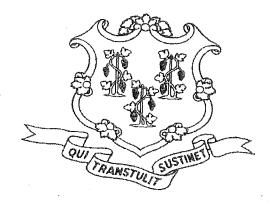
# **State of Connecticut**



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

Cost Year 2019

| Name of Facility (as 1                              | i a a a a d    |                 |                      |  |   |             |    |               |
|---|----------------|-----------------|----------------------|--|---|-------------|----|---------------|
| Name of Facility (as I                              | ,              | Istanla Exica C | Santau fau I I aaltl | e Dalaat   | ::::::::::::::::::::::::::::::::::::::: |             |    |               |
| Harbor Hill Care Cen                                | ·              |                 | enter for Healtr     | 1 & Renau  | mation                                  |             |    |               |
| Address (No. & Stree                                | •              | • '             |                      |  |   |             |    |               |
| 111 Church Street, M                                | liddletown, CT | 06457           |                      |  |   |             |    |               |
| Type of Facility                                    |                |                 |                      |  |   |             |    |               |
| ☐ Chronic and Convalescent Nursing Home only (CCNH) |                |                 |                      | Rest Home with Nursing Supervision only   (RHNS) |   |             |    |               |
| Report for Year Begin                               | nning          |                 | Report for Yea       | r Ending   |   |             |    |               |
| 10/1/2018   |                |                 | 9/30/2019            | C  |   |             |    |               |
|   |                |                 |                      |  |   |             |    |               |
| License Numbers: CCNH 2097-C                        |                | RHNS (Specify)  |                      |  | Medicare Provider<br>07-5381            |             |    |               |
|   |                |                 |                      |  |   |             |    |               |
| Medicaid Provider N                                 | umbers:        | 75381           | CNH RHNS             |  |   | ICF-IID     |    |               |
| For Department Us                                   | e Only         |                 |                      |  |   |             |    |               |
| Sequence Number                                     | Signed and     | Date            | Sequence N           | lumber   | Clanada                                 | nd Notonia  | ad | Date Received |
| Assigned  | Notarized      | Received        | Assign               | ed   | Signed a                                | and Notariz |    | Date Received |
|   |                |                 |                      |  |   |             |    |               |

# **Table of Contents**

| Gene     | ral Information - Administrator's/Owner's Certification                                     | 1  |
|----------|---|----|
| Gene     | ral Information and Questionnaire - Data Required for Real Wage Adjustment                  | 1A |
| Gene     | ral Information and Questionnaire - Type of Facility - Organization Structure               | 2  |
| Gene     | ral Information and Questionnaire - Partners/Members  | 3  |
| Gene     | ral Information and Questionnaire - Corporate Owners  | 3A |
| Gene     | ral Information and Questionnaire - Individual Proprietorship                               | 3B |
| Gene     | ral Information and Questionnaire - Related Parties   | 4  |
| Gene     | ral Information and Questionnaire - Basis for Allocation of Costs                           | 5  |
| Gene     | ral Information and Questionnaire - Leases  | 6  |
| Gene     | ral Information and Questionnaire - Accounting Basis  | 7  |
| Sche     | dule of Resident Statistics   | 8  |
| Sche     | dule of Resident Statistics (Cont'd)  | 9  |
| A.       | Report of Expenditures - Salaries & Wages   | 10 |
|          | Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant            |    |
|          | Administrators and Other Relatives  | 11 |
|          | Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant            |    |
|          | Administrators and Other Relatives (Cont'd)   | 12 |
| В.       | Report of Expenditures - Professional Fees  | 13 |
|          | Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee  |    |
|          | for Service Basis   | 14 |
| C.       | Expenditures Other than Salaries - Administrative and General                               | 15 |
| C.       | Expenditures Other than Salaries (Cont'd) - Administrative and General                      | 16 |
|          | Schedule C-1 - Management Services  | 17 |
| C.<br>C. | Expenditures Other than Salaries (Cont'd) - Dietary   | 18 |
| C.       | Expenditures Other than Salaries (Cont'd) - Laundry   | 19 |
| C.       | Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care                  | 20 |
|          | Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract | 21 |
| C.       | Expenditures Other than Salaries (Cont'd) - Maintenance and Property                        | 22 |
|          | Depreciation Schedule   | 23 |
|          | Amortization Schedule   | 24 |
| C.       | Expenditures Other than Salaries (Cont'd) - Property Questionnaire                          | 25 |
| C.       | Expenditures Other than Salaries (Cont'd) - Interest  | 26 |
| C.       | Expenditures Other than Salaries (Cont'd) - Interest and Insurance                          | 27 |
| D.       | Adjustments to Statement of Expenditures  | 28 |
| D.       | Adjustments to Statement of Expenditures (Cont'd)   | 29 |
| F.       | Statement of Revenue  | 30 |
| G.       | Balance Sheet   | 31 |
| G.       | Balance Sheet (Cont'd)  | 32 |
| G.       | Balance Sheet (Cont'd)  | 33 |
| G.       | Balance Sheet (Cont'd)  | 34 |
| G.       | Balance Sheet (Cont'd) - Reserves and Net Worth   | 35 |
| H.       | Changes in Total Net Worth  | 36 |
| Ī.       | Preparer's/Reviewer's Certification   | 37 |

### **General Information**

| Name of Facility (as licensed)                          | License No. | Report for Year Ended | Page | of |
|---|-------------|-----------------------|------|----|
| Harbor Hill Care Center, Inc. d/b/a Water's Edge Center | 2097-C      | 9/30/2019             | 1    | 37 |

#### Administrator's/Owner's Certification

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

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

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

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

### {a} Subject to Desk Audit Review

| Signed (Administrator)                        |          | Date | Signed (Owner)                         | Date          |  |
|---|----------|------|--|---------------|--|
| Printed Name (Administrator)<br>Michael Rayel |          |      | Printed Name (Owner) Marvin Ostreicher |               |  |
| Subscribed and Sworn to before me:            | State of | Date | Signed (Notary Public)                 | Comm, Expires |  |

(Notary Seal)

# State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

| Data Required for Real Wage Adjust                                 | tme   | ent            |      | Page      | of        |
|--|-------|----------------|------|-----------|-----------|
|  |       |                |      | 1A        | 37        |
| Name of Facility   | ered: | From           | То   |           |           |
| Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health | &     | Rehabilitation | on   | 10/1/2018 | 9/30/2019 |
| Address of Facility  |       |                |      |           |           |
| 111 Church Street, Middletown, CT 06457                            |       | 1              |      | T2        |           |
| Report Prepared By   |       | Phone Num      |      | Date      |           |
| Marcum LLP   |       | 203-781-96     | 500  | 2/3/2020  |           |
| Item   |       | Total          | CCNH | RHNS      | (Specify) |
| 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     | e No. of Fac  | ility    | Report for Yo   | ear Ended                             | Page          | of           |
|--|----------|---------------|----------|-----------------|---------------------------------------|---------------|--------------|
|  | 860-     | 347-7286      |          | 9/30/2019       |                                       | 2             | 37           |
| Name of Facility (as shown on license)                       |          | Address (No   | ). & S   | treet, City, St | ate, Zip)                             |               |              |
| Harbor Hill Care Center, Inc. d/b/a Water's Edge Center      | for He   | •             |          | •               |                                       | 57            |              |
| CCNH   |          | RHNS          |          | (Specify)       | · · · · · · · · · · · · · · · · · · · |               | rovider No.  |
| License Numbers: 2097-C                                      |          |               |          |                 |                                       | 07-5381       |              |
| Type of Facility (Check appropriate box(es))                 |          |               |          |                 |                                       |               |              |
| Chronic and Convalescent                                     | _ Rest   | Home with 1   | Vursi    | ng _            | (0 10)                                |               |              |
| Nursing Home only (CCNH)                                     |          | rvision only  |          |                 | (Specify)                             |               |              |
| Type of Ownership (Check appropriate box)                    |          |               | ·        |                 |                                       | ·····         |              |
|  | _        | D C: C        | _        | N D 64 C-       |                                       | 0             | О Т          |
| O Proprietorship O LLC O Partnership                         | •        | Profit Corp.  | 0        | Non-Profit Co   | rp. O                                 | Government    | O Trust      |
|  |          |               | Date     | e Opened        | Date Clo                              | sed           |              |
| If this facility opened or closed during report year provide | de:      |               |          |                 |                                       |               |              |
|  |          |               | <u> </u> |                 |                                       |               |              |
| Has there been any change in ownership                       |          |               |          |                 |                                       |               |              |
| or operation during this report year?                        |          | Yes           | <u> </u> | No              | If "Yes,"                             | explain fully | /.           |
| N/A  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
| :  |          |               |          |                 |                                       |               |              |
| ·  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
| Administrator  |          |               |          |                 |                                       |               |              |
| Name of Administrator  |          |               |          | Nursing I       | Iome                                  |               |              |
| Michael Rayel  |          |               |          | Administra      | II                                    | 002010        |              |
|  |          |               |          | License         | No.:                                  |               |              |
| Other Operators/Owners who are assistant administrato        | rs (full | or part time) | of th    | is facility.    |                                       |               |              |
| Name   |          |               |          | License         | No.:                                  |               |              |
| N/A  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               | - <u>-</u> - |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
|  |          |               |          |                 |                                       |               |              |
| 1  |          |               |          |                 |                                       |               |              |

# General Information and Questionnaire Partners/Members

| Name of Facility                | License No.             | Report for Y | Page of   |       |                               |  |
|---------------------------------|-------------------------|--------------|-----------|-------|-------------------------------|--|
| Harbor Hill Care Center, Inc. d | /b/a Water's Edge Cente | 2097-C       | 9/30/2019 |       | 3 37                          |  |
| Legal Name of Parti             | nership/LLC             |              |           |       | d/or Town(s) in<br>Registered |  |
| N/A                             |                         |              |           |       |                               |  |
|                                 | •                       |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
| Name of Partners/Members        | Business Ac             | ddress       | ,         | Title | % Owned                       |  |
| N/A                             |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 | ,                       |              |           |       |                               |  |
|                                 |                         |              |           | ,     |                               |  |
|                                 | ·                       |              |           |       |                               |  |
|                                 | ·                       |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
| ·                               |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |
|                                 |                         |              |           |       |                               |  |

## General Information and Questionnaire Corporate Owners

| Name of Facility                                    | License No.                     | Report for Year En    | ded            | Page of                    |
|---|---------------------------------|-----------------------|----------------|----------------------------|
| Harbor Hill Care Center, Inc. d/b/a Water's Ed      | 2097-C                          | 9/30/2019             |                | 3A   37                    |
| If this facility is owned or operated as a corpo    | ration, provide the             | following information | on:            |                            |
| Legal Name of Corporation                           | Busines                         | s Address             | State(s) in Wh | ich Incorporated           |
| Harbor Hill Care Center, Inc.                       | 111 Church Street               | , Middletown, CT      | СТ             |                            |
| d/b/a Water's Edge Center for                       | 06457                           |                       |                |                            |
| Health & Rehabilitation                             |                                 |                       |                |                            |
| Name of Directors, Officers                         | Busines                         | s Address             | Title          | No. Shares<br>Held by Each |
| Dorris Laufer                                       | 1402 59th Street,<br>11219      | Brooklyn, NY          | President      | 50                         |
| Marvin Ostreicher                                   | 184 Wildacre Ave                | enue, Lawrence, NY    | Secretary      | 200                        |
| Nathan Pollack                                      | 2441 Beachwood<br>OH 44122      | Road, Beachwood,      | Director       | 100                        |
| Agnes Zitter  | 9 Dogwood Lane,<br>11559        | Lawrence, NY          | Director       | 56                         |
| Names of Stockholders Owning at Least 10% of Shares | :                               |                       |                |                            |
| Michael Pollack Life Estate Trust                   | 2441 Beachwood<br>OH 44122      | Road, Beachwood,      | Director       | 100                        |
| Marvin Ostreicher                                   | 184 Wildacre Ave<br>11559       | enue, Lawrence, NY    | Secretary      | 200                        |
| Izak Keller   | 2417 Beachwood<br>Beachwood, OH |                       |                | 150                        |
| H. Ostreicher                                       | 1 Lakeside Drive,<br>11559      | East Lawrence, NY     | Director       | 166                        |
|   |                                 |                       |                |                            |

CSP-3B Rev. 10/2005

# General Information and Questionnaire Individual Proprietorship

| Name of Facility                                    | License No.         | Report for Year Ended         |        | of |
|---|---------------------|-------------------------------|--------|----|
| Harbor Hill Care Center, Inc. d/b/a Water's Edge    |                     | 9/30/2019                     |        | 7  |
| If this facility is owned or operated as an individ |                     | provide the following informa | ation: |    |
| O   | wner(s) of Facility |                               |        |    |
|   |                     |                               |        |    |
| N/A   |                     |                               |        |    |
|   |                     |                               | ·      |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     | ÷                             |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
|   |                     |                               |        |    |
| 1   |                     |                               |        |    |

## General Information and Questionnaire Related Parties\*

| Name of Facility                  |  | License   | e No.     |            | Report for Year Ended         |                      | Page         | of .                  |
|-----------------------------------|--|-----------|-----------|------------|-------------------------------|----------------------|--------------|-----------------------|
| Harbor Hill Care Center           | , Inc. d/b/a Water's Edge Center                   |           | 2097-C    |            | 9/30/2019                     |                      | 4            | 37                    |
|                                   |  |           |           |            |                               |                      |              |                       |
| Are any individuals rece          | eiving compensation from the fa                    | cility re | lated thr | ough       |                               | If "Yes," provide th | ie Name/Ad   | dress and             |
| marriage, ability to cont         | rol, ownership, family or busine                   | ess asso  | ciation?  | •          | Yes O No                      | complete the inforn  | nation on Pa | age 11 of the report. |
|                                   |  |           |           |            |                               |                      |              |                       |
| Are any individuals or c          | companies which provide goods                      | or servi  | ces,      |            |                               |                      |              |                       |
| including the rental of p         | roperty or the loaning of funds t                  | to this f | acility,  |            |                               |                      |              |                       |
| related through family a          | ssociation, common ownership,                      | control   | , or busi | iness      | • Yes O No                    | ••                   |              |                       |
| association to any of the         | e owners, operators, or officials                  | of this f | facility? |            |                               | If "Yes," provide th | e following  | information:          |
|                                   |  |           |           | ·········· |                               |                      |              |                       |
|                                   |  | Als       | so Provi  | des        |                               | Indicate Where       |              |                       |
|                                   |  | Good      | ds/Servi  | ces to     |                               | Costs are Included   |              |                       |
| Name of Related                   | Business   | Non-I     | Related I | Parties    | Description of Goods/Services | in Annual Report     | Cost         | Actual Cost to the    |
| Individual or Company             | Address  | Yes       | No        | %**        | Provided                      | Page # / Line #      | Reported     | Related Party         |
| National HealthCare               | 20 E Sunrise Hwy, Valley Stream                    | 0         | 0         |            |                               |                      |              |                       |
| Associates                        | NY, 11581<br>20 E Sunrise Hwy, Valley Stream       |           |           |            | Consulting Fees               | Page 16 / Line m11   | 26,085       | 26,085                |
| National HealthCare<br>Associates | NY, 11581  | 0         | 0         |            | Interest                      | Page 27 / Line 12d   | 7,158        | 7,158                 |
| National HealthCare               | 20 E Sunrise Hwy, Valley Stream                    |           |           |            | Hiterest                      | Tage 277 Bate 124    | 7,150        | 7,130                 |
| Associates                        | NY, 11581  | 0         | 0         |            | Shared Expenses               | Page 16 / Line m12   | 607,628      | 607,628               |
|                                   | 850 Silas Deane Hwy Wethersfield,                  | 0         | 0         |            |                               |                      |              |                       |
| 850 SILAS DEANE                   | CT 06109<br>20 E Sunrise Hwy, Valley Stream        |           |           |            | Rent / Other                  | Page 16 / Line m12   | 2,173        | 2,173                 |
| 20 Sunrise                        | NY, 11581  | 0         | 0         |            | Rent / Other                  | Page 16 / Line m12   | 19,864       | 19,864                |
|                                   | 850 Silas Deane Hwy Wethersfield,                  |           |           |            |                               |                      | ,            | 1,3,00                |
| Preferred Therapy Solutions       | CT 06109   | 0         | 0         |            | PT,OT,ST Services/Consulting  | Various              | 949,582      | 924,723               |
| NO A DIA CNOCTION                 | 6851 Jericho Tpke, Suite 150                       | 0         | 0         |            | n v                           | D 20 /I: - 50        | 16.045       | 12.015                |
| NOA DIAGNOSTICS PROCARE LTC       | Syosset, NY 11791<br>1492 Highland Ave Cheshire CT | <b> </b>  | -         |            | Radiology                     | Page 20 / Line 5f    | 16,045       | 13,815                |
| PHARMACY OF CT                    | 06410  | 0         | 0         |            | Drugs/OTC/RX Consulting       | Various              | 393,066      | 361,821               |
| See Attached for Continued        |  | 0         | 0         |            |                               |                      |              |                       |
| List                              | Various  |           | ا ت       |            | Various                       | Various              | 1,594,262    | 1,594,262             |

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

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

### General Information and Questionnaire Related Parties\*

| Name of Facility<br>Water's Edge Health & Rehab |   |     | o.<br>2097-C            |                        | Report for Year Ended<br>9/30/2019 |  | Page<br>4a | of<br>37           |
|---|---|-----|-------------------------|------------------------|------------------------------------|--|------------|--------------------|
| Name of Related                                 | Business                                    | 1   | vides Good<br>n-Related | ls/Services<br>Parties | Description of<br>Goods/Services   | Indicate Where Costs are Included in Annual Report | Cost       | Actual Cost to the |
| Individual or Company                           | Address                                     | Yes | No                      | %**                    | Provided                           | Page # / Line #                                    | Reported   | Related Party      |
| National HealthCare Associates-Aetna            | 850 Silas Deane Hwy Wethersfield, CT 06109  | 0   | 0                       | 0%                     | Health Insurance                   | Page 15 / Line 1a5                                 | 761,894    | 761,894            |
| National HealthCare Associates                  | 20 E Sunrise Hwy, Valley Stream NY, 11581   | 0   | 0                       | 0%                     | Bank Charges                       | Page 16 / Line m13                                 | 14,193     | 14,193             |
| Middletown Realty                               | 111 Church Street, Middletown, CT 06547     | 0   | 0                       | 0%                     | Facility Lease                     | Page 22 / Line 9                                   | 720,000    | ***720,000         |
| PREFERRED PROFESSIONAL SERVICES                 | 850 Silas Deane Hwy., Wethersfield,CT 16109 | 0   | 0                       | 0%                     | Nursing Agency                     | Various  | 94,903     | 94,903             |
| Cambridge Health and Rehabilitation Center      | 2428 Easton Tpke Fairfield CT 06825         | 0   | 0                       | 0%                     | Workers Comp                       | Page 15 / Line 1a1                                 | 2,587      | 2,587              |
| Riverside Health Care                           | 745 Main St. East Hartford CT 06108         | 0   | 0                       | 0%                     | Workers Comp                       | Page 15 / Line 1a1                                 | 345        | 345                |
| Maple View Center for H&R                       | 856 Maple Street Rocky Hill CT 06067        | 0   | 0                       | 0%                     | Consulting Admissions              | Page 16 / Line m11                                 | 340        | 340                |

<sup>\*</sup> Use additional sheets if necessary.

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

\*\*\* N/A Medicaid reimbursement is based upon fair rental value system. Replaced during rate setting.

# **General Information and Questionnaire Basis for Allocation of Costs**

| Name of Facility                                      | License No   | •   | Report for Year Ended                     | Page of         | •        |  |  |  |  |
|---|--------------|---|---|-----------------|----------|--|--|--|--|
| Harbor Hill Care Center, Inc. d/b/a Water's Edg       | 2097-C       |   | 9/30/2019                                 | 5 37            |          |  |  |  |  |
| If the facility is licensed as CDH and/or RCH or      | provides A   | IDS or TBI  | services with special Medicaid            | rates, costs    |          |  |  |  |  |
| must be allocated to CCNH and RHNS as follow          | ws:          |   | •   |                 | İ        |  |  |  |  |
| Item  |              |   | Method of Allocation                      |                 |          |  |  |  |  |
| Dietary   |              | Number of   | meals served to residents                 |                 |          |  |  |  |  |
| Laundry   |              | Number of pounds processed                              |   |                 |          |  |  |  |  |
| Housekeeping  |              | Number of square feet serviced                          |   |                 |          |  |  |  |  |
|   |              |   | hours of routine care provided            | •               | ĺ        |  |  |  |  |
| Nursing   |              |   | lassification, i.e., Director (or C       | -               |          |  |  |  |  |
|   |              | Registered Nurses, Licensed Practical Nurses, Aides and |   |                 |          |  |  |  |  |
| ·   |              | Attendants  |   |                 |          |  |  |  |  |
| Direct Resident Care Consultants                      |              | Number of hours of resident care provided by EACH       |   |                 |          |  |  |  |  |
|   |              |   | See listing page 13)                      |                 |          |  |  |  |  |
| Maintenance and operation of plant                    |              | Square feet   |   |                 |          |  |  |  |  |
| Property costs (depreciation)                         |              | Square feet   |   |                 |          |  |  |  |  |
| Employee health and welfare                           |              | Gross salar   |   |                 |          |  |  |  |  |
| Management services                                   |              | Appropriate cost center involved                        |   |                 |          |  |  |  |  |
| All other General Administrative expenses             |              | Total of Direct and Allocated Costs                     |   |                 |          |  |  |  |  |
| The preparer of this report must answer the following | owing questi | ons applical  |   |                 |          |  |  |  |  |
| 1. In the preparation of this Report, were all        | • Yes        | O No  | If "No," explain fully why such           | allocation was  | ıs       |  |  |  |  |
| costs allocated as required?                          |              |   | not made.                                 |                 |          |  |  |  |  |
| N/A   |              |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
| 2. Explain the allocation of related company ex       | penses and a | ttach copy  | of appropriate supporting data.           |                 |          |  |  |  |  |
| N/A   | •            |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
|   |              |   | •   | ·               |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
| 3. Did the Facility appropriately allocate and se     |              |   |   | e cost centers? | <i>'</i> |  |  |  |  |
| (e.g., Assisted Living, Home Health, Outpati          | ent Services | , Adult Day   | Care Services, etc.)                      |                 |          |  |  |  |  |
|   | • Yes        | O No  | If "No," explain fully why such not made. | n allocation wa | ıs       |  |  |  |  |
| N/A   |              |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |
|   |              |   |   |                 |          |  |  |  |  |

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

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

| Name of Facility  |         | ***             | License No.                 | Report for Y | ear Ended |           | Page of |
|---|---------|-----------------|-----------------------------|--------------|-----------|-----------|---------|
| Harbor Hill Care Center, Inc. d/b/a Water's E   | dge Cer | nter for        | 2097-C                      | 9/30/2019    |           |           | 6 37    |
|   |         | ed * to         |                             |              |           |           |         |
|   |         | ners,<br>ators, |                             |              |           | Annual    |         |
|   | Off     | icers           |                             | Date of      | Term of   | Amount    | Amount  |
| Name and Address of Lessor  | Yes     | No              | Description of Items Leased | Lease**      | Lease     | of Lease  | Claimed |
| Reliable - 2610 Nostrand Ave Brooklyn, NY 11210                                       | 0       | •               | Computer Equipment          | 10/01/05     | 60 Months | 3,739     | 3,739   |
| Wescom Solutions, PO Box 674802, Detroit, MI 48267                                    | 0       | 0               | Software                    | 03/07/12     | Ongoing   | 36,687    | 36,687  |
| Pitney Bowes, 2225 American Drive, Neenah, WI 54956-<br>1005                          | 0       | 0               | Postage Meter               | Ongoing      | Ongoing   | 1,015     | 1,015   |
| De Lage Landen Financial Svces, Inc1111 Old Eagle<br>School Road Wayne, PA 19087-8608 | 0       | •               | Copier                      | 04/01/18     | 39 Months | 8,433     | 8,433   |
|   | 0       | •               |                             |              |           |           |         |
|   | 0       | •               |                             |              |           |           |         |
|   | 0       | 0               |                             |              |           |           |         |
|   | 0       | 0               |                             |              |           |           |         |
|   | 0       | 0               |                             |              |           |           |         |
|   | 0       | 0               |                             |              |           |           |         |
| Is a Mileage Log Book Maintained for All Le   | ased Ve | ehicles ?       | O Yes                       |              | No        | Total *** | 49,874  |

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

### Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

### General Information and Questionnaire Accounting Basis

| Name of Facility License                            | No.                       | Report for Year Ended                           |            | Page       | of       |
|---|---------------------------|---|------------|------------|----------|
| 1   | 2097-C                    | 9/30/2019                                       |            | 7          | 37       |
| The records of this facility for the period co      | vered by this report      | were maintained on the following basis:         |            |            |          |
| Accrual O Cash O Modifie                            | ed Cash                   |   |            |            |          |
| Is the accounting basis for this                    |                           |   |            |            |          |
| period the same as for the                          |                           | If "No," explain.                               |            |            |          |
| previous period? O No                               |                           |   |            |            |          |
| N/A   |                           |   |            |            |          |
|   |                           |   |            |            |          |
|   |                           |   |            |            |          |
| Independent Accounting Firm                         |                           |   |            |            |          |
| Name of Accounting Firm                             |                           | Address (No. & Street, City, State, Zip Code    | )          |            |          |
| 1 Blum, Shapiro & Company, P.C.                     |                           | 2 Enterprise Dr., Shelton, CT 06484             |            |            |          |
| 2   |                           |   |            |            |          |
| 3   | •                         |   |            |            |          |
| 4   |                           |   |            |            |          |
| Services Provided by This Firm (describe f          | ully)                     |   |            |            |          |
| 1 Compilation, preparation of Medicare and Med      | icaid cost reports and YE | tax services                                    | \$         | 20,400     |          |
| 2   |                           |   | \$         |            |          |
| 3   |                           |   | \$         |            |          |
| 4   |                           |   | \$         |            |          |
|   |                           |   | Charge for | Services 1 | Provided |
|   |                           |   | \$         | 20,400     |          |
| Are These Charges Reflected in the Expenditure Port | ion of This Report? If Y  | es, Specify Expense Classification and Line No. | · <u>·</u> |            |          |
| 1   | 5, Line 1d                | · · · · · · · · · · · · · · · · · · ·           |            |            |          |
| Legal Services Information                          |                           |   |            |            |          |
| Name of Legal Firm or Independent Attorn            | ey                        |   | Telephone  | Number     |          |
| 1 GOLDMAN GRUDER & WOOD                             |                           |   | 203-899-89 | 900        |          |
| 2 Rogin Nassau, LLC                                 |                           |   | 860-256-63 | 300        |          |
| 3 MURTHA CULLINA                                    |                           |   | 860-240-60 |            |          |
| 4 BERCHEM & MOSES & Devlin,, P.O.                   | C.                        |   | 203-783-13 | 200        |          |
| 5 See Attached                                      |                           |   | Various    |            |          |
| Address (No. & Street, City, State, Zip Coo         |                           |   |            |            |          |
| 1 200 CONNECTICUT AVENUE NOI                        |                           |   |            |            |          |
| 2 185 Asylum Street 22nd floor Hartford             | ,                         |   |            |            |          |
| 3 PO BOX 150435, HARTFORD CT 00                     |                           |   |            |            |          |
| 4 75 BROAD STREET MILFORD CT                        | 06460                     |   |            |            |          |
| 5 Various   | C 1) \                    |   |            |            |          |
| Services Provided by This Firm (describe f          | uny)                      |   |            |            |          |
| Collections (Disallowed on Pg 28)                   |                           |   | \$         | 18,783     |          |
| 2 Revaluation (Disallowed on Pg 28)                 |                           |   | \$         | 989        |          |
| 3 State Survey Issue (Disallowed on Pg 28)          |                           |   | \$         | 5,489      |          |
| 4 CHRO Labor  |                           |   | \$         | 10,276     |          |
| 5 Various (\$3,550 Disallowed on Pg 28)             |                           |   | \$         | 6,549      |          |
|   |                           |   | Charge for | Services   | Provided |
|   |                           |   | \$         | 42,086     |          |
| Are These Charges Reflected in the Expenditure Port |                           | es, Specify Expense Classification and Line No. |            |            |          |
| ⊙ Yes O No Page 1                                   | 5, Line 1e                |   |            |            |          |
| O 105 O 190   |                           |   |            |            |          |

State of Connecticut

Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

## General Information and Questionnaire Accounting Basis

| Name of  | f Facility                               | License No. | Report for Year Ended |             | Page      | of      |
|----------|--|-------------|-----------------------|-------------|-----------|---------|
| Water's  | Edge Health & Rehab                      | 2097-C      | 9/30/2019             |             | 7a        | 37      |
| Legal S  | ervices Information                      |             |                       |             |           |         |
| Name of  | f Legal Firm or Independent Attorney     |             | Те                    | lephone Ni  | ımber     |         |
| 1        | CHELSEA VAZQUEZ                          |             | N/A                   | A           |           |         |
| 2        | JACKSON LEWIS                            |             | 733                   | 2-532-6148  | 3         |         |
| 3        | TREAS. STATE OF CONN.                    |             | 860                   | 0-702-3000  | )         |         |
| 4        | STATE MARSHALL                           |             | N//                   | ۸           |           |         |
| Address  | (No. & Street, City, State, Zip Code)    |             |                       |             |           |         |
| 1        | N/A                                      |             |                       |             |           |         |
| 2        | 766 Shrewsbury Ave, Tinton Falls, NJ 077 | 24          |                       |             |           |         |
| 3        | 55 Elm St #2, Hartford, CT 06106         |             |                       |             |           |         |
| 4        | N/A                                      |             | ·                     |             |           |         |
| Services | Provided by This Firm (describe fully)   |             |                       |             |           |         |
| 1        | Legal Settlement (\$985 Disallowed on    | Pg 28)      |                       | \$          | 1,970     |         |
| 2        | Legal Settlement (\$2,015 Disallowed or  | n Pg 28)    |                       | \$          | 4,029     |         |
| 3        | Conservatorship (Disallowed on Pg 28)    |             |                       | \$          | 450       |         |
| 4        | Conservatorship (Disallowed on Pg 28)    |             |                       | \$          | 100       |         |
|          |  |             | Ch                    | arge for Se | ervices P | rovided |
|          |  |             |                       | \$          | 6,549     |         |
|          |  |             |                       |             |           |         |

### **Schedule of Resident Statistics**

| Name of Facility   |             |           | License N |           |        |           |           | r Year Ende | ed     |           | Page       | of        |
|--|-------------|-----------|-----------|-----------|--------|-----------|-----------|-------------|--------|-----------|------------|-----------|
| Harbor Hill Care Center, Inc. d/b/a Water's Edge Cer   | nter for He | alth & Re | 20        | 97-C      |        |           | 9/30/201  | 9           |        |           | 8          | 37        |
|  |             |           |           |           | ]      | Period 10 | 1 Thru 6/ | 30          |        | Period 7/ | 1 Thru 9/3 | 30        |
|  |             | Total     | Total     |           |        | -         |           |             |        |           |            |           |
|  | Total All   | CCNH      | RHNS      | Total     |        |           |           |             |        |           |            |           |
| ·  | Levels      | Level     | Level     | (Specify) | Total  | CCNH      | RHNS      | (Specify)   | Total  | CCNH      | RHNS       | (Specify) |
| 1. Certified Bed Capacity  |             |           |           |           |        |           |           |             |        |           |            |           |
| A. On last day of PREVIOUS report period   | 150         | 150       |           |           | 150    | 150       |           |             | 150    | 150       |            | **        |
| B. On last day of THIS report period   | 150         | 150       |           |           | 150    | 150       |           |             | 150    | 150       |            |           |
| 2. Number of Residents   |             |           |           |           |        |           |           |             |        |           |            | !         |
| A. As of midnight of PREVIOUS report period  | 135         | 135       |           |           | 135    | 135       |           |             | 125    | 125       |            |           |
| B. As of midnight of THIS report period  | 133         | 133       |           | ,         | 125    | 125       |           |             | 133    | 133       |            |           |
| 3. Total Number of Days Care Provided During Period  |             |           |           |           |        |           |           |             |        |           |            |           |
| A. Medicare  | 3,122       | 3,122     |           |           | 2,317  | 2,317     |           |             | 805    | 805       |            |           |
| B. Medicaid (Conn.)  | 39,278      | 39,278    |           |           | 29,384 | 29,384    |           |             | 9,894  | 9,894     |            |           |
| C. Medicaid (other states)   |             |           |           |           |        |           |           |             |        |           |            | ,         |
| D. Private Pay   | 2,299       | 2,299     |           |           | 1,869  | 1,869     |           |             | 430    | 430       |            |           |
| E. State SSI for RCH   |             |           |           |           |        | ·         |           |             | ,      |           |            |           |
| F. Other (Specify) Managed Care / Hospice  | 3,250       | 3,250     |           |           | 2,535  | 2,535     |           |             | 715    | 715       |            |           |
| G. Total Care Days During Period (3A thru F)   | 47,949      | 47,949    |           |           | 36,105 | 36,105    |           |             | 11,844 | 11,844    |            |           |
| Total Number of Days Not Included in Firmers in 2C   |             |           |           |           |        |           |           |             |        |           |            |           |
| 4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds |             |           |           |           |        |           |           |             |        |           |            |           |
| A. Medicaid Bed Reserve Days   | 2           | 2         |           |           | 2      | 2         | ,         |             |        |           |            | *         |
| B. Other Bed Reserve Days  | 20          | 20        |           |           | 20     | 20        |           |             |        |           |            |           |
| 5. Total Resident Days (3G + 4A + 4B)  | 47,971      | 47,971    |           |           | 36,127 | 36,127    |           |             | 11,844 | 11,844    |            |           |

Schedule of Resident Statistics (Cont'd)

| Name of Faci       | lity        |             |                         | Licer  | ise No.                               |             |          |            | Report   | for Year     | Ended  |   | Page        | of          |
|--------------------|-------------|-------------|-------------------------|--------|---------------------------------------|-------------|----------|------------|----------|--------------|--|---|-------------|-------------|
|                    | •           | ter, Inc.   | d/b/a Water's E         |        | 097-C                                 |             |          |            | •        | 9/30/201     |  | }   | 9           | 37          |
|                    | ·           |             |                         |        |                                       |             |          | ,!         | _        |              |  |   |             |             |
|                    |             | _           | in the certified b      |        | pacity du                             | ring t      | he repo  | rt yea     | r?       | 0            | Yes  | •   | No          |             |
| If "YES"           | <del></del> |             | lowing informat         | ion:   |                                       |             |          |            |          |              |  |   |             |             |
|                    |             |             | f Change                |        | Cł                                    | ange        | in Bed   |            |          | Ca           | pacity Afte  | r Change  |             |             |
| Date of            | CCNH        | RHNS        | (Specify)               |        | Lost                                  |             | (        | Gaine      | d        |              |  |   |             |             |
| Change             |             |             |                         |        |                                       |             |          |            |          |              |  |   |             |             |
|                    | (1)         | (2)         | (3)                     | (1)    | (2)                                   | (3)         | (1)      | (2)        | (3)      | CCNH         | RHNS   | (Specify)   | Reason fo   | r Change    |
| N/A                |             |             |                         |        |                                       |             |          | <b> </b>   |          |              |  | -   |             |             |
|                    |             | -           |                         |        |                                       |             |          | <u> </u>   |          |              |  |   |             | <del></del> |
|                    |             |             |                         |        |                                       |             |          |            |          | 1            |  |   |             |             |
|                    | J           |             |                         |        | L                                     |             |          | <b>L</b>   | l        | <b></b>      |  |   |             |             |
|                    |             | -           | in certified bed        | -      | -                                     | the r       | eport y  | ear (as    | s report | ted in iten  | 14 above)  | provide the num   | nber of     |             |
| RESIDI             | ENT DA      | YS for      | 90 days followir        | ig the | change.                               |             |          |            |          |              |  |   |             |             |
|                    |             |             |                         |        |                                       |             |          |            |          |              |  | 1   |             |             |
|                    |             |             | Change in R             | esider | nt Days                               |             |          |            |          | CC           | CNH  | RHNS  | (Spe        | cify)       |
| 1st change         |             |             |                         |        |                                       |             |          |            |          |              |  |   |             |             |
| 2nd char           |             |             |                         |        |                                       |             |          |            |          |              |  |   |             |             |
| 3rd chan           |             | <del></del> |                         |        |                                       |             |          |            |          |              |  |   |             |             |
| 4th chan 6. Number |             | lente on    | d Rates on Sept         | mhen   | 30 of Co                              | et Ve       | ar       |            |          | 1            |  |   |             |             |
| 6. Number          | or Kesic    | ients an    | Medicare                | inoci  | Medi                                  |             | aı       | Τ          |          | Se           | elf-Pay  |   | Other Stat  | e Assisted  |
|                    |             |             | ivicalcare              |        | Wicai                                 | I           |          | 1          |          | T            | 1  |   | o unor o un |             |
|                    |             |             | =                       |        |                                       |             |          |            |          |              |  |   |             |             |
|                    | Item        |             | CCNH                    | ر (    | CCNH                                  | RI          | HNS      | C          | CNH      | RI           | INS  | (Specify)   | R.C.H.      | ICF-MR      |
| No. of R           |             |             | 7                       |        | 94                                    | <del></del> | 11110    | † <u> </u> | 32       | <del> </del> | 11.10  |   |             |             |
| Per Dier           |             | <u></u>     |                         |        |                                       |             |          |            |          |              |  |   |             |             |
| a. One l           |             |             | Various                 |        | 252.28                                |             |          |            | 500.00   |              |  |   |             |             |
| b. Two             | bed rms     |             | Various                 |        | 252.28                                |             |          |            | 485.00   |              |  |   |             |             |
| c. Three           | e or mor    | e           |                         |        |                                       | ]           |          |            |          |              |  |   |             |             |
| bed                | rms.        |             |                         |        | •                                     | <u> </u>    |          |            |          |              |  |   |             |             |
|                    |             |             |                         |        |                                       |             |          |            |          |              |  |   |             |             |
|                    |             | a :         |                         |        |                                       |             |          |            |          |              | CTO A 7  | COM   | DIRIC       | (0. 10.)    |
|                    |             |             | al Therapy Treat        | ments  | S :                                   |             |          |            |          | TO           | TAL  | CCNH  | RHNS        | (Specify)   |
|                    | Medic       |             | t B<br>lusive of Part B | ·      | <u> </u>                              |             |          |            |          |              | 8,192  | 8,192   |             |             |
| В.                 |             |             | rusive of Part B        | ,      |                                       |             |          |            |          |              | Minima de la Caractería |   |             |             |
|                    |             |             | Treatments              |        |                                       |             |          |            |          |              | 2,167  | 2,167   |             |             |
| C                  | Other       |             |                         |        |                                       |             |          |            |          |              | 14,171   | 14,171  |             |             |
|                    |             | Physical    | l Therapy Treat         | ments  | 5                                     |             |          |            |          |              | 24,530   | 24,530  |             |             |
| 8. Total No        | ımber o     | f Speech    | Therapy Treatr          |        |                                       |             |          |            |          |              |  | Mark of the section                                       |             |             |
|                    | . Medic     |             |                         |        |                                       |             | <u> </u> |            |          |              | 1,459  | 1,459   |             |             |
| В                  |             |             | clusive of Part B       | )      |                                       |             |          |            |          |              |  |   |             |             |
|                    |             |             | e Treatments            |        |                                       |             |          |            |          | -            |  | 171   |             |             |
|                    | 2. Res      | storative   | Treatments              |        | · · · · · · · · · · · · · · · · · · · |             |          |            |          | -            | 1,551  | 161   |             |             |
|                    |             | Sneech      | Therapy Treatn          | 10nte  |                                       |             |          |            |          | <del> </del> | 3,171  | 3,171   |             |             |
|                    |             |             | ational Therapy         |        | ments                                 |             |          |            |          | 1            | 3,171  | 5,171   |             |             |
|                    | . Medic     |             |                         | out    |                                       |             |          |            |          |              | 3,711  | 3,711   |             |             |
|                    |             |             | clusive of Part B       | )      |                                       |             |          |            |          |              |  |   |             |             |
|                    |             |             | ce Treatments           |        |                                       |             |          |            |          |              |  | Annual citizen eta Anton Proposition (ASP and PROPOSITION |             |             |
|                    |             |             | Treatments              |        |                                       |             |          |            |          |              | 1,331  | 1,331   |             |             |
|                    | . Other     |             |                         |        |                                       |             |          |            |          |              | 12,138   | 12,138  |             |             |
| D                  | . Total     | Оссира      | tional Therapy          | Treat  | ments                                 |             |          | _          |          |              | 17,180   | 17,180  |             | <u> </u>    |

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

| Name of Facility   | License No.       |                 | Report for Year   |   | Page                                     | of                                      |
|--|-------------------|-----------------|---|---|--|---|
| Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for                    | 2097-C            |                 | 9/30/2019   |   | 10                                       | 37                                      |
| Are time records maintained by all individuals receiving corr                  | pensation?        | •               | Yes   | 0                                       | No                                       |   |
|  |                   |                 | Total Cost a  | nd Hours                                |  |   |
|  |                   |                 | Total Cost a  | ila Frodro                              |  |   |
|  |                   |                 |   |   |  |   |
| Item   | CCNH              | Hours           | RHNS  | Hours                                   | (Specify)                                | Hours                                   |
| Salaries and Wages*     Operators/Owners (Complete also Sec. I of Schedule A1) | 39,912            | 64              | 2   |   | 10 (10 (10 (10 (10 (10 (10 (10 (10 (10 ( | 1 5 G                                   |
| 2. Administrator(s) (Complete also Sec. III                                    |                   |                 |   |   |  | -                                       |
| of Schedule A1)  | 139,485           | 2,080           |   |   |  |   |
| 3. Assistant Administrator (Complete also Sec. IV                              |                   |                 |   |   |  |   |
| of Schedule A1) 4. Other Administrative Salaries (telephone                    | 100000            | 1               |   |   |  |   |
| operator, clerks, receptionists, etc.)   | 205,689           | 8,363           | Contactor of Contactors   |   |  |   |
| 5. Dietary Service   |                   |                 |   |   |  |   |
| a. Head Dietitian  | 38,902            | 1,281           |   |   |  |   |
| b. Food Service Supervisor c. Dietary Workers                                  | 69,649<br>436,740 | 2,178<br>25,026 |   |   |  |   |
| 6. Housekeeping Service  | 430,740           | 23,020          |   |   |  |   |
| a. Head Housekeeper  | 16,246            | 509             |   | say was stands on a                     |  |   |
| b. Other Housekeeping Workers  | 371,543           | 23,544          |   |   |  |   |
| 7. Repairs & Maintenance Services  | 40.072            | 1 645           |   |   |  |   |
| a. Engineer or Chief of Maintenance b. Other Maintenance Workers               | 48,272<br>93,624  | 1,545<br>4,325  |   |   |  |   |
| 8. Laundry Service   | 75,024            | 1,323           |   |   |  |   |
| a. Supervisor  |                   |                 | 3. Steel field of Manufacture and Art Land Manufacture Art Land | 010110110100000000000000000000000000000 |  |   |
| b. Other Laundry Workers   | 32,464            | 1,769           |   |   |  |   |
| 9. Barber and Beautician Services     10. Protective Services                  | <u> </u>          |                 | <b></b>   |   |  | <u> </u>                                |
| 11. Accounting Services  |                   |                 |   |   | 1  |   |
| a. Head Accountant   |                   |                 |   |   |  |   |
| b. Other Accountants   |                   |                 |   |   |  |   |
| 12. Professional Care of Residents   |                   |                 |   |   |  |   |
| a. Directors and Assistant Director of Nurses                                  | 225,718           | 4,159           |   | 1.2614                                  |  |   |
| b. RN<br>1. Direct Care  | 563,688           | 12,801          |   |   |  |   |
| 2. Administrative**  | 262,853           |                 | )   |   |  |   |
| c. LPN   |                   |                 |   |   |  |   |
| 1. Direct Care   | 1,325,379         | 45,519          | )   |   |  |   |
| 2. Administrative** d. Aides and Attendants                                    | 2,023,390         | 124,859         |   |   |  |   |
| d. Aides and Attendants e. Physical Therapists                                 | 2,023,390         | 124,037         | <del> </del>  |   |  |   |
| f. Speech Therapists   |                   |                 |   |   |  |   |
| g. Occupational Therapists   |                   |                 |   |   | ļ  | ļ                                       |
| h. Recreation Workers  | 255,751           | 11,698          |   |   |  |   |
| i, Physicians  1. Medical Director   |                   |                 |   |   |  |   |
| 2. Utilization Review  |                   |                 |   |   |  |   |
| 3. Resident Care***  |                   |                 |   |   |  |   |
| 4. Other (Specify)   |                   |                 |   |   |  |   |
| j. Dentists  |                   |                 |   |   |  |   |
| k. Pharmacists   |                   |                 |   |   |  |   |
| 1. Podiatrists   |                   |                 |   |   |  |   |
| m. Social Workers/Case Management  | 124,143           |                 |   | <del> </del>                            |  | <del> </del>                            |
| n. Marketing o. Other (Specify)  | 100,133           | 2,080           | 7   |   |  |   |
| See Attached Schedule  | 87,677            | 2,857           | 7   |   |  | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |
| A-13. Total Salary Expenditures  | 6,461,258         |                 |   |   |  |   |

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

### Schedule of Other Salaries and Wages (Page 10)

|  |             |                | CCN    | Ή     | RHNS     |   |          | (Specify)  |  |          |
|--|-------------|----------------|--------|-------|----------|---|----------|--|--|----------|
| Position   |             |                | \$     | Hours | \$       |   | Hours    | \$   |  | Hours    |
|  |             |                | -      |       |          |   |          |  |  |          |
| Admissions   |             | \$             | 72,856 | 2,291 |          |   |          |  |  |          |
| Medical Records  | :           |                | 7,479  | 396   |          |   |          |  |  |          |
| Respiratory Therapist (Disallowed on Pg 28a)   |             |                | 7,342  | 170   |          |   |          |  |  |          |
|  |             |                |        |       | 7.000    |   |          |  |  |          |
|  |             |                |        |       |          |   |          |  |  |          |
|  |             |                |        |       |          |   |          |  |  |          |
|  |             |                |        |       |          |   |          |  |  |          |
|  | ,           |                |        |       |          |   |          |  |  |          |
|  |             |                |        |       |          |   |          |  |  |          |
|  |             | <del> </del>   |        |       | <u> </u> |   |          | <u> </u>   |  |          |
|  |             |                |        |       |          | _ |          |  |  |          |
| Marie Carlos Car | <del></del> | <del> </del>   |        |       |          |   |          | <u> </u>   |  | ALMERT.  |
|  |             | <del> </del>   |        |       |          |   |          | <u> </u>   |  |          |
|  |             | <del> </del> - |        |       |          |   |          | <del>                                     </del> |  |          |
|  |             |                |        |       |          |   |          | ļ <u> </u>                                       |  |          |
|  |             | ļ              |        |       |          |   |          |  |  |          |
|  |             | ļ              |        |       |          |   |          | <u> </u>   |  |          |
| and the same and t |             | L              |        |       |          |   |          | ļ  |  |          |
|  |             | <u> </u>       |        |       |          |   |          |  |  |          |
|  |             |                |        |       |          |   |          |  |  |          |
| Total  |             | \$_            | 87,677 | 2,857 | \$       | - | <u> </u> | \$   |  | <u> </u> |

Schedule of Other Fees (Page 13)

|   | CC           | NH    | R    | HNS   | (Spe | cify) |
|---|--------------|-------|------|-------|------|-------|
| Service                                   | \$           | Hours | \$   | Hours | \$   | Hours |
| ·   | -            |       |      |       |      |       |
| Nursing Consultant (Disallowed on Pg 28a) | \$<br>33,381 | 445   |      |       |      |       |
| Consulting Rehab (Disallowed on Pg 28a)   | 20,623       | 411   |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   | <br>         |       |      |       |      |       |
|   |              |       |      |       | 1    |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
|   |              |       |      |       |      |       |
| Total                                     | \$<br>54,004 | 856   | \$ - | -     | \$ - |       |

# 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                       |
|--|--------------|------------|----------------|---|---|--------------------------|-------------------------------------|--|--------------------------|--------------------------|
| Harbor Hill Care Center, Inc. d/b/   | 'a Water's E | dge Center | for Health &   | 2097-C  |   | 9/30/2019                |                                     |  | 11                       | 37                       |
| Name   | CCNH         | Salary Pai | d<br>(Specify) | Fringe Benefits<br>and/or Other<br>Payments<br>(describe fully) | Full Description of<br>Services Rendered      | Total<br>Hours<br>Worked | Line Where<br>Claimed on<br>Page 10 | Name and Address of All Other Employment** | Total<br>Hours<br>Worked | Compensation<br>Received |
| Section I - Operators/Owners   |              |            |                |   |   |                          |                                     |  |                          |                          |
| Marvin J. Ostreicher   | 39,912       |            |                | Non<br>Discriminatory   | Supervises Operations, Deals with DNS & Other | 64                       | A1                                  | See Attached                               |                          |                          |
|  |              |            |                |   |   |                          |                                     |  |                          |                          |
|  |              |            |                |   |   |                          |                                     |  |                          |                          |
| Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12). |              |            |                |   |   |                          |                                     |  |                          |                          |
|  |              |            |                |   |   |                          |                                     |  |                          |                          |
|  |              |            |                |   |   |                          |                                     |  |                          |                          |
|  |              |            |                |   |   |                          |                                     |  |                          |                          |
|  |              |            |                |   |   |                          |                                     |  |                          |                          |

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

<sup>\*\*</sup> Include all employment worked during the cost year.

### Water's Edge Health & Rehab Marvin J Ostreicher Time Study 9/30/2019

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

Vacation/PTO

Sick Personal

r Clathai

Holiday

Total

2,948

1,498.00

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

CSP-12 Rev. 10/2005

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

## Assistant Administrators and Other Related Parties\*

| Name of Facility (as licensed)           |            |             |                | License No.  |  | Report for Y          | ear Ended                           |  | Page                     | of                       |
|--|------------|-------------|----------------|--|--|-----------------------|-------------------------------------|--|--------------------------|--------------------------|
| Harbor Hill Care Center, Inc. d/b/a      | Water's Ed | ge Center f | for Health &   | 2097-C   |  | 9/30/2019             |                                     |  | 12                       | 37                       |
| Name                                     | CCNH       | Salary Pai  | d<br>(Specify) | Fringe Benefits and/or Other Payments (describe fully) | Full Description of<br>Services Rendered | Total Hours<br>Worked | Line Where<br>Claimed on<br>Page 10 | Name and Address of All Other Employment** | Total<br>Hours<br>Worked | Compensation<br>Received |
| Section III - Administrators***          |            |             |                |  |  |                       |                                     |  |                          |                          |
| Michael Rayel                            | 139,485    |             |                | Non<br>Discriminatory                                  | Administrator                            | 2,080                 | A2                                  |  |                          |                          |
|  |            |             |                |  |  | •                     |                                     |  |                          |                          |
|  |            |             |                |  |  |                       |                                     |  |                          |                          |
| Section IV - Assistant<br>Administrators |            |             |                |  |  |                       |                                     |  |                          |                          |
|  |            |             |                |  |  |                       |                                     |  |                          |                          |
|  |            |             |                |  |  |                       |                                     |  |                          |                          |
|  |            |             |                |  |  | ·                     |                                     |  |                          |                          |
|  |            |             |                |  |  |                       |                                     |  |                          |                          |

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

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> 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<br>Harbor Hill Care Center, Inc. d/b/a Water's Edge Ce          | License No. 2097 | 7-C       | Report for Y 9/30/2019 | ear Ended | Page<br>13   | of<br>37   |
|--|------------------|-----------|------------------------|-----------|--|--|
|  |                  |           | Total Cost a           | and Hours |  |  |
|  |                  |           |                        |           |  |  |
|  | G 63 111         |           |                        |           | (0.10)   |  |
| 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  | 2.152            | (2        |                        | 1         |  |  |
| 2. Dentist   | 2,153            | 62<br>152 |                        | :         |  |  |
| 3. Pharmacist  | 8,448<br>16,170  |           |                        |           |  |  |
| 4. Podiatrist  | 10,170           | 216       |                        |           |  |  |
|  |                  |           |                        |           |  |  |
| 1 3  | 455 113          | 7.626     |                        |           |  |  |
| a. Resident Care   | 455,113          | 7,636     |                        |           |  |  |
| b. Other   |                  |           | <b>_</b>               |           |  |  |
| 6. Social Worker   |                  |           |                        |           |  |  |
| 7. Recreation Worker   |                  |           |                        |           |  |  |
| 8. Physicians  |                  |           | -                      |           |  |  |
| a. Medical Director (entire facility)  | 116,000          | 785       |                        |           |  |  |
| b. Utilization Review  | ALL SALES        | ,         |                        |           | 2010 000 00  |  |
| (Title 18 and 19 only) monthly meeting   | 800              | 8         |                        |           |  |  |
| c. Resident Care**   |                  |           |                        |           |  |  |
| d. Administrative Services facility  |                  |           |                        |           |  |  |
| 1 Infection Control Committee (Quarterly meetings)                               |                  |           |                        |           |  |  |
| 2. Pharmaceutical Committee  | -                |           | <del> </del>           |           |  |  |
| (Quarterly meetings)   |                  |           |                        |           |  |  |
| 3. Staff Development Committee   |                  |           |                        |           |  |  |
| (Once annually)  |                  |           |                        |           |  |  |
| e. Other (Specify)   |                  |           |                        |           |  |  |
| Physician Fees (Disallowed)  | 67,411           | 175       |                        |           |  |  |
| 9. Speech Therapist  |                  |           |                        | 16        |  |  |
| a. Resident Care   | 157,990          | 2,814     |                        |           |  |  |
| b. Other   |                  |           |                        |           |  |  |
| 10. Occupational Therapist   |                  |           |                        |           |  |  |
| a. Resident Care   | 320,772          | 6,160     |                        |           |  |  |
| b. Other   |                  |           |                        |           |  |  |
| 11. Nurses and aides and attendants  | 4                |           |                        |           |  |  |
| a. RN  |                  |           |                        |           |  |  |
| 1. Direct Care   | 31,218           | 520       |                        |           | 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |
| 2. Administrative***   |                  |           |                        |           |  |  |
| b. LPN   |                  |           |                        |           |  |  |
| 1. Direct Care   | 34,521           | 817       |                        |           | A CONTRACTOR OF THE PROPERTY O | - The second sec |
| 2. Administrative***   |                  |           |                        |           |  |  |
| c. Aides   | 73,619           | 2,847     |                        | · -       |  |  |
| d. Other   | 1,               |           |                        |           |  |  |
| 12. Other (Specify)  |                  |           |                        |           |  |  |
| See Attached Schedule  | 54,004           | 856       |                        |           |  |  |
| B-13 Total Fees Paid in Lieu of Salaries   | 1,338,219        | 23,048    |                        |           |  |  |

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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 `            | Year Ended                            | Page   | of |  |
|---|------------------------------------|-------|-------------------------|---------------------------------------|--------|----|--|
| Harbor Hill Care Center, Inc. d/b/a Water's   | Edge Center 2097-C                 | T = 1 | 9/30/2019               | · · · · · · · · · · · · · · · · · · · | 14     | 37 |  |
| Name & Address of Individual  | Full Explanation of Service        |       | to Owners, rs, Officers | Explanation of Relationship           |        |    |  |
|   | ·                                  | Yes   | No                      | `                                     |        | •  |  |
| Gerident Solutions, P.O. Box 290539,<br>Wethersfield, CT 06129                      | Dentist                            | 0     | 0                       | N/A                                   |        |    |  |
| Procare LTC of CT, 111 Executive Blvd,<br>Farmingdale, NY 11735                     | Pharmacist / Nursing Consultant    | 0     | 0                       | Common Own                            | ership |    |  |
| Preferred Thearpy-850 Silas Deane HWY Wethersfield CT                               | PT, OT, ST / Consult Rehab         | 0     | 0                       | Common Own                            | ership |    |  |
| Starling Physicians - 2110 Sillas Deane Highway,<br>Rocky Hill, CT 06067            | Medical Director                   | 0     | •                       | N/A                                   |        |    |  |
| Prakash Huded, MD - 78 Marlborough Street,<br>Portland, CT 06480                    | Utilization Review                 | 0     | 0                       | N/A                                   |        |    |  |
| Finn, Beth, 9 Thayer Ave, Collinsville, CT 06019                                    | Pulmonologist (Physician Fees)     | 0     | 0                       | N/A                                   |        |    |  |
| Machado, John D DBA JM Medical Consulting,<br>LLC 334 West Avon Rd, CT 06001        | Pulmonologist (Physician Fees)     | 0     | 0                       | N/A                                   |        |    |  |
| Orthopedic Associates of Middletown, 512<br>Saybrook Rd, Middletown, CT 06457       | Orthopedic Dr (Physician Fees)     | 0     | 0                       | N/A                                   |        |    |  |
| AAA Nursing Care - 3303 Main Street, Stratford,<br>CT 06614                         | Contract RNs / LPNs / CNAs         | 0     | 0                       | N/A                                   |        |    |  |
| Preferred Professional Service - 850 Silas Deane<br>Highway, Wethersfield, CT 06109 | Contract RNs / LPNs / CNAs         | •     | 0                       | Common Own                            | ership |    |  |
| JANE QUERIDO 177 LEXINGTON RD,<br>GLASTONBURY CT 06033                              | Dietary Services                   | 0     | 0                       | N/A                                   |        |    |  |
| Larry Levine, MD - 80 David Road, Durham, CT 06422                                  | Medical Director                   | 0     | 0                       | N/A                                   |        |    |  |
| EKB LLC 328 Commonwealth Avenue, New Britain, CT, 06043                             | Medical Director                   | 0     | 0                       | N/A                                   |        |    |  |
| Prakash Huded, MD - 78 Marlborough Street,<br>Portland, CT 06480                    | Medical Director                   | 0     | 0                       | N/A                                   |        |    |  |
| Swallowing Diagnostics - PO Box 484 Avon CT 06001                                   | Speech Therapist                   | 0     | 0                       | N/A                                   |        |    |  |
| Mass Tex Imaging LLC 3 Electronic Avenue, #201, Danvers, MA 01923-1099              | Speech Therapist                   | 0     | 0                       | N/A                                   |        |    |  |
| PARTNERS INTERPRETING LLC 60 Man Mar<br>Drive Plainville,MA 02760                   | Speech Therapist                   | 0     | 0                       | N/A                                   |        |    |  |
| The Nurse Network - 653 Main Street, Plantsville, CT 06479                          | Contract RNs / LPNs / CNAs         | 0     | 0                       | N/A.                                  |        |    |  |
| MAXIM HEALTHCARE SVCS DBA MAXIM<br>STAFFING SOLUTIONS                               | Contract RNs / LPNs / CNAs         | 0     | •                       | N/A                                   |        |    |  |
| NORTHEAST MED STAFF - KELIA INC   | Contract RNs / LPNs / CNAs         | 0     | 0                       | N/A                                   |        |    |  |
| CLIMB MEDICAL GROUP LLC PO Box 23369<br>Belfast, ME 04915                           | Nursing Consultant / Consult Rehab | 0     | •                       | N/A                                   |        |    |  |
|   |                                    | 0     | 0                       |                                       |        |    |  |

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

# C. Expenditures Other Than Salaries - Administrative and General

| Name of Facility License No.                              |    | Report for Yo  | ear Ended    | Page                                    | of        |
|---|----|----------------|--------------|---|-----------|
| Harbor Hill Care Center, Inc. d/b/a Water's Edge ( 2097-C |    | 9/30/2019      |              | 15                                      | 37        |
|   |    |                |              |   |           |
| ·   |    |                |              |   |           |
| Item  |    | Total          | CCNH         | RHNS                                    | (Specify) |
| 1. Administrative and General                             | ŀ  |                |              | 200                                     |           |
| a. Employee Health & Welfare Benefits                     |    | 1              |              |   |           |
| 1. Workmen's Compensation                                 | \$ | 261,605        | 261,605      |   |           |
| 2. Disability Insurance                                   | \$ |                |              |   |           |
| 3. Unemployment Insurance                                 | \$ | 126,702        | 126,702      |   |           |
| 4. Social Security (F.I.C.A.)                             | \$ | 486,109        | 486,109      |   |           |
| 5. Health Insurance                                       | \$ | 761,894        | 761,894      |   |           |
| 6. Life Insurance (employees only)                        |    |                | 22           |   |           |
| (not-owners and not-operators)                            | \$ |                |              |   |           |
| 7. Pensions (Non-Discriminatory)                          | \$ | 17,882         | 17,882       |   |           |
| (not-owners and not-operators)                            |    |                |              | 4.0                                     |           |
| 8. Uniform Allowance                                      | \$ |                |              |   |           |
| 9. Other ( <i>Specify</i> )                               | \$ | 12,225         | 12,225       |   |           |
| See Attached Schedule                                     |    | 7              | 10           |   |           |
| b. Personal Retirement Plans, Pensions, and               | \$ |                |              |   |           |
| Profit Sharing Plans for Owners and                       |    |                |              |   |           |
| Operators (Discriminatory)*                               |    |                |              | Balana bala                             |           |
|   |    |                |              |   |           |
| c. Bad Debts*   | \$ | 151,759        | 151,759      |   | ,         |
| d. Accounting and Auditing                                | \$ | 20,400         | 20,400       |   |           |
| e. Legal (Services should be fully described on Page 7)   | \$ | 42,086         | 42,086       |   |           |
| f. Insurance on Lives of Owners and                       | \$ |                |              |   |           |
| Operators (Specify)*                                      |    |                |              |   |           |
| g. Office Supplies  | \$ | 19,123         | 19,123       |   |           |
| h. Telephone and Cellular Phones                          |    |                |              |   |           |
| 1. Telephone & Pagers                                     | \$ | 52,617         | 52,617       |   |           |
| 2. Cellular Phones  | \$ | 3,481          | 3,481        |   |           |
| i. Appraisal (Specify purpose and                         | \$ |                |              |   |           |
| attach copy)*   | ·  |                |              |   |           |
| times copy ,  |    | and the second |              |   |           |
| j. Corporation Business Taxes (franchise tax)             | \$ |                |              |   |           |
| k. Other Taxes (Not related to property - See Page 22)    |    |                |              | 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - | -1        |
| 1. Income*  | \$ |                |              |   |           |
| 2. Other (Specify)  | \$ |                |              |   |           |
| See Attached Schedule                                     | *  |                |              |   |           |
| 3. Resident Day User Fee                                  | \$ | 887,926        | 887,926      |   |           |
| Subtotal  | \$ | 2,843,809      | 2,843,809    |   |           |
| Direction   | Ψ. | 1 2,0 13,009   | (Carry Subte | . 1 C                                   |           |

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

Attachment Page 15

### **Schedule of Other Employee Benefits**

| Description       | C  | CNH    | RHNS | (Specify) |
|-------------------|----|--------|------|-----------|
|                   |    | -      |      |           |
| Background Checks | \$ | 12,225 |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      | ·         |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        |      |           |
|                   |    |        | •    |           |
|                   |    |        |      |           |
| Total             | \$ | 12,225 | \$ - | \$ -      |

### **Schedule of Other Taxes**

| Description |   |   | CC | CNH | RHI | <u>vs</u> | (Speci | ify) |
|-------------|---|---|----|-----|-----|-----------|--------|------|
|             |   |   |    | _   |     |           |        |      |
|             |   |   |    |     |     |           |        |      |
|             | - |   |    |     |     |           |        |      |
|             | • |   |    |     |     |           |        |      |
| Total       |   | _ | \$ | _   | \$  |           | \$     | -    |

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

| Name of Facility License No.                                   |     | Report for Y | ear Ended | Page   | of   |
|--|-----|--------------|-----------|--|--|
| Harbor Hill Care Center, Inc. d/b/a Water's Edge Center 2097-C |     | 9/30/2019    |           | 16   | 37   |
|  |     |              |           |  |  |
|  |     |              |           |  |  |
| Iţem   |     | Total        | CCNH      | RHNS   | (Specify)  |
| Subtotals Brought Forwa  | rd: | 2,843,809    | 2,843,809 |  |  |
| 1. Travel and Entertainment                                    |     |              |           |  |  |
| 1. Resident Travel and Entertainment                           | \$  |              |           | CONTRACTOR OF THE PROPERTY.  |  |
| 2. Holiday Parties for Staff                                   | \$  | 2,890        | 2,890     |  |  |
| 3. Gifts to Staff and Residents                                | \$  | 29,393       | 29,393    |  |  |
| 4. Employee Travel   | \$  | 1,227        | 1,227     |  |  |
| 5. Education Expenses Related to Seminars and Conventions      | \$  | 979          | 979       |  |  |
| 6. Automobile Expense (not purchase or depreciation)           | \$  |              | •         |  |  |
| 7. Other ( <i>Specify</i> )                                    | \$  |              |           |  |  |
| See Attached Schedule  |     |              |           |  |  |
| m. Other Administrative and General Expenses                   |     |              |           |  |  |
| 1. Advertising Help Wanted (all such expenses)                 | \$  |              | 2         | NEW STORY CONTRACTOR OF THE PROPERTY OF THE PR | The deficiency and common and the property of the second o |
| 2. Advertising Telephone Directory (all such expenses )***     | \$  |              |           |  |  |
| 3. Advertising Other (Specify)***                              | \$  | 36,462       | 36,462    |  |  |
| See Attached Schedule  |     | 5.1          |           |  | 1000   |
| 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   | \$  | 4,526        | 4,526     |  |  |
| * 8. Dues and Membership Fees to Professional                  | \$  | 10,609       | 10,609    |  |  |
| Associations (Specify)   |     |              |           |  |  |
| See Attached Schedule  |     |              |           |  |  |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org. *** | \$  |              |           |  |  |
| 9. Subscriptions   | \$  | 3,702        | 3,702     |  |  |
| 10. Contributions***   | \$  |              |           |  |  |
| See Attached Schedule  |     |              |           |  |  |
| 11. Services Provided by Contract (Specify and Complete        | \$  | 80,261       | 80,261    |  |  |
| Schedule C-2, Page 21 for each firm or individual)             |     |              |           |  |  |
| 12. Administrative Management Services**                       | \$  | 655,750      | 655,750   |  |  |
| 13. Other (Specify)  | \$  | 61,101       | 61,101    |  | V. 100   |
| See Attached Schedule  |     |              |           |  |  |
| C-14 Total Administrative & General Expenditures               | \$  | 3,730,709    | 3,730,709 |  |  |

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

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

### Schedule of Other Travel and Entertainment

| Description                          | <br>· CC     | NH | RHN | S   | (Speci | fy) |
|--------------------------------------|--------------|----|-----|-----|--------|-----|
|                                      |              | -  |     |     |        |     |
|                                      | <br>ŀ        |    |     |     |        |     |
|                                      |              |    |     |     |        |     |
|                                      | <br>Ĭ        |    | ļ   |     |        | _   |
|                                      | 1            |    |     |     |        | _   |
| At Laboratory .                      | <br><u> </u> |    |     |     |        | _   |
|                                      | <br>-        |    |     |     | ф.     |     |
| Total Other Travel and Entertainment | \$           | -  | \$  | - 1 | \$     | -   |

### Schedule of Other Advertising

| Description                                   | CCNH      | RHNS | (Specify) |
|---|-----------|------|-----------|
|   |           |      |           |
| Promotional Advertising (Disallowed on Pg 28) | \$ 35,503 |      |           |
| Marketing Supplies (Disallowed on Pg 28)      | 959       |      |           |
| Total Other Advertising                       | \$ 36,462 | \$ - | \$ -      |

### Schedule of Dues

| Description | : C | CNH    | RHN | S (  | Specify) |
|-------------|-----|--------|-----|------|----------|
|             |     | -      |     |      |          |
| CAHCF Dues  | \$  | 10,524 |     |      |          |
| ALTCFM Dues |     | 85     |     |      |          |
|             |     |        |     |      |          |
|             |     |        |     |      |          |
|             |     |        |     |      |          |
|             |     |        |     |      |          |
|             |     |        |     |      |          |
|             |     |        |     |      |          |
| Total Dues  | \$  | 10,609 | \$  | - \$ | -        |

### Schedule of Contributions

| Description         | <br>CC | NH | RH | NS | (Spe | cify) |
|---------------------|--------|----|----|----|------|-------|
|                     | <br>-  | -  |    |    |      |       |
|                     | <br>1  |    |    |    |      |       |
| Total Contributions | \$     | -  | \$ |    | \$   | -     |

### Schedule of Other Administrative and General

| Description                                 | CCNH      | RHNS  | (Specify) |
|---|-----------|-------|-----------|
|   | -         |       |           |
| Licenses and Permits                        | \$ 2,551  |       |           |
| Penalties (Disallowed on Pg 28a)            | 14,060    | 4.*** |           |
| Bank Charges (\$2,544 Disallowed on Pg 28a) | 23,254    |       |           |
| Misc, Expense (Disallowed on Pg 28a)        | 11,241    |       |           |
| Prior Period Expense (Disallowed on Pg 28a) | 9,995     |       |           |
|   |           |       |           |
|   |           |       | -         |
|   |           |       |           |
| Total Other Administrative and General      | \$ 61,101 | \$ -  | \$ -      |

# Schedule C-1 - Management Services\*

| Name of Facility<br>Harbor Hill Care Center, Inc. d/b/a Water | License No.<br>2097-C                   | Report for Year Ended 9/30/2019            | Page of 17   37  |
|---|---|--|--|
| Name & Address of Individual or<br>Company Supplying Service  | Cost of Management Service              | Full Description of Mgmt. Service Provided | Indicate Where Costs<br>are Included in Annual<br>Report Page #/Line # |
| National Healthcare   | 655,750                                 | Shared Expenses                            | Page 16 / Line m12   |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  | ·  |
|   | , |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   | ·                                       |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  | <u> </u>   |

<sup>\*</sup> 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)

| Item   | N1  | · CD - :11:6 ·                                  |           | T        | rage 5)        | ID . C . 3 |       | I B        |        |
|--|-----|---|-----------|----------|----------------|------------|-------|------------|--------|
| Item   |     |   |           | 1        |                |            |       | Page       | of     |
| 2. Dietary a. In-House Preparation & Service  1. Raw Food 2. Non-Food Supplies 3. Other (Specify)  b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)  c. Other (Specify)  Stationary Supplies  2D. Total Dietary Expenditures (2a + b + c + d)  Stationary Questionnaire  Total CCNH RHNS (Specify)  E. Resident Meals: Total no. of meals served per day:*  G. Is cost of employee meals included in 2D?  Did you receive revenue from employees?  O Yes  No  If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people?  No  If yes, specify amt.  If yes, specify cost.  If yes, specify amt.  If yes, specify amt.  If yes, specify amt.  If yes, specify amt.  If yes, specify cost.  If yes, specify cost.  If yes, specify cost.  If yes, specify cost.  If yes, specify amt.  Is cost of food (other than meals, e.g., snacks) at monthly staff meetings, board meetings)  O Yes  No  If yes, specify cost.  If yes, specify cost. | Har | bor Hill Care Center, Inc. d/b/a water's Edge C | ente      |          | 2097-C         | 9/30/201   | 9     | 1 18       | 3/     |
| a. In-House Preparation & Service  1. Raw Food \$ \$ 351,880 351,880  2. Non-Food Supplies \$ \$ 3. Other (Specify) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$   |     |   |           | ~        | Total          | CCNH       | RHNS  | (Sp        | ecify) |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) Other Dietary Supplies  2D. Total Dietary Expenditures (2a + b + c + d)  2E. Dietary Questionnaire F. Resident Meals: Total no. of meals served per day:* G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No  If yes, specify amt.  If yes, specify amt.  If yes, specify cost.  If yes, specify amt.  If yes, specify cost.   | 2.  | a. In-House Preparation & Service               |           | \$       | 351,880        | 351,880    | 0     |            |        |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify) Other Dietary Supplies  2D. Total Dietary Expenditures (2a + b + c + d) \$ 409,595 409,595 409,595  2E. Dietary Questionnaire F. Resident Meals: Total no. of meals served per day:* G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes No If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes O No If yes, specify amt.  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O No If yes, specify cost.  N. Is any revenue collected from employees? O Yes O No If yes, specify cost.  N. Is any revenue collected from employees? O Yes O No If yes, specify amt.   |     | 2. Non-Food Supplies                            |           | \$       |                |            |       |            |        |
| than through Management Services) (Complete Schedule C-2 att. Page 21)  c. Other (Specify) Other Dietary Supplies  2D. Total Dietary Expenditures (2a + b + c + d) \$ 409,595   409,595    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? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O No If yes, specify cost.  |     | 3. Other (Specify)                              |           | \$       |                | fis.       |       |            |        |
| Other Dietary Supplies  2D. Total Dietary Expenditures (2a + b + c + d) \$ 409,595   409,595    2E. Dietary Questionnaire  |     | than through Management Services)               |           | \$       | 16,709         | 16,70      | 9     |            |        |
| 2E. Dietary Questionnaire  F. Resident Meals: Total no. of meals served per day:*  G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes No If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes O No If yes, specify cost.  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O No If yes, specify cost.  M. at monthly staff meetings, board meetings) O Yes O No If yes, specify cost.  N. Is any revenue collected from employees? O Yes O No If yes, specify amt.   |     |   |           | \$       | 41,006         | 41,00      | 6     | - 1 mg - 1 |        |
| F. Resident Meals: Total no. of meals served per day:*  G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes No If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other  J. than employees or residents (i.e., Board O Yes No Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks  M. at monthly staff meetings, board meetings) O Yes No If yes, specify cost.  N. Is any revenue collected from employees? O Yes No If yes, specify amt.   | 2D. | Total Dietary Expenditures $(2a + b + c + d)$   |           | \$       | 409,595        | 409,59     | 5     |            |        |
| G. Is cost of employee meals included in 2D? O Yes O No  H. Did you receive revenue from employees? O Yes O No  If yes, specify amt.  I. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of meals provided to persons other than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No  If yes, specify cost.  If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) O Yes O No  If yes, specify cost.  If yes, specify cost.  If yes, specify cost.  | 2E. |   | <br>· dav | ,·*      | Total          | CCNH       | RHNS  | (Sp        | ecify) |
| H. Did you receive revenue from employees? O Yes   |     |   |           |          |                | No         | L     |            |        |
| Is cost of meals provided to persons other  J. than employees or residents (i.e., Board O Yes O No Members, Guests) included in 2D?  K. Is any revenue collected from these people? O Yes O No If yes, specify amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks  M. at monthly staff meetings, board meetings) O Yes O No provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No If yes, specify amt.  | Н.  |   |           |          |                |            |       |            |        |
| J. than employees or residents (i.e., Board Members, Guests) included in 2D? O Yes No If yes, specify cost.   K. Is any revenue collected from these people? O Yes No If yes, specify amt.   L. Where is the revenue received reported in the Cost Report? (Page/Line Item)   Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? O Yes No If yes, specify cost.   N. Is any revenue collected from employees? O Yes No If yes, specify amt.  | I.  | Where is the revenue received reported in the   | Cos       | t Report | ? (Page/Line I | tem)       |       |            |        |
| K. Is any revenue collected from these people? O Yes amt.  L. Where is the revenue received reported in the Cost Report? (Page/Line Item)  Is cost of food (other than meals, e.g., snacks M. at monthly staff meetings, board meetings) O Yes O No provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No  If yes, specify cost.   | J.  | than employees or residents (i.e., Board        | 0         | Yes      | •              | No         | • • • |            |        |
| Is cost of food (other than meals, e.g., snacks M. at monthly staff meetings, board meetings) O Yes O No provided to employees included in 2D?  N. Is any revenue collected from employees? O Yes O No  If yes, specify cost.  If yes, specify amt.  | K.  | Is any revenue collected from these people?     | 0         | Yes      | •              | No         | • •   |            |        |
| M. at monthly staff meetings, board meetings) O Yes O No ost.  No ls any revenue collected from employees? O Yes O No If yes, specify amt.   | L.  | Where is the revenue received reported in the   | Cos       | t Report | ? (Page/Line I | tem)       |       |            |        |
| N. Is any revenue collected from employees? O Yes O No amt.  | М.  | at monthly staff meetings, board meetings)      | 0         | Yes      | •              | No         | • • • |            |        |
| O Where is the revenue received reported in the Cost Report? (Page/Line Item)  | N.  | Is any revenue collected from employees?        | 0         | Yes      | •              | No         | •     |            |        |
| o. There is the revenue received reported in the cost report. (1 age 2 in term)  | O.  | Where is the revenue received reported in the   | Cos       | t Report | ? (Page/Line I | tem)       |       |            |        |

<sup>\*</sup> 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)

| i .       | e of Facility<br>or Hill Care Center, Inc. d/b/a Water's Edge Center  | License | No.<br>097-C | Report for Y<br>9/30/2019 | ear Ended                | Page of 19   37 |
|-----------|---|---------|--------------|---------------------------|--------------------------|-----------------|
|           | or run care content, mer arona mater o bage conten  | <u></u> | 077 0        | 7/30/2019                 |                          | 19   37         |
|           | Item  |         | Total        | CCNH                      | RHNS                     | (Specify)       |
| 3.        | Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,                                     | Lbs.    |              |                           |                          |                 |
|           | gowns and other resident care items washed, ironed, and/or processed.***  | Amt. \$ | 8,791        | 8,791                     |                          |                 |
|           | Employee items including uniforms,<br>gowns, etc. washed, ironed and/or   | Lbs.    |              |                           |                          |                 |
|           | processed.***   | Amt. \$ |              |                           |                          |                 |
|           | 3. Personal clothing of residents   | Lbs.    |              |                           |                          |                 |
|           | washed, ironed, and/or processed.***  | Amt. \$ |              |                           |                          |                 |
|           | 4. Repair and/or purchase of linens.***   | Lbs.    |              |                           |                          |                 |
|           | b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | Amt. \$ |              | 167,372                   |                          |                 |
|           | c. Other (Specify) Other Laundry Supplies / Diapers   | \$      |              |                           |                          |                 |
| 3D.       | Total Laundry Expenditures (3a + b + c)   | \$      | 243,048      | 243,048                   |                          |                 |
| 3E.<br>F. | Laundry Questionnaire  Is cost of employee laundry included in 3D? O  | Yes     | •            | No                        | If yes, specify cost.    |                 |
| G.        | Did you receive revenue from employees?   | Yes     | •            | No                        | If yes, specify amt.     |                 |
| H.        | Where is the revenue received reported in the Cost  | Report? |              | (Page/Line                |                          |                 |
| I.        | Is Cost of laundry provided to persons other than employees or residents included in 3D?                        | Yes     | •            | No                        | If yes,<br>specify cost. |                 |
| J.        |   | Yes     | 0            | No                        | If yes, specify amt.     |                 |
| K.        | Where is the revenue received reported in the Cost  | Report? |              | (Page/Line                | Item)                    |                 |

<sup>\*</sup> 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.

<sup>\*\*\*</sup> 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)

|      | e of Facility                                |                  | Repo | ort for Year E | nded    | Page  | of        |
|------|--|------------------|------|----------------|---------|-------|-----------|
| Harb | or Hill Care Center, Inc. d/b/a Water's Edge | 2097-C           |      | 9/30/2019      |         | 20    | 37        |
|      | ·  |                  |      |                |         |       |           |
|      |  |                  | j    | 7F ( 1         | CONTI   | DIDIC | (0, :6)   |
| 1    | Item   | Γ                | -    | Total          | CCNH    | RHNS  | (Specify) |
| 4.   | Housekeeping                                 | Sq. Ft. Serviced |      |                |         |       |           |
|      | a. In-House Care                             | by Personnel     |      | 10.500         | 10.700  |       | <u> </u>  |
|      | 1. Supplies - Cleaning ( <i>Mops</i> ,       | Amt.             | \$   | 40,783         | 40,783  |       |           |
|      | 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)                           |                  | \$   |                |         |       | 7         |
|      |  |                  |      |                |         |       |           |
| 4D.  | Total Housekeeping Expenditures (4a +        | b + c)           | \$   | 40,783         | 40,783  |       |           |
| 5.   | Resident Care (Supplies)**                   |                  |      |                |         |       |           |
|      | a. Prescription Drugs***                     |                  |      |                |         |       |           |
|      | 1. Own Pharmacy                              |                  | \$   |                |         |       |           |
|      | 2. Purchased from                            |                  | \$   | 341,783        | 341,783 |       |           |
|      | Procare                                      |                  |      |                |         |       |           |
|      | b. Medicine Cabinet Drugs                    |                  | \$   | 12,462         | 12,462  |       |           |
|      | c. Medical and Therapeutic Supplies          |                  | \$   | 165,256        | 165,256 |       |           |
|      | d. Ambulance/Limousine***                    |                  | \$   | 4,548          | 4,548   |       |           |
|      | e. Oxygen                                    |                  |      |                |         |       |           |
|      | 1. For Emergency Use                         |                  | \$   |                |         |       |           |
|      | 2. Other***                                  |                  | \$   | 8,084          | 8,084   |       |           |
|      | f. X-rays and Related Radiological           |                  | \$   | 17,613         | 17,613  |       |           |
|      | Procedures***                                |                  |      | er see a       |         |       |           |
|      | g. Dental (Not dentists who should be inc.   | luded under      | \$   |                |         |       |           |
|      | salaries or fees)                            |                  |      |                |         |       |           |
|      | h. Laboratory***                             |                  | \$   | 16,207         | 16,207  |       |           |
|      | i. Recreation                                |                  | \$   | 51,669         | 51,669  |       |           |
|      | j. Direct Management Services*               |                  | \$   |                |         |       |           |
|      | k. Indirect Management Services*             |                  | \$   |                |         |       |           |
|      | l. Other (Specify)****                       |                  | \$   |                | 92,207  |       |           |
|      | See Attached Schedule                        |                  |      |                |         |       |           |
| 5M   | Total Resident Care Expenditures (5a - 5     | 5i)              | - \$ | 709,829        | 709,829 |       |           |

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

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

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

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

### Schedule of Other Resident Care

| Description  | CCNH      | RHNS | (Specify) |  |
|--|-----------|------|-----------|--|
|  | _         |      |           |  |
| Supplies - Rehab Tpy and AncIlry (Disallowed on Pg 29a)        | \$ 312    |      |           |  |
| IV Thy Supplies - Rehab Tpy and Ancllry (Disallowed on Pg 29a) | 10,763    |      |           |  |
| Minor Equip - Nursing  | 254       |      |           |  |
| Equip Rental - Nursing (Disallowed on Pg 29a)                  | 42,370    |      |           |  |
| Equip Rental - Rehab Tpy and Ancllry (Disallowed on Pg 29a)    | 10,515    |      |           |  |
| Equip Rental - Respiratory (Disallowed on Pg 29a)              | 25,480    |      |           |  |
| Purchased Services - Nursing                                   | 2,513     |      |           |  |
|  | ·         |      |           |  |
|  | ·         |      |           |  |
|  |           |      |           |  |
|  |           |      |           |  |
|  |           |      |           |  |
|  | ·         |      |           |  |
|  |           |      |           |  |
|  |           |      | ,         |  |
|  |           |      |           |  |
|  |           |      |           |  |
|  |           |      |           |  |
|  |           |      |           |  |
|  |           |      |           |  |
|  |           |      |           |  |
|  |           |      |           |  |
| Total Other Resident Care                                      | \$ 92,207 | \$ - | \$ -      |  |

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

| Name of Facility              |  |  |            | License No.                 | Report for Year Ende                     | d                                     |              |           |    | of   |
|-------------------------------|--|--|------------|-----------------------------|--|---------------------------------------|--------------|-----------|----|------|
| Harbor Hill Care Center, Inc  | . d/b/a Water's Edge Ce                                  | enter for Hea                                | Ith & Reha | 2097-C                      | 9/30/2019                                | ā                                     |              |           | 21 | 37   |
|                               |  | Related ** to Owners,<br>Operators, Officers |            |                             |  |                                       | /Page Ref.** | **        |    |      |
| Name of Individual or Company | Address  | Yes  | No         | Explanation of Relationship | Full Explanation of Service Provided*    | CCNH                                  | RHNS         | (Specify) | Pg | Line |
| MJ Daly                       | 110 Mattatuck Heights,<br>Waterbury, CT, 06705           | 0  |            | N/A                         | HVAC and Boiler<br>Service               | 29,670                                |              |           |    | 6f   |
| ADP                           | Philadelphia, PA 19170-<br>0372<br>PO Box 23072 Overland | 0  | 0          | N/A                         | Payroll Processing  Computer Maintenance | 15,702                                |              |           | 16 | m11  |
| Intergrated Health Stystems   | Por Box 23072 Overland<br>Park, KS 66283                 | 0  | 0          | N/A                         | Systems Systems                          | 12,826                                |              |           | 16 | m11  |
| Smartlinx                     | Floor Edison, NJ 08837                                   | 0  | •          | N/A                         | Time & Attendance                        | 10,600                                |              |           | 16 | mll  |
| Med Apparel Parkway           | Mt. Vernon, NY 10550                                     | 0  | 0          | N/A                         | Laundry / Linen                          | 37,102                                |              |           | 19 | 3b   |
| Unitex Textile Rental Parkway | Mt. Vernon, NY 10550<br>P.O. Box 74008980                | 0  | •          | N/A                         | Laundry / Linen                          | 130,269                               |              |           | 19 | 3b   |
| Smart Care                    | Chicago, IL 60674-8980                                   | 0  |            | N/A                         | Dietary Equipment repair                 | 15,768                                |              |           | 18 | 2b_  |
|                               |  | 0  | <u> </u>   |                             |  | · · · · · · · · · · · · · · · · · · · |              |           |    |      |
|                               |  | 0  | <u> </u>   |                             |  |                                       |              |           |    |      |
|                               |  | 0  | 0          |                             |  |                                       |              | anne in a |    |      |
|                               |  | 0  | 0          |                             |  |                                       |              |           |    |      |
|                               |  | 0  | <u> </u>   |                             |  |                                       |              |           |    |      |
|                               |  | 0  | •          |                             |  |                                       |              |           |    |      |

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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  |
|--|----|---------------|-----------|------|--|
| Harbor Hill Care Center, Inc. d/b/a Water's Ed 2097-0  | C  | 9/30/2019     |           |      | 22   37  |
| ltem   |    | Total         | CCNH      | RHNS | (Specify)  |
| 6. Maintenance & Operation of Plant                    |    |               |           |      |  |
| a. Repairs & Maintenance                               | \$ |               |           |      |  |
| b. Heat  | \$ | 62,769        | 62,769    |      |  |
| c. Light & Power                                       | \$ | 168,417       | 168,417   |      |  |
| d. Water   | \$ | 29,513        | 29,513    |      |  |
| e. Equipment Lease ( <i>Provide detail on page 6</i> ) | \$ | 49,874        | 49,874    |      |  |
| f. Other (itemize)                                     | \$ | .153,367      | 153,367   |      |  |
| See Attached Schedule                                  |    |               |           |      | 19 (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) (19 ) |
| 6g. Total Maint. & Operating Expense (6a - 6f)         | \$ | 463,940       | 463,940   |      |  |
| 7. Depreciation (complete schedule page 23*)           |    |               |           |      |  |
| a. Land Improvements                                   | \$ |               |           |      |  |
| b. Building & Building Improvements                    | \$ |               |           |      |  |
| c. Non-Movable Equipment                               | \$ |               |           |      |  |
| d. Movable Equipment                                   | \$ | 62,648        | 62,648    |      |  |
| *7e. Total Depreciation Costs (7a + b + c + d)         | \$ | 62,648        | 62,648    |      |  |
| 8. Amortization (Complete att. Schedule Page 24*)      |    |               |           |      | ,  |
| a. Organization Expense                                | \$ |               |           |      |  |
| b. Mortgage Expense                                    | \$ |               |           |      |  |
| c. Leasehold Improvements                              | \$ | 75,799        | 75,799    |      |  |
| d. Other ( <i>Specify</i> )                            | \$ |               |           |      |  |
| *8e. Total Amortization Costs (8a + b + c + d)         | \$ | 75,799        | 75,799    |      |  |
| 9. Rental payments on leased real property less        |    |               |           |      |  |
| real estate taxes included in item 10b                 | \$ | 720,000       | 720,000   |      |  |
| 10. Property Taxes                                     |    |               |           |      |  |
| a. Real estate taxes paid by owner                     | \$ | 121,794       | 121,794   |      |  |
| b. Real estate taxes paid by lessor                    | \$ |               |           |      |  |
| c. Personal property taxes                             | \$ | 16,804        | 16,804    |      |  |
| 11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)  | \$ | 997,045       | 997,045   |      |  |

<sup>\*</sup> 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) |
|-------------------------------------|------------|-------|-----------|
|                                     | -          |       |           |
| Supplies - Maintenance              | \$ 45,041  | -     |           |
| Supplies - Security                 | 65         |       |           |
| Purch Services - Maintenance        | 59,045     |       | ·         |
| Purch Services - Security           | 2,435.     |       | •         |
| Ground Services                     | 21,106     |       |           |
| Pest Control                        | 4,547      |       |           |
| Carting                             | 21,128     |       |           |
| · · ·                               |            |       |           |
|                                     |            |       |           |
|                                     |            |       |           |
|                                     |            |       |           |
|                                     |            |       |           |
|                                     |            |       |           |
|                                     |            |       |           |
|                                     |            |       |           |
|                                     |            | V-10- |           |
|                                     |            |       |           |
|                                     |            |       |           |
|                                     |            |       |           |
|                                     |            |       |           |
| Total Other Repairs and Maintenance | \$ 153,367 | \$ -  | \$ -      |

**Depreciation Schedule** 

|   |              |   |  |   | lation Sc   |  | Report for Year E   | and ad   |   | Deca  | of   |
|---|--------------|---|--|---|---|--|---|--|---|---|--|
| Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & R |              |   | License No.  | 7.0   |   |  | enaea   |  | Page  | 37  |  |
| Trainor Tim Care Center, inc. diora water's Edge Center for Health & R                  |              |   |  | /-C   | r————   | <del> </del>   | <del></del>   |  | 23  | 37  |  |
|   |              |   |  | 1   | ,   |  | l .   |  |   |   |  |
|   |              |   |  |   | 7   | G B  |   |  | II. C.1   | D   |  |
|   |              |   |  |   | _   | 1  |   |  |   |   | Totals   |
| Property Item A. Land Improvements  |              |   | Land   | Value   | Depreciated   | rears Operations   | Depreciation  | Life   | for this year   | Totals  |  |
|   |              |   |  |   |   |  |   |  |   |   |  |
|   |              |   |  |   |   |  |   | <del> </del>   |   | <b></b>   |  |
| 1 1   | 1.1.         |   |  |   |   |  |   |  | <del> </del>  | <b> </b>  | 2.7  |
| Acquired during this report period (attach schedule)  A-4. Subtotal                     |              |   |  |   |   | 100  |   |  |   |   |  |
|   |              |   |  |   |   |  |   |  |   |   |  |
|   |              |   |  |   |   |  |   |  |   |   |  |
|   |              |   |  |   |   |  | <u> </u>  | <u> </u>   |   | <del> </del>  |  |
| <del></del>   |              |   |  | <u> </u>  |   |  |   |  | <del> </del>  | <del> </del>  |  |
| n sche  | eaule)       |   |  |   |   |  |   |  |   |   |  |
|   |              |   |  |   |   |  |   |  |   |   |  |
|   |              |   |  |   |   |  | 1   |  |   |   |  |
|   |              |   |  | ļ   |   |  |   |  |   |   |  |
| 11  | . 1. 1. \    |   |  | <del> </del>  |   |  |   |  | -   |   |  |
| Acquired during this report period (attach schedule)  C-4. Subtotal                     |              |   |  |   |   |  |   |  |   |   |  |
|   |              | т   |  |   |   |  |   | l  |   |   |  |
|   |              |   |  |   |   |  |   |  |   |   |  |
|   |              | 1   |  |   | 1   |  |   |  |   |   |  |
| maint   | ained?       | Acqu  | isition  | -   |   |  | 1 *   | i  |   |   |  |
|   |              | ł   | l  | 1   | -   | 1  |   |  |   |   |  |
| Yes   | No           | Month   | Year   | Land  | Value   | Depreciated  | Year's Operations   | Depreciation   | Life  | for This Year   | Totals   |
|   |              | 100   |  |   |   |  |   | 100  |   |   |  |
|   |              |   |  |   |   |  |   |  |   |   |  |
|   |              |   | 2000   |   |   | 10=1=  | 10.000  | 0.7  | 1 37  |   | and the second second  |
|   | X            | 2   | 2002   | 12,747  |   | 12,747   | 12,/4/  | S/L  | 4 Years   |   |  |
|   | <del> </del> | <del></del>   | -  | <del> </del>  |   |  |   | ļ  |   |   | 12.77  |
|   | <u> </u>     |   | <del> </del>   |   |   |  |   |  |   |   |  |
|   |              |   |  |   |   |  |   |  |   |   |  |
|   |              | Var   | Var  | 924,219   |   | 924,219  | 657.070   | S/L  | Various   | 52,139  | 300  |
|   |              | 1, 41   | . ui   | 1 / 1,1/  |   | 12.,217  | 1   |  | 1 20 20   | +   |  |
|   |              |   |  |   | ļ   | 1  | 1   | ł  | 1   | 1   | The state of the s |
|   |              |   |  |   |   | T.   | 17.0  |  |   |   |  |
|   |              |   |  | 78 661  |   | 78 661   |   | S/L  | Various   | 10.509  |  |
|   |              | 3.2   |  | 78,661  |   | 78,661   |   | S/L  | Various   | 10,509  | 62,648   |
|   | h scho       | h schedule)  th schedule)  Is a mileage logbook maintained? | h schedule)  h schedule)  Is a mileage logbook maintained?  Yes No Month | h schedule)  h schedule)  Is a mileage logbook maintained? Acquisition  Yes No Month Year | Historical Cost Exclusive of Land  h schedule)  h schedule)  Is a mileage logbook maintained? Acquisition Yes No Month Year Exclusive of Land | Historical Cost Exclusive of Land Value  h schedule)  h schedule)  Is a mileage logbook maintained? Acquisition Yes No Month Year  Historical Cost Exclusive of Land  Less Salvage Value  Land  Less Salvage Value  Salvage Land Value | Historical Cost Exclusive of Land  Historical Cost to Be Depreciated  h schedule)  h schedule)  Is a mileage logbook maintained?  Acquisition  Historical Cost Exclusive of Land  Historical Cost Exclusive of Salvage Cost to Be Depreciated | Historical Cost Less Exclusive of Salvage Land Value Depreciated Depreciation to Beginning of Year's Operations  h schedule)  Is a mileage logbook maintained? Acquisition Acquisition Cost Less Exclusive of Salvage Popraciated Depreciated Depreciated Popraciated Popraciation to Beginning of Year's Operations | Historical Cost Exclusive of Land Value  Cost to Be Depreciated  Cost to Be Land  Cost to Be Depreciated  Cost to Be Popper ciated  Cost to Be Depreciated  Cost to Be Popper ciated  Cost to Be Depreciated  Cost to Be Popper ciated  Cost to Be Depreciation  Method of Computing Depreciation  Accumulated Depreciation  Method of Computing Depreciation  Accumulated Depreciation  Method of Computing Depreciation  Accumulated Depreciation  Cost Less Exclusive of Salvage Value  Depreciated  Cost to Be Depreciation  Accumulated Depreciation  Method of Computing Depreciation   Historical Cost Exclusive of Land Value Cost to Be Depreciated Depreciation to Beginning of Year's Operations Depreciation Useful Life  h schedule)  Is a mileage logbook maintained? Acquisition  Yes No Month Year  Historical Cost Less Salvage Value  Historical Less Salvage Cost to Be Depreciated Depreciation Salvage Cost to Be Depreciation Depreciation Depreciation Useful Life  Accumulated Depreciation Depreciation Useful Life  Accumulated Depreciation of Beginning of Year's Operations Depreciation of Depreciation of Computing Depreciation of Computing Depreciation Useful Life | Historical Cost Exclusive of Land  Historical Cost Exclusive of Land  Historical Cost Exclusive of Land  Less Exclusive of Land  Value  Cost to Be Depreciation to Beginning of Year's Operations  Depreciation to Beginning of Computing Year's Operations  Depreciation for This Year  Accumulated Depreciation  Depreciation  This Year  Accumulated Depreciation  Depreciation  Depreciation  Depreciation  This Year  Depreciation  Depre |

|                                   |  |      | Useful       |   |
|-----------------------------------|--|------|--------------|---|
| Acquisition Date                  | Description of Item  | Cost | Life         | Depreciation                            |
| Additions:                        |  |      |              |   |
|                                   |  |      |              | ,                                       |
|                                   |  |      |              | *************************************** |
|                                   |  |      |              | +:                                      |
|                                   |  |      |              |   |
|                                   | Professional Control of the Control  |      |              |   |
|                                   |  |      |              |   |
|                                   | and the second s |      |              |   |
| Total additions for Land Improver | nents  | \$ - | 1            | \$ -                                    |
| Deletions:                        |  |      |              |   |
|                                   |  |      |              |   |
|                                   |  | -    | <del> </del> |   |
|                                   | The second secon |      |              |   |
|                                   |  |      |              |   |
|                                   |  |      | ļ            |   |
|                                   |  |      |              |   |
|                                   |  |      |              |   |
| Total deletions for Land Improven | nents  | \$ - | T            | \$ -                                    |

<sup>\*</sup>Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

| enedure of Dunding Improvements       | required during this report period      |      | Useful | •            |
|---------------------------------------|---|------|--------|--------------|
| equisition Date                       | Description of Item                     | Cost | Life   | Depreciation |
| dditions:                             |   |      |        |              |
|                                       |   |      |        |              |
|                                       |   |      |        | T .          |
|                                       | AND |      |        |              |
|                                       |   |      |        |              |
| · · · · · · · · · · · · · · · · · · · |   |      |        |              |
|                                       |   |      |        |              |
|                                       |   |      |        |              |
| otal additions for Building Improv    | rements                                 | \$ - |        | \$ -         |
| eletions:                             |   |      |        |              |
|                                       |   |      |        |              |
|                                       |   |      |        |              |
|                                       |   |      |        |              |
|                                       |   |      |        | <del> </del> |
|                                       |   |      |        |              |
|                                       |   |      |        |              |
|                                       |   |      |        |              |
| otal deletions for Building Improv    | ements                                  | \$ - |        | \$ -         |

<sup>\*</sup>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:                      |                     |      |        |              |
|                                 |                     |      |        |              |
|                                 |                     |      |        |              |
|                                 |                     |      |        |              |
|                                 |                     |      |        |              |
|                                 |                     |      |        |              |
|                                 |                     |      |        |              |
| otal additions for Non-Movable  | Equipment           | \$ - |        | \$ -         |
| Deletions:                      |                     |      |        |              |
|                                 |                     |      |        |              |
|                                 |                     |      |        |              |
|                                 |                     |      |        | - V/I        |
|                                 |                     |      |        |              |
|                                 |                     |      |        |              |
|                                 |                     |      |        |              |
| Total deletions for Non-Movable | Equipment           | \$ - |        | \$ -         |

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

| uisition Date       | Description of Item           | Cost      | Useful<br>Life | Depreciatio |
|---------------------|-------------------------------|-----------|----------------|-------------|
|                     | y 5 bedside cabinets          | \$ 1,218  | 3              | \$ 40       |
| 11/30/2018 Re       |                               | 508       | 8              | 6           |
|                     | dup wheelchair                | 2,667     | 5              | 53          |
|                     | y 10 stacking armchairs       | 2,979     | 5              | 59          |
|                     | sk w box file pedestal        | 744       | 10             | 7           |
|                     | ounge chairs&2 sofas          | 6,618     | 15             | 44          |
| 11/30/2018 Be       |                               | 640       | 10             | 6           |
|                     | ood blender & Blender/Mixer   | 2,787     | 12             | 23          |
|                     | lor printer - Id printer      | 1,620     | 12             | 13          |
|                     | electric bed 80",12/31/2018"  | 640       | 10             | 6           |
|                     | y 4 electric DC beds 7680""   | 2,771     | 10             | 27          |
|                     | ell Latitude laptop           | 1,483     | 3              | 49          |
| 12/31/2018 HI       |                               | 848       | 5              | 17          |
|                     | ry 3 tables w adj height base | 896       | 10             | 5           |
|                     | Insmitter and system tester   | 672       | 10             | e           |
|                     | ty3 tabletop 42",1/31/2019"   | 942       | 10             | 9           |
|                     | ty3 Cpri two-way lift chair   | 1,608     | 10             | 16          |
|                     | ty 6 - 22 button phones       | 1,464     | 5              | 29          |
| 3/31/2019 W         | £                             | 1,246     | 5              | 24          |
|                     |                               | 8,328     | <u></u>        | 1,19        |
|                     | eanner, Ultrasound Bladder W1 | 897       | 10             | 1,13        |
|                     | eadboard/ Footboard           | 943       | 5              | 18          |
| 3/31/2019 Sc        |                               |           | 5              |             |
|                     | ackup Comp power source       | 813       |                | 10          |
|                     | eam Table & Serving Shelf     | 6,189     | 10             | 6           |
| 4/30/2019 EI        |                               | 693       | 12             | 15          |
|                     | Reduce Max Mattresses         | 872       | 5              | 11          |
| 5/31/2019 3         |                               | 1,773     | 12             | 14          |
| 5/31/2019 4         |                               | 632       | 10             | - (         |
| 5/31/2019 4         |                               | 2,429     | 12             | 20          |
|                     | Bedside Cabinets              | 1,481     | 15             | 9           |
|                     | Bedside Cabinets              | 1,457     | 15             |             |
| 6/30/2019 4         | Electric Beds                 | 2,429     | 12             | 21          |
| 8/31/2019 C         | hromebook Laptop              | 1,542     | 3              | 5           |
| 8/31/2019 V         | acuum Cleaner                 | 1,130     | 8              | 1.          |
| 9/30/2019 B         | attery Load Bank              | 4,020     | 5              | 8           |
| 9/30/2019 M         | lattress & Covers             | 2,417     | 5              | 4.          |
| 9/30/2019 B         | ariatric/ Geri Chair          | 424       | 10             | <u> </u>    |
| 9/30/2019 D         | ual Bedside Station           | 1,008     | 15             |             |
| 9/30/2019 2         | Scales                        | 1,501     | 10             | 1.          |
| 9/30/2019 E         |                               | . 693     | 12             |             |
| 9/30/2019 E         | lectric bed                   | 693       | 12             |             |
| 9/30/2019 P         | atient Lift,                  | 1,469     | 10             |             |
| 9/30/2019 P         |                               | 2,476     | 10             |             |
| tal additions for M | ovable Equipment              | \$ 78,661 |                | \$ 10,5     |
| eletions;           |                               |           |                |             |
|                     |                               |           |                |             |
|                     |                               |           |                |             |
|                     | ovable Equipment              | \$ -      |                | \$ -        |

<sup>\*</sup>Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

|                  |                           |          | Useful |              |
|------------------|---------------------------|----------|--------|--------------|
| Acquisition Date | Description of Item       | Cost     | Life   | Depreciation |
| Additions:       |                           |          |        |              |
| 11/30/2018       | FACILITY PAINTING PROJECT | \$ 3,858 | 15     | \$ 257       |
| 12/31/2018       | FACILITY PAINTING PROJECT | 4,016    | 10     | 402          |
| 12/31/2018       | HVAC unit                 | 12,742   |        | 2,548        |
| 1/31/2019        | FACILITY PAINTING PROJECT | 3,878    | 10     | 388          |
| 2/28/2019        | FACILITY PAINTING PROJECT | 3,743    | 20     | 187          |

<sup>\*\*</sup>Ties to Page 23, Line D2b

| 2/28/2019 FACILITY PAINTING PROJECT       | 3,165      | 12 | 264       |
|---|------------|----|-----------|
| 2/28/2019 replace 3way valve boiler room  | 3,219      | 12 | 268       |
| 2/28/2019 phone line installation         | 1,728      | 10 | 173       |
| 3/31/2019 FACILITY PAINTING PROJECT       | . 4,606    | 5  | 921       |
| 3/31/2019 Sherwin Williams Paint Gallons  | 4,410      | 5  | 882       |
| 3/31/2019 Sales Tax on Asset # 693        | 536        | 12 | 45        |
| 3/31/2019 Sales Tax on Asset# 694         | 356        | 3  | 119       |
| 4/30/2019 HVAC 3 Way Heating Valve        | 2,720      | 5  | 544       |
| 4/30/2019 HVAC Pulley                     | 5,524      | 10 | 552       |
| 5/31/2019 HVAC Circ Pump                  | 5,254      | 10 | 525       |
| 6/30/2019 HVAC Repair                     | . 845      | 10 | 84        |
| 6/30/2019 Plumbing Repair                 | 1,891      | 10 | 189       |
| 6/30/2019 HVAC Repair                     | 6,345      | 5  | 1,269     |
| 6/30/2019 HVAC Repair                     | 3,866      | 5  | 773       |
| 6/30/2019 HVAC Repair                     | 899        | 7  | 128       |
| 6/30/2019 IT Set up -Data Rack Relocatio  | 5,860      | 10 | 586       |
| 6/30/2019 HVAC Repair                     | 2,499      | 5  | 500       |
| 6/30/2019 HVAC Repair                     | 2,720      | 5  | 544       |
| 6/30/2019 HVAC Repair                     | 5,047      | 10 | 505       |
| 8/31/2019 Replace Regulating Valve on AC  | 7,821      | 12 | 652       |
| 8/31/2019 Wiring on Steam Table           | 1,095      | 5  | 219       |
| 8/31/2019 Wood Flooring-Passport Project  | 7,237      | 12 | 603       |
| 8/31/2019 FACILITY PAINTING PROJECT       | . 20,511   | 10 | 2,051     |
| 9/30/2019 HVAC Repair                     | 1,425      | 12 | 119       |
| 9/30/2019 HVAC Repair                     | 2,688      | 15 | 179       |
| 9/30/2019 HVAC Repair                     | 986        | 15 | 66        |
| 9/30/2019 FACILITY PAINTING PROJECT       | 3,575      | 12 | 298       |
| Total additions for Leasehold Improvement | \$ 135,067 |    | \$ 16,840 |
| Deletions:                                |            |    |           |
|   |            |    |           |
|   |            |    |           |
|   |            |    |           |
|   |            |    |           |
|   |            |    | ļ         |
|   |            |    |           |
| Total deletions for Leasehold Improvement | \$ -       |    | \$ -      |

<sup>\*</sup>Ties to Page 24, Line C3
\*\*Ties to Page 24, Line C2

## **Amortization Schedule\***

| Name of Facility I  |   |  | License No.                          |                    | Report for Year Ended  |  |                | Page   | of   |                 |
|---|---|--|--------------------------------------|--------------------|--|--|----------------|--|--|-----------------|
| Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H |   | 2097-C   |                                      | 9/30/2019          |  |  | 24             | 37   |  |                 |
|   | ·                                       |  |                                      |                    |  | Accumulated  |                |  |  |                 |
|   |   | Dat  | e of                                 |                    |  | Amort. to  |                |  |  |                 |
| ľ   |   | Acqui  | isition                              |                    |  | Beginning of   | Basis for      |  |  |                 |
|   |   |  |                                      | Length of          | Cost to Be   | Year's   | Computing      | Rate   | Amortization   |                 |
|   | Item                                    | Month  | Year                                 | Amortization       | Amortized  | Operations   | Amortization** | %  | for This Year  | Totals          |
| A.  | Organization Expense                    |  |                                      |                    |  |  |                |  |  | 100             |
|   | 1.                                      |  |                                      |                    |  |  |                |  |  |                 |
|   | 2.                                      |  |                                      |                    |  |  |                |  |  |                 |
|   | 3.                                      |  |                                      |                    |  | ·  |                |  |  |                 |
| A-4.  |   | 100  | 100                                  |                    |  |  |                |  |  |                 |
| B.  | Mortgage Expense                        |  |                                      |                    |  |  |                | :  |  | ST Style Code 1 |
|   | 1.                                      |  |                                      |                    |  |  |                |  |  |                 |
|   | 2.                                      |  |                                      |                    |  |  |                |  |  |                 |
|   | 3.                                      | and the second s |                                      |                    | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT       |  |                | rate in the land of the land o | Manager and the second of the  |                 |
| B-4.  |   |  |                                      |                    |  |  |                |  | 1  |                 |
| C.  | Leasehold Improvements and Other        |  |                                      |                    |  |  |                |  |  |                 |
| <u> </u>  | 1. Acquired prior to this report period | Var  | Var                                  | Various            | 1,923,083  | 1,402,285  | S/L            | Variou   | 58,959   | Section 1       |
|   | 2. Disposals (attach schedule)          |  | nijskijos ir sedžo irdži (Vess silve |                    | DATE OF THE PROPERTY OF THE PR       | - Constitution of a report to the constitution of the constitution |                |  | The second secon |                 |
|   | 3. Acquired during this report period   | 1700   |                                      |                    | <u> Laboratorio de la composición del composición de la composición </u> |  |                |  | 118  |                 |
|   | (attach schedule)                       | Var  | Var                                  | Various            | 135,067  |  | S/L            | Variou   | 16,840   |                 |
| C-4.  |   |  |                                      | A SERVE CONTRACTOR |  |  |                |  |  | 75,799          |
| D.  | Total Amortization                      |  |                                      |                    |  |  |                |  |  | 75,799          |

<sup>\*</sup> Straight-line method must be used.

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

<sup>\*\*</sup> Specify which of the following bases were used:

## Water's Edge Health & Rehab FIXED ASSET / DEPRECIATION SCHEDULE

| Asset Type  | Description   | Date In Service   | Method                                       | Life                       | Historical<br>Cost                                    | 2018<br>A/D | 2019<br>Deprec.                           | 2019<br>,√1)                        | NBV            |
|---|---|---|--|----------------------------|---|-------------|---|-------------------------------------|----------------|
| EASHOLD IMPROV  |   |   |  |                            |   |             |   |                                     |                |
|   |   |   |  |                            |   |             |   |                                     |                |
| Li  | Prior Period Acquisitions (Per 9/30/18 CR)  | Various   | 84.  | Various                    | 1,923,083   | 1,402,285   | 58,959                                    | 1,461,244                           | 461,839        |
| H9 Additions  |   |   |  |                            |   |             |   |                                     |                |
| LT<br>LT  | FACILITY PAINTING PROJECT<br>FACILITY PAINTING PROJECT  | 11/30/2018<br>12/31/2018  | S/L<br>S/L                                   | 15<br>10                   | 3,858<br>4,016  | •           | 257<br>402                                | 257<br>402                          | 3,60<br>3,61-  |
| 1.3   | HVAC unit   | 12/31/2018  | S-L  | 5                          | 12,742  |             | 2548                                      | 2,548                               | 10,19          |
| LI  | FACILITY PAINTING PROJECT   | 1/31/2019   | 8/1.   | 10                         | 3,878   |             | 388                                       | 388                                 | 3,490          |
| LI  | FACILITY PAINTING PROJECT   | 2/28/2019   | S/L  | 20                         | 3.743   | -           | 187                                       | 187                                 | 3.55           |
| 디   | FACILITY PAINTING PROJECT   | 2/28/2019<br>2/28/2019  | \$4.<br>\$4.                                 | 12                         | 3,165<br>3,219  |             | 264<br>268                                | 264<br>268                          | 2,90           |
| 1.1<br>1.1  | replace 3way valve boiler room<br>phone line installation   | 2/28/2019   | 84.  | 10                         | 1,728   |             | 173                                       | 173                                 | 1.55           |
| i.i   | FACILITY PAINTING PROJECT   | 3/31/2019   | S4.  | 5                          | 4,606   |             | 921                                       | 921                                 | 3,68           |
| 1.1   | Sherwin Williams Paint Gallons  | 3/31/2019   | S/L  | 5                          | 4.410   | -           | 882                                       | 882                                 | 3,52           |
| LI  | Sales Tax on Asset # 693  | 3/31/2019   | S/L  | 12                         | 536<br>356  | •           | 45<br>119                                 | -15<br>119                          | 49<br>23       |
| 1.1<br>L1   | Sales Tax on Asset# 694<br>HVAC 3 Way Heating Vulve   | 3/31/2019<br>4/30/2019  | S/L<br>S/L                                   | .1<br>5                    | 2,720   | :           | 544                                       | 544                                 | 2,17           |
| Li  | HVAC Pulley   | 4/30/2019   | S/L  | 10                         | 5,524   |             | 552                                       | 552                                 | 4,97           |
| 1.3   | HVAC Circ Pump  | 5/31/2019   | 84.  | 10                         | 5,254   | *           | 525                                       | 525                                 | 4,72           |
| 1.1   | HVAC Repair   | 6/30/2019   | S/L  | 10                         | 845   |             | 84  | 84                                  | 70             |
| LI  | Plumbing Repair   | 6/30/2019   | S/L<br>S/L                                   | 10                         | 1,891<br>6,345  |             | 189<br>1269                               | 189<br>1,269                        | 1.70<br>5.07   |
| LI<br>LI  | HVAC Repair<br>HVAC Repair  | 6/30/2019 ·<br>6/30/2019  | S/L  | 5                          | 3,866   |             | 773                                       | 773                                 | 3,0            |
| 1.1   | HVAC Repair   | 6/30/2019   | 84.  | 7                          | 899   |             | 128                                       | 128                                 | 7              |
| 1.1   | IT Set up -Data Ruck Relocatio  | 6/30/2019   | S/L  | 10                         | 5,860   |             | 586                                       | 586                                 | 5,2            |
| LI  | HVAC Repair   | 6/30/2019   | S/L  | 5                          | 2,499   |             | 500                                       | 5(11)                               | 1,9            |
| 1.1   | HVAC Repair   | 6/30/2019   | S/I.   | 5                          | 2,720   | •           | 544                                       | 541                                 | 2,1            |
| LI  | HVAC Repair  Paralaga Paranlating Valva on AC   | 6/30/2019<br>8/31/2019  | S/L<br>S/L                                   | 10<br>12                   | 5,047<br>7,821  | •           | 505<br>652                                | 505<br>652                          | 4,5<br>7,1     |
| LI<br>LI  | Replace Regulating Valve on AC<br>Wiring on Steam Table   | 8/31/2019<br>8/31/2019  | 8/L<br>8/L                                   | 5                          | 1,095   |             | 219                                       | 219                                 | 7,1            |
| ű   | Wood Flooring-Passport Project  | 8/31/2019   | S/L  | 12                         | 7.237   | -           | 603                                       | 603                                 | 6,6            |
| LI  | FACILITY PAINTING PROJECT   | 8/31/2019   | 84.  | 10                         | 20,511  |             | 2051                                      | 2.051                               | 18,4           |
| 1.1   | HVAC Repair   | 9/30/2019   | S/L  | 12                         | 1.425   | •           | 119                                       | 119                                 | 1.3            |
| LI  | HVAC Repair   | 9/30/2019   | 81.<br>81.                                   | 15                         | 2.688<br>986  | -           | 179<br>66                                 | 179<br>66                           | 2,5            |
| 1.1<br>El   | HVAC Repair<br>FAC(LITY PAINTING PROJECT  | 9/30/2019<br>9/30/2019  | S4.  | 15<br>12                   | 3,575   | :           | 298                                       | 298                                 | 3,2            |
|   |   | 1,10-2117   | 0.11   |                            | 2,058,150   | 1,402,285   | 75,799                                    | 1,478,084                           | 580,0          |
| HAL EEASEHOLI   | IMPROVEMENTS  |   |  |                            | 2,0.86,1.00   | 1,402,200   | (3)///                                    | 1,470,004                           |                |
| OVABLE EQUIPM   | ENT   |   |  |                            |   |             |   |                                     |                |
| MME   | Prior Period Acquisitions (Per 9/30/18 CR)  | Various   | S/L  | Various                    | 936,966   | 669,817     | 52,139                                    | 721,956                             | 215.0          |
| 19 Additions  |   |   |  |                            |   |             |   |                                     |                |
| MME   | Qty 5 bodside cubinets  | 11/30/2018  | S/L  | 3                          | 1.218   | •           | 406                                       | 406<br>63                           | 4              |
| MME   | Recliner<br>foldun wheelchair   | 11/30/2018<br>11/30/2018  | S/L<br>S/L                                   | 8<br>5                     | 508<br>2,667  | -           | 63<br>533                                 | 533                                 | 2.1            |
| MME<br>MME  | Oty 10 stacking armelairs   | 11/30/2018  | 84.  | 5                          | 2,979   | -           | 596                                       | 596                                 | 2.3            |
| MME   | desk' w hox file pedestal   | 11/30/2018  | 84.  | 10                         | 744   |             | 74  | 74                                  | - (            |
| MME   | 4 lounge chairs&2 sofus   | 11/30/2018  | S/L  | 15                         | 6,618   | •           | 441                                       | 441                                 | 6,1            |
| MME.  | Bed-full -electric  | 11/30/2018  | S/L  | 10                         | 640   | -           | 64  | 64<br>232                           | 2.5            |
| MME   | Food blender & Blender/Mixer  | 11/30/2018<br>12/31/2018  | 8/L<br>8/L                                   | 12<br>12                   | 2,787<br>1,620  |             | 232<br>135                                | 135                                 | 1.5            |
| MME<br>MME  | color printer - Id printer<br>1 electric bed 80",12/31/2018"  | 12/31/2018  | S/L  | 10                         | 640   | -           | 64  | 64                                  |                |
| MME   | qtv 4 electric DC beds 7680""   | 12/31/2018  | 8/1.   | 10                         | 2,771   |             | 277                                       | 277                                 | 2.4            |
| MME   | Dell Latitude laptop  | 12/31/2018  | S/L  | 3                          | 1,483   |             | 194                                       | 494                                 |                |
| MME   | 11D Smart TV  | 12/31/2018  | 8/1.   | 5                          | 848   |             | 170                                       | 170                                 |                |
| MME   | Qty 3 tubles w adj height base  | 1/31/2019   | 84.  | 10                         | 896   | -           | 90  | 90                                  |                |
| MME   | transmitter and system tester   | 1/31/2019<br>1/31/2019  | S-L<br>S-L                                   | 10<br>10                   | 672<br>942  |             | 67<br>94                                  | 67<br>94                            |                |
| MME<br>MME  | Qtv3 tubletop 42",1/31 2019"<br>Qtv3 Cpri two-way lift chair  | 1/31/2019   | Si.  | 10                         | 1,608   |             | 161                                       | 161                                 | L.             |
| MME   | Qiv 6 - 22 button phones  | 2/28/2019   | 8/1.   | 5                          | 1,464   |             | 293                                       | 293                                 | 1,             |
| MME   | Wheelchair  | 3/31/2019   | S/L  | 5                          | 1,246   |             | 249                                       | 249                                 |                |
| MME   | Scamer, Oltrasound Bladder W1   | 3/31/2019   | 8/L  | 7                          | R.32R   |             | 1190                                      | 1,190                               | 7.             |
| MME   | Headboard Footboard   | 3/31/2019   | S-1.<br>S-1.                                 | 10                         | 897<br>943  | *           | 90<br>189                                 | 90<br>189                           |                |
| MME   | Sonic Firewall Backup Comp person venter  | 3/31/2019<br>3/31/2019  | S4.  | 5<br>5                     | 94,5<br>81,3  |             | 163                                       | 163                                 |                |
| MME<br>MME  | Backup Comp power source<br>Steam Table & Serving Shelf   | 4/30/2019   | S-L  | 10                         | 6,189   |             | 619                                       | 619                                 | 5,             |
| MME   | Electric Bed  | 4/30/2019   | S/L  | 12                         | 693   |             | 58  | 58                                  |                |
| MME   | 5 Reduce Max Mattresses   | 4/30/2019   | 84.  | 5                          | 872   | *           | 174                                       | 174                                 |                |
| MME   | 3 Electric Beds   | 5/31/2019   | 84.  | 12                         | 1,773   | •           | 148                                       | 148<br>63                           | 1.             |
| MME   | 4 Mirrors   | 5/31/2019   | \$4.<br>\$4.                                 | 10<br>12                   | 632<br>2,429  |             | 63<br>202                                 | 202                                 | 2.             |
| MME<br>MME  | 4 Electric Beds<br>4 Bedside Cubinets   | 5/31/2019<br>5/31/2019  | 84.<br>84.                                   | 12                         | 1,481   |             | 99  | 99                                  | 1.             |
|   | 4 Bedside Cabinets  | 5/31/2019   | 84.  | 15                         | 1,457   |             | 97  | 97                                  | 1.             |
|   | 4 Electric Beds   | 6/30/2019   | 84.  | 12                         | 2,429   |             | 202                                       | 202                                 | 2.             |
| MME<br>MME  |   | 8/31/2019   | 84.  | 3                          | 1.542   |             | 514                                       | 514                                 | 1.             |
| MME<br>MME<br>MME   | Chromebook Laptop   |   | 84.  | 8<br>5                     | 1,130   |             | 141<br>804                                | 141<br>804                          | 3.             |
| MME<br>MME<br>MME<br>MME  | Chromebook Laptop<br>Vacuum Cleaner   | 8/31/2019   |  | 5                          | 4,020   | •           | 804<br>483                                | 483                                 | 3.<br>L        |
| MME<br>MME<br>MME<br>MME<br>MME                                     | Chromebook Laptop<br>Vacuum Cleuner<br>Battery Load Bank  | 9/30/2019   | S/L<br>S/L                                   | - 5                        | 2.117   |             |   |                                     |                |
| MME<br>MME<br>MME<br>MME<br>MME<br>MME                              | Chromebook Laptop<br>Vacuum Cleaner<br>Battery Load Bank<br>Mattress & Covers   | 9/30/2019<br>9/30/2019  | S/L<br>S/L                                   | 5<br>10                    | 2,417<br>424  |             | 42  | 42                                  |                |
| MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME                | Chromebook Laptop<br>Vacuum Cleuner<br>Battery Load Bank<br>Mattress & Covers<br>Bariatrie/ Geri Chair  | 9/30/2019   | \$41.  |                            |   |             |   | 42<br>67                            |                |
| MME<br>MME<br>MME<br>MME<br>MME<br>MME                              | Chromebook Laptop<br>Vacuum Cleaner<br>Battery Load Bank<br>Mattress & Covers   | 9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019                           | \$4.<br>84.<br>84.<br>84.                    | 10<br>15<br>10             | 424<br>1,008<br>1,501                                 |             | 42<br>67<br>150                           | 67<br>150                           | 1.             |
| MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME                | Chromebook Laptop<br>Vacuum Cleaner<br>Battery Loud Bank<br>Mattress & Covers<br>Bariatrie Geri Chair<br>Daul Bedside Station   | 9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019              | \$4.<br>84.<br>84.<br>84.<br>\$4.            | 10<br>15<br>10<br>12       | 424<br>1,008<br>1,501<br>693                          | :           | 42<br>67<br>150<br>58                     | 67<br>150<br>58                     | 1.             |
| MME                             | Chromebook Laptop<br>Voncume Cleamer<br>Hattery Lond Hank<br>Mattress & Covers<br>Barintief Chri Chair<br>Dan Pleckide Station<br>2 Seales<br>Electric bed<br>Electric bed              | 9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019 | \$4.<br>\$4.<br>\$4.<br>\$4.<br>\$4.<br>\$4. | 10<br>15<br>10<br>12<br>12 | 424<br>1,008<br>1,501<br>693<br>693                   |             | 42<br>67<br>150<br>58<br>58               | 67<br>150<br>58<br>58               | 1.             |
| MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME  | Chromehook Laptop Vacuum Cleumer Battery Load Bank Mattitess & Covers Barinitris Cheri Chair Dual Bedside Station 2 Seules Electric fied  | 9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019              | \$4.<br>84.<br>84.<br>84.<br>\$4.            | 10<br>15<br>10<br>12       | 424<br>1,008<br>1,501<br>693                          |             | 42<br>67<br>150<br>58                     | 67<br>150<br>58                     | 1.<br>1.<br>2. |
| MME                             | Chromebook Laptop Vacuum Chumer Hattery Lond Bank Mattress & Cavers Barniaris Cheri Chair Dau Bedside Station 2 Senles Electric bed Patient Lift Patient Laft                           | 9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019 | \$4.<br>84.<br>84.<br>84.<br>84.<br>84.      | 10<br>15<br>10<br>12<br>12 | 424<br>1,008<br>1,501<br>693<br>693<br>1,469          |             | 42<br>67<br>150<br>58<br>58               | 67<br>150<br>58<br>58<br>147        | 1              |
| MIME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME<br>MME | Chromehook Laptop Vacuum Cleumer Battery Lund Dank Mattless & Covers Baraturier Gerir Chair Daul Dedside Stution 2 Soules Electric bed Patient Lift Patient Lift Patient Lift EQUIPMENT | 9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019 | \$4.<br>84.<br>84.<br>84.<br>84.<br>84.      | 10<br>15<br>10<br>12<br>12 | 424<br>1,308<br>1,501<br>693<br>693<br>1,469<br>2,476 | 669,817     | 42<br>67<br>150<br>58<br>58<br>147<br>248 | 67<br>150<br>58<br>58<br>147<br>248 | 1 2            |
| MIME MME MME MIME MIME MIME MIME MIME M                             | Chromehook Laptop Vacuum Cleumer Battery Lund Dank Mattless & Covers Baraturier Gerir Chair Daul Dedside Stution 2 Soules Electric bed Patient Lift Patient Lift Patient Lift EQUIPMENT | 9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019<br>9/30/2019 | \$4.<br>84.<br>84.<br>84.<br>84.<br>84.      | 10<br>15<br>10<br>12<br>12 | 424<br>1,008<br>1,501<br>693<br>693<br>1,469<br>2,476 |             | 42<br>67<br>150<br>58<br>58<br>147<br>248 | 67<br>150<br>58<br>58<br>147<br>248 | 283            |

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

| Name of Facility License No.   | Report for Year End         | ded                      |               | Page              | of          |
|--|-----------------------------|--------------------------|---------------|-------------------|-------------|
| Harbor Hill Care Center, Inc. d/b/a Wa 2097-C                              | 9/30/2019                   |                          |               | 25                | 37          |
| 11. Property Questionnaire   |                             |                          |               |                   |             |
| Part A   |                             |                          |               |                   |             |
| Is the property either owned by the Facility                               | V                           | 0                        | NI.           | If "Yes," comple  | te Part B.  |
| or leased from a Related Party?*   | Yes                         | 0                        | NO            | If "No," complete | e Part C.   |
| *If any owner or operator of this facility is related by family, mar       |                             |                          |               |                   |             |
| business association to any person or organization from whom bu            | ildings are leased, then it | t is considered a        |               |                   |             |
| related party transaction.   | Total                       |                          |               |                   |             |
| Description  1. Date Land Purchased  | Total                       |                          | 120           |                   | 4.1         |
| Date Structure Completed   |                             | 121                      |               |                   |             |
| 3. If <b>NOT</b> Original Owner, Date of Purchase                          |                             |                          | Section 1     |                   |             |
| Date of Initial Licensure  |                             |                          |               |                   |             |
| Total Licensed Bed Capacity  | 150                         |                          |               |                   |             |
| 6. Square Footage  | 56,976                      |                          |               |                   |             |
| 7. Acquisition Cost  |                             |                          |               |                   |             |
| a. Land  |                             |                          |               | 39                |             |
| b. Building  |                             |                          | 100           |                   |             |
| Part B - Owner and Related Parties   | 1st Mortgage                | 2nd Mortgage             | 3rd Mortgage  | 4th Mortg         | gage        |
| 1. Financing   | Professional Laboratory     |                          | 2 40          | 47                |             |
| a. Type of Financing (e.g., fixed, variable)                               | Fixed                       | Fixed                    |               |                   |             |
| b. Date Mortgage Obtained  | 10/01/17                    | 10/01/17                 |               |                   |             |
| c. Interest Rate for the Cost Year   | 4.52%                       | 4.52%                    |               |                   |             |
| d. Term of Mortgage (number of years)                                      | 5                           | 5                        |               |                   |             |
| e. Amount of Principal Borrowed  | 2,825,000                   | 3,890,000                |               |                   |             |
| f. Principal balance outstanding as of 9/30/19                             | 562,154                     | 2,228,819                |               |                   |             |
| Complete if Mortgage was Refinanced  |                             | Transition of the second |               |                   |             |
| During Current Cost Year   |                             |                          | 2,230         |                   |             |
| 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      |                             |                          |               |                   |             |
| k. Amount of Principal Borrowed  1. Principal Outstanding on Note Paid-Off |                             |                          |               |                   |             |
| Part C - Arms-Length Leases for Real Property                              | Improvements Onl            | V                        |               |                   |             |
|  | perty Leased                |                          | Term of Lease | Annual Amoun      | nt of Lease |
| Name and Address of Ecosor 110   | perty Beasea                | Date of Bease            | 10111 01 2003 |                   |             |
|  |                             |                          |               |                   |             |
|  |                             |                          |               |                   |             |
|  |                             |                          | 1             |                   |             |
|  |                             |                          |               |                   |             |
|  |                             |                          | 1             |                   |             |
|  |                             |                          |               |                   |             |
|  |                             |                          |               |                   |             |
|  |                             |                          |               |                   |             |
|  |                             |                          |               |                   |             |

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 | ır Ended       |      | Page   | of                  |
|--|------|----------------|----------------|------|--------|---------------------|
| Harbor Hill Care Center, Inc. d/b/a Wa 2097-C  |      | 9/30/2019      |                |      | 26     | 37                  |
| Item   |      | Total          | CCNH           | RHNS | (Sp    | ecify)              |
| 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 |                |                |      |        | 17 (18)<br>160 (18) |
| Address of Lender  |      |                |                |      | Tables |                     |
| 4. Fourth Mortgage   | \$   | 3              |                |      |        |                     |
| Name of Lender   | Rate |                | 7 <u>1 1</u> 1 |      |        |                     |
| Address of Lender  |      |                | 1,350          |      |        |                     |
| B. CHEFA Loan Information  |      |                |                |      |        | 1,411               |
| Original Loan Amount   | 9    | <u> </u>       | T 1            |      |        |                     |
| 2. Loan Origination Date   |      |                |                |      | 3.2    |                     |
| 3. Interest Rate %   |      |                |                |      |        | 9 THE               |
| 4. Term  |      |                |                |      |        |                     |
| 5. CHEFA Interest Expense  |      |                |                |      |        |                     |
| 12 B7. Total Building Interest Expense (A1 - A4 + B5)                                |      | \$             |                |      |        |                     |

(Carry Subtotals forward to next page)

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

| · •  |                  |                                       | Report for Yo  | Page of  |        |   |
|--|------------------|---------------------------------------|--|--|--------|---|
| Harbor Hill Care Center, Inc. d/b/a  | 2097-C           | · · · · · · · · · · · · · · · · · · · | 9/30/2019  |  |        | 27   37   |
| ltem   |                  |                                       | Total  | CCNH   | RHNS   | (Specify)   |
| Term   | Subtotals Bro    | ught Forward:                         | Total  | 001411   | Kilito | (Бреспу)  |
| 12. C. Movable Equipment   | Suototais Bio    | agric For ward.                       |  |  |        |   |
| 1. Automotive Equipment  |                  | \$                                    |  |  |        |   |
| A. Item  | Rate             | Amount                                | 2.5  |  |        |   |
|  | ·                |                                       |  |  |        |   |
| Lender   |                  |                                       |  |  |        |   |
| Address of Lender  |                  |                                       |  |  |        |   |
|  |                  |                                       |  |  |        |   |
| 2. Other ( <i>Specify</i> )  |                  | \$                                    | 17-00 (0.000 | - 40. Cuphago 000/03 a recommenda a partido ocorri |        |   |
| A. Item  | Rate             | Amount                                |  |  |        |   |
| Lender .   | <u> </u>         | <u></u>                               |  |  |        |   |
|  |                  |                                       |  |  |        |   |
| Address of Lender  |                  |                                       |  |  |        |   |
|  |                  |                                       |  |  |        | 1 (1)   |
| B. Item  | Rate             | Amount                                |  |  |        |   |
|  |                  | <u> </u>                              |  | 184 m 184  |        |   |
| Lender   |                  |                                       |  |  |        | The Book of State of |
| Address of Lender  |                  |                                       |  |  |        |   |
| Address of Lender  | •                |                                       |  |  |        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| 12. C. 3. Total Movable Equipment  | Interest         |                                       |  |  |        |   |
| Expense (C1 + 2)   |                  |                                       |  |  |        |   |
| 12. D. Other Interest Expense (Special   |                  | \$                                    | 19,938   | 19,938   |        |   |
| Notes Payable / Admin / Com  | puter Loan Inte  | erest                                 |  |  |        |   |
|  |                  |                                       |  |  |        |   |
| 13. Total All Interest Expense (12B7   | + 12C3 + 12D     | ) \$                                  | 19,938   | 19,938   |        |   |
| 14. Insurance  | nga ambu)        | đ                                     | 16.050   | 16.950   |        |   |
| <ul><li>a. Insurance on Property (building</li><li>b. Insurance on Automobiles</li></ul> | ngs omy)         | <u> </u>                              |  | 16,850   |        |   |
| c. Insurance other than Property   | (as specified al |                                       | <u>'                                    </u>   |  |        |   |
| 1. Umbrella ( <i>Blanket Coverd</i>  | · -              | 9                                     | 9,782  | 9,782  |        |   |
| 2. Fire and Extended Covera  |                  | 9                                     |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            |        |   |
| 3. Other ( <i>Specify</i> )  | <u> </u>         | 9                                     |  | 60,713   |        |   |
| Crime / Liability  |                  |                                       |  |  |        | E. S.   |
| ·  |                  |                                       |  | 1.00   |        |   |
|  |                  |                                       |  |  |        |   |
| 14d. Total Insurance Expenditures (1   |                  |                                       |  | 87,345   |        |   |
| 15. Total All Expenditures (A-13 thr   | ru C-14)         | 9                                     | 14,501,709   | 14,501,709   |        |   |

# D. Adjustments to Statement of Expenditures

|      | of Fa  | •        | Center, Inc. d/b/a Water's Edge Center for He                  | Lic             | cense No.<br>2097-C                           | Report for Yes | ar Ended        | Page 28  | of<br>  37           |
|------|--------|----------|--|-----------------|---|----------------|-----------------|----------|----------------------|
|      |        |          | Center, mer around Material Bage Center for the                |                 | Total   |                |                 |          |                      |
| Item | Page   | Line     |  |                 | Amount of                                     |                |                 |          |                      |
| No.  | No.    |          | Item Description   |                 | Decrease                                      | CCNH           | RHNS            | (Sn      | ecify)               |
|      |        |          | es and Wages   |                 | Decrease                                      | CCMI           | KIINS           | (Sp      | cerry                |
| ruge | 10-3   |          |  | Ф.              |   |                | 1               |          |                      |
| 2.   |        |          | Outpatient Service Costs Salaries not related to Resident Care | \$              |   |                |                 |          |                      |
|      |        |          |  | \$              |   |                |                 |          |                      |
| 3.   |        |          | Occupational Therapy   | \$              |   | 107.475        |                 |          |                      |
| 4.   | 13 7   |          | Other - See attached Schedule                                  | \$              | 107,475                                       | 107,475        |                 |          |                      |
|      | 13 - F |          | sional Fees  | Ф.              |   |                |                 |          |                      |
| 5.   |        |          | Resident Care Physicians **                                    | \$              |   | 220 ===        |                 |          |                      |
| 6.   | 13     | b10a     | Occupational Therapy   | \$              |   | 320,772        | 1               |          |                      |
| 7.   |        |          | Other - See attached Schedule                                  | \$              | 121,415                                       | 121,415        |                 |          |                      |
|      | 15 &   | : 16 -   | Administrative and General                                     |                 |   | 72 (1871) 1871 | 1               |          |                      |
| 8.   |        |          | Discriminatory Benefits  | \$              |   |                |                 |          |                      |
| 9.   | 15     | 1c       | Bad Debts  | \$              |   | 151,759        |                 |          |                      |
| 10.  |        |          | Accounting   | \$              |   |                |                 |          |                      |
| 10a. | 15     | le       | Legal  | \$              | <del></del>                                   | 28,811         |                 |          |                      |
| 11.  |        |          | Telephone  | \$              |   |                |                 |          |                      |
| 12.  | 15     | 1h2      | Cellular Telephone   | \$              | 2,041   | 2,041          |                 |          |                      |
| 13.  |        |          | Life insurance premiums on the life                            |                 |   |                |                 |          | 1,000                |
|      |        |          | of Owners, Partners, Operators                                 | \$              |   |                |                 |          |                      |
| 14.  | 16     | L3       | Gifts, flowers and coffee shops                                | \$              | 29,393  | 29,393         |                 |          |                      |
| 15.  |        |          | Education expenditures to colleges or                          |                 | 100   |                |                 |          |                      |
|      |        |          | universities for tuition and related costs                     |                 |   |                | 44              |          |                      |
|      |        |          | for owners and employees                                       | \$              | Contraction and Automatical Action (1995) and |                |                 |          |                      |
| 16.  | 16     | L4       | Travel for purposes of attending                               |                 |   |                |                 |          |                      |
|      |        |          | conferences or seminars outside the                            |                 |   |                | 18 4            |          |                      |
|      |        |          | continental U.S. Other out-of-state                            |                 |   |                |                 |          |                      |
|      |        |          | travel in excess of one representative                         | \$              | 975   | 975            |                 |          | entica materializada |
| 17.  |        |          | Automobile Expense (e.g. personal use)                         | \$              |   |                |                 | 1        |                      |
| 18.  | 16     | m2/3     |  | \$              |   | 36,462         |                 |          |                      |
| 19.  |        | 111275   | Income Tax / Corporate Business Tax                            | \$              |   | 30,102         |                 |          |                      |
| 20.  |        |          | Fund Raising / Contributions                                   | \$              |   |                |                 | <u> </u> |                      |
| 21.  | 16     | m12      | Unallowable Management Fees                                    | \$              |   | 290,814        |                 |          |                      |
| 22.  | 10     | 11114    | Barber and Beauty  | <del>-</del> \$ |   | 270,014        |                 |          |                      |
| 23.  |        |          | Other - See attached Schedule                                  | <del></del> \$  |   | 65,038         |                 |          |                      |
|      | 18 = 1 | Diotas   | y Expenditures   | Ψ               | 05,038  | 05,038         |                 |          | _                    |
| 24.  | 10 - F | rieiur   | Meals to employees, guests and others                          |                 |   | <b> </b>       |                 |          | recent College       |
| ۷4,  |        |          | who are not residents  | \$              |   |                |                 |          |                      |
| Dana | 10     | <u> </u> | <u> </u>   |                 |   |                |                 |          |                      |
|      | 19-1   | Jauna    | lry Expenditures   | _               |   |                |                 |          |                      |
| 25.  |        | ]        | Laundry services to employees, guests                          | ф               |   |                |                 |          |                      |
| -    | 20     |          | and others who are not residents                               | \$              |   |                |                 |          |                      |
|      | 20 - 1 | House    | keeping Expenditures   |                 | 710   |                |                 |          |                      |
| 26.  |        |          | Housekeeping services to employees, guests                     |                 |   |                | and as a second |          |                      |
|      |        |          | and others who are not residents                               | _ <u>\$</u>     |   |                |                 |          |                      |
|      |        |          | Subtotal (Items 1 - 26)  | \$              | 1,154,955                                     | 1,154,955      |                 | <u></u>  |                      |

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> 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         | 12n        | Marketing Salary      | \$ 100,133 |      |           |
| 10         | 12o        | Respiratory Therapist | 7,342      |      |           |
|            |            |                       |            |      |           |
|            |            | ·                     |            |      |           |
|            |            |                       |            |      |           |
|            |            |                       |            |      |           |
|            |            |                       | :          |      |           |
| Total Othe | r Salaries | Adjustment            | \$ 107,475 | -    | \$        |

## Schedule of Fees Adjustments

| Page Ref   | Line Ref   | Description        | CCNH       | RHNS | (Specify) |
|------------|------------|--------------------|------------|------|-----------|
| 13         | b12o       | Nursing Consultant | \$ 33,381  |      |           |
| 13         | b12o       | Consulting Rehab   | 20,623     |      |           |
| 13         | 8e         | Physician Fees     | 67,411     |      |           |
|            |            |                    | ·          |      |           |
|            |            |                    |            |      |           |
|            |            |                    |            |      |           |
|            |            |                    | ·          |      |           |
|            |            |                    |            |      |           |
| Total Othe | r Fees Adj | ustments           | \$ 121,415 | \$ - | \$ -      |

## Schedule of Other A&G Adjustments

| Page Ref   | Line Ref | Description   | C  | CNH    | RHNS |      | (Specify) |
|------------|----------|---|----|--------|------|------|-----------|
| 16         | m13      | Non Routine Bank Charges                              | \$ | 2,544  |      |      |           |
| 15         | Var      | Benefits Associated with Marketing Salary             |    | 25,636 |      |      |           |
| 15         | Var      | Benefits Associated with Respiratory Therapist Salary |    | 1,562  |      |      |           |
| 16         | m13      | Penalties   |    | 14,060 |      |      |           |
| 16         | m13      | Misc, Expense   |    | 11,241 |      |      |           |
| 16         | m13      | Prior Period Expense                                  |    | .9,995 |      |      | A         |
| Total Othe | r A&G Ad | justments   | \$ | 65,038 | \$ - | . \$ | *         |

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

|  | <u>A</u> | mount |           |
|--|----------|-------|-----------|
| Total Cell Phone Expense                 |          | 3,481 | TB Linked |
|  |          |       |           |
| Cell Phone Allowed Based on Bed Capacity |          | 4     |           |
| Monthly Allowable amount per Cell Phone  | \$       | 30    |           |
| Months in Cost Report Year               |          | 12    | _         |
| Total Allowable Cost                     | \$       | 1,440 |           |
| Days in Cost Report (365out of 365 Days) |          | 365   |           |
| Days in Cost Report Year                 |          | 365   |           |
| Partial Year Allowable %                 |          | 100%  | -         |
| Revised Allowable Cost                   | \$       | 1,440 |           |
| Disallowed Cell Phone (Page 28, Line 12) | \$       | 2,041 | =         |
|  |          |       |           |

## Water's Edge Health & Rehab Calculation of Allowable Management Fee September 30, 2019

| <u>Descrption</u>                                    | Amount  |               |                 |                   |
|--|---------|---------------|-----------------|-------------------|
| Management fees Charged                              | 655,750 | Page 16, Line | m12             |                   |
| Accounting Charges                                   | 20,400  | Page 15, Line | 1d <sup>-</sup> |                   |
| Total Management Fees Per Agreement                  | 676,150 |               |                 |                   |
| Patient Days   | 47,971  | Page 8 of C/R |                 |                   |
| Imputed Days - 90% Occupancy (365/365 Days)          | 49,275  | Calculation   |                 |                   |
| Amount Per Patient Day (Greater of 90% or Actaul     | l Days) | \$            | 13.72           |                   |
| PPD Allowance Per Client 2018<br>2019 CPI Increase % |         |               | 7.81<br>1.01%   |                   |
| PPD Allowance 9/30/2019                              |         |               | 7.82            | _                 |
| Amount over (Under)                                  |         | \$            | 5.9019          | <del>-</del><br>, |
| Total Days   |         |               | 49,275          | Page 8 of C/R     |
| Disallowed Management Fee                            |         | \$ 2          | 90,814          | <b>=</b>          |

Water's Edge Health & Rehab September 30, 2019 Benefits Disallowance

| Respiratory | <b>Therapist</b> | <b>Benefits</b> | <b>Disallowance</b> |
|-------------|------------------|-----------------|---------------------|
|             |                  |                 |                     |

| Respiratory Therapist Salary              | 7,342 Page 10            |
|---|--------------------------|
| Total Salaries                            | 6,461,258 TB Linked      |
| Percent to Total Salaries                 | 0.11%                    |
| Total Benefits (Pg 15, Line 1a3 - 1a6)    | 1,374,705 TB Linked      |
| Respiratory Therapist Benefits Disallowed | 1,562 Page 28 attachment |

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

| Name  | of Fa    | cility   | D. Adjustments to Statement                  |           | ense No.  | Report for Y |            | Page     | of                                    |
|-------|----------|--|--|-----------|---|--------------|------------|----------|---------------------------------------|
|       |          | •  | Center, Inc. d/b/a Water's Edge Center for H | 1100      | 2097-C  | 9/30/2019    | cai Effucu | 29       | 37                                    |
| пагос | л пш     | Care   | Center, me. d/o/a water's Euge Center for h  | Т         | Total   | 9/30/2019    |            | 29       | 37                                    |
| Itom  | Dooo     | I :  |  |           | *   |              |            |          |                                       |
|       | Page     |  | Itana Daganintian                            |           | Amount of   | COMI         | DUNC       | (C       | :6.)                                  |
| No.   | No.      | No.  | Item Description                             | Φ.        | Decrease  | CCNH         | RHNS       | (Sp      | ecify)                                |
| D     | 20 1     |  |  | \$        | 1,154,955   | 1,154,955    |            |          |                                       |
|       |          |  | nt Care Supplies***                          | <b>Ф</b>  | 241.702   | 241.702      |            |          |                                       |
| 27.   |          |  | l  | \$        | 341,783   | 341,783      |            |          |                                       |
| 28.   |          | 5d   |  | \$        | 4,548   | 4,548        |            |          |                                       |
| 29.   |          | 5f   |  | \$        | 17,613  | 17,613       |            |          | · · · · · · · · · · · · · · · · · · · |
| 30.   | 20       | 5h   |  | \$        | 16,207  | 16,207       |            |          |                                       |
| 31.   |          | ļ  |  | \$        |   |              |            |          |                                       |
| 32.   |          |  |  | \$        | 8,084   | 8,084        |            |          |                                       |
| 33.   |          |  | 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1      | \$        |   |              |            |          |                                       |
| 34.   |          |  | L  | \$        | 120,565   | 120,565      |            |          |                                       |
| Page  | 22 - N   | Mainte   | enance and Property                          | State     |   |              |            |          |                                       |
| 35.   |          |  | Excess Movable Equipment Depreciation        | 2000      | 1000  |              |            |          |                                       |
|       |          |  | See Attached Schedule                        | \$        | 2,027   | 2,027        |            |          |                                       |
| 36.   |          |  | Depreciation on Unallowable                  | CHIENTERS | 47.5  |              |            |          |                                       |
|       |          |  | Motor Vehicles                               | \$        |   |              |            |          |                                       |
| 37.   |          |  | Unallowable Property and Real                | 602000000 |   |              | 1 - 4 - 4  |          |                                       |
|       |          |  | Estate Taxes                                 | \$        | (A) The A, A. |              |            |          |                                       |
| 38.   |          |  | Rental of Building Space or Rooms            | \$        |   |              |            |          |                                       |
| 39.   |          |  | Other - See Attached Schedule                | \$        |   |              |            |          |                                       |
| Page  | 27 - 1   | nsura  | ince   |           | 100   |              |            |          |                                       |
| 40.   |          |  |  | \$        |   |              |            |          |                                       |
| 41.   |          |  |  | \$        |   |              |            |          |                                       |
| Othe  | r - Mi.  | scella   | neous  |           |   |              |            |          |                                       |
| 42.   |          |  | Other - Indirect                             | \$        |   |              |            |          |                                       |
| 43.   |          |  | Interest Income on Account Rec.              | \$        |   |              |            |          |                                       |
| 44.   |          |  |  | \$        |   |              |            |          |                                       |
| 45.   | <u> </u> |  |  | \$        |   |              |            |          | ·····                                 |
| 46.   |          | †  |  | \$        |   |              |            |          |                                       |
| 47.   |          | <del>                                     </del> | 1 0  | \$        | 15,575  | 15,575       |            | t        |                                       |
|       | For P    | rofit P  | Providers Only                               | -         | ,-  |              |            |          |                                       |
| 48.   |          | T  | Building/Non Movable Eq. Depreciation        |           | 10.000  |              |            |          |                                       |
| '0'   |          |  | Unallowable Building Interest -              |           |   |              |            |          |                                       |
|       |          |  |  | \$        |   |              |            |          |                                       |
| 10    | Total    | 1 Amo  |  | \$        | 1,681,357   | 1,681,357    |            |          |                                       |
| 49.   | ı vidi   |  | uni of Decreuse (Hems 1 - 40)                | Ψ         | 1,001,337   | 1,001,557    |            | <u> </u> | - Annual Control                      |

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

### **Schedule of Other Ancillary Costs**

| Page Ref   | Line Ref   | Description                                  | (  | CCNH    | RHNS | (Specify) |
|------------|------------|--|----|---------|------|-----------|
| 20         | 5i         | Cable Television Disallowance (See Attached) | \$ | 14,149  |      |           |
| 20         | 51         | Supplies - Rehab Tpy and Ancllry             |    | 312     |      |           |
| 20         | 51         | IV Thy Supplies - Rehab Tpy and Ancllry      |    | 10,763  |      |           |
| 20         | 51         | Equip Rental - Nursing                       |    | 42,370  |      |           |
| 20         | 51         | Equip Rental - Rehab Tpy and Ancllry         |    | 10,515  |      |           |
| 20         | 51         | Equip Rental - Respiratory                   |    | 25,480  |      |           |
| 20         | 5c         | Med B Nursing Supplies                       |    | 16,976  |      |           |
|            |            |  |    |         |      |           |
| Total Othe | r Ancillar | y Costs                                      | \$ | 120,565 | \$ - | \$ -      |

### Schedule of Excess Movable Equipment Depreciation

| Page Ref   | Line Ref  | Description                                       | (  | CCNH  | RHNS | (Specify) |
|------------|-----------|---|----|-------|------|-----------|
| 22         | 7b        | Non Allowable Depreciation for Mattresses and TVs | \$ | 2,027 |      |           |
|            |           | ·   |    |       |      |           |
|            |           |   |    |       |      |           |
|            |           |   |    |       |      |           |
|            |           |   |    |       |      |           |
|            |           |   |    |       |      |           |
|            |           |   |    |       |      |           |
|            | ***       | •   |    |       |      |           |
|            |           |   |    |       |      |           |
| Total Exce | ss Movabl | e Equipment Depreciation                          | \$ | 2,027 | \$ - | \$ -      |

#### **Schedule of Other Property Adjustments**

| Page Ref   | Line Ref    | Description |       |      | CCNH | RHNS | (Specify) |
|------------|-------------|-------------|-------|------|------|------|-----------|
|            |             |             |       |      |      |      |           |
|            |             |             | <br>  |      |      |      |           |
|            |             |             | <br>: | <br> |      |      |           |
|            |             |             |       | <br> |      |      |           |
|            |             |             | <br>  | <br> |      |      |           |
|            |             |             | <br>  | <br> |      |      |           |
|            |             |             | <br>  |      |      |      |           |
|            |             |             | <br>  | <br> |      |      |           |
|            |             |             | <br>  | <br> |      |      |           |
| Fotal Othe | er Property | Adjustments | <br>  |      | \$ - | \$ - | \$ -      |

### **Schedule of Other - Indirect Adjustments**

| CCNH | RHNS | (Specify) |
|------|------|-----------|
|      |      |           |
|      |      |           |
|      |      | 1         |
|      |      |           |
|      |      |           |
|      |      |           |
|      |      |           |
|      |      |           |

|               |          |      | <br> |      |     |         |         |          | age 29 |
|---------------|----------|------|------|------|-----|---------|---------|----------|--------|
|               |          |      |      | <br> | n.W |         | <br>    |          |        |
| Total Other A | Adiustme | ents |      | <br> |     | \$<br>- | \$<br>- | \$<br>** |        |

### Schedule of Other - Miscellaneous Administrative Adjustments

| Page Ref  | Line Ref   | Description  |      | CCNH | RHNS | (Specify) |
|-----------|------------|--|------|------|------|-----------|
|           |            |  |      |      |      |           |
|           |            |  |      |      |      |           |
|           |            |  |      |      |      |           |
|           |            |  |      |      |      |           |
|           |            |  |      |      |      |           |
|           |            |  |      |      |      |           |
|           |            | The second secon |      |      |      |           |
|           |            |  | 4110 | Φ.   |      | - t       |
| otal Othe | er Adjustm | ents   |      | \$ - | \$ - | 13 -      |

| Page Ref   | Line Ref   | Description   | CCNH      | RHNS     | (Specify) |
|------------|------------|---|-----------|----------|-----------|
| 27         | 12d        | Interest Expense on Late Fees / Insurance Financing Costs | \$ 2,418  |          |           |
| 30         | IV 8       | Resident Transport Rev                                    | 220       |          |           |
| 30         | IV 8       | Refunds / Rebates   | 8,478     |          |           |
| 30         | IV 8       | Miscellaneous Revenue                                     | 4,459     |          |           |
|            |            | ,   |           |          |           |
|            |            | :   |           |          |           |
|            |            |   |           |          |           |
|            |            |   |           |          |           |
|            |            |   |           |          |           |
|            |            |   |           |          |           |
| Total Othe | er Adjustm | ents  | \$ 15,575 | <u> </u> |           |

### Schedule of Unallowable Building Interest

| Page Ref  | Line Ref   | Description      | • | <br>CCNH | RHNS | (Specify) |
|-----------|------------|------------------|---|----------|------|-----------|
|           |            |                  |   |          |      |           |
|           |            |                  | • |          |      |           |
|           |            | 19.40            | , |          |      |           |
|           |            |                  |   |          |      |           |
|           |            | 1                |   |          |      |           |
|           |            |                  |   |          |      |           |
|           |            |                  |   |          |      |           |
|           |            |                  |   |          |      |           |
|           |            |                  |   |          |      |           |
|           |            |                  |   |          |      |           |
| Total Una | llowable B | uilding Interest |   | \$ -     |      | \$ -      |

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

Pg. 29b

| Total Cable TV Expense                         |    | 17,749  | TB Linked |
|--|----|---------|-----------|
| Total Monthy Fee Allowed                       | \$ | 300     |           |
| Total Months                                   |    | 12      |           |
| Total Allowable Expense                        | \$ | 3,600   | -         |
| Partial Year Cost Report (365 out of 365 Days) | \$ | 365     |           |
| Days in Cost Report Year                       |    | 365     |           |
| Partial Year Allowable %                       | -, | 100.00% | -         |
| Revised Allowable Cost                         | \$ | 3,600   |           |
| Disallowed Expense                             | \$ | 14,149  | -{a}      |

Tickmark

{a}

Ties to page 29a

## F. Statement of Revenue

| Name of Facility License No. Harbor Hill Care Center, Inc. d/b/a Water 2097-C |            | Report for Y 9/30/2019 | ear Ended                             |       | Page 30  | of<br>37 |
|---|------------|------------------------|---------------------------------------|-------|----------|----------|
| Item  |            | Total                  | CCNH                                  | RHNS  | (Speci   |          |
| I. Resident Room, Board & Routine Care Revenue                                |            | Total                  | CCNII                                 | KHINS | (Speci   | 1y)      |
| 1. a. Medicaid Residents (CT only)  | \$         | 16,261,885             | 16,261,885                            |       |          |          |
| b. Medicaid Room and Board Contractual Allowance **                           | \$         | (7,590,532)            |                                       |       |          |          |
| 2. a. Medicaid ( <i>All other states</i> )                                    | - \$<br>\$ | (7,390,332)            | (7,590,532)                           |       |          |          |
| b. Other States Room and Board Contractual Allowance **                       | \$         |                        |                                       |       |          |          |
| 3. a. Medicare Residents (all inclusive)                                      | \$         | 1,509,545              | 1,509,545                             |       |          |          |
| b. Medicare Room and Board Contractual Allowance **                           | \$         | 317,825                | 317,825                               |       |          |          |
| A. a. Private-Pay Residents and Other   | \$         | 4,591,002              | 4,591,002                             |       |          |          |
| b. Private-Pay Room and Board Contractual Allowance **                        | \$         |                        |                                       |       |          |          |
| II. Other Resident Revenue  | 4          | (1,120,392)            | (1,120,392)                           |       |          |          |
|   |            | 100.000                | 100.000                               |       |          | and the  |
| 1. a. Prescription Drugs - Medicare   | \$         | 122,890                | 122,890                               |       |          |          |
| b. Prescription Drugs - Medicare Contractual Allowance **                     | \$         | (122,890)              | (122,890)                             |       |          |          |
| c. Prescription Drugs - Non-Medicare  | \$         | 177,404                | 177,404                               |       |          |          |
| d. Prescription Drugs - Non-Medicare Contractual Allowance **                 | \$         | (165,029)              | (165,029)                             |       |          |          |
| 2. a. Medical Supplies - Medicare   | \$         |                        |                                       |       |          |          |
| b. Medical Supplies - Medicare Contractual Allowance **                       | \$         |                        |                                       |       |          |          |
| c. Medical Supplies - Non-Medicare  | \$         |                        | · · · · · · · · · · · · · · · · · · · |       |          |          |
| d. Medical Supplies - Non-Medicare Contractual Allowance **                   | \$         |                        |                                       |       |          |          |
| 3. a. Physical Therapy - Medicare   | \$         | 468,925                | 468,925                               |       |          |          |
| b. Physical Therapy - Medicare Contractual Allowance **                       | \$         | (342,110)              | (342,110)                             |       |          |          |
| c. Physical Therapy - Non-Medicare  | \$         | 466,867                | 466,867                               |       |          |          |
| d. Physical Therapy - Non-Medicare Contractual Allowance **                   | \$         | (362,867)              | (362,867)                             |       |          |          |
| 4. a. Speech Therapy - Medicare   | \$         | 126,272                | 126,272                               |       |          |          |
| b. Speech Therapy - Medicare Contractual Allowance **                         | \$         | (68,793)               | (68,793)                              |       |          |          |
| c. Speech Therapy - Non-Medicare  | \$         | 154,310                | 154,310                               |       |          |          |
| d. Speech Therapy - Non-Medicare Contractual Allowance **                     | \$         | (86,622)               | (86,622)                              |       |          |          |
| 5. a. Occupational Therapy - Medicare   | \$         | 358,436                | 358,436                               |       |          |          |
| b. Occupational Therapy - Medicare Contractual Allowance **                   | \$         | (291,107)              | (291,107)                             |       |          |          |
| c. Occupational Therapy - Non-Medicare  | \$         | 318,187                | 318,187                               |       |          |          |
| d. Occupational Therapy - Non-Medicare Contractual Allowance **               | \$         | (269,886)              | (269,886)                             |       |          |          |
| 6. a. Other (Specify) - Medicare  | \$         | 14,948                 | 14,948                                |       |          |          |
| b. Other (Specify) - Non-Medicare   | \$         | 33,642                 | 33,642                                |       |          |          |
| III. Total Resident Revenue (Section I. thru Section II.)                     | \$         | 14,501,910             | 14,501,910                            |       |          |          |
| IV. Other Revenue*  |            |                        |                                       |       | 32 11270 |          |
| 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)  | \$         | 385                    | 385                                   |       |          |          |
| 6. Private Duty Nurses' Fees  | \$         |                        |                                       |       |          |          |
| 7. Barber, Coffee, Beauty and Gift shops                                      | \$         |                        |                                       |       |          |          |
| 8. Other (Specify)  | \$         | 50,404                 | 50,404                                |       |          |          |
| ( o. other (speety))  |            |                        |                                       | 1     |          |          |
| V. Total Other Revenue (1 thru 8)   | \$         | 50,789                 | 50,789                                |       | 1        |          |

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

#### Schedule of Other Resident Revenue - Medicare

### Related Exp

| Page Ref  | Description                    | CCNH      | RHNS | (Specify) |
|-----------|--------------------------------|-----------|------|-----------|
|           |                                | · -       |      |           |
| 30 II 6a  | Medicare Pt A IV Therapy       | \$ 27,282 |      |           |
| 30 II 6a  | Medicare Pt A Lab              | 8,077     |      |           |
| 30 II 6a  | Medicare Pt A X-Ray            | 8,405     |      |           |
| 30 II 6a  | Medicare Pt A Sequestration    | (33,003)  |      | ·         |
| 30 II 6a  | Medicare Pt A Settlement       | 2,181     |      |           |
| 30 II 6a  | Medicare Pt B Flu/Pneumonia    | 2,006     |      |           |
| Total Otl | er Resident Revenue - Medicare | \$ 14,948 | \$ - | \$ -      |

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

| Page Ref  | Description                | CCNH      | RHNS | (Specify) |
|-----------|----------------------------|-----------|------|-----------|
|           |                            | - 1       |      |           |
| 30 II 6b  | Medicaid IV Therapy        | \$ 234    |      |           |
| 30 II 6b  | Medicaid Lab               | 1,044     |      |           |
| 30 II 6b  | Medicaid X-Ray             | 455       |      |           |
| 30 II 6b  | Medicare Pt B Prior Period | (4,078)   |      |           |
| 30 II 6b  | Private Lab                | 15        |      |           |
| 30 II 6b  | Comm Ins Lab               | 1,036     |      |           |
| 30 II 6b  | Comm Ins X-Ray             | 425       |      |           |
| 30 II 6b  | Mgd Medicare IV Therapy    | 19,551    |      |           |
| 30 II 6b  | Mgd Medicare Lab           | 8,119     |      |           |
| 30 II 6b  | Mgd Medicare X-Ray         | 5,663     |      |           |
| 30 II 6b  | Mgd Medicare Flu/Pneumonia | 2,158     |      |           |
| 30 II 6b  | Mgd Medicare Prior Period  | (980)     |      |           |
| Total Oth | er Resident Revenue        | \$ 33,642 | \$   | \$ -      |

### **Interest Income**

#### Account

| Page Ref Account                         | Balance | C  | CNH | RHNS | (S <sub>I</sub> | pecify) |
|--|---------|----|-----|------|-----------------|---------|
| 20.17.5                                  | 357,099 | •  | 385 |      | _               |         |
| 30 IV 5 Interest on Money Market Account | 337,099 | Ъ  | 363 |      |                 |         |
| Total Interest Income                    |         | \$ | 385 | \$ - | \$              |         |

#### Schedule of Other Revenue

| Page Ref  | Description                                   | <u> </u> | CCNH      | RHNS | (Specify) |
|-----------|---|----------|-----------|------|-----------|
|           |   |          | -         |      |           |
| 30 IV 8   | Prior Period Revenue                          |          | \$ 1,447  |      |           |
| 30 IV 8   | Lawsuit Revenue (No CY Expense)               |          | 721       |      |           |
| 30 IV 8   | Resident Transport Rev (Disallowed on Pg 29a) |          | 220       |      |           |
| 30 IV 8   | Refunds / Rebates (Disallowed on Pg 29a)      |          | 8,478     |      |           |
| 30 IV 8   | UHC Income                                    |          | 29,305    |      |           |
| 30 IV 8   | Reversal of Prior Period Expense              |          | 720       |      | Ĺ         |
| 30 IV 8   | Miscellaneous Revenue (Disallowed on Pg 29a)  |          | 4,459     |      |           |
| 30 IV 8   | Reversal of PY X-Ray Expenses                 | :        | 5,054     |      | <u> </u>  |
|           |   | :        |           |      |           |
| Total Oth | er Reyenue                                    |          | \$ 50,404 | \$ - | \$ -      |

# G. Balance Sheet

| Name of Facility                     | License No.                           | Report for Year Ended | Page        | of                                    |
|--------------------------------------|---------------------------------------|-----------------------|-------------|---------------------------------------|
| Harbor Hill Care Center, Inc. d/     | b/a Wat 2097-C                        | 9/30/2019             | 31          | 37                                    |
|                                      | Account                               |                       | P           | Amount                                |
| Assets                               |                                       | •                     |             |                                       |
| A. Current Assets                    |                                       |                       |             |                                       |
| 1. Cash (on hand and in              |                                       |                       | \$          | 675,785                               |
|                                      | ceivable (Less Allowance              |                       | \$          | 1,997,001                             |
|                                      | vable (Excluding Owners o             | or Related Parties)   | \$          | 26.405                                |
| 4 Inventories                        |                                       |                       | \$          | 36,405                                |
| 5. Prepaid Expenses                  |                                       |                       | \$          | 146,854                               |
| a                                    |                                       |                       |             |                                       |
| b                                    |                                       |                       |             |                                       |
| c.                                   | · · · · · · · · · · · · · · · · · · · |                       |             |                                       |
| d. See Schedule                      |                                       | 146,854               | 0           |                                       |
| 6. Interest Receivable               |                                       |                       | \$          |                                       |
| 7. Medicare Final Settler            |                                       |                       | \$          | 17.000                                |
| 8. Other Current Assets (            | (itemize)                             | 17,000                | \$          | 17,000                                |
| Security Deposits                    |                                       | 17,000                |             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|                                      |                                       |                       |             |                                       |
| See Schedule                         |                                       |                       | Φ.          | 2.072.046                             |
| A-9. Total Current Assets (Lin       | nes A1 thru 8)                        |                       | \$          | 2,873,045                             |
| B. Fixed Assets                      |                                       |                       | ф           |                                       |
| 1. Land                              |                                       |                       | <u> </u> \$ | <u> </u>                              |
| 2. Land Improvements                 | *Historical Cost                      | N. (                  | \$          |                                       |
|                                      | Accum. Deprecia                       | tion Net              | ф.          |                                       |
| 3. Buildings                         | *Historical Cost                      | N-4                   | . \$        |                                       |
|                                      | Accum. Deprecia                       |                       | \$          | 580,066                               |
| 4. Leasehold Improvement             |                                       | 2,058,150             | Þ           | 380,000                               |
|                                      | Accum. Deprecia                       | tion 1,478,084 Net    | \$          |                                       |
| <ol><li>Non-Movable Equipn</li></ol> |                                       | Not                   | l D         |                                       |
|                                      | Accum. Deprecia                       |                       | \$          | 283,162                               |
| 6. Movable Equipment                 | *Historical Cost                      |                       | Φ           | 203,102                               |
| 7 M ( 3/1:1:-                        | Accum. Deprecia  *Historical Cost     | 111011 /32,403 INCL   | \$          |                                       |
| 7. Motor Vehicles                    |                                       | ntion Net             | Ψ           |                                       |
| 0 14: 5                              | Accum. Deprecia                       | ution Net             | \$          |                                       |
| 8. Minor Equipment-No                | Depreciable                           |                       |             |                                       |
| 9. Other Fixed Assets (in            | temize)                               |                       | \$          | 56,25                                 |
| See Schedule                         |                                       | 56,251                |             |                                       |
| B-10. Total Fixed Assets (I          | Lines B1 thru 9)                      |                       | \$          | 919,479                               |

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

# G. Balance Sheet (cont'd)

| Nam                                      | e of | Facility                          | License No.           | Report for Year Ended                 |    | Page | of        |
|--|------|-----------------------------------|-----------------------|---------------------------------------|----|------|-----------|
| Harbor Hill Care Center, Inc. d/b/a Wate |      | Hill Care Center, Inc. d/b/a Wate | 2097-C                | 9/30/2019                             |    | 32   | 37        |
|  |      |                                   | Account               |                                       |    | Am   | ount      |
|  |      |                                   |                       | Total Brought Forward:                | \$ |      | 3,792,524 |
| C.                                       | Lea  | asehold or like property recorde  | d 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                                   | \$ |      |           |
|  |      | Minor Equipment-Not Deprec        |                       |                                       | \$ |      |           |
| C-8                                      | To   | tal Leasehold or Like Properti    | es (C1 thru 7)        |                                       | \$ |      |           |
| D.                                       | Inv  | estment and Other Assets          |                       |                                       |    |      |           |
|  | 1.   | Deferred Deposits                 |                       |                                       | \$ |      |           |
|  |      | Escrow Deposits                   |                       |                                       | \$ |      |           |
|  | 3.   | Organization Expense              | *Historical Cost      | · · · · · · · · · · · · · · · · · · · |    |      |           |
|  |      |                                   | Accum. Depreciation   | Net Net                               | \$ |      |           |
|  | 4.   |                                   |                       |                                       | \$ |      |           |
|  | 5.   | Investments Related to Reside     | nt Care (itemize)     |                                       | \$ |      |           |
|  |      |                                   |                       |                                       |    |      |           |
|  |      | <u> </u>                          |                       |                                       |    | -    |           |
|  | 6.   | Loans to Owners or Related P      | <del></del>           |                                       | \$ |      | 524,919   |
|  |      | Name and Address                  | Amount                | Loan Date                             | 4  |      |           |
|  |      |                                   |                       |                                       |    | 100  |           |
|  |      |                                   |                       |                                       |    |      |           |
|  |      |                                   |                       |                                       |    |      |           |
|  |      | Due from Realty / Related         | 524,919               | <u> </u>                              |    |      |           |
|  | 7.   | Other Assets (itemize)            |                       |                                       | \$ |      |           |
|  |      |                                   |                       |                                       | 4  |      |           |
|  |      |                                   |                       |                                       | _  |      |           |
| -  |      | See Schedule                      | /II. D. I             |                                       | _  |      | 504.010   |
|  |      | tal Investments and Other Ass     |                       |                                       | \$ |      | 524,919   |
| D-9.                                     | 10   | otal All Assets (Lines A9 + B10   | ) + (8 + D8)          |                                       | \$ |      | 4,317,443 |

<sup>\*</sup> 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 Fac   | ility           |                                      | License No.            | Report for Year En | ded      | Page | of   |
|---------------|-----------------|--------------------------------------|------------------------|--------------------|----------|------|--|
| Harbor Hill ( | Care (          | Center, Inc. d/b/a Water's Ed        | g 2097-C               | 9/30/2019          |          | 33   | 37   |
|               |                 |                                      | Account                |                    |          | A    | mount  |
| Liabilities   |                 |                                      |                        |                    |          |      |  |
| A.            | Cu              | rrent Liabilities                    |                        |                    |          |      |  |
|               | 1.              | Trade Accounts Payable               |                        |                    |          | \$   | 537,507  |
|               | 2.              | Notes Payable (itemize)              |                        |                    |          | \$   | 47,950   |
|               |                 | Notes Payable ST2                    |                        | 39,380             | •        |      |  |
|               |                 | Notes Payable ST5                    |                        | 8,570              |          |      |  |
|               |                 |                                      |                        |                    |          |      |  |
|               |                 | See Schedule                         |                        |                    |          | Φ.   | 10.600   |
|               | 3.              | Loans Payable for Equipme            |                        |                    |          | \$   | 19,683   |
|               |                 | Name of Lender                       | Purpose                | Amount             | Date Due |      |  |
|               |                 |                                      | Equipment Logge CT     | 10.692             |          |      |  |
|               |                 |                                      | Equipment Lease ST     | 19,683             |          |      |  |
|               |                 |                                      |                        |                    |          |      |  |
|               |                 |                                      |                        |                    |          |      | Country of the second  |
|               |                 |                                      | :                      |                    |          |      |  |
|               |                 |                                      |                        |                    |          |      |  |
|               |                 |                                      |                        |                    |          |      | 1,000 (000)  |
|               |                 |                                      |                        |                    |          |      |  |
|               |                 |                                      |                        |                    |          |      | e de la companya de l |
|               | 4.              | Accrued Payroll (Exclusive           | e of Owners and/or Sto | ckholders only)    |          | \$   | 385,648  |
|               | 5.              | Accrued Payroll (Owners of           | and/or Stockholders on | ly)                |          | \$   |  |
|               | 6.              | Accrued Payroll Taxes Pay            | able                   |                    |          | \$   |  |
|               | 7.              | Medicare Final Settlement            | Payable                |                    |          | \$   |  |
|               | 8.              | Medicare Current Financin            | g Payable              |                    |          | \$   |  |
|               | 9.              | Mortgage Payable (Currer             | nt Portion )           |                    |          | \$   |  |
|               | 10              | . Interest Payable (Exclusive        | e of Owner and/or Rela | ited Parties)      |          | \$   |  |
|               | 11              | . Accrued Income Taxes*              |                        |                    |          | \$   |  |
|               | 12              | . Other Current Liabilities (        | itemize )              |                    |          | \$   | 617,150  |
|               |                 |                                      |                        |                    |          | 100  |  |
|               |                 |                                      |                        |                    |          |      |  |
|               |                 |                                      |                        |                    |          |      |  |
|               |                 |                                      |                        | See Schedule       | 617,150  | Φ.   | 1.607.000  |
| A-13          | $\frac{3}{100}$ | <b>otal Current Liabilities</b> (Lit | nes Al thru 12)        |                    |          | \$   | 1,607,938  |

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

# G. Balance Sheet (cont'd)

| Name of Facility   | License No.        | Report for Year   | Ended       | Page | of        |
|--|--------------------|-------------------|-------------|------|-----------|
| Harbor Hill Care Center, Inc. d/b/a Water's                                    | 2097-C             | 9/30/2019         |             | 34   | 37        |
|  | Account            |                   |             | An   | nount     |
|  |                    | Total Brough      | nt Forward: |      | 1,607,938 |
| Liabilities (cont'd)   |                    |                   |             |      |           |
| B. Long-Term Liabilities   |                    |                   |             |      | 104 505   |
| 1. Loans Payable-Equipment   |                    |                   | \$          |      | 101,596   |
| Name of Lender   | Purpose            | Amount            | Date Due    |      |           |
|  | Equipment Lease LT | 101,596           |             |      |           |
|  |                    |                   |             |      |           |
| 2. Mortgages Payable   |                    |                   | \$          |      | 1.654.270 |
| 3. Loans from Owners or Rel  | Amount             | Loan D            | \$          | )    | 1,654,379 |
| Due to Related / Other   | 1,654,379          | Boah B            |             |      |           |
| 4. Other Long-Term Liabiliti Notes Payable LT2 Notes Payable LT5  See Schedule | es (itemize)       | 108,211<br>15,972 | 3           |      | 124,183   |
| B-5. Total Long-Term Liabilities   |                    |                   | Q           |      | 1,880,158 |
| C. Total All Liabilities (Lines A  | -13 + B-5)         |                   | 9           | 3    | 3,488,096 |

| 31   A.5   Pregold Weeker Comp  |  | Line Ref   | Description  |   |  |
|---|--|--|--|---|--|
| 31   A.5  |  |  |  | \$  | 16,09  |
| 33   A.S.   Pespeld Rentile Property Trees   3.0     31   A.S.   Pespeld Rentile Property Trees   3.4     31   A.S.   Pespeld Rentile Property Trees   3.5     32   A.S.   Pespeld Rentile Property Trees   3.5     33   A.S.   Pespeld Rentile Property Trees   3.5     34   A.S.   Pespeld Rentile Property Trees   3.5     34   A.S.   Pespeld Rentile Property Trees   3.5     35   A.S.   Pespeld Rentile Property Trees   3.5     36   A.S.   Pespeld Rentile Property Trees   3.5     36   A.S.   Pespeld Rentile Property Trees   3.5     37   Pespeld Rentile Property Trees   3.5     38   Pespeld Rentile Property Trees   3.5     39   Pespeld Rentile Property Trees   3.5     30   Pespeld Rentile Property Trees   3.5     30   Pespeld Rentile Property Trees   3.5     30   Pespeld Rentile Property Trees   3.5     31   Pespeld Rentile Property Trees   3.5     32   Pespeld Rentile Property Trees   3.5     33   A.S.   Pespeld Rentile Property Trees   3.5     34   Pespeld Rentile Property Trees   3.5     35   Pespeld Rentile Property Trees   3.5     36   Pespeld Rentile Property Trees   3.5     37   Pespeld Rentile Property Trees   3.5     38   Pespeld Rentile Property Trees   3.5     39   Pespeld Rentile Property Trees   3.5     30   Pespel Rentile Property Trees   3.5     31   Pespel Rentile Property Trees   3.5     32   Pespel Rentile Property Trees   3.5     33   A.S.   Pespel Rentile Property Trees   3.5     34   Pespel Rentile Property Trees   3.5     35   Pespel Rentile Property Trees   3.5     36   Pespel Rentile Property Trees   3.5     37   Pespel Rentile Property Trees   3.5     38   Pespel Rentile Property Trees   3.5     39   Pespel Rentile Property Trees   3.5     30   Pespel Renti  | 31   | A5   | Prepaid Gen. Ins   |   | 14,79  |
| 31   A.S  |  |  |  |   | 16,37  |
| 3   A.S   Prepaid Manifer   Prepaid Properties   2   1   1   1   1   1   1   1   1   1  |  |  |  |   | 30,81  |
| 31 AS   |  |  |  |   | 4,0;   |
| neidle of Other Current Assets (Benized) Page 31 Line AB ge Ref Line Ref Description  Lat Other Current Assets (Benized) Page 31 Line BB ge Ref Line Ref Description  Lat Other Current Assets (Benized)  Lat Other Fixed Assets (Benized)  Lat Other Other Current Liabilities (Benized)  Lat Other Current Liabilities (Benized)  La  |  |  |  |   | 43,69  |
| licelule of Other Current Assets (Bemized) Page 31 Line AN  type Ref Line Ref Description   |  |  |  |   | 21,02  |
| ge Ref Line Ref Description  Tail Other Current Assets (Hemize)  Seededule of Other Fixed Assets (Hemize) Page 31 Line B9  Age Ref Line Ref Description  July Contraction in Progress  S 5 6  Solid Other Other Fixed Assets (Hemize) Page 31 Line B9  Age Ref Line Ref Description  July Contraction in Progress  S 5 6  Solid Other Other Fixed Assets (Hemize)  S 5 56  Solid Other Other Fixed Assets (Hemize)  S 5 6  Solid Other Other Fixed Assets (Hemize)  S 5 6  Solid Other Other Fixed Assets (Hemize)  S 5 6  Solid Other Other Fixed Assets (Hemize)  S 5 6  Solid Other Other Assets Page 32 Line D7  Age Ref Line Ref Description  Solid Other Assets  S 5  Solid Other Assets  S 6  Solid Other Assets  S 7  Solid Other Assets  S 8  Solid Other Assets  S 9  S 10  S  | tal Prep   | aid Expens   | es   |   | 146,8  |
| chedule of Other Fixed Assets (Hemize) Page 31 Line B9  age Ref Line Ref Description  3.1 P9 Continuent in Progress \$ 5.56  3.1 P9 Continuent in Progress \$ 5.56  3.1 P9 Continuent in Progress \$ 5.56  3.2 Line Ref Description  3.3 Line Ref Description  3.4 Description  3.5 Line Ref Description  4.5 Solution of Other Assets (Hemize) Page 32 Line D7  3.6 Ref Line Ref Description  4.5 Solution of Notes Payable (Hemize) Page 33 Line A2  3.6 Line Ref Description  5. Solution of Notes Payable (Hemize) Page 33 Line A2  3.7 Solution of Notes Payable (Hemize) Page 33 Line A2  3.8 Ref Line Ref Description  5. Solution of Notes Payable (Hemize) Page 33 Line A2  3.8 Ref Line Ref Description  5. Solution of Notes Payable (Hemize) Page 33 Line A2  3.8 Ref Line Ref Description  3.8 Ref Line Ref Description  3.9 Ref Line Ref Description  3.9 Ref Line Ref Description  3.0 Line Ref Description  3.0 Line Ref Description  3.0 Ref Line Ref Desc   | hedule o   | f Other Ci   | rrent Assets (itemized) Page 31 Line A8  |   |  |
| chedule of Other Fixed Assets (Itemize) Page 31 Line B9  age Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  and Other Other Fixed Assets (Itemize) \$ 5.6  bedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  and Other Assets Page 32 Line D7  age Ref Line Ref Description  batal Other Assets \$ 5.5  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  and All Description  batal Other Assets \$ 5.5  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Due to Medicaid  34 A12 Patient Blowance Exchange  35 A12 Patient Blowance Exchange  36 A12 Patient Blowance Exchange  37 A12 Patient Blowance Exchange  38 A12 Patient Blowance Exchange  39 A12 Accorded Pension  31 A12 Accorded Pension  32 Accorded Pension  33 A12 Accorded Pension  34 A12 Accorded Pension  35 A12 Accorded Pension  36 A12 Accorded Pension  37 A12 Accorded Pension  38 A12 Accorded Pension  39 A12 Accorded Pension  40 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 Accorded Pension  49 Accorded Pension  40 Accorded Pension  41 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  44 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 A12 Accorded Pension  49 Accorded Pension  40 Accorded Pension  40 Accorded   | ige Ref  | Line Ref   | Description  | 1   |  |
| chedule of Other Fixed Assets (Itemize) Page 31 Line B9  age Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  and Other Other Fixed Assets (Itemize) \$ 5.6  bedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  and Other Assets Page 32 Line D7  age Ref Line Ref Description  batal Other Assets \$ 5.5  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  and All Description  batal Other Assets \$ 5.5  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Due to Medicaid  34 A12 Patient Blowance Exchange  35 A12 Patient Blowance Exchange  36 A12 Patient Blowance Exchange  37 A12 Patient Blowance Exchange  38 A12 Patient Blowance Exchange  39 A12 Accorded Pension  31 A12 Accorded Pension  32 Accorded Pension  33 A12 Accorded Pension  34 A12 Accorded Pension  35 A12 Accorded Pension  36 A12 Accorded Pension  37 A12 Accorded Pension  38 A12 Accorded Pension  39 A12 Accorded Pension  40 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 Accorded Pension  49 Accorded Pension  40 Accorded Pension  41 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  44 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 A12 Accorded Pension  49 Accorded Pension  40 Accorded Pension  40 Accorded   |  |  |  |   |  |
| chedule of Other Fixed Assets (Itemize) Page 31 Line B9  age Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  and Other Other Fixed Assets (Itemize) \$ 5.6  bedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  and Other Assets Page 32 Line D7  age Ref Line Ref Description  batal Other Assets \$ 5.5  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  and All Description  batal Other Assets \$ 5.5  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Due to Medicaid  34 A12 Patient Blowance Exchange  35 A12 Patient Blowance Exchange  36 A12 Patient Blowance Exchange  37 A12 Patient Blowance Exchange  38 A12 Patient Blowance Exchange  39 A12 Accorded Pension  31 A12 Accorded Pension  32 Accorded Pension  33 A12 Accorded Pension  34 A12 Accorded Pension  35 A12 Accorded Pension  36 A12 Accorded Pension  37 A12 Accorded Pension  38 A12 Accorded Pension  39 A12 Accorded Pension  40 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 Accorded Pension  49 Accorded Pension  40 Accorded Pension  41 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  44 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 A12 Accorded Pension  49 Accorded Pension  40 Accorded Pension  40 Accorded   |  |  |  |   |  |
| hedule of Other Fixed Assets (Hemize) Page 31 Line B9  gg Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  1  |  |  |  | +-  |  |
| hedule of Other Fixed Assets (Hemize) Page 31 Line B9  gg Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  1  |  |  | The state of the s | +-  |  |
| chedule of Other Fixed Assets (Itemize) Page 31 Line B9  age Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  and Other Other Fixed Assets (Itemize) \$ 5.6  bedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  and Other Assets Page 32 Line D7  age Ref Line Ref Description  batal Other Assets \$ 5.5  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  and All Description  batal Other Assets \$ 5.5  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Due to Medicaid  34 A12 Patient Blowance Exchange  35 A12 Patient Blowance Exchange  36 A12 Patient Blowance Exchange  37 A12 Patient Blowance Exchange  38 A12 Patient Blowance Exchange  39 A12 Accorded Pension  31 A12 Accorded Pension  32 Accorded Pension  33 A12 Accorded Pension  34 A12 Accorded Pension  35 A12 Accorded Pension  36 A12 Accorded Pension  37 A12 Accorded Pension  38 A12 Accorded Pension  39 A12 Accorded Pension  40 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 Accorded Pension  49 Accorded Pension  40 Accorded Pension  41 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  44 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 A12 Accorded Pension  49 Accorded Pension  40 Accorded Pension  40 Accorded   |  |  |  |   |  |
| chedule of Other Fixed Assets (Itemize) Page 31 Line B9  age Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  and Other Other Fixed Assets (Itemize) \$ 5.6  bedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  and Other Assets Page 32 Line D7  age Ref Line Ref Description  batal Other Assets \$ 5.5  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  and All Description  batal Other Assets \$ 5.5  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Due to Medicaid  34 A12 Patient Blowance Exchange  35 A12 Patient Blowance Exchange  36 A12 Patient Blowance Exchange  37 A12 Patient Blowance Exchange  38 A12 Patient Blowance Exchange  39 A12 Accorded Pension  31 A12 Accorded Pension  32 Accorded Pension  33 A12 Accorded Pension  34 A12 Accorded Pension  35 A12 Accorded Pension  36 A12 Accorded Pension  37 A12 Accorded Pension  38 A12 Accorded Pension  39 A12 Accorded Pension  40 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 Accorded Pension  49 Accorded Pension  40 Accorded Pension  41 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  44 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 A12 Accorded Pension  49 Accorded Pension  40 Accorded Pension  40 Accorded   |  |  |  | +-  |  |
| chedule of Other Fixed Assets (Itemize) Page 31 Line B9  age Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  and Other Other Fixed Assets (Itemize) \$ 5.6  bedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  and Other Assets Page 32 Line D7  age Ref Line Ref Description  batal Other Assets \$ 5.5  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  and All Description  batal Other Assets \$ 5.5  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Due to Medicaid  34 A12 Patient Blowance Exchange  35 A12 Patient Blowance Exchange  36 A12 Patient Blowance Exchange  37 A12 Patient Blowance Exchange  38 A12 Patient Blowance Exchange  39 A12 Accorded Pension  31 A12 Accorded Pension  32 Accorded Pension  33 A12 Accorded Pension  34 A12 Accorded Pension  35 A12 Accorded Pension  36 A12 Accorded Pension  37 A12 Accorded Pension  38 A12 Accorded Pension  39 A12 Accorded Pension  40 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 Accorded Pension  49 Accorded Pension  40 Accorded Pension  41 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  44 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 A12 Accorded Pension  49 Accorded Pension  40 Accorded Pension  40 Accorded   |  | <u> </u>   |  | +   |  |
| chedule of Other Fixed Assets (Itemize) Page 31 Line B9  age Ref Line Ref Description  31 B9 Construction in Progress \$ 5.6  and Other Other Fixed Assets (Itemize) \$ 5.6  bedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  and Other Assets Page 32 Line D7  age Ref Line Ref Description  batal Other Assets \$ 5.5  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  and All Description  batal Other Assets \$ 5.5  chedule of Other Curvent Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Due to Medicaid  34 A12 Patient Blowance Exchange  35 A12 Patient Blowance Exchange  36 A12 Patient Blowance Exchange  37 A12 Patient Blowance Exchange  38 A12 Patient Blowance Exchange  39 A12 Accorded Pension  31 A12 Accorded Pension  32 Accorded Pension  33 A12 Accorded Pension  34 A12 Accorded Pension  35 A12 Accorded Pension  36 A12 Accorded Pension  37 A12 Accorded Pension  38 A12 Accorded Pension  39 A12 Accorded Pension  40 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 Accorded Pension  49 Accorded Pension  40 Accorded Pension  41 Accorded Pension  41 Accorded Pension  42 Accorded Pension  43 A12 Accorded Pension  44 Accorded Pension  45 Accorded Pension  46 Accorded Pension  47 Accorded Pension  48 A12 Accorded Pension  49 Accorded Pension  40 Accorded Pension  40 Accorded   | tal Othe   | r Current  | Assets (Itemize)   | 2   |  |
| chedule of Other Fixed Assets (Hemize) Page 31 Line B9  age Ref Line Ref Description  31   B9   Construction in Progress   \$ 5.66  |  |  |  | h   |  |
| age Ref Line Ref Description  otal Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Lone and Exchange  33 A12 Lone and Exchange  34 A12 Lone and Exchange  35 A12 Accorded Reference  36 Accorded Reference  37 A14 Accorded Reference  38 A14 Accorded Reference  39 A14 Accorded Reference  31 A12 Accorded Reference  31 A12 Accorded Reference  31 A12 Accorded Reference  31 A12 Accorded Payables  31 A14 Accorded Payables  31 A15 Accorded Payables  31 A17 Accorded Payables  32 Accorded Payables  33 A17 Accorded Payables  34 Accorded Payables  35 A17 Accorded Payables  36 A17 Accorded Payables  37 A18 Accorded Payables  38 A19 Accorded Payables  39 A19 Accorded Payables  49 Accorded Payables  40 Accorded Payables  40 Accorded Payables  41 Accorded Payables  42 Accorded Payables  43 A12 Accorded Payables  44 Accorded Payables  45 Accorded Payables  46 Accorded Payables  47 Accorded Payables  48 Accorded Payables  49 Accorded Payables  49 Accorded Payables  40 Accorded Payables  40 Accorded Payables  41 Accorded Payables  41 Accorded Pay  |  |  |  |   |  |
| S 5 50  31 B9 Construction in Progress  |  |  | ted Assets (Itemize) Fage 31 Line by   |   |  |
| chedule of Other Assets Page 32 Linc D7  age Ref Line Ref Description  the Description State Of State   |  |  | Description  | ٦.  | 50.0   |
| hedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  Stal Other Assets  | 31   | 119  | Construction in Progress   | -1.5  | 56,2   |
| hedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  Stal Other Assets  |  | <del> </del>   |  | +   |  |
| chedule of Other Assets Page 32 Line D7  age Ref Line Ref Description   |  | <b></b>  |  | $\overline{}$   |  |
| chedule of Other Assets Page 32 Line D7  age Ref Line Ref Description   |  | <b> </b>   |  | +   |  |
| hedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  Stal Other Assets  |  | <del></del>  |  | +-  |  |
| hedule of Other Assets Page 32 Line D7  age Ref Line Ref Description  Stal Other Assets  | tal Othe   | r Other Fi   | red Assets (Hemize)  | S   | 56,2   |
| ge Ref Line Ref Description  intal Other Assets  5  chedule of Notes Payable (Hemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Current Liabilities (Hemize) Page 33 Line A12  chedule of Other Current Liabilities (Hemize) Page 33 Line A12  age Ref Line Ref Description  5  chedule of Other Current Liabilities (Hemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Unclaimed ADP checks  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  34 Due to Medicaid  35 A12 Patient Allowance Exchange  36 A12 Patient Allowance Exchange  37 A12 Accrued Worker's Comp  38 A12 Accrued Persion  39 A12 Accrued Persion  31 A12 Accrued Persion  32 Accrued Persion  33 A12 Accrued Persion  34 Accrued Persion  35 A12 Accrued Persion  46 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  5 Accrued Persion  6 Accrued Persion  7 Accrued Persion  7 Accrued Persion  8 Accrued Persion  9  |  |  | 100000 (1100000)   | <u> </u>  |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Urelained ADP clocks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  31 A12 Patient Allowance Exchange  32 A12 Due to Medicaid  33 A12 Patient Spund  34 Accrued Persison  35 A12 Accrued Persison  36 A12 Accrued Persison  37 A12 Accrued Persison  38 A12 Accrued Persison  39 A12 Accrued Persison  40 Accrued Persison  41 Accrued Persison  42 Accrued Persison  43 A12 Accrued Persison  45 Accrued Persison  46 Accrued Persison  47 Accrued Persison  48 Accrued Persison  49 Accrued Persison  40 Accrued Persison  40 Accrued Persison  41 Accrued Persison  42 Accrued Persison  43 A12 Accrued Persison  45 Accrued Persison  46 Accrued Persison  47 Accrued Persison  48 Accrued Persison  49 Accrued Persison  40 Accrued Persison  40 Accrued Persison  41 Accrued Persison  42 Accrued Persison  43 A12 Accrued Persison  45 Accrued Persison  46 Accrued Persison  47 Accrued Persison  48 Accrued Persison  49 Accrued Persison  40 Accrued Persison  40 Accrued Persison  41 Accrued Persison  40 Accrued Persison  41 Accrued Persison  42 Accrued Persison  43 A12 Accrued Persison  45 Accrued Persison  56 Accrued Persison  57 Accrued Persison  57 Accrued Persison  58 Accrued Persison  59 Accrued Persison  50 Accrued Persison  51 Accrued Persison  51 Accrued Persison  52 Accrued Persison  53 A12 Accrued Persison  54 Accrued Persison  55 Accrued Persison  56 Accrued Persison  57 Accrued Persison  58 Accrued Persison  58 Ac  | hedule o   | of Other A   | ssets Page 32 Line D7  |   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Urelained ADP clocks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  31 A12 Patient Allowance Exchange  32 A12 Due to Medicaid  33 A12 Patient Spund  34 Accrued Persison  35 A12 Accrued Persison  36 A12 Accrued Persison  37 A12 Accrued Persison  38 A12 Accrued Persison  39 A12 Accrued Persison  40 Accrued Persison  41 Accrued Persison  42 Accrued Persison  43 A12 Accrued Persison  45 Accrued Persison  46 Accrued Persison  47 Accrued Persison  48 Accrued Persison  49 Accrued Persison  40 Accrued Persison  40 Accrued Persison  41 Accrued Persison  42 Accrued Persison  43 A12 Accrued Persison  45 Accrued Persison  46 Accrued Persison  47 Accrued Persison  48 Accrued Persison  49 Accrued Persison  40 Accrued Persison  40 Accrued Persison  41 Accrued Persison  42 Accrued Persison  43 A12 Accrued Persison  45 Accrued Persison  46 Accrued Persison  47 Accrued Persison  48 Accrued Persison  49 Accrued Persison  40 Accrued Persison  40 Accrued Persison  41 Accrued Persison  40 Accrued Persison  41 Accrued Persison  42 Accrued Persison  43 A12 Accrued Persison  45 Accrued Persison  56 Accrued Persison  57 Accrued Persison  57 Accrued Persison  58 Accrued Persison  59 Accrued Persison  50 Accrued Persison  51 Accrued Persison  51 Accrued Persison  52 Accrued Persison  53 A12 Accrued Persison  54 Accrued Persison  55 Accrued Persison  56 Accrued Persison  57 Accrued Persison  58 Accrued Persison  58 Ac  |  |  |  |   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable  S  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient Fond  34 A12 Patient Fond  35 A12 Accrued Expenses  36 A13 A12 Accrued Expenses  37 A14 Accrued Persion  38 A15 Accrued Persion  39 A12 Accrued Persion  30 A12 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 A13 Accrued Persion  33 A14 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 Accrued Persion  37 A17 Accrued Persion  38 A18 Accrued Persion  39 A19 Accrued Persion  30 A10 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 Accrued Persion  33 A12 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 A17 Accrued Persion  37 A18 Accrued Persion  38 A19 Accrued Persion  39 A19 Accrued Persion  30 A10 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 A13 A14 Accrued Persion  33 A15 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 A17 Accrued Persion  37 A18 Accrued Persion  38 A19 Accrued Persion  39 A10 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A15 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 Accrued Persion  47 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A16 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 Accrued Persion  47 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A17 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 A  | ige Ref  | Line Ref   | <u>Description</u>   |   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient B Fund  46 Acrued Purson  34 A12 Accrued Person  35 A12 Accrued Person  36 A12 Accrued Person  37 A12 Accrued Person  38 A12 Accrued Person  39 A12 Accrued Person  30 A12 Accrued Person  31 A12 Accrued Person  31 A12 Accrued Person  32 A13 A14 Accrued Person  33 A15 Accrued Person  34 A16 Accrued Person  35 A17 Accrued Person  36 A18 Accrued Person  37 A18 Accrued Person  38 A19 Accrued Person  39 A10 Accrued Person  40 Accrued Person  41 Accrued Person  42 Accrued Person  43 A14 Accrued Person  45 Accrued Person  56 A17 Accrued Person  57 Accrued Person  58 A18 A18 Accrued Person  58 A18 A18 Accrued Person  58 A18 A18 Accrued Person  59 A18 A18 Accrued Person  50 A18 A18 A18 Accrued Person  50 A18 A18 A18 Accrued Person  50 A18  |  |  |  | -   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable  S  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient Fond  34 A12 Patient Fond  35 A12 Accrued Expenses  36 A13 A12 Accrued Expenses  37 A14 Accrued Persion  38 A15 Accrued Persion  39 A12 Accrued Persion  30 A12 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 A13 Accrued Persion  33 A14 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 Accrued Persion  37 A17 Accrued Persion  38 A18 Accrued Persion  39 A19 Accrued Persion  30 A10 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 Accrued Persion  33 A12 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 A17 Accrued Persion  37 A18 Accrued Persion  38 A19 Accrued Persion  39 A19 Accrued Persion  30 A10 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 A13 A14 Accrued Persion  33 A15 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 A17 Accrued Persion  37 A18 Accrued Persion  38 A19 Accrued Persion  39 A10 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A15 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 Accrued Persion  47 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A16 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 Accrued Persion  47 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A17 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 A  |  |  |  | -   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable  S  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient Fond  34 A12 Patient Fond  35 A12 Accrued Expenses  36 A13 A12 Accrued Expenses  37 A14 Accrued Persion  38 A15 Accrued Persion  39 A12 Accrued Persion  30 A12 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 A13 Accrued Persion  33 A14 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 Accrued Persion  37 A17 Accrued Persion  38 A18 Accrued Persion  39 A19 Accrued Persion  30 A10 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 Accrued Persion  33 A12 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 A17 Accrued Persion  37 A18 Accrued Persion  38 A19 Accrued Persion  39 A19 Accrued Persion  30 A10 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 A13 A14 Accrued Persion  33 A15 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 A17 Accrued Persion  37 A18 Accrued Persion  38 A19 Accrued Persion  39 A10 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A15 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 Accrued Persion  47 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A16 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 Accrued Persion  47 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A17 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 A  |  |  |  |   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient B Fund  46 Acrued Purson  34 A12 Accrued Person  35 A12 Accrued Person  36 A12 Accrued Person  37 A12 Accrued Person  38 A12 Accrued Person  39 A12 Accrued Person  30 A12 Accrued Person  31 A12 Accrued Person  31 A12 Accrued Person  32 A13 A14 Accrued Person  33 A15 Accrued Person  34 A16 Accrued Person  35 A17 Accrued Person  36 A18 Accrued Person  37 A18 Accrued Person  38 A19 Accrued Person  39 A10 Accrued Person  40 Accrued Person  41 Accrued Person  42 Accrued Person  43 A14 Accrued Person  45 Accrued Person  56 A17 Accrued Person  57 Accrued Person  58 A18 A18 Accrued Person  58 A18 A18 Accrued Person  58 A18 A18 Accrued Person  59 A18 A18 Accrued Person  50 A18 A18 A18 Accrued Person  50 A18 A18 A18 Accrued Person  50 A18  |  |  |  | +   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable  S  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient Fond  34 A12 Patient Fond  35 A12 Accrued Expenses  36 A13 A12 Accrued Expenses  37 A14 Accrued Persion  38 A15 Accrued Persion  39 A12 Accrued Persion  30 A12 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 A13 Accrued Persion  33 A14 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 Accrued Persion  37 A17 Accrued Persion  38 A18 Accrued Persion  39 A19 Accrued Persion  30 A10 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 Accrued Persion  33 A12 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 A17 Accrued Persion  37 A18 Accrued Persion  38 A19 Accrued Persion  39 A19 Accrued Persion  30 A10 Accrued Persion  31 A12 Accrued Persion  31 A12 Accrued Persion  32 A13 A14 Accrued Persion  33 A15 Accrued Persion  34 A15 Accrued Persion  35 A16 Accrued Persion  36 A17 Accrued Persion  37 A18 Accrued Persion  38 A19 Accrued Persion  39 A10 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A15 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 Accrued Persion  47 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A16 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 Accrued Persion  47 Accrued Persion  47 Accrued Persion  48 Accrued Persion  49 Accrued Persion  40 Accrued Persion  40 Accrued Persion  41 Accrued Persion  41 Accrued Persion  41 Accrued Persion  42 Accrued Persion  43 A17 Accrued Persion  44 Accrued Persion  45 Accrued Persion  46 A  |  |  |  | -   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient B Fund  46 Acrued Purson  34 A12 Accrued Person  35 A12 Accrued Person  36 A12 Accrued Person  37 A12 Accrued Person  38 A12 Accrued Person  39 A12 Accrued Person  30 A12 Accrued Person  31 A12 Accrued Person  31 A12 Accrued Person  32 A13 A14 Accrued Person  33 A15 Accrued Person  34 A16 Accrued Person  35 A17 Accrued Person  36 A18 Accrued Person  37 A18 Accrued Person  38 A19 Accrued Person  39 A10 Accrued Person  40 Accrued Person  41 Accrued Person  42 Accrued Person  43 A14 Accrued Person  45 Accrued Person  56 A17 Accrued Person  57 Accrued Person  58 A18 A18 Accrued Person  58 A18 A18 Accrued Person  58 A18 A18 Accrued Person  59 A18 A18 Accrued Person  50 A18 A18 A18 Accrued Person  50 A18 A18 A18 Accrued Person  50 A18  |  |  |  | -   |  |
| chedule of Notes Payable (Itemize) Page 33 Line A2  age Ref Line Ref Description  otal Notes Payable  chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange  33 A12 Unclaimed ADP checks  33 A12 Due to Medicaid  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient Allowance Exchange  33 A12 Patient B Fund  46 Acrued Purson  34 A12 Accrued Person  35 A12 Accrued Person  36 A12 Accrued Person  37 A12 Accrued Person  38 A12 Accrued Person  39 A12 Accrued Person  30 A12 Accrued Person  31 A12 Accrued Person  31 A12 Accrued Person  32 A13 A14 Accrued Person  33 A15 Accrued Person  34 A16 Accrued Person  35 A17 Accrued Person  36 A18 Accrued Person  37 A18 Accrued Person  38 A19 Accrued Person  39 A10 Accrued Person  40 Accrued Person  41 Accrued Person  42 Accrued Person  43 A14 Accrued Person  45 Accrued Person  56 A17 Accrued Person  57 Accrued Person  58 A18 A18 Accrued Person  58 A18 A18 Accrued Person  58 A18 A18 Accrued Person  59 A18 A18 Accrued Person  50 A18 A18 A18 Accrued Person  50 A18 A18 A18 Accrued Person  50 A18  | otal Oak   | ar Assots  |  | 10  |  |
| age Ref Line Ref Description  | otas Othi  | Assets   |  | ٠,٠   |  |
| age Ref Line Ref Description  |  |  |  |   |  |
| Chedule of Other Current Liabilities (Itemize) Page 33 Line A12   | chedule (  | of Notes P   | nyable (Itemize) Page 33 Line A2   |   |  |
| Chedule of Other Current Liabilities (Hemize) Page 33 Line A12   Age Ref   Line Ref   Description   | age Ref  | Line Re  | Description  |   |  |
| Chedule of Other Current Liabilities (Hemize) Page 33 Line A12   Age Ref   Line Ref   Description   |  | ļ  |  |   |  |
| chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange \$12  33 A12 Unclaimed ADP checks \$20  33 A12 Unclaimed ADP checks \$20  33 A12 Patient Allowance Exchange \$12  33 A12 Patient Allowance Exchange \$12  33 A12 Patient Allowance Exchange \$12  33 A12 Patient Fund \$60  33 A12 Accrued Expenses \$24  33 A12 Accrued Worker's Comp \$33  34 Accrued Worker's Comp \$33  35 A12 Accrued Worker's Comp \$33  36 A12 Accrued Worker's Comp \$35  36 Accrued Purchase \$35  56 Accrued Worker's Comp \$35  57  58 Accrued Worker's Comp \$35  59 Accrued Worker's Comp \$35  50 Accrued Worker's Co |  | L  |  |   | ·  |
| chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange \$ 1: 33 A12 Unclaimed ADP checks \$ 2: 33 A12 Due to Medicaid \$ 20  33 A12 Patient Allowance Exchange \$ 1: 33 A12 Patient Allowance Exchange \$ 2: 33 A12 Patient Allowance Exchange \$ 2: 33 A12 Patient Fund \$ 6: 33 A12 Accrued Expenses \$ 24: 33 A12 Accrued Persion \$ 1: 33 A12 Accrued Worker's Comp \$ 3: 34 A12 Accrued Worker's Comp \$ 3: 35 A12 Accrued Worker's Comp \$ 3: 36 A12 Accrued Worker's Comp \$ 3: 37 A12 Accrued Worker's Comp \$ 3: 38 A12 Accrued Worker's Comp \$ 3: 39 A12 Accrued Worker's Comp \$ 3: 30 A12 Accrued Worker's Comp \$ 3: 31 A12 Accrued Worker's Comp \$ 3: 32 A13 A14 Accrued Worker's Comp \$ 3: 33 A15 Accrued Worker's Comp \$ 3: 34 A15 Accrued Worker's Comp \$ 3: 35 A16 Accrued Worker's Comp \$ 3: 36 A17 Accrued Worker's Comp \$ 3: 37 A18 A18 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 A19 Accrued Worker's Comp \$ 3: 33 A19 Accrued Worker's Comp \$ 3: 34 A19 Accrued Worker's Comp \$ 3: 35 A19 Accrued Worker's Comp \$ 3: 36 A19 Accrued Worker's Comp \$ 3: 37 A19 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 Accrued Worker's Comp \$ 3: 33 A19 Accrued Worker's Comp \$ 3: 34 Accrued Worker's Comp \$ 3: 35 A19 Accrued Worker's Comp \$ 3: 36 A19 Accrued Worker's Comp \$ 3: 37 A19 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 Accrued Worker's Comp \$ 3: 33 A19 Accrued Worker's Comp \$ 3: 34 Accrued Worker's Comp \$ 3: 35 A19 Accrued Worker's Comp \$ 3: 36 A19 Accrued Worker's Comp \$ 3: 37 A19 Accrued Worker's Comp \$ 3:       |  | ļ  |  |   |  |
| chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange \$ 1: 33 A12 Unclaimed ADP checks \$ 2: 33 A12 Due to Medicaid \$ 20 33 A12 Patient Allowance Exchange \$ 1: 33 A12 Patients Fund \$ 6: 33 A12 Patients Fund \$ 6: 33 A12 Accrued Expenses \$ 24: 33 A12 Accrued Persion \$ 1: 33 A12 Accrued Worker's Comp \$ 3: 33 A12 Accrued Worker's Comp \$ 3: 34 A12 Accrued Worker's Comp \$ 3: 35 A12 Accrued Worker's Comp \$ 3: 36 A12 Accrued Worker's Comp \$ 3: 37 A12 Accrued Worker's Comp \$ 3: 38 A12 Accrued Worker's Comp \$ 3: 39 A12 Accrued Worker's Comp \$ 3: 30 A12 Accrued Worker's Comp \$ 3: 31 A12 Accrued Worker's Comp \$ 3: 32 A13 A14 Accrued Worker's Comp \$ 3: 33 A15 Accrued Worker's Comp \$ 3: 34 A15 Accrued Worker's Comp \$ 3: 35 A16 Accrued Worker's Comp \$ 3: 36 A17 Accrued Worker's Comp \$ 3: 37 A18 A19 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 A19 Accrued Worker's Comp \$ 3: 33 A19 Accrued Worker's Comp \$ 3: 34 A19 Accrued Worker's Comp \$ 3: 35 A19 A19 Accrued Worker's Comp \$ 3: 36 A19 Accrued Worker's Comp \$ 3: 37 A19 Accrued Worker's Comp \$ 3: 38 A19 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 A19 Accrued Worker's Comp \$ 3: 33 A19 A19 Accrued Worker's Comp \$ 3: 34 A19 Accrued Worker's Comp \$ 3: 35 A19 Accrued Worker's Comp \$ 3: 36 A19 Accrued Worker's Comp \$ 3: 37 A19 Accrued Worker's Comp \$ 3: 38 A19 A19 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 A19 Accrued Worker's Comp \$ 3: 33 A19 A19 Accrued Worker's Comp \$ 3: 34 A19 Accrued Worker's Comp \$ 3: 35 A19 A19 Accrued Worker's Comp \$ 3: 36 A19 A19 Accrued Worker's Comp \$ 3: 37 A19 A       |  | 1  |  |   |  |
| chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange \$ 1: 33 A12 Unclaimed ADP checks \$ 2: 33 A12 Due to Medicaid \$ 20 33 A12 Patient Allowance Exchange \$ 1: 33 A12 Patients Fund \$ 6: 33 A12 Patients Fund \$ 6: 33 A12 Accrued Expenses \$ 24: 33 A12 Accrued Persion \$ 1: 33 A12 Accrued Worker's Comp \$ 3: 33 A12 Accrued Worker's Comp \$ 3: 34 A12 Accrued Worker's Comp \$ 3: 35 A12 Accrued Worker's Comp \$ 3: 36 A12 Accrued Worker's Comp \$ 3: 37 A12 Accrued Worker's Comp \$ 3: 38 A12 Accrued Worker's Comp \$ 3: 39 A12 Accrued Worker's Comp \$ 3: 30 A12 Accrued Worker's Comp \$ 3: 31 A12 Accrued Worker's Comp \$ 3: 32 A13 A14 Accrued Worker's Comp \$ 3: 33 A15 Accrued Worker's Comp \$ 3: 34 A15 Accrued Worker's Comp \$ 3: 35 A16 Accrued Worker's Comp \$ 3: 36 A17 Accrued Worker's Comp \$ 3: 37 A18 A19 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 A19 Accrued Worker's Comp \$ 3: 33 A19 Accrued Worker's Comp \$ 3: 34 A19 Accrued Worker's Comp \$ 3: 35 A19 A19 Accrued Worker's Comp \$ 3: 36 A19 Accrued Worker's Comp \$ 3: 37 A19 Accrued Worker's Comp \$ 3: 38 A19 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 A19 Accrued Worker's Comp \$ 3: 33 A19 A19 Accrued Worker's Comp \$ 3: 34 A19 Accrued Worker's Comp \$ 3: 35 A19 Accrued Worker's Comp \$ 3: 36 A19 Accrued Worker's Comp \$ 3: 37 A19 Accrued Worker's Comp \$ 3: 38 A19 A19 Accrued Worker's Comp \$ 3: 38 A19 Accrued Worker's Comp \$ 3: 39 A19 Accrued Worker's Comp \$ 3: 30 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 31 A19 Accrued Worker's Comp \$ 3: 32 A19 Accrued Worker's Comp \$ 3: 33 A19 A19 Accrued Worker's Comp \$ 3: 34 A19 Accrued Worker's Comp \$ 3: 35 A19 A19 Accrued Worker's Comp \$ 3: 36 A19 A19 Accrued Worker's Comp \$ 3: 37 A19 A       |  | ļ  | ·  |   |  |
| chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange \$ 1: 33 A12 Unclaimed ADP checks \$ 2: 33 A12 Due to Medicaid \$ 20 33 A12 Patients Fund \$ 6: 33 A12 Patients Fund \$ 6: 33 A12 Accrued Expenses \$ 24: 33 A12 Accrued Persion \$ 1: 33 A12 Accrued Worker's Comp \$ 3: 33 A12 Accrued Purchase \$ 1: 34 A12 Accrued Purchase \$ 1: 35 A12 Accrued Turchase \$ 1: 36 A12 Accrued Turchase \$ 1: 37 A12 Accrued Turchase \$ 1: 38 A12 Accrued Turchase \$ 1: 39 A12 Accrued Turchase \$ 1: 30 A12 Accrued Turchase \$ 1: 31 A12 Accrued Turchase \$ 1: 31 A12 Accrued Turchase \$ 1: 32 A13 A14 Accrued Turchase \$ 1: 33 A15 A15 Accrued Turchase \$ 1: 34 A16 Accrued Turchase \$ 1: 35 A17 Accrued Turchase \$ 1: 36 A18   |  |  |  |   |  |
| chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange \$ 1: 33 A12 Unclaimed ADP checks \$ 2: 33 A12 Due to Medicaid \$ 20 33 A12 Patients Fund \$ 6: 33 A12 Patients Fund \$ 6: 33 A12 Accrued Expenses \$ 24: 33 A12 Accrued Persion \$ 1: 33 A12 Accrued Worker's Comp \$ 3: 33 A12 Accrued Purchase \$ 1: 34 A12 Accrued Purchase \$ 1: 35 A12 Accrued Turchase \$ 1: 36 A12 Accrued Turchase \$ 1: 37 A12 Accrued Turchase \$ 1: 38 A12 Accrued Turchase \$ 1: 39 A12 Accrued Turchase \$ 1: 30 A12 Accrued Turchase \$ 1: 31 A12 Accrued Turchase \$ 1: 31 A12 Accrued Turchase \$ 1: 32 A13 A14 Accrued Turchase \$ 1: 33 A15 A15 Accrued Turchase \$ 1: 34 A16 Accrued Turchase \$ 1: 35 A17 Accrued Turchase \$ 1: 36 A18   |  | 1  |  | -   |  |
| chedule of Other Current Liabilities (Itemize) Page 33 Line A12  age Ref Line Ref Description  33 A12 Loans and Exchange \$ 1: 33 A12 Unclaimed ADP checks \$ 2: 33 A12 Due to Medicaid \$ 20 33 A12 Patients Fund \$ 6: 33 A12 Patients Fund \$ 6: 33 A12 Accrued Expenses \$ 24: 33 A12 Accrued Persion \$ 1: 33 A12 Accrued Worker's Comp \$ 3: 33 A12 Accrued Purchase \$ 1: 34 A12 Accrued Purchase \$ 1: 35 A12 Accrued Turchase \$ 1: 36 A12 Accrued Turchase \$ 1: 37 A12 Accrued Turchase \$ 1: 38 A12 Accrued Turchase \$ 1: 39 A12 Accrued Turchase \$ 1: 30 A12 Accrued Turchase \$ 1: 31 A12 Accrued Turchase \$ 1: 31 A12 Accrued Turchase \$ 1: 32 A13 A14 Accrued Turchase \$ 1: 33 A15 A15 Accrued Turchase \$ 1: 34 A16 Accrued Turchase \$ 1: 35 A17 Accrued Turchase \$ 1: 36 A18   |  | <u></u>  |  | $-\!$ |  |
| Age   Ref   Line Ref   Description  | otal Not   | es Payable   |  | \$  |  |
| age Ref         Line Ref         Description           33         A12         Loans and Exchange         \$ 12           33         A12         Unclaimed ADP checks         0           33         A12         Due to Medicaid         20           33         A12         Patient Allowance Exchange         12           33         A12         Patients Fund         6           33         A12         Accrued Expenses         24           33         A12         Accrued Pension         1           33         A12         Accrued Worker's Comp         3           33         A12         Accrued Purchase         1           otal Other Current Liabilities (Itemize)         \$ 61  |  |  |  |   |  |
| Age   Ref   Line Ref   Description  |  |  |  |   |  |
| Age   Ref   Line Ref   Description  |  | of Othor C   | urrent Liabilities (Remize) Page 33 Line A12   |   |  |
| 33   A12  | chedule  | or Other C   |  |   |  |
| 33   Al 2   Unclaimed ADP checks   20   |  |  |  |   |  |
| 33 Al 2   Due to Medicaid   20  | age Ref  | Line Re  |  |   |  |
| 33   Al 2   Patient Allowance Exchange   1.   | age Ref  | Line Re  | Loans and Exchange   | \$_   |  |
| 33   A12   Patients Fund   6-   | age Ref<br>33  | Line Re  | Loans and Exchange Unclaimed ADP clocks  | \$  | 6,   |
| 33 Al 2   Accrued Expenses   24   | age Ref<br>33<br>33<br>33  | Line Re<br>3 A12<br>3 A12<br>3 A12   | Loans and Exchange Unclaimed ADP checks Due to Medicaid  | s   | 6,<br>201,                                     |
| 33   A12   Accrued Pension   1  | 33<br>33<br>33<br>33   | Line Re<br>3 A12<br>3 A12<br>3 A12<br>4 A12  | Leans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange   | \$  | 6,<br>201,<br>15,                              |
| 33   A12   Accrued Worker's Comp   33   33   A12   Accrued Purchase   1   1   1   1   1   1   1   1   1   | 33<br>33<br>33<br>33<br>33   | Line Re<br>A12<br>A12<br>A12<br>A12<br>A12<br>A12  | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patients Fund   | s   | 6,<br>201,<br>15,<br>64,                       |
| 33 A12 Accrued Purchase 1 ofal Other Current Liabilities (Hemize) \$ 61  chedule of Other Long-Term Liabilities (Hemize) Page 34 Line B4  | 33<br>33<br>33<br>33<br>33<br>33   | Line Re<br>3 A12<br>3 A12<br>3 A12<br>4 A12<br>5 A12<br>6 A12                            | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patients Fund Accrued Expenses  | \$  | 6,<br>201,<br>15,<br>64,<br>244,               |
| otal Other Current Liabilities (Hemize)  \$ 61  Chedule of Other Long-Term Liabilities (Hemize) Page 34 Line B4   | 33<br>33<br>33<br>33<br>33<br>33<br>33                                     | Line Re 3 A12 4 A12 5 A12 6 A12 6 A12 7 A12 7 A12 7 A12 7 A12 7 A12                      | Leans and Exchange Unclaimed ADP clocks Due to Medicaid Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension  | \$  | 15,<br>6,<br>201,<br>15,<br>64,<br>244,        |
| chedule of Other Long-Term Liubilities (Itemize) Page 34 Line B4  | 33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33                         | Line Re<br>3 A12<br>3 A12<br>4 A12<br>5 A12<br>6 A12<br>6 A12<br>6 A12<br>7 A12<br>8 A12 | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension Accrued Worker's Comp  | \$  | 6,<br>201,<br>15,<br>64,<br>244,<br>19,<br>38, |
| chedule of Other Long-Term Linbilities (Itemize) Page 34 Line B4  | 33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33                   | Line Re 3 A12 3 A12 4 A12 5 A12 6 A12 6 A12 6 A12 7 A12 7 A12 7 A12 7 A12 7 A12 7 A12    | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension Accrued Worker's Comp Accrued Worker's Comp  |   | 6<br>201,<br>15,<br>64<br>244<br>19<br>38      |
|   | 33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33                   | Line Re 3 A12 3 A12 4 A12 5 A12 6 A12 6 A12 6 A12 7 A12 7 A12 7 A12 7 A12 7 A12 7 A12    | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension Accrued Worker's Comp Accrued Worker's Comp  |   | 6<br>201,<br>15<br>64<br>244<br>19             |
| age ret Line ret (Pescription)  | 33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>30<br>31<br>30<br>31 | Line Re  | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension Accrued Worker's Comp Accrued Purchase Liabilities (Hembze)  |   | 6<br>201,<br>15,<br>64<br>244<br>19<br>38      |
|   | 333<br>333<br>333<br>333<br>333<br>333<br>330<br>331<br>331<br>331         | Line Re  | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension Accrued Worker's Comp Accrued Purchase Liabilities (Hemize) ong-Term Liabilities (Hemize) Page 34 Line B4   |   | 6<br>201<br>15<br>64<br>244<br>19<br>38        |
|   | 33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>0tal Oth       | Line Re  | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension Accrued Worker's Comp Accrued Purchase Liabilities (Hemize) ong-Term Liabilities (Hemize) Page 34 Line B4   |   | 6<br>201<br>15<br>64<br>244<br>19<br>38        |
|   | 33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>50tal Oth      | Line Re  | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension Accrued Worker's Comp Accrued Purchase Liabilities (Hemize) ong-Term Liabilities (Hemize) Page 34 Line B4   |   | 6<br>201<br>15<br>64<br>244<br>19<br>38        |
|   | 33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>33<br>0tal Oth       | Line Re  | Loans and Exchange Unclaimed ADP checks Due to Medicaid Patient Allowance Exchange Patient Allowance Exchange Patients Fund Accrued Expenses Accrued Pension Accrued Worker's Comp Accrued Purchase Liabilities (Hemize) ong-Term Liabilities (Hemize) Page 34 Line B4   |   | 6<br>201<br>15<br>64<br>244<br>19<br>38        |

Total Other Current Liabilities (Itemize)

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

|          | ne of Facility                      | License No.         | Report for Yea      | ır Ended     | Page     | of        |
|----------|-------------------------------------|---------------------|---------------------|--------------|----------|-----------|
| Harl     | oor Hill Care Center, Inc. d/b/a Wa | 2097-C              | 9/30/2019           |              | 35       | 37        |
| <u> </u> |                                     | Account             |                     |              | An       | nount     |
| A.       | Reserves                            |                     |                     |              |          |           |
|          | 1. Reserve for value of leased la   | nd                  |                     | \$           | )        |           |
|          | 2. Reserve for depreciation valu    | e of leased buildin | gs and appurtenar   | nces         |          |           |
|          | to be amortized                     |                     |                     | \$           | <u> </u> |           |
|          | <u> </u>                            |                     |                     |              |          | į         |
| ļ        | 3. Reserve for depreciation valu    | e of leased person  | al property (Equity | <i>v)</i> \$ | 3        |           |
|          | 4. Reserve for leasehold real pro   | operties on which f | air rental value is | based \$     | )        |           |
|          |                                     |                     |                     |              |          |           |
|          | 5. Reserve for funds set aside as   | s donor restricted  |                     | \$           | S        |           |
|          | 6. Total Reserves                   |                     |                     | \$           | S        |           |
| В.       | Net Worth                           |                     |                     |              |          |           |
|          | 1. Owner's Capital                  |                     |                     | \$           | 5        | ,         |
|          | 2. Capital Stock                    |                     |                     | 9            | 5        | -         |
|          | 3. Paid-in Surplus                  |                     |                     | 9            | S        | 1,212,446 |
|          | 4. Treasury Stock                   |                     |                     |              | 5        |           |
|          | 5. Cumulated Earnings               |                     |                     | 9            | <b>S</b> | (434,089) |
|          | 6. Gain or Loss for Period          | 10/1/20             | 18 thru             | 9/30/2019    | §        | 50,990    |
|          | 7. Total Net Worth                  |                     |                     | 9            | <b>.</b> | 829,347   |
| C.       | Total Reserves and Net Worth        |                     |                     | 9            | <b>B</b> | 829,347   |
| D.       | Total Liabilities, Reserves, and    | Net Worth           |                     |              | \$       | 4,317,443 |

# H. Changes in Total Net Worth

|      | e of Facility                        | License No.                                  | Report for Year | Ended  | Page         | of                                       |
|------|--------------------------------------|--|-----------------|--------|--------------|--|
| Harb | oor Hill Care Center, Inc. d/b/a Wat | er 2097-C                                    | 9/30/2019       |        | 36           | 37                                       |
|      |                                      | Account                                      |                 |        | Aı           | mount                                    |
| A.   | Balance at End of Prior Period as    |  | 09/30/2018      |        | \$           | (434,089)                                |
| B.   | Total Revenue (From Statement of     |  |                 |        | \$           | 14,552,699                               |
| C.   | Total Expenditures (From Stateme     | ent of Expenditures I                        | Page 27)        |        | \$           | 14,501,709                               |
| D.   | Net Income or Deficit                |  |                 |        | \$           | 50,990                                   |
| E.   | Balance                              |  |                 |        | \$           | (383,099)                                |
| F.   | Additions                            |  |                 |        |              |  |
|      | 1. Additional Capital Contribute     |  | 1 212 446       |        |              | + 11 (1) (1) (1) (1) (1) (1) (1) (1) (1) |
|      | To Correct Prior Year Mi             | stiling                                      | 1,212,446       |        |              |  |
|      |                                      |  |                 |        |              |  |
|      |                                      |  |                 |        | 22.0         |  |
|      |                                      |  |                 |        |              |  |
|      | 2 Other (itemi-a)                    |  |                 |        |              |  |
|      | 2. Other ( <i>itemize</i> )          |  |                 |        |              |  |
|      |                                      | •  |                 |        |              |  |
|      |                                      |  |                 |        |              |  |
|      |                                      |  |                 |        |              |  |
|      |                                      |  |                 |        |              |  |
| F-3. | Total Additions                      | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |                 |        | \$           | 1,212,446                                |
| G.   | Deductions                           |  |                 |        |              |  |
|      | . 1. Drawings of Owners/Operator     | rs/Partners ( <i>Specify</i> )               | •               |        | \$           |  |
|      | Name and Address (No., Cit           | y, State, Zip)                               | Title           | Amount |              |  |
|      |                                      |  |                 |        | Seattle Fill |  |
|      |                                      |  |                 |        |              |  |
|      |                                      |  |                 |        |              |  |
|      | 2. Other Withdrawings (Specify)      |  |                 |        | \$           |  |
|      | Purpose                              |  | Amo             | ount   |              |  |
|      |                                      |  |                 |        |              |  |
|      |                                      |  |                 |        |              |  |
|      |                                      |  |                 |        |              | Particular Table                         |
|      |                                      |  |                 |        |              |  |
|      | 3. Total Deductions                  |  |                 |        | \$           |  |
| H.   | Balance at End of Period             | 09/30  | )/19            |        | \$           | 829,347                                  |

# I. Preparer's/Reviewer's Certification

| Name of Facility  | License No.                                    | Report for Year Ended | Page | of |  |
|---|--|-----------------------|------|----|--|
| Harbor Hill Care Center, Inc. d/b/a Water's   | . 2097-C                                       | 9/30/2019             | 37   | 37 |  |
|   | Check appropriate category                     |                       |      |    |  |
| ☐ Chronic and Convalescent Nursing Home only (CCNH)   | Rest Home with Nursing Supervision only (RHNS) | □ (Specify)           |      |    |  |
|   | Preparer/Reviewer Certifica                    | ıtion                 |      |    |  |
| 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. |  |                       |      |    |  |
| Signafure of Preparer 7/1/1   | Title  | Date Signed           |      |    |  |
| Menst   | PRINCIPAZ                                      | 2/13/20               | ;    |    |  |
| Printed Name of Preparer  |  | 1                     |      |    |  |
|   | ,  |                       |      |    |  |
| Matthew S. Bavolack   |  |                       |      |    |  |
| Addres Address  |  | Phone Number          |      |    |  |
| Tradition Francisco   |  |                       |      |    |  |
| 555 Long Wharf Drive, New Haven, CT 06:   | 511  | 203-781-9600          |      |    |  |
| Contacted Person Regarding Additional Info  |  | Phone Number          |      |    |  |
|   | 1  |                       |      |    |  |
| John Phelps   |  | 516-705-4813          |      |    |  |
| Contact Email Address   |  |                       |      |    |  |
| jphelps@nathealthcare.com   |  |                       |      |    |  |



#### ACCOUNTANTS' CONSULTING REPORT

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

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

This report is intended solely for the information and use of the management of Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT February 11, 2020



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

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

Facility Name Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation

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

| Yes No  Explanation:         | 1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?  |
|------------------------------|---|
| Yes No  Substitution:        | Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.   |
| Yes No    I                  | 3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.  |
| Yes No    J     Explanation: | <ol> <li>Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.</li> </ol> |

| Yes No    J         Explanation: | 5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?   |
|----------------------------------|---|
| Yes No    J         Explanation: | 6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health? |
| Yes No ✓ □ Explanation:          | 7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?       |
| Yes No    J       Explanation:   | 8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.  |
| Yes No                           | 9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?   |
| Yes No                           | 10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?                                       |

| Yes No  Substitution:   | 11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?  |
|-------------------------|---|
| Yes No                  | 12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?               |
| Yes No                  | 13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?              |
| Yes No                  | 14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?                    |
| Yes No  X  Explanation: | 15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?                        |
| Yes No  Explanation:    | 16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines? |

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