State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2020

Name of Facility (as licensed) 23 Fair Streete Operations LLC		
Address (No. & Street, City, State, Zip Code) 23 Fair Street , Bristol, CT 06010		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2416			07-5198

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	CT 000020164		520165

For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	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 23 Fair Streete Operations LLC [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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) Christopher Lathrop			Printed Name (Owner) Lashuan Bethea-VP-Legislative Affairs-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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Department of Social Services
55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 23 Fair Streete Operations LLC	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 23 Fair Street , Bristol, CT 06010				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029		Date 12/21/2020	

Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$	3,635,441	3,026,033		609,408
5. All other wages paid	$	567,413	469,666		97,747
6. ***Total Wages Paid***	$	4,202,854	3,495,699		707,155
7. Total salaries paid	$	327,898	272,155		55,743
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$	4,530,752	3,767,854		762,898

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-589-2923	9/30/2020	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
23 Fair Streete Operations LLC	23 Fair Street , Bristol, CT 06010

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2416			07-5198

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Christopher Lathrop		1988

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
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Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
23 Fair Streete Operations LLC	101 East State Street, Kennett Square, PA 19348	DE

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			
Names of Stockholders Owning at Least 10% of Shares			
See Attached			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
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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 Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	◉	○		Home Office	Pg 16/m12	445,037	445,037
Genesis Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	◉	○	64%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	551,409	551,409
Genesis Staffing Services	101 East State Street, Kennett Square, PA 19348	○	◉	37%	Staffing Pool	Pg 10/A12, p15-1		
Genesis Physician Services	101 East State Street, Kennett Square, PA 19348	◉	○	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	40,000	40,000
Career Staffing	101 East State Street, Kennett Square, PA 19348	◉	○	66%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	◉	○	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	1,657,902	1,657,902
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	◉	○		Insurance	Pg 27/14	185,892	185,892
		◉	○					
		○	◉					

* Use additional sheets if necessary.

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
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Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
						Total ***	

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

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

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
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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	Address (No. & Street, City, State, Zip Code)
1 KPMG Peat Marwick	1600 Market Street, Philadelphia, PA 19103
2	
3	
4	

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 Included in Management Fee pg. 16 m-12

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	$
2	$
3	$
4	$
5	$
	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

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
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	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	104		16	120	104		16				
B. On last day of THIS report period	120	104		16					120	104		16
2. Number of Residents												
A. As of midnight of PREVIOUS report period	89	73		16	89	73		16				
B. As of midnight of THIS report period	78	64		14					78	64		14
3. Total Number of Days Care Provided During Period												
A. Medicare	2,066	1,873		193	1,582	1,389		193	484	484		
B. Medicaid (Conn.)	23,527	18,692		4,835	17,668	14,044		3,624	5,859	4,648		1,211
C. Medicaid (other states)												
D. Private Pay	341	341			341	341						
E. State SSI for RCH												
F. Other (Specify)	4,087	4,039		48	3,259	3,259			828	780		48
G. Total Care Days During Period (3A thru F)	30,021	24,945		5,076	22,850	19,033		3,817	7,171	5,912		1,259
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	130	130			93	93			37	37		
5. ***Total Resident Days*** **(3G + 4A + 4B)**	30,151	25,075		5,076	22,943	19,126		3,817	7,208	5,949		1,259

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
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4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
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						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	5	50	13	9		1		
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	754.64	300.14		581.66				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	2,083	2,083		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,665	1,260		405
C. Other	6,185	6,182		3
D. ***Total Physical Therapy Treatments***	9,933	9,525		408
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	747	747		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	478	335		143
C. Other	5,725	5,723		2
D. ***Total Speech Therapy Treatments***	6,950	6,805		145
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,142	2,142		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,172	958		214
C. Other	1,441	1,436		5
D. ***Total Occupational Therapy Treatments***	4,755	4,536		219

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	122,991	1,760			25,191	360
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	198,174	8,229			40,590	1,686
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	58,384	1,746			13,016	389
b. Other Maintenance Workers	27,137	1,774			6,050	395
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	149,164	2,823			30,552	578
b. RN						
1. Direct Care	444,081	10,152		RN	143,551	3,834
2. Administrative**	92,604	2,139		NUMD		
c. LPN						
1. Direct Care	1,207,218	36,323		LPN	187,219	6,140
2. Administrative**				NLN1		
d. Aides and Attendants	1,187,134	61,453		PCA	259,181	15,305
e. Physical Therapists				ACN1		
f. Speech Therapists				CNA		
g. Occupational Therapists						
h. Recreation Workers	74,483	3,520			15,255	721
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	111,489	3,231			22,835	662
n. Marketing						
o. Other (Specify)						
See Attached Schedule	94,996	4,260			19,457	872
A-13. Total Salary Expenditures	3,767,854	137,409			762,897	30,943

* 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)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Ward Clerks	$ 17,359	$ 748	$ -	$ -	$ 3,556	$ 153
Coordinator-Staffing Centers	$ 31,280	$ 1,605	$ -	$ -	$ 6,407	$ 329
Central Supply	$ 24,648	$ 1,079	$ -	$ -	$ 5,048	$ 221
Medical Records	$ 21,709	$ 828	$ -	$ -	$ 4,446	$ 170
Total	$ 94,996	4,260	$ -	-	$ 19,457	872

Schedule of Other Fees (Page 13)

	CCNH		RHNS		(Specify)	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Consulting Fees	$ 780	n/a	$ -	$ -	$ -	$ -
Purchased Services	$ 529,823	n/a	$ -	$ -	$ -	$ -
Purchased Services	$ -	n/a	$ -	$ -	$ -	n/a
Purchased Services - Labor	$ -	n/a	$ -	$ -	$ 595,917	n/a
Physician Services -Pulmonary Services	$ -	n/a	$ -	$ -	$ 17,395	n/a
Total	$ 530,603	-	$ -	-	$ 613,312	-

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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
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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)							
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).										

* 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.

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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
23 Fair Streete Operations LLC	2416	9/30/2020	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)							
Section III - Administrators* **										
Christopher Lathrop 10/1/2019-present	122,991		25,191		Management of Center	2,120	2			
Section IV - Assistant Administrators										
					Assists in overseeing facility operations		3			

*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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	20,139	138				
3. Pharmacist	11,492	235				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	352,400	4,827			14,979	205
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	20,000	100			20,000	100
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	85,402	1,095			1,794	23
b. Other						
10. Occupational Therapist						
a. Resident Care	96,822	1,326			4,563	63
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	1,971	81				
d. Other						
12. Other (Specify)						
See Attached Schedule	530,603				613,312	
B-13 Total Fees Paid in Lieu of Salaries	1,118,828	7,802			654,648	391

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
		○	⊙	Common Ownership
Genesis Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	⊙	○	Common Ownership
Genesis Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	⊙	○	Common Ownership
Genesis Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	⊙	○	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	⊙	○	Common Ownership
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
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		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

* Use additional sheets if necessary.
** Refer to Page 4 for definition of related.

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	215,613	178,959		36,654
2. Disability Insurance	$				
3. Unemployment Insurance	$	77,197	64,074		13,123
4. Social Security (F.I.C.A.)	$	332,279	275,792		56,487
5. Health Insurance	$	321,277	266,660		54,617
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$				
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	119,567	99,241		20,326
d. Accounting and Auditing	$				
e. Legal (*Services should be fully described on Page 7)*	$				
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	9,704	8,054		1,650
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	18,873	15,665		3,208
2. Cellular Phones	$	2,977	2,471		506
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$	503	417		86
See Attached Schedule					
3. Resident Day User Fee	$	569,558	466,917		102,641
Subtotal	$	1,667,548	1,378,250		289,297

* 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

Description	CCNH	RHNS	(Specify)
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
Total	$ -	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Sales Tax	$ 417	$ -	$ 86
0	$ -	$ -	$ -
0	$ -	$ -	$ -
0	$ -	$ -	$ -
Total	$ 417	$ -	$ 86

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CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,667,548	1,378,250		289,297
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	515	427		88
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	423	351		72
5. Education Expenses Related to Seminars and Conventions	$	126	105		21
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$				
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	4,728	3,925		804
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	1,644	1,365		279
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	10,253	8,510		1,743
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	275	228		47
9. Subscriptions	$	889	738		151
10. Contributions*** See Attached Schedule	$	1,381	1,381		
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	1,827	1,516		311
12. Administrative Management Services**	$	548,516	455,268		93,248
13. Other (*Specify*) See Attached Schedule	$	54,951	45,609		9,342
C-14 Total Administrative & General Expenditures	$	2,293,076	1,897,674		395,402

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
Advertising		$ 1,180	$ -	$ 242
Marketing Expense		$ 673	$ -	$ 138
Marketing Exp- Corporate Spend		$ 2,071	$ -	$ 424
Marketing Expense		$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
Total Other Advertising		$ 3,925	$ -	$ 804

Schedule of Dues

Description		CCNH	RHNS	(Specify)
Licenses and Certification fee		$ 8,738	$ -	$ 1,790
Chamber of Commerce		$ (228)	$ -	$ (47)
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
Total Dues		$ 8,510	$ -	$ 1,743

Schedule of Contributions

Description		CCNH	RHNS	(Specify)
Political Contributions		$ 1,381	$ -	$ -
Contribution		$ -	$ -	$ -
	0	$ -	$ -	$ -
Total Contributions		$ 1,381	$ -	$ -

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
Bank Service Charges		$ 3,222	$ -	$ 660
Collection Fees		$ 8,312	$ -	$ 1,703
Education Expense		$ 2	$ -	$ 0
Employee Physicals		$ 19,337	$ -	$ 3,961
Employee Relations		$ 4,277	$ -	$ 876
Printing		$ 242	$ -	$ 50
Foreign Recruitment Cost		$ -	$ -	$ -
Training Expense		$ 135	$ -	$ 28
Uniforms		$ -	$ -	$ -
Miscellaneous		$ 7,626	$ -	$ 1,562
Rental Expense		$ 2,386	$ -	$ 489
Accrued Expense Estimation		$ 54	$ -	$ 11
State Tax Annual Report Filing		$ 17	$ -	$ 3
Landlord Operating Taxes		$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
	0	$ -	$ -	$ -
Total Other Administrative and General		$ 45,609	$ -	$ 9,342

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Schedule C-1 - Management Services*

Name of Facility 23 Fair Streete Operations LLC	License No. 2416	Report for Year Ended 9/30/2020	Page 17 of 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 Administrative Services LLC, 101 East St., Kennett Square, PA 19348	445,037	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

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

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CSP-18 Rev. 9/2018

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
23 Fair Streete Operations LLC	2416	9/30/2020	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	122,516	101,688		20,828
2. Non-Food Supplies	$	22,443	18,628		3,815
3. Other (*Specify*)_____	$	11,574	9,606		1,968
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	485,403	402,884		82,519
c. Other (*Specify*)_____	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	641,936	532,806		109,130

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?	○ Yes	⊙ No	
H.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Is any revenue collected from these people?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
N.	Is any revenue collected from employees?	○ Yes	⊙ 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.

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

Name of Facility	License No.	Report for Year Ended	Page
23 Fair Streete Operations LLC	2416	9/30/2020	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. $	4,476	3,715		761
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. $	3,148	2,613		535
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	199,457	165,549		33,908
c. Other (*Specify*)	$				
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	207,081	171,877		35,204

3E.	Laundry Questionnaire			
F.	Is cost of employee laundry included in 3D?	○ Yes	⊙ No	If yes, specify cost.
G.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
J.	Did you receive revenue from these people?	○ Yes	⊙ No	If yes, specify amt.
K.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	

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

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

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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
23 Fair Streete Operations LLC	2416	9/30/2020	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	17,545	14,347		3,198
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$	159,881	130,735		29,146
C. Other (*Specify*)		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	177,426	145,082		32,344
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	196,068	196,068		
b. Medicine Cabinet Drugs		$	8,754	8,754		
c. Medical and Therapeutic Supplies		$	148,668	123,394		25,274
d. Ambulance/Limousine***		$	1,393	1,393		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	107,921	38,651		69,270
f. X-rays and Related Radiological Procedures***		$	7,864	7,864		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	17,417	17,417		
i. Recreation		$	36,246	29,638		6,608
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	600,990	310,660		290,331
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	1,125,321	733,838		391,483

* 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	$ 45,039	$ -	$ -
Incontinency	$ 2,076	$ -	$ -
Incontinency - Rebates	$ (7,357)	$ -	$ -
Advertising-Help Wanted	$ 921	$ -	$ -
Advertising-Help Wanted	$ 2,260	$ -	$ -
Books, Dues & Subscriptions	$ 62	$ -	$ -
Education Expense	$ 10,551	$ -	$ -
Education Expense	$ 182	$ -	$ -
Employee Relations	$ -	$ -	$ -
Employee Relations	$ (417)	$ -	$ -
Licenses & Certifications	$ -	$ -	$ -
Supplies	$ 868	$ -	$ -
Supplies	$ 11,028	$ -	$ -
Supplies	$ 24,298	$ -	$ 37,298
Supplies	$ -	$ -	$ -
Office Supplies	$ 14	$ -	$ -
Office Supplies	$ 172	$ -	$ -
Office Supplies	$ 22	$ -	$ -
Office Supplies	$ 78	$ -	$ -
Tuition Reimbursement	$ (4,473)	$ -	$ -
Miscellaneous	$ -	$ -	$ -
Rental Expense	$ 380	$ -	$ -
Rental Expense	$ 3,607	$ -	$ -
Rental Expense	$ 219,339	$ -	$ 253,033
Consolidated Billing	$ 2,007	$ -	$ -
0	$ -	$ -	$ -
Total Other Resident Care	$ 310,660	$ -	$ 290,331

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	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	○	⊙	Vendor Contracted	Laundry Purchased Services	165,549		33,908	19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Housekeeping Purchased Services	130,735		29,146	20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Dietary Purchased Services	402,884		82,519	18	2b
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

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

Name of Facility 23 Fair Streete Operations LLC	License No. 2416	Report for Year Ended 9/30/2020			Page of 22 | 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	112,331	91,853		20,478
b. Heat	$	23,721	19,397		4,324
c. Light & Power	$	114,655	93,753		20,902
d. Water	$	17,026	13,922		3,104
e. Equipment Lease (*Provide detail on page 6*)	$				
f. Other (*itemize*)	$				
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	267,733	218,925		48,808
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	8,799	7,195		1,604
b. Building & Building Improvements	$	28,706	23,473		5,233
c. Non-Movable Equipment	$	437	357		80
d. Movable Equipment	$	31,887	26,074		5,813
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	69,829	57,099		12,730
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$				
9. Rental payments on leased real property less real estate taxes included in item 10b	$	548,100	448,181		99,919
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	120,268	98,343		21,925
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	738,197	603,623		134,574

* 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	(Specify)
Total Other Repairs and Maintenance	$ -	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	95,229		95,229	27,007	S/L	Various	8,799	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								8,799
B. **Building and Building Improvements**								
1. Acquired prior to this report period	386,475		386,475	41,946	S/L	Various	23,757	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	52,318		52,318				4,949	
B-4. Subtotal								28,706
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	4,370		4,370	1,493	S/L	Various	437	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								437

	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								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Motor Vehicles (attach schedule)									S/L	Various		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					889,807		889,807	738,547	S/L	Various	31,034	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					21,006		21,006				853	
D-3. Subtotal												31,887
E. ***Total Depreciation***												69,830

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
1/0/1900	1/0/1900	$ -	-	$ -	
1/0/1900	1/0/1900	$ -	-	$ -	
1/0/1900	1/0/1900	$ -	-	$ -	
1/0/1900	1/0/1900	$ -	-	$ -	
1/0/1900	1/0/1900	$ -	-	$ -	
1/0/1900	1/0/1900	$ -	-	$ -	
Total additions for Land Improvements		$ -		$ -	*
Deletions:					
1/0/1900	1/0/1900	$ -	$ -	$ -	
Total deletions for Land Improvements		$ -		$ -	**

***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	
Additions:					
10/31/2019	Push Button Lock Entry Satin Chrome	$ 463	20	$ 21	
12/31/2019	RBI 500k high efficiency gas fired water h	$ 32,855	5	$ 4,928	
9/30/2020	Sept 2020 Accruals	$ 19,000	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
1/0/1900	0	$ -	-	$ -	
Total additions for Building Improvements		$ 52,318		$ 4,949	*
Deletions:					
1/0/1900	0	$ -	$ -	$ -	
1/0/1900	0	$ -	$ -	$ -	
Total deletions for Building Improvements		$ -		$ -	**

***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	
Additions:					
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
Total additions for Non-Movable Equipment		$ -		$ -	*
Deletions:					
1/0/1900	1/0/1900	$ -	$ -		
Total deletions for Non-Movable Equipment		$ -		$ -	**

***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	
Additions:					
4/30/2020	10 - Continu.us 32" LTC LED HDTV	$ 3,041	$ 7	$ 181	
5/31/2020	2 - PTAC units w/Resistance Heat, 15,000	$ 1,231	$ 7	$ 59	
6/30/2020	24 - Aire Casement/ Slider Window AC 1	$ 14,416	$ 7	$ 515	
2/29/2020	Conveyor Toaster 1000 Slices Per Hour	$ 1,253	$ 10	$ 73	
7/31/2020	Data Drop for WiFi	$ 1,064	$ 7	$ 25	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
		$ -	$ -	$ -	
		$ -	$ -	$ -	
		$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
Total additions for Movable Equipment		$ 21,006		$ 853	*
Deletions:					
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
1/0/1900	1/0/1900	$ -	$ -	$ -	
Total deletions for Movable Equipment		$ -		$ -	**

***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	
Additions:					
Total additions for Leasehold Improvement		$ -		$ -	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

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

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									

* Straight-line method must be used.

** 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	120
6. Square Footage	
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
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				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Streete Operations LLC	2416	9/30/2020	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. ***Total Building Interest Expense*** (A1 - A4 + B5) $				

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Streete Operations LLC	2416	9/30/2020	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. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $				
14. Insurance				
a. Insurance on Property (buildings only) $	18,892	15,448		3,444
b. Insurance on Automobiles $				
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $	167,000	136,556		30,444
2. Fire and Extended Coverage $				
3. Other (*Specify*) $				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	185,892	152,004		33,888
15. ***Total All Expenditures (A-13 thru C-14)*** $	11,940,891	9,342,512		2,598,379

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Streete Operations LLC	2416	9/30/2020	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $	53,739	44,603		9,136
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians ** $				
6.			Occupational Therapy $				
7.			Other - See attached Schedule $	1,064,447	1,064,447		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1-c	Bad Debts $	119,567	99,241		20,326
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 * $	4,728	3,925		804
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $	1,381	1,381		
21.			Unallowable Management Fees $	103,479	85,888		17,592
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	19,652	16,311		3,341
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents $				
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents $				
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents $				
			Subtotal (Items 1 - 26) $	1,366,993	1,315,795		51,198

* 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	$ 44,603	$ -	$ 9,136
10	a12o	0	$ -	$ -	$ -
10	a12o	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other Salaries Adjustment			$ 44,603	$ -	$ 9,136

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	$ 352,400	$ -	$ -
13	5	Rehabilitation Services	$ -	$ -	$ -
13	9	Speech Therapist	$ 85,402	$ -	$ -
13	10	Occupational Therapist	$ 96,822	$ -	$ -
13	12	Other	$ -	$ -	$ -
13	12	Other	$ -	$ -	$ -
13	12	Other-Labor	$ 529,823	$ -	$ -
13	12	Respiratory Purchased Servies	$ -	$ -	$ -
Total Other Fees Adjustments			$ 1,064,447	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
16	m-8a	1020630310	Dues to CoC	$ 664	$ -	$ 136
16	m-13	1020630120	Collection Fees	$ 8,312	$ -	$ 1,703
16	m-13	1020660990	Accrued Expense Estimation	$ 54	$ -	$ 11
16	m-13	7010800030		$ -	$ -	$ -
16	m-13	1020640080		$ -	$ -	$ -
0	0	0		$ -	$ -	$ -
0	0	0		$ -	$ -	$ -
0	0	0		$ -	$ -	$ -
15	1-a-1	adj workers comp		$ 7,281	$ -	$ 1,491
0	0	0		$ -	$ -	$ -
0	0	0		$ -	$ -	$ -
0	0	0		$ -	$ -	$ -
Total Other A&G Adjustments				$ 16,311	$ -	$ 3,341

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

Name of Facility	License No.	Report for Year Ended	Page of
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Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	1,366,993	1,315,795		51,198
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs $	196,068	196,068		
28.	20	5-d	Ambulance/Limousine $	1,393	1,393		
29.	20	5-f	X-rays, etc $	7,864	7,864		
30.	20	5-h	Laboratory $	17,417	17,417		
31.			Medical Supplies $				
32.	20	5-e-2	Oxygen (non emergency) $	38,651	38,651		
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $	260,281	260,281		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $				
36.			Depreciation on Unallowable Motor Vehicles $				
37.			Unallowable Property and Real Estate Taxes $				
38.			Rental of Building Space or Rooms $				
39.			Other - See Attached Schedule $				
Page 27 - Insurance							
40.			Mortgage Insurance $				
41.			Property Insurance $				
Other - Miscellaneous							
42.			Other - Indirect $	30,423	24,877		5,546
43.			Interest Income on Account Rec. $				
44.			Other - Miscellaneous Administrative $	107,369	87,796		19,573
45.			Management Fees Direct $				
46.			Management Fees Indirect $				
47.			Other - Direct $				
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule $				
49.	***Total Amount of Decrease (Items 1 - 48)*** $			2,026,459	1,950,142		76,318

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

Attachment Page 29

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-l	Consolidated Billing	$ 2,007	$ -	$ -
20	5-l	Respiratory Supplies	$ 35,327	$ -	$ -
20	5-l	Respiratory Rental	$ 222,947	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
Total Other Ancillary Costs			$ 260,281	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
0	0-Jan	0	$ -	$ -	$ -
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			$ -	$ -	$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV	$ 24,877	allow $3600	$ 5,546
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other Adjustments			$ 24,877	$ -	$ 5,546

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	$ 87,796	$ -	$ 19,573
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
0	0	0	$ -	$ -	$ -
Total Other Adjustments			$ 87,796	$ -	$ 19,573

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			$ -	$ -	$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
23 Fair Streete Operations LLC	2416	9/30/2020	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	(10,360,061)	(5,905,235)		(4,454,826)
b. Medicaid Room and Board Contractual Allowance **	$	4,856,134	2,767,996		2,088,138
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	(919,731)	(358,695)		(561,036)
b. Medicare Room and Board Contractual Allowance **	$	82,210	32,062		50,148
4. a. Private-Pay Residents and Other	$	(1,913,955)	(459,349)		(1,454,606)
b. Private-Pay Room and Board Contractual Allowance **	$	674,721	161,933		512,788
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	(67,034)	(26,143)		(40,891)
b. Prescription Drugs - Medicare Contractual Allowance **	$	5,992	2,337		3,655
c. Prescription Drugs - Non-Medicare	$	(135,679)	(110,945)		(24,734)
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	49,756	40,685		9,071
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	(27)	(22)		(5)
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	11	9		2
3. a. Physical Therapy - Medicare	$	(239,771)	(93,511)		(146,260)
b. Physical Therapy - Medicare Contractual Allowance **	$	21,432	8,358		13,074
c. Physical Therapy - Non-Medicare	$	(289,418)	(236,657)		(52,761)
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	112,997	92,398		20,599
4. a. Speech Therapy - Medicare	$	(187,671)	(73,192)		(114,479)
b. Speech Therapy - Medicare Contractual Allowance **	$	16,775	6,542		10,233
c. Speech Therapy - Non-Medicare	$	(181,641)	(148,528)		(33,113)
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	72,917	59,624		13,293
5. a. Occupational Therapy - Medicare	$	(251,434)	(98,059)		(153,375)
b. Occupational Therapy - Medicare Contractual Allowance **	$	22,474	8,765		13,709
c. Occupational Therapy - Non-Medicare	$	(265,250)	(216,895)		(48,355)
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	103,352	84,511		18,841
6. a. Other *(Specify)* - Medicare	$	(294,169)	(114,726)		(179,443)
b. Other *(Specify)* - Non-Medicare	$	(1,552,824)	(605,601)		(947,222)
III. *Total Resident Revenue* (Section I. thru Section II.)	$	(10,639,894)	(5,182,338)		(5,457,556)
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	(377)	(377)		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	(558,180)	(558,180)		
V. Total Other Revenue (1 thru 8)	$	(558,558)	(558,558)		
VI. Total All Revenue (III +V)	$	(11,198,452)	(5,740,896)		(5,457,556)

* *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	$ (1,031)	$ -	$ (1,612)
II-6-a	Medicare	Laboratory	$ (2,918)	$ -	$ (4,565)
II-6-a	Medicare	Respiratory Thera	$ (86,055)	$ -	$ (134,600)
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	$ (3,533)	$ -	$ (5,526)
II-6-a	Medicare	Capitation Contra	$ -	$ -	$ -
II-6-a	Medicare	Radiology Service	$ -	$ -	$ -
II-6-a	Medicare	Outpatient Therap	$ (32,450)	$ -	$ (50,755)
II-6-a	Medicare	0	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	X-Ray	$ 92	$ -	$ 144
II-6-a	Contractuals-Medicare	Laboratory	$ 261	$ -	$ 408
II-6-a	Contractuals-Medicare	Respiratory Thera	$ 7,692	$ -	$ 12,031
II-6-a	Contractuals-Medicare	Nursing Treatment	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	Audiology	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	Incontinency	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	Oxygen & Supplie	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	Physician Visit	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	Ambulance	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	Flu Shot	$ 316	$ -	$ 494
II-6-a	Contractuals-Medicare	Capitation Contra	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	Radiology Service	$ -	$ -	$ -
II-6-a	Contractuals-Medicare	Outpatient Therap	$ 2,901	$ -	$ 4,537
II-6-a	Contractuals-Medicare	0	$ -	$ -	$ -
Total Other Resident Revenue - Medicare			$ (114,726)	$ -	$ (179,443)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	$ (59)	$ -	$ (92)
II-6-b	Medicaid	Laboratory	$ (106)	$ -	$ (166)
II-6-b	Medicaid	Respiratory Thera	$ (709,606)	$ -	$ (1,109,897)
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	Medicaid	Capitation Contra	$ -	$ -	$ -
II-6-b	Medicaid	Radiology Service	$ -	$ -	$ -
II-6-b	Medicaid	Outpatient Therap	$ (303,045)	$ -	$ (473,994)
II-6-b	Medicaid	0	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid	X-Ray	$ 27	$ -	$ 43
II-6-b	Contractuals-Medicaid	Laboratory	$ 50	$ -	$ 78
II-6-b	Contractuals-Medicaid	Respiratory Thera	$ 332,618	$ -	$ 520,249
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	Contractuals-Medicaid	Capitation Contra	$ -	$ -	$ -
II-6-b	Contractuals-Medicaid	Radiology Service	$ -	$ -	$
II-6-b	Contractuals-Medicaid	Outpatient Therap	$ 142,048	$ -	$ 222,178
II-6-b	Contractuals-Medicaid	Daycare	$ -	$ -	$ -
II-6-b	Private,insurance, other	X-Ray	$ (1,382)	$ -	$ (2,161)
II-6-b	Private,insurance, other	Laboratory	$ (1,636)	$ -	$ (2,559)
II-6-b	Private,insurance, other	Respiratory Thera	$ (73,229)	$ -	$ (114,538)
II-6-b	Private,insurance, other	Nursing Treatment	$ -	$ -	$ -
II-6-b	Private,insurance, other	Audiology	$ -	$ -	$ -
II-6-b	Private,insurance, other	Incontinency	$ -	$ -	$ -
II-6-b	Private,insurance, other	Oxygen & Supplie	$ -	$ -	$ -
II-6-b	Private,insurance, other	Physician Visit	$ -	$ -	$ -
II-6-b	Private,insurance, other	Ambulance	$ -	$ -	$ -
II-6-b	Private,insurance, other	Flu Shot	$ -	$ -	$ -
II-6-b	Private,insurance, other	Capitation Contra	$ -	$ -	$ -
II-6-b	Private,insurance, other	Radiology Service	$ -	$ -	$ -
II-6-b	Private,insurance, other	Outpatient Therap	$ (28,049)	$ -	$ (43,871)
II-6-b	Private,insurance, other	Daycare	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	$ 487	$ -	$ 762
II-6-b	Contractuals-Non-Medicaid	Laboratory	$ 577	$ -	$ 902
II-6-b	Contractuals-Non-Medicaid	Respiratory Thera	$ 25,815	$ -	$ 40,378
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 Contra	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Radiology Service	$ -	$ -	$ -
II-6-b	Contractuals-Non-Medicaid	Outpatient Therap	$ 9,888	$ -	$ 15,466
II-6-b	Contractuals-Non-Medicaid	Daycare	$ -	$ -	$ -
Total Other Resident Revenue			$ (605,601)	$ -	$ (947,222)

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts	Interest	$ (377)	$ -	$ -
Total Interest Income			$ (377)	$ -	$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	Federal Stimulus 1		$ (120,749)	$ -	$ -
IV-8	Federal Stimulus 1		$ (75,579)	$ -	$ -
IV-8	Federal Stimulus 1		$ (350,000)	$ -	$ -
IV-8	GL630530MRC OVERTON PERTILLAR		$ (83)	$ -	$ -
IV-8	63053MRC KUCUC, VASQUEZ, GONZALEZ		$ (60)	$ -	$ -
IV-8	Refund The Home Depot -Interline AR refund		$ (48)	$ -	$ -
IV-8	Telehealth Facility Fee		$ (586)	$ -	$ -
IV-8	Reclass Cash Sweep to correct Business Units and accounts		$ (11,075)	$ -	$ -
IV-8	0		$ -	$ -	$ -
IV-8	0		$ -	$ -	$ -
IV-8	0		$ -	$ -	$ -
Total Other Revenue			$ (558,180)	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 5,470
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,260,421
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ (219,847)
4 Inventories				$ 32,258
5. Prepaid Expenses				$ 40,295
a.				
b.				
c.				
d. See Schedule		40,295		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 1,118,597
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost	95,229		$ 59,423
	Accum. Depreciation	35,806	Net	
3. Buildings	*Historical Cost	438,793		$ 368,141
	Accum. Depreciation	70,652	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	4,370		$ 2,440
	Accum. Depreciation	1,930	Net	
6. Movable Equipment	*Historical Cost	910,813		$ 140,379
	Accum. Depreciation	770,434	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
PPE CIP				
See Schedule				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 570,383

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

(*Carry Total forward to next page*)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
30	A5	Prepaid Expenses	$ 5,726
30	A5	Prepaid Prop Taxes	$ 22,989
30	A5	Prepaid Personal Property Tax	$ 11,580
30	A5		
30	A5		
30	A5		
30	A5		
Total Prepaid Expenses			$ 40,295

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			$ -

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

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7		
32	D7		
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			$ -

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

Page Ref	Line Ref	Description	
33	A12	Accrued Provider/Bed Tax	$ 137,113
33	A12	Accr Sales and Use Tax - FY18	$ 14
33	A12		
33	A12		
33	A12		
33	A12		
33	A12		
33	A12		
33	A12		
33	A12		
33	A12		
Total Other Current Liabilities (Itemize)			$ 137,127

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			$ -

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	32	37

Account				Amount
			Total Brought Forward:	$ 1,688,980
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 ***Total Leasehold or Like Properties*** (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 (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ (6,445,811)
O L/T A Suspense		(6,445,811)		
I/C Due to/Due From Owned		0		
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ (6,445,811)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ (4,756,830)

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	33	37

Account					Amount
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable					$ 378,734
2. Notes Payable (*itemize*)					$
See Schedule					
3. Loans Payable for Equipment (*Current portion*) (*itemize*)					$
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)					$ 100,674
5. Accrued Payroll (*Owners and/or Stockholders only*)					$
6. Accrued Payroll Taxes Payable					$
7. Medicare Final Settlement Payable					$
8. Medicare Current Financing Payable					$
9. Mortgage Payable (*Current Portion*)					$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)					$
11. Accrued Income Taxes*					$
12. Other Current Liabilities (*itemize*)					$ 1,091,095
Accr Exp Other	47,775	Accr Exp Nursing Purch	646,722		
Accr Exp Water and Sewer	3,669	Deferred Revenue	186,092		
Accr Exp Gas	1,128	A/R Credit Gross Up Lia	63,727		
Accr Exp Electricity	4,855	See Schedule	137,127		
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)					$ 1,570,503

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	34	37

Account	Amount
Total Brought Forward:	1,570,503
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)	$
LT Debt-Financing Obligation	
See Schedule	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 1,570,503

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (5,584,363)
	6. Gain or Loss for Period 10/1/2019 thru 9/30/2020	$ (742,968)
	7. Total Net Worth	$ (6,327,332)
C.	***Total Reserves and Net Worth***	$ (6,327,332)
D.	***Total Liabilities, Reserves, and Net Worth***	$ (4,756,829)

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2020	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2019			$ (5,584,365)
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 11,198,452
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 11,941,418
D.	Net Income or Deficit			$ (742,967)
E.	Balance			$ (6,327,332)
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***	09/30/20		$ (6,327,332)