

February 11, 2019

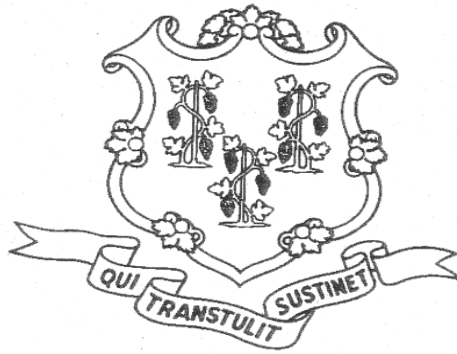
Mr. Chris LaVigne, Director
Office of Reimbursement and CON
Department of Social Services
55 Farmington Ave
Hartford, CT 06105

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for Harbor Hill Care Center (Waters Edge).

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	
Address (No. & Street, City, State, Zip Code) 111 Church Street, Middletown, CT 06457	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2097-C	RHNS	(Specify)	Medicare Provider 07-5381
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Medicaid Provider Numbers:	CCNH 75381	RHNS	ICF-IID
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For Department Use Only

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

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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 Cent	2097-C	9/30/2018	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 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, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Michael Rayel			Printed Name (Owner) Marvin Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 111 Church Street, Middletown, CT 06457				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/11/2019	
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

Phone No. of Facility 860-347-7286		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H		Address (No. & Street, City, State, Zip) 111 Church Street, Middletown, CT 06457		
License Numbers:	CCNH 2097-C	RHNS (Specify)	Medicare Provider No. 07-5381	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Michael Rayel		Nursing Home Administrator's License No.:	002010	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge	License No. 2097-C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health &	111 Church Street, Middletown, CT 06457	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Dorris Laufer	1402 59th Street, Brooklyn, NY 11219	President	50	
Marvin Ostreicher	184 Wildacre Avenue, Lawrence, NY 11559	Secretary	200	
Nathan Pollack	2441 Beachwood Road, Beachwood, OH 44122	Director	100	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	Director	56	
Names of Stockholders Owning at Least 10% of Shares				
Michael Pollack Life Estate Trust	2441 Beachwood Road, Beachwood, OH 44122	Director	100	
Marvin Ostreicher	184 Wildacre Avenue, Lawrence, NY 11559	Secretary	200	
Izak Keller	2417 Beachwood Boulevard, Beachwood, OH 44122		150	
H. Ostreicher	1 Lakeside Drive, East Lawrence, NY 11559	Director	166	

**General Information and Questionnaire
 Related Parties***

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center	License No. 2097-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attached		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
Related Parties***

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	License No. 2097-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Physical Therapy, Occupational Therapy, Speech Therapy, Consulting	p 13, lines 5a,9a,10a,12	834,793	818,104
Middletown Realty	111 Church Street, Middletown, CT 06547	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Lease of facility	page 22, line 9	720,000	720,000
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Radiology	page 20, line 5f	17,017	15,893
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 16109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance	page 15, line 1a5	854,618	854,618
National Health Care	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Interest expense	page 27, line 12c2	1,964	1,964
National Health Care	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting Fees	page 16, line m13	5,402	5,402
National Health Care	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared expenses	page 16, line m12	662,480	662,480
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent/Other expense	page 16, line m12	19,477	19,477
850 Silas Deane	850 Silas Deane Highway, Wethersfield, CT 16109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent/Other expense	page 16, line m12	2,176	2,176
National Healthcare	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	page 16, line 13	14,617	14,617
Procare LTC Pharmacy of CT	1492 Highland Avenue, Cheshire, CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/OTC/RX Consult	P20/13 5a2/b; /B3	363,679	339,031
Procare LTC Pharmacy Of MA LLC	155 Northboro Road, STE 4, Southborough, MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/OTC/RX Consult	P20/13 5a2/b; /B3	720	671

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 *** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire
Related Parties***

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	License No. 2097-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
Riverside Health Care Center, Inc.	745 Main Street, East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	361,458	361,458
National Health Care Associates, Inc.	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	91,533	91,533
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	25,206	25,206
Hebrew Home at Riverdale	5901 Palisade Avenue, Riverdale, New York 10471	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	5,825	5,825
Bloomfield Health Care Center of Connecticut, LLC.	355 Park Avenue, Bloomfield, CT 06002	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	148	148
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33	A1	525,354	525,354
National Health Care Associates, Inc.	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33/34	A12/B4	139,931	139,931
Harbor Hill Realty	27 Fairview Street, Huntington, NY 11743	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Realty	33	A12	163,124	163,124
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Due to Related	33	A12	132,883	132,883
NOA Diagnostics	6851 Jericho Turnpike, Suite 150, Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Due to Related	33	A12	6,675	6,675
Hebrew Home at Riverdale	5901 Palisade Avenue, Riverdale, New York 10471	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	56,061	56,061
Regency House of Wallingford, Inc.	181 East Main Street, Wallingford, CT 06492	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	8,581	8,581
Maple View Center for Health & Rehabilitation	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	17,900	17,900
Procare LTC Pharmacy of CT	1492 Highland Avenue, Cheshire, CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33	A12	211,913	211,913
Procare LTC Pharmacy of MA	155 Northboro Road, STE 4, Southborough, MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33	A12	450	450

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties
 *** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge	License No. 2097-C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
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 Year Ended			Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for			2097-C	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable - 2610 Nostrand Avenue, Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/05	Ongoing	3,708	3,708	
Wescom Solutions	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	34,609	34,609	
Leaf - 1720A Crete Street, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/21/15	39 months	1,973	1,240	
De Lage Landen Financial Services, Inc. - 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/14/14	39 months	709	414	
De Lage Landen Financial Services, Inc. - 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	01/01/15	39 months	5,557	2,778	
De Lage Landen Financial Services, Inc. - 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	04/01/18	39 months	8,421	3,514	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							46,263	

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

** Attach copies of newly acquired leases.

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



THE OFFICEWORKS

SALES ORDER

The Office Works, Inc.
45 Corporate Avenue
Plainville, CT 06062
1-800-634-4810 1-860-793-9994

Date: April 17, 2018

BILL TO:

Water's Edge Rehabilitation Center
111 Church Street
Middletown, CT 06457

SHIP TO:

Same

ITEM	DESCRIPTION	QTY	SALE / LEASE PRICE
e-Studio 7508A	Toshiba multifunctional copier	1	
e-Studio 5508A	Toshiba multifunctional copier	1	
e-Studio 477s	Toshiba A-4 multifunctional copier	1	
e-Studio 3505AC	Toshiba color multi-functional copier	1	
Kyocera 2040DN	Desktop multi-functional copier	2	39-month lease \$660.76 per month
MR3031	Document handler	3	
MJ1111	Document finisher	2	
GD1370	Fax board	4	
Stand 5005	Cabinet stand	3	
		DELIVERY	Included
		SALES TAX	6.35% of monthly payment
		TOTAL DUE	N/A

Notes / Provisions

- Delivery, installation & training is included. The Office Works will remove all currently leased machines and return them to the leasing company at no cost.
- The Office Works will set up print drivers on the desktop computers at no cost.

CUSTOMER: Water's Edge Rehabilitation Center

The Office Works, Inc.

Authorized Signature *[Signature]*

Accepted By _____

Print Name Michael Bobow

Print Name _____

Title Purchasing

Title _____

Date 4/24/18

Phone _____

Sales Associate _____

De Lage Landen Financial Services, Inc.

**Lease Agreement
FTN124894-001**

LESSEE	Full Legal Name HARBOR HILL CARE CENTER, INC.	Phone Number 8603477286
	Billing Address 111 CHURCH ST, MIDDLETOWN, CT, 06023, ATTN AP Send Email Invoice to:	Attention to
Purchase Order Requisition Number		

EQUIPMENT	Equipment Make	Model Number	Serial Number	Quantity	Description (Attach separate Schedule A if Necessary)
	See Schedule				See Schedule

PAYMENT INFORMATION	Number of Lease Payments	Lease Payment	Plus Applicable Taxes	Term of Lease in Months	End of Lease Option	Payment Frequency
	39	660.76 * per month	Plus Applicable Taxes	39 mos	Fair Market Value	Monthly
		*	Plus Applicable Taxes	First Period Payment	(PLUS) Other (EQUALS)	Total Payment Enclosed
	Lease Payment <input type="checkbox"/> includes / <input type="checkbox"/> does NOT include maintenance/service/supplies [check one]			+ =		
*Lease payment may be adjusted for up front sales tax.						

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the above Equipment and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This Lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the Lease term. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. We may increase the Lease Payment on an annual basis, in an amount not to exceed ten percent (10%) of the Lease Payment in effect at the end of the prior annual period. YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY TERM OR CONDITION OF THE LEASE.

2. Title: Unless you have a \$1,000 purchase option, we will have title to the Equipment. If you have a \$1,000 purchase option and/or the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the Equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. The above Lease Payments do not include the cost of maintenance, service, and/or supplies ("Service"), unless indicated in the above "Payment Information" box. Notwithstanding anything to the contrary, you agree that we are not responsible for providing such Service for the Equipment and you will make all claims related to Service to the Service provider ("Provider"). No Provider may alter the terms of this Lease or make any promises or arrangements that alter our rights or your obligations under this Lease. You agree that you are expressly assuming any risks arising from such Provider's inability to deliver such Service, under any circumstance, including, without limitation, such Provider's financial condition or its inability to repair or service the Equipment. You agree that any Service claims will not impact your obligation to pay all Lease payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain insurance against theft and physical damage, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all taxes (including, without limitation, sales, use and personal property) and charges in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for

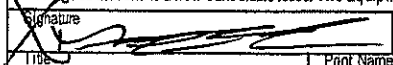
administering property tax filings. You will indemnify us on an after-tax basis against the loss or unavailability of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions. This indemnity will continue even after the termination of this Lease.

7. End of Lease, Return, Purchase Option, and Renewal: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods. If the Equipment is returned to us, you shall remove all confidential information from the Equipment prior to return. If any Software license ("License") included hereunder passes title to you, such title shall automatically vest and remain in us.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease payments and the Residual discounted to the date of default at 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; (iv) charge you a return-check or non-sufficient funds charge ("NSF Charge") of \$25.00 for a check that is returned; and (v) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the UCC. You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder. You authorize us and our agents to contact you about all of our accounts with us in any way, such as calling, texting, or using an automated dialer, at any number or email address you have provided to us, from which you have contacted us, or at which we believe we can reach you, even if you are charged for such contact by a provider.

You agree that this is a non-cancelable lease. The Equipment is: NEW USED

LESSEE SIGNATURE:  Date: _____

Title: PURCHASING Print Name: MICHAEL ISOKA

Legal Name of Corporation: HARBOR HILL CARE CENTER, INC.

LESSOR

DE LAGE LANDEN FINANCIAL SERVICES, INC.
Lease Processing Ctr: 1111 Old Eagle School Road, Wayne, PA 19087-8608
Phone: (800) 735-3273 • Fax: (800) 776-2329

Commencement Date: _____ Lease Number: _____

Accepted By: _____

ACCEPTANCE

The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable.

Signature: _____ Date: _____ Print Name: _____ Title: _____

SCHEDULE A

SCHEDULE FORMING PART OF LEASE BETWEEN LESSOR, De Lage Landen Financial Services, Inc.
AND Harbor Hill Care Center, Inc., LESSEE,


DATE: April 17, 2018 LEASE NUMBER: FTN124894-001

DESCRIPTION OF EQUIPMENT:

- 1 Toshiba e-Studio 7508A multi-functional copying system
- 1 Toshiba e-Studio 5508A multi-functional copying system
- 1 Toshiba e-Studio 477SL multi-functional copying system
- 1 Toshiba e-Studio 3505AC color multi-functional copying system

THIS SCHEDULE SHALL HERE AFTER FORM PART OF THE AFOREMENTIONED LEASE.

YOU AGREE THAT A FACSIMILE COPY OF THIS DOCUMENT WITH FACSIMILE SIGNATURES MAY BE TREATED AS AN ORIGINAL AND WILL BE ADMISSIBLE AS EVIDENCE IN A COURT OF LAW.

LESSEE SIGNATURE	Signature 
	<small>(LEASE MUST BE SIGNED BY AUTHORIZED CORPORATE OFFICER, PARTNER OR PROPRIETOR)</small>
	Print Name <u>Michael J. Johnson</u>
	Title _____ Date <u>4/20/18</u>
For <u>Harbor Hill Care Center, Inc.</u> Legal Name of Corporation or Partnership	

ACCEPTED BY LESSOR	Signature X _____
	Print Name _____
	For <u>De Lage Landen Financial Services, Inc.</u> Legal Name of Corporation or Partnership

050ED0C089

General Information and Questionnaire
Accounting Basis

Name of Facility Harbor Hill Care Center, Inc. d/b/a	License No. 2097-C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
---	--

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services	\$	24,630
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 24,630

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

- Yes No Page 15, line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Rogin Nassau, LLC 2 Berchem Moses PC 3 Goldman Gruder & Wood 4 State Marshall 5 Connecticut State Treasurer	Telephone Number 860-256-6300 203-783-1200 203-899-8900 860-702-3000
---	--

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

- 1 City Place I, 22nd Floor, 185 Asylum Street, Hartford, CT 06103-3460
 2 75 Broad Street, Milford, CT 0460
 3 200 Connecticut Avenue, Norwalk, CT 06854
 4
 5 55 Elm Street, Hartford, CT 06106

Services Provided by This Firm (*describe fully*)

1	Administration - Disallowed	\$	9,623
2	Labor	\$	2,675
3	Collections - Disallowed	\$	20,007
4	Non-Reimbursable - Disallowed	\$	150
5	Non-Reimbursable - Disallowed	\$	1,125
			Charge for Services Provided
			\$ 33,580

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

- Yes No Page 15, line 1e

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Re		2097-C			9/30/2018				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	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	120	120			120	120			124	124			
B. As of midnight of THIS report period	135	135			124	124			135	135			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,012	5,012			3,376	3,376			1,636	1,636			
B. Medicaid (Conn.)	38,096	38,096			28,369	28,369			9,727	9,727			
C. Medicaid (other states)													
D. Private Pay	2,129	2,129			1,815	1,815			314	314			
E. State SSI for RCH													
F. Other (Specify)	472	472			331	331			141	141			
G. Total Care Days During Period (3A thru F)	45,709	45,709			33,891	33,891			11,818	11,818			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	32	32			30	30			2	2			
5. Total Resident Days (3G + 4A + 4B)	45,741	45,741			33,921	33,921			11,820	11,820			

Schedule of Resident Statistics (Cont'd)

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge			License No. 2097-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	24		103			8							
Per Diem Rate													
a. One bed rm.	PPS		242.32			476/485/493							
b. Two bed rms.	PPS		242.32			455/467/475							
c. Three or more bed rms.	PPS												
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									5,933	5,933			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,861	1,861			
C. Other									12,097	12,097			
D. Total Physical Therapy Treatments									19,891	19,891			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,175	1,175			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									168	168			
C. Other									1,045	1,045			
D. Total Speech Therapy Treatments									2,388	2,388			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,753	4,753			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									2,012	2,012			
C. Other									12,453	12,453			
D. Total Occupational Therapy Treatments									19,218	19,218			

Report of Expenditures - Salaries & Wages

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H	License No. 2097-C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	39,912	58				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	107,670	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	205,665	10,669				
5. Dietary Service						
a. Head Dietitian	47,293	1,290				
b. Food Service Supervisor	57,345	2,016				
c. Dietary Workers	424,330	25,853				
6. Housekeeping Service						
a. Head Housekeeper	31,253	976				
b. Other Housekeeping Workers	375,262	24,468				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	33,645	1,248				
b. Other Maintenance Workers	79,577	3,971				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	22,301	1,251				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	218,500	4,168				
b. RN						
1. Direct Care	507,596	12,549				
2. Administrative**	224,740	6,349				
c. LPN						
1. Direct Care	1,277,776	45,834				
2. Administrative**						
d. Aides and Attendants	2,031,920	127,517				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	183,637	9,050				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	170,538	5,861				
n. Marketing	48,563	1,040				
o. Other (Specify) See Attached Schedule	4,948	98				
<i>A-13. Total Salary Expenditures</i>	6,092,471	286,346				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salary - Respiratory	4,948	98				
Total	\$ 4,948	98	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees - Nursing	\$ 37,727	Disallowed				
Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 21,347	Disallowed				
Total	\$ 59,074	-	\$ -	-	\$ -	-

**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 Edge Center for Health & Reh				2097-C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Marvin J. Ostreicher - 184 Wilacre Avenue, Lawrence, NY 11559	39,912			Same as employees	Supervises operations, deals with DNS & financial management	58	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).										

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

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

MARVIN J. OSTREICHER- OWNER
 TIME STUDY
 YEAR END SEPTEMBER 30, 2018

	BEDS	Total w/ Bnft
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
Total	5,002	2,064.62
Vacation		
Sick		
Personal		
Holiday		
Total		

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & I				2097-C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Jonah Kraus (10/1/17-12/15/17)	17,693			Same as employee	Management and supervision of a healthcare facility	376	A2			
Kevin Prisco (12/16/17 - 02/01/18) - employee of management co. - no salary				Same as employee	Management and supervision of a healthcare facility	264				
Michael Rayel (02/02/18 - 10/05/18)	89,977			Same as employee	Management and supervision of a healthcare facility	1,440				
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Ce	2097-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	14,432	318				
2. Dentist	8,633	Disallowed				
3. Pharmacist	14,865	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	358,215	6,461				
b. Other						
6. Social Worker	56,061	2,320				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	114,000	710				
b. Utilization Review (Title 18 and 19 only) monthly meeting	200	2				
c. Resident Care**	47,446	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	103,844	1,916				
b. Other						
10. Occupational Therapist						
a. Resident Care	356,431	7,209				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	8,035	76				
2. Administrative***						
b. LPN						
1. Direct Care	9,818	130				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	59,074					
B-13 Total Fees Paid in Lieu of Salaries	1,151,054	19,142				

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

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

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

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		License No. 2097-C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Jane Querdo - 177 Lexington Road, Glastonbury, CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Regency House of Wallingford, 181 East Main Street, Wallingford, CT 06492	Dietician	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Gerident Solutions - P.O. Box 290539, Wethersfield, CT, 06129	Dental Fees	<input type="radio"/>	<input checked="" type="radio"/>			
Procare LTC Pharmacy of CT - 111 Executive Boulevard, Farmingdale, NY, 11735	Consulting - Pharmacy / Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Hebrew Home Health & Rehabilitation, LLC. - 1 Abrahams Boulevard, West Hartford, CT 06117	Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Therapy Solutions - 850 Silas Deane Highway, Wethersfield, CT 16109	PT, OT, ST & Rehab, Consulting Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Hospital for Special Care - 2150 Corbin Avenue, New Britain, CT 06053	Physical Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
JM Medical Consulting, LLC. - 43 Westmont Road, Avon, CT 06001	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>			
Larry Levine, MD - 80 David Road, Durham, CT 06422	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
EKB LLC. - 328 Commonwealth Avenue, New Britain, CT, 06043	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Starling Physicians - 1260 Silas Deane Highway, Wethersfield, CT 06109	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
HealthDrive Audiology Group - 888 Worcester Street, Wellesley, MA 02482	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>			
Retina Consultants, PC - 191 Main Street Manchester, CT 06040	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>			
Prakash Huded, MD - 78 Marlborough Street, Portland, CT 06480	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics - P.O. Box 484, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Mass Tex Imaging LLC. - 3 Electronic Avenue, #201, Danvers, MA 01923-1099	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
Middlesex Multispecialty Group - 80 South Main Street, 2nd & 3rd Floor, Middletown, CT 06457	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Orthopedic Associates of Middletown - 512 Saybrook Road, Suite 100, Middletown, CT	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Practitioner Support Services - 324 Elm Street, Ste 202B, Monroe, CT 06468	Nursing	<input type="radio"/>	<input checked="" type="radio"/>			
AAA Nursing Care LLC. - 3303 Main Street, Stratford, CT 06614	Registered Nurse / Licensed Practical Nurse	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network, LLC. - 653 Main Street, Plantsville, CT 06479	Registered Nurse / Licensed Practical Nurse	<input type="radio"/>	<input checked="" type="radio"/>			
Maxim Healthcare Services - 12558 Collections Ce	Registered Nurse / Licensed Practical Nurse	<input type="radio"/>	<input checked="" type="radio"/>			

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge	2097-C	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 207,705	207,705			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 122,105	122,105			
4. Social Security (F.I.C.A.)	\$ 456,283	456,283			
5. Health Insurance	\$ 858,291	858,291			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 17,944	17,944			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 24,630	24,630			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 33,580	33,580			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 25,631	25,631			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 42,399	42,399			
2. Cellular Phones	\$ 3,308	3,308			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 856,124	856,124			
Subtotal	\$ 2,648,250	2,648,250			

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

(Carry Subtotals forward to next page)

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

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation Attachment Page 15
9/30/2018

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

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	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	2,648,250	2,648,250			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,828	3,828			
3. Gifts to Staff and Residents	\$ 21,467	21,467			
4. Employee Travel	\$ 2,505	2,505			
5. Education Expenses Related to Seminars and Conventions	\$ 1,009	1,009			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 659	659			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 43,188	43,188			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,846	3,846			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,989	10,989			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 225	225			
9. Subscriptions	\$ 8,513	8,513			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 684,132	684,132			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 134,452	134,452			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,563,063	3,563,063			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing - Disallowed	\$ 10,002		
Advertising Promotional - Administration - Disallowed	\$ 33,186		
Total Other Advertising	\$ 43,188	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,174		
CACHCF	\$ 700		
Sam's Club - Disallowed	\$ 90		
Treasurer State of CT	\$ 25		
Total Dues	\$ 10,989	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions - Administration - Disallowed	\$ -		
Donations - Disallowed	\$ -		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees - Administration	\$ 5,402		
Bank Charges - Administration - Disallowed	\$ 24,526		
IT Services-Administration	\$ 52,287		
Purchased Services - Fiscal Operations	\$ 24,688		
Purchased Services - Security	\$ 2,321		
Licenses and Permits - Administration	\$ 2,081		
Background Check - Administration	\$ 7,424		
Miscellaneous Expense - Disallowed	\$ 5,885		
Crime Insurance	\$ 413		
Prior Period Expense	\$ 9,425		
Total Other Administrative and General	\$ 134,452	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water	2097-C	9/30/2018	17	37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
National Healthcare Associates, Inc.	684,132	See attached	Page 16, line M12	

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

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		License No. 2097-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 349,209	349,209		
2.	Non-Food Supplies	\$ 54,659	54,659		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 403,868	403,868		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*				
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		2097-C	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	635	635		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	159,496	159,496		
c. Other (<i>Specify</i>) Diapers: \$64,323; Supplies: \$6		\$	64,329	64,329		
3D. Total Laundry Expenditures (3a + b + c)		\$	224,460	224,460		
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge		2097-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	40,811	40,811		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 40,811	40,811		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from PCA	\$	304,159	304,159		
b.	Medicine Cabinet Drugs	\$	16,705	16,705		
c.	Medical and Therapeutic Supplies	\$	156,109	156,109		
d.	Ambulance/Limousine***	\$	11,581	11,581		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	13,888	13,888		
f.	X-rays and Related Radiological Procedures***	\$	17,978	17,978		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	20,168	20,168		
i.	Recreation	\$	40,232	40,232		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	76,274	76,274		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 657,094	657,094		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
IV Thy Supplies - Rehabilitation Therapy and Ancillary	\$ 11,154		
Purchased Services - Nursing	\$ 2,405		
Equipment Rental - Nursing	\$ 27,871		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 12,283		
Equipment Rental - Respiratory	\$ 22,561		
Total Other Resident Care	\$ 76,274	\$ -	\$ -

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

Name of Facility			License No.		Report for Year Ended			Page of		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Reha			2097-C		9/30/2018			21	37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Med Apparel	Parkway, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	36,224			19	3b
Unitex Textile Rental	Parkway, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	123,272			19	3b
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	15,705			16	m13
Integrated Health Systems	Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Software	16,429			16	m13
Smartlinx	333 Thornall Street, 4th Floor, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time & Attendance	10,600			16	m13
MJ Daly	110 Mattatuck Heights, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	55,285			22	6a
Kone Inc.	4735 36th Street, Long Island City, NY 11101	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	14,288			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Ed	2097-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 141,605	141,605				
b. Heat	\$ 62,726	62,726				
c. Light & Power	\$ 167,706	167,706				
d. Water	\$ 28,714	28,714				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 46,263	46,263				
f. Other (<i>itemize</i>)	\$ 38,612	38,612				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 485,626	485,626				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 56,283	56,283				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 56,283	56,283				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 90,593	90,593				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 90,593	90,593				
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	\$					
b. Real estate taxes paid by lessor	\$ 116,529	116,529				
c. Personal property taxes	\$ 13,563	13,563				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 996,968	996,968				

* 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)
Ground Services - Maintenance	\$ 14,964		
Pest Control - Maintenance	\$ 3,472		
Carting - Maintenance	\$ 19,568		
Short-Term Lease - Pitney Bowes Mailing Machine	\$ 608		
Total Other Repairs and Maintenance	\$ 38,612	\$ -	\$ -

Depreciation Schedule

Name of Facility				License No.			Report for Year Ended			Page	of	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rel				2097-C			9/30/2018			23	37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 1999 Plymouth Van												
	X		2	2002	12,747		12,747	12,747	SL	4 years		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
					887,638		887,638	600,787	SL	Various	54,410	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
					36,581		36,581		SL	Various	1,873	
D-3. Subtotal												56,283
E. Total Depreciation												56,283

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2018	Convection Oven	\$ 7,315	10	\$ 549
1/31/2018	Power Recliner	\$ 998	10	\$ 75
3/31/2018	Spirometer System	\$ 1,444	8	\$ 105
4/30/2018	ECCG	\$ 2,612	7	\$ 187
4/30/2018	Capri 2 Way Lift Chair	\$ 1,072	10	\$ 54
5/31/2018	HD Camera	\$ 1,490	5	\$ 124
5/31/2018	Cutter/Mixer	\$ 1,012	10	\$ 42
5/31/2018	Capri 2 Way Lift Chair	\$ 1,072	10	\$ 45
5/31/2018	Kangaroo E pump	\$ 1,527	10	\$ 64
5/31/2018	Conveyor, Tray	\$ 6,707	10	\$ 279
2/28/2018	2 Power Recliners	\$ 998	10	\$ 67
2/28/2018	Nobles	\$ 772	5	\$ 103
8/31/2018	Wanderguard	\$ 3,680	7	\$ 88
8/31/2018	Pellet Heater	\$ 3,174	10	\$ 53
8/31/2018	Slicer	\$ 2,068	10	\$ 34
9/30/2018	Full Electric Bed	\$ 640	12	\$ 4
Total additions for Movable Equipment		\$ 36,581		\$ 1,873 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2017	Heat Pump	\$ 9,827	10	\$ 983
1/31/2018	5 Dual Bedside Stations	\$ 1,545	10	\$ 116
2/28/2018	Elevator Door Edge	\$ 4,892	20	\$ 163
2/28/2018	Curtains	\$ 3,064	5	\$ 409
3/31/2018	Chemical Metering	\$ 696	10	\$ 41
1/1/2018	Sales Tax on Shower Room	\$ 5,352	20	\$ 201
4/30/2018	Sump Pump	\$ 4,738	10	\$ 237
4/30/2018	Automatic Door Closer	\$ 871	15	\$ 29
4/30/2018	Hot Water Circulator	\$ 1,002	10	\$ 50
4/30/2018	Sump Pump Control Panel	\$ 4,233	10	\$ 212
5/31/2018	Exit Device for Stairway	\$ 829	15	\$ 23
6/30/2018	Door Closers	\$ 6,748	15	\$ 150
6/30/2018	Hot Water Heater	\$ 3,139	10	\$ 105
6/30/2018	Interior Elevator	\$ 5,956	20	\$ 99
6/30/2018	Elevator Door	\$ 22,660	20	\$ 378
8/31/2018	LVT Flooring	\$ 7,187	10	\$ 120
8/31/2018	Pair Doors	\$ 8,441	20	\$ 70
8/31/2018	Pair Doors	\$ 5,608	20	\$ 47
8/31/2018	Lochinvar HW Boiler	\$ 16,686	10	\$ 278
8/31/2018	Air Conditioner Unit	\$ 4,451	5	\$ 148
9/30/2018	Dishroom Floor	\$ 4,154	5	\$ 69
9/30/2018	Dishroom Fixture	\$ 2,212	20	\$ 9
9/30/2018	Dishroom Fixture	\$ 606	20	\$ 3
Total additions for Leasehold Improvement		\$ 124,897		\$ 3,940 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H			2097-C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period			Various	1,798,186	1,311,692	SL		86,653	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)			Various	124,897		SL		3,940	
C-4. Subtotal									90,593
D. Total Amortization									90,593

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Wa	License No. 2097-C	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		150		
6. Square Footage		56,976		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
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 9/30/18		592,277	2,350,920	
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)		Fixed	Fixed	
h. Date of Refinancing		10/01/17	10/01/17	
i. New Interest Rate		4.52%	4.52%	
j. Term of Mortgage (number of years)		5	5	
k. Amount of Principal Borrowed		2,825,000	3,890,000	
l. Principal Outstanding on Note Paid-Off		613,425	2,461,751	
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a W	2097-C	9/30/2018	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a		2097-C		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (<i>Specify</i>)				\$	12,027	12,027	
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$	12,027	12,027	
12. D. Other Interest Expense (<i>Specify</i>) Administration				\$	3,632	3,632	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	15,659	15,659	
14. Insurance							
a. Insurance on Property (buildings only)				\$	17,962	17,962	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)				\$	8,320	8,320	
2. Fire and Extended Coverage				\$			
3. Other (<i>Specify</i>) Liability Insurance				\$	42,640	42,640	
14d. Total Insurance Expenditures (14a + b + c)				\$	68,922	68,922	
15. Total All Expenditures (A-13 thru C-14)				\$	13,699,996	13,699,996	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for He				2097-C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12n	Salaries not related to Resident Care	\$ 61,214	61,214		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	8c	Resident Care Physicians **	\$ 47,446	47,446		
6.	13	20a	Occupational Therapy	\$ 356,431	356,431		
7.			Other - See attached Schedule	\$ 93,784	93,784		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 30,905	30,905		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,868	1,868		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 43,188	43,188		
19.	15	9j	Income Tax / Corporate Business Tax	\$ 250	250		
20.	16	m10	Fund Raising / Contributions	\$			
21.	16 / 1	m12,	Unallowable Management Fees	\$ 351,674	351,674		
22.	16	m11	Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 78,967	78,967		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,065,728	1,065,728		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 8,633		
13	B3	Pharmacy Fees	\$ 14,865		
13	B12	Consulting Fees -Nursing	\$ 37,727		
13	B12	Consulting Fees - Rehabilitation, Therapy & Ancillary	\$ 21,347		
13	b6	Consulting Fees - Social Service	\$ 11,212		
Total Other Fees Adjustments			\$ 93,784	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Gifts to Residents & Staff	21,467		
16	M13	Banks Charges - Administration	24,526		
16	M13	Miscellaneous Expense	5,885		
16	m8a	Dues - Sam's Club	90		
16	m8a	Dues - Chamber of Commerce	225		
15	1a4,3,5,7	Benefits not related to resident care	16,936		
16	m13	Crime Insurance	413		
16	m13	Prior Period Expense	9,425		
Total Other A&G Adjustments			\$ 78,967	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for I				2097-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,065,728	1,065,728		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 304,159	304,159		
28.	20	5d	Ambulance/Limousine	\$ 11,581	11,581		
29.	20	5f	X-rays, etc	\$ 17,978	17,978		
30.	20	5h	Laboratory	\$ 20,168	20,168		
31.	20	5c	Medical Supplies	\$ 9,212	9,212		
32.	20	5e2	Oxygen (non emergency)	\$ 13,888	13,888		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 86,383	86,383		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,759	1,759		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 3,671	3,671		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,534,527	1,534,527		

*** 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.

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Equipment Rental - Rehab therapy and Ancillary	\$ 12,283		
20	51	Equipment Rental - Nursing	\$ 27,871		
20	5a2/b	Procure LTC Pharmacy of CT (Disallowance of Markups)	\$ 340		
20	51	IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 11,154		
20	5i	Cable TV Expense - Resident Rooms	\$ 12,174		
20	51	Rental Expenses - Respiratory	\$ 22,561		
Total Other Ancillary Costs			\$ 86,383	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Mattress & TV Disallowed Depreciation	\$ 1,759		
Total Excess Movable Equipment Depreciation			\$ 1,759	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Other Income	\$ 1,537		
27	12D	Interest - Administration	\$ 1,751		
30	IV5	Interest Income	\$ 383		
Total Other Adjustments			\$ 3,671	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water'2097-C		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 16,981,815	16,981,815			
b. Medicaid Room and Board Contractual Allowance **	\$ (8,043,080)	(8,043,080)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,334,337	2,334,337			
b. Medicare Room and Board Contractual Allowance **	\$ 130,622	130,622			
4. a. Private-Pay Residents and Other	\$ 1,688,319	1,688,319			
b. Private-Pay Room and Board Contractual Allowance **	\$ (441,545)	(441,545)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 193,507	193,507			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (180,592)	(180,592)			
c. Prescription Drugs - Non-Medicare	\$ 56,173	56,173			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (55,934)	(55,934)			
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	\$ 643,680	643,680			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (485,270)	(485,270)			
c. Physical Therapy - Non-Medicare	\$ 116,889	116,889			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (114,469)	(114,469)			
4. a. Speech Therapy - Medicare	\$ 182,742	182,742			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (108,749)	(108,749)			
c. Speech Therapy - Non-Medicare	\$ 18,954	18,954			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (18,674)	(18,674)			
5. a. Occupational Therapy - Medicare	\$ 637,652	637,652			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (508,484)	(508,484)			
c. Occupational Therapy - Non-Medicare	\$ 123,838	123,838			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (120,082)	(120,082)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 5,324	5,324			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 126	126			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,037,099	13,037,099			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 383	383			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 39,879	39,879			
V. Total Other Revenue (1 thru 8)	\$ 40,262	40,262			
VI. Total All Revenue (III +V)	\$ 13,077,361	13,077,361			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6a	Medicare Part A Contra - Other	\$ (33,853)		
30, line II6a	Medicare Part A Lab	\$ 8,471		
30, line II6a	Medicare Part A X-Ray	\$ 10,375		
30, line II6a	Medicare Part A IV Therapy	\$ 14,731		
30, line II6a	Medicare PT A Specialty Beds	277		
30, line II6a	Medicare Part A Settlement	\$ 1,897		
30, line II6a	Medicare Part B Flu/Pneumonia	\$ 4,097		
30, line II6a	Medicare Part B Prior period	\$ (3,761)		
30, line II6a	Managed Medicare Contra - Other	\$ (58,672)		
30, line II6a	Managed Medicare IV Therapy	\$ 41,815		
30, line II6a	Managed Medicare Lab	\$ 7,717		
30, line II6a	Managed Medicare X-Ray	\$ 6,496		
30, line II6a	Managed Medicare Specialty Beds	2,645		
30, line II6a	Managed Medicare Flu/Pneumonia	\$ 3,089		
Total Other Resident Revenue - Medicare		\$ 5,324	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6b	Medicare Contra Other	\$ (722)		
30, line II6b	Medicaid Lab	\$ 448		
30, line II6b	Commercial Insurance Specialty Beds	53.00		
30, line II6b	Medicaid IV Therapy	\$ 275		
30, line II6b	Commercial Insurance Contra Other - Waters Edge	\$ (9,546)		
30, line II6b	Commercial Insurance Lab - Waters Edge	\$ 2,442		
30, line II6b	Commercial Insurance X-Ray - Waters Edge	\$ 1,420		
30, line II6b	Commercial Insurance IV Therapy	\$ 5,756		
Total Other Resident Revenue		\$ 126	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, line IV5	Interest Income		\$ 383		
Total Interest Income			\$ 383	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Miscellaneous Other Income (UHC \$17,315, Misc. Other \$1,537)	\$ 18,852		
30, line IV8	Provision for Income Taxes	\$ 21,027		
Total Other Revenue		\$ 39,879	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Waterbury	2097-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	405,639
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,940,216
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	44,261
5. Prepaid Expenses			\$	120,503
a. Taxes (personal property, real estate, corp)	34,474			
b. Prepaid Management Assets	51,061			
c. Worker's Compensation	17,571			
d. See Schedule	17,397			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	530,173
Patient Funds	46,003			
Due from Related Party	484,170			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,040,792
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,923,083</u>		\$	520,798
	Accum. Depreciation <u>1,402,285</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>924,219</u>		\$	267,149
	Accum. Depreciation <u>657,070</u>	Net		
7. Motor Vehicles	*Historical Cost <u>12,747</u>		\$	
	Accum. Depreciation <u>12,747</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	787,947

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Waterbury	2097-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	3,828,739
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	38,027
Security Deposits				17,000
Net Deferred Tax Asset				21,027
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	38,027
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	3,866,766

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Other	\$ 17,259
31	A5	Prepaid General Insurance	\$ 138
Total Prepaid Expenses			\$ 17,397

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Due to Realty	\$ 163,124
33	A12	Accrued Worker's Compensation	39,445
33	A12	Due to Other	27,676
Total Other Current Liabilities (Itemize)			\$ 230,245

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

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

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge		2097-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,279,453
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	45,509
Name of Lender		Purpose	Amount	Date Due	
MT&T Bank		Equipment	8,187	Various	
MT&T Bank		Equipment	37,322	Various	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	403,516
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,066,520
Accrued Expenses		41,716 Due to Third Party	39,299		
Accrued Revenue Assessment		214,068 Patient Funds	46,003		
Accrued Accounting Fees		24,130 Accrued Pension	17,944		
Due to Related Party		453,115 See Schedule	230,245		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,794,998

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's E	License No. 2097-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				2,794,998
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 172,132
Name of Lender	Purpose	Amount	Date Due	
M&T Bank	Equipment	24,542	Various	
M&T Bank	Equipment	184,912	Various	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 121,279
<u>Due to Related Party</u>		121,279		
_____ See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 293,411
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,088,409

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Wat	2097-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	1,212,446
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	188,546
6. Gain or Loss for Period			\$	(622,635)
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	778,357
C. Total Reserves and Net Worth			\$	778,357
D. Total Liabilities, Reserves, and Net Worth			\$	3,866,766

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water	2097-C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	185,406
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,077,361
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	13,699,996
D. Net Income or Deficit			\$	(622,635)
E. Balance			\$	(437,229)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
Partnership SI Corp Tax Refund			3,140	
F-3. Total Additions			\$	3,140
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(434,089)
				09/30/18

I. Preparer's/Reviewer's Certification

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's	License No. 2097-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Company, P.C.				
Address Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484			860-561-6853	
Annual Report Contact			Phone Number	
George Thomas			860-561-6853	
Annual Report Contact Email Address				
GTHOMAS@blumshapiro.com				