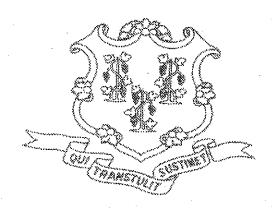
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as li	censed)						•
Chestnut Point Care C	enter, LLC						
Address (No. & Stree	t, City, State, Z	Zip Code)					:
171 Main Street, East	Windsor, CT	06088					
Type of Facility							
Chronic and Co Nursing Home		☑	Rest Home with Supervision onl (RHNS)	_	☑	Other	
Report for Year Begir	ning		Report for Year	Ending			
10/1/2017	_		9/30/2018				
License Numbers:		CCNH 2314-CCNH	RHNS 234-RH		Other	Me	edicare Provider 07-5299
Medicaid Provider Nu	ımbers:	CC	NH	RH	NS	IC	F-IID
		23143		902	209		
For Department Use	e Only						-
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign		Signed a	and Notarized	Date Received
Assigned	INUtalized	Vecetven	rissign	ou			

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Chestnut Point Care Center, LLC [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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	
			Min X-WMAI	2/13/19	
Printed Name (Administrator)			Printed Name (Owner)		
Holly Giuditta-Deming			Chris Wright		
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires BRENDA WALSH	1 / S
to before me: Banda Walsh	CT	2/13/19	Brinda Graber	my Commission Expres	AND THE PROPERTY OF THE PARTY O
Address of Notary Public				February 29, 2020	Specifical
341 Bidwell	St. Ma	nchiste	r. CT 06040		

(Notary Seal)

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018	1	37

Administrator's/Owner's Certification

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Signed (Administrator)		Date	Signed (Owner)	Date
7909		2/1/19		
Printed Name (Administrator)			Printed Name (Owner)	
Holly Giuditta-Deming			Chris Wright	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me: Christine Bros	α	2-1-19	Chrestine Bros	7 131122
Address of Notary Public				
18 First Street	d Wind	ion Loc	6 06096	

(Notary Seal)

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State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Chestnut Point Care Center, LLC		<u> </u>		10/1/2017	9/30/2018
Address of Facility					
171 Main Street, East Windsor, CT 06088					
Report Prepared By		Phone Nun		Date	
iCare Management, LLC		860-570-2	140	2/15/2019	
Item		Total	CCNH	RHNS	Other
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Phon	ne No. of Faci	lity	Report for Yea	ar Ended	Page		of
		860-	292-5394		9/30/2018		2	3	37
Name of Facility (as shown on license)			Address (No	. & S	treet, City, Sta	te, Zip)			
Chestnut Point Care Center, LLC		_ i	,		East Windsor,		8		
	CCNH		RHNS	-	Other		Medicare P	rovid	er No
	2314-CCNH	234-	RH				07-5299		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)	Ø		Home with Nervision only			Other			
Type of Ownership (Check appropriate box))								
O Proprietorship O LLC O	Partnership	0	Profit Corp.		Non-Profit Cor		Government	0	Trust
If this facility opened or closed during repor	t year provide:			Date	Opened	Date Clo	sed		
Has there been any change in ownership									· — —
or operation during this report year?	, ,	0	Yes	0	No	If "Yes,"	explain fully	<u> </u>	
						_			
Administrator									
Name of Administrator					Nursing H				
Holly Giuditta-Deming					Administrat	l l	1947		
					License 1	No.:			
Other Operators/Owners who are assistant a	administrators	(full	or part time)	of thi		, , , ,			
Name					License 1	No.:			
								_ -	
		<u>.</u>							
							,		

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Chestnut Point Care Center, LI	L.C	License No. 2314-CCNH	Report for Y 9/30/2018	ear Ended	Page of 3 37
Legal Name of Part Chestnut Point Care Center, Ll	nership/LLC	Business 171 Main Stree Windsor, CT 06	t, East	1 ' '	/or Town(s) in Registered
Name of Partners/Members	Business A	ddress		Title	% Owned
V. Robert Salazar	2500 18th Street, Suite CO 80211	e 200, Denver,	Member		31.3.
David Sebbag	245 South Benton Stre Lakewood, CO 80226		Member	and the state of t	21.4
Ari Krausz	245 South Benton Stre Lakewood, CO 80226		Member		21.3
Solomon Melamed	245 South Benton Stre Lakewood, CO 80226		Member		1
Christopher Wright	341 Bidwell Street, M 06040	Ianchester, Ct	Member		5
Premier First Investors	245 S. Benton Street, 80226	Lakewood, CO	Member		10
Global World Investors	245 S. Benton Street, 80226	Lakewood, CO	Member		10

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following information	n;	
Legal Name of Corporation		ss Address	State(s) in Whie	ch Incorporated
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares				

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018	3B	37
If this facility is owned or operated as an individu	al proprietorship,	provide the following inform	ation:	****
Ow	ner(s) of Facility			
				······
				<u> </u>

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Related Parties*

Name of Facility Chestnut Point Care Center, LLC	enter, L.L.C.	License No. 2314-CCNH	HOO.	Report for Year Ended 9/3/2018	The state of the s	Page 4	of 37
				The second secon	***************************************		200000000000000000000000000000000000000
		Also Provides Goods/Services to Non	ovides ces to Non		Indicate Where Costs are Included		Actual Cost to the
Name of Related Individual or Company	Business Address	Related Parties Yes No %	Parties	Description of Goods/Services Provided	in Annual Report Page # / Line #	Cost Reported	Related Party
Bidwell Care Center,	333 Bidwell St. Manchester, CT 06040			Shared Employees	-	3,434	(3,434)
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees			•
Chestnut Point Care	171 Main St. East Windsor, CT 06088			Laundry Services	19 3		•
Chestnut Point Care Center, LLC				Shared Employees	,	-	1
Farmington Care Center, LLC	20 Scott Swamp Rd. Farminaton, CT 06032			Bank Fees	16 M	1	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farminaton, CT 06032			Shared Employees	1	(3,314)	3,314
Kettle Brook Care Center 1.LC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19 3	•	
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees	1	15,120	(15,120)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		2,949	(2,949)
Trinity Hill Care Center 11C	151 Hiliside Ave. Hartford, CT 06106			Shared Employees	1	35,403	(35,403)
Westside Care	_ S			Shared Employees	-	6,219	(6,219)
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees		5,926	(5,926)
Secure Care Center	60 West Street, Rocky Hill, CT 06067			Shared Employees		51,994	(51,994)
Touchpoints at Homecare 1LC	1838 Silas Deane Hwy, Rocky Hill, CT 06067			Shared Employees	,	•	1
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	426,234	(426,234)
Bidwell Realty, LLC				Building Lease & Rent	22,22,27 10,9,14		J
iCare Management,	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15 M.E	11,124	(11,124)
iCare Health	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt	3	64,326	(64,326)
-	,			Management Services, Direct	ΙI	61,660	(61,660)
1	which the state of			Management Services, Indirect	20	8,452	(8,452)
1	**			Management Services, Administrative	e 16 M12	194,351	(194,351)
			+	VALUE AND			-
Amende and the second of the s					1 .1		
*				-	1		a control of
	1						
	The state of the s						
All 9 Care Centers, ingmt co, realty cos	Transcribinity A			Share Common 401k, Pension and Insurance plans, courier, legal and various other services	surance plans, courier, I	egal and various of	her services
* I lee additional cheets	s if necessary						

-

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	•	Report for Year Ended	Page of
Chestnut Point Care Center, LLC	2314-CC		9/30/2018	5 37
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TBI	services with special Medicai	d rates, costs
must be allocated to CCNH and RHNS as follow				
Item			Method of Allocation	1
Dietary			meals served to residents	
Laundry			pounds processed	
Housekeeping			square feet serviced	
			hours of routine care provide	
Nursing			lassification, i.e., Director (or	
			Nurses, Licensed Practical N	urses, Aides and
		Attendants		11 51 547
Direct Resident Care Consultants			hours of resident care provide	ed by EACH
			(See listing page 13)	
Maintenance and operation of plant		Square fee	· · · · · · · · · · · · · · · · · · ·	
Property costs (depreciation)		Square fee		
Employee health and welfare		Gross sala		
Management services			te cost center involved	
All other General Administrative expenses			irect and Allocated Costs	• 1 1
The preparer of this report must answer the foll	owing quest	ions applica	ble to the cost information pro	ovided.
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why su	ich allocation was
costs allocated as required?	- 100		not made.	
			4 .	
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting dat	<u>a.</u>
			1	
3. Did the Facility appropriately allocate and s	elf-disallow	direct and ii	ndirect costs to non-nursing he	ome cost centers!
(e.g., Assisted Living, Home Health, Outpat	ient Service	s, Adult Day		
	⊙ Yes	O No	If "No," explain fully why so not made.	uch allocation was

Annual Report of Long-Term Care Facility State of Connecticut CSP-6 Rev. 9/2002

General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		-
Chestnut Point Care Center, LLC			2314-CCNH	9/30/2018			6 37
	Related * to] * to					
	Owners,	ers,				Amnal	
	Operators, Officers	tors,		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Accelerated Care Plus Corp.	0	1	Omnistim Electrotherapy and Omnisound	05/18/10	l yr with automatic	12,475	12,475
ne A-1 Drive MS-100,	0	0	Time Clocks and Payroll Punch Equip	06/01/10	XX	650,6	9,059
Augusta, GA 30909 GE Capital C/O Ricoh USA, P.O.Box 41564,	0	0	Copier	03/05/14	48 months & automatic	5,382	5,382
Philadelphai, PA 19101 GE Capital C/O Ricch USA, P.O.Box 41564,	0	0	Copier	04/10/14	48 months & automatic	144	144
Philadelphai, PA 19101	0	0					
	0	0					
	0	0					
	0	0					
	0	0			·		
	0	0					
Conficient VI Lance of 111 A - A L L L L L L L L L L L L L L L L L	1 1/2	10101	O Yes	0	o No	Total ***	27,060

Is a Mileage Log Book Maintained for All Leased Vehicles?

* 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	License No.	Report for Year Ended		Page	of
Name of Pacific Chestnut Point Care Center, LLC	1	9/30/2018		7	37
		ort were maintained on the following basis:	1		
		9			
O Accrual O Cash C	Modified Cash				
s the accounting basis for this					
	Yes	If "No," explain.			
previous period?) No				
		The same of the sa			
Independent Accounting Firm		Address (No. & Street, City, State, Zip Cod	le)		
Name of Accounting Firm		100 Great Meadow Road, Ste 401, We		06109	
1 O'Connor, Davies LLP		100 Great Meadow Road, Bit 401, We	anormiora, or	00.03	
2 3					
4 Services Provided by This Firm ((Jacquiba Gilly)	l company company company			
Services Provided by This Film (describe fully)		<i>a</i>	0.420	
1 Taxes, financial statements, account	ting support		\$	8,437	
2			\$		
3			\$		
4			\$		
			Charge for S	Services F	rovided
			\$	8,437	
Are These Charges Reflected in the Expe	enditure Portion of This Report?	If Yes, Specify Expense Classification and Line No.			
⊙ Yes O No	15D				
Legal Services Information					
Name of Legal Firm or Independ	ent Attorney		Telephone N		
1 iCare Health Management, I	LLC		860-570-21		
2 Starble and Harris			860-678-77		
3 Durant Nichols / Robinson of August 1985	& Cole, LLP		860-275-82	00	
4 Various others (American A	rbitration, Various Arbitra	tion, Murtha Cullina,Jackson Lewis))	0.40.470.77	75 0.000	570 214
5 Starble and Harris, iCare He	ealth Management LLC		1860-678-77	13 & 801)-570-2140
			1000 011		
Address (No. & Street, City, Sta	ite, Zip Code)		1000 0.1		
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche	ite, Zip Code)		1000 01.		
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT	ate, Zip Code) ester CT		1000		
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche	ate, Zip Code) ester CT				
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford,	nte, Zip Code) ester CT	1 A CT	1000000		
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT &	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man	chester CT	1000		
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford,	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man	chester CT			
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 4 5 32 Main Street, Avon, CT &	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully)	chester CT	\$	8,856	
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT & Services Provided by This Firm 1 Lease and contract issues, general	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully) legal advice, Labor Law	chester CT		8,856 2,026	
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT & Services Provided by This Firm 1 Lease and contract issues, general 2 Lease and contract issues, general	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully) legal advice, Labor Law legal advice, union funds advice	chester CT	\$		
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT & Services Provided by This Firm 1 Lease and contract issues, general 2 Lease and contract issues, general 3 Employment law, arbitrations, con	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully) legal advice, Labor Law legal advice, union funds advice intract negotiations	chester CT	\$ \$	2,026	
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT & Services Provided by This Firm 1 Lease and contract issues, general 2 Lease and contract issues, general 3 Employment law, arbitrations, con 4 Employment Arbitrations, healther	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully) legal advice, Labor Law legal advice, union funds advice intract negotiations	chester CT	\$ \$ \$	2,026 18,548	
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT & Services Provided by This Firm 1 Lease and contract issues, general 2 Lease and contract issues, general 3 Employment law, arbitrations, con	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully) legal advice, Labor Law legal advice, union funds advice intract negotiations	chester CT	\$ \$ \$ \$	2,026 18,548 349 1,646	
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT & Services Provided by This Firm 1 Lease and contract issues, general 2 Lease and contract issues, general 3 Employment law, arbitrations, con 4 Employment Arbitrations, healther	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully) legal advice, Labor Law legal advice, union funds advice intract negotiations	chester CT	\$ \$ \$ \$ \$	2,026 18,548 349 1,646	Provided
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT & Services Provided by This Firm 1 Lease and contract issues, general 2 Lease and contract issues, general 3 Employment law, arbitrations, con 4 Employment Arbitrations, healther 5 Conservatorships & Collections	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully) legal advice, Labor Law legal advice, union funds advice intract negotiations		\$ \$ \$ \$ \$ Charge for	2,026 18,548 349 1,646 Services	Provided
Address (No. & Street, City, Sta 1 341 Bidwell Street, Manche 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, 4 5 32 Main Street, Avon, CT & Services Provided by This Firm 1 Lease and contract issues, general 2 Lease and contract issues, general 3 Employment law, arbitrations, con 4 Employment Arbitrations, healther 5 Conservatorships & Collections	nte, Zip Code) ester CT CT & 341 Bidwell Street, Man (describe fully) legal advice, Labor Law legal advice, union funds advice intract negotiations	chester CT If Yes, Specify Expense Classification and Line No.	\$ \$ \$ \$ \$ Charge for	2,026 18,548 349 1,646 Services	Provided

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

Schedule of Resident Statistics

1. I.			ol engosi I	01			Renort for	Renort for Year Ended	p		Page	Jo
Name of Facility Chestmut Point Care Center 1.1.C			2314	2314-CCNH			9/30/2018				, &	37
Chosum a our care serves					1	eriod 10/	Period 10/1 Thru 6/30	0		Period 7/1	Period 7/1 Thru 9/30	(
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Total	CCNH	RHINS	Other	Tota!	CCNH	RHINS	Other
Certified Bed Capacity A On last day of PRRVIOUS report period	09	58	7		09	58	. 7		09	58	2	
	09	58	2		09	58	2		09	58	2	
1 🗏	53	53			53	53			53	52		
	56	56			53	52	1		95	56		
াব												
A. Medicare	2,150	2,150			1,641	1,641			509	509		
B. Medicaid (Conn.)	16,397	16,089	308		12,164	11,892	272		4,233	4,197	36	
C. Medicaid (other states)												
D. Private Pay	531	531			436	436			95	95		
E. State SSI for RCH												
F. Other (Specify) Insurance	323	323			254	254			69	69		
G. Total Care Days During Period (3A thru F)	19,401	19,093	308		14,495	14,223	272		4,906	4,870	36	
 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				
B. Other Bed Reserve Days												
5. Total Resident Days (3G+4A+4B)	19,401	19,093	308		14,495	14,223	272		4,906	4,870	36	

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity		-	Licer	ise No.					for Year			Page	of
Chestnut Poir	nt Care (Center, I	LC	2314	4-CCNH					9/30/201	8		9	37
	-		in the certified l		pacity du	ring t	he repo	rt yea	г?	0	Yes	⊙]	No	1
11 120			Change	<u> </u>	Ch	ange	in Bed	S		Ca	pacity After	r Change		
Date of		RHNS	Other		Lost	٦		Gaine	d					
Date of	CCIVII	ICITAL P	O 41.1-2.		Dobe									
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Other	Reason for	r Change
				<u> </u>	. , ,	ı,		/ -			A obovo)	provide the num	ber of	
			in certified bed 90 days followi			the r	eport y	ear (a	s report	ea m nen	14 a00ve)	provide me nun	ibel of	
KERIDI	2111 121	110101	Jo days tone (1)	16 the	- change.									
			Change in R	eside	nt Davs					CO	NH	RHNS	Otl	ner
1st chan	ge		Change in 1		, .									
2nd cha														
3rd char					,									
4th char														
6. Number	of Resi	dents an	d Rates on Sept	ember	r 30 of Co Medi		ar	1	·		elf-Pay		Other Stat	e Assisted
			Medicare	 	Medi	caid		╁		1 3	cii-i ay			
Ì														
	Thomas		CCNH	(CCNH	l p	HNS	Lc	CNH	R	HNS	Other	R.C.H.	ICF-MR
No. of F	Item	9	CCNH	+	49		31140	╁	01111	2				
Per Die		.0												
a, One		ii	565.00		213.00				419.00					
b. Two	bed rms	s.						_						
c. Thre	e or mo	re						1						
bed	rms.					<u> </u>		<u> </u>						
										l				
		am	1 m . m							T(TAL	CCNH	RHNS	Other
			al Therapy Trea	tment	S					10	4,306	4,306	MHID	
		are - Par	n B clusive of Part E	2)				****						
P			ce Treatments	')						500000000000000000000000000000000000000	274	274		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Treatments								1,058	1,058		
C	Other										6,071	6,071		
			l Therapy Trea								11,709	11,709		*****
8. Total N	lumber o	of Speed	h Therapy Treat	ments	}									
		care - Pa									174	174		
E			clusive of Part F	3)							37	37		
			ce Treatments Treatments								91	91		
	2. Re		: Heatments								401	401		
			Therapy Treat	nents							703	703		
			oational Therapy											
		care - Pa									3,012	3,012		
	3. Medi	caid (Ex	clusive of Part I	3)										
			ce Treatments								35	35		
			e Treatments							-	534	534 5,175		
	C. Other		A: I (DI	T	********						5,175 8,756			
I E), Total	Оссира	itional Therapy	rea	ımenis						0,730	1 6,730	1	<u> </u>

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility						_
r	License No.		Report for Year	Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2018		10	37
Are time records maintained by all individuals receiving comp	nensation?	•	Yes	0	No	
Are time fectors mannamed by an individuals recording comp	ponsation:					
			Total Cost ar	d Hours		
					04	77
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1) 2. Administrator(s) (Complete also Sec. III						
	82,277	1,300		(0.000.000.000.000.000.000	:::::::::::::::::::::::::::::::::::::::	000100010000000000000000000000000000000
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	02,277	1,500				
		3,000,000,000,000,000,000	(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(600000000000000000000000000000000000000		DEC-000000000000000000000000000000000000
of Schedule A1) 4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	120,550	5,174		500000000000000000000000000000000000000		
5. Dietary Service	120					
a. Head Dietitian	900000000000000000000000000000000000000	200000000000000000000000000000000000000				
b. Food Service Supervisor	41,714	2,094				
c. Dietary Workers	137,207	10,695				
6. Housekeeping Service						
a. Head Housekeeper	52,143	0.000				
b. Other Housekeeping Workers	79,487	8,928				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance b. Other Maintenance Workers			<u> </u>			
8. Laundry Service						
a. Supervisor	000000000000000000000000000000000000000	***************	0.0000000000000000000000000000000000000	1001 000000000000000000000000000000000	200000000000000000000000000000000000000	
b. Other Laundry Workers	21,090	1,901				
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents	100.450	4 100				350000000000000000000000000000000000000
a. Directors and Assistant Director of Nurses	199,452	4,109	7]			
b. RN	420,704	11,184	1			T
1. Direct Care	59,394					
2. Administrative**	32,32	1,20	-1			
I. Direct Care	391,127	13,59	7	100000000000000000000000000000000000000		
2. Administrative**						
d. Aides and Attendants	585,619	37,79	3			
e. Physical Therapists						
f. Speech Therapists			<u> </u>	<u> </u>		
g. Occupational Therapists	(1.00)	3.60	3	 		
h. Recreation Workers	61,788	** *********************	7		1	
i. Physicians			1	1		10/100000000000000000000000000000000000
Medical Director Utilization Review	1					
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k, Pharmacists						
1. Podiatrists		1			<u> </u>	
m. Social Workers/Case Management	67,024	4 2,24	9		-	
n. Marketing	-					
04 (0 '6)	processos securitorios (2000)	(4 000000000000000000000000000000000000	90 4 09000000000000000000000000000000000		офилинация	on the contract of the contrac
o. Other (Specify) See Attached Schedule	9,46	9 62	3			

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

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

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

Schedule of Other Salaries and Wages (Page 10)

•	CC	NH	RH	NS	Otl	er
Position	S	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ -	: ::::::::::::::::::::::::::::::::::::			\$ -	
MEDICAL RECORDS SALARIES	\$ 9,469	623			\$ -	
CENTRAL SUPPLY SALARIES	\$ -	•			\$ -	
RESPIRATORY THERAPY SALARIES	\$ -	-			\$ -	
				5 (60 000 100 100 100 100		
	Const.					
	1.000.000.000.000.0000.00000					
			200			
	a 0.470	(33	6		\$ -	1
Total	\$ 9,469	623	\$ -	1 868,000 100 7 00	· Proposition	<u> </u>

Schedule of Other Fees (Page 13)

		CC	NH	RF	INS	Otl	her
Service		\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$	271				\$ -	-
ADMISSIONS C/S LABOR	\$	19,094	450			\$ -	i i
CENTRAL SUPPLY CONTRACT SERVICE	\$	9,213	502			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$.	103,292	3,013			\$ -	
RESPIRATORY THERAPY CONTRACT SERVICES	\$					\$ +	•
PHYSICAL THERAPY C/S MEDICIAD	\$	26,485	348			\$ -	
SPEECH THERAPY C/S Medicaid	\$	5,273	69			\$ -	
OCCUPATIONAL THERAPY C/S MEDICIAD	\$	11,847	[55]			\$ -	
	000000						
		, teres a prior por forego. La proposición de la companya de la					
	euse ne C						
Total	\$	175,474	4,537	\$ -		\$	•

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

		7	register		The state of the s	27			Dog	, t
Name of Facility				License No.		Кероп гог	Report for Year Ended		rage	
Chestnut Point Care Center, LLC				2314-CCNH		9/30/2018			11	37
		Salary Paid								
				Fringe Benefits		[717,000		Total	
Name	CCNH	RHNS	Other	and/or Other Payments (describe fully)	Full Description of Services Rendered	1 otal Hours Worked	Line where Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

							1			
matrix and a second sec		1	C. 11 C.	Total Times	odditional chaste if remitted	required				

^{*} 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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

						Dans of fac Vac	Dayled Cale		Page	Ĵ
Name of Facility (as licensed)				License No.		Report for real Eliucu	Lillucu		 P	5
Chestmut Point Care Center, LLC				2314-CCNH		9/30/2018			12	37
		Salary Paid								
				rnnge Benefits and/or Other			Line Where		Total	· <u>.</u>
Name	CCNH	RHINS	Other	Payments (describe fully)	Full Description of Services Rendered	Total Hours C Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Compensation Received
Section III - Administrators***										
				same as						
				employees less		000				
Dennis Billings	82,277			union funds	Administrator	1,300 AZ	7			
				same as						
				employees less						
				union funds	Administrator	A2	2			
				same as						
				employees less	A dissolve in the officer	C				
				minon imins	Fullimenator	\$	1			
Section IV - Assistant	i									
Auministrators										
										
and popularity										
embelon militaria del martino										
***	i wo showmand at 11.2 market and 1 miles of the	2 1 1	11 1.5.	OIT Population of the	Transfer of Transfer of transfer of transfer	mired				

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

^{**} Include $\underline{\mathbf{all}}$ 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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Chestnut Point Care Center, LLC	2314-C	CNH	9/30/2018		13	37
			Total Cost a	and Hours		
]	•		
					0.1	
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	13,605	343				
2. Dentist						
3. Pharmacist	8,578	156				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	196,799	2,627				
b. Other	- 100					
6. Social Worker	3,698	40	-			35+Cable
7. Recreation Worker	11,126	35+Cable				33TCable
8. Physicians						
a. Medical Director (entire facility)	21,600	148				
b. Utilization Review		-				
(Title 18 and 19 only) monthly meeting	<u> </u>	5				
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)	()51	32				
Physician Care Contract Services	6,251	32				
9. Speech Therapist	22.279	ายว				
a. Resident Care	22,278	283				
b. Other						
10. Occupational Therapist	160,318	2,112				
a. Resident Care	100,318	2,112				
b. Other 11. Nurses and aides and attendants						
a. RN	43,399	628				***************************************
1. Direct Care	47,420	690		<u> </u>		
2. Administrative*** b. LPN	47,420	090				
· ·	54,775	1,277	,			***************************************
Direct Care Administrative***	74,113	1,4//				
	(2,576)) (92		-		
c. Aides	(2,310)	/ (92	7			
d. Other						
12. Other (Specify) See Attached Schedule	175,474	4,537	7			
	762,747					
B-13 Total Fees Paid in Lieu of Salaries * Do not include in this section management consultants or services whi				y ramired inform	ation Page 17	

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

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

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

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

Name of Facility	License No.		Report for Y	
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2018	14 37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers No	Explanation of Relationship
Omnicare/ Pharm Scripts	Pharmacy Consulting	• • • • • • • • • • • • • • • • • • •	0	
	Therapy			Common Ownership
Tocuhpoints Therapy	r nerapy	0	0	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver Springs, Westside Care Centers, iCare Health and iCAre Management, SecureCare Options, Home	Shared Employees	•	0	Common Ownership
Care Healthdrive Physician Services	Audiology, Dental and Podiatry	0	0	
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	0	0	
Starling Physicians	Medical Director	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	0	
		0	0	

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	icense No.]	Report for Ye	ar Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2018		15	37
		T				
					PIDIO	0.1
Item		4	Total	CCNH	RHNS	Other
1. Administrative and General						
 Employee Health & Welfare Benefits 						
Workmen's Compensation		\$	159,494	159,494		
2. Disability Insurance		\$		***************************************		
Unemployment Insurance		\$				
4. Social Security (F.I.C.A.)		\$	209,524	209,524		
5. Health Insurance		\$	158,001	158,001		
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	61,471	61,471		
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (Specify)		\$	7,569	7,569		
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
) ,						
c. Bad Debts*		\$	97,349	97,349	<u> </u>	
d. Accounting and Auditing		\$	8,437	8,437		
e. Legal (Services should be fully described	on Page 7)	\$	31,425	31,425		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	8,249	8,249		
h. Telephone and Cellular Phones						
1. Telephone & Pagers		\$	13,345	13,345		
2. Cellular Phones		\$	133	133		
i. Appraisal (Specify purpose and		\$				
attach copy)*						
(much copy)						
j. Corporation Business Taxes (franchise tax	c)	\$	0	0		
k. Other Taxes (Not related to property - Sec	e Page 22)					
1. Income*	/	\$				**************************************
2. Other (Specify)		\$				
See Attached Schedule		Ψ				
3. Resident Day User Fee		\$	407,809	407,809		
Subtotal		\$		1,162,807		***************************************
Duviolut		Ψ	1,102,007	.1	otals forward	4 4

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

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

Chestnut Point Care Center, LLC 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
UNION TRAINING	\$ 7,569		\$ -
Total	\$ 7,569	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
INTERNET EXPENSES	\$ -		\$ -
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2018		16	37
Item			Total	CCNH	RHNS	Other
	btotals Brought Forwar	·d:	1,162,807	1,162,807		
Travel and Entertainment						
Resident Travel and Entertainment		\$	***************************************	***************************************	***************************************	
2. Holiday Parties for Staff		\$	47	47		
Gifts to Staff and Residents		\$	442	442		
4. Employee Travel						
5. Education Expenses Related to Semina	ars and Conventions	\$	2,364	2,364		
6. Automobile Expense (not purchase or		\$	10	10		
7. Other (Specify)		\$	237	237		
See Attached Schedule						
m. Other Administrative and General Expenses	S					
1. Advertising Help Wanted (all such exp	penses)	\$	2,391	2,391		
2. Advertising Telephone Directory (all s	cuch expenses)***	\$				
3. Advertising Other (Specify)***		\$	21,243	21,243		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this ser		\$				
directly and not by contract or fee for s	service)***	da	2.460	2.460		
7. Postage		\$		2,468		
* 8. Dues and Membership Fees to Profess	ional	\$	4,794	4,794		
Associations (Specify)						
See Attached Schedule		d)				
8a. Dues to Chamber of Commerce & Other	Non-Allowable Org. ***	\$				
9. Subscriptions		<u>\$</u>		1,285	<u> </u>	
10. Contributions***		Ф	1,203	1,203		
See Attached Schedule	Gand Complete	\$	89,110	89,110		
11. Services Provided by Contract (Specify Schedule C-2, Page 21 for each firm		φ	02,110	32,110		
12. Administrative Management Services'		\$	194,351	194,351		
13. Other (<i>Specify</i>)		_ \$		22,056		
See Attached Schedule		4				
C-14 Total Administrative & General Expendit	tures	\$	1,504,010	1,504,010		
* De and include Calegoriations, which should		-1/	1 -77	1		<u></u>

^{*} 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	Other
MEALS	\$ 237		\$
			ucos costa prochu
		SALES DESCRIPTION	
		3100 30000	
	200000000000000000000000000000000000000		
Total Other Travel and Entertainment	\$ 237	\$	\$

Schedule of Other Advertising

Description	CCNH	KHNS	Other
COMMUNICATIONS SPECIAL EVENTS	\$ 21,243		\$
	YURUKWA		
			000000000000000000000000000000000000000
Total Other Advertising	\$ 21,243	\$	\$

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM		201800100000	A 600 A 600 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CAHCF Dues	\$ 4,634		\$ -
OTHER DUES	\$ 160		\$
	- 44/2000		200
			100.00000000000000000000000000000000000
Total Dues	\$ 4,794	\$	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
CONTRIBUTIONS	\$ 1,285		\$
Tetal Contributions	\$ 1,285	\$	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
SOCIAL SERVICE SUPPLIES	\$ 60	1880 K. 140 D.	\$
SOC SVC MINOR EQUIPMENT	\$ -		\$
ADMISSIONS MINOR EQUIPMENT	.8 -	2. 331 SS. 451. 58	\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 425		\$ -
EMPLOYEE RELATIONS	\$ 3,161	100	\$.
EMPLOYEE RELATIONS-OTHER	\$ 49		\$ -
PERMITS & LICENSES	\$ 375		\$ -
VOLUNTEER EXPENSE	\$		\$ -
BANK FEES	\$ 9,170	20, 5000, 5000, 500	\$ -
CMS REVISIT USER PEES	\$		\$.
PENALTIES	\$ 6,893	Nove to converse de transfér	\$
LATE PEES	\$ 474	o secono no mentero	\$ -
Internet expenses	\$ 1,449	00-20-713-110-120-120-	\$ -
Rounding		100,000000000	\$.
	5.00-0.00000.000.00		
			900000000
Total Other Administrative and General	\$ 22,056	\$ -	\$

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018	17 37
Name & Address of Individual or Company Supplying Service iCare Management, LLC/iCare Health Management, LLC	Cost of Management Service 194,351	Full Description of Mgmt. Service Provided Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Indicate Where Costs are Included in Annual Report Page #/Line # Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	61,660	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	8,452	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

^{*} 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)

<u> </u>		1 1		i rage 3)	In		I n	
I	e of Facility		License		Report for Y		Page	of
Che	stnut Point Care Center, LLC		23	14-CCNH	9/30/2018		18	37
	Item			Total	CCNH	RHNS		Other
2.	Dietary			Total	001111	141115		
-	a. In-House Preparation & Service							
	1. Raw Food		\$	108,906	108,906		*************	
	2. Non-Food Supplies		\$	10,387	10,387			
	3. Other (Specify)		\$	8,785	8,785	w. 		
	DIETARY SUPPLEMENTS		. Ψ	0,100	3,733			
	b. Purchased Services (by contract other		\$	4,956	4,956			
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Other (Specify)		. \$	1,355	1,355			
	DIETARY MINOR EQUIPMENT							
2D.	Total Dietary Expenditures $(2a+b+c+d)$		\$	134,388	134,388			
2F. G.	Dietary Questionnaire Resident Meals: Total no. of meals served per	dor	*	Total	CCNH	RHNS	(Other
					!		<u> </u>	
H.	Is cost of employee meals included in 2E?	<u> </u>	Yes	<u> </u>	No			
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cost	t Report	? (Page/Line It	tem)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	0	Yes	•	No	If yes, specify cost.		
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.		
M.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line I	tem)			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes		No	If yes, specify cost.		
O.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.		
P.	Where is the revenue received reported in the	Cos	t Report	? (Page/Line I	tem)			
<u> </u>	L L							

^{*} 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)

	e of Facility tnut Point Care Center, LLC	License	No. 4-CCNH	Report for Year Ended 9/30/2018		Page of 19 37
CHOS	mut i one care concer, 220					•
	Item		Total	CCNH	RHNS	Other
	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
	 Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.				- Address
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. §		34,441		
	c. Other (Specify) LAUNDRY MINOR EQUIPMENT	9				
3D.	Total Laundry Expenditures (3a+b+c)	9	34,441	34,441		
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E?) Yes	•	No	If yes, specify cost.	
H.	Did you receive revenue from employees?) Yes	0	No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cos	t Report?)	(Page/Line	e Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?) Yes	•	No	If yes, specify cost.	and the same of th
K.	Dad you record to reside from the property) Yes		No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cos	t Report'	?	(Page/Lin	e Item)	

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

^{***} 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)

Nan	ne of Facility	License No.	Repo	ort for Year E	nded	Page	of
Che	stnut Point Care Center, LLC	2314-CCNH		9/30/2018		20	37
	_			m . 1	CONTI	DING	Othor
	Item	1		Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel		0.54	0.501		
	1. Supplies - Cleaning (Mops,	Amt.	\$	9,761	9,761		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	C. Other (Specify)		\$				
	HOUSEKEEPING MINOR EQUI	PMENT					
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	9,761	9,761		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$				
	2. Purchased from		\$	86,028	86,028		
	OMNICARE PHARMACY						
	b. Medicine Cabinet Drugs		\$	3,782	3,782		
	c. Medical and Therapeutic Supplies		\$	37,986	37,986		
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	1. For Emergency Use		\$	2,528	2,528		
	2. Other***		\$				
	f. X-rays and Related Radiological		\$		4,161		
	Procedures***						
-	g. Dental (Not dentists who should be inc	cluded under	\$				
	salaries or fees)		•				
-	h. Laboratory***		\$	9,872	9,872		
\vdash	i. Recreation		<u> </u>		- , - , - , - , - , - , - , - , - , - ,		
	j. Direct Management Services*		\$				
			9				
			<u> </u>		161,673		
	1. Other (Specify)****		4	, 101,073	101,073		
-	See Attached Schedule	5;\		306,031	306,031		
DM	. Total Resident Care Expenditures (5a -	رزد	ų.	300,031	300,031	<u> </u>	L

^{*} 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	Other
NURSING ADMIN SUPPLIES	\$ 273		\$ -
NURSING MINOR EQUIP	\$ 2,936		\$ -
MEDICAL RECORDS SUPPLIES	\$ 10		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 61,660		\$ -
NON-COVERED PPS DR. VISITS	\$ 7,152		\$ -
RESIDENT CARE SUPPLIES	\$ -		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 5,152		\$ -
PERSONAL CARE SUPPLIES	\$ 709		\$ -
INCONTINENCY SUPPLIES	\$ 5,171		\$ -
VACCINE RESIDENTS	\$ 2,447		\$ -
PATIENT SPECIAL NEEDS	\$ 126		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 37,619		\$ •
EOUIPMENT RENTAL;, AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 6,548		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 13,641		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 1,866		\$ -
ACTIVITIES SUPPLIES	\$ 3,137		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 8,452		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ 4,776		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
Total Other Resident Care	\$ 161,673	\$ -	\$ -

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Name of Facility Charter 110	J I			License No. 2314-CCNH	Report for Year Ended 9/30/2018				Page of 21 37
Circollint Form Care Center, 1				THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY	A STATE OF THE PARTY OF THE PAR				
		Related ** to Owners, Onerators Officers	to Owners,				Fotal Cost/	Total Cost/Page Ref.***	
		Operation							
Name of Individual or	Address	Yes	Ž	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Other	Pg Line
Track Comings Grann	3220 Tillman Drive, Bensalem PA 19020	0	•	VENDOR	Housekeeping Services				20 4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	0	•	VENDOR	Laundry Services	34,441			19 36
Eagle Elevator		0	0	VENDOR	Elevator Contract				22 6F
Bioserve. Inc.		0	0	VENDOR	Medical Waste	1,866			22 6F
Brightview Landscaping/Sealmasters Services		0	0	VENDOR	Snow Removal/Landscaping	13,020			22 6F
Memo		0	0	VENDOR	Trash removal	11,158			22 6F
American Health Tech		0	0	VENDOR	Software Maintenance Contract	18,079			16 MII
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	0	0	VENDOR	Payroll Services	22,647			16 M11
National Datacare Com		0	•	VENDOR	Resident Trust Software	2,586			16 M11
Prime Care Technologuy services		0	0	VENDOR	Computer Consulting Services	25,261			16 M11
Priotiry Express		0	0	VENDOR	Courier Services	1,348			16 M11
Point Right Inc		0	0	VENDOR	Nursing Software	4,680			16 M11
Aron Security Inc		0	0	VENDOR	Services				22 6F
		0	0	VENDOR					

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

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

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Ye	ear Ended		Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Other
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	21,035	21,035			
b. Heat	\$	4,658	4,658			
c. Light & Power	\$	44,382	44,382			
d. Water	\$	16,103	16,103			
e. Equipment Lease (Provide detail on po	age 6) \$	27,060	27,060			
f. Other (itemize)	\$	41,144	41,144	v-v		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	6f) \$	154,383	154,383			
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$	7,593	7,593			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	25,073	25,073			
*7e. Total Depreciation Costs (7a + b + c + d) \$	32,666	32,666			
8. Amortization (Complete att. Schedule Pag	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	77,716	77,716		_	
d. Other (Specify)	\$				ļ	
*8e. Total Amortization Costs (8a+b+c+c	l) \$	77,716	77,716			
9. Rental payments on leased real property le	ess					
real estate taxes included in item 10b	\$	152,868	152,868			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	<u> </u>				
b. Real estate taxes paid by lessor	\$	18,806	18,806			
c. Personal property taxes	\$	7,875	7,875			
11. Total Property Expenses (7e + 8e + 9 +	10) 9	289,931	289,931		<u></u>	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
PLANT SUPPLIES	\$ 3,280		\$ -
PLANT CONTRACT SERVICE LABOR	\$ -		S -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 4,887		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 7,420		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 5,600		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 11,158		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 5,654		\$ -
PLANT MINOR EQUIPMENT	\$ 3,096		\$ -
RENT AUTO	\$ (26)		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ 76		\$ -
Total Other Repairs and Maintenance	\$ 41,144	\$ -	\$ -

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

			Depreci	Depreciation Schedule	hedule				William To the Control of the Contro	
Name of Facility		7	License No.			Report for Year Ended	nded		Page	jo '
Chestrut Point Care Center, LLC			2314-C	CNEI		9/30/2018			23	37
	The state of the s		Historical Le	Less		Accumulated Depreciation to	Method of			
,			Exclusive of	Salvage	Cost to Be	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	LEVATION		N							
A. Land Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	redule)									
A-4. Subtotal										
B. Building and Building Improvements									C C U	
1. Acquired prior to this report period			108,185		108,185	10,485			565,1	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	redule)									
B-4. Subtotal										565,1
				·						
1. Acquired prior to this report period			12,016		12,016	12,017				
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	hedule)									
C-4. Subtotal										
	•	Date of	Historical	, see		Accumulated Depreciation to	Method of			
TIMITI I	N _S	Vace	Exclusive of	Salvage	Cost to Be Denreciated	Beginning of Year's Operations		Useful Life	Depreciation for This Year	Totals
A. C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	_833	3	2000		-	1	1000			
Movable Equipment Motor Vehicles (Specify name, model Motor Afeoch vehicle)										
and year of each venior)			836		836	836				
b.									***************************************	
C.										
7 Movable Equipment										
		2	465,340		465,340	376,173			24,845	
c. Acquired during this report period									900	
(attach schedule)			4,419						977	25.073
D-3. Subtotal										37 666
E. Total Depreciation										25,525

Useful

Useful

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			9.59.91.50.00	
rotal additions for	Land Improvements	S -		\$ -
Deletions:				
2				
12. (2.1)		50.000.000.000		
		100000000000000000000000000000000000000		
Total deletions for	Land Improvements	\$		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for B	uilding Improvements	\$ -		\$ -
Deletions:				
Detections:				
Total deletions for B	uilding Improvements	\$ -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		s -		\$ -
Total additions for	Non-Movable Equipment	• • • • • • • • • • • • • • • • • • • •	\$175750.050,750.000.000	<u> </u>
Deletions:			X. (0.0)	
and the second	Non-Movable Equipment	s -		s -
Total deletions for	TAOU-MOASTING Translation		5. Jan 6.160, 16.150, 16.1 Julie6.500	100000

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

Acquisition Date	Description of Item	Cost	Usefut Life	Depreciation
Additions:				
1/17/2018	Defibillator; Medline	\$ 1,713	60	\$ 228
9/26/2018	Patient Lift: Direct Supply	\$ 2,706	120	-
1811/2018/00/03/19/18/8				
Philippe consequences				
1757 10.77 1.000 1.007 10.07				
			1	
Total additions fo	r Movable Equipment	\$ 4,419		\$ 228
Deletions:				
		32 (5.3)		
Total deletions for	r Movable Equipment	\$ -		\$.

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
1/9/2018	Replacement of Water Heater: Saucier	\$ 3,360	120	
5/10/2018	DRY System Flushing: Red Hawk Fire & Security	\$ 2,800	180	A CONTRACTOR OF THE CONTRACTOR
5/11/2018	Replaced Fire Annuciator Panel: Red Hawk Fire & Security	\$ 2,655	180	\$ 62
				3 00 00 00 00
Total additions fo	r Leaschold Improvement	\$ 8,815		\$ 35
Deletions:				
			9 (Salara (2), 11.5)	
Total deletions fo	r Leasehold Improvement	\$ -		\$ -

Useful

^{**}Ties to Page 23, Line D2b

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Chestnut Point Care Center, LLC		2314-CCNH		9/30/2018			24	37
				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	% T	for This Year	Totals
A. Organization Expense								
2.								
3.							*****	
A-4. Subtotal								
B. Mortgage Expense								
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other								
1. Acquired prior to this report period			1,349,918	775,634			77,365	
2. Disposals (attach schedule)								
3. Acquired during this report period								
(attach schedule)			8,815				352	
C-4. Subtotal								77,716
D. Total Amortization								77,716
The state of the s								

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year End	led		Page	10
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	he Facility				If "Yes," comple	te Part B.
or leased from a Related Party?*) Yes	⊙]	Nia	If "No," complet	
*If any owner or operator of this fa		narriage, ownership, ability	to control or			
business association to any person	or organization from whom	buildings are leased, then it	t is considered a			
related party transaction.						
Description		Total				
 Date Land Purchased 		04/01/99				
Date Structure Completed						
3. If NOT Original Owner, Da	ite of Purchase					
4. Date of Initial Licensure	- Warm , Walling .					
5. Total Licensed Bed Capacity	<u>y</u>	60				
6. Square Footage						
7. Acquisition Cost			1			
a. Land b. Building						
Part B - Owner and Related P	Donting	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	gage
	arues	13t Wortgago	Zha Moragago			<u> </u>
 Financing a. Type of Financing (e.g., 	fixed variable)			000000000000000000000000000000000000000		20000000000000000000000000000000000000
b. Date Mortgage Obtained						
c. Interest Rate for the Cos						
d. Term of Mortgage (num						
e. Amount of Principal Bo						
f. Principal balance outsta	4111/1					
Complete if Mortgage was						
During Current Cost Y						
g. Type of Financing (e.g.,	fixed, variable)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (num					<u> </u>	
k. Amount of Principal Bo						
Principal Outstanding o						
Part C - Arms-Length Le			ly	Tama of Lange	Annual Amou	nt of Lease
Name and Address of Les	ssor i	Property Leased	Date of Lease	15 room with	\$180,000 yr 1	int of Lease
Summit Chestnut SNF, LLC		in Street, East	08/09/17	13 year with 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Windson	r, CI		year extension		
				year extension		
	·			w.t		

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 Yea	r Ended	-	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2018			26	37
Item			Total	CCNH	RHNS	Ot	her
12. Interest A. Building, Land Improvem	ent & Non-Movable						
Equipment		45					
1. First Mortgage		\$	1				
Name of Lender		Rate					
Address of Lender							
Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		9	}				*************
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information	n		_				
Original Loan Amour		(S				
2. Loan Origination Dat							
3. Interest Rate %		**********					
4. Term							
5. CHEFA Interest Expe	ense						
12 B7. Total Building Interest Exp			\$			1	
14 D1. Total Dataing Interest Exp	(2.1. 211 · DO)			ry Subtatals	forward to	next nag	e)

(Carry Subtotals forward to next page)

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

Name of Facility	License No			Report for Y	ear Ended		Page of
Chestnut Point Care Center, LLC	2314-C0	NH		9/30/2018			27 37
Ite	m			Total	CCNH	RHNS	Other
	Subtot	als Brou	ight Forward				
12. C. Movable Equipment							
Automotive Equipmen	nt		9				
A. Item		Rate	Amount				
Lender							
Address of Lender				-			
2. Other (Specify)			Ç	3		3645000000000000000000000000000000000000	
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equip Expense (C1 + 2)	ment Interest			B			
12. D. Other Interest Expense (Specify)			44,265	44,265		
INTEREST							
13. Total All Interest Expense (12B7 + 12C	3 + 12D)	44,265	44,265		
14. Insurance							
a. Insurance on Property (b	ouildings only	/)		6,020	6,020		
b. Insurance on Automobile				6			
c. Insurance other than Pro		cified al					
1. Umbrella (Blanket C				20,724	20,724		
2. Fire and Extended Co	overage			<u> </u>	<u> </u>		
3. Other (Specify)			;	2,156	2,156		
Other insurance, crim	ne						
14d. Total Insurance Expenditur	res (14a + b	+ c)		\$ 28,900	28,900		
15. Total All Expenditures (A-1				\$ 5,597,902	5,597,902		

D. Adjustments to Statement of Expenditures

	of Fa		are Center, LLC	ŀ		Report for Ye 9/30/2018	ar Ended	Page 28	of 37
				1	Total				
Item	Page	Line			Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	C	ther
			es and Wages		Desicase	00111			
ruge 1.	10 ~ 1		Outpatient Service Costs	\$					
			Salaries not related to Resident Care	<u> </u> \$	<u> </u>				
2. 3.			Occupational Therapy	\$					
	<u> </u>		Other - See attached Schedule	\$			<u> </u>		
4.	12 1	Du a Can	<u> </u>	νp.					
75	13 - 1	rojes	sional Fees Resident Care Physicians **	\$					
				<u>\$</u>					
6.			Occupational Therapy	<u> </u>					
7.	7.5 (1.76	Other - See attached Schedule	<u> </u>					
	S 15 8	t 10 -	Administrative and General	d'					
<u>8.</u>			Discriminatory Benefits	\$		97,349			
9,			Bad Debts	\$		97,349			
10.	ļ		Accounting	\$					
10a.			Legal	\$					
11.	-	<u> </u>	Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
	ļ	<u> </u>	of Owners, Partners, Operators	\$				<u> </u>	
14.	<u> </u>		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	9				ļ	
17.			Automobile Expense (e.g. personal use)	•					
18.			Unallowable Advertising *	\$		21,243			
19.			Income Tax / Corporate Business Tax	5				<u> </u>	
20.			Fund Raising / Contributions		8				
21.			Unallowable Management Fees	9	3				
22.			Barber and Beauty	9	6				
23.			Other - See attached Schedule	٩	53,191	53,191			
Page	e 18 ~	Dieta	ry Expenditures						
24		1	Meals to employees, guests and others						
			who are not residents	5	5				
Page	e 19 -	Laun	dry Expenditures						
25		T	Laundry services to employees, guests						
			and others who are not residents		В				
Pag	e 20 -	Hous	ekeeping Expenditures						
26		1	Housekeeping services to employees, guests			T			
~			and others who are not residents	:	\$		***************************************		
L		1	Subtotal (Items 1 - 26		\$ 171,784	171,784			

^{*} 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	Other
Total Oth	er Salaries Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
m . 1 0 1			\$ -	\$ -	\$ -
Total Othe	r rees Ad	usments	 		1

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16a		PENALTIES	\$ 6,893		\$ -
16a		LATE FEES	\$ 474		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ -		
		Provider User Fee for Medicare days	\$ 45,823		\$ -
Total Othe	r A&G Ac	ljustments	\$ 53,191	\$ -	\$ -

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

	ne of Facility			Lic	ense No.	Report for Y	ear Ended	Page	of
Chest			are Center, LLC		2314-CCNH	9/30/2018		29	37
					Total				
Item	Page	Line			Amount of				
	No.	1	Item Description		Decrease	CCNH	RHNS		Other
1,0,1	1,01	1,01	Subtotals Brought Forward	\$	171,784	171,784			
Page	20 - B	eside.	nt Care Supplies***	Ψ					
27.			Prescription Drugs	\$				5554 4554	
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$	4,161	4,161			
30.			Laboratory	\$	9,872	9,872			
31.			Medical Supplies	\$	2,0,2	-,			· · · · · · · · · · · · · · · · · · ·
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	7,542	7,542			
	22 - A	Aainte	enance and Property	4	7,5-1	,,,,			
35.	<i>DD</i> 1,	1447114	Excess Movable Equipment Depreciation		0.000	(2.00)(2.02)(2.03)		5 30 3	40.05.00.40.40
33.			See Attached Schedule	\$			State Control of the	200000000000000000000000000000000000000	
36.			Depreciation on Unallowable	Ψ		535333		Salar as	
50.			Motor Vehicles	\$				ASSESSAVES:	
37.			Unallowable Property and Real	Ψ	200000000000000000000000000000000000000				
٠,٠١			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.		<u> </u>	Other - See Attached Schedule	\$					
	27 - 1	nsura	I	Ψ					
40.	<u> </u>	13414	Mortgage Insurance	\$					
41.			Property Insurance	\$					
	r Mi	scella	neous	Ψ					
42.		T	Other - Indirect	\$					
43.			Interest Income on Account Rec.	\$					
44.		-	Other - Miscellaneous Administrative	\$					
45.		 	Management Fees Direct	\$				 	
46.			Management Fees Indirect	\$					
47.		<u> </u>	Other - Direct	\$		0		1	
	For Pr	ofit P	Providers Only	Ψ					
48.	<i>0.11</i>	Jul	Building/Non Movable Eq. Depreciation			228 Marithman, 1994		5 62 63	
70.			Unallowable Building Interest -						
			See Attached Schedule	\$					
	i	<u> </u>	unt of Decrease (Items 1 - 48)	- \$		193,360		†	

^{***} 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	Other
20			7,151.75		9 9 9
		PT-Resident Care (for outpatient therapy - see schedule)	130		
		ST- Resident Care (for outpatent therapy - see schedule)	130		
		OT-Resident Care (for outpatient therapy - see schedule)	130		
2.20					
					10000
Total Othe	r Ancillar	v Costs	\$ 7,542	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
1 age Nei	LIEU KUI				
	100000000000000000000000000000000000000				
Tatal Fra	ose Movab	le Equipment Depreciation	\$ -	\$ -	\$ +
Total Exc	ess Movab	ie Equipment Depreciation	70		-3

Schedule of Other Property Adjustments

Page Ref Line Ref Description	CCNH	RHNS	Other
age Net Line Net Description			
		<u> </u>	
		g ₁	0

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 0		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 0		80.00
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 0		
22	6D	water (for outpatient therapy see schedule)	\$ 0		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 0		
Total Othe	r Adjustin	ents	\$ 0	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
N					
	h:::::::::::::::::::::::::::::::::::::				
Total Unal	lowable Bu	iilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

T (7) '1'/	Y	anget for W	or Endad		Page	of
Name of Facility Chestnut Point Care Center, LLC 2314-CCNH		Report for Ye 9/30/2018	ar Ended		rage 30	37
Mesuna fond Care Center, LLC 2314-CCNT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		****		1 0.7
Item		Total	CCNH	RHNS		Other
I. Resident Room, Board & Routine Care Revenue		Total	COM	Idito		
	٩	2 420 042	2 420 042		3488888888	
1. a. Medicaid Residents (CT only)	\$	3,439,943	3,439,943			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$				<u> </u>	
b. Other States Room and Board Contractual Allowance **	\$		1 10 1 000			
3. a. Medicare Residents (all inclusive)	\$	1,134,233	1,134,233			
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$	380,527	380,527		<u> </u>	
b. Private-Pay Room and Board Contractual Allowance **	- \$					
II. Other Resident Revenue						
a. Prescription Drugs - Medicare	\$	75,806	75,806			
b. Prescription Drugs - Medicare Contractual Allowance **	- \$	(75,806)	(75,806)			
c. Prescription Drugs - Non-Medicare	\$	19,456	19,456			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(19,456)	(19,456)			
2. a. Medical Supplies - Medicare	\$				ļ	
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	297,566	297,566			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(193,791)	(193,791)			
c. Physical Therapy - Non-Medicare	\$	68,254	68,254			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(68,254)	(68,254)			
4. a. Speech Therapy - Medicare	\$	44,439	44,439			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(30,929)	(30,929)			
c. Speech Therapy - Non-Medicare	\$	14,685	14,685			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(14,685)				
5. a. Occupational Therapy - Medicare	\$	285,787	285,787			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(190,386))		
	 \$	40,529	40,529			
c. Occupational Therapy - Non-Medicare	\$	(23,412)				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$		16,077	<u> </u>		
6. a. Other (Specify) - Medicare	<u> </u>		32,334			
b. Other (Specify) - Non-Medicare	\$				1	
III. Total Resident Revenue (Section I. thru Section II.)	3	5,232,915	5,232,915			
IV. Other Revenue*						
Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$			<u> </u>		
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$	183	183			
6. Private Duty Nurses' Fees	\$				<u> </u>	
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$	11,224	11,224	1		
V. Total Other Revenue (1 thru 8)	\$	11,408	11,408			
VI. Total All Revenue (III +V)	\$		5,244,323			_

^{*} 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

Puge Ref	Description	CCNH	RHNS	Other
्योद्भार	Lab Medicare	\$ 55,093		94(8)(0.5)
(4) (1) (A)	Lab Medicare CA	\$ (55,093)	334703000	5,000,000
dani.	Oxygen Medicare	\$ 91		
2017	Oxygen Medicare CA	\$ (91)		
65-46-53	Equipment rental	\$ 5,262	36, 840,858	90,200,000
i i si vi	Equipment rental CA	\$ (5,262)	0.30.5.65	100 2 100 00
2 4 5 S. N	Ppn Therapy	\$		
12776-517	Pen Thorapy CA	\$		
7.10	Therapy Beds Medicare	S		100000
	Therapy Beds Medicare CA	\$	75.75.10903	44540M
8.436	Rudiology Medicare	\$ 4,056		
	Radiology Medicare CA	\$ (4,056)		
9,000	IV Thempy	\$ 5,879		90.000000
9.1957	IV Therapy CA	\$ (5,879)		\$ 8 % B 7 00
3039	Medical Transportation	\$		2406663
	Medical Transportation CA	-\$		1,000
Qr pry.	Glucose lesting	S		
44,30	Glucose testing CA	\$	KAJAChalya	30,2007954
	Outpatient therapy Medicare	\$ 16,077:	in any assist	
33			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Cot ut Otl	er Resident Revenue - Medicare	\$ 16,077	\$	\$

Schodule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	T-10	9,336.99	9-04/9/8/9	
- # W.	Lab CA	(9,336.99)		
	Oxygen	\$ 109		\$
	Oxygen CA	\$ (109)	F 140003.13	\$
17.15	Equipment (ental	\$ 5,569		13 min
ATULE	Equipment rental CA	\$ (5,569)		
	Pen Therapy:	\$	3145,000	700 TO 100 TO
	Pen Therapy CA	\$	1,500,500,000	reserve ya
3.3.20	Therapy Beds	\$ 50 000 00	nenggalance	
/ 1.52 W	Therapy Beds CA	\$	\$4,500,000,000	
	Radiology	\$		
	Radiology CA	\$	0.000.89990	
a dest	Medical Transportation	\$	1,000,000	880.00000
i de la constanta	Medical Transportation CA	\$	28/2005/09	1900000
A 1.5 A	Glucase Testing	\$		100000
7.00	Glucose Testing CA	\$		17.00
	IV therapy	\$ 4,616		\$
34 (44)	IV therapy CA	\$ (4,646)	04.0044,000,000	\$
	Flu shot revenue	\$ 27		CALLY ST
	Outpatient therapy	S	24.752.102.103	100.000
7 300	prior period revenue	\$ 22,681	Personal action (4.5)	3,390,50
19 1444	Option B	\$ 23,675		400000.00
4, 54	Optim B CA	\$ (14,050)		
		National Control		dech6836
ALC: N	rotarding	\$ 0	<u> </u>	
73433		1.77000000	1800.80%	30000000
Total OH	er Resident Raventse	\$ 32,334	\$	\$

Interest Income

Arcount

n t	1	Bulunce	CCNH	RHNS	Other
RST INCOME	90.389 A.J	640 Y X 1	\$ 183		ukuban unya M
	16 July 11 4.	1,020	Dalpa waga		300000000
	5 (F. 1748 F.S.)				
		7.75	ALIZYEV.		
ange.	PR 1134 133	G 9 97	\$ 183	\$	\$.
ante	<u>ev 155 155</u>	<u> </u>	\$ 183	1	1 1 \$

Schedule of Other Revenue

Pogg Raf	Description	CCNH	RHNS	Other
	MEALS	\$ -		
1000	TRUEVISION INCOME	\$ 360		
	CONCESSIONS / VENDING INCOME	\$		(Sour december in the
1,506,0809	RESIDENT LATE FEE REVENUE	\$		400000000000000000000000000000000000000
100000	RESIDENT ATTORNEY FEE REVENUE	\$ -	deside fülfer	MANAGER .
- 45°c (486)	TELEPHONE INCOMB	\$		
10.00	OTHER INCOME	\$ 2,162		
	OPTUM DIVIDENDS REVENUE	\$ 8,702	V. 55 3 V. CHAPE S	E (% 65,605) (as
V 180.00		45 a sky6 (sk)		3333333
James C				
1 1 1 1 1 2		14 24 (24)		
			115.005.00	 1.000000000000000000000000000000000000
Tatal Oth	er Revenue	\$. 11,224	\$	\$.

G. Balance Sheet

Nam	e of	Facility	License No.		for Year Er	ded	Page	of
Ches	stnut	Point Care Center, LLC	2314-CCNH	9/30/20	018		31	37
			Account				Ar	nount
Asse	ets							
A.	Cu	rrent Assets						
	1.	Cash (on hand and in banks				\$		(60,565)
	2.	Resident Accounts Receivab	le (Less Allowance fo	or Bad De	bts)	\$		570,737
	3.	Other Accounts Receivable (Excluding Owners or	r Related	Parties)	\$		
	4	Inventories				\$		19,527
	5.	Prepaid Expenses				\$	vrenvennekööböööööööö	171,958
		a. Prepaid Insurance			151,294			
		b. Prepaid Property Taxes			18,398			
		c. Prepaid Expenses Other			2,267			
		d. See Schedule						
	6.	Interest Receivable				\$		
	7.	Medicare Final Settlement R	eceivable			\$		
	8.	Other Current Assets (itemiz	e)			\$	vvccooccooccoo	(101,683)
		Due From (to) Related Parties			(31,291) (70,392)			
		Other Owners reserves			(70,392)			
		See Schedule						
A-9	To	tal Current Assets (Lines A1	thru 8)			\$		599,973
B.		xed Assets						
ļ		Land				\$		
<u> </u>		Land Improvements	*Historical Cost			\$	3	
			Accum. Depreciat	ion	Ŋ	Vet		
 	3.	Buildings	*Historical Cost		108,185	\$	3	90,108
	٥.		Accum. Depreciat	tion	18,078 N	Vet		
	4	Leasehold Improvements	*Historical Cost		,358,733	\$	3	505,382
	••		Accum, Depreciat	tion	853,350 N	Net		
	5	Non-Movable Equipment	*Historical Cost		12,016	\$	3	(1
	٥.	1,011 1120 1 acro = 4 P	Accum. Depreciat	tion	12,017 N	Vet		
┢	6	Movable Equipment	*Historical Cost		469,759	9	3	68,513
	0.	1,10, word Equipment	Accum. Depreciat	tion	401,247	Vet		
-	7	Motor Vehicles	*Historical Cost		836	9	\$	
	,,	Wiotor Chief	Accum. Depreciat	tion	836 1	Vet		
	8.	Minor Equipment-Not Depr				9	\$	
-	9.	Other Fixed Assets (itemize)		···	- !	\$	969
		Construction in Progress	•		969			
		See Schedule	1811.		1			
B-1	10	Total Fixed Assets (Lines I	31 thru 9)		*****		\$	664,971

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

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended	Page	of
Ches	tnut	Point Care Center, LLC	2314-CCNH	9/30/2018	32	37
			Account		1	mount
				Total Brought Forward:	\$	1,264,944
C.	Lea	asehold or like property recorde	ed 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 Net	\$	
		Minor Equipment-Not Depre			\$	
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$	
D.	Inv	estment and Other Assets				
		Deferred Deposits			\$	3.40.100
	2.	Escrow Deposits			\$	140,122
	3.	Organization Expense	*Historical Cost		ф	
			Accum, Depreciation	ı Net	\$	
	4.	Goodwill (Purchased Only)			\$ \$	25,235
	5.	Investments Related to Resid	ent Care (itemize)	22 (22	3	23,233
		Patient Trust Funds		22,680	\dashv	
		Long Term Deposit - prin		2,555	\$	
	6.	Loans to Owners or Related		T. D.	2	
		Name and Address	Amount	Loan Date	\dashv	
1						
	づ	Other Assets (itemize)			\$	
	7.	Other Assets (nemize)				
		See Schedule			7	
D-8		otal Investments and Other A	ssets (Lines D1 thru 7))	\$	165,357
D 0	$\frac{1}{T}$	otal All Assets (Lines A9 + B)	0 + C8 + D8		\$	1,430,301

^{*} 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 Faci	ility		License No.	Report for Year E	nded	Page	of
Chestnut Poir	nt Car	e Center, LLC	2314-CCNH	9/30/2018		33	37
			Account			An	nount
Liabilities							
A.	Cui	rrent Liabilities				_	
	1.	Trade Accounts Payable				\$	323,087
	2.	Notes Payable (itemize)			la la	\$	859,204
		Working Capital Line of	Credit	859,204			
		See Schedule					
	3.	Loans Payable for Equipa				\$	
		Name of Lender	Purpose	Amount	Date Due		
	4.	Accrued Payroll (Exclusion	ve of Owners and/or S	Stockholders only)		\$	46,364
	5.	Accrued Payroll (Owner.	s and/or Stockholders	only)		\$	
	6.	Accrued Payroll Taxes P				\$	
	7.	Medicare Final Settleme	nt Payable			\$	
	8.	Medicare Current Finance	ing Payable			\$	
***************************************	9.	Mortgage Payable (Curr				\$	
	10	. Interest Payable (Exclus	ive of Owner and/or Re	elated Parties)		\$	
		. Accrued Income Taxes*				\$	
		. Other Current Liabilities	(itemize)			\$	2,249,722
		Related Party Payables	1,987,	393			
		Accrued Expenses	33,	671			
		Accrued Resident User Fees	91,	,794]	
		Accrued Workers Comp Expens	se 136,	,864 See Schedule			
A-13	3. Te	otal Current Liabilities (I				\$	3,478,378

^{*} 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	License No.	Report for Year	Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018		34	37
	Account			Am	ount
		Total Broug	nt Forward:		3,478,378
Liabilities (cont'd)					
B. Long-Term Liabilities			l d	,	
1. Loans Payable-Equipment		A 4	\$ D-t- D-s)	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Re	ated Parties (itemize)	5	\$	
Name and Address of Lender	Amount	Loan D	ate		
4. Other Long-Term Liabiliti	es (itemize)			\$	22,680
Patient Trust Funds		22,680			
See Schedule				•	22 (22
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)			\$	22,680
C. Total All Liabilities (Lines A	-13 + B-5)			\$	3,501,059

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

		nse No.	Report for Ye	ar Ended	Page	of
Che		2314-CCNH	9/30/2018		35	37 mount
A.	Reserves	count			^	mount
A.					\$	
			•		Ψ	
	2. Reserve for depreciation value of l	leased building	s and appurtena	nces	 \$	
	to be amortized				Ψ	
· 	3. Reserve for depreciation value of	leased personal	property (Equi	ty)	\$	
	4. Reserve for leasehold real propert	ies on which fa	ir rental value is	based	\$	
	5. Reserve for funds set aside as don	or restricted			\$	
	6. Total Reserves		- North of the Control of the Contro		\$	
В.	Net Worth					
	1. Owner's Capital				\$	1,000
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	- Lune
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(1,718,178)
	6. Gain or Loss for Period	10/1/201	7 thru	9/30/2018	\$	(353,579)
	7. Total Net Worth				\$	(2,070,757)
C.	Total Reserves and Net Worth				\$	(2,070,757)
D.	Total Liabilities, Reserves, and Net	Worth			\$	1,430,301

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	Ended	Page	of
Chestnut Point Care Center, LLC		2314-CCNH	9/30/2018		36	37
Account					Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017					\$	
B. Total Revenue (From Statement of Revenue Page 30)					\$	5,244,323
C.	C. Total Expenditures (From Statement of Expenditures Page 27)					5,597,902
D.	D. Net Income or Deficit					(353,579)
E.	Balance				\$	(353,579)
F.	Additions 1. Additional Capital Contributed (itemize) 2. Other (itemize)					
F-3.	Total Additions			,,	\$	
G.	Deductions					
	1. Drawings of Owners/Operators	Partners (Specify)			\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
	2. Other Withdrawings (Specify)					
	Purpose		Amount			
	3. Total Deductions				\$	
H. Balance at End of Period 09/30/18				\$	(353,579)	

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of						
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2018 37 37						
Check appropriate category								
☐ Chronic and Convalescent Nur Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Other						
Preparer/Reviewer Certification								
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.								
Signature of Preparer	Title	Date Signed						
Printed Name of Preparer								
iCare Management, LLC								
Addres Address	Phone Number							
341 Bidwell Street, Manchester, CT (860-570-2140							
Annual Report Contact	Phone Number							
Annual Report Contact Email Address								