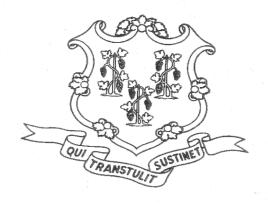
State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2019

Name of Facility (as licensed)									
St. John Paul II Care	St. John Paul II Care and Rehabilitation Center								
Address (No. & Street, City, State, Zip Code)									
33 Lincoln Avenue, Danbury, CT 06810									
Type of Facility	Type of Facility								
(hronic and (onvalescent				Rest Home with Nursing Supervision only (RHNS)					
Report for Year Beginning 10/1/2018			Report for Yea 9/30/2019	r Ending					
License Numbers: CCNH 2324-C		RHNS	(Specify)			Medicare Provider 07-5354			
	•					•			
Medicaid Provider Nu	umbers:	CC	CNH	RHNS			ICF-IID		
		10678							
For Department Use	Only								
Sequence Number	Signed and	Date	Sequence Number Signed and Notarized Date		Date Received				
Assigned	Notarized	Received	Assigned		Signed a	na Notarize	ca	Date Received	

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
St. John Paul II Care and Rehabilitation Center	2324-C	9/30/2019	1	37

Administrator's/Owner's Certification

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

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

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

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

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

(Notary Seal)

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State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page 1A	of 37					
Name of Facility	Name of Facility Period Covered:						
St. John Paul II Care and Rehabilitation Center		10/1/2018	9/30/2019				
Address of Facility							
33 Lincoln Avenue, Danbury, CT 06810		_		_			
Report Prepared By		Phone Num		Date			
Thomas Farnan		978-247-50	29	12/28/2019			
Item		Total	CCNH	RHNS	(Specify)		
1. Dietary wages paid	\$						
2. Laundry wages paid	\$						
3. Housekeeping wages paid	\$						
4. Nursing wages paid	\$	4,057,114	4,057,114				
5. All other wages paid	\$	805,099	805,099				
6. Total Wages Paid	\$	4,862,213	4,862,213				
7. Total salaries paid	\$	258,004	258,004				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	5,120,217	5,120,217				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

	Phone No. of Fac 203-797-9300	Report : 9/30/20		Page 2	of 37
Name of Facility (as shown on license) St. John Paul II Care and Rehabilitation Center	,		ity, State, Zip) oury, CT 06810	1	
CCNH License Numbers: 2324-C	RHNS	(Speci			Provider No.
Type of Facility (Check appropriate box(es)) Chronic and Convalescent Nursing Home only (CCNH) □	Rest Home with Supervision only		☐ (Specify)	
Type of Ownership (Check appropriate box) O Proprietorship • LLC O Partnership	O Profit Corp.	O Non-Pro	fit Corp. O	Government	O Trust
If this facility opened or closed during report year provide	de:	Date Opened	Date Clo	osed	
Has there been any change in ownership or operation during this report year?	O Yes	⊙ No	If "Yes,"	' explain full	у.
Administrator		ı,			
Name of Administrator Kolenovic, Merisa		Admi	ing Home nistrator's ense No.:	001980	
Other Operators/Owners who are assistant administrator	rs (full or part time)				
Name		Lic	ense No.:		

General Information and Questionnaire Partners/Members

Name of Facility St. John Paul II Care and Reha	bilitation Center	License No. 2324-C	Report for 9/30/2019	Year Ended	Page 3	of 37
Legal Name of Parts			s Address	State(s) and Which		(s) in
St. John Paul II Care and Reha		101 East State Kennett Squar		PA	-	
Name of Partners/Members	Business	Address		Title	% Ov	vned
See Attached						

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Yea	or Endad	Page of
St. John Paul II Care and Rehabilitation Cen		9/30/2019	ii Ended	Page of 3A 37
If this facility is owned or operated as a corp			ormation:	311 37
Legal Name of Corporation		ness Address		nich Incorporated
Degai I value of Corporation	Bush	1055 / Iddiess	State(8) III WI	nen meorporacea
Name of Directors, Officers	Busir	ness Address	Title	No. Shares Held by Each
See Attached				
				+
				+
Names of Stockholders Owning at Least 10% of Shares				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
St. John Paul II Care and Rehabilitation Center	2324-C	9/30/2019	3B	37
If this facility is owned or operated as an individua		provide the following information	ıtion:	
Ow	ner(s) of Facility			

HBR DANBURY LIMITED PARTNERSHIP

Chain of Ownership

Saint John Paul II Center

Harborside Health I LLC	
101 East State Street	General Partner of: HBR Danbury Limited
Kennett Square PA 19348	Partnership
FEIN: 51-0304578	
Harborside Healthcare Advisors, LP	
101 East State Street	100% Member of Harborside Health I, LLC
Kennett Square PA 19348	100% Melliber of Harborside Health I, EEC
FEIN: 04-2985690	
Harborside Healthcare LLC	
101 East State Street	99% Partner of: Harborside Healthcare Advisors,
Kennett Square PA 19348	LP
FEIN: 04-3307188	
KHI, LLC*	
101 East State Street	1% Partner of Harborside Healthcare Advisors LP
Kennett Square PA 19348	
SunBridge Healthcare LLC	
101 East State Street	100% Member of Harborside Healthcare LLC
Kennett Square PA 19348	100% Member of Harborside Healthcare LLC
FEIN: 85-0370802	
GHC Holdings LLC	
101 East State Street	
Kennett Square PA 19348	100% Owner of SunBridge Healthcare LLC
FEIN: 26-0740682	
100% Owned by Genesis Healthcare LLC	

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

Ownership

GEN Operations, II LLC (100%)

GEN Operations II, LLC

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

Ownership .		
	GEN Operations I, LLC (100%)	
GEN Operations I, LLC		
EIN: 27-3237090		
101 East State Street		
Kennett Square, PA 19348		
Ownership		
	FC-GEN Operations Investment, LLC (100%)	6)
FC-GEN Operations Investment, LLC		
EIN: 27-3237005		
101 East State Street		
Kennett Square, PA 19348		
	<u>Ownership</u>	
Sun Healthcare Group, Inc. (approximately 59.2957%)		
Sundance Rehabilitation Holdco, Inc. (5.5444%)		
Other members that are disclosed herein as owners of Genesis Healthcare, Inc.		
Other members that do not trigger 5% ownership test		
Condens Dalak Washington Haller Land		
Sundance Rehabilitation Holdco, Inc. EIN: 38-3954180		
EIN: 38-3934180 101 East State Street		
Kennett Square, PA 19348		

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc. EIN: 13-4230695 101 East State Street Kennett Square, PA 19348

Ownership

Ownership

Genesis Healthcare, Inc. (100%)

General Information and Questionnaire Related Parties*

Name of Facility		License			Report for Year Ended		Page	of
St. John Paul II Care and	d Rehabilitation Center		2324-C		9/30/2019		4	37
Are any individuals rece	eiving compensation from the fa	cility re	lated thi	rough		If "Yes," provide th	ie Name/Ado	dress and
marriage, ability to cont	rol, ownership, family or busine	ess assoc	iation?	0	Yes • No	complete the inform		
	ompanies which provide goods							
	roperty or the loaning of funds t		•					
	ssociation, common ownership,			ness	• Yes • No			
association to any of the	owners, operators, or officials	of this fa	acility?			If "Yes," provide th	e following	information:
	T					T	1	
			so Provi			Indicate Where		
N CD 1 . 1	, .		ls/Servi			Costs are Included	G .	A 4 10 44 41
Name of Related Individual or Company	Business Address	Yes	Related I	Parties %**	Description of Goods/Services Provided	in Annual Report	Cost	Actual Cost to the Related Party
marvidual of Company	101 East State Street, Kennett			70	Provided	Page # / Line #	Reported	Related 1 arry
Genesis Healthcare	Square, PA 19348	•	0		Home Office	Pg 16/m12	593,484	593,484
Genesis ElderCare	101 East State Street, Kennett	•	0					
Rehabilitation Services	Square, PA 19348 101 East State Street, Kennett	Ŭ	Ŭ	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	394,774	394,774
Genesis ElderCare Staffing Services	Square, PA 19348	0	•	50%	Staffing Pool	Pg 10/A12, p15-1		
1	101 East State Street, Kennett Square, PA 19348	•	0	970/	Madical Diseases AID	D- 12/D9 D- 10/A12	46 500	46.522
Services	101 East State Street, Kennett			8/%	Medical Director /NP	Pg 13/B8, Pg 10/A12	46,523	46,523
Career Staffing	Square, PA 19348	•	0	84%	Outside Agency	Pg 13/B11 pg 10-12, 15	851	851
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	•	0	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	757	757
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	•	0		Insurance	Pg 27/14	228,814	228,814
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	•	0		Capital Interest	Page 17, page 26-12A	,	,
		0	•			5 71 6		

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	nse No. Report for Year Ended Page									
St. John Paul II Care and Rehabilitation Center	2324-C	,	9/30/2019	5	37						
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TB	I services with special Medica	id rates,	costs						
must be allocated to CCNH and RHNS as follow	ws:										
Item			Method of Allocation								
Dietary		Number of	meals served to residents								
Laundry		Number of pounds processed									
Housekeeping		Number of square feet serviced									
• •		Number of	hours of routine care provided	d by EAC	CH						
Nursing		employee o	classification, i.e., Director (or	Charge 1	Nurse),						
		Registered	Nurses, Licensed Practical Nu	ırses, Aid	les and						
		Attendants									
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EA	СН						
		specialist ((See listing page 13)								
Maintenance and operation of plant		Square feet	t								
Property costs (depreciation)		Square feet	t								
Employee health and welfare		Gross salar	ries								
Management services		Appropriat	e cost center involved								
All other General Administrative expenses		Total of Di	rect and Allocated Costs								
The preparer of this report must answer the following	owing quest	ions applic	able to the cost information pr	ovided.							
1. In the preparation of this Report, were all	O 17	O 11	If "No," explain fully why su	ch alloca	tion was						
costs allocated as required?	• Yes	O No	not made.								
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting dat	a.							
1			11 1 11 2								
3. Did the Facility appropriately allocate and se	lf-disallow	direct and i	ndirect costs to non-nursing he	ome cost	centers?						
(e.g., Assisted Living, Home Health, Outpati			9								
			If "No," explain fully why su	ah allaas	tion was						
	• Yes	O No	not made.	in anoca	uon was						

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	ear Ended		Page	of	
St. John Paul II Care and Rehabilitation C	enter		2324-C	9/30/2019	9/30/2019				
	Ow: Oper	ed * to ners, ators,				Annual			
		icers		Date of	Term of	Amount		ount	
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clai	med	
	0	•							
	0	•							
	0	•							
	0	•							
	0	•							
	0	•							
	0	•							
	0	•							
	0	•							
	0	•							
Is a Mileage Log Book Maintained for Al	l Leased V	ehicles	? O Ye	s ⊙	No	Total ***			

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

^{**} Attach copies of newly acquired leases.

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

Annual Report of Long-Term Care Facility

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General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
St. John Paul II Care and Rehabilit		9/30/2019		7	37
The records of this facility for the p	period covered by this rep	port were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Coo			
1 KPMG Peat Marwick		1600 Market Street, Philadelphia, PA	19103		
2					
3					
4	11 (11)				
Services Provided by This Firm (de	escribe fully)				
1 Year end financial audit			\$		
2			\$		
3			\$		
4			\$		
			Charge fo	or Services Pr	rovided
			\$		
	diture Portion of This Report	? If Yes, Specify Expense Classification and Line No.			
O Yes O No					
Legal Services Information			<u> </u>		
Name of Legal Firm or Independer			_	ne Number	
1 Goldman Gruder & Woods LI	.C		203-899-		
2 Wiggin And Dana LLP			203-498-	4400	
3					
4					
5 Address (No. & Street, City, State,	7in Code)				
1 200 Connecticut Ave Norwalk					
2 One Century Tower, New Hav					
3	cn, c1 00500				
4					
5					
Services Provided by This Firm (de	escribe fully)				
1 Property Ownership search			\$		
2 Deseased record services			\$		
3			\$		
4			\$		
5			\$		
			Charge fo	or Services Pi	rovided
			\$		
Are These Charges Reflected in the Expen	diture Portion of This Report	? If Yes, Specify Expense Classification and Line No.	-		
O V	•				
• Yes O No					

Schedule of Resident Statistics

Name of Facility		License No. Report for Year Ended					Page	of				
St. John Paul II Care and Rehabilitation Center			23	24-C			9/30/2019)			8	37
					Period 10/1 Thru 6/30 Period 7/1 T						1 Thru 9/3	50
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	141	141			141	141			141	141		
B. On last day of THIS report period	141	141			141	141			141	141		
Number of Residents A. As of midnight of PREVIOUS report period	129	129			129	129			128	128		
B. As of midnight of THIS report period	131	131			128	128			131	131		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,189	2,189			1,518	1,518			671	671		
B. Medicaid (Conn.)	41,556	41,556			31,180	31,180			10,376	10,376		
C. Medicaid (other states)												
D. Private Pay	1,911	1,911			1,468	1,468			443	443		
E. State SSI for RCH												
F. Other (Specify)	1,271	1,271			952	952			319	319		
G. Total Care Days During Period (3A thru F)	46,927	46,927			35,118	35,118			11,809	11,809		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	5	5			5	5						
B. Other Bed Reserve Days	4	4			2	2			2	2		
5. Total Resident Days (3G + 4A + 4B)	46,936	46,936			35,125	35,125			11,811	11,811		

Annual Report of Long-Term Care Facility

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	ise No.				Report	t for Year	Ended		Page	of			
St. John Paul	II Care	and Reh	abilitation Cente	23	324-C					9/30/201	9		9	37			
4. Were the	ere any o	changes	in the certified b	ed ca	pacity du	ring t	he repo	rt yea	r?	0	Yes	•	No				
If "YES"	, provid	le the fo	llowing informa	tion:													
		Place of	f Change		Cł	nange	in Bed	s		Car	pacity Afte	r Change					
Date of		RHNS	(Specify)		Lost			Gaine	d	ĺ		Č					
	0 01 111	14111	(1 3)		2001					1							
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change			
5. If there v	vas any	change	in certified bed	capac	ity during	the r	eport y	ear (as	s repor	ted in iten	1 4 above)	provide the nur	nber of				
RESIDENT DAYS for 90 days following the change.																	
			Change in Re	esider	nt Dave					CC	CNH	RHNS	(Spe	cify)			
1st chang	ge		Change in re	osiaci	n Days						1111	Idirio	(~P*	•11 <i>j</i>)			
2nd chan																	
3rd chan																	
4th chan																	
6. Number	of Resid	dents an	d Rates on Septe	mber			ar										
			Medicare		Medi	caid				Se	lf-Pay		Other State A				
	_		~ ~ ~~					~ -				(~)					
NCD	Item		CCNH	C	CNH	RI	INS	CC	CNH	RI:	INS	(Specify)	R.C.H.	ICF-MR			
No. of R Per Dien		;	10		112				9								
a. One b																	
b. Two l			577.50		246.98				457.10								
c. Three			51,100														
bed r																	
			al Therapy Treat	ment	S					TO	TAL	CCNH	RHNS	(Specify)			
		re - Par									1,898	1,898					
В.			lusive of Part B)														
			e Treatments Treatments								679	679					
С	Other	wative	Treatments								6,399	6,399					
		Physical	Therapy Treatn	nents							8,976	8,976					
			Therapy Treatn								- ,	- 7					
A.	Medica	re - Par	t B								315	315					
B.			lusive of Part B)														
			e Treatments														
		torative	Treatments								113	113					
	Other Total S	maarl 7	Thomas Too of								1,319	1,319					
			Therapy Treatment ational Therapy		ments						1,747	1,747					
		re - Part		11680	HEHIS						1,418	1,418					
R.	Medica	id (Excl	lusive of Part B)								1,410	1,418					
D.			e Treatments														
			Treatments								318	318					
	Other										6,694	6,694					
D. Total Occupational Therapy Treatments											8,430	8,430					

Annual Report of Long-Term Care Facility

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Duluit	Report for Year		Paga	of
St. John Paul II Care and Rehabilitation Center	2324-C		9/30/2019	Elided	Page 10	37
	ı		I.		-	31
Are time records maintained by all individuals receiving con	mpensation?	•	Yes		No	
	ļ .		Total Cost a	nd Hours	1	ı
Τ.	COM	**	DIDIG	7.7	(C:E-)	
Item A. Salaries and Wages*	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	112,399	2,048				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	262,575	11,520				
5. Dietary Service	202,373	11,320				
a. Head Dietitian						
b. Food Service Supervisor	1					
c. Dietary Workers 6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,176	1,917				
b. Other Maintenance Workers 8. Laundry Service	50,820	2,489				
a. Supervisor						
b. Other Laundry Workers						
Barber and Beautician Services						
10. Protective Services						
Accounting Services a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	145,606	2,082				
b. RN						
1. Direct Care	1,080,599	28,187				
2. Administrative** c. LPN	92,115	2,318				
1. Direct Care	1,174,115	41,303				
2. Administrative**	, , , -	,				
d. Aides and Attendants	1,594,920	93,818				
e. Physical Therapists f. Speech Therapists						
f. Speech Therapists g. Occupational Therapists						
h. Recreation Workers	193,585	9,645				
i. Physicians		,				
Medical Director						
2. Utilization Review						
Resident Care*** Other (Specify)						
Other (openly)						
j. Dentists						
k. Pharmacists		·				
1. Podiatrists	227.042	7015				
m. Social Workers/Case Management n. Marketing	237,943	7,815				
o. Other (Specify)						
See Attached Schedule	115,365	5,748				
A-13. Total Salary Expenditures	5,120,217	208,891			1	

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	NS	(Spe	cify)
Position	\$	Hours	\$	Hours	\$	Hours
Ward Clerks	\$ -	-	\$ -	-	\$ -	-
Central Supply	\$ 15,677	634	\$ -	-	\$ -	-
Medical Records	\$ 34,485	1,959	\$ -	-	\$ -	-
Coordinator-Staffing Centers	\$ 65,204	3,156	\$ -	-	\$ -	-
0						
Total	\$ 115,365	5,748	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

	CC	NH		RHNS				(Specify)		
Service	\$	Hours	5		\$	Hours		\$	Hours	
Consulting Fees	\$ 963	n/a		\$	-	-	\$	-	-	
Purchased Services	\$ 800	n/a		\$	-	-	\$	-	-	
Purchased Services	\$ 13,236	n/a		\$	-	-	\$	-	-	
Purchased Services	\$ 813	n/a		\$	-	-	\$	-	-	
-	\$ -	n/a		\$	-	-	\$	-	-	
	\$ -	n/a		\$	-	-	\$	-	-	
	\$ -		-	\$	-	-	\$	-	-	
	\$ -		-	\$	-	-	\$	-	-	
	\$ -		-	\$	-	-	\$		-	
	\$ -		-	\$	-	-	\$		-	
	\$ -		-	\$	-	-	\$		-	
	\$ -		-	\$	-	-	\$		-	
	\$ -		-	\$	-	-	\$	-	-	
	\$ -		-	\$	-	-	\$		-	
	\$ -		-	\$	-	-	\$		-	
	\$ -		-	\$	-	-	\$		-	
	\$ -		-	\$	-	-	\$	-	-	
	\$ -		-	\$	-	-	\$	-	-	
Total	\$ 15,813		-	\$	-	=	\$	-	-	

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*

Name of Facility				License No.	Report for Year Ended				of	
St. John Paul II Care and Rehabilit	tation Cente	r		2324-C		9/30/2019	T car Enaca		Page 11	37
St. John I adi II Care and Renaomi			1	2324-0).00.2017				37
Name	CCNH	Salary Paid	(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			(1 3)	,			8	1 7		
•										
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.

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.	Report for Year Ended				of	
St. John Paul II Care and Rehabilit	tation Cente	er		2324-C		9/30/2019			Page 12	37
		Salary Pai		Fringe Benefits and/or Other Payments	Full Description of	Total Hours		Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Kolenovic,Merisa 7/24/2019- 9/30/2019	20,318				Management of Center	338	2			
Pasheluk,John N 10/1/18- 1/23/2019	36,938				Management of Center	686	2			
Townsend, Patrick Aaron 1/23/2019-7/10/2019	55,142				Management of Center	1,024	2			
Section IV - Assistant Administrators										

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of E	_	es - Proi			•		
Name of Facility	License No.		Report for Y	ear Ended	Page	of	
St. John Paul II Care and Rehabilitation Center	2324	1-C	9/30/2019	13 37			
			Total Cost	and Hours	<u></u>		
T /	CCMI	***	DIDIC		(C :C)		
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)							
Dietitian							
2. Dentist	7,970	55					
3. Pharmacist	16,425	335					
4. Podiatrist	10,423	333					
5. Physical Therapy							
a. Resident Care	379,474	5,198					
b. Other	,	-,					
6. Social Worker							
7. Recreation Worker							
8. Physicians							
a. Medical Director (entire facility)	34,992	185					
b. Utilization Review							
(Title 18 and 19 only) monthly meeting							
c. Resident Care**							
d. Administrative Services facility							
1. Infection Control Committee							
(Quarterly meetings) 2. Pharmaceutical Committee							
(Quarterly meetings)							
3. Staff Development Committee							
(Once annually)							
e. Other (Specify)							
9. Speech Therapist							
a. Resident Care	37,866	485					
b. Other							
10. Occupational Therapist							
a. Resident Care	53,616	734					
b. Other							
11. Nurses and aides and attendants							
a. RN							
1. Direct Care							
2. Administrative***							
b. LPN							
1. Direct Care	6,339	150					
2. Administrative***							
c. Aides							
d. Other							
12. Other (Specify)							
See Attached Schedule	15,813						
B-13 Total Fees Paid in Lieu of Salaries	552,496	7,143	12 1				

^{*} 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	Year Ended	Page of	
St. John Paul II Care and Rehabilitation Cer	nter 2324-C		9/30/2019		14 37	
Name C. Address Cl. Part and	Eull Euglandian (Cami		* to Owners,	T71	notion of Deletion dis	
Name & Address of Individual	Full Explanation of Service	Yes	rs, Officers No	Expla	nation of Relationship	
Genesis Eldercare Hospitality Services, 101 East	Dietary Services			Common Ownership		
State Street, Kennett Square, PA 19348		•	0		<u>f</u>	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	•	0	Common Own		
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	•	0	Common Own	ership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	•	0	Common Own	ership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	•	0	Common Own	ership	
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Y	ear Ended	Page	of
St. John Paul II Care and Rehabilitation Center	2324-C	9/30/2019		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	231,001	231,001		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	53,456	53,456		
4. Social Security (F.I.C.A.)	\$	378,446	378,446		
5. Health Insurance	\$	395,205	395,205		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	174,256	174,256		
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>)	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	155,367	155,367		
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described					
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	25,900	25,900		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$,	14,287		
2. Cellular Phones	\$		2,714		
i. Appraisal (Specify purpose and	\$				
attach copy)*					
j. Corporation Business Taxes (franchise to					
k. Other Taxes (Not related to property - Se					
1. Income*	\$				
2. Other (<i>Specify</i>)	\$	5,714	5,714		
See Attached Schedule					
3. Resident Day User Fee	\$,	914,937		
Subtotal	\$	2,351,284	2,351,284		

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

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(S	pecify)
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
Total	\$ -	\$ -	\$	-

Schedule of Other Taxes

Description	CCNH	RHNS	(5	Specify)
Sales Tax	\$ 5,714	\$ -	\$	-
Sales Tax	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
Total	\$ 5,714	\$ -	\$	-

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

Name of Facility	Name of Facility License No. Repor				Page	of
St. John Paul II Care and Rehabilitation Center	2324-C		9/30/2019		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtotal	Subtotals Brought Forward					
Travel and Entertainment	<u> </u>					
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	156	156		
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	1,446	1,446		
5. Education Expenses Related to Seminars an	d Conventions	\$	1,055	1,055		
6. Automobile Expense (not purchase or depr	eciation)	\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense	s)	\$	568	568		
2. Advertising Telephone Directory (all such e	expenses)***	\$				
3. Advertising Other (Specify)***		\$	7,330	7,330		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for service						
7. Postage		\$	3,027	3,027		
* 8. Dues and Membership Fees to Professional		\$	15,484	15,484		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				
9. Subscriptions		\$	1,123	1,123		
10. Contributions***		\$	543	543		
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	4,888	4,888		
Schedule C-2, Page 21 for each firm or indi	ividual)					
12. Administrative Management Services**		\$	569,796	569,796		
13. Other (<i>Specify</i>)		\$	(463,078)	(463,078)		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	2,493,621	2,493,621		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Sp	ecify)
Advertising	\$ 2,197	\$ -	\$	-
Marketing Expense	\$ 1,612	\$ -	\$	-
Marketing Exp- Corporate Spend	\$ 3,522	\$ -	\$	-
Marketing Exp- Corporate Spend	\$ -	\$ -	\$	-
Total Other Advertising	\$ 7,330	\$	\$	-

Schedule of Dues

Description	CCNH	RHNS	((Specify)
Licenses & Certifications	\$ 15,484	\$ -	\$	-
Dues to Chamber of Commerce	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
0	\$ -	\$ -	\$	-
Total Dues	\$ 15,484	\$ -	\$	-

Schedule of Contributions

Description	CCNH	RHNS	(S	pecify)
Contributions	\$ 75	\$ -	\$	-
Political Contributions	\$ 468	\$ -	\$	-
0	\$ -	\$ -	\$	-
Total Contributions	\$ 543	\$ -	\$	-

Schedule of Other Administrative and General

Description	CCNH		RHNS	(Specify)	
Bank Service Charges	\$	3,955	\$ -	\$	-
Collection Fees	\$	32,909	self-disallowed	\$	-
Education Expense	\$	136	\$ -	\$	-
Employee Physicals	\$	11,624	\$ -	\$	-
Employee Relations	\$	2,689	\$ -	\$	-
Printing	\$	123	\$ -	\$	-
Training Expense	\$	656	\$ -	\$	-
Fines & Penalties	\$		self-disallowed	\$	-
Miscellaneous	\$	(0)	\$ -	\$	-
Rental Expense	\$	892	\$ -	\$	-
Accrued Expense Estimation	\$	(1,124)	self-disallowed	\$	-
Landlord Operating Taxes	\$	2,400	\$ -	\$	-
State Tax Annual Report Filing	\$	949	\$ -	\$	-
Recruiting Fees	\$		\$ -	\$	-
Recruiting Fees	\$		\$ -	\$	-
Non-recurring Charges	\$	(518,397)	\$ -	\$	-
Uniforms	\$	110	\$ -	\$	-
Total Other Administrative and General	\$	(463,078)	\$ -	\$	-

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
St. John Paul II Care and Rehabilitation C	2324-C	9/30/2019	17 37
Name & Address of Individual or Company Supplying Service Genesis Health Ventures, 101 East St.,	Cost of Management Service 593,484	Full Description of Mgmt. Service Provided Mgmt Services, Property Mgmt	Indicate Where Costs are Included in Annual Report Page #/Line # pg 16 m-12
Kennett Square, PA 19348		Assisting, MIS, Personnel, Compliance	
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		Capital Interest	pg 26 12-A-1

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

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

Mon	ne of Facility	License	No.	Report for Y	oon Endad	Daga	of
	•			_		Page	
St. J	ohn Paul II Care and Rehabilitation Center		2324-C	9/30/2019	ī	18	37
	Item		Total	CCNH	RHNS	(Sp	ecify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food	\$	216,365	216,365			
	2. Non-Food Supplies	\$	26,868	26,868			
	3. Other (<i>Specify</i>)	\$	(480)	(480)			
	b. Purchased Services (by contract other	\$	611,364	611,364			
	than through Management Services)			,			
	(Complete Schedule C-2 att. Page 21)						
	c. Other (Specify)	\$					
	· · · · · · · · · · · · · · · · · · ·						
2D.	Total Dietary Expenditures $(2a + b + c + d)$	\$	854,116	854,116			
2E.	Dietary Questionnaire		Total	CCNH	RHNS	(Sp	ecify)
F.	Resident Meals: Total no. of meals served per	r day:*					
G.	Is cost of employee meals included in 2D?	O Yes	•	No			
Н.	Did you receive revenue from employees?	O Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the	Cost Report	? (Page/Line l	(tem)			
	Is cost of meals provided to persons other				If yes, specify		
J.	than employees or residents (i.e., Board	O Yes	•	No			
	Members, Guests) included in 2D?				cost.		
1/	I	O V.	0	NI.	If yes, specify		
K.	Is any revenue collected from these people?	O Yes	•	No	amt.		
L.	Where is the revenue received reported in the	Cost Report	? (Page/Line l	(tem)			
	Is cost of food (other than meals, e.g.,	1					
	snacks at monthly staff meetings, board	O 11	_	> T	If yes, specify		
M.	meetings) provided to employees included	O Yes	•	No	cost.		
	in 2D?						
		0			If yes, specify		
N.	Is any revenue collected from employees?	O Yes	•	No	amt.		
О.	Where is the revenue received reported in the	Cost Report	? (Page/Line)	(tem)			
•	Here is the revenue received reported in the	Cost Report	. (Tugo Dine i				

^{*} 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)

	ne of Facility John Paul II Care and Rehabilitation Center	License	No. 324-C	ear Ended	Page of 19 37	
St. J	onn Faul II Care and Renaomitation Center		324-C	9/30/2019	I	19 37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	5,918	5,918		
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	1. Dynahogad Caminag (h., acutagat athen	Amt. \$	930			
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	207,731	207,731		
	c. Other (Specify)	\$				
3D.	Total Laundry Expenditures (3a + b + c)	\$	214,579	214,579		
3E. F.	Laundry Questionnaire Is cost of employee laundry included in 3D? O	Yes	•	No	If yes, specify cost.	
G.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
Н.	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.	
J.	Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)	

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

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

Annual Report of Long-Term Care Facility

CSP-20 Rev. 9/2018

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

Name of Facility	License No.	Repo	ort for Year E	Inded	Page	of
St. John Paul II Care and Rehabilitation Center			9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops</i> ,	Amt.	\$	16,776	16,776		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$	311,193	311,193		
Page 21)						
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a +	b + c)	\$	327,969	327,969		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	94,632	94,632		
b. Medicine Cabinet Drugs		\$	11,874	11,874		
c. Medical and Therapeutic Supplies		\$	83,849	83,849		
d. Ambulance/Limousine***		\$	4,832	4,832		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	4,963	4,963		
f. X-rays and Related Radiological		\$	4,514	4,514		
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	25,842	25,842		
i. Recreation		\$	31,293	31,293		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (Specify)****		\$	72,420	72,420		
See Attached Schedule		_ 1				
5M. Total Resident Care Expenditures (5a - 5	5j)	\$	334,219	334,219		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(S	Specify)
Incontinency	\$ 61,863	\$ -	\$	-
Advertising-Help Wanted	\$ (52)	\$ -	\$	-
Advertising-Help Wanted	\$ 900	\$ -	\$	-
Books, Dues & Subscriptions	\$ -	\$ -	\$	-
Education Expense	\$ 560	\$ -	\$	-
Supplies	\$ 625	\$ -	\$	-
Supplies	\$ 4,522	\$ -	\$	-
Supplies	\$ 14	\$ -	\$	-
Office Supplies	\$ -	\$ -	\$	-
Office Supplies	\$ -	\$ -	\$	-
Office Supplies	\$ 110	\$ -	\$	-
Training Expense	\$ 24,000	\$ -	\$	-
Rental Expense	\$ -	\$ -	\$	-
Rental Expense	\$ 4,187	\$ -	\$	-
Consolidated Billing	\$ 332	\$ -	\$	-
Tuition Reimbursement	\$ -	\$ -	\$	-
Tuition Reimbursement	\$ -	\$ -	\$	-
Tuition Reimbursement	\$ (24,778)	\$ -	\$	-
Miscellaneous	\$ (45)	\$ -	\$	-
Licenses & Certifications	\$ -	\$ -	\$	-
Supplies	\$ 27	\$ -	\$	-
Meetings & Seminars	\$ 158	\$ -	\$	-
0	\$ -	\$ -	\$	-
Total Other Resident Care	\$ 72,420	\$ -	\$	-

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

Name of Facility St. John Paul II Care and Rel	nahilitation Center			License No. 2324-C	Report for Year Ende	d			Page 21	of 37
St. John Faut II Care and Ref	laomation Center	Related ** Operators			7/30/2017		Total Cost	/Page Ref.**		31
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	0	•	Vendor Contracted	Laundry Purchased Services	207,731			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020 Drive, Bensalem, PA	0	•	Vendor Contracted	Housekeeping Purchased Services Dietary Purchased	311,193			20	4b
Healthcare Services Group	19020	0	•	Vendor Contracted	Services Services	606,067			18	2b
		0	•							_
		0	0							
		0	••							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		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

Name of Facility License No.	 Report for Ye	ear Ended		Page of
St. John Paul II Care and Rehabilitation Cente 2324-C	9/30/2019			22 37
Item	 Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 216,699	216,699		
b. Heat	\$ 57,687	57,687		
c. Light & Power	\$ 135,049	135,049		
d. Water	\$ 51,868	51,868		
e. Equipment Lease (Provide detail on page 6)	\$			
f. Other (itemize)	\$			
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 461,303	461,303		
7. Depreciation (complete schedule page 23*)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 1,493	1,493		
c. Non-Movable Equipment	\$ 121	121		
d. Movable Equipment	\$ 435	435		
*7e. <i>Total Depreciation Costs</i> $(7a + b + c + d)$	\$ 2,049	2,049		
8. Amortization (Complete att. Schedule Page 24*)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$			
9. Rental payments on leased real property less				
real estate taxes included in item 10b	\$ 1,474,214	1,474,214		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 177,145	177,145		
c. Personal property taxes	\$			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$ 1,653,408	1,653,408		

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

Schedule of Other Repairs and Maintenance

Description		CC	CCNH		RHNS		ecify)
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
	0	\$	-	\$	-	\$	-
T-4-1 Oth D		¢		¢.		¢.	
Total Other Repairs and Maintenance		\$	-	\$	-	\$	-

Annual Report of Long-Term Care Facility

CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility St. John Paul II Care and Rehabilitation Cen	iter				License No.	-C		Report for Year F 9/30/2019	Ended		Page 23	of 37
	itei				Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements					20.220		20.220	7.216	C/T			
Acquired prior to this report period Disposals (attach schedule)					20,220		20,220	7,216		Various		
Acquired during this report period (attach schedule)			(20,220)		(20,220)	(7,216)						
A-4. Subtotal												
B. Building and Building Improvements												
Acquired prior to this report period					295,018		295,018	31,697	C/I	Various	(0)	
Disposals (attach schedule)			(295,018)		(295,018)	(31,697)		various	(0)			
3. Acquired during this report period (attach schedule)				26,869		26,869	(31,097)			1,493		
3. Acquired during this report period (attach schedule) B-4. Subtotal			20,809		20,809				1,493	1,493		
C. Non-Movable Equipment												1,473
Acquired prior to this report period					144,395		144,395	80,158	S/L	Various	0	
Disposals (attach schedule)		(144,395)		(144,395)	(80,158)	S/ L	various	Ŭ				
3. Acquired during this report period (attach schedule)		3,469		3,469	(00,130)			121				
C-4. Subtotal					2,.09		3,.09				121	121
	logb	nileage book ained?	Acqui	e of isition	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment	Y es	No	Month	Year	Land	varue	Depreciated	rear's Operations	Depreciation	Life	for this year	Totals
Movable Equipment Notor Vehicles (Specify name, model and year of each vehicle) a. b. c.												
d.												
Movable Equipment												
a. Acquired prior to this report period					209,552		209,552	111,881	S/L	Various	(0)	
b. Disposals (attach schedule)					(209,552)		(209,552)	(111,881)			(0)	
c. Acquired during this report period					(===,===)		(=== ;===)	(===,001)				
(attach schedule)					11,964		11,964				435	
D-3. Subtotal					<i>)-</i> 2 ·		<i>).</i> • •					435
E. Total Depreciation												2,049

Attachment Pages 23 24

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Co	st	Useful Life	Depreciation	n
Additions:	·					
Total additions for	Land Improvements	S	-		S -	*
Deletions:						
10/1/2018	Various Assets Deletions	S (2	20,220)			
Total deletions for	Land Improvements	\$ (2	20,220)		s -	*1
*Ti to Boss 22		, (·	-,-20)		-	

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building 1	mprovemente Acar	nivad during this	report period

Acquisition Date	Description of Item		Cost	Useful Life	Done	eciation
Additions:	Description of Item		Cost	Line	Depr	eciation
	Replaced 8" Sprinkler Main	S	3,307	09 11	S	222
	Upgrade to buildings heating/cooling piping&insulation	S	6,014	09 09	s	308
3/31/2019	Main Power on Elevator upgrade final pmt	S	13,648	09 09	S	700
1/31/2019	Painting 1st Floor South Office	S	3,900	09 11	\$	262
				20	\$	
				20	\$	-
				20	\$	
				10	\$	
Total additions for	Building Improvements	\$	26,869		\$	1,493
Deletions:						
10/1/2018	Various Assets Deletions	S	(295,018)			
Total deletions for	Building Improvements	S	(295,018)		\$	

*Ties to Page 23, Line B3 **Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	Deprec	iation
Additions:					
5/31/2019	Upgrade Air Handler for 1st floor admin offices	3469	9.4 09 07		120.67
Total additions for	Non-Movable Equipment	\$ 3,46	59	S	121
Deletions:					
10/1/2018	Various Assets Deletions	\$ (144,39	95)		
	Non-Movable Equipment				
		\$ (144,39		\$	-

Schedule of Movable Equipment Acquired during this report period

			Useful		
Acquisition Date	Description of Item	Cost	Life	Depreciation	
Additions:					
4/30/2019	Record Sales & Use Tax per tax department		8 07 00	4.6	4
6/30/2019	Record Sales & Use Tax per tax department	49	07 00	17.7	5
3/31/2019	Stainless Steel Dome Storage Rack	1227.9	8 09 09	62.9	7
5/31/2019	5 UCXT Beds w/Laminate Panels	782	9 09 07	272.3	1
3/31/2019	Replaced DLP Projector	465.3	1 03 00	77.5	5
		1866.4	12		0
					1
					1
					1
					1
Total additions for	Movable Equipment	\$ 11,96	4	\$ 435	
Deletions:					٦
10/1/2018	Various Assets Deletions	\$ (209,55	2)		1
					1
					1
					1
					1
					1
Total deletions for	Movable Equipment	\$ (209,55	2)	S -	*
*Ties to Page 23.	Line D2c				_

**Ties to Page 23, Line D26

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3 **Ties to Page 24, Line C2

St. John Paul II Care and Rehabilitation Center Depreciation Expense Report Deletion 10/1/2018

						(669,184.38)			(230,952.54) Current Accum Depreciation
Locati		Acct Desc Sys	Ex	Description		AcquiredValue	PT DeprMe		9/30/2018
57005	150025	Land Imp 01013		Concrete si	10/31/2015	(19,422.00)			(6,936.42)
57005	150025	Land Imp 0102:		Valencia F	11/30/2015	(797.62)			(279.59)
57005	150050	Bldg Imp 0094		Motherboa	2/28/2015	(2,373.73)			(962.95)
57005	150050	Bldg Imp 01000		KABA He	8/31/2015	(363.59)			(134.52)
57005	150050	Bldg Imp 0101.		Pressure sv	10/31/2015	(523.39)			(186.93)
57005	150050	Bldg Imp 0104		50% depos	2/29/2016	(478.95)			(157.95)
57005	150050	Bldg Imp 0107		Added 4 sp	4/30/2016	(2,545.99)			(802.55)
57005	150050	Bldg Imp 0110		Final paym	7/31/2016	(478.94)			(139.93)
57005	150050	Bldg Imp 01293		Roof Work	6/30/2017	(96,252.99)			(18,510.19)
57005	150050	Bldg Imp 01300		Roof Work	6/30/2017	(2,820.08)			(542.33)
57005	150050	Bldg Imp 0124		3" Badger	12/31/2017	(2,169.47)			(271.19)
57005 57005	150050 150057	Bldg Imp 01293 Bldg Imp 01003		Roof Repla	6/30/2018 9/30/2015	(167,645.00)			(7,620.23)
57005	150057	Bldg Imp 0106.		Ceiling fix	3/31/2016	(1,419.77) (409.83)			(516.27) (132.20)
57005	150057	Bldg Imp 0108		WALLCO	5/31/2016	(884.36)			(272.12)
57005	150057	Bldg Imp 0108		Video Surv	3/31/2018	(15,925.91)			(1,384.86)
57005	150057	Bldg Imp 0126		Aiphone In	3/31/2018	(725.84)			(63.12)
57005	150077	Non Mova 0068		Sun Valuat	12/1/2012	(135,970.00)			(79,315.83)
57005	150075	Non Mova 0126		(1) 75lb ca	2/28/2018	(8,425.05)			(842.51)
57005	150075	Movable E 0068		Sun Valuat	12/1/2012	(16,680.00)			(13,900.02)
57005	150080	Movable E 0072		2 Coby 23	4/30/2013	(464.20)			(359.23)
57005	150080	Movable E 0072		Coby 32 in	4/30/2013	(472.26)			(365.46)
57005	150080	Movable E 0073		LED HDT	5/31/2013	(353.71)			(269.50)
57005	150080	Movable E 0076		LED HDT	7/31/2013	(353.52)			(260.92)
57005	150080	Movable E 0076		LED HDT	7/31/2013	(353.52)			(260.92)
57005	150080	Movable E 0076		Spot Vital	7/31/2013	(4,638.90)			(3,423.96)
57005	150080	Movable E 00789		32 in LED	9/30/2013	(353.52)			(252.51)
57005	150080	Movable E 00789	95 000	LED HD T	9/30/2013	(353.52)	P SLMM		(252.51)
57005	150080	Movable E 0079	78 000	Spot Vital	10/31/2013	(4,638.90)	P SLMM	07 00	(3,258.28)
57005	150080	Movable E 0080	65 000	LG 26i 72(11/30/2013	(304.15)	P SLMM	07 00	(210.01)
57005	150080	Movable E 0089	47 000	BVI 6100 (7/31/2014	(9,314.14)	P SLMM	07 00	(5,544.12)
57005	150080	Movable E 0093	88 000	Sales and U	1/31/2015	(724.00)	P SLMM	07 00	(379.24)
57005	150080	Movable E 0098	51 000	Insignia 32	7/31/2015	(261.45)	P SLMM	07 00	(118.27)
57005	150080	Movable E 0098	54 000	Attendant '	7/31/2015	(2,155.74)	P SLMM	07 00	(975.21)
57005	150080	Movable E 0098:	55 000	Attendant '	7/31/2015	(2,155.74)			(975.21)
57005	150080	Movable E 0098:		Continu.us	7/31/2015	(722.41)			(326.80)
57005	150080	Movable E 0098		Outdoor fu	7/31/2015	(3,440.05)			(1,556.23)
57005	150080	Movable E01000		Rice Lake	8/31/2015	(1,136.93)		07 00	(500.80)
57005	150080	Movable E01062		Sales and U	3/31/2016	(116.00)			(41.43)
57005	150080	Movable E01062		2 Continu.	3/31/2016	(742.45)			(265.17)
57005	150080	Movable E0107:		Rice Lake	4/30/2016	(1,904.71)			(657.58)
57005	150080	Movable E01114		Kangaroo	8/31/2016	(598.74)			(178.21)
57005	150080	Movable E01118		Attendant l	9/30/2016	(7,668.65)			(2,191.04)
57005	150080	Movable E01162		Reliant 350	2/28/2017	(5,319.50)			(1,232.57)
57005	150080	Movable E01162		Attendant 1	2/28/2017	(1,712.24)			(396.74)
57005	150080	Movable E01183		48i Round	3/31/2017	(2,214.00)			(492.00)
57005 57005	150080	Movable E01210		Haier Porta	7/31/2017	(347.43)			(63.17)
	150080	Movable E0125		Insignia Re Rice Lake	1/31/2018	(213.00)			(24.00)
57005 57005	150080 150080	Movable E0126' Movable E0127'		2 RCA 40"	3/31/2018	(1,975.52) (953.10)			(171.79)
57005 57005	150080	Movable E 0127			4/30/2018 5/31/2018	` /			(70.08)
57005	150080	Movable E0129		Garden Be Connecticu	6/30/2018	(532.17) (34.00)			(31.77) (1.55)
57005	150080	Movable E0129		(2) 48" Gai	6/30/2018	(1,112.79)			(50.58)
57005	150080	Movable E 00703		PARTS&N	12/31/2012	(1,367.13)			(786.08)
57005	150085	Movable E 00703		MATTRES	12/31/2012	(582.50)			(334.94)
57005	150085	Movable E 0071		C45 Hatco	2/28/2013	(3,142.64)			(1,754.63)
5,005	150005	1.10 value E 00 / I	, 5 000	CTJ 11atC0	2/20/2013	(3,172.04)	. SLIVIIVI	10 00	(1,/37.03)

St. John Paul II Care and Rehabilitation Center Depreciation Expense Report Deletion 10/1/2018

						(669,184.38)				(230,952.54) Current Accum Depreciation
Locati	G/L Asset	Acct Desc Sys	Ex	DescriptionIn	Svc Date	AcquiredValue	PT	DeprMeth	EstLife	9/30/2018
57005	150085	Movable E 007174	000	Thermostst	2/28/2013	(1,099.34)	P	SLMM	10 00	(613.78)
57005	150085	Movable E 007657	000	Double dec	7/31/2013	(7,163.67)	P	SLMM	10 00	(3,701.25)
57005	150085	Movable E 008512	000	Direct Cho	3/31/2014	(281.85)	P	SLMM	09 09	(130.09)
57005	150085	Movable E 008601	000	Big Blue B	4/30/2014	(461.68)	P	SLMM	09 08	(210.94)
57005	150085	Movable E 009028	000	3 mini blin	8/31/2014	(430.72)	P	SLMM	09 04	(188.44)
57005	150085	Movable E 009067	000	4 Tracer E:	9/30/2014	(733.59)	P	SLMM	09 03	(317.24)
57005	150085	Movable E 009175	000	Electric rar	10/31/2014	(1,650.52)	P	SLMM	09 02	(705.24)
57005	150085	Movable E 009299	000	(2) 1.6 cu r	12/31/2014	(1,055.08)		SLMM	09 00	(439.61)
57005	150085	Movable E 009433	000	window tre	2/28/2015	(446.67)		SLMM	08 10	(181.21)
57005	150085	Movable E 009856	000	2 Resident	7/31/2015	(812.61)		SLMM	08 05	(305.74)
57005	150085	Movable E 010010	000	25 dining c	8/31/2015	(6,646.31)		SLMM	08 04	(2,459.14)
57005	150085	Movable E 010011	000	Height Adj	8/31/2015	(398.38)		SLMM	08 04	(147.42)
57005	150085	Movable E 010033	000	Tracker II	9/30/2015	(355.98)		SLMM	08 03	(129.45)
57005	150085	Movable E010034	000	2 PANACI	9/30/2015	(352.98)		SLMM	08 03	(128.37)
57005	150085	Movable E010134	000	3 Tracer w	10/31/2015	(560.68)		SLMM	08 02	(200.26)
57005	150085	Movable E 010229	000	Maxwell T	11/30/2015	(794.43)		SLMM	08 01	(278.46)
57005	150085	Movable E 010230	000	8 Bristol O	11/30/2015	(3,584.38)		SLMM	08 01	(1,256.38)
57005	150085	Movable E 010627	000	5 Direct Cl	3/31/2016	(399.76)		SLMM	07 09	(128.96)
57005	150085	Movable E 011012	000	4 Tracer E	7/31/2016	(699.92)		SLMM	07 05	(204.47)
57005	150085	Movable E 011013	000	WHIRLPC	7/31/2016	(652.98)		SLMM	07 05	(190.76)
57005	150085	Movable E 011145 Movable E 011181	000	Meridian ic	8/31/2016 9/30/2016	(3,741.36)		SLMM SLMM	07 04	(1,062.89)
57005 57005	150085 150085	Movable E01181	000	Tracer IV V 3 Direct Cl	3/31/2017	(1,661.88)		SLMM	07 03 06 09	(458.46)
57005	150085	Movable E 011829	000		3/31/2017	(242.41) (372.15)		SLMM	06 09	(53.87)
57005	150085	Movable E 011829	000	Single Uni MERIDIA	3/31/2017	(3,833.95)		SLMM	06 09	(82.70) (851.99)
57005	150085	Movable E 012034	000	Thera Glid	6/30/2017	(897.00)		SLMM	06 06	(172.50)
57005	150085	Movable E 012035	000	5-Thera Gl	6/30/2017	(5,079.85)		SLMM	06 06	(976.90)
57005	150085	Movable E 012529	000	GENESIS	1/31/2018	(2,051.48)		SLMM	05 11	(231.16)
57005	150085	Movable E 012531	000	Tracer SX:	1/31/2018	(198.98)		SLMM	05 11	(22.42)
57005	150085	Movable E 012532	000	Hotpoint 1	1/31/2018	(594.99)		SLMM	05 11	(67.04)
57005	150085	Movable E 012675	000	Hotpoint 1	3/31/2018	(594.99)		SLMM	05 09	(51.74)
57005	150085	Movable E 012767	000	KEURIG F	4/30/2018	(304.32)		SLMM	05 08	(22.38)
57005	150085	Movable E 012768	000	OmniCycle	4/30/2018	(6,487.36)		SLMM	05 08	(477.01)
57005	150085	Movable E 012769	000	3 Tracer IV	4/30/2018	(776.94)		SLMM	05 08	(57.13)
57005	150085	Movable E 012933	000	Counter To	6/30/2018	(658.16)		SLMM	05 06	(29.92)
57005	150087	Movable E 010036	000	Easy Tilt S	9/30/2015	(547.68)		SLMM	05 00	(328.62)
57005	150087	Movable E 011015	000	BeasyTran	7/31/2016	(350.94)	P	SLMM	05 00	(152.08)
57005	150087	Movable E 012604	000	2 Comfort	2/28/2018	(711.66)	P	SLMM	05 00	(83.03)
57005	150088	Movable E 006816	000	Sun Valuat	12/1/2012	(8,620.00)	P	SLMM	03 00	(8,620.00)
57005	150088	Movable E 007360	000	12 MATTI	5/31/2013	(2,897.10)	P	SLMM	03 00	(2,897.10)
57005	150088	Movable E 008602	000	10 MATTI	4/30/2014	(3,137.33)	P	SLMM	03 00	(3,137.33)
57005	150088	Movable E 010226	000	MATTRES	11/30/2015	(364.41)	P	SLMM	03 00	(344.16)
57005	150088	Movable E 010227	000	3 MATTRI	11/30/2015	(850.11)	P	SLMM	03 00	(802.88)
57005	150088	Movable E 010228	000	4 MATTRI	11/30/2015	(1,133.48)		SLMM	03 00	(1,070.52)
57005	150088	Movable E 011180	000	6 MATTRI	9/30/2016	(1,882.40)		SLMM	03 00	(1,254.94)
57005	150088	Movable E 012109	000	Aluminum	7/31/2017	(1,282.20)		SLMM	03 00	(498.63)
57005	150088	Movable E 012238	000	61 MATTI	9/30/2017	(14,726.93)		SLMM	03 00	(4,908.99)
57005	150088	Movable E012674	000	DermaFloa	3/31/2018	(2,143.14)		SLMM	03 00	(357.19)
57005	150100	Movable E 007787	000	Abram Mic	8/31/2013	(287.58)		SLMM	10 00	(146.20)
57005	150100	Movable E 008731	000	Credit Caro	5/31/2014	(73.07)		SLMM	09 07	(33.06)
57005	150100	Movable E 009852	000	Solutions S	7/31/2015	(3,007.58)		SLMM	08 05	(1,131.58)
57005	150100	Movable E 009853	000	HON Volt	7/31/2015	(356.35)		SLMM	08 05	(134.08)
57005	150100	Movable E010008	000	Solutions S	8/31/2015	(1,073.07)		SLMM	08 04	(397.04)
57005	150100	Movable E 010231	000	Concept 4(11/30/2015	(1,804.76)		SLMM	08 01	(632.60)
57005	150100	Movable E 011828	000	Jam Proof	3/31/2017	(437.50)		SLMM	06 09	(97.23)
57005	150110	Movable E 006817	000	Sun Valuat	12/1/2012	(24,390.00)	P	SLMM	02 00	(24,390.00)

St. John Paul II Care and Rehabilitation Center Depreciation Expense Report Deletion 10/1/2018

						(669,184.38)				(230,952.54) Current Accum Depreciation
Locati	G/L Asset	Acct Desc Sys	Ex	Description In	Svc Date	AcquiredValue	PT	DeprMeth	EstLife	9/30/2018
57005	150110	Movable E008846	000	printer	6/30/2014	(319.04)	P	SLMM	03 00	(319.04)
57005	150110	Movable E 008948	000	HP Laserje	7/31/2014	(529.85)	P	SLMM	03 00	(529.85)
57005	150110	Movable E 011525	000	1 HP Laser	1/31/2017	(276.92)	P	SLMM	03 00	(153.85)
57005	150110	Movable E011526	000	1 Belkin W	1/31/2017	(3.59)	P	SLMM	03 00	(2.00)
57005	150110	Movable E 011827	000	1 HP Laser	3/31/2017	(284.97)	P	SLMM	03 00	(142.48)
57005	150110	Movable E013169	000	LED TV	9/30/2018	(287.98)	P	SLMM	03 00	-
57005	150115	Movable E011289	000	1 Cisco Aiı	10/31/2016	(454.21)	P	SLMM	05 00	(174.11)
57005	150117	Movable E010472	000	Durafon pl	2/29/2016	(1,827.44)	P	SLMM	07 00	(674.41)

St. John Paul II Care and Rehabilitation Center Depreciation Expense Report As of September 30, 2019

811,389.55

Sch 23 Total Deprn Sch 29 total Deprn Adj Total Deprn Expense

811,389.55 230,952.54

2,049.06 95,019.22 97,068.28

97,068.28

328,020.82

						811,369.33				811,389.33	Prior Accum Depreciation	Current YTD Depreciation	Current Accum Depreciation
Locati	G/L Asset	Acct Desc Sys	Ex	Descriptior I	n Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	9/30/2018	2,019.00	9/30/2019
57005	150075	Non Mova 006814	000	Sun Valuat	12/1/2012	135,970.00		SLMM	10 00	135,970.00	79,315.83	13,597.00	92,912.83
57005	150080	Movable E006815	000	Sun Valuat	12/1/2012	16,680.00		SLMM	07 00	16,680.00	13,900.02	2,382.86	16,282.88
57005	150088	Movable E006816	000	Sun Valuat	12/1/2012	8,620.00		SLMM	03 00	8,620.00	8,620.00	-	8,620.00
57005 57005	150110 150085	Movable E006817 Movable E007056	000 000	Sun Valuat	12/1/2012 12/31/2012	24,390.00 1,367.13		SLMM SLMM	02 00 10 00	24,390.00 1,367.13	24,390.00 786.08	136.71	24,390.00 922.79
57005	150085	Movable E007057	000		12/31/2012	582.50		SLMM	10 00	582.50	334.94	58.25	393.19
57005	150085	Movable E007173	000	C45 Hatco	2/28/2013	3,142.64		SLMM	10 00	3,142.64	1,754.63	314.26	2,068.89
57005	150085	Movable E 007174	000	Thermosts	2/28/2013	1,099.34	P	SLMM	10 00	1,099.34	613.78	109.93	723.71
57005	150080	Movable E 007270	000	2 Coby 23	4/30/2013	464.20		SLMM	07 00	464.20	359.23	66.32	425.55
57005	150080	Movable E007271	000	Coby 32 in	4/30/2013	472.26		SLMM	07 00	472.26	365.46	67.47	432.93
57005	150080	Movable E007361	000	LED HDT	5/31/2013	353.71		SLMM	07 00	353.71	269.50	50.53	320.03
57005 57005	150088 150080	Movable E 007360 Movable E 007655	000 000	12 MATTI LED HDT	5/31/2013 7/31/2013	2,897.10 353.52		SLMM SLMM	03 00 07 00	2,897.10 353.52	2,897.10 260.92	50.50	2,897.10 311.42
57005	150080	Movable E007656	000	LED HDT	7/31/2013	353.52		SLMM	07 00	353.52	260.92	50.50	311.42
57005	150080	Movable E 007658	000	Spot Vital	7/31/2013	4,638.90	P	SLMM	07 00	4,638.90	3,423.96	662.70	4,086.66
57005	150085	Movable E007657	000	Double dec	7/31/2013	7,163.67		SLMM	10 00	7,163.67	3,701.25	716.37	4,417.62
57005	150100	Movable E007787	000	Abram Mi	8/31/2013	287.58		SLMM	10 00	287.58	146.20	28.76	174.96
57005 57005	150080 150080	Movable E 007894 Movable E 007895	000 000	32 in LED LED HD T	9/30/2013 9/30/2013	353.52 353.52		SLMM SLMM	07 00 07 00	353.52 353.52	252.51 252.51	50.50 50.50	303.01 303.01
57005	150080	Movable E007978	000	Spot Vital	10/31/2013	4,638.90		SLMM	07 00	4,638.90	3,258.28	662.70	3,920.98
57005	150080	Movable E 008065	000	LG 26i 720		304.15		SLMM	07 00	304.15	210.01	43.45	253.46
57005	150085	Movable E 008512	000	Direct Cho	3/31/2014	281.85	P	SLMM	09 09	281.85	130.09	28.91	159.00
57005	150085	Movable E 008601	000	Big Blue E	4/30/2014	461.68		SLMM	09 08	461.68	210.94	47.76	258.70
57005	150088	Movable E 008602	000	10 MATTI	4/30/2014	3,137.33		SLMM	03 00	3,137.33	3,137.33	-	3,137.33
57005 57005	150100 150110	Movable E 008731 Movable E 008846	000 000	Credit Care printer	5/31/2014 6/30/2014	73.07 319.04		SLMM SLMM	09 07 03 00	73.07 319.04	33.06 319.04	7.63	40.69 319.04
57005	150080	Movable E008947	000	BVI 6100	7/31/2014	9,314.14		SLMM	07 00	9,314.14	5,544.12	1,330.59	6,874.71
57005	150110	Movable E008948	000	HP Laserje	7/31/2014	529.85		SLMM	03 00	529.85	529.85	-	529.85
57005	150085	Movable E 009028	000	3 mini blin	8/31/2014	430.72		SLMM	09 04	430.72	188.44	46.15	234.59
57005	150085	Movable E 009067	000	4 Tracer E:	9/30/2014	733.59		SLMM	09 03	733.59	317.24	79.31	396.55
57005	150085	Movable E009175	000		10/31/2014	1,650.52		SLMM	09 02	1,650.52	705.24	180.06	885.30
57005 57005	150085 150080	Movable E009299 Movable E009388	000 000	(2) 1.6 cu i Sales and U	12/31/2014 1/31/2015	1,055.08 724.00		SLMM SLMM	09 00 07 00	1,055.08 724.00	439.61 379.24	117.23 103.43	556.84 482.67
57005	150050	Bldg Imp 009434	000	Motherboa	2/28/2015	2,373.73		SLMM	08 10	2,373.73	962.95	268.73	1,231.68
57005	150085	Movable E009433	000	window tre	2/28/2015	446.67		SLMM	08 10	446.67	181.21	50.57	231.78
57005	150080	Movable E 009851	000	Insignia 32	7/31/2015	261.45	P	SLMM	07 00	261.45	118.27	37.35	155.62
57005	150080	Movable E 009854	000	Attendant '	7/31/2015	2,155.74		SLMM	07 00	2,155.74	975.21	307.96	1,283.17
57005	150080	Movable E009855	000	Attendant	7/31/2015	2,155.74		SLMM	07 00	2,155.74	975.21	307.96	1,283.17
57005 57005	150080 150080	Movable E009857 Movable E009858	000 000	Continu.us Outdoor fu	7/31/2015 7/31/2015	722.41 3,440.05		SLMM SLMM	07 00 07 00	722.41 3,440.05	326.80 1,556.23	103.20 491.44	430.00 2,047.67
57005	150085	Movable E009856	000	2 Resident	7/31/2015	812.61		SLMM	08 05	812.61	305.74	96.55	402.29
57005	150100	Movable E009852	000	Solutions 5	7/31/2015	3,007.58		SLMM	08 05	3,007.58	1,131.58	357.34	1,488.92
57005	150100	Movable E 009853	000	HON Volt	7/31/2015	356.35	P	SLMM	08 05	356.35	134.08	42.34	176.42
57005	150050	Bldg Imp 010007	000	KABA He	8/31/2015	363.59		SLMM	08 04	363.59	134.52	43.63	178.15
57005	150080	Movable E010009	000	Rice Lake	8/31/2015	1,136.93		SLMM	07 00	1,136.93	500.80	162.42	663.22
57005 57005	150085 150085	Movable E010010 Movable E010011	000 000	25 dining c Height Ad	8/31/2015 8/31/2015	6,646.31 398.38		SLMM SLMM	08 04 08 04	6,646.31 398.38	2,459.14 147.42	797.56 47.81	3,256.70 195.23
57005	150100	Movable E010008	000	Solutions S	8/31/2015	1,073.07		SLMM	08 04	1,073.07	397.04	128.77	525.81
57005	150057	Bldg Imp 010035	000	Ceiling fix	9/30/2015	1,419.77		SLMM	08 03	1,419.77	516.27	172.09	688.36
57005	150085	Movable E010033	000	Tracker II	9/30/2015	355.98		SLMM	08 03	355.98	129.45	43.15	172.60
57005	150085	Movable E010034	000 000	2 PANACI	9/30/2015	352.98 547.68		SLMM	08 03	352.98	128.37	42.79	171.16
57005 57005	150087 150025	Movable E010036 Land Imp 010136	000	Easy Tilt S	9/30/2015 10/31/2015	19,422.00		SLMM SLMM	05 00 08 02	547.68 19,422.00	328.62 6,936.42	109.54 2,378.20	438.16 9,314.62
57005	150025	Bldg Imp 010135	000		10/31/2015	523.39		SLMM	08 02	523.39	186.93	64.09	251.02
57005	150085	Movable E010134	000		10/31/2015	560.68		SLMM	08 02	560.68	200.26	68.66	268.92
57005	150025	Land Imp 010232	000		11/30/2015	797.62		SLMM	08 01	797.62	279.59	98.68	378.27
57005	150085	Movable E010229	000		11/30/2015	794.43		SLMM	08 01	794.43	278.46	98.28	376.74
57005 57005	150085 150088	Movable E010230 Movable E010226	000 000		11/30/2015 11/30/2015	3,584.38 364.41		SLMM SLMM	08 01 03 00	3,584.38 364.41	1,256.38 344.16	443.43 20.25	1,699.81 364.41
57005	150088	Movable E010227	000		11/30/2015	850.11		SLMM	03 00	850.11	802.88	47.23	850.11
57005	150088	Movable E010228	000		11/30/2015	1,133.48		SLMM	03 00	1,133.48	1,070.52	62.96	1,133.48
57005	150100	Movable E010231	000		11/30/2015	1,804.76		SLMM	08 01	1,804.76	632.60	223.27	855.87
57005	150050	Bldg Imp 010473	000	50% depos	2/29/2016	478.95		SLMM	07 10	478.95	157.95	61.14	219.09
57005	150117	Movable E 010472	000	Durafon pl	2/29/2016	1,827.44		SLMM	07 00	1,827.44	674.41	261.06	935.47
57005 57005	150057 150080	Bldg Imp 010630 Movable E010628	000 000	Innbrck 6 2 Sales and U	3/31/2016 3/31/2016	409.83 116.00		SLMM SLMM	07 09 07 00	409.83 116.00	132.20 41.43	52.88 16.57	185.08 58.00
57005	150080	Movable E010629	000	2 Continu.	3/31/2016	742.45		SLMM	07 00	742.45	265.17	106.07	371.24
57005	150085	Movable E010627	000	5 Direct Cl	3/31/2016	399.76		SLMM	07 09	399.76	128.96	51.58	180.54
57005	150050	Bldg Imp 010760	000	Added 4 sp	4/30/2016	2,545.99	R	SLMM	07 08	2,545.99	802.55	332.09	1,134.64
57005	150080	Movable E010759	000	Rice Lake	4/30/2016	1,904.71		SLMM	07 00	1,904.71	657.58	272.10	929.68
57005 57005	150057	Bldg Imp 010872	000	WALLCO Final pour	5/31/2016	884.36 478.94		SLMM	07 07	884.36	272.12	116.62	388.74
57005 57005	150050 150085	Bldg Imp 011014 Movable E011012	000 000	Final paym 4 Tracer E	7/31/2016 7/31/2016	478.94 699.92		SLMM SLMM	07 05 07 05	478.94 699.92	139.93 204.47	64.58 94.37	204.51 298.84
57005	150085	Movable E011013	000	WHIRLPC	7/31/2016	652.98		SLMM	07 05	652.98	190.76	88.04	278.80
57005	150087	Movable E 011015	000	BeasyTran	7/31/2016	350.94	P	SLMM	05 00	350.94	152.08	70.19	222.27
57005	150080	Movable E011146	000	Kangaroo (8/31/2016	598.74	P	SLMM	07 00	598.74	178.21	85.54	263.75

St. John Paul II Care and Rehabilitation Center Depreciation Expense Report As of September 30, 2019

811,389.55

Sch 23 Total Deprn Sch 29 total Deprn Adj Total Deprn Expense

811,389.55 230,952.54

2,049.06 95,019.22 97,068.28

97,068.28

328,020.82

						011,505,65				011,303.55	Prior Accum Depreciation	Current YTD Depreciation	Current Accum Depreciation
Locati	G/L Asset	Acct Desc Sys	Ex	Descriptior I	n Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	9/30/2018	2,019.00	9/30/2019
57005	150085	Movable E011145	000	Meridian i	8/31/2016	3,741.36	P	SLMM	07 04	3,741.36	1,062.89	510.19	1,573.08
57005	150080	Movable E011182	000	Attendant 1	9/30/2016	7,668.65		SLMM	07 00	7,668.65	2,191.04	1,095.52	3,286.56
57005	150085	Movable E011181	000	Tracer IV '	9/30/2016	1,661.88		SLMM	07 03	1,661.88	458.46	229.23	687.69
57005	150088	Movable E011180	000	6 MATTR	9/30/2016	1,882.40		SLMM	03 00	1,882.40	1,254.94	627.46	1,882.40
57005	150115	Movable E011289	000		10/31/2016	454.21		SLMM	05 00	454.21	174.11	90.84	264.95
57005	150110	Movable E011525	000	1 HP Laser	1/31/2017	276.92		SLMM	03 00	276.92	153.85	92.31	246.16
57005	150110	Movable E011526	000	1 Belkin W	1/31/2017	3.59		SLMM	03 00	3.59	2.00	1.20	3.20
57005 57005	150080 150080	Movable E011624 Movable E011625	000 000	Reliant 350 Attendant	2/28/2017 2/28/2017	5,319.50 1,712.24		SLMM SLMM	06 10 06 10	5,319.50	1,232.57 396.74	778.47 250.57	2,011.04 647.31
57005	150080	Movable E011831	000	48i Round	3/31/2017	2,214.00		SLMM	06 09	1,712.24 2,214.00	492.00	328.00	820.00
57005	150085	Movable E011826	000	3 Direct Cl	3/31/2017	242.41		SLMM	06 09	242.41	53.87	35.91	89.78
57005	150085	Movable E011829	000	Single Uni	3/31/2017	372.15		SLMM	06 09	372.15	82.70	55.13	137.83
57005	150085	Movable E011830	000	MERIDIA	3/31/2017	3,833.95		SLMM	06 09	3,833.95	851.99	567.99	1,419.98
57005	150100	Movable E011828	000	Jam Proof	3/31/2017	437.50		SLMM	06 09	437.50	97.23	64.82	162.05
57005	150110	Movable E011827	000	1 HP Laser	3/31/2017	284.97		SLMM	03 00	284.97	142.48	94.99	237.47
57005	150050	Bldg Imp 012931	000	Roof Work	6/30/2017	96,252.99	R	SLMM	06 06	96,252.99	18,510.19	18,510.19	37,020.38
57005	150050	Bldg Imp 013009	000	Roof Work	6/30/2017	2,820.08		SLMM	06 06	2,820.08	542.33	542.33	1,084.66
57005	150085	Movable E012034	000	Thera Glid	6/30/2017	897.00		SLMM	06 06	897.00	172.50	138.00	310.50
57005	150085	Movable E012035	000	5-Thera Gl	6/30/2017	5,079.85		SLMM	06 06	5,079.85	976.90	781.52	1,758.42
57005	150080	Movable E012108	000	Haier Porta	7/31/2017	347.43		SLMM	06 05	347.43	63.17	54.15	117.32
57005	150088	Movable E012109	000	Aluminum	7/31/2017	1,282.20		SLMM	03 00	1,282.20	498.63	427.40	926.03
57005	150088	Movable E012238	000	61 MATTI	9/30/2017	14,726.93		SLMM	03 00	14,726.93	4,908.99	4,908.99	9,817.98
57005	150050	Bldg Imp 012474	000	3" Badger	12/31/2017	2,169.47		SLMM	6	,	271.19	361.58	632.77
57005	150080	Movable E012530 Movable E012529	000	Insignia Ro GENESIS	1/31/2018	213.00		SLMM	5		24.00	42.60	66.60
57005 57005	150085 150085	Movable E012529	000	Tracer SX:	1/31/2018 1/31/2018	2,051.48 198.98		SLMM SLMM	5		231.16 22.42	410.30 39.80	641.46 62.22
57005	150085	Movable E012531	000	Hotpoint 1	1/31/2018	594.99		SLMM	5		67.04	119.00	186.04
57005	150075	Non Mova 012605	000	(1) 75lb ca	2/28/2018	8,425.05		SLMM	5		842.51	1,685.01	2,527.52
57005	150073	Movable E012604	000	2 Comfort	2/28/2018	711.66		SLMM	5		83.03	142.33	225.36
57005	150057	Bldg Imp 012677	000	Video Surv	3/31/2018	15,925.91		SLMM	5		1,384.86	3,185.18	4,570.04
57005	150057	Bldg Imp 012678	000	Aiphone Ir	3/31/2018	725.84		SLMM	5		63.12	145.17	208.29
57005	150080	Movable E012676	000	Rice Lake	3/31/2018	1,975.52	P	SLMM	5	1,975.52	171.79	395.10	566.89
57005	150085	Movable E012675	000	Hotpoint 1	3/31/2018	594.99	P	SLMM	5	594.99	51.74	119.00	170.74
57005	150088	Movable E012674	000	DermaFloa	3/31/2018	2,143.14	P	SLMM	3		357.19	714.38	1,071.57
57005	150080	Movable E012770	000	2 RCA 40"	4/30/2018	953.10		SLMM	5		70.08	190.62	260.70
57005	150085	Movable E012767	000	KEURIG I	4/30/2018	304.32		SLMM	5		22.38	60.86	83.24
57005	150085	Movable E012768	000	OmniCycl	4/30/2018	6,487.36		SLMM	5		477.01	1,297.47	1,774.48
57005	150085	Movable E012769	000	3 Tracer IV	4/30/2018	776.94		SLMM	5		57.13	155.39	212.52
57005	150080	Movable E012852	000	Garden Be	5/31/2018	532.17		SLMM	5		31.77	106.43	138.20
57005	150050	Bldg Imp 012935	000	Roof Repla	6/30/2018	167,645.00		SLMM	10		7,620.23	16,764.50	24,384.73
57005 57005	150080 150080	Movable E012932 Movable E012934	000	Connecticu	6/30/2018 6/30/2018	34.00 1,112.79		SLMM SLMM	5		1.55	6.80	8.35
57005	150080	Movable E012934 Movable E012933	000	(2) 48" Ga Counter To	6/30/2018	658.16		SLMM	5		50.58 29.92	222.56 131.63	273.14 161.55
57005	150110	Movable E012333	000	LED TV	9/30/2018	287.98		SLMM	3		29.92	95.99	95.99
57005	150057	Bldg Imp 013243	000		10/31/2018	2,275.15		SLMM	5		_	417.11	417.11
57005	150085	Movable E013242	000		10/31/2018	4,736.38		SLMM	5		_	868.34	868.34
57005	150117	Movable E013339	000		11/30/2018	2,924.63		SLMM	5		_	487.44	487.44
57005	150050	Bldg Imp 013325	000	Flooring	12/31/2018	11,613.42		SLMM	10		_	871.01	871.01
57005	150057	Bldg Imp 013326	000	_	12/31/2018	80,219.47		SLMM	10		_	6,016.46	6,016.46
57005	150050	Bldg Imp 013497	000	Replaced	01/31/19	3,307.34		SLMM	10		-	220.49	220.49
57005	150057	Bldg Imp 013580	000	Painting 1s	01/31/19	3,900.00	R	SLMM	10	3,900.00	-	260.00	260.00
57005	150050	Bldg Imp 013678	000	Upgrade to	03/31/19	6,013.74		SLMM	10		-	300.69	300.69
57005	150055	Bldg Imp 013679	000	Main Powe	03/31/19	13,648.35		SLMM	10		-	682.42	682.42
57005	150085	Movable E013677	000	Stainless S	03/31/19	1,227.98		SLMM	10		-	61.40	61.40
57005	150110	Movable E013676	000	Replaced I	03/31/19	465.31		SLMM	3		-	77.55	77.55
57005	150080	Movable E013786	000	Record Sal	04/30/19	78.00		SLMM	7		-	4.64	4.64
57005	150075	Non Mova 013869	000	Upgrade A	05/31/19	3,469.40		SLMM	10		-	115.65	115.65
57005	150085	Movable E013868	000	5 UCXT B	05/31/19	7,829.00		SLMM	10		-	260.97	260.97
57005	150080	Movable E013981	000	Record Sal	06/30/19	497.00	r	SLMM	7	497.00	-	17.75	17.75

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Nam	e of Facility		License No.		Report for Yea	ır Ended		Page	of	
	ohn Paul II Care and Rehabilitation Cente	r		2324	4-C	9/30/2019			24	37
						Accumulated				
		Date	e of			Amort. to				
		Acqui	sition			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.										
B.	Mortgage Expense									
	1.									
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period									
	(attach schedule)									
C-4.	Subtotal									
D.	Total Amortization									

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

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

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

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

Name of Facility St. John Paul II Care and Rehabilitatio	nse No. 2324-C	Report for Year En 9/30/2019	nded		Page of 25 37
11. Property Questionnaire		•			·
Part A					
Is the property either owned by the Fa or leased from a Related Party?*		O Yes		No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility business association to any person or org a related party transaction.					
Description		Total			
Date Land Purchased		n/a	ı		
2. Date Structure Completed		n/a	ı		
3. If NOT Original Owner, Date of I	urchase		_		
4. Date of Initial Licensure		141	_		
5. Total Licensed Bed Capacity6. Square Footage		141	_		
6. Square Footage7. Acquisition Cost					
a. Land		n/a	-		
b. Building		n/a	-		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed,	variable)				
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of	• /				
e. Amount of Principal Borrowed					
f. Principal balance outstanding a		_			
Complete if Mortgage was Refin	anced				
During Current Cost Year	. 11 /				
g. Type of Financing (e.g., fixed,	variable)				
h. Date of Refinancing i. New Interest Rate					
j. Term of Mortgage (number of	vears)				
k. Amount of Principal Borrowed	• /				
Principal Outstanding on Note					
Part C - Arms-Length Leases fo		Improvements Onl	v	l	
Name and Address of Lessor		roperty Leased		Term of Lease	Annual Amount of Lease
GMF-CT	Facility I		12/21/2018-12		1,474,214
650 Madison Avenue New York, NY 1002	2				

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

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

Name of Facility License No.		Report for Y	ear Ended		Page of
St. John Paul II Care and Rehabilitatio 2324-C		9/30/2019			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest		10141	CCIVII	Turito	(Specify)
A. Building, Land Improvement & Non-Mov	able				
Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender	I				
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B	35) \$				

(Carry Subtotals forward to next page)

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

Name of Facility License 1 St. John Paul II Care and Rehabilita 232	No. 24-C		Report for Y 9/30/2019	Page of 27 37		
•			T . 1	COM	DIDIG	(9 :6)
Item	, , 1 D	1.5	Total	CCNH	RHNS	(Specify)
	totais Broi	ught Forward:				
12. C. Movable Equipment		¢				
Automotive Equipment A. Item	Rate	\$ A mount				
A. Item	Rate	Amount				
Lender	•					
Address of Lender	-					
2. Other (<i>Specify</i>)		\$				
A. Item	Rate	Amount				
Lender			-			
Address of Lender			-			
B. Item	Rate	Amount	-			
Lender			-			
Address of Lender			-			
12. C. 3. Total Movable Equipment Inter	rest					
Expense $(C1 + 2)$		\$				
12. D. Other Interest Expense (<i>Specify</i>)		\$				
13. <i>Total All Interest Expense</i> (12B7 + 12	C3 + 12D) \$				
14. Insurance	23 · 12D	, ψ				
a. Insurance on Property (buildings of	only)	\$	9,873	9,873		
b. Insurance on Automobiles	<i>J)</i>	\$		-,-,-		
c. Insurance other than Property (as s	specified a					
1. Umbrella (<i>Blanket Coverage</i>)	-	\$		218,941		
2. Fire and Extended Coverage						
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (14a +	h + c	\$	228,814	228,814		
15. Total All Expenditures (A-13 thru C-1		\$		12,240,743		

D. Adjustments to Statement of Expenditures

Item P No. N Page 10 1. 2. 3. 4. Page 15 5. 6. 7.	Page No. (0 - S) 13	Line No. Salarie Profess B-8-c B-10	Item Description as and Wages Outpatient Service Costs Salaries not related to Resident Care Occupational Therapy Other - See attached Schedule sional Fees Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$ \$ \$ \$ \$	Total Amount of Decrease	CCNH 7,837	RHNS	Page 28 (Spe	cify)
No. No. Page 10 1. 2. 3. 4. Page 15 5. 6. 7. Pages 10. 10a. 11. 12. 13. 14.	No.	No. Salarie Profess B-8-c B-10	Item Description es and Wages Outpatient Service Costs Salaries not related to Resident Care Occupational Therapy Other - See attached Schedule sional Fees Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$ \$ \$ \$	Amount of Decrease		RHNS	(Spe	cify)
Page 10 1. 2. 3. 4. Page 15 5. 6. 7. Pages 1 8. 9. 10. 10a. 11. 12. 13.	13 - P	Profess B-8-c B-10	Outpatient Service Costs Salaries not related to Resident Care Occupational Therapy Other - See attached Schedule sional Fees Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$ \$ \$ \$			RHNS	(Spe	cify)
1. 2. 3. 4. Page 1. 5. 6. 7. Pages 1. 10. 10a. 11. 12. 13.	13 - P	Profess B-8-c B-10	Outpatient Service Costs Salaries not related to Resident Care Occupational Therapy Other - See attached Schedule sional Fees Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$ \$ \$ \$	7,837	7,837			
3. 4. Page 13. 5. 6. 7. Pages 10. 10a. 11. 12. 13. 14.	13 15 &	B-8-c B-10	Salaries not related to Resident Care Occupational Therapy Other - See attached Schedule sional Fees Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$ \$ \$ \$	7,837	7,837			
3. 4. Page 13. 5. 6. 7. Pages 10. 10a. 11. 12. 13. 14.	13 15 &	B-8-c B-10	Occupational Therapy Other - See attached Schedule sional Fees Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$ \$ \$ \$	7,837	7,837			
4. Page 13 5. 6. 7. Pages 10. 10a. 11. 12. 13.	13 15 &	B-8-c B-10	Other - See attached Schedule sional Fees Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$ \$ \$	7,837	7,837			
Page 13 5. 6. 7. Pages 14 8. 9. 10. 10a. 11. 12. 13.	13 15 &	B-8-c B-10	Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$ \$	7,837	7,837			
5. 6. 7. Pages 18. 9. 10. 10a. 11. 12. 13.	13 15 &	B-8-c B-10	Resident Care Physicians ** Occupational Therapy Other - See attached Schedule	\$					
6. 7. Pages 18. 9. 10. 10a. 11. 12. 13.	15 &	B-10	Occupational Therapy Other - See attached Schedule	\$					
7. Pages 1	15 &		Other - See attached Schedule	_					
Pages 1 8. 9. 10. 10a. 11. 12. 13. 14.		: 16 -		Φ	105 006	495 906			
8. 9. 10. 10a. 11. 12. 13.		: 10 -	Administrative and Conoral	\$	485,806	485,806			
9. 10. 10a. 11. 12. 13.	15		Administrative and General Discriminatory Benefits	\$					
10. 10a. 11. 12. 13.	13	1 0	Bad Debts	\$	155,367	155,367			
10a. 11. 12. 13.		1-C	Accounting	\$	155,507	155,507		1	
11. 12. 13.			Legal	\$					
12. 13.			Telephone	\$					
13. 14.			Cellular Telephone	\$					
14.			Life insurance premiums on the life	Φ					
			of Owners, Partners, Operators	\$					
			Gifts, flowers and coffee shops	\$					-
15.			Education expenditures to colleges or	Φ					
			universities for tuition and related costs	- 1					
			for owners and employees	\$					
16.			Travel for purposes of attending	Φ					
10.			conferences or seminars outside the	- 1					
			continental U.S. Other out-of-state	- 1					
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m_2 &	Unallowable Advertising *	\$	7,330	7,330			
19.	10	III 2 C	Income Tax / Corporate Business Tax	\$	7,330	7,550			
20.			Fund Raising / Contributions	\$	543	543			
21.			Unallowable Management Fees	\$	(23,688)	(23,688)		1	
22.			Barber and Beauty	\$	(25,000)	(23,000)			
23.			Other - See attached Schedule	\$	(419,991)	(419,991)			
	8 - T)ietar	y Expenditures	Ψ	(.17,771)	(,,,,,,)			
24.		10,000	Meals to employees, guests and others	┪					
- ''			who are not residents	\$					
Page 1	9 - J	aund	ry Expenditures	Ψ					
25.			Laundry services to employees, guests	一					
			and others who are not residents	\$					
Page 20	20 - H	Iouse	keeping Expenditures						
26.			Housekeeping services to employees, guests	╛					
•			and others who are not residents	\$					
			Subtotal (Items 1 - 26)		213,204	213,204			

^{*} All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(S	Specify)
10	2	Administrator's salary disallowed	\$ 7,837	\$ -	\$	-
0	0	0	\$ -	\$	\$	-
0	0	0	\$ -	\$	\$	-
0	0	0	\$ -	\$ -	\$	-
Total Othe	r Salaries A	Adjustment	\$ 7,837	\$ -	\$	-

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	(CCNH	RHNS	(S)	pecify)
13	5	Description	\$	68,289	\$ •	\$	-
13	5	Rehabilitation Services	\$	311,185	\$ •	\$	-
13	9	Rehabilitation Services	\$	37,866	\$ •	\$	-
13	10	Speech Therapist	\$	53,616	\$ •	\$	-
13	12	Occupational Therapist	\$	800	\$ -	\$	-
13	12	Other	\$	13,236	\$ -	\$	-
13	12	Other	\$	813	\$ •	\$	-
Total Othe	r Fees Adj	ustments	\$	485,806	\$ -	\$	-

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH		RHNS	(Specify)	
16	m-13	Collection Fees	\$ 32,909	\$	-	\$	-
16	m-13	Estimated Accrual	\$ (1,124)	\$	-	\$	-
16	m-13	Non-recurring Charges	\$ (518,397)	\$	-	\$	-
16	m-13	Dues to Chamber of Commerce	\$ -	\$	-	\$	-
16	m-13	Penalty	\$ -	\$	-	\$	-
16	m-12	0	\$ -	\$	-	\$	-
15	1-a-1	adj workers comp	\$ 66,621	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
Total Othe	Total Other A&G Adjustments		\$ (419,991)	\$	-	\$	-

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

	Name of Facility License No. Report for Year Ended Page of										
				Lic	ense No.		ear Ended	Page	of		
St. Jo	hn Pa	ul II C	Care and Rehabilitation Center		2324-С	9/30/2019		29	37		
					Total						
Item	Page	Line			Amount of						
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)		
			Subtotals Brought Forward	\$	213,204	213,204					
Page	20 - K	Reside	nt Care Supplies***								
27.	20	5-a-2	Prescription Drugs	\$	94,632	94,632					
28.	20	5-d	Ambulance/Limousine	\$	4,832	4,832					
29.	20	5-f	X-rays, etc	\$	4,514	4,514					
30.	20	5-h	Laboratory	\$	25,842	25,842					
31.			Medical Supplies	\$							
32.	20		Oxygen (non emergency)	\$	4,963	4,963					
33.			Occupational Therapy	\$							
34.			Other - See Attached Schedule	\$	9,041	9,041					
Page	22 - N	I ainte	nance and Property								
35.			Excess Movable Equipment Depreciation								
			See Attached Schedule	\$	(95,019)	(95,019)					
36.			Depreciation on Unallowable								
			Motor Vehicles	\$							
37.			Unallowable Property and Real								
			Estate Taxes	\$							
38.			Rental of Building Space or Rooms	\$							
39.			Other - See Attached Schedule	\$							
Page	27 - I	nsura	nce								
40.			Mortgage Insurance	\$							
41.			Property Insurance	\$							
Othe	r - Mis	scellar	neous								
42.			Other - Indirect	\$	16,891	16,891					
43.			Interest Income on Account Rec.	\$							
44.			Other - Miscellaneous Administrative	\$	113,335	113,335					
45.			Management Fees Direct	\$							
46.			Management Fees Indirect	\$							
47.			Other - Direct	\$							
Not I	or Pr	ofit P	roviders Only								
48.			Building/Non Movable Eq. Depreciation	一							
			Unallowable Building Interest -								
			See Attached Schedule	\$							
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$	392,235	392,235					

^{***} 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.

Attachment Page 29 Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH		RHNS		specify)
20	5-j	Consolidated Billing	\$ 332	\$	-	\$	-
20	5-j	Respiratory Supplies	\$ 4,522	\$	-	\$	-
20	5-j	Respiratory Rental	\$ 4,187	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
Total Othe	otal Other Ancillary Costs		\$ 9,041	\$	-	\$	-

Page Ref	Line Ref	Description	CCNH	RHNS	(S	pecify)
Page 22	7a	Land Imp	\$ (2,477)	\$	\$	-
Page 22	7ь	Bldg Imp	\$ (47,960)	\$	\$	-
Page 22	7c	Non Movable Equip	\$ (15,277)	\$	\$	-
Page 22	7d	Movable Equip	\$ (29,306)	\$ -	S	-
0	0	0	\$ -	\$	S	-
0	0	0	\$ -	\$	S	-
Total Exce	ss Movable	Equipment Depreciation	\$ (95,019)	\$	\$	-

Schedule (or Other	rroperty	Aujustments

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

Schedule of Other - Indirect Adjustments

Schedule (n Other	indirect.	Aujustinent

Page Ref	Line Ref	Description	CCNH	RHNS	(5	specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 16,891	\$	\$	-
0	0	0	\$ -	\$	\$	-
0	0	0	\$ -	\$	\$	-
0	0	0	\$ -	\$	\$	-
0	0	0	\$ -	\$	\$	-
0	0	0	\$ -	\$	\$	-
0	0	0	\$ -	\$	\$	-
Total Othe	r Adjustme	nts	\$ 16,891	\$ -	\$	-

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Spe	cify)
27	14c1	General liability Insurance Adjust	\$ 113,335	\$ -	S	-
Total Other	r Adjustme	nts	\$ 113,335	\$ -	\$	-

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Othe	r Adjustme	nts	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS		(Specify)	
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
0	0	0	\$ -	\$	-	\$	-
Total Unall	owable Bui	lding Interest	\$ -	\$	-	\$	-

Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility License No. St. John Paul II Care and Rehabilitation C 2324-C		Report for Yo 9/30/2019		Page of 30 37		
Item		Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue		10141	CCIVII	Tanto	(Specify)	
1. a. Medicaid Residents (CT only)	\$	16,752,752	16,752,752			
b. Medicaid Room and Board Contractual Allowance **	\$	(6,630,656)	(6,630,656)			
2. a. Medicaid (<i>All other states</i>)	\$	(0,020,020)	(0,000,000)			
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,032,630	1,032,630			
b. Medicare Room and Board Contractual Allowance **	\$	(255,874)	(255,874)			
4. a. Private-Pay Residents and Other	\$	1,523,004	1,523,004			
b. Private-Pay Room and Board Contractual Allowance **	\$	(403,424)	(403,424)			
II. Other Resident Revenue	Ψ	(103,121)	(103,121)			
a. Prescription Drugs - Medicare	\$	63,770	63,770			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(15,801)	(15,801)			
c. Prescription Drugs - Non-Medicare	\$	39,877	39,877			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(11,245)	(11,245)			
a. Medical Supplies - Medicare	\$	558	558			
b. Medical Supplies - Medicare Contractual Allowance **	\$	(138)	(138)			
c. Medical Supplies - Non-Medicare	\$	420	420			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(156)	(156)			
3. a. Physical Therapy - Medicare	\$	299,440	299,440			
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	(74,198) 149,654	(74,198) 149,654			
	\$	·				
d. Physical Therapy - Non-Medicare Contractual Allowance **4. a. Speech Therapy - Medicare	\$	(44,203) 140,978	(44,203) 140,978			
b. Speech Therapy - Medicare Contractual Allowance **	\$					
		(34,933)	(34,933)			
c. Speech Therapy - Non-Medicare	\$ \$	83,240	83,240			
d. Speech Therapy - Non-Medicare Contractual Allowance **		(24,181)	(24,181)			
a. Occupational Therapy - Medicare b. Occupational Therapy - Medicare Contractual Allowance **	\$ \$	309,131	309,131			
		(76,599)	(76,599)			
c. Occupational Therapy - Non-Medicare	\$ \$	151,522	151,522			
d. Occupational Therapy - Non-Medicare Contractual Allowance ** 6. a. Other (Specify) - Medicare		(42,621)	(42,621)			
b. Other (Specify) - Non-Medicare	\$ \$	15,638	15,638 178,727			
III. Total Resident Revenue (Section I. thru Section II.)	\$	178,727				
IV. Other Revenue*	Φ	13,127,312	13,127,312			
	<u>~</u>					
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$	0.225	0.225			
4. Rental of Television and Cable Services	\$	8,227	8,227			
5. Interest Income (Specify)	\$	1,688	1,688			
6. Private Duty Nurses' Fees	\$		4 . =			
7. Barber, Coffee, Beauty and Gift shops	\$	14,707	14,707			
8. Other (Specify)	\$	1,871	1,871			
V. Total Other Revenue (1 thru 8)	\$	26,493	26,493			
VI. Total All Revenue (III +V)	\$	13,153,805	13,153,805			

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

^{**} Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	\$ 2,409	s -	\$ -
II-6-a	Medicare	Laboratory	\$ 6,069	S -	\$ -
II-6-a	Medicare	Respiratory Therap	\$ 552	\$ -	S -
II-6-a	Medicare	Nursing Treatment	\$ -	s -	\$ -
II-6-a	Medicare	Audiology	\$ 215	S -	\$ -
II-6-a	Medicare	Incontinency	S -	\$ -	S -
II-6-a	Medicare	Oxygen & Supplies	s -	s -	\$ -
II-6-a	Medicare	Physician Visit	S -	S -	\$ -
II-6-a	Medicare	Ambulance	\$ 2,451	S -	\$ -
II-6-a	Medicare	Flu Shot	\$ 9,094	s -	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (597)	S -	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (1,504)	S -	\$ -
II-6-a	Medicare Contractual	Respiratory Therap	\$ (137)	s -	\$ -
II-6-a	Medicare Contractual	Nursing Treatment	S -	S -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ (53)	S -	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	S -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supplies	s -	s -	\$ -
II-6-a	Medicare Contractual	Physician Visit	S -	S -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ (607)	s -	S -
II-6-a	Medicare Contractual	Flu Shot	\$ (2,253)	s -	\$ -
Total Othe	er Resident Revenue - Medicare		\$ 15,638	s -	S -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CC	H	RHNS	(Sp	ecify)
II-6-b	Medicaid	X-Ray	\$	811	\$ -	\$	-
II-6-b	Medicaid	Laboratory	\$	3,651	\$ -	\$	-
II-6-b	Medicaid	Respiratory Therap	S	1,159	\$ -	\$	-
II-6-b	Medicaid	Nursing Treatment	\$	-	\$ -	\$	-
II-6-b	Medicaid	Audiology	\$	10	\$ -	\$	-
II-6-b	Medicaid	Incontinency	S	-	\$ -	\$	-
II-6-b	Medicaid	Oxygen & Supplies	\$	36	\$ -	\$	-
II-6-b	Medicaid	Physician Visit	\$	-	\$ -	\$	-
II-6-b	Medicaid	Ambulance	\$	-	\$ -	\$	-
II-6-b	Medicaid	Flu Shot	\$	-	\$ -	\$	-
II-6-b	Contractuals-Medicaid	X-Ray	\$	(321)	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Laboratory	\$	(1,445)	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Respiratory Therap	\$	(459)	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$	-	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Audiology	\$	(4)	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Incontinency	S	-	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Oxygen & Supplies	\$	(14)	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Physician Visit	\$	-	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Ambulance	S	-	\$ -	\$	-
II-6-b	Contractuals-Medicaid	Flu Shot	\$	-	\$ -	\$	-
II-6-b	Non-Medicaid	X-Ray	\$	1,941	\$ -	\$	-
II-6-b	Non-Medicaid	Laboratory	S	4,665	\$ -	\$	-
II-6-b	Non-Medicaid	Respiratory Therap	\$	320	\$ -	\$	-
II-6-b	Non-Medicaid	Nursing Treatment	\$	-	\$ -	\$	-
II-6-b	Non-Medicaid	Audiology	S	-	\$ -	\$	-
II-6-b	Non-Medicaid	Incontinency	\$	-	\$ -	\$	-
II-6-b	Non-Medicaid	Oxygen & Supplies	\$	(36)	\$ -	\$	-
II-6-b	Non-Medicaid	Physician Visit	S	-	\$ -	\$	-
II-6-b	Non-Medicaid	Ambulance	\$	-	\$ -	\$	-
II-6-b	Non-Medicaid	Flu Shot	\$	-	\$ -	\$	-
II-6-b	Non-Medicaid	Capitation Contrac	\$ 23	1,581	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$	(514)	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$	(1,236)	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	S	(85)	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment	\$	-	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Audiology	\$	-	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$	-	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	\$	10	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$	-	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$	-	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Flu Shot	S	-	\$ -	\$	-
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ (6	1,343)	\$ -	\$	-
Total Othe	r Resident Revenue			8,727	\$ -	\$	-

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts		\$ 1,688	s -	s -
0	0		S -	S -	S -
0	0		S -	S -	S -
Total Inter	est Income		\$ 1,688	s -	s -

Schedule of Other Revenue

Page Ref	Description	c	CNH	RI	HNS	(Spe	cify)
IV-8	RehabCare Settlement Administrator	\$	600	\$	-	\$	-
IV-8	Test Deposit	\$	0	\$	-	\$	-
IV-8	RECLASS TO GL 630610-3080 class reimbus	\$	525	\$	-	\$	-
IV-8	LEASE FINANCE RECLASS TO 620020-3005	\$	146	\$	-	\$	-
IV-8	Rehab Screen	\$	600	\$	-	\$	-
Total Othe	er Revenue	\$	1,871	\$	-	\$	-

G. Balance Sheet

		f Facility	License No.	Report for Year Ended	Page	e of
St. J	ohn	Paul II Care and Rehabilitatio	n 2324-C	9/30/2019	31	37
			Account			Amount
Asse	ets					
A.	Cu	arrent Assets				
		Cash (on hand and in banks)			\$	7,338
	2.	Resident Accounts Receivab	le (Less Allowance fo	or Bad Debts)	\$	1,397,186
	3.	Other Accounts Receivable (Excluding Owners or	Related Parties)	\$	2,301
	4	Inventories			\$	36,956
	5.	Prepaid Expenses			\$	
		a				
		b				
		c				
		d. See Schedule				
		Interest Receivable			\$	
		Medicare Final Settlement R			\$	
	8.	Other Current Assets (itemize	e)		\$	
		See Schedule	4 0)			
		tal Current Assets (Lines A1	thru 8)		\$	1,443,781
В.		xed Assets			Φ.	
		Land	data' . 1 G		\$	
	2.	Land Improvements	*Historical Cost		\$	
	2	D '11'	Accum. Depreciation		Φ.	25.276
	3.	Buildings	*Historical Cost	26,869	\$	25,376
		Y 1 11Y	Accum. Depreciation	on 1,493 Net	Ф	
	4.	Leasehold Improvements	*Historical Cost		\$	
		N. M. 11 F.	Accum. Depreciation		¢.	2 2 4 0
	5.	Non-Movable Equipment	*Historical Cost	3,469	\$	3,348
	(Marralala Eanimus	Accum. Depreciation		0	11 500
	0.	Movable Equipment	*Historical Cost	11,964 125 Not	\$	11,529
	7	Motor Valial	Accum. Depreciation	on 435 Net	0	
	/.	Motor Vehicles	*Historical Cost	N-4	\$	
	0	Minor Equipment Net D	Accum. Depreciation	on Net	0	
	ð.	Minor Equipment-Not Depre	eciable		\$	
	9.	Other Fixed Assets (itemize)			\$	
		See Schedule				
B-10).	Total Fixed Assets (Lines B	1 thru 9)		\$	40,253

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

Page Ref		Description		
	a5d	Prepaid Expenses	\$	-
31		Prepaid Property Tax Prepaid Personal Property Tax	S	-
31		Prepaid Personal Property Tax	\$	-
otal Prep	aid Expens	es	S	-
Schedule (of Other Cu	rrent Assets (itemized) Page 31 Line A8		
Page Ref		Description		
	a8d		0 \$	-
	a8d a8d		0 \$	-
31	a8d		0	
otal Othe	er Current A	Assets (Itemize)	S	-
Schedule o	f Other Fix	ed Assets (Itemize) Page 31 Line B9		
Page Ref	Line Ref	Description		
Total Oth	or Other Et.	ted Assets (Itemize)	e	
		eet Assets (Heinize)	3	
age Ref		Description		
32	D7	ROU Bldg Asset-Oper Lease	S	4,950,155
32	D7	AccumAmort-ROU Bldg OprLease	\$	(225,817
	i e		+	
Cotal Othe	r Assets		S	4 724 338
Fotal Othe	er Assets		S	4,724,338
Fotal Otho	er Assets		s	4,724,338
		able (temize) Page 33 Line A2	S	4,724,338
Schedule o	f Notes Pay	able (Itemize) Page 33 Line A2 Description	S	4,724,338
Schedule o	f Notes Pay	able (Itemize) Page 33 Line A2 Description	S	4,724,338
Schedule o	f Notes Pay		S	4,724,338
Schedule o	f Notes Pay		S	4,724,338
Schedule o	f Notes Pay		S	4,724,338
	f Notes Pay		S	4,724,338
Schedule o	f Notes Pay		S	4,724,338
Schedule o	f Notes Pay			4,724,338
Schedule o	Line Ref	Description Trent Liabilities (Itemize) Page 33 Line A12		4,724,338
Schedule o Page Ref Fotal Note Schedule o	If Notes Pay Line Ref	Description	S	-
Schedule o Page Ref Fotal Note Schedule o Page Ref 33	Line Ref	Description	S	24,467
Fotal Note Schedule of Page Ref Fotal Note Schedule of Page Ref 33 333 333	Inc Ref Line Ref S Payable f Other Cur Line Ref a12d a12d a12d	Description	\$	24,467 9,318 2,985
Fotal Note Schedule of Page Ref Schedule of 33 33 33	Line Ref Line Ref S Payable F Other Cur Line Ref a12d a12d a12d a12d	Description	S S S S S	24,467 9,311 2,985 7,775
Fotal Note Schedule o Page Ref Fotal Note Schedule o 33 33 33 33 33	In Notes Pay Line Ref Line Ref S Payable Line Ref al2d al2d al2d al2d al2d al2d al2d al2d	Description	\$	24,467 9,311 2,988 7,775 3,523
Schedule of Schedu	Line Ref Line Ref s Payable f Other Cur Line Ref a12d a12d a12d a12d a12d a12d a12d a12d	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Gas Acer Exp Ga	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 225,902
Schedule of Schedu	f Notes Pay Line Ref S Payable of Other Cur Line Ref al2d al2d al2d al2d al2d al2d al2d al2d	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Other Acer Exp Gas Acer Exp Electricity Deferred Revenue AR Credit Gross Up Liability Accrued Provider/Bed Tax Acer Gross Rec Tax-FY11	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 22,502 2,640
Schedule of Total Notes of Total Not	of Notes Pay Line Ref Line Ref Line Ref al2d al2d al2d al2d al2d al2d al2d al2d	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Bater and Sewer Acer Exp Electricity Deferred Revenue AR Credit forsu Up Liability Acer Gross Re Tax-FY11 Acer Gross Re Tax-FY11 Acer Gross Re Tax-FY12	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,988 2,988 2,523 225,902 2,640 2,400
Forbid Note Forbi	f Notes Pay Line Ref s Payable of Other Cu Line Ref a12d a12d a12d a12d a12d a12d a12d a12d	Description Frent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Gas Acer Exp Edetricity Deferred Revenue AR Credit Gross Up Liability Accrued Provider/Bed Tax Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY13	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 225,902 2,640 2,400
Schedule of Schedu	f Notes Pay Line Ref S Payable of Other Cur Line Ref al2d al2d al2d al2d al2d al2d al2d al2d	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Beterticity Deferred Revenue AR Credir Gross Up Liability Acer Gross Re Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY14	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 225,902 2,400 2,400 2,400
Fotal Note Fotal Note Schedule of Schedu	of Notes Pay Line Ref Line Ref S Payable Line Ref al2d al2d al2d al2d al2d al2d al2d al2d	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Water and Sewer Acer Exp Base Acer Exp Ess Acer Exp Es	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 225,902 2,640 2,400 2,400 2,400
Fotal Note Fotal Note Fotal Note Fotal Note 1 33 3 34 3 34	s Payable f Other Cu Line Ref a12d a12d a12d a12d a12d a12d a12d a12d	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Water and Sewer Acer Exp Gas Acer Exp Edetricity Deferred Revenue AR Credit Gross Up Liability Acreued Provider/Bed Tax Accred Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY16	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 22,590 2,400 2,400 2,400 2,400
Fotal Note Cotal Note Page Ref 33 33 33 33 33 33 33 33 33	of Notes Pay Line Ref Line Ref S Payable Line Ref al2d al2d al2d al2d al2d al2d al2d al2d	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Water and Sewer Acer Exp Base Acer Exp Ess Acer Exp Es	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,988 7,775 3,523 225,902 2,400 2,400 2,400 2,400 2,400
Trotal Note Schedule of Sched	f Notes Pay Line Ref Line Ref S Payable Line Ref al2d al2d al2d al2d al2d al2d al2d al2d	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Other Acer Exp Water and Sewer Acer Exp Gas Acer Exp Electricity Deferred Revenue Ar Credit Gross Up Liability Acerued Provider/Bed Tax Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY13 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY16	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 2,400 2,400 2,400 2,400 4,200 4,200 4,200
Fortal Note Forta	f Notes Pay Line Ref Line Ref 10 12 12 12 12 12 12 12 12 12 12 12 12 12	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Bas Acer Exp Electricity Deferred Revenue A'R Credit Gross Up Liability Acerued Provider/Bed Tax Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY17	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 22,590 2,400 2,400 2,400 2,400 4,200 3,044
Fortal Other	s Payable Inc Ref Line Ref al2d al2d al2d al2d al2d al2d al2d al2	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Other Acer Exp Water and Sewer Acer Exp Beterticity Deferred Revenue AR Credit Gross Up Liability Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY13 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY17 Acer Gross Ree Tax-FY17 Acer Gross Ree Tax-FY17 Acer Gross Ree Tax-FY18 Acer Gross Ree Tax-FY17 Acer Gross Ree Tax-FY17 Acer Gross Ree Tax-FY18 Acer Gross Ree Tax-FY18 Acer Gross Ree Tax-FY18 Acer Sales and Use Tax - FY18	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 225,902 2,400 2,400 2,400 2,400 3,044
Fortal Other	s Payable Inc Ref I	Description Trent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Water and Sewer Acer Exp Gas Acer Exp Eas Acer Exp Edetricity Deferred Revenue A/R Credit Gross Up Liability Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY17 Acer Gross Ree Tax-FY18	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 225,902 2,400 2,400 2,400 2,400 3,044
Fotal Note Fotal	s Payable Inc Ref I	Description Prent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Gas Acer Exp Water and Sewer Acer Exp Estericity Deferred Revenue AIR Credit Gross Up Liability Acer Gross Ree Tax-EY11 Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY18	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 22,590 2,400 2,400 2,400 2,400 4,200 3,044
Total Note Total	s Payable Inc Ref I	Description Prent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Gas Acer Exp Water and Sewer Acer Exp Estericity Deferred Revenue AIR Credit Gross Up Liability Acer Gross Ree Tax-EY11 Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY18	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 22,502 2,640
Total Note Total	s Payable Inc Ref I	Description Prent Liabilities (Itemize) Page 33 Line A12 Description Acer Exp Other Acer Exp Gas Acer Exp Water and Sewer Acer Exp Estericity Deferred Revenue AIR Credit Gross Up Liability Acer Gross Ree Tax-EY11 Acer Gross Ree Tax-FY11 Acer Gross Ree Tax-FY12 Acer Gross Ree Tax-FY14 Acer Gross Ree Tax-FY15 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY16 Acer Gross Ree Tax-FY18	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	24,467 9,311 2,985 7,775 3,523 195,635 22,590 2,400 2,400 2,400 2,400 4,200 3,044

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page	of		
St. John Paul II Care and Rehabilitat	ion 2324-C	9/30/2019		32	37		
	Account			An	nount		
		Total Brought Forwar	d: \$		1,484,034		
C. Leasehold or like property reco	Leasehold or like property recorded for Equity Purposes.						
1. Land			\$				
2. Land Improvements	*Historical Cost						
	Accum. Depreciati	ion Net	\$				
3. Buildings	*Historical Cost						
	Accum. Depreciati	ion Net	\$				
4. Non-Movable Equipment	*Historical Cost						
	Accum. Depreciati	ion Net	\$				
5. Movable Equipment	*Historical Cost						
	Accum. Depreciati	ion Net	\$				
6. Motor Vehicles	*Historical Cost	·					
	Accum. Depreciati	ion Net	\$				
7. Minor Equipment-Not Dep			\$				
C-8 Total Leasehold or Like Prope	erties (C1 thru 7)		\$				
D. Investment and Other Assets							
1. Deferred Deposits			\$				
2. Escrow Deposits			\$				
3. Organization Expense	*Historical Cost						
	Accum. Depreciati	ion Net	\$				
4. Goodwill (Purchased Only)			\$				
5. Investments Related to Res	ident Care (itemize)		\$				
			_				
6. Loans to Owners or Related			\$				
Name and Address	Amount	Loan Date	_				
7. Other Assets (<i>itemize</i>)			\$		2,077,851		
I/C Due to/Due From O	wned	(2,646,487)	Φ		2,077,031		
I/C Due to/Due From M		(2,070,407)					
See Schedule	umanc	4,724,338					
D-8. Total Investments and Other A	Assets (Lines D1 thru		\$		2,077,851		
D-9. Total All Assets (Lines A9 + E		']	\$		3,561,884		
D 7. 2000 120 120000 (Emico 11) 1			Ψ		2,201,007		

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year	Ended	Page	of
St. John Paul II	Care and Rehabilitation Cent	e 2324-C	9/30/2019		33	37
		Account			An	nount
Liabilities						
Α. (Current Liabilities					
-	1. Trade Accounts Payable				\$	482,239
	2. Notes Payable (<i>itemize</i>)				\$	
	-					
	0 01 11			-		
,	See Schedule		\ (·. · \		Φ.	
	B. Loans Payable for Equipm		· ·		\$	
	Name of Lender	Purpose	Amount	Date Due		
	4. Accrued Payroll (Exclusiv	e of Owners and/or S	Stockholders only)		\$	298,723
4	5. Accrued Payroll (Owners		• • • • • • • • • • • • • • • • • • • •	1	\$	<u> </u>
(6. Accrued Payroll Taxes Pa	yable	• ,		\$	
,	7. Medicare Final Settlement				\$	
8	3. Medicare Current Financia				\$	
<u>(</u>	O. Mortgage Payable (Currer				\$	
	0. Interest Payable (Exclusive		elated Parties)		\$	
	1. Accrued Income Taxes*				\$	
	2. Other Current Liabilities (itemize)		1	\$	493,883
				1		
			See Schedule	493,883		
A-13. 7	Total Current Liabilities (Lin	es A1 thru 12)		1	\$	1,274,845

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
St. John Paul II Care and Rehabilitation Cer				34	37
A	ccount			Am	ount
		Total Broug	ht Forward:		1,274,845
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment	(itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	`		\$		
Name and Address of Lender	Amount	Loan D	ate		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
			_		
4. Other Long-Term Liabilitie	es (itemize)	•	\$		4,777,171
LT Debt-Financing Obligat	ion	4,777,171			
Escheatable Funds					
See Schedule					
B-5. Total Long-Term Liabilities (1			\$		4,777,171
C. Total All Liabilities (Lines A-	(3 + B-5)		\$		6,052,016

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

	ne of Facility License No. Report for Year Ended 9/30/2019	age of 5 37
51. 3	Account	Amount
A.	Reserves	
	1. Reserve for value of leased land	\$
	2. Reserve for depreciation value of leased buildings and appurtenances	
	to be amortized	\$
	3. Reserve for depreciation value of leased personal property (<i>Equity</i>)	\$
	4. Reserve for leasehold real properties on which fair rental value is based	\$
	5. Reserve for funds set aside as donor restricted	\$
	6. Total Reserves	\$
B.	Net Worth	
	1. Owner's Capital	\$
	2. Capital Stock	\$
	3. Paid-in Surplus	\$
	4. Treasury Stock	\$
	5. Cumulated Earnings	\$ (3,403,197
	6. Gain or Loss for Period 10/1/2018 thru 9/30/2019	\$ 913,065
	7. Total Net Worth	\$ (2,490,132
C.	Total Reserves and Net Worth	\$ (2,490,132
D.	Total Liabilities, Reserves, and Net Worth	\$ 3,561,884

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H. Changes in Total Net Worth

Name	of Facility	License No.	Report for Year	r Ended	Page	of
St. Jol	hn Paul II Care and Rehabilitation	2324-C	9/30/2019		36	37
		Account			A	mount
A	Balance at End of Prior Period as s	hown on Report of 0	9/30/2018		\$	(3,403,194)
	Total Revenue (From Statement of	Revenue Page 30)			\$	13,153,805
C.	Total Expenditures (From Stateme	nt of Expenditures Po	age 27)		\$	12,240,743
D.	Net Income or Deficit				\$	913,062
	Balance				\$	(2,490,132)
F	Additions					
	1. Additional Capital Contributed	(itemize)				
	2. Other (<i>itemize</i>)					
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operators	/Partners (Specify)			\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)		•	•	\$	
	Purpose		Amo	ount		
	•					
	3. Total Deductions		L		\$	
	Balance at End of Period	09/30/19	9		\$	(2,490,132)
11.	w Lina of I or to a	07/30/1.	,		Ψ	(4,70,134)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of
St. John Paul II Care and Rehabilitation	2324-C	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 Certification		
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.		
Signature of Preparer	Title	Date Signed
Drinted Name of Drangua		
Printed Name of Preparer		
Thomas Farnan		
Addres Address		Phone Number
200 Brickstone Square, Andover, MA 01810		978-247-5029
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Thomas Farnan		978-247-5029
Contact Email Address		
Thomas.Farnan@genesishcc.com		