

# State of Connecticut



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

Name of Facility (as licensed) St. Camillus Rehabilitation and Nursing Center	
Address (No. & Street, City, State, Zip Code) 494 Elm Street, Stamford, CT 06902	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2322-C	RHNS	(Specify)	Medicare Provider 07-5320
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Medicaid Provider Numbers:	CCNH 20363	RHNS	ICF-IID
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**For Department Use Only**

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

**General Information**

Name of Facility (as licensed) St. Camillus Rehabilitation and Nursing Center	License No. 2322-C	Report for Year Ended 9/30/2019	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for St. Camillus Rehabilitation and Nursing 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) Byron, Helen			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility St. Camillus Rehabilitation and Nursing Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 494 Elm Street, Stamford, CT 06902				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/28/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,678,295	3,678,295	
5. All other wages paid	\$	596,576	596,576	
6. <b>Total Wages Paid</b>	\$	4,274,871	4,274,871	
7. Total salaries paid	\$	231,249	231,249	
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$	4,506,120	4,506,120	

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-325-0200		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) St. Camillus Rehabilitation and Nursing Center			Address (No. & Street, City, State, Zip) 494 Elm Street, Stamford, CT 06902		
License Numbers:		CCNH 2322-C	RHNS	(Specify)	Medicare Provider No. 07-5320
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Byron, Helen			Nursing Home Administrator's License No.:	36.001605	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		









**ST. CAMILLUS CENTER**

494 Elm Street  
Stamford CT 06902-5115

**Hbr Stamford, LLC (Operator/Licensee)**

EIN: 20-4599583  
101 East State Street  
Kennett Square, PA 19348

-  
*Ownership*

Harborside Danbury Limited Partnership (100%)

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**Harborside Danbury Limited Partnership**

EIN: 06-1528119  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Harborside Healthcare Limited Partnership (99% Limited Partner)  
Harborside Health I, LLC (1% General Partner)

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**Harborside Healthcare Limited Partnership**

EIN: 04-2985687  
101 East State Street  
Kennett Square, PA 19348

*Ownership*

Harborside Healthcare Advisors Limited Partnership (99% Limited Partner)  
KHI LLC (1% General Partner)

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**Harborside Health I, LLC**

EIN: 51-0304578  
101 East State Street  
Kennett Square, PA 19348

-  
*Ownership*

Other members that do not trigger 5% ownership test

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**Harborside Healthcare Advisors Limited Partnership**

EIN: 04-2985690  
101 East State Street  
Kennett Square, PA 19348

Ownership

Harborside Healthcare, LLC (99% Limited Partner)  
KHI LLC (1% General Partner)

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**KHI LLC**

EIN: 51-0304577  
101 East State Street  
Kennett Square, PA 19348

Ownership

Harborside Healthcare, LLC (100%)

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**Harborside Healthcare, LLC**

EIN: 04-3307188  
101 East State Street  
Kennett Square, PA 19348

Ownership

SunBridge Healthcare, LLC (100%)

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**SunBridge Healthcare, LLC**

EIN: 85-0370802  
101 East State Street  
Kennett Square, PA 19348

-

Ownership

Genesis Holdings, LLC (100%)

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**Genesis Holdings, LLC**

EIN: 30-0843337  
101 East State Street  
Kennett Square, PA 19348

Ownership

Genesis HealthCare LLC (100%)

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-

**Genesis HealthCare LLC**

EIN: 27-3237296

101 East State Street

Kennett Square, PA 19348

*Ownership*

GEN Operations II, LLC (100%)

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**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%)

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**FC-GEN Operations Investment, LLC**

EIN: 27-3237005

101 East State Street

Kennett Square, PA 19348

*Ownership*

Sun Healthcare Group, Inc. (approximately 59.2957%)

Sundance Rehabilitation Holdco, Inc. (5.5444%)

Other members that are disclosed herein as owners of Genesis Healthcare, Inc.

Other members that do not trigger 5% ownership test

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**Sundance Rehabilitation Holdco, Inc.**

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

*Ownership*

Sun Healthcare Group, Inc. (100%)

**Sun Healthcare Group, Inc.**

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

*Ownership*

Genesis Healthcare, Inc. (100%)

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**Genesis Healthcare, Inc.**

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

*Ownership*

HCCF Management Group XI, LLC (approximately 14.0%)  
Senior Care Genesis, LLC (approximately 5.3%)  
ZAC Properties XI, LLC (approximately 8.1%)  
Welltower, Inc. (approximately 5.9%)  
Others that do not trigger 5% ownership test

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**HCCF Management Group XI, LLC**

EIN: 20-8751674  
3820 Mansell Road  
Suite 280  
Alpharetta, GA 30022

*Ownership*

[Arnold M. Whitman\[1\]](#)  
3820 Mansell Road  
Suite 280  
Alpharetta, GA 30022

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**ZAC Properties XI, LLC**

EIN: 20-8794579

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

*Ownership*

[Steven E. Fishman\[2\]](#)

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Other members that do not trigger 5% ownership test

---

**Welltower Inc.**

EIN: 34-1096634

4500 Dorr Street

Toledo, OH 43615

*Ownership*

(publicly traded company on the New York Stock Exchange)

**Senior Care Genesis, LLC**

EIN: 20-8282470

234 Church Street, Suite 901

New Haven, CT 06510

*Ownership*

[David Reis\[3\]](#)

234 Church Street, Suite 901

New Haven, CT 06510

*The information included in this memorandum supersedes all previously submitted*

ownership information for the Operator as well as all officer/director/manager information for the Operator and its 5% or more d

[\[1\] HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitma](#)

[\[2\] ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr](#)

[3 Senior Care is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Reis may be considered the beneficial owner of the shares held by](#)

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

Name of Facility St. Camillus Rehabilitation and Nursing Center	License No. 2322-C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	448,811	448,811
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	431,762	431,762
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1	2,398	2,398
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	45,630	45,630
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2		
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	189,745	189,745
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility St. Camillus Rehabilitation and Nursing Center	License No. 2322-C	Report for Year Ended 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

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

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

Name of Facility St. Camillus Rehabilitation and Nursing Center			License No. 2322-C			Report for Year Ended 9/30/2019		Page of 6   37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed			
	Yes	No								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
	<input type="radio"/>	<input checked="" type="radio"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes	<input checked="" type="radio"/> No	<b>Total ***</b>

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

\*\* Attach copies of newly acquired leases.

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



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

Name of Facility St. Camillus Rehabilitation and Nur	License No. 2322-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
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Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 American Arbitration Association 2 Senior Care Valuation, LLC 3 4 5	Telephone Number 972-702-8222
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Address (*No. & Street, City, State, Zip Code*)  
 1 13727 Noel Road St 700 Dallas, TX 75240  
 2 4 Willow Lane Old Greenwich, CT 06870  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 for work regarding Union Grievance	\$	275
2 Saving R.E Tax on reduction Tax Assessment	\$	4,200
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	4,475

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

### Schedule of Resident Statistics

Name of Facility St. Camillus Rehabilitation and Nursing Center		License No. 2322-C			Report for Year Ended 9/30/2019				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	124	124			124	124			124	124			
B. On last day of THIS report period	124	124			124	124			124	124			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	97	97			97	97			102	102			
B. As of midnight of THIS report period	110	110			102	102			110	110			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,714	1,714			1,392	1,392			322	322			
B. Medicaid (Conn.)	32,215	32,215			23,214	23,214			9,001	9,001			
C. Medicaid (other states)													
D. Private Pay	1,365	1,365			966	966			399	399			
E. State SSI for RCH													
F. Other (Specify)	1,018	1,018			816	816			202	202			
G. Total Care Days During Period (3A thru F)	36,312	36,312			26,388	26,388			9,924	9,924			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	1	1			1	1							
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	36,313	36,313			26,389	26,389			9,924	9,924			

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

Name of Facility St. Camillus Rehabilitation and Nursing Cent			License No. 2322-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	2		99		9								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	598.43		266.27		545.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,756	2,756			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									747	747			
C. Other									7,398	7,398			
D. <b>Total Physical Therapy Treatments</b>									10,901	10,901			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									599	599			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									84	84			
C. Other									943	943			
D. <b>Total Speech Therapy Treatments</b>									1,626	1,626			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,289	1,289			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									340	340			
C. Other									5,333	5,333			
D. <b>Total Occupational Therapy Treatments</b>									6,962	6,962			

### Report of Expenditures - Salaries & Wages

Name of Facility St. Camillus Rehabilitation and Nursing Center	License No. 2322-C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,497	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	229,331	11,616				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	81,420	2,149				
b. Other Maintenance Workers	33,299	2,140				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	100,753	1,821				
b. RN						
1. Direct Care	964,952	23,846				
2. Administrative**	95,390	2,097				
c. LPN						
1. Direct Care	1,039,224	32,740				
2. Administrative**						
d. Aides and Attendants	1,491,159	81,824				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	100,265	4,215				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	152,262	4,663				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	87,570	4,337				
<i>A-13. Total Salary Expenditures</i>	4,506,120	173,528				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Ward Clerks	\$ -	-	\$ -	-	\$ -	-
Central Supply	\$ -	-	\$ -	-	\$ -	-
Medical Records	\$ 40,100	1,682	\$ -	-	\$ -	-
Coordinator-Staffing Centers	\$ 47,469	2,655	\$ -	-	\$ -	-
	0					
<b>Total</b>	\$ 87,570	4,337	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees	\$ 1,583	n/a	\$ -	-	\$ -	-
Purchased Services	\$ 580	n/a	\$ -	-	\$ -	-
Purchased Services	\$ -	n/a	\$ -	-	\$ -	-
Purchased Services	\$ -	n/a	\$ -	-	\$ -	-
	-	n/a	\$ -	-	\$ -	-
	\$ -	n/a	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
	\$ -	-	\$ -	-	\$ -	-
<b>Total</b>	\$ 2,163	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
St. Camillus Rehabilitation and Nursing Center				2322-C	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
St. Camillus Rehabilitation and Nursing Center				2322-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Byron, Helen	130,497				Management of Center	2,080	2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
St. Camillus Rehabilitation and Nursing Center	2322-C	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	6,534	45				
3. Pharmacist	12,364	252				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	362,826	4,970				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,630	241				
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	57,520	737				
b. Other						
10. Occupational Therapist						
a. Resident Care	55,230	757				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	12,445	294				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	2,163					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>554,713</b>	<b>7,297</b>				

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

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

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



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

Name of Facility St. Camillus Rehabilitation and Nursing Center		License No. 2322-C	Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

\* 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 Year Ended	Page	of
St. Camillus Rehabilitation and Nursing Center	2322-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 191,038	191,038		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 50,269	50,269		
4. Social Security (F.I.C.A.)	\$ 337,492	337,492		
5. Health Insurance	\$ 108,495	108,495		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 211,488	211,488		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 636,530	636,530		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 417,732	417,732		
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 4,475	4,475		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 16,618	16,618		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,138	16,138		
2. Cellular Phones	\$ 2,364	2,364		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,703	1,703		
3. Resident Day User Fee	\$ 706,187	706,187		
<b>Subtotal</b>	\$ 2,700,529	2,700,529		

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Union Health & Welfare	\$ 19,717	\$ -	\$ -
Union Health & Welfare	\$ 9,394	\$ -	\$ -
Union Health & Welfare	\$ 293	\$ -	\$ -
Union Health & Welfare	\$ 91	\$ -	\$ -
Union Health & Welfare	\$ 2,168	\$ -	\$ -
Union Health & Welfare	\$ 242,922	\$ -	\$ -
Union Health & Welfare	\$ 352,726	\$ -	\$ -
Union Health & Welfare	\$ 8,048	\$ -	
Union Health & Welfare	\$ 1,171	\$ -	
<b>Total</b>	\$ 636,530	\$ -	\$ -

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Sales Tax	\$ 1,703	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
	0 \$ -	\$ -	\$ -
<b>Total</b>	\$ 1,703	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
St. Camillus Rehabilitation and Nursing Center	2322-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,700,529	2,700,529		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 250	250			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,457	1,457			
5. Education Expenses Related to Seminars and Conventions	\$ 290	290			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 10	10			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 7,928	7,928			
4. Fund-Raising***	\$				
5. Medical Records	\$ (0)	(0)			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,839	1,839			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 8,313	8,313			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 450	450			
9. Subscriptions	\$ 485	485			
10. Contributions*** See Attached Schedule	\$ 1,753	1,753			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 5,838	5,838			
12. Administrative Management Services**	\$ 474,936	474,936			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 136,210	136,210			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,340,287	3,340,287			

\* 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)
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 1,582	\$ -	\$ -
Marketing Expense	\$ 3,022	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 3,325	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ (0)	\$ -	\$ -
<b>Total Other Advertising</b>	\$ 7,928	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 8,763	\$ -	\$ -
Dues to Chamber of Commerce	\$ (450)	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Total Dues</b>	\$ 8,313	\$ -	\$ -

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 1,678	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Total Contributions</b>	\$ 1,753	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 2,880	\$ -	\$ -
Collection Fees	\$ 24,294	self-disallowed	\$ -
Education Expense	\$ 5	\$ -	\$ -
Bank Service Charges	\$ 2,880	\$ -	\$ -
Collection Fees	\$ 24,294	self-disallowed	\$ -
Education Expense	\$ 5	\$ -	\$ -
Employee Physicals	\$ 6,609	\$ -	\$ -
Employee Relations	\$ 2,288	\$ -	\$ -
Printing	\$ 143	\$ -	\$ -
Training Expense	\$ 518	\$ -	\$ -
Fines & Penalties	\$ 42,211	self-disallowed	\$ -
Miscellaneous	\$ 151	\$ -	\$ -
Rental Expense	\$ 4,409	\$ -	\$ -
Accrued Expense Estimation	\$ (1,266)	self-disallowed	\$ -
Landlord Operating Taxes	\$ 2,400	\$ -	\$ -
State Tax Annual Report Filing	\$ 320	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	\$ 60,237	\$ -	\$ -
Interest Expense	\$ (8,989)	\$ -	\$ -
<b>Total Other Administrative and General</b>	\$ 136,210	\$ -	\$ -

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

Name of Facility St. Camillus Rehabilitation and Nursing C	License No. 2322-C	Report for Year Ended 9/30/2019	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	448,811	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
St. Camillus Rehabilitation and Nursing Center		2322-C	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 173,318	173,318			
2.	Non-Food Supplies	\$ 24,673	24,673			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 636,431	636,431			
c. Other (Specify) _____		\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 834,422</b>	<b>834,422</b>			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility St. Camillus Rehabilitation and Nursing Center		License No. 2322-C	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	4,878	4,878	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	15,668	15,668	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	277,095	277,095	
c. Other (Specify)		\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>297,640</b>	<b>297,640</b>	
<b>3E. Laundry Questionnaire</b>					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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



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

Name of Facility		License No.	Report for Year Ended		Page	of
St. Camillus Rehabilitation and Nursing Center		2322-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	10,092	10,092		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$	421,623	421,623		
C. Other ( <i>Specify</i> )			\$			
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>			\$ 431,715	431,715		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	77,231	77,231		
	b. Medicine Cabinet Drugs	\$	14,681	14,681		
	c. Medical and Therapeutic Supplies	\$	94,008	94,008		
	d. Ambulance/Limousine***	\$	26,328	26,328		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	1,564	1,564		
	f. X-rays and Related Radiological Procedures***	\$	11,857	11,857		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	8,426	8,426		
	i. Recreation	\$	14,116	14,116		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	57,095	57,095		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>			\$ 305,307	305,307		

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

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

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

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

## Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 48,456	\$ -	\$ -
Advertising-Help Wanted	\$ (588)	\$ -	\$ -
Advertising-Help Wanted	\$ 1,050	\$ -	\$ -
Books, Dues & Subscriptions	\$ 85	\$ -	\$ -
Education Expense	\$ 359	\$ -	\$ -
Supplies	\$ 2,360	\$ -	\$ -
Supplies	\$ 2,758	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 51	\$ -	\$ -
Office Supplies	\$ (0)	\$ -	\$ -
Office Supplies	\$ 187	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 1,811	\$ -	\$ -
Consolidated Billing	\$ (435)	\$ -	\$ -
Tuition Reimbursement	\$ 2,000	\$ -	\$ -
Tuition Reimbursement	\$ (1,000)	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
<b>Total Other Resident Care</b>	<b>\$ 57,095</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility St. Camillus Rehabilitation and Nursing Center			License No. 2322-C		Report for Year Ended 9/30/2019			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	277,095			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	421,623			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	631,465			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
St. Camillus Rehabilitation and Nursing Center	2322-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 217,405	217,405				
b. Heat	\$ 52,642	52,642				
c. Light & Power	\$ 156,094	156,094				
d. Water	\$ 66,554	66,554				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> ) See Attached Schedule	\$					
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 492,696	492,696				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 397	397				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 387	387				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 784	784				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 44,898	44,898				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 125,924	125,924				
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 171,606	171,606				

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>		<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
<b>Total Other Repairs and Maintenance</b>		\$ -	\$ -	\$ -

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

**Depreciation Schedule**

Name of Facility St. Camillus Rehabilitation and Nursing Center			License No. 2322-C		Report for Year Ended 9/30/2019			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period			4,215		4,215	2,111	S/L	Various				
2. Disposals (attach schedule)			(4,215)		(4,215)	(2,111)						
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period			431,408		431,408	171,445	S/L	Various	0			
2. Disposals (attach schedule)			(431,408)		(431,408)	(171,445)						
3. Acquired during this report period (attach schedule)			9,690		9,690				397			
B-4. Subtotal										397		
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period			242,188		242,188	118,767	S/L	Various				
2. Disposals (attach schedule)			(242,188)		(242,188)	(118,767)						
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												
<b>E. Total Depreciation</b>												

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvement</b>		\$ -		\$ -
<b>Deletions:</b>				
10/1/2018	Various Assets Deletions	\$ (4,215)		
<b>Total deletions for Land Improvement</b>		\$ (4,215)		\$ -

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/31/2019	Plain Sliced Red Oak Door, Patient Room #328	\$ 2,755	09 11	\$ 185
5/31/2019	Tax on new Window & Sausage Caulk	\$ 152	09 07	\$ 5
2/28/2019	Install Vinyl Plank for social Service office	\$ 2,073	09 10	\$ 123
7/31/2019	Resilient Flooring for 3rd floor nurses station	\$ 4,710	09 05	\$ 83
<b>Total additions for Building Improvement</b>		\$ 9,690		\$ 397
<b>Deletions:</b>				
10/1/2018	Various Assets Deletions	\$ (431,408)		
<b>Total deletions for Building Improvement</b>		\$ (431,408)		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipmen</b>		\$ -		\$ -
<b>Deletions:</b>				
10/1/2018	Various Assets Deletions	\$ (242,188)		
<b>Total deletions for Non-Movable Equipmen</b>		\$ (242,188)		\$ -

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
7/31/2019	4 Continus 32" L TC LED HDTVs & 4 Wall Mounts	\$ 1,622	07 00	\$ 39
5/31/2019	2 Whirlpool 10.8 Cu Ft Top Freezer Refrigerator	\$ 1,174	09 07	\$ 41
6/30/2019	Undercounter Ice Cuber	\$ 1,934	09 06	\$ 51
6/30/2019	4 Qd Food Processor w/ Continuous Feed Attachment	\$ 2,132	09 06	\$ 56
9/30/2019	7 Overbed table tops	\$ 536	09 03	\$ -
5/31/2019	Wesco Tilt Truck Rectangle 450lb	\$ 552	05 00	\$ 37
6/30/2019	5 Mattresses	\$ 1,207	03 00	\$ 101
4/30/2019	4 Steel Folding Chairs	\$ 729	09 08	\$ 31
4/30/2019	installed 10" Cat SR cable from MDF to reception area	\$ 532	07 00	\$ 32
9/30/2019	September 2019 DSSI Accrual	\$ 2,061		\$ -
<b>Total additions for Movable Equipmen</b>		\$ 12,479		\$ 387
<b>Deletions:</b>				
10/1/2018	Various Assets Deletions	\$ (181,841)		
10/1/2018	Reversal Sep 2018	\$ (32,090)		
<b>Total deletions for Movable Equipmen</b>		\$ (213,931)		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

St. Camillus Rehabilitation and Nursing Center  
 Depreciation Expense Report  
 As of 10/1/2018

											(891,742.30)	(399,911.56)
Locati	G/L Asset	Account De Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation		
57006	150025	Land Imp	007506 000	Exterior signage	6/30/2013	(2,726.00)	R	SLMM	10 00	(1,431.15)		
57006	150025	Land Imp	008604 000	REBUILD CATCH BASIN AND PATCH W	4/30/2014	(1,488.90)	R	SLMM	09 08	(680.29)		
57006	150050	Bldg Imp	007273 000	Electrical service kitchen bathroom and p	4/30/2013	(5,757.47)	R	SLMM	10 08	(2,923.70)		
57006	150050	Bldg Imp	007275 000	Project Manager Time Allocation	4/30/2013	(1,312.14)	R	SLMM	10 08	(666.31)		
57006	150050	Bldg Imp	007276 000	Exhaust fane ductwork for oxygen closet	4/30/2013	(3,197.50)	R	SLMM	10 08	(1,623.75)		
57006	150050	Bldg Imp	007364 000	Exhaust fan & ductwork for oxygen closet	5/31/2013	(4,468.82)	R	SLMM	10 07	(2,252.00)		
57006	150050	Bldg Imp	007365 000	Installed curb	5/31/2013	(2,584.31)	R	SLMM	10 07	(1,302.34)		
57006	150050	Bldg Imp	007366 000	Wall mounted toilet	5/31/2013	(1,701.59)	R	SLMM	10 07	(857.50)		
57006	150050	Bldg Imp	007503 000	Engineering services	6/30/2013	(3,908.50)	R	SLMM	10 06	(1,954.26)		
57006	150050	Bldg Imp	007504 000	Engineering services	6/30/2013	(1,740.00)	R	SLMM	10 06	(870.03)		
57006	150050	Bldg Imp	007505 000	Compressor on Rheem condensor	6/30/2013	(5,052.89)	R	SLMM	10 06	(2,526.45)		
57006	150050	Bldg Imp	007507 000	Project Manager Time Allocation	6/30/2013	(623.23)	R	SLMM	10 06	(311.64)		
57006	150050	Bldg Imp	007508 000	Condensor fan motor	6/30/2013	(1,910.97)	R	SLMM	10 06	(955.50)		
57006	150050	Bldg Imp	007509 000	Lennox condensor fan motor	6/30/2013	(2,556.51)	R	SLMM	10 06	(1,278.27)		
57006	150050	Bldg Imp	007510 000	Fresh air blower motor	6/30/2013	(1,453.54)	R	SLMM	10 06	(726.76)		
57006	150050	Bldg Imp	007662 000	Professional services	7/31/2013	(620.00)	R	SLMM	10 05	(307.52)		
57006	150050	Bldg Imp	007663 000	Run power for oxygen exhaust fan	7/31/2013	(1,956.84)	R	SLMM	10 05	(970.61)		
57006	150050	Bldg Imp	007664 000	Electrical work in employee lounge	7/31/2013	(1,138.86)	R	SLMM	10 05	(564.88)		
57006	150050	Bldg Imp	007665 000	Door Guardian flush mount kit	7/31/2013	(5,272.93)	R	SLMM	10 05	(2,615.37)		
57006	150050	Bldg Imp	007666 000	S91-520 D3P2D motor 182T 3HP	7/31/2013	(489.34)	R	SLMM	10 05	(242.73)		
57006	150050	Bldg Imp	007668 000	Sargent mortise lock and levers	7/31/2013	(757.66)	R	SLMM	10 05	(375.83)		
57006	150050	Bldg Imp	007790 000	Professional Services	8/31/2013	(851.25)	R	SLMM	10 04	(418.77)		
57006	150050	Bldg Imp	007791 000	Sargent privacy bolt function locks	8/31/2013	(1,198.31)	R	SLMM	10 04	(589.52)		
57006	150050	Bldg Imp	007792 000	Install low voltage tracking	8/31/2013	(635.61)	R	SLMM	10 04	(312.67)		
57006	150050	Bldg Imp	007981 000	Property Management Time Allocation	10/31/2013	(574.24)	R	SLMM	10 02	(277.69)		
57006	150050	Bldg Imp	008071 000	Simplex unican combo lock	11/30/2013	(656.16)	R	SLMM	10 01	(314.50)		
57006	150050	Bldg Imp	008072 000	Overhead door for loading dock	11/30/2013	(3,605.06)	R	SLMM	10 01	(1,728.06)		
57006	150050	Bldg Imp	008171 000	Professional Services	12/31/2013	(580.00)	R	SLMM	10 00	(275.50)		
57006	150050	Bldg Imp	008334 000	Installation of steamer	1/31/2014	(565.25)	R	SLMM	09 11	(266.00)		
57006	150050	Bldg Imp	008335 000	Chicago and eye wash faucets	1/31/2014	(1,767.79)	R	SLMM	09 11	(831.92)		
57006	150050	Bldg Imp	008513 000	Professional Services	3/31/2014	(310.00)	R	SLMM	09 09	(143.10)		
57006	150050	Bldg Imp	008735 000	Door hinges lockset pick plates	5/31/2014	(3,673.00)	R	SLMM	09 07	(1,660.83)		
57006	150050	Bldg Imp	008848 000	PRESSURE REDUCING VALVE in kitche	6/30/2014	(2,213.67)	R	SLMM	09 06	(990.34)		
57006	150050	Bldg Imp	008952 000	Trane compressor	7/31/2014	(6,158.89)	R	SLMM	09 05	(2,725.17)		
57006	150050	Bldg Imp	009394 000	Emergency E Stop button on generator	1/31/2015	(1,305.08)	R	SLMM	08 11	(536.69)		
57006	150050	Bldg Imp	009519 000	75 ft sewage drain line	3/31/2015	(10,100.00)	R	SLMM	08 09	(4,040.02)		
57006	150050	Bldg Imp	009614 000	Replacement DVR on Security System	4/30/2015	(2,057.86)	R	SLMM	08 08	(811.29)		
57006	150050	Bldg Imp	009670 000	Zone valve for hot water line	5/31/2015	(1,875.00)	R	SLMM	08 07	(728.17)		
57006	150050	Bldg Imp	009748 000	Property Management Time Allocation	6/30/2015	(603.41)	R	SLMM	08 06	(230.72)		
57006	150050	Bldg Imp	009752 000	Supply/install zone expander and smoke	6/30/2015	(8,506.94)	R	SLMM	08 06	(3,252.67)		
57006	150050	Bldg Imp	009859 000	Zone valve for hot water line	7/31/2015	(1,875.00)	R	SLMM	08 05	(705.44)		
57006	150050	Bldg Imp	009860 000	2 Gould sewage pumps	7/31/2015	(11,289.27)	R	SLMM	08 05	(4,247.46)		
57006	150050	Bldg Imp	009861 000	Solid State Starter	7/31/2015	(2,858.16)	R	SLMM	08 05	(1,075.34)		
57006	150050	Bldg Imp	010037 000	Egress mag locks	9/30/2015	(27,126.69)	R	SLMM	08 03	(9,864.24)		
57006	150050	Bldg Imp	010236 000	Solid State Starter	11/30/2015	(2,858.16)	R	SLMM	08 01	(1,001.84)		
57006	150050	Bldg Imp	010237 000	Repair to 40 sq ft of wall in kitchen area	11/30/2015	(4,041.30)	R	SLMM	08 01	(1,416.55)		
57006	150050	Bldg Imp	010296 000	Hollow metal door spring hinge and kick p	12/31/2015	(2,280.99)	R	SLMM	08 00	(784.08)		
57006	150050	Bldg Imp	010761 000	Rebuilt kitchen drain, installed new spray	4/30/2016	(4,100.86)	R	SLMM	07 08	(1,292.68)		
57006	150050	Bldg Imp	010874 000	Alarm panel w/door contacts and indicato	5/31/2016	(2,871.45)	R	SLMM	07 07	(883.52)		
57006	150050	Bldg Imp	011184 000	McQuay chiller compressor	9/30/2016	(15,665.35)	R	SLMM	07 03	(4,321.49)		
57006	150050	Bldg Imp	012475 000	Added 2 tamper switches to fire detection	12/31/2017	(15,718.53)	R	SLMM	06 00	(1,964.82)		
57006	150050	Bldg Imp	012938 000	New Compressor	6/30/2018	(4,002.56)	R	SLMM	05 06	(181.94)		
57006	150050	Bldg Imp	013170 000	Kabba Simplex	9/30/2018	(711.48)	R	SLMM	05 03	-		
57006	150055	Bldg Imp	006818 000	Sun Valuation - PPE Building Imp 15 yr	12/1/2012	(70,020.00)	R	SLMM	11 00	(37,131.86)		
57006	150055	Bldg Imp	009303 000	Upgrade to elevator system	12/31/2014	(28,865.52)	R	SLMM	09 00	(12,027.30)		
57006	150055	Bldg Imp	009669 000	Deposit on elevator upgrade	5/31/2015	(28,865.52)	R	SLMM	08 07	(11,209.91)		
57006	150055	Bldg Imp	009750 000	Passenger elevator upgrade	6/30/2015	(1,799.44)	R	SLMM	08 06	(688.02)		
57006	150055	Bldg Imp	009751 000	Service elevator upgrade	6/30/2015	(2,858.16)	R	SLMM	08 06	(1,092.85)		
57006	150055	Bldg Imp	010875 000	Solid State Starter on elevator	5/31/2016	(4,130.63)	R	SLMM	07 07	(1,270.97)		
57006	150057	Bldg Imp	007272 000	Install 16 closed circuit TVs	4/30/2013	(7,231.80)	R	SLMM	10 00	(3,917.23)		
57006	150057	Bldg Imp	007274 000	4 Closed circuit TVs	4/30/2013	(591.21)	R	SLMM	10 00	(320.23)		
57006	150057	Bldg Imp	007667 000	Surveillance cameras and 16 channel DV	7/31/2013	(1,499.05)	R	SLMM	10 00	(774.53)		
57006	150057	Bldg Imp	007896 000	Staff kitchen cabinets	9/30/2013	(5,378.74)	R	SLMM	10 00	(2,689.35)		
57006	150057	Bldg Imp	008336 000	Countertop	1/31/2014	(413.00)	R	SLMM	09 11	(194.37)		
57006	150057	Bldg Imp	010137 000	Interior painting of rooms and corridors	10/31/2015	(19,914.20)	R	SLMM	08 02	(7,112.20)		



St. Camillus Rehabilitation and Nursing Center  
 Depreciation Expense Report  
 As of 10/1/2018

Locati	G/L Asset	Account De Sys	Ex	Description	In Svc Date	(891,742.30)			EstLife	(399,911.56)	
						AcquiredValue	PT	DeprMeth		Current Accum Depreciation	
57006	150057	Bldg Imp	010235	000	Interior painting	11/30/2015	(36,833.44)	R	SLMM	08 01	(12,910.71)
57006	150057	Bldg Imp	010294	000	Interior painting	12/31/2015	(25,338.36)	R	SLMM	08 00	(8,710.08)
57006	150057	Bldg Imp	012771	000	CCTV System	4/30/2018	(2,679.25)	R	SLMM	05 08	(197.01)
57006	150057	Bldg Imp	013171	000	Painting Patient Rooms	9/30/2018	(5,849.25)	R	SLMM	05 03	-
57006	150075	Non Movat	006819	000	Sun Valuation - PPE Fixed Equip 10 yea	12/1/2012	(138,370.00)	P	SLMM	10 00	(80,715.83)
57006	150075	Non Movat	009302	000	Hot water storage tank	12/31/2014	(30,495.00)	P	SLMM	09 00	(12,706.24)
57006	150075	Non Movat	009613	000	Hot water storage tank	4/30/2015	(31,275.00)	P	SLMM	08 08	(12,329.56)
57006	150075	Non Movat	009862	000	Compressor in kitchen A/C unit	7/31/2015	(3,951.59)	P	SLMM	08 05	(1,486.75)
57006	150075	Non Movat	010038	000	1st install on compressor for McQuay chi	9/30/2015	(8,622.00)	P	SLMM	08 03	(3,135.27)
57006	150075	Non Movat	010295	000	2nd install for compressor on McQuay ch	12/31/2015	(8,622.00)	P	SLMM	08 00	(2,963.81)
57006	150075	Non Movat	010364	000	Compressor on McQuay Chiller Final ins	1/31/2016	(4,311.00)	P	SLMM	07 11	(1,452.13)
57006	150075	Non Movat	010475	000	Hot water coil on roof top unit	2/29/2016	(6,556.20)	P	SLMM	07 10	(2,162.15)
57006	150075	Non Movat	012036	000	Sump Pump	6/30/2017	(5,030.36)	P	SLMM	06 06	(967.38)
57006	150075	Non Movat	012171	000	Boiler Room Circulation Pump	8/31/2017	(4,955.00)	P	SLMM	06 04	(847.57)
57006	150080	Movable E	006820	000	Sun Valuation - PPE Moveable Equip 7 Y	12/1/2012	(6,260.00)	P	SLMM	07 00	(5,216.69)
57006	150080	Movable E	007278	000	Milnor 60 lb capacity washer	4/30/2013	(10,741.35)	P	SLMM	07 00	(8,311.77)
57006	150080	Movable E	008733	000	Detecto Portable Bariatric Wheelchair sca	5/31/2014	(5,467.10)	P	SLMM	07 00	(3,384.42)
57006	150080	Movable E	008734	000	Rice Lake Digital Chair Scale	5/31/2014	(2,145.54)	P	SLMM	07 00	(1,328.21)
57006	150080	Movable E	008950	000	Reliant Lifts scale and slings	7/31/2014	(16,627.23)	P	SLMM	07 00	(9,897.17)
57006	150080	Movable E	008951	000	Reliant 350 Series Sit-to-Stand Lift	7/31/2014	(2,401.36)	P	SLMM	07 00	(1,429.38)
57006	150080	Movable E	009390	000	5 TV's for facility patient rooms	1/31/2015	(1,116.62)	P	SLMM	07 00	(584.90)
57006	150080	Movable E	009395	000	Sales and Use Tax Jan 2015	1/31/2015	(5.00)	P	SLMM	07 00	(2.64)
57006	150080	Movable E	010138	000	Sales and Use Tax Oct 2015	10/31/2015	(302.00)	P	SLMM	07 00	(125.83)
57006	150080	Movable E	010234	000	10 Continu us 32 Long Term Care	11/30/2015	(3,073.30)	P	SLMM	07 00	(1,243.95)
57006	150080	Movable E	011016	000	Sales and Use Tax	7/31/2016	(526.00)	P	SLMM	07 00	(162.81)
57006	150080	Movable E	011018	000	Attendant Bladder Scanner System	7/31/2016	(8,017.38)	P	SLMM	07 00	(2,481.58)
57006	150080	Movable E	011183	000	Amana Light Duty Commercial Microwave	9/30/2016	(609.44)	P	SLMM	07 00	(174.13)
57006	150085	Movable E	007058	000	PARTS&MISCMINOREQUIPMENT	12/31/2012	(2,770.07)	P	SLMM	10 00	(1,592.81)
57006	150085	Movable E	007059	000	PARTS&MISCMINOREQUIPMENT	12/31/2012	(1,551.00)	P	SLMM	10 00	(891.83)
57006	150085	Movable E	007060	000	MATTRESSES	12/31/2012	(2,339.70)	P	SLMM	10 00	(1,345.33)
57006	150085	Movable E	007061	000	OXYGENEQUIPMENT	12/31/2012	(5,687.56)	P	SLMM	10 00	(3,270.37)
57006	150085	Movable E	007062	000	KITCHENEQUIPMENT	12/31/2012	(1,947.42)	P	SLMM	10 00	(1,119.76)
57006	150085	Movable E	007063	000	KITCHENEQUIPMENT	12/31/2012	(6,548.87)	P	SLMM	10 00	(3,765.62)
57006	150085	Movable E	007277	000	Overture 88 key digital piano	4/30/2013	(531.74)	P	SLMM	10 00	(288.01)
57006	150085	Movable E	007502	000	3 gal Urn and wax base pellet	6/30/2013	(2,225.58)	P	SLMM	10 00	(1,168.44)
57006	150085	Movable E	007897	000	Hot water booster for dishwasher	9/30/2013	(687.62)	P	SLMM	10 00	(343.80)
57006	150085	Movable E	007982	000	Alliance plate warmer repairs	10/31/2013	(1,134.75)	P	SLMM	10 00	(557.94)
57006	150085	Movable E	008067	000	8 function wand bed control	11/30/2013	(366.86)	P	SLMM	10 00	(177.34)
57006	150085	Movable E	008068	000	Aluminum Frame Melamine Marker Boar	11/30/2013	(107.18)	P	SLMM	10 00	(51.81)
57006	150085	Movable E	008069	000	SteamChef 6-Pan Gas Boilerless w/stand	11/30/2013	(8,228.26)	P	SLMM	10 00	(3,977.01)
57006	150085	Movable E	008070	000	Ice dispenser and cuber	11/30/2013	(4,500.69)	P	SLMM	10 00	(2,175.34)
57006	150085	Movable E	008169	000	BEDSIDE CABINET MAXWELL THOMA	12/31/2013	(511.44)	P	SLMM	10 00	(242.92)
57006	150085	Movable E	008333	000	11 Overbed Table walnut w/chrome	1/31/2014	(707.40)	P	SLMM	09 11	(332.92)
57006	150085	Movable E	008419	000	1/2 Gallon 3.5 HP Blender	2/28/2014	(615.95)	P	SLMM	09 10	(287.10)
57006	150085	Movable E	008603	000	Big Blue Board	4/30/2014	(461.68)	P	SLMM	09 08	(210.94)
57006	150085	Movable E	008606	000	2 Tracer SX5 and 1 Panacea wheelchair	4/30/2014	(1,216.79)	P	SLMM	09 08	(555.97)
57006	150085	Movable E	009301	000	(3) 1.6 cu ft medical grade refrigerator	12/31/2014	(1,572.43)	P	SLMM	09 00	(655.20)
57006	150085	Movable E	009391	000	Enclosed Wood Frame Cork Board	1/31/2015	(331.23)	P	SLMM	08 11	(136.21)
57006	150085	Movable E	009518	000	SS Manual Heavy Duty Can Opener	3/31/2015	(467.92)	P	SLMM	08 09	(187.18)
57006	150085	Movable E	009609	000	5 Wheelchairs w/footrests 3 overbed table	4/30/2015	(890.09)	P	SLMM	08 08	(350.90)
57006	150085	Movable E	009610	000	2 PANACEA HEAVY DUTY WIDE WHEEL	4/30/2015	(543.98)	P	SLMM	08 08	(214.47)
57006	150085	Movable E	009611	000	TREX2 18 X 16 FULL ARMS BLACK	4/30/2015	(264.66)	P	SLMM	08 08	(104.35)
57006	150085	Movable E	009612	000	18 in Viper wheelchair w/arm attachment	4/30/2015	(680.33)	P	SLMM	08 08	(268.21)
57006	150085	Movable E	009668	000	CONVEYOR TOASTER 800 SLICES AN	5/31/2015	(1,001.50)	P	SLMM	08 07	(388.93)
57006	150085	Movable E	009749	000	9000XT SUPER HEMI 16X16	6/30/2015	(531.95)	P	SLMM	08 06	(203.39)
57006	150085	Movable E	010012	000	Direct Choice Overbed Table	8/31/2015	(441.43)	P	SLMM	08 04	(163.33)
57006	150085	Movable E	010039	000	18 in Viper wheelchair	9/30/2015	(680.33)	P	SLMM	08 03	(247.41)
57006	150085	Movable E	010474	000	Framed artwork	2/29/2016	(8,282.00)	P	SLMM	07 10	(2,731.30)
57006	150085	Movable E	010873	000	VIPER ADJUSTABLE HEIGHT DESK AR	5/31/2016	(334.80)	P	SLMM	07 07	(103.01)
57006	150085	Movable E	011528	000	OCCASIONAL CHAIR	1/31/2017	(9,706.14)	P	SLMM	06 11	(2,338.84)
57006	150085	Movable E	011958	000	4 Qt. Food Processor	5/31/2017	(2,031.22)	P	SLMM	06 07	(411.38)
57006	150085	Movable E	012312	000	Convection Pellet or Plate Heater	10/31/2017	(3,963.70)	P	SLMM	06 02	(589.20)
57006	150085	Movable E	012679	000	Frigidaire 30" Freestanding Smooth-Top	3/31/2018	(563.64)	P	SLMM	05 09	(49.01)
57006	150085	Movable E	012937	000	Camshelving	6/30/2018	(895.88)	P	SLMM	05 06	(40.72)
57006	150087	Movable E	007669	000	20x30 white vinyl frame tent top	7/31/2013	(2,560.00)	P	SLMM	05 00	(2,560.00)

St. Camillus Rehabilitation and Nursing Center  
 Depreciation Expense Report  
 As of 10/1/2018

Locati	G/L Asset	Account De Sys	Ex	Description	In Svc Date	(891,742.30)		PT	DeprMeth	EstLife	(399,911.56)
						AcquiredValue					Current Accum Depreciation
57006	150087	Movable E:009608	000	Tilt Truck, 5/8 Cubic Yard, 30	4/30/2015	(533.87)	P	SLMM	05 00		(364.80)
57006	150087	Movable E:010631	000	Shower Gurney, Bariatric, 36i	3/31/2016	(1,361.26)	P	SLMM	05 00		(680.63)
57006	150088	Movable E:006821	000	Sun Valuation - PPE Moveable Equip 3 y	12/1/2012	(4,310.00)	P	SLMM	03 00		(4,310.00)
57006	150088	Movable E:007363	000	10 MATTRESS,GENESIS VISCO SELEC	5/31/2013	(2,414.25)	P	SLMM	03 00		(2,414.25)
57006	150088	Movable E:007660	000	Dermafloat APM System	7/31/2013	(2,020.65)	P	SLMM	03 00		(2,020.65)
57006	150088	Movable E:007661	000	Dermafloat APM System	7/31/2013	(2,020.65)	P	SLMM	03 00		(2,020.65)
57006	150088	Movable E:009392	000	Replacement Pump for Panacea A	1/31/2015	(382.62)	P	SLMM	03 00		(382.62)
57006	150088	Movable E:011290	000	2 MATTRESS,GENESIS VISCO SELEC	10/31/2016	(627.47)	P	SLMM	03 00		(400.89)
57006	150088	Movable E:011360	000	2 MATTRESS,GENESIS VISCO SELEC	11/30/2016	(627.47)	P	SLMM	03 00		(383.46)
57006	150088	Movable E:011481	000	2 MATTRESS,GENESIS VISCO SELEC	12/31/2016	(627.47)	P	SLMM	03 00		(366.03)
57006	150088	Movable E:011527	000	2 MATTRESS,GENESIS VISCO SELEC	1/31/2017	(627.47)	P	SLMM	03 00		(348.60)
57006	150088	Movable E:011626	000	2 MATTRESS,GENESIS VISCO SELEC	2/28/2017	(627.47)	P	SLMM	03 00		(331.17)
57006	150088	Movable E:011832	000	2 MATTRESS,GENESIS VISCO SELEC	3/31/2017	(627.47)	P	SLMM	03 00		(313.74)
57006	150088	Movable E:011890	000	2 MATTRESS,GENESIS VISCO SELEC	4/30/2017	(627.47)	P	SLMM	03 00		(296.31)
57006	150088	Movable E:012239	000	3 MATTRESS,GENESIS VISCO SELEC	9/30/2017	(941.20)	P	SLMM	03 00		(313.73)
57006	150088	Movable E:012936	000	(2) Visco Slect Mattress	6/30/2018	(482.85)	P	SLMM	03 00		(40.24)
57006	150100	Movable E:008168	000	Morgan Light-Duty Task Chair	12/31/2013	(323.31)	P	SLMM	10 00		(153.57)
57006	150100	Movable E:008170	000	2 310 Series Vertical Files	12/31/2013	(584.93)	P	SLMM	10 00		(277.83)
57006	150100	Movable E:008332	000	5 Morgan Light-Duty Task Chair	1/31/2014	(656.19)	P	SLMM	09 11		(308.80)
57006	150100	Movable E:008732	000	Credit Card Machine	5/31/2014	(73.07)	P	SLMM	09 07		(33.06)
57006	150100	Movable E:008949	000	Epoch Office Chair, Mesh Back	7/31/2014	(238.71)	P	SLMM	09 05		(105.62)
57006	150100	Movable E:010013	000	Epoch Office Chair, Mid-Back	8/31/2015	(201.66)	P	SLMM	08 04		(74.62)
57006	150100	Movable E:010233	000	8 Basyx by HON VL521 Mid-Back Mesh	11/30/2015	(1,227.28)	P	SLMM	08 01		(430.18)
57006	150100	Movable E:011017	000	Basyx by HON VL551 Mid-Back Task Cha	7/31/2016	(941.38)	P	SLMM	07 05		(275.02)
57006	150110	Movable E:006822	000	Sun Valuation - PPE IS Equip - 3 Year	12/1/2012	(21,580.00)	P	SLMM	02 00		(21,580.00)
57006	150110	Movable E:008605	000	1 HP LaserJet PRO 400	4/30/2014	(262.00)	P	SLMM	03 00		(262.00)
57006	150110	Movable E:009241	000	Mobil Iron licenses deployed 11/2014	11/30/2014	(15.90)	P	SLMM	03 00		(15.90)
57006	150110	Movable E:009393	000	1 HP LaserJet PRO 400	1/31/2015	(223.68)	P	SLMM	03 00		(223.68)
57006	150115	Movable E:011889	000	1 Cisco Catalyst 2960X	4/30/2017	(1,477.03)	P	SLMM	05 00		(418.50)
		Movable Equip		Reversal Sep 2018	9/30/2018	\$ (32,090)					

St. Camillus Rehabilitation and Nursing Center  
 Depreciation Expense Report  
 As of September 30, 2019

Sch 23 Total Deprn 783.78  
 Sch 29 total Deprn Adj 107,991.82  
 Total Deprn Expense 108,775.60

												940,537.58	940,537.58	399,911.56	108,775.60	508,687.16
														Prior Accum	Current YTD	Current
														Depreciation	Depreciation	Accum
														9/30/2018	2,019.00	Depreciation
																9/30/2019

Locati	G/L Asset	Acct Desc	Sys	Ex	Description In	Svc Date	Acquired Value	PT	DeprMeth	EstLife	Depreciable Basis	9/30/2018	2,019.00	9/30/2019
57006	150055	Bldg Imp	006818	000	Sun Valuat	12/1/2012	70,020.00	R	SLMM	11 00	70,020.00	37,131.86	6,365.46	43,497.32
57006	150075	Non Mova	006819	000	Sun Valuat	12/1/2012	138,370.00	P	SLMM	10 00	138,370.00	80,715.83	13,837.00	94,552.83
57006	150080	Movable E	006820	000	Sun Valuat	12/1/2012	6,260.00	P	SLMM	07 00	6,260.00	5,216.69	894.29	6,110.98
57006	150088	Movable E	006821	000	Sun Valuat	12/1/2012	4,310.00	P	SLMM	03 00	4,310.00	4,310.00	-	4,310.00
57006	150110	Movable E	006822	000	Sun Valuat	12/1/2012	21,580.00	P	SLMM	02 00	21,580.00	21,580.00	-	21,580.00
57006	150085	Movable E	007058	000	PARTS&M	12/31/2012	2,770.07	P	SLMM	10 00	2,770.07	1,592.81	277.01	1,869.82
57006	150085	Movable E	007059	000	PARTS&M	12/31/2012	1,551.00	P	SLMM	10 00	1,551.00	891.83	155.10	1,046.93
57006	150085	Movable E	007060	000	MATTRE	12/31/2012	2,339.70	P	SLMM	10 00	2,339.70	1,345.33	233.97	1,579.30
57006	150085	Movable E	007061	000	OXYGENI	12/31/2012	5,687.56	P	SLMM	10 00	5,687.56	3,270.37	568.76	3,839.13
57006	150085	Movable E	007062	000	KITCHEN	12/31/2012	1,947.42	P	SLMM	10 00	1,947.42	1,119.76	194.74	1,314.50
57006	150085	Movable E	007063	000	KITCHEN	12/31/2012	6,548.87	P	SLMM	10 00	6,548.87	3,765.62	654.89	4,420.51
57006	150050	Bldg Imp	007273	000	Electrical s	4/30/2013	5,757.47	R	SLMM	10 08	5,757.47	2,923.70	539.76	3,463.46
57006	150050	Bldg Imp	007275	000	Project Ma	4/30/2013	1,312.14	R	SLMM	10 08	1,312.14	666.31	123.01	789.32
57006	150050	Bldg Imp	007276	000	Exhaust fa	4/30/2013	3,197.50	R	SLMM	10 08	3,197.50	1,623.75	299.77	1,923.52
57006	150057	Bldg Imp	007272	000	Install 16 c	4/30/2013	7,231.80	R	SLMM	10 00	7,231.80	3,917.23	723.18	4,640.41
57006	150057	Bldg Imp	007274	000	4 Closed ci	4/30/2013	591.21	R	SLMM	10 00	591.21	320.23	59.12	379.35
57006	150080	Movable E	007278	000	Milnor 60	4/30/2013	10,741.35	P	SLMM	07 00	10,741.35	8,311.77	1,534.48	9,846.25
57006	150085	Movable E	007277	000	Overture 8	4/30/2013	531.74	P	SLMM	10 00	531.74	288.01	53.17	341.18
57006	150050	Bldg Imp	007364	000	Exhaust fa	5/31/2013	4,468.82	R	SLMM	10 07	4,468.82	2,252.00	422.25	2,674.25
57006	150050	Bldg Imp	007365	000	Installed ct	5/31/2013	2,584.31	R	SLMM	10 07	2,584.31	1,302.34	244.19	1,546.53
57006	150050	Bldg Imp	007366	000	Wall mour	5/31/2013	1,701.59	R	SLMM	10 07	1,701.59	857.50	160.78	1,018.28
57006	150088	Movable E	007363	000	10 MATTI	5/31/2013	2,414.25	P	SLMM	03 00	2,414.25	2,414.25	-	2,414.25
57006	150025	Land Imp	007506	000	Exterior si	6/30/2013	2,726.00	R	SLMM	10 00	2,726.00	1,431.15	272.60	1,703.75
57006	150050	Bldg Imp	007503	000	Engineerin	6/30/2013	3,908.50	R	SLMM	10 06	3,908.50	1,954.26	372.24	2,326.50
57006	150050	Bldg Imp	007504	000	Engineerin	6/30/2013	1,740.00	R	SLMM	10 06	1,740.00	870.03	165.72	1,035.75
57006	150050	Bldg Imp	007505	000	Compressc	6/30/2013	5,052.89	R	SLMM	10 06	5,052.89	2,526.45	481.23	3,007.68
57006	150050	Bldg Imp	007507	000	Project Ma	6/30/2013	623.23	R	SLMM	10 06	623.23	311.64	59.36	371.00
57006	150050	Bldg Imp	007508	000	Condensor	6/30/2013	1,910.97	R	SLMM	10 06	1,910.97	955.50	182.00	1,137.50
57006	150050	Bldg Imp	007509	000	Lennox co	6/30/2013	2,556.51	R	SLMM	10 06	2,556.51	1,278.27	243.48	1,521.75
57006	150050	Bldg Imp	007510	000	Fresh air b	6/30/2013	1,453.54	R	SLMM	10 06	1,453.54	726.76	138.43	865.19
57006	150085	Movable E	007502	000	3 gal Urn a	6/30/2013	2,225.58	P	SLMM	10 00	2,225.58	1,168.44	222.56	1,391.00
57006	150050	Bldg Imp	007662	000	Profession:	7/31/2013	620.00	R	SLMM	10 05	620.00	307.52	59.52	367.04
57006	150050	Bldg Imp	007663	000	Run power	7/31/2013	1,956.84	R	SLMM	10 05	1,956.84	970.61	187.86	1,158.47
57006	150050	Bldg Imp	007664	000	Electrical v	7/31/2013	1,138.86	R	SLMM	10 05	1,138.86	564.88	109.33	674.21
57006	150050	Bldg Imp	007665	000	Door Guar	7/31/2013	5,272.93	R	SLMM	10 05	5,272.93	2,615.37	506.20	3,121.57
57006	150050	Bldg Imp	007666	000	S91-520 D	7/31/2013	489.34	R	SLMM	10 05	489.34	242.73	46.98	289.71
57006	150050	Bldg Imp	007668	000	Sargent mc	7/31/2013	757.66	R	SLMM	10 05	757.66	375.83	72.74	448.57
57006	150057	Bldg Imp	007667	000	Surveillanc	7/31/2013	1,499.05	R	SLMM	10 00	1,499.05	774.53	149.91	924.44
57006	150087	Movable E	007669	000	20x30 whi	7/31/2013	2,560.00	P	SLMM	05 00	2,560.00	2,560.00	-	2,560.00
57006	150088	Movable E	007660	000	Dermafloa	7/31/2013	2,020.65	P	SLMM	03 00	2,020.65	2,020.65	-	2,020.65
57006	150088	Movable E	007661	000	Dermafloa	7/31/2013	2,020.65	P	SLMM	03 00	2,020.65	2,020.65	-	2,020.65
57006	150050	Bldg Imp	007790	000	Profession:	8/31/2013	851.25	R	SLMM	10 04	851.25	418.77	82.38	501.15
57006	150050	Bldg Imp	007791	000	Sargent pri	8/31/2013	1,198.31	R	SLMM	10 04	1,198.31	589.52	115.97	705.49
57006	150050	Bldg Imp	007792	000	Install low	8/31/2013	635.61	R	SLMM	10 04	635.61	312.67	61.51	374.18
57006	150057	Bldg Imp	007896	000	Staff kitch	9/30/2013	5,378.74	R	SLMM	10 00	5,378.74	2,689.35	537.87	3,227.22
57006	150085	Movable E	007897	000	Hot water l	9/30/2013	687.62	P	SLMM	10 00	687.62	343.80	68.76	412.56
57006	150050	Bldg Imp	007981	000	Property v	10/31/2013	574.24	R	SLMM	10 02	574.24	277.69	56.48	334.17
57006	150085	Movable E	007982	000	Alliance pl	10/31/2013	1,134.75	P	SLMM	10 00	1,134.75	557.94	113.48	671.42
57006	150050	Bldg Imp	008071	000	Simplex ur	11/30/2013	656.16	R	SLMM	10 01	656.16	314.50	65.07	379.57
57006	150050	Bldg Imp	008072	000	Overhead c	11/30/2013	3,605.06	R	SLMM	10 01	3,605.06	1,728.06	357.53	2,085.59
57006	150085	Movable E	008067	000	8 function	11/30/2013	366.86	P	SLMM	10 00	366.86	177.34	36.69	214.03
57006	150085	Movable E	008068	000	Aluminum	11/30/2013	107.18	P	SLMM	10 00	107.18	51.81	10.72	62.53
57006	150085	Movable E	008069	000	SteamChef	11/30/2013	8,228.26	P	SLMM	10 00	8,228.26	3,977.01	822.83	4,799.84
57006	150085	Movable E	008070	000	Ice dispens	11/30/2013	4,500.69	P	SLMM	10 00	4,500.69	2,175.34	450.07	2,625.41
57006	150050	Bldg Imp	008171	000	Profession:	12/31/2013	580.00	R	SLMM	10 00	580.00	275.50	58.00	333.50
57006	150085	Movable E	008169	000	BEDSIDE	12/31/2013	511.44	P	SLMM	10 00	511.44	242.92	51.14	294.06
57006	150100	Movable E	008168	000	Morgan Li	12/31/2013	323.31	P	SLMM	10 00	323.31	153.57	32.33	185.90
57006	150100	Movable E	008170	000	2 310 Seric	12/31/2013	584.93	P	SLMM	10 00	584.93	277.83	58.49	336.32
57006	150050	Bldg Imp	008334	000	Installatio	1/31/2014	565.25	R	SLMM	09 11	565.25	266.00	57.00	323.00
57006	150050	Bldg Imp	008335	000	Chicago ar	1/31/2014	1,767.79	R	SLMM	09 11	1,767.79	831.92	178.27	1,010.19
57006	150057	Bldg Imp	008336	000	Countertop	1/31/2014	413.00	R	SLMM	09 11	413.00	194.37	41.65	236.02
57006	150085	Movable E	008333	000	11 Overbe	1/31/2014	707.40	P	SLMM	09 11	707.40	332.92	71.34	404.26
57006	150100	Movable E	008332	000	5 Morgan l	1/31/2014	656.19	P	SLMM	09 11	656.19	308.80	66.17	374.97
57006	150085	Movable E	008419	000	1/2 Gallon	2/28/2014	615.95	P	SLMM	09 10	615.95	287.10	62.64	349.74
57006	150050	Bldg Imp	008513	000	Profession:	3/31/2014	310.00	R	SLMM	09 09	310.00	143.10	31.80	174.90
57006	150025	Land Imp	008604	000	REBUILD	4/30/2014	1,488.90	R	SLMM	09 08	1,488.90	680.29	154.03	834.32
57006	150085	Movable E	008603	000	Big Blue E	4/30/2014	461.68	P	SLMM	09 08	461.68	210.94	47.76	258.70
57006	150085	Movable E	008606	000	2 Tracer S:	4/30/2014	1,216.79	P	SLMM	09 08	1,216.79	555.97	125.88	681.85
57006	150110	Movable E	008605	000	1 HP Lase	4/30/2014	262.00	P	SLMM	03 00	262.00	262.00	-	262.00
57006	150050	Bldg Imp	008735	000	Door hinge	5/31/2014	3,673.00	R	SLMM	09 07	3,673.00	1,660.83	383.27	2,044.10
57006	150080	Movable E	008733	000	Detecto Po	5/31/2014	5,467.10	P	SLMM	07 00	5,467.10	3,384.42	781.02	4,165.44
57006	150080	Movable E	008734	000	Rice Lake	5/31/2014	2,145.54	P	SLMM	07 00	2,145.54	1,328.21	306.51	1,634.72
57006	150100	Movable E	008732	000	Credit Carv	5/31/2014	73.07	P	SLMM	09 07	73.07	33.06	7.63	40.69
57006	150050	Bldg Imp	008848	000	PRESSUR	6/30/2014	2,213.67	R	SLMM	09 06	2,213.67	990.34	233.02	1,223.36
57006	150050	Bldg Imp	008952	000	Trane com	7/31/2014	6,158.89	R	SLMM	09 05	6,158.89	2,725.17	654.04	3,379.2

St. Camillus Rehabilitation and Nursing Center  
 Depreciation Expense Report  
 As of September 30, 2019

Sch 23 Total Deprn 783.78  
 Sch 29 total Deprn Adj 107,991.82  
 Total Deprn Expense 108,775.60

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptor In Svc	Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current YTD	Current
												Depreciation	Depreciation	Depreciation
												930/2018	2,019.00	930/2019
57006	150100	Movable E	008949	000	Epoch Offi	7/31/2014	238.71	P	SLMM	09 05	238.71	105.62	25.35	130.97
57006	150110	Movable E	009241	000	Mobil Iron	11/30/2014	15.90	P	SLMM	03 00	15.90	15.90	-	15.90
57006	150055	Bldg Imp	009303	000	Upgrade tc	12/31/2014	28,865.52	R	SLMM	09 00	28,865.52	12,027.30	3,207.28	15,234.58
57006	150075	Non Mova	009302	000	Hot water :	12/31/2014	30,495.00	P	SLMM	09 00	30,495.00	12,706.24	3,388.33	16,094.57
57006	150085	Movable E	009301	000	(3) 1.6 cu f	12/31/2014	1,572.43	P	SLMM	09 00	1,572.43	655.20	174.72	829.92
57006	150050	Bldg Imp	009394	000	Emergency	1/31/2015	1,305.08	R	SLMM	08 11	1,305.08	536.69	146.37	683.06
57006	150080	Movable E	009390	000	5 TV's for	1/31/2015	1,116.62	P	SLMM	07 00	1,116.62	584.90	159.52	744.42
57006	150080	Movable E	009395	000	Sales and I	1/31/2015	5.00	P	SLMM	07 00	5.00	2.64	0.72	3.36
57006	150085	Movable E	009391	000	Enclosed V	1/31/2015	331.23	P	SLMM	08 11	331.23	136.21	37.15	173.36
57006	150088	Movable E	009392	000	Replaceme	1/31/2015	382.62	P	SLMM	03 00	382.62	382.62	-	382.62
57006	150110	Movable E	009393	000	1 HP Laser	1/31/2015	223.68	P	SLMM	03 00	223.68	223.68	-	223.68
57006	150050	Bldg Imp	009519	000	75 ft sewa	3/31/2015	10,100.00	R	SLMM	08 09	10,100.00	4,040.02	1,154.29	5,194.31
57006	150085	Movable E	009518	000	SS Manual	3/31/2015	467.92	P	SLMM	08 09	467.92	187.18	53.48	240.66
57006	150050	Bldg Imp	009614	000	Replaceme	4/30/2015	2,057.86	R	SLMM	08 08	2,057.86	811.29	237.45	1,048.74
57006	150075	Non Mova	009613	000	Hot water :	4/30/2015	31,275.00	P	SLMM	08 08	31,275.00	12,329.56	3,608.65	15,938.21
57006	150085	Movable E	009609	000	5 Wheelch	4/30/2015	890.09	P	SLMM	08 08	890.09	350.90	102.70	453.60
57006	150085	Movable E	009610	000	2 PANACL	4/30/2015	543.98	P	SLMM	08 08	543.98	214.47	62.77	277.24
57006	150085	Movable E	009611	000	TREX2 18	4/30/2015	264.66	P	SLMM	08 08	264.66	104.35	30.54	134.89
57006	150085	Movable E	009612	000	18 in Vipe	4/30/2015	680.33	P	SLMM	08 08	680.33	268.21	78.50	346.71
57006	150087	Movable E	009608	000	Tilt Truck,	4/30/2015	533.87	P	SLMM	05 00	533.87	364.80	106.77	471.57
57006	150050	Bldg Imp	009670	000	Zone valve	5/31/2015	1,875.00	R	SLMM	08 07	1,875.00	728.17	218.45	946.62
57006	150055	Bldg Imp	009669	000	Deposit on	5/31/2015	28,865.52	R	SLMM	08 07	28,865.52	11,209.91	3,362.97	14,572.88
57006	150085	Movable E	009668	000	CONVEY	5/31/2015	1,001.50	P	SLMM	08 07	1,001.50	388.93	116.68	505.61
57006	150050	Bldg Imp	009748	000	Property I	6/30/2015	603.41	R	SLMM	08 06	603.41	230.72	70.99	301.71
57006	150050	Bldg Imp	009752	000	Supply/ins	6/30/2015	8,506.94	R	SLMM	08 06	8,506.94	3,252.67	1,000.82	4,253.49
57006	150055	Bldg Imp	009750	000	Passenger	6/30/2015	1,799.44	R	SLMM	08 06	1,799.44	688.02	211.70	899.72
57006	150055	Bldg Imp	009751	000	Service ele	6/30/2015	2,858.16	R	SLMM	08 06	2,858.16	1,092.85	336.26	1,429.11
57006	150085	Movable E	009749	000	9000XT SI	6/30/2015	531.95	P	SLMM	08 06	531.95	203.39	62.58	265.97
57006	150050	Bldg Imp	009859	000	Zone valve	7/31/2015	1,875.00	R	SLMM	08 05	1,875.00	705.44	222.77	928.21
57006	150050	Bldg Imp	009860	000	2 Gould se	7/31/2015	11,289.27	R	SLMM	08 05	11,289.27	4,247.46	1,341.30	5,588.76
57006	150050	Bldg Imp	009861	000	Solid State	7/31/2015	2,858.16	R	SLMM	08 05	2,858.16	1,075.34	339.58	1,414.92
57006	150075	Non Mova	009862	000	Compressc	7/31/2015	3,951.59	P	SLMM	08 05	3,951.59	1,486.75	469.50	1,956.25
57006	150085	Movable E	010012	000	Direct Cho	8/31/2015	441.43	P	SLMM	08 04	441.43	163.33	52.97	216.30
57006	150100	Movable E	010013	000	Epoch Offi	8/31/2015	201.66	P	SLMM	08 04	201.66	74.62	24.20	98.82
57006	150050	Bldg Imp	010037	000	Egress ma	9/30/2015	27,126.69	R	SLMM	08 03	27,126.69	9,864.24	3,288.08	13,152.32
57006	150075	Non Mova	010038	000	1st install	9/30/2015	8,622.00	P	SLMM	08 03	8,622.00	3,135.27	1,045.09	4,180.36
57006	150085	Movable E	010039	000	18 in Vipe	9/30/2015	680.33	P	SLMM	08 03	680.33	247.41	82.47	329.88
57006	150057	Bldg Imp	010137	000	Interior pai	10/31/2015	19,914.20	R	SLMM	08 02	19,914.20	7,112.20	2,438.47	9,550.67
57006	150080	Movable E	010138	000	Sales and I	10/31/2015	302.00	P	SLMM	07 00	302.00	125.83	43.14	168.97
57006	150050	Bldg Imp	010236	000	Solid State	11/30/2015	2,858.16	R	SLMM	08 01	2,858.16	1,001.84	353.59	1,355.43
57006	150050	Bldg Imp	010237	000	Repair to 4	11/30/2015	4,041.30	R	SLMM	08 01	4,041.30	1,416.55	499.96	1,916.51
57006	150057	Bldg Imp	010235	000	Interior pai	11/30/2015	36,833.44	R	SLMM	08 01	36,833.44	12,910.71	4,556.72	17,467.43
57006	150080	Movable E	010234	000	10 Continu	11/30/2015	3,073.30	P	SLMM	07 00	3,073.30	1,243.95	439.04	1,682.99
57006	150100	Movable E	010233	000	8 Basyx by	11/30/2015	1,227.28	P	SLMM	08 01	1,227.28	430.18	151.83	582.01
57006	150050	Bldg Imp	010296	000	Hollow mc	12/31/2015	2,280.99	R	SLMM	08 00	2,280.99	784.08	285.12	1,069.20
57006	150057	Bldg Imp	010294	000	Interior pai	12/31/2015	25,338.36	R	SLMM	08 00	25,338.36	8,710.08	3,167.30	11,877.38
57006	150075	Non Mova	010295	000	2nd install	12/31/2015	8,622.00	P	SLMM	08 00	8,622.00	2,963.81	1,077.75	4,041.56
57006	150075	Non Mova	010364	000	Compressc	1/31/2016	4,311.00	P	SLMM	07 11	4,311.00	1,452.13	544.55	1,996.68
57006	150075	Non Mova	010475	000	Hot water :	2/29/2016	6,556.20	P	SLMM	07 10	6,556.20	2,162.15	836.96	2,999.11
57006	150085	Movable E	010474	000	Framed art	2/29/2016	8,282.00	P	SLMM	07 10	8,282.00	2,731.30	1,057.28	3,788.58
57006	150087	Movable E	010631	000	Shower Gt	3/31/2016	1,361.26	P	SLMM	05 00	1,361.26	680.63	272.25	952.88
57006	150050	Bldg Imp	010761	000	Rebuilt kit	4/30/2016	4,100.86	R	SLMM	07 08	4,100.86	1,292.68	534.90	1,827.58
57006	150050	Bldg Imp	010874	000	Alarm pan-	5/31/2016	2,871.45	R	SLMM	07 07	2,871.45	883.52	378.65	1,262.17
57006	150055	Bldg Imp	010875	000	Solid State	5/31/2016	4,130.63	R	SLMM	07 07	4,130.63	1,270.97	544.70	1,815.67
57006	150085	Movable E	010873	000	VIPER AE	5/31/2016	334.80	P	SLMM	07 07	334.80	103.01	44.15	147.16
57006	150080	Movable E	011016	000	Sales and I	7/31/2016	526.00	P	SLMM	07 00	526.00	162.81	75.14	237.95
57006	150080	Movable E	011018	000	Attendant I	7/31/2016	8,017.38	P	SLMM	07 00	8,017.38	2,481.58	1,145.34	3,626.92
57006	150100	Movable E	011017	000	Basyx by I	7/31/2016	941.38	P	SLMM	07 05	941.38	275.02	126.93	401.95
57006	150050	Bldg Imp	011184	000	McQuay cl	9/30/2016	15,665.35	R	SLMM	07 03	15,665.35	4,321.49	2,160.74	6,482.23
57006	150080	Movable E	011183	000	Amana Lig	9/30/2016	609.44	P	SLMM	07 00	609.44	174.13	87.06	261.19
57006	150088	Movable E	011290	000	2 MATTR	10/31/2016	627.47	P	SLMM	3	627.47	400.89	209.16	610.05
57006	150088	Movable E	011360	000	2 MATTR	11/30/2016	627.47	P	SLMM	3	627.47	383.46	209.16	592.62
57006	150088	Movable E	011481	000	2 MATTR	12/31/2016	627.47	P	SLMM	3	627.47	366.03	209.16	575.19
57006	150085	Movable E	011528	000	OCCASIO	1/31/2017	9,706.14	P	SLMM	7	9,706.14	2,338.84	1,386.59	3,725.43
57006	150088	Movable E	011527	000	2 MATTR	1/31/2017	627.47	P	SLMM	3	627.47	348.60	209.16	557.76
57006	150088	Movable E	011626	000	2 MATTR	2/28/2017	627.47	P	SLMM	3	627.47	331.17	209.16	540.33
57006	150088	Movable E	011832	000	2 MATTR	3/31/2017	627.47	P	SLMM	3	627.47	313.74	209.16	522.90
57006	150088	Movable E	011890	000	2 MATTR	4/30/2017	627.47	P	SLMM	3	627.47	296.31	209.16	505.47
57006	150115	Movable E	011889	000	1 Cisco Ca	4/30/2017	1,477.03	P	SLMM	5	1,477.03	418.50	295.41	713.91
57006	150085	Movable E	011958	000	4 Qt. Food	5/31/2017	2,031.22	P	SLMM	7	2,031.22	411.38	290.17	701.55
57006	150075	Non Mova	012036	000	Sump Pum	6/30/2017	5,030.36	P	SLMM	7	5,030.36	967.38	718.62	1,686.00
57006	150075	Non Mova	012171	000	Boiler Roc	8/31/2017	4,955.00	P	SLMM	7	4,955.00	847.57	707.86	1,555.43
57006	150088	Movable E	012239	000	3 MATTR	9/30/2017	941.20	P	SLMM	3	941.20	313.73	209.16	627.46
57006	150085	Movable E	012312	000	Convection	10/31/2017	3,963.70	P	SLMM	7	3,963.70	589.20	566.24	1,155.44
57006	150050	Bldg Imp	012475	000	Added 2 ta	12/31/2017	15,718.53	R	SLMM	7	15,718.53	1,964.82	2,245.50	4,210.32
57006	150085	Movable E	012679	000	Frigidaire :	3/31/2018	563.64	P	SLMM	5	563.64	49.01	112.73	161.74
57006	150057	Bldg Imp	012771	000	CCTV Sys	4/30/2018	2,679.25	R	SLMM	5	2,679.25	197.		

St. Camillus Rehabilitation and Nursing Center  
 Depreciation Expense Report  
 As of September 30, 2019

Sch 23 Total Deprn 783.78  
 Sch 29 total Deprn Adj 107,991.82  
 Total Deprn Expense 108,775.60

940,537.58 940,537.58 399,911.56 108,775.60 508,687.16

Locati	G/L Asset	Acct Desc	Sys	Ex	Descriptor In	Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum	Current YTD	Current
												Depreciation	Depreciation	Accum
												9/30/2018	2,019.00	9/30/2019
57006	150050	Bldg Imp	012938	000	New Comq	6/30/2018	4,002.56	R	SLMM	5	4,002.56	181.94	800.51	982.45
57006	150085	Movable E	012937	000	Camshelvi	6/30/2018	895.88	P	SLMM	5	895.88	40.72	179.18	219.90
57006	150088	Movable E	012936	000	(2) Visco S	6/30/2018	482.85	P	SLMM	3	482.85	40.24	160.95	201.19
57006	150050	Bldg Imp	013170	000	Kabba Sim	9/30/2018	711.48	R	SLMM	5	711.48	-	142.30	142.30
57006	150057	Bldg Imp	013171	000	Paiting Pat	9/30/2018	5,849.25	R	SLMM	5	5,849.25	-	1,169.85	1,169.85
57006	150085	Movable E	013248	000	Various Rc	9/30/2018	32,090.37	P	SLMM	5	32,090.37	-	6,418.07	6,418.07
57006	150085	Movable E	013249	000	13 Bulletir	10/31/2018	502.10	P	SLMM	5	502.10	-	92.05	92.05
57006	150085	Movable E	013250	000	UCXT Bec	10/31/2018	2,002.62	P	SLMM	5	2,002.62	-	367.15	367.15
57006	150085	Movable E	013251	000	16 curtains	10/31/2018	5,326.86	P	SLMM	5	5,326.86	-	976.59	976.59
57006	150088	Movable E	013247	000	13 Visco S	10/31/2018	3,138.53	P	SLMM	3	3,138.53	-	959.00	959.00
57006	150050	Bldg Imp	013344	000	Window &	11/30/2018	4,804.57	R	SLMM	5	4,804.57	-	800.76	800.76
57006	150057	Bldg Imp	013343	000	Vinyl floor	11/30/2018	11,451.19	R	SLMM	5	11,451.19	-	1,908.53	1,908.53
57006	150080	Movable E	013342	000	2 LTC LEI	11/30/2018	703.96	P	SLMM	5	703.96	-	117.33	117.33
57006	150085	Movable E	013341	000	8 privacy c	11/30/2018	757.04	P	SLMM	5	757.04	-	126.17	126.17
57006	150050	Bldg Imp	013498	000	Plain Slice	01/31/19	2,755.00	R	SLMM	10	2,755.00	-	183.67	183.67
57006	150057	Bldg Imp	013590	000	Install Vin	02/28/19	2,072.50	R	SLMM	10	2,072.50	-	120.90	120.90
57006	150100	Movable E	013788	000	4 Steel Fol	04/30/19	728.99	P	SLMM	10	728.99	-	30.37	30.37
57006	150117	Movable E	013787	000	installed I	04/30/19	531.75	P	SLMM	7	531.75	-	31.65	31.65
57006	150050	Bldg Imp	013872	000	Tax on nev	05/31/19	152.40	R	SLMM	10	152.40	-	5.08	5.08
57006	150085	Movable E	013871	000	2 Whirlpoc	05/31/19	1,174.08	P	SLMM	10	1,174.08	-	39.14	39.14
57006	150087	Movable E	013870	000	Wesco Tilt	05/31/19	551.95	P	SLMM	5	551.95	-	36.80	36.80
57006	150085	Movable E	013983	000	Undercoun	06/30/19	1,934.49	P	SLMM	10	1,934.49	-	48.36	48.36
57006	150085	Movable E	013984	000	4 Qt Food	06/30/19	2,131.66	P	SLMM	10	2,131.66	-	53.29	53.29
57006	150088	Movable E	013982	000	5 Mattress	06/30/19	1,207.13	P	SLMM	3	1,207.13	-	100.59	100.59
57006	150057	Bldg Imp	014066	000	Resilient F	07/31/19	4,710.33	P	SLMM	10	4,710.33	-	78.51	78.51
57006	150080	Movable E	014065	000	4 Continua	07/31/19	1,622.27	P	SLMM	7	1,622.27	-	38.63	38.63
57006	150085	Movable E	014261	000	7 Overbed	09/30/19	535.86	P	SLMM	10	535.86	-	-	-

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

**Amortization Schedule\***

Name of Facility St. Camillus Rehabilitation and Nursing Center			License No. 2322-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility St. Camillus Rehabilitation and Nursin	License No. 2322-C	Report for Year Ended 9/30/2019	Page 25	of 37
<b>11. Property Questionnaire</b>				
<p><b>Part A</b></p> <p>Is the property either owned by the Facility or leased from a Related Party?*</p> <p style="text-align: center;"><input type="radio"/> Yes <span style="margin-left: 200px;"><input checked="" type="radio"/> No</span></p> <p style="text-align: right;">If "Yes," complete Part B. If "No," complete Part C.</p> <p><small>*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.</small></p>				
Description	Total			
1. Date Land Purchased	n/a			
2. Date Structure Completed	n/a			
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	124			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
GMF-CT	Facility Lease	12/21/2018-12	10 years	44,898
650 Madison Avenue New York, NY 10022				

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
St. Camillus Rehabilitation and Nursi		2322-C	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

*(Carry Subtotals forward to next page)*



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

Name of Facility	License No.	Report for Year Ended	Page	of
St. Camillus Rehabilitation and Nu	2322-C	9/30/2019	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$	12,720	12,720	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	177,025	177,025	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	189,745	189,745	
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	11,124,252	11,124,252	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
St. Camillus Rehabilitation and Nursing Center				2322-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 30,797	30,797		
<b>Page 13 - Professional Fees</b>							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 476,156	476,156		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 417,732	417,732		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 7,928	7,928		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,753	1,753		
21.			Unallowable Management Fees	\$ 26,125	26,125		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 172,019	172,019		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,132,509	1,132,509		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

## Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 30,797	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>			\$ 30,797	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Description	\$ 125,200	\$ -	\$ -
13	5	Rehabilitation Services	\$ 237,626	\$ -	\$ -
13	9	Rehabilitation Services	\$ 57,520	\$ -	\$ -
13	10	Speech Therapist	\$ 55,230	\$ -	\$ -
13	12	Occupational Therapist	\$ 580	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
<b>Total Other Fees Adjustments</b>			\$ 476,156	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 24,294	\$ -	\$ -
16	m-13	Estimated Accrual	\$ (1,266)	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ 60,237	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ 450	\$ -	\$ -
16	m-13	Penalty	\$ 42,211	\$ -	\$ -
16	m-12		0 \$ -	\$ -	\$ -
15	l-a-1	adj workers comp	\$ 46,093	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other A&amp;G Adjustments</b>			\$ 172,019	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
St. Camillus Rehabilitation and Nursing Center				2322-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,132,509	1,132,509		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 77,231	77,231		
28.	20	5-d	Ambulance/Limousine	\$ 26,328	26,328		
29.	20	5-f	X-rays, etc	\$ 11,857	11,857		
30.	20	5-h	Laboratory	\$ 8,426	8,426		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 1,564	1,564		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 4,134	4,134		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (107,992)	(107,992)		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 4,997	4,997		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 90,402	90,402		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,249,457	1,249,457		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ (435)	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 2,758	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 1,811	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			\$ 4,134	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (427)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (52,279)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (26,234)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (29,051)	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Excess Movable Equipment Depreciation</b>			\$ (107,992)	\$ -	\$ -

Schedule of Other Property Adjustments

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

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 4,997	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Adjustments</b>			\$ 4,997	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 90,402	\$ -	\$ -
<b>Total Other Adjustments</b>			\$ 90,402	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
St. Camillus Rehabilitation and Nursing	C2322-C	9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 15,937,210	15,937,210				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,495,537)	(7,495,537)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 841,328	841,328				
b. Medicare Room and Board Contractual Allowance **	\$ (221,023)	(221,023)				
4. a. Private-Pay Residents and Other	\$ 1,345,763	1,345,763				
b. Private-Pay Room and Board Contractual Allowance **	\$ (430,211)	(430,211)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 51,015	51,015				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (13,402)	(13,402)				
c. Prescription Drugs - Non-Medicare	\$ 33,452	33,452				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (12,677)	(12,677)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 149	149				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (49)	(49)				
3. a. Physical Therapy - Medicare	\$ 342,451	342,451				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (89,964)	(89,964)				
c. Physical Therapy - Non-Medicare	\$ 226,037	226,037				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (79,837)	(79,837)				
4. a. Speech Therapy - Medicare	\$ 127,284	127,284				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (33,439)	(33,439)				
c. Speech Therapy - Non-Medicare	\$ 72,925	72,925				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (25,227)	(25,227)				
5. a. Occupational Therapy - Medicare	\$ 242,116	242,116				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (63,606)	(63,606)				
c. Occupational Therapy - Non-Medicare	\$ 141,162	141,162				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (48,350)	(48,350)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 9,107	9,107				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 86,265	86,265				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,942,943	10,942,943				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 7,877	7,877				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 7,877	7,877				
<b>VI. Total All Revenue</b> (III +V)	\$ 10,950,819	10,950,819				

\* 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	\$ 1,024	\$ -	\$ -
II-6-a	Medicare	Laboratory	\$ 4,891	\$ -	\$ -
II-6-a	Medicare	Respiratory Therap	\$ -	\$ -	\$ -
II-6-a	Medicare	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ 6,438	\$ -	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (269)	\$ -	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (1,285)	\$ -	\$ -
II-6-a	Medicare Contractual	Respiratory Therap	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Nursing Treatment	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (1,691)	\$ -	\$ -
<b>Total Other Resident Revenue - Medicare</b>			\$ 9,107	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ 348	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 182	\$ -	\$ -
II-6-b	Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ (164)	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ (86)	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ 234	\$ -	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 28	\$ -	\$ -
II-6-b	Non-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Nursing Treatment	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Capitation Contrac	\$ 126,126	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ (75)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (9)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Therap	\$ -	\$ -	\$ -
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 & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contrac	\$ (40,320)	\$ -	\$ -
<b>Total Other Resident Revenue</b>			\$ 86,265	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts		\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	DONATION		\$ 6,997	\$ -	\$ -
IV-8	EMP CHRISTMAS PARTY		\$ 100	\$ -	\$ -
IV-8	Rehab Screen		\$ 180	\$ -	\$ -
IV-8	Rehab Settlement		\$ 600	\$ -	\$ -
<b>Total Other Revenue</b>			\$ 7,877	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
St. Camillus Rehabilitation and Nursing	2322-C	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	4,500
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,817,690
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	9,758
4. Inventories			\$	35,258
5. Prepaid Expenses			\$	(22,835)
a. _____				
b. _____				
c. _____				
d. See Schedule		(22,835)		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,844,372
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____	9,690	\$	9,293
	Accum. Depreciation _____	397 Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____	12,479	\$	12,092
	Accum. Depreciation _____	387 Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	21,385

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



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	a5d	Prepaid Expenses	\$ (7,080)
31	a5d	Prepaid Property Tax	\$ (25,431)
31	a5d	Prepaid Personal Property Tax	\$ 9,676
31	a5d	Prepaid Personal Property Tax	\$ -
<b>Total Prepaid Expenses</b>			<b>\$ (22,835)</b>

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

Page Ref	Line Ref	Description	
31	a8d		0 \$ -
31	a8d		0 \$ -
31	a8d		0 \$ -
31	a8d		0
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

Page Ref	Line Ref	Description	
33	a12d	Accr Exp Other	\$ 90,991
33	a12d	Accr Exp Water and Sewer	\$ 2,111
33	a12d	Accr Exp Gas	\$ 3,926
33	a12d	Accr Exp Electricity	\$ 9,088
33	a12d	Accr Exp Suspense	\$ -
33	a12d	Deferred Revenue	\$ 34,062
33	a12d	A/R Credit Gross Up Liability	\$ 116,516
33	a12d	Accrued Provider/Bed Tax	\$ 195,339
33	a12d	Accr Gross Rec Tax-FY11	\$ 2,640
33	a12d	Accr Gross Rec Tax-FY12	\$ 2,400
33	a12d	Accr Gross Rec Tax-FY13	\$ 2,400
33	a12d	Accr Gross Rec Tax-FY14	\$ 2,400
33	a12d	Accr Gross Rec Tax-FY15	\$ 2,400
33	a12d	Accr Gross Rec Tax-FY16	\$ 2,400
33	a12d	Accr Gross Rec Tax-FY17	\$ 2,400
33	a12d	Accr Gross Rec Tax-FY18	\$ 4,200
33	a12d	Accr Sales and Use Tax - FY18	\$ 93
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 473,366</b>

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
St. Camillus Rehabilitation and Nursing	2322-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	1,865,757
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	373,071
I/C Due to/Due From Owned		373,071		
I/C Due to/Due From Multicare				
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	373,071
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	2,238,827

\* 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 St. Camillus Rehabilitation and Nursing Center		License No. 2322-C	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	537,911
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	213,085
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	872
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	473,366
_____					
_____					
_____					
See Schedule					473,366
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>1,225,234</b>

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

(Carry Total forward to next page)

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

Name of Facility St. Camillus Rehabilitation and Nursing Ce	License No. 2322-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				1,225,234
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
LT Debt-Financing Obligation				
Escheatable Funds				
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,225,234

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

Name of Facility	License No.	Report for Year Ended	Page	of
St. Camillus Rehabilitation and Nursin	2322-C	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,187,023
6. Gain or Loss for Period			\$	(173,430)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	1,013,593
<b>C. Total Reserves and Net Worth</b>			\$	1,013,593
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,238,827

### H. Changes in Total Net Worth

Name of Facility St. Camillus Rehabilitation and Nursing	License No. 2322-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	1,187,026
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	10,950,819
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	11,124,252
D. Net Income or Deficit			\$	(173,433)
E. Balance			\$	1,013,593
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	1,013,593
				09/30/19

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

Name of Facility St. Camillus Rehabilitation and Nursing	License No. 2322-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				