ Daly-pipes, valves	2,183	20	10
2/28/2019	MJ Daly-Misc	4,207	20	21
3/12/2019	Magnum Ind-door kickplates	1,617	10	16
1/13/2019	MJ Daly-Penthouse Pump	2,226	10	22
2/28/2019	MJ Daly-Faucets/Valves	2,190	20	10
4/30/2019	WestReach-Door	1,571	10	15
5/30/2019	Lingard Cabinet Co-countertops	3,988	15	26
5/31/2019		3,011	20	15
	MJ Daly-water heater parts	2,056	20	10
	Westreach-Door	999	10	10
	MJ Daly- Chiller Leak Install	5,166	20	25

6/25/2019 MJ Daly-Thermostat valve 6/25/2019 MJ Daly-Valves 6/30/2019 MJ Daly-Fan Motor		1,417 1,405	20 20		· 71 70
		1,405	20		70
6/30/2019 MI Daly-Fan Motor					
		2,212	20		111
10/31/2018 MJ Daly - 2 Heat Pumps		9,065	20		453
11/30/2018 MJ Daly - 2 Heat Pumps		9,065	20	- e	453
Total additions for Leasehold Improvement	\$ 10	01,263		\$	5,668
Deletions:					
Total deletions for Leasehold Improvement	\$	-		\$	-

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Amortization Schedule*

Nam	e of Facility			License No.	······································	Report for Yea	ar Ended		Page	of
River	side Health Care Center, Inc.			100	10c	9/30/2019			. 24	37
						Accumulated				
		Dat	e of			Amort. to				
{		Acqui	isition			Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense]							
	1.									
	2.									
	3.				-					
A-4.	Subtotal	and an an array of the second s								
В.	Mortgage Expense									
	1.									The second s
	2.									
	3.							A Sanarital and a		
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	Var	Var	Various	2,996,100	2,098,481	S/L	Variou	209,045	
	2. Disposals (attach schedule)									
	3. Acquired during this report period							. Second of		
	(attach schedule)	Var	Var	Various	101,263		S/L	Variou	5,668	
C-4.	Subtotal									214,713
D.	Total Amortization					and the second				214,713

* 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.

LISIOL INTROVEMENTS Li For Parad Acquaition (Pre 90/01 CU) Varian 54. Varian 2,094,00 2,094,00 2,094,00 2,092,00 2,020,00 2,020	Asset Type	Description	Date In Service	Method	Life	Historical Cost	2018 A/D	2019 Deprec.	2019 A/D	NBV
OP A Million Argum IndEntry Tile ID12/001 S.S. ID 2.200										
Normality Normality <t< td=""><td>LI</td><td>Prior Period Acquisitions (Per 9/30/18 CR)</td><td>Various</td><td>S/L</td><td>Various</td><td>2,996,100</td><td>2,098,481</td><td>209,045</td><td>2,307,526</td><td>688.57-</td></t<>	LI	Prior Period Acquisitions (Per 9/30/18 CR)	Various	S/L	Various	2,996,100	2,098,481	209,045	2,307,526	688.57-
Li Magain 6- Emy Thé IP112/2018 Sh. 10 2,239 1,232 123 Li Magain 6- Sher, Weit 1231/2018 Sh. 10 1,13 1,13 1,13 Li Magain 6- Sher, Weit 1231/2018 Sh. 10 1,13 1,13 1,146 Li MD Day-Sher, Weit 101/2019 Sh. 20 3,674 1,53 1,53 Li MD Day-Sher, Weit 101/2019 Sh. 20 2,677 - 1,63 1,66 Li MD Day-Medic Courol 101/2019 Sh. 10 4,167 - 1,06 1,06 Li MD Day-Anotons Pame 101/2019 Sh. 10 4,167 - 1,03 1,01 - 1,01										
L Jange Berlsver Hules (1970) L Magen JackSon (Verd) 2021001 S L 10 CH Paper JackSon (Verd) 202101 S L 20 207 S L		Magnum Ind - Entry Tile	10/12/2018	S/L	10	2,320	-			2,08
Diff OTHS and constraints 122/2014 St. 20 21/17 1 1486 1486 Li MJ Dav-jess.Glimap (1/2019) St. 20 3.0.34 1 131 131 Li MJ Dav-jess.Glimap (1/2019) St. 20 3.0.34 1 131 131 Li MJ Dav-jess.Glimap (1/2019) St. 20 3.0.34 1 131 131 Li MJ Dav-fess.Glimap (1/2019) St. 10 2.2.26 2.3.3 <	LI			S/L	15		-			2,56
Li M Day-septenting 101/2019 St. 20 1.277 - 439 493 Li M Day-septenting 101/2019 St. 20 2.024 - 131 313 33 Li M Day-free context 101/2019 St. 20 2.181 - 133 31							-			1,02
Li MJ Day-Made 101/2019 56. 20 3.04 1 131 151 Li MJ Day-Made 101/2019 56. 20 2.747 1 138 338 Li MJ Day-Made 101/2019 56. 20 2.483 109 00 Li MJ Day-Made 202/2019 56. 10 10.257 129 120 Li MJ Day-Made 202/2019 56. 10 1.571 157 <							-			26,71
Li M Disk-Made Camel D1 Disk-Made Camel							-			8,33 2,87
Line MD Daty-Research Series DD Daty-Research Series <thd daty-research="" series<="" th=""></thd>							-			2,6
Li Multiple-Main D2220219 St. 20 1.407 . 210										2.0
Link Mugaminitation Marka										3,9
Image: Section of the sectio							-			1,4:
Li M Lap, season Values 222/2019 SL 20 2,109 - 109 109 Li Wastlack-Doer 500/2019 SL 10 1,171 1,73 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2,0</td>										2,0
Lit Water from the Common program 4.00/2019 St. 10 1.71 - 157 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td>109</td><td>109</td><td>2,0</td></t<>							-	109	109	2,0
Ll Lings (Cabinet Caccounterope 500/2019 S.L. 15 3.9.98 266 266 LI MJ Daly-vater leater parts 531/2019 S.L. 20 2.9.56 103 103 LI MJ Daly-Tenentist valve 663/2019 S.L. 20 5.1.66 103 103 LI MJ Daly-Tenentist valve 663/2019 S.L. 20 5.1.66 218 228 LI MJ Daly-Tenentist valve 663/2019 S.L. 20 2.0.2.1 111 11						1,571	-	157	157	1,4
Li Mi Døy Li Mi Døy-skar hater parts Mi Døy-			5/30/2019	S/L	15	3,988	-	266	266	3,7
L1 MD Day-value Acator parts \$51/2019 S.h. 20 2.056 - 103 103 L1 MD Day-Chiller Leak Install 60/02019 SL 20 51.666 - 228 L1 MD Day-Themestik Valve 62/5/2019 SL 20 1.417 - 71 71 L1 MD Day-Tam Moore 60/02019 SL 20 1.445 - 70 70 L1 MD Day-2 Heat Pampa 110/12018 SL 20 9.045 - 443 444 44 44 44 44 44 44 44 44 44 44 44 </td <td></td> <td></td> <td>5/31/2019</td> <td>S/L</td> <td>20</td> <td>3,011</td> <td>-</td> <td>151</td> <td></td> <td>2,8</td>			5/31/2019	S/L	20	3,011	-	151		2,8
Li MU Dabi-Change Lasting Provides And State Sta		MJ Daly-water heater parts	5/31/2019	S/L	20	2,056	-			1,9
Li MIDbs-Thermonist subsc. 6432019 SL 20 1.17 - 71 71 Li MIDbs-Thermonist subsc. 6432019 SL 20 2.212 - 111 11 Li MIDbs-Tan Mear 6432019 SL 20 2.212 - 111 111 Li MIDbs-7.4 hear Pumps 117/02018 SL 20 9.065 - 453 453 STAL LEASEHOLD IMPROVEMENTS JUP7.260 2.0973.019 1.327.339 146.651 1.475.5990 OVABLE EQUIPMENT JUP7.264 2.0973.019 1.327.339 146.651 1.475.5990 19 Additions MME Starfing Porticinas-ApacaLink 1001/02018 SA 7 1.664 229 229 MME Starfing Porticinas-ApacaLink 1001/02018 SA 10 1.133 - 114 144 MME Culture, Depart-Mearing Celes 1001/02018 SA 10 2.099 2.099 2.099 2.099 MME <td< td=""><td>Li</td><td>Westreach-Door</td><td>7/31/2019</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>8</td></td<>	Li	Westreach-Door	7/31/2019				-			8
Li NU DDA-VARVE NAMOR 623/0019 SA. 20 1.40% - 70 70 Li NU DDA-V-Heat Parage 63/02/19 SA. 21 2.212 - 111 11 11 LI NU DDA-V-Heat Parage 10/07/2018 SA. 20 9,065 - 443 433 LI NU DDA-V-Heat Parage 10/07/2018 SA. 20 9,065 - 443 433 DTALLEASSENDED IMPROVEMENTS 2007.66 - 429 200 MME Prior Period Acquisitions (Par 900/18 CR) Various SA. 15 2.334 - 156 156 MME Tribias Significations (Par 900/18 CR) 10/17/0118 SA. 15 2.334 - 156 156 MME Tribias Significations (Par 900/18 CR) 10/17/0118 SA. 15 2.334 - 114 114 INME Tribias-Brainic Wheehair 11/02/0118 SA. 15 2.334 - 166 160 MME Tribias Significations (Par 900/18 CR) 10/07/018 SA. 15 2.334 - 166 160 MME Tribias-Brainic Wheehair 11/02/018 SA. 15 2.334 - 166 160 MME Callang-Brainic Wheehair 11/02/018 SA. 10 2.999 - 299 209 MME Callang-Brainic Wheehair 11/02/018 SA. 10 4.017 - 446 4466 MME Callang-Drainic Wheehair 11/02/018 SA. 10 4.017 - 446 4466 MME Callang-Drainic Wheehair 11/02/018 SA. 10 4.017 - 446 4466 MME Callang-Drainic Wheehair 11/02/018 SA. 10 4.017 - 446 4466 MME Callang-Drainic Wheehair 11/02/018 SA. 10 4.017 - 446 4466 MME Signif Call-Doperation 11/02/018 SA. 10 4.017 - 446 4466 MME Signif Call-Doperation 11/02/018 SA. 10 4.017 - 446 4466 MME Signif Call-Doperation 11/02/018 SA. 10 4.018 - 131 131 MME Dust Signif Varier 22/20/19 SA. 10 4.038 - 131 131 MME Dust Signif Varier 22/20/19 SA. 10 4.038 - 131 131 MME Dust Signif Varier 22/20/19 SA. 10 5.013 - 710 710 MME Dust Signif Callander 20/20/19 SA. 10 5.013 - 710 710 MME Dust Signif Varier 22/20/19 SA. 10 5.013 - 730 370 MME Dust Signif Varier 22/20/19 SA. 13 131 131 MME Dust Signif Varier 22/20/19 SA. 13 130 MME Dust Signif Varier 22/20/19 SA. 15 4.309 - 333 33 MME Signif Varier 22/20/19 SA. 15 4.309 - 333 33 MME Dust Signif Varier 22/20/19 SA. 15 4.309 - 330 370 MME Dust Signif Varier 20/20/19 SA. 15 4.309 - 330 370 MME Dust Signif Varier 20/20/	LI	MJ Daly- Chiller Leak Install					-			4,9
Li WD Day, * TW Motor GOV(2019) SA 20 2,212 111 111 LI MD Day, * 2 Meat Numps 103/12018 SA 20 9,665 - 453 453 DTAL LEASEHOLD MPROVEMENTS 2,007,361 2,007,363 2,007,364 2,117,13 2,213,194 OVABLE EQUIPMENT 3,007,364 2,007,361 2,007,361 2,007,361 2,107,143 2,109,148 MME Prior Period Acquisitions (Per 9/30/18 CR) Various SL Various 2,073,919 1,327,339 148,651 1,475,990 MME Tistakic Surg-Darratic Boch 1011/2018 SL 7 1,604 229 229 MME Tistakic Surg-Darratic Boch 1011/2018 SL 10 1,133 114 14 MME Tistakic Surg-Darratic Boch 1011/2018 SL 5 798 164 164 164 164 164 164 164 164 164 164 164 164 164 164 164 <t< td=""><td>LI</td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>1,3</td></t<>	LI						-			1,3
Li MJ Day, - 2 Huar Pampe 1031/2018 SL 29 9.065 - 453 453 TAL LEASKHOLD INFROVEMENTS 3,007,063 2,009,441 214,713 2,213,194 OVABLE EQUIPMENT 3,007,063 2,073,919 1.327,339 148,651 1,475,5990 19 Addition MME Prior Period Acquisitions (Per 9/30/18 CR) Various SL Various 2,073,919 1.327,339 148,651 1,475,5990 19 Addition Image: Starling Physicians-Apread-Link 1011/2018 SA 1 1.138 - 1.160 1.160 MME Starling Physicians-Apread-Link 1011/2018 SA 1 1.138 - 1.146 1.160 MME Calinary Deprisions-Apread-Link 1011/2018 SA 1 1.138 - 1.146 1.160 1.160 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60 1.60							-			1.3
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MNE RVH Millvork-Cabinet/Sink 1/3/2019 S/L 20 5.583 - 279 279 MME Dir Supply-Dig Chair Scale 1/21/2019 S/L 10 1.308 - 131 131 MME Cul Depot-Meat Chopper 1/20/2018 S/L 10 5.115 - 511 513 518 513					5	3,551	-	710	710	2,1
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MME Cul Depot-Meat Chopper 11/20/2018 St. 10 5.115 - 5.11 5.11 MME Daniel's Equip-UniMacWasher 2/25/2019 S/L 10 19.377 - 1938 1.938 MME Supply Works-window coverings 2/4/2019 S/L 5 1.849 - 370 370 MME Supply Works-window coverings 2/1/2019 S/L 5 1.308 - 262 262 MME Supply Works-window coverings 2/1/2019 S/L 5 1.407 - 281 281 MME Supply-Cabinets/Chests 2/1/2019 S/L 15 499 - 33 33 MME Direct Supply-Vacuum 3/1/2019 S/L 15 4.822 - 321 321 MME Culmary Dopot - leo Dispenser 4/2/2019 S/L 10 3.766 - 377 377 MME Supply-Orabinets/Chests 3/1/2019 S/L 5 2.460 - 492 492 MME Direct Supply-Dig Chair Scale 5/7/2019 S/L 10 1.368 - 137 137 MME Direct Supply-Dig Chair Scale 5/24/2019			1/21/2019	S/L	10	1,308	-			1,
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MML Shipply Works-Window Cortings D Humble D Humble <td>MME</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td>1. 1.</td>	MME						-			1. 1.
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MME Mickesson Hipper Sud 31/12/019 S/L 8 635 - 79 79 MME Direct Supply-Vacuum 31/12/019 S/L 15 4,822 - 321 321 MME Direct Supply-Cabinets/Clests 31/12/019 S/L 15 4,822 - 321 321 MME Culinary Depot - lee Dispenser 4/22/2019 S/L 10 3,766 - 492 492 MME Supply-Works-Cellular shades 4/8/2019 S/L 10 1,368 - 137 137 MME Direct Supply-Dig Chair Scale 5/7/2019 S/L 10 1,368 - 137 137 MME Direct Supply-Floor Machine 5/24/2019 S/L 5 798 - 160 160 MME Direct Supply-Floor Machine 5/24/2019 S/L 5 1,752 - 350 350 MME MLK Lock-cameras 4/2/2019 S/L 5 1,752 - 350 350 MME TriState Surgue-Elee Actuator 8/21/2019 S/L 10 6/4.850 - 648.6 6,486 MME TriState Surgue-Elee Actuator 8/21/2019 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></t<>							-			
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MME Difted supply-Controller 377 377 MME Cultury Dept - Ice Dispenser 4/2/2019 S/L 10 3,766 - 377 377 MME Supply Works-Cellular shades 4/8/2019 S/L 10 3,766 - 492 492 MME Direct Supply-Dig Chair Scale 5/7/2019 S/L 10 1,368 - 137 137 MME Tristate-Bariatic Wheel Chair 5/29/2019 S/L 5 798 - 160 160 MME Direct Supply-Floor Machine 5/24/2019 S/L 10 670 - 67 67 MME MIKE MLK Lock-cameras 4/2/2019 S/L 5 1,752 - 350 350 MME MIKE MLK Lock-cameras 4/2/2019 S/L 10 64.859 - 6486 6.486 MME TriState Sarg-Elec Actuator 8/21/2019 S/L 10 7.796 - 780 780 MME McKesson-Defibrillator 4/18/2019 S/L 10 7.796 - 780 780 MME McKesson-Defibrillator 4/18/2019 S/L 10 7.796 - 199 199							-			4.
MME Supply Works-Cellular shades 4/8/2019 S/L 5 2.460 - 492 492 MME Direct Supply-Dig Chair Scale 5/7/2019 S/L 10 1.368 - 137 137 MME Direct Supply-Dig Chair Scale 5/7/2019 S/L 10 1.368 - 160 160 MME Direct Supply-Floor Machine 5/24/2019 S/L 10 670 - 67 67 MME MLK Lock-cameras 4/2/2019 S/L 5 1.752 - 350 350 MME MLK Lock-cameras 4/2/2019 S/L 5 1.752 - 648 6.486 MME TriState Surg-Elec Actuator 8/21/2019 S/L 10 641.859 - 648 6.486 MME TriState Surg-Elec Actuator 8/21/2019 S/L 10 541 - 54 54 MME Cul Dop-Mobile dish disponser 9/24/2019 S/L 10 7.796 - 780 780 MME McKesson-Defibrillator 4/18/2019 S/L 5 995 - 199 199 OTAL MOVABLE EQUIPMENT 2.224,101 1.427,339 164,761 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>377</td> <td>3,</td>							-		377	3,
MME Direct Supply-Dig Chair Scale 5/7/2019 S/L 10 1.368 - 137 137 MME TriState-Bariatrie Wheel Chair 5/20/2019 S/L 5 798 - 160 160 160 MME Direct Supply-Floor Machine 5/24/2019 S/L 10 670 - 67 67 MME ML Lock-comeras 4/2/2019 S/L 10 64.859 - 64.86 6.486 MME MJ Daly- Chiller 5/31/2019 S/L 10 64.859 - 64.86 6.486 MME TriState Surg-Elec Actuator 8/21/2019 S/L 10 5.41 - 5.4 54 MME Cul Dep-Mobile dish dispenser 9/24/2019 S/L 10 7.796 - 780 780 MME McKesson-Defibrillator 4/18/2019 S/L 5 995 - 199 199 OTAL MOVABLE EQUIPMENT 2.224,101 1.427,339 164,761 1.492,100 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>492</td> <td>492</td> <td>Ι,</td>							-	492	492	Ι,
MME TriState-Bariatrie Wheel Chair 5/29/2019 S/L 5 798 - 160 160 MME Direct Supply-Floor Machine 5/24/2019 S/L 10 670 - 67 67 MME MLK Lock-cameras 4//2019 S/L 5 1.752 - 350 350 MME MLK Lock-cameras 4//2019 S/L 10 64.859 - 64.86 6.486 MME TriState Surg-Elec Actuator 8/21/2019 S/L 10 54.1 - 54 54 MME Cul Dep-Mobile dish disponser 9/24/2019 S/L 10 7.796 - 780 780 MME McKesson-Defibrillator 4/18/2019 S/L 5 995 - 199 199 OTAL MOVABLE EQUIPMENT 2.224,101 1.327,339 164,761 1.422,100							-	137	137	1,
MME Direct Supply-Floor Machine 5/24/2019 S/L 10 670 - 67 67 MME MLK Lock-cameras 4/2/2019 S/L 5 1.752 - 350 350 MME MLDaly-Childer 531/2019 S/L 10 64.859 - 64.86 6.486 MME TriStac Surg-Elec Actuator 8/21/2019 S/L 10 541 - 54 54 MME Cul Dop-Mobile dish dispenser 9/24/2019 S/L 10 7.796 - 780 780 MME McKesson-Defibrillator 4/18/2019 S/L 5 995 - 199 199 OTAL MOVABLE EQUIPMENT 2.224,101 1,327,339 164,761 1,422,100					5	798	-	160	160	
MME MLK Lock-cameras 4/2/2019 S/L 5 1,752 - 350 350 MME MJ Daly-Chiller 5/31/2019 S/L 10 64.859 - 64.86 6.486 MME TriState Surg-Elec Actuator 8/21/2019 S/L 10 541 - 54 54 MME Cul Dop-Mobile dish dispenser 9/24/2019 S/L 10 7.796 - 780 780 MME Met Coulsponder 4/18/2019 S/L 5 995 - 199 199 OTAL MOVABLE EQUIPMENT 2,224,101 1,327,339 164,761 1,492,100			5/24/2019				-			
MME MJ Daly-Chiller 5/31/2019 S/L 10 64.859 - 64.86 6,486 MME TriState Surg-Elec Actuator 8/21/2019 S/L 10 541 - 54 54 MME Cul Dop-Mobile dish dispenser 9/24/2019 S/L 10 7,796 - 780 780 MME Md Exesson-Defibrillator 4/18/2019 S/L 5 995 - 199 199 OTAL MOVABLE EQUIPMENT 2,224,101 1,327,339 164,761 1,492,100							-			1,
MME H154tt 3 suggester Actuals B17412019 S/L 10 7,796 - 780 780 MME Cul Dop-Mobile dish dispenser 9/24/2019 S/L 10 7,796 - 780 780 MME MeKesson-Defibrillator 4/18/2019 S/L 5 995 - 199 199 OTAL ASSETS PER CR SCHEDULE 5,321,465 3,425,820 379,474 3,805,294							-			58,
MME Current of the second of the							-			7,
MME MCRESSON-Denomination 01002473 0100 1 OTAL MOVABLE EQUIPMENT 2,224,101 1,327,339 164,761 1,492,100 OTAL ASSETS PER CR SCHEDULE 5,321,465 3,425,820 379,474 3,805,294										/.
TOTAL ASSETS PER CR SCHEDULE 5,321,465 3,425,820 379,474 3,805,294	MME	MCKesson-Denbrinator	4/10/2017	3/6	.,					
01AL ASSETS FER CR SCHEDOLE 270 (71 3 905 701	OTAL MOVABLE	EQUIPMENT				2,224,101	1,327,339	164,761	1,492,100	732,
OTAL ASSETS PER TRIAL BALANCE 5,521,405 - 577,474 5,003,274							3,425,820		3,805,294 3,805,294	1,516, 1,516,

Riverside Health & Rehab

F/S vs C/R NBV - Page 31, Line B9 F/S vs C/R Depreciation - Page 36, Line F1 0

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

Name of Facility	<u></u>	License No.		Report for Year End	led		Page	of
Riverside Health Care Ce	enter. Inc.	100)c	9/30/2019	ueu		25	37
		1		010012019				51
11. Property Questionna	ire				·····			
Part A								
Is the property eithe		e Facility		Yes	0	No	•	
or leased from a Rel	ated Party?*		0	103	Ŭ	NO	If "No," complet	te Part C.
				riage, ownership, ability			If "Yes," complete If "No," complete ge 4th Mortg	
	•••	r organization fr	om whom bu	uldings are leased, then it	t is considered a			
related party transa					· · · ·			
	Description			Total				
1. Date Land Purc								
2. Date Structure (
3. If NOT Origina		e of Purchase	·	09/08/80				15 10 BA
4. Date of Initial L								
5. Total Licensed I				345				
6. Square Footage		·		144,794		a second to be		
7. Acquisition Cos	it							
a. Land				365,846				
b. Building				19,933,873				
Part B - Owner an	d Related Pa	rties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	gage
1. Financing								
	ncing (e.g., f	ixed, variable)	Fixed				
	age Obtained		;	04/03/03				
	e for the Cost			3.75%				
	rtgage (numb			34 Years, 6 Months				
	Principal Borr		0.11.0	18,891,400				
	lance outstan		0/19	14,112,935				
Complete if M					and the second second			
	rent Cost Ye			net e stall and a serie				
	ancing (e.g., f	ixed, variable)					
h. Date of Ref								
i. New Interes			: 					
	rtgage (numb			<u> </u>	· · · · · · · · · · · · · · · · · · ·		ļ	
k. Amount of l								
	utstanding on			<u></u>				
				Improvements Only	y			
Name and Ad	dress of Lesso	or	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amou	nt of Lease
	· .							
					· · · ·	 	· · · · · · · · · · · · · · · · · · ·	
								<u> </u>
						 		
					L			
					<u> </u>	<u> </u>		

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

	License No.		Report for Yes	ar Ended		Page	of
Riverside Health Care Center, Inc.	1000c		9/30/2019			26	37
Item			Total	CCNH	RHNS	(Spec	cify)
 12. Interest A. Building, Land Improvem Equipment 1. First Mortgage 	ent & Non-Movable	e \$:			
Name of Lender		Rate					
Address of Lender						anna a sea an	
2. Second Mortgage		\$	5				
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		9	5				
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage	•	ç	5	-			
Name of Lender		Rate					
Address of Lender							and and a second se
B. CHEFA Loan Informatio	n						
1. Original Loan Amoun	t		\$				
2. Loan Origination Date	e			a series de la companya de la company Na companya de la comp		Sept. The lat	1.12
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expe	ense						
12 B7. Total Building Interest Expo		i)	\$				

(Carry Subtotals forward to next page)

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

	•		Report for Ye 9/30/2019	ear Ended		Page of 27 37
Item			Total	CCNH	RHNS	(Specify)
·	btotals Bro	ught Forward:	4			<u>X F 7</u>
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						1
						in the states of the
		\$				
A. Item	Rate	Amount				
Lender		<u> </u>				
	Item Item Subtotals Brought For C. Movable Equipment A. Item Rate Am der Items of Lender Items of Lender Items (C 1 + 2)					
Address of Lender						
		· · · · · · · · · · · · · · · · · · ·				
B. Item	Rate	Amount				
Lender						
				•		
Address of Lender						
				:		
	erest	9				
				11,552		
				;		
	,					
13. Total All Interest Expense (12B7 + 1	12C3 + 12D) \$	11,552	11,552		
	only)			77,960		
		<u>{</u>	9,662	9,662		
			27102	27 122		
)	9	and the second	27,123		
		5 155,577	155,577			
14d. Total Insurance Expenditures (14a	+b+c)		\$ 270,322	270,322		
15. Total All Expenditures (A-13 thru C	C-14)	(\$ 33,630,521	33,630,521		

D. Adjustments to Statement of Expenditures

	e of Fa side H		Care Center, Inc.	Lic	ense No. 1000c	Report for Yes 9/30/2019	ar Ended	Page 28	of 37
					Total	9/30/2019	r	20	57
Itom	Page	1:00							
No.			Itom Description		Amount of	CONU	DUNG	(8	.: ב .
			Item Description		Decrease	CCNH	RHNS	(Spe	city)
Page	10-5		es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	_		Occupational Therapy	\$					
4.	1.2		Other - See attached Schedule	\$	227,541	227,541			
	<u>13 - I</u>		sional Fees	•				100	
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	978,795	978,795			
7.			Other - See attached Schedule	\$	55,523	55,523			
	s 15 &	- 16	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	370,330	370,330			
10.		·	Accounting	\$				ļ	
10a.	15	16	Legal	\$	25,911	25,911			
11.			Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	7,669	7,669			
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.	16	L3	Gifts, flowers and coffee shops	\$	33,641	33,641			
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
	_		for owners and employees	\$					
16.	16	L4	Travel for purposes of attending						
			conferences or seminars outside the						
		}	continental U.S. Other out-of-state						
			travel in excess of one representative	\$	12,899	12,899			
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	77,039	77,039			
19.	15	1j	Income Tax / Corporate Business Tax	\$	229	229			
20.			Fund Raising / Contributions	\$					
21.	16	m12	Unallowable Management Fees	\$		745,103			
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	60,670	60,670			
Page	18 - 1	Dietar	y Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - 1	Launa	lry Expenditures			and the second sec			
25.			Laundry services to employees, guests						
- /			and others who are not residents	\$				1	
Page	20 -	House	ekeeping Expenditures					ĥ	
26.	<u> </u>		Housekeeping services to employees, guests			1. State of the second			
<i></i> 0.	[and others who are not residents	\$					
	1	1	Subtotal (Items 1 - 26)			2,595,350			

* 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.

Attachment Page 28

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Admissions Salary Associated with Marketing	\$ 62,992		
10	120	Respiratory Therapist	164,549		
Total Othe	r Salaries .	Adjustment	\$ 227,541	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	(CCNH	RI	INS	(Speci	ify)
13	120	IV Nursing Consultant	\$	31,228				
13	120	Rehab Consultant		24,116				
13	B4	Podiatrist		179				
				r				
				:				
Total Othe	r Fees Adj	ustments	\$	55,523	\$		\$	-

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	 CCNH	RHNS	(Specify)
15	Var	Benefits Associated with Marketing Salary	\$ 16,812		
16	m8a	Chamber of Commerce Dues	750		
16	m13	Penalties	671		
16	m13	Miscellaneous Expenses	6,287		
15	Var	Benefits Associated with Respiratory Therapist Salary	 36,150		
Total Othe	er A&G Ad	justments	\$ 60,670	\$ -	\$ -

National Health Care Associates, Inc. (CT) Disallowance Schedule for Cell Phones September 30, 2019

	A	mount	
Total Cell Phone Expense		9,829	TB Linked
		(
Cell Phone Allowed Based on Bed Capacity		6	
Monthly Allowable amount per Cell Phone	\$	30	
Months in Cost Report Year		12	_
Total Allowable Cost	\$	2,160	
Days in Cost Report (365out of 365 Days)		365	
Days in Cost Report Year		365	
Partial Year Allowable %		100%)
Revised Allowable Cost	\$	2,160	
Disallowed Cell Phone (Page 28, Line 12)	\$	7,669	

Riverside Health & Rehab Calculation of Allowable Management Fee September 30, 2019

Descrption	Amount			
Management fees Charged Accounting Charges Total Management Fees Per Agreement	1,573,937 30,873 1,604,810	Page 16, Line Page 15, Line		
Patient Days Imputed Days - 90% Occupancy (365/365 Days) Amount Per Patient Day (Greater of 90% or Actaul	117,523 113,333 I Days)	Page 8 of C/R _Calculation \$	14.16	
PPD Allowance Per Client 2018 2019 CPI Increase % PPD Allowance 9/30/2019			7.81 1.01% 7.82	
Amount over (Under)		\$	6.3401	
Total Days Disallowed Management Fee			17,523 7 45,103	Page 8 of C/R

Riverside Health & Rehab September 30, 2019 Benefits Disallowance

Respiratory Therapist Benefits Disallowance		
Respiratory Therapist Salary	164,549	Page 10
Total Salaries	16,585,582	TB Linked
Percent to Total Salaries	0.99%	
Total Benefits (Pg 15, Line 1a3 - 1a6)	3,643,697	TB Linked
Respiratory Therapist Benefits Disallowed	36,150	Page 28 attachment

State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 9/2018

	0.15	• • • •	D. Adjustments to Stateme						
1	ofFa	•		Lic	ense No.	Report for Y	ear Ended	Page	of
River	side H	lealth	Care Center, Inc.		1000c	9/30/2019		29	37
	-				Total				
	Page				Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
· .		- <u>.</u>	Subtotals Brought Forward	\$	2,595,350	2,595,350			
			nt Care Supplies***						
27.			Prescription Drugs	_\$	553,271	553,271			
28.		5d	Ambulance/Limousine	\$	32,508	32,508			
29.		5f	X-rays, etc	\$	23,733	23,733			
30.	20	5h	Laboratory	\$	47,716	47,716			
31.			Medical Supplies	\$		·			
32.	20	5e2	Oxygen (non emergency)	\$	22,363	22,363			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	137,266	137,266			
Page	22 - 1	Mainte	enance and Property					-	
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$	11,050	11,050			
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.		1	Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	17,387	17,387			
Page	27 - 1	nsura	ince				and the second		
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Othe	r - Mi	scella	neous						
42.			Other - Indirect	\$					
43.	[1	Interest Income on Account Rec.	\$					
44.			Other - Miscellaneous Administrative	\$					
45.			Management Fees Direct	\$					
46.			Management Fees Indirect	\$					
47.			Other - Direct	\$	29,494	29,494			
Not I	For P	rofit F	Providers Only						
48.		1	Building/Non Movable Eq. Depreciation					and the lot of the	
			Unallowable Building Interest -						
			See Attached Schedule	\$					
49.	Tota	Amo	unt of Decrease (Items 1 - 48)	\$	3,470,138	3,470,138		1	

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

*** 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

age Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable Television Disallowance (See Attached)	\$ 17,367		
20	51	IV Thy Supplies - Rehab Tpy and Ancllr	12,077		
20	51	Equip Rental - Nursing	21,568		
20	51	Equip Rental - Rehab Tpy and Ancllry	11,746		
20	51	Equip Rental - Respiratory	39,144		
20	5c	Med B Nursing Supplies	35,364		
					Ĺ
				•	
otal Othe	er Ancillary	/ Costs	\$ 137,266	\$ -	<u> </u>

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description		CCNH	RF	INS	(Spec	ify)
22	7b	Non Allowable Depreciation on Various Fixed Assets	\$	11,050				
								-,
			1					.,
			<u> </u>					
		· · · · · · · · · · · · · · · · · · ·	ļ		l		<u> </u>	
Total Exce	ss Movabl	e Equipment Depreciation	\$	11,050	· \$	-	\$	_

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description		С	CNH	RHN	s	(Speci	fy)
27	14b	Insurance on Automobiles		\$	9,662				
22	6e	Leases on Automobiles			7,725				
					<u> </u>				
		·							
				L		l			
		· · · · · · · · · · · · · · · · · · ·		L					
				L					
Total Othe	r Property	Adjustments	»= <u></u>	\$	17,387	\$		\$	-

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
			 · .	ļ		
ļ					·	

					age 29
Total Other Adjustn	nents	\$ -	\$ -	<u>\$</u> .	

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description			CCN	NH	RHN	IS	(Specify)
	•								
			• .	,					
									•
fotal Othe	er Adjustm	ents		 	\$	-	\$	- 9	- 3

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest Expense on Late Fees	\$ 537		
30	IV 8	Sales of Equipment	744		
30	IV 8	Medical Records Revenue	594		
30	IV 8	Miscellaneous Révenue	27,619		
	,				
Fotal Othe	er Adjustm	ents .	\$ 29,494	\$-	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
				· .		L
						·
			····			
			<u> </u>			
			·			
						· · ·
Total Una	llowable B	uilding Interest		\$		\$

National Health Care Associates, Inc. (CT) Cable TV Disallowance September 30, 2019

Total Cable TV Expense	20,967	TB Linked
Total Monthy Fee Allowed	\$ 300	
Total Months	12	
Total Allowable Expense	\$ 3,600	-
Partial Year Cost Report (365 out of 365 Days)	\$ 365	
Days in Cost Report Year	365	
Partial Year Allowable %	 100.00%	-
Revised Allowable Cost	\$ 3,600	
Disallowed Expense	\$ 17,367	_{a}

Tickmark {a}

Ties to page 29a

State of Connecticut Annual Report of Long-Term Care Facility CSP-30 Rev.10/2005

F. Statement of Revenue

F. Statement of Rev				D	
Name of FacilityLicense No.Riverside Health Care Center, Inc.1000c	Report for Y 9/30/2019	ear Ended		Page 30	of 37
	 5072015				51
Item	Total	CCNH	RHNS	(Spec	ifv)
I. Resident Room, Board & Routine Care Revenue	 			(
1. a. Medicaid Residents (CT only)	\$ 42,933,564	42,933,564		1.0.011	
b. Medicaid Room and Board Contractual Allowance **	\$ (18,041,881)				
2. a. Medicaid (All other states)	\$ (10,011,001)	(10,011,001)			
b. Other States Room and Board Contractual Allowance **	\$ 				
3. a. Medicare Residents (all inclusive)	\$ 1,730,932	1,730,932			
b. Medicare Room and Board Contractual Allowance **	\$ 391,620	391,620			
4. a. Private-Pay Residents and Other	\$ 6,458,842	6,458,842			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,608,939)	(1,608,939)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 202,800	202,800			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (202,800)	(202,800)			
c. Prescription Drugs - Non-Medicare	\$ 283,742	283,742			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (297,952)	(297,952)			
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	\$ 545,054	545,054			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (404,570)	(404,570)			
c. Physical Therapy - Non-Medicare	\$ 618,190	618,190			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (516,775)	(516,775)			
4. a. Speech Therapy - Medicare	\$ 134,113	134,113			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (68,178)	(68,178)			
c. Speech Therapy - Non-Medicare	\$ 201,105	201,105			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (136,816)	(136,816)			
5. a. Occupational Therapy - Medicare	\$ 752,788	752,788			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (460,694)	(460,694)			
c. Occupational Therapy - Non-Medicare	\$ 1,034,501	1,034,501			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (716,926)	(716,926)			
6. a. Other (Specify) - Medicare	\$ 50,830	50,830		l	
b. Other (Specify) - Non-Medicare	\$ 75,677	75,677			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 32,958,227	32,958,227			
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 (Specify)	\$ 459	459			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 221,373	221,373			
V. Total Other Revenue (1 thru 8)	\$ 221,832	221,832			
VI. Total All Revenue (III +V)	\$ 33,180,059	33,180,059			

* 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.

Attachment Page 30

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		 CCNH	RHNS	(Specify)
			 -		
30 II 6a	Medicare Pt A IV Therapy		\$ 28,096		
30 II 6a	Medicare Pt A Lab		20,099		
30 II 6a	Medicare Pt A X-Ray		10,743		
30 II 6a	Medicare Pt B Prior Period		 (8,108)		
Total Oth	er Resident Revenue - Medicare	· · ·	\$ 50,830	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	ССИН	RHNS	(Specify)
		-		
30 II 6b	Medicaid Lab	\$ 3,310		
30 II 6b	MCR Pt A Chargeable Med Supp	1,026		
30 II 6b	MCR Pt A Charge Med Supp Contra	(1,026)		
30 II 6b	Medicare Pt A Settlement	12,098		
30 Il 6b	Medicare Pt B Flu/Pneumonia	4,339		
30 II 6b	Comm Ins IV Therapy	12,246		
30 II 6b	Comm Ins Lab	2,787		
30 II 6b	Comm ins X-Ray	1,068		
30 II 6b	Mgd Medicare IV Therapy	10,463		
30 II 6b	Mgd Medicare Lab	17,230		
30 II 6b	Mgd Medicare Glucose	(1,110)	l	
30 II 6b	Mgd Medicare X-Ray	9,934		
30 II 6b	Mgd Medicare Flu/Pneumonia	6,203		
30 11 6b	Mgd Medicare Prior Period	(2,891)		
Total Oth	er Resident Revenue	\$ 75,677	\$	\$ -

Interest Income

Account

Page Ref	Account		Balance	C	CNH	RHNS	(S	pecify)
					-			
30 IV 5	Interest Expense on Money Market Account		338,470	\$	459			
Total Int	erest Income	:		\$	459	\$ -	\$	

.....

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Prior Period Revenue	\$ 47,743		
30 IV 8	Lawsuit Settlement Revenue (No CY Expense)	625		
30 IV 8	Sales of Equipment (Disallowed on Pg 29a)	744		
30 IV 8	Medical Records Revenue (Disallowed on Pg 29a)	594		
30 IV 8	UHC Income	124,292		L
30 IV 8	Write Off of PY Outstanding Checks	19,681		
30 IV 8	Miscellaneous Revenue (Disallowed on Pg 29a)	27,619		ļ
30 IV 8	Void of Legal Expense (No CY Expense)	75		<u> </u>
	· · · · · · · · · · · · · · · · · · ·			+
Total Oth	er Revenue	\$ 221,373	\$-	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-31 Rev. 6/95

G. Balance Sheet

		Facility	License No.		ort for Year	Ended	Page	of
Rive	erside	e Health Care Center, Inc.	1000c	9/30)/2019		31	37
			Account				An	nount
Ass								
4.		rrent Assets	、				6	
		Cash (on hand and in banks	· · · · · · · · · · · · · · · · · · ·	0 5 1			\$	918,754
		Resident Accounts Receivab					\$	3,488,564
		Other Accounts Receivable	Excluding Owners of	or Relat	ed Parties)		\$	546,784
	4	Inventories					\$	52,264
	5.	Prepaid Expenses					\$	533,541
		a			· · · · · · · · · · · · · · · · · · ·			
		b			<u></u>	· · · · · · · · · · · · · · · · · · ·		
		c						
		d. See Schedule			533,541		4	
•		Interest Receivable	······································				\$	
		Medicare Final Settlement R					\$	
	8.	Other Current Assets (<i>itemiz</i>	re)		(2,400		\$	63,48
		CT PET Deferred Tax			63,488			
		······································			·····			
		See Schedule						
		tal Current Assets (Lines Al	thru 8)				\$	5,603,393
В.		ted Assets						
		Land			···		\$	······
	2.	Land Improvements	*Historical Cost		······································	_ ·	\$	
			Accum. Depreciat	tion		Net		
	3.	Buildings	*Historical Cost			_	\$	
			Accum. Depreciat	tion		Net		
	4.	Leasehold Improvements	*Historical Cost		3,097,363	-	\$	784,169
			Accum. Deprecia	tion	2,313,194	Net		
	5.	Non-Movable Equipment	*Historical Cost			-	\$	
			Accum. Deprecia	tion		Net		
	6.	Movable Equipment	*Historical Cost		2,224,101	_	\$	732,00
			Accum. Deprecia	tion	1,492,100	Net		
	7.	Motor Vehicles	*Historical Cost				\$	
			Accum. Deprecia	tion		Net		
_	8.	Minor Equipment-Not Depr	eciable				\$	
	9.	Other Fixed Assets (itemize)			······································	\$	
		See Schedule						
B-1	0.	Total Fixed Assets (Lines E	31 thru 9)				\$	1,516,17

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

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page		of
Rive	rside	e Health Care Center, Inc.	1000c	9/30/2019		32		37
			Account			A	mount	
				Total Brought Forward	1: \$		7,11	9,566
С.	Lea	asehold or like property record	led for Equity Purposes.	· · · · · · · · ·				
	1.	Land		·	\$		· · · · · ·	
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	Net	\$			
,	3.	Buildings	*Historical Cost	20,614,833				
		-	Accum. Depreciation	Net	\$		20,61	4,833
	4.	Non-Movable Equipment	*Historical Cost	1,048,608				
_			Accum. Depreciation	Net	\$		1,04	8,608
	5.	Movable Equipment	*Historical Cost	······································				
			Accum. Depreciation	Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	Net	\$			
	7.	Minor Equipment-Not Depre	eciable	· · · · · · · · · · · · · · · · · · ·	\$			
C-8	То	tal Leasehold or Like Proper	ties (C1 thru 7)		\$		21,60	53,441
D.	Inv	estment and Other Assets						
	1.	Deferred Deposits		· · ·	_\$	······································	49	91,239
	2.	Escrow Deposits			\$		46	56,591
	3.	Organization Expense	*Historical Cost	·····				
			Accum. Depreciation	Net	\$	- <u></u>		
	4.	Goodwill (Purchased Only)		·	\$			
	5.	Investments Related to Resid	lent Care (itemize)		\$			ran an artanian insta
			· · · · · · · · · · · · · · · · · · ·					
						2000 - HE 19		
	6.	Loans to Owners or Related	Parties (itemize)	· ·	\$			
		Name and Address	Amount	Loan Date				
			· .					
	7.	Other Assets (<i>itemize</i>)			\$			33,978
		Security Deposits		33,978			· · · ·	
			······································					
		See Schedule						
		otal Investments and Other A		· · · · · · · · · · · · · · · · · · ·	\$			91,808
D-9	To	otal All Assets (Lines A9 + B	10 + C8 + D8)		\$		29,7	74,815

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-33 Rev. 6/95

Name of Facility License No. Report for Year Ended Page of Riverside Health Care Center, Inc. 1000c 9/30/2019 33 37 Account Amount Liabilities A. **Current Liabilities** 1. Trade Accounts Payable \$ 5,701,054 2. Notes Payable (*itemize*) \$ See Schedule 3. Loans Payable for Equipment (Current portion) (itemize) \$ 27,541 Name of Lender Purpose Amount Date Due Equipment Lease ST 27,541 Accrued Payroll (Exclusive of Owners and/or Stockholders only) \$ 1,388,194 4. \$ Accrued Payroll (Owners and/or Stockholders only) 5. \$ 6. Accrued Payroll Taxes Payable \$ 7. Medicare Final Settlement Payable \$ Medicare Current Financing Payable 8. \$ Mortgage Payable (Current Portion) 9. \$ 10. Interest Payable (Exclusive of Owner and/or Related Parties) \$ 11. Accrued Income Taxes* \$ 1,331,796 12. Other Current Liabilities (*itemize*) See Schedule 1,331,796 Total Current Liabilities (Lines A1 thru 12) 8,448,585 \$ A-13.

G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

Name of Facility	License No.	Report for Year	Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2019		34	37
	Account			Ām	ount
	<u></u>	Total Broug	sht Forward:		8,448,585
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment	t (<i>itemize</i>)		\$		142,157
Name of Lender	Purpose	Amount	Date Due		
			· · · ·		
	Equipment Lease L'	Т			
					1.
	<u> </u>		d	,	
2. Mortgages Payable		N	\$		400 57
3. Loans from Owners or Re)	422,57
Name and Address of Lender	Amount	Loan I	Jale		
				a desire and	1
		_			
Due to Related / Other	422,57	0			
					1
4. Other Long-Term Liabilit	ties (<i>itemize</i>)		4	5	
	·		<u>. </u>		
	and the second se				
See Schedule				b	
B-5. Total Long-Term Liabilities			9		564,72
C. Total All Liabilities (Lines A	A-13 + B-5)			5	9,013,312

G. Balance Sheet (cont'd)

Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	AS	Prepaid Expenses	\$ 2,687
31	A5	Prepaid Workers Comp	44,048
31	A5	Prepaid Gen, Ins	 63,015
31	A5	Prepaid Expense Other	36,909
31	A5	Prepaid Real Estate Taxes	247,018
31	A5	Prepaid Personal Property Taxes	 32,394
31	A5	Prepaid Mgmt Assets	107,470
Total Prep	aid Expens	38	\$ 533,541

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

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	····			 	 		
						1	
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			 	 	 	-+	_
			 	 	 	_	_
1							
		ssets (Itemize)	 	 	 	+	

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

Page Ref Line Ref Description

- inge treet	white riet	Beneripition		 		The second se	
						1	_
				 2 Dates			
					•		
					•		
Total Othe	er Other Fis	ed Assets (Iter	nize)			\$	-

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description		 		 			
			 			•			
			 	 		 	_~//		
		1		 					
Total Othe	r Assets		 	 		 		 \$	•
Librar other			 	 	-	 		 and an owner of the second	Concernant of

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description				 	 	
	_			 	 	 	 	
		L	 	 	 	 		
	<u> </u>	<u> </u>	 	 	 	 	 	
		L	 	 	 	 	 c	
Total Note	s Payable		 	 	 	 	 \$	

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

Page Ref	Line Ref	Description	
33	A12	Loans and Exchange	\$ (946
33	A12	Unclaimed ADP checks	4,270
33	Å12	Due to Medicaid	464,750
33	A12	Patients Fund	134,728
33	A12	Voluntary Ded. Exchange	 13,823
33	A12	Accrued Expenses	 499,417
33	A12	Accrued Pension	79,375
33	A12	Accrued Worker's Comp	110,089
33	A12	Accrued Purchase	26,290
Total Othe	r Current I	labilities (Itemize)	\$ 1,331,796

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

Page Ref Line Ref Description

ragener Lane Ner	Description
ha	
1 1	
1 1	
1 1	
Total Other Current	abilities (Remize)
Tour other current	being the second s

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Rive	erside Health Care Center, Inc.	1000c	9/30/2019		35	37
<u>A.</u>	Reserves	Account			A	mount
1.	 Reserve for value of leased l 	and			\$	
			1		Ф	
	2. Reserve for depreciation value to be amortized	ue of leased buildin	ngs and appurten	ances	\$	20,614,833
	3. Reserve for depreciation value	ue of leased persor	al property (Equ	ity)	\$	1,048,608
	4. Reserve for leasehold real pr	operties on which	fair rental value i	s based	\$	
	5. Reserve for funds set aside a	as donor restricted			\$	<u> </u>
	6. Total Reserves				\$	21,663,441
В.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock		the second state of the se		\$	5,000
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(456,476)
	6. Gain or Loss for Period	10/1/2	018 thru	9/30/2019	\$	(450,462)
	7. Total Net Worth				\$	(901,938)
C.	Total Reserves and Net Worth				\$	20,761,503
D.	Total Liabilities, Reserves, and	l Net Worth			\$	29,774,815

State of Connecticut Annual Report of Long-Term Care Facility CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Maria	e of Facility	License No.	Report for Year	Endod		Page	of	
	rside Health Care Center, Inc.	1000c	9/30/2019	Ended		36	37	
Rive	Iside Health Cale Center, Inc.		9/30/2019				iount	
	Balance at End of Prior Period as	Account	0/20/2018		\$	All	(238,817)	\bigcirc
А. В.	Total Revenue (From Statement of		9/30/2018		Տ		33,180,059	
в. С.	Total Expenditures (From Statement of		27)		.⊅ \$		33,630,521	
<u>с.</u> D.	Net Income or Deficit	em of Expericitures 1 c	ige 27)		Գ \$		(450,462)	
<u>р.</u> Е.	Balance				\$		(430,402) (689,279)	
Е. F.	Additions				Ψ		(00),27)	
1.	1. Additional Capital Contributed	d (itemize)						
	1. Additional Capital Contribution	d (nemize)						
	Rounding		(3)					
	Rounding		(3)					
	2. Other (<i>itemize</i>)							
	2. Outer (nemize)							
F-3.	Total Additions				\$		(3)	
G.	Deductions						······································	
	1. Drawings of Owners/Operator	s/Partners (Specify)			\$		212,656	
<u> </u>	Name and Address (No., City		Title	Amount				
Part	ner Drawings			212,656				
	2			-				
	2. Other Withdrawings (Specify)		L	I	\$			1
	Purpose		Amor	int				
	3. Total Deductions				\$		212,656	
H.	Balance at End of Period	09/30/1	9		\$		(901,938)	-

1) Preven year adjusted for filing error

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

Name of Facility	License No.	Report for Year Ended	Page of
Riverside Health Care Center, Inc.	1000c	9/30/2019	37 37
	Check appropriate category		
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)	
	Preparer/Reviewer Certifica	tion	
have read the most recent Federal and personnel as to the possible inclusion regulations. All non-reimbursable ex removed in the State rate computation are properly reported as such in this r	report and am familiar with the applicable d State issued field audit reports for the Fa in this report of expenses which are not a spenses of which I am aware (except those n system) as a result of reading reports, in report on Pages 28 and 29 (adjustments to eement with the books and records, as pro-	acility and have inquired of appro reimbursable under the applicable se expenses known to be automat iquiry or other services performed o statement of expenditures). Fur	priate e ically d by me
Signature of Treparer	PRINCIPAR	Date Signed $2(3/2)$	3
Printed Name of Preparer			
Matthew S. Bavolack			
Addres Address	· · · · · · · · · · · · · · · · · · ·	Phone Number	······
555 Long Wharf Drive, New Haven, CT 065		203-781-9600	
Contacted Person Regarding Additional Info	rmation Needed Regarding This Report	Phone Number	
John Phelps		516-705-4813	
Contact Email Address			
jphelps@nathealthcare.com			

I. Preparer's/Reviewer's Certification

State of Connecticut 2019 Annual Cost Report

Version 13.1

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Riverside Health Care Center, Inc. for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Riverside Health Care Center, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

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

This report is intended solely for the information and use of the management of Riverside Health Care Center, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

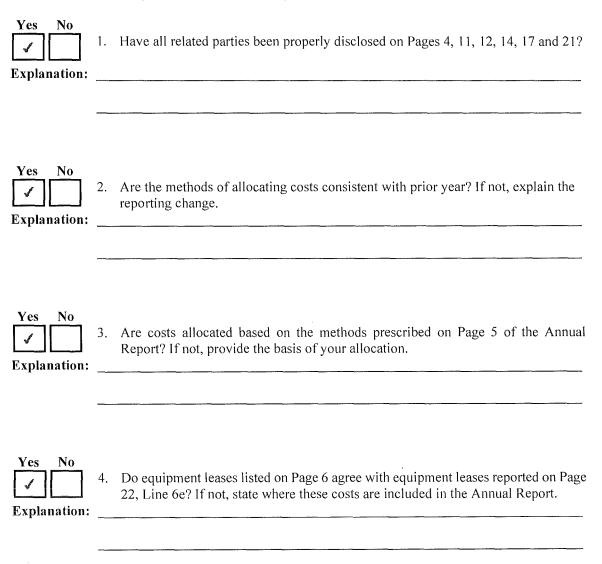
New Haven, CT February 10, 2020

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

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

Facility NameRiverside Health Care Center, Inc.

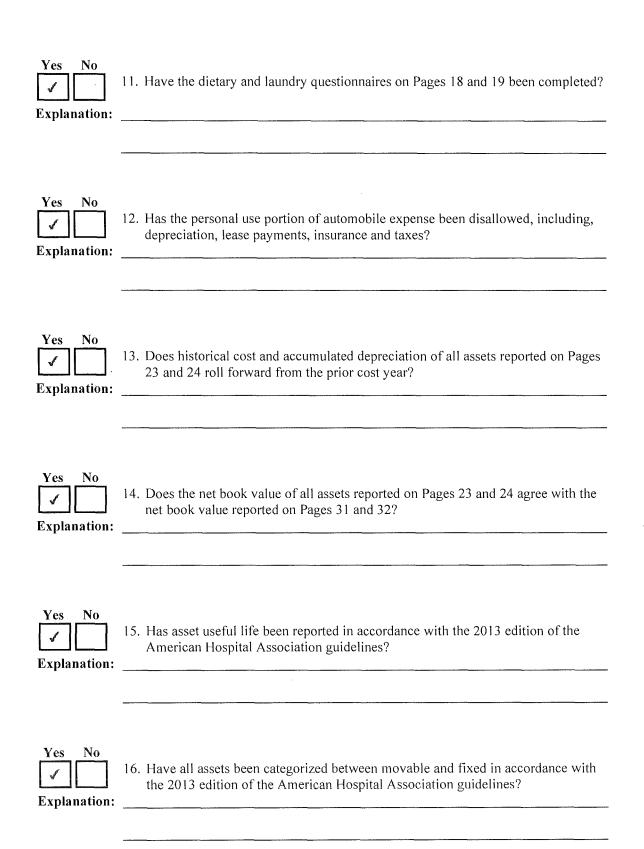
Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.





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

Yes No 6. During cost year, did you report all certified bed changes on Page 9? Do the bed Ś change dates agree to the license issued by the Department of Health? Explanation: _ _____ Yes No 7. If there has been a change in Administrators, have the dates of employment and st. applicable hours for each Administrator been reported on Page 12? Explanation: Yes No 8. Have hours been reported for all expenses claimed on Page 13? Hours must be s actual rather than estimated. Explanation: Yes No 9. Has resident day user fee expense been properly reported on Page 15, Line 1k3? Ś Explanation: Yes No 10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 \$ and 22 been detailed on Page 21? **Explanation:**



Yes No	17. Have all contractual allowances been properly reported on Page 30?
Yes No	18. Were all discrepancies on the Error Page addressed?
Yes No Solution Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No	 21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No ✓ Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?