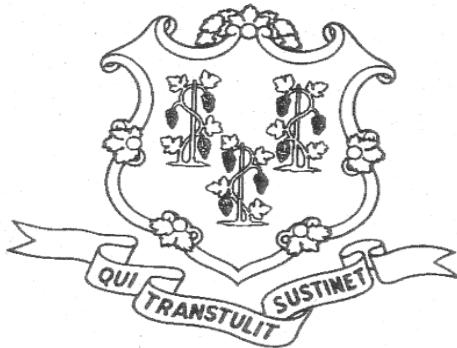


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	
Address (No. & Street, City, State, Zip Code) One Emerson Drive, Windsor, CT 06095	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2376	RHNS	(Specify)	Medicare Provider 07-5279
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Medicaid Provider Numbers:	CCNH 000010769	RHNS	ICF-IID
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### For Department Use Only

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

## General Information

Name of Facility (as licensed) 1 Emerson Drive North Operations LLC,d/b/a Kimber	License No. 2376	Report for Year Ended 9/30/2022	Page 1	of 37
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### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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) Aleem,Asif			Printed Name (Owner) Diane Morris - VP Reimbursement	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>				Page 1A	of 37
Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	Period Covered:		From 10/1/2021	To 9/30/2022	
Address of Facility One Emerson Drive, Windsor, CT 06095					
Report Prepared By Rick Fink	Phone Number 410-494-7657		Date 12/28/2022		
Item	Total	CCNH	RHNS	(Specify)	
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$	4,748,380	4,748,380		
5. All other wages paid	\$	750,922	750,922		
6. <b>Total Wages Paid</b>	\$	5,499,302	5,499,302		
7. Total salaries paid	\$	286,925	286,925		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$	5,786,227	5,786,227		

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**

## **General Information and Questionnaire Partners/Members**

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a	License No. 2376	Report for Year Ended 9/30/2022	Page of 3A   37
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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	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			
Names of Stockholders Owning at Least 10% of Shares			
See Attached			

# **General Information and Questionnaire**

## **Individual Proprietorship**

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kim	License No. 2376	Report for Year Ended 9/30/2022	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

## General Information and Questionnaire

### Related Parties\*

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberl		License No. 2376	Report for Year Ended 9/30/2022			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input type="radio"/> Yes <input checked="" type="radio"/> 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?				<input checked="" type="radio"/> Yes <input type="radio"/> No		If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	#VALUE!	#VALUE!
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	74%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	457,157	457,157
		<input type="radio"/>	<input checked="" type="radio"/>					
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 1	726,162	716,866
Respiratory Health Services NCRHS C	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	61%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	278	278
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	197,826	197,826
		<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

### Basis for Allocation of Costs

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a K	License No. 2376	Report for Year Ended 9/30/2022	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

# 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.

### Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

○ No

Total \*\*\*

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

\*\* Attach copies of newly acquired leases.

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

# **General Information and Questionnaire**

## **Accounting Basis**

Name of Facility 1 Emerson Drive North Operations	License No. 2376	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

⊕ Accrual      ○ Cash      ○ Modified Cash

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

## **Independent Accounting Firm**

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

**Services Provided by This Firm (*describe fully*)**

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

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

Yes       No

## Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Dorsi & Dorsi Attorneys and Conselors at Law	203-934-6651
2	
3	
4	
5	

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

1 537 Washington Ave West Haven, CT 06516  
2  
3  
4  
5

Services Provided by This Firm (*describe fully*)

1	Saving on R.E Taxes (R.E Tax Appeal and Settlement Fees )	\$
2		\$
3		\$
4		\$
5		\$

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

$$\odot_{\mathrm{V_{25}}} \quad \odot_{\mathrm{N_{25}}}$$

## Schedule of Resident Statistics

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North			License No. 2376				Report for Year Ended 9/30/2022				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30					
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)		
1. Certified Bed Capacity					150	150								
A. On last day of PREVIOUS report period	150	150												
B. On last day of THIS report period	150	150								150	150			
2. Number of Residents					124	124			124	124				
A. As of midnight of PREVIOUS report period	124	124												
B. As of midnight of THIS report period	129	129								129	129			
3. Total Number of Days Care Provided During Period					1,857	1,857								
A. Medicare	2,310	2,310								453	453			
B. Medicaid (Conn.)	39,223	39,223			28,789	28,789				10,434	10,434			
C. Medicaid (other states)														
D. Private Pay	4,595	4,595			3,540	3,540				1,055	1,055			
E. State SSI for RCH														
F. Other (Specify)	1,153	1,153			981	981				172	172			
G. Total Care Days During Period (3A thru F)	47,281	47,281			35,167	35,167				12,114	12,114			
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	19	19			19	19								
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>47,300</b>	<b>47,300</b>			<b>35,186</b>	<b>35,186</b>				<b>12,114</b>	<b>12,114</b>			

## Schedule of Resident Statistics (Cont'd)

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a	License No. 2376	Report for Year Ended 9/30/2022	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)		
				(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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	5	112		12				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	648.34	249.78		421.40				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL		CCNH	RHNS	(Specify)
	A. Medicare - Part B		1,570	1,570	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments			251	251	
C. Other			7,525	7,525	
<b>D. Total Physical Therapy Treatments</b>			9,346	9,346	
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B			140	140	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments			44	44	
C. Other			713	713	
<b>D. Total Speech Therapy Treatments</b>			897	897	
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B			1,462	1,462	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments			335	335	
C. Other			7,689	7,689	
<b>D. Total Occupational Therapy Treatments</b>			9,486	9,486	

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		10	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)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	169,348	2,424			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	234,017	10,138			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers					
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers					
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	101,709	3,068			
b. Other Maintenance Workers	44,820	1,740			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
9. Barber and Beautician Services					
10. Protective Services					
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	117,578	1,784			
b. RN					
1. Direct Care	1,019,462	18,477			
2. Administrative**	105,477	2,555			
c. LPN					
1. Direct Care	1,149,636	26,813			
2. Administrative**					
d. Aides and Attendants	2,409,467	96,157			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	180,557	8,350			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	189,818	6,082			
n. Marketing					
o. Other (Specify) See Attached Schedule	64,337	3,540			
<i>A-13. Total Salary Expenditures</i>	<i>5,786,227</i>	<i>181,126</i>			

\* 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)**

**Schedule of Other Fees (Page 13)**

State of Connecticut

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

CSP-11 Rev. 10/2005

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

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North			License No. 2376		Report for Year Ended 9/30/2022			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

State of Connecticut

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North				2376		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Townsend,Patrick Aaron (3/19/22-present) - 3/19/2022- present	44,615				Management of Center	640	2			
Aleem,Asif 7/30/22-9/24/22 -	23,366				Management of Center	360	2			
Trowers,Keisha A (4/2/2022-6/11/2022), Augustin,Elza (10/1/2021 to 1/22/2022) and	101,367				Management of Center	1,424	2			
<b>Section IV - Assistant Administrators</b>										
-										
-										
-										
-										

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2022		13	37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	12,510	86			
3. Pharmacist	21,997	449			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	221,875	3,039			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	30,353	161			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	49,220	631			
b. Other					
10. Occupational Therapist					
a. Resident Care	237,239	3,250			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	217,680	3,630			
2. Administrative***					
b. LPN					
1. Direct Care	231,980	5,478			
2. Administrative***					
c. Aides	276,502	11,318			
d. Other					
12. Other (Specify)					
See Attached Schedule	11,262				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,310,619	28,042			

\* 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\***

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Ki	2376	9/30/2022	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ (85,031)	(85,031)		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 34,562	34,562		
4. Social Security (F.I.C.A.)	\$ 431,016	431,016		
5. Health Insurance	\$ 379,688	379,688		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 220,859	220,859		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$ 35,810	35,810		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 104,413	104,413		
d. Accounting and Auditing	\$			
e. Legal (Services should be fully described on Page 7)	\$			
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 9,074	9,074		
h. Telephone and Cellular Phones	\$			
1. Telephone & Pagers	\$ 72,874	72,874		
2. Cellular Phones	\$ 1,716	1,716		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)	\$			
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$ 713	713		
3. Resident Day User Fee	\$ 918,595	918,595		
<b>Subtotal</b>	\$ 2,124,288	2,124,288		

\* 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**

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Union Health & Welfare	\$ 1,569	\$ -	\$ -
Union Health & Welfare	\$ 401	\$ -	\$ -
Union Health & Welfare	\$ 1,478	\$ -	\$ -
Union Health & Welfare	\$ 1,698	\$ -	\$ -
Union Health & Welfare	\$ 23,007	\$ -	\$ -
Union Health & Welfare	\$ 430	\$ -	\$ -
Employee Benefits-Other	\$ 2,147	\$ -	\$ -
Employee Benefits-Other	\$ 4,935	\$ -	\$ -
Benefit Allocations	\$ 143	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 35,810</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
Sales Tax	\$ 713	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
Sales Tax	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ 713</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC, d/b/a Kimber	2376	9/30/2022	16	37
Item	Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>	2,124,288	2,124,288		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$	17,894	17,894	
5. Education Expenses Related to Seminars and Conventions	\$			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	33,367	33,367	
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	\$	2,912	2,912	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	3,785	3,785	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$	612	612	
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> )	\$	116,851	116,851	
12. Administrative Management Services**	\$	581,039	581,039	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	195,943	195,943	
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	<b>\$</b>	<b>3,076,692</b>	<b>3,076,692</b>	

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

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

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

**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising	\$ 24,500	\$ -	\$ -
Marketing Expense	\$ 7,865	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 757	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 58	\$ -	\$ -
Marketing Expense	\$ 22	\$ -	\$ -
	\$ 165	\$ -	\$ -
<b>Total Other Advertising</b>	<b>\$ 33,367</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 3,785	\$ -	\$ -
Dues to Chamber of Commerce	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
<b>Total Dues</b>	<b>\$ 3,785</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions	\$ -	\$ -	\$ -
Political Contributions	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 6,762	\$ -	\$ -
Collection Fees	\$ 44,125	self-disallowed	\$ -
Education Expense	\$ -	\$ -	\$ -
Employee Physicals	\$ 8,384	\$ -	\$ -
Employee Relations	\$ 7,364	\$ -	\$ -
Printing	\$ 210	\$ -	\$ -
Training Expense	\$ 198	\$ -	\$ -
Fines & Penalties	\$ 21,089	self-disallowed	\$ -
Miscellaneous	\$ 88,474	\$ -	\$ -
Rental Expense	\$ 5,933	\$ -	\$ -
Accrued Expense Estimation	\$ -	self-disallowed	\$ -
Landlord Operating Taxes	\$ -	\$ -	\$ -
State Tax Annual Report Filing	\$ 80	\$ -	\$ -
Recruiting Fees	\$ 9,862	\$ -	\$ -
Recruiting Fees	\$ 96	\$ -	\$ -
Education Expense	\$ 3,196	\$ -	\$ -
Employee Relations	\$ 168	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
0 \$ -	\$ -	\$ -	\$ -
<b>Total Other Administrative and General</b>	<b>\$ 195,943</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC, c	2376	9/30/2022	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC, 101 East St., Kennett Square, PA 19348	#VALUE!	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

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

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

Name of Facility	License No.	Report for Year Ended		Page of
1 Emerson Drive North Operations LLC, d/b/a Kimber		2376	9/30/2022	18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 264,941	264,941		
2. Non-Food Supplies	\$ 34,259	34,259		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 792,872	792,872		
c. Other (Specify) _____	\$ _____			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 1,092,071</b>	<b>1,092,071</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

## C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs

(See Note on Page 5)

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly	License No. 2376	Report for Year Ended 9/30/2022		Page 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. \$	7,236	7,236	
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. \$	11,539	11,539	
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	243,924	243,924	
c. Other (Specify)	\$			
3D. <b>Total Laundry Expenditures</b> (3a + b + c)	\$	262,699	262,699	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
1 Emerson Drive North Operations LLC,d/b/a E		9/30/2022		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	27,442	27,442		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$	404,325	404,325		
C. Other ( <i>Specify</i> )	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>431,767</b>	<b>431,767</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	78,516	78,516		
b. Medicine Cabinet Drugs	\$	35,737	35,737		
c. Medical and Therapeutic Supplies	\$	257,711	257,711		
d. Ambulance/Limousine***	\$	473	473		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	2,829	2,829		
f. X-rays and Related Radiological Procedures***	\$	3,770	3,770		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	11,487	11,487		
i. Recreation	\$	50,281	50,281		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other ( <i>Specify</i> )**** See Attached Schedule	\$	87,811	87,811		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>528,615</b>	<b>528,615</b>		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 66,048	\$ -	\$ -
Advertising-Help Wanted	\$ (9,668)	\$ -	\$ -
Advertising-Help Wanted	\$ 15,646	\$ -	\$ -
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Education Expense	\$ -	\$ -	\$ -
Supplies	\$ 1,823	\$ -	\$ -
Supplies	\$ 663	\$ -	\$ -
Supplies	\$ 369	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 42	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 4,328	\$ -	\$ -
Consolidated Billing	\$ 698	\$ -	\$ -
Tuition Reimbursement	\$ 6,000	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
Licenses & Certifications	\$ 1,861	\$ -	\$ -
0	\$ -	\$ -	\$ -
Meetings & Seminars	\$ -	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
<b>Total Other Resident Care</b>	<b>\$ 87,811</b>	<b>\$ -</b>	<b>\$ -</b>

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

\* 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 1 Emerson Drive North Operations LLC,d/b/a	License No. 2376	Report for Year Ended 9/30/2022			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	165,340	165,340			
b. Heat	\$	30,669	30,669			
c. Light & Power	\$	215,579	215,579			
d. Water	\$	137,933	137,933			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$					
f. Other <i>(itemize)</i>	\$					
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$	549,521	549,521			
7. Depreciation <i>(complete schedule page 23*)</i>						
a. Land Improvements	\$	890	890			
b. Building & Building Improvements	\$	25,536	25,536			
c. Non-Movable Equipment	\$	1,361	1,361			
d. Movable Equipment	\$	13,286	13,286			
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$	41,073	41,073			
8. Amortization <i>(Complete att. Schedule Page 24*)</i>						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other <i>(Specify)</i>	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	873,475	873,475			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	115,702	115,702			
c. Personal property taxes	\$					
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$	1,030,250	1,030,250			

\* 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**

## Depreciation Schedule

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North				License No. 2376			Report for Year Ended 9/30/2022				Page 23	of 37
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. <b>Land Improvements</b>												
1. Acquired prior to this report period				8,094		8,094	1,484	S/L	Various	810		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				3,212		3,212				80		
A-4. Subtotal												
B. <b>Building and Building Improvements</b>												
1. Acquired prior to this report period				337,449		337,449	29,735	S/L	Various	20,182		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				321,444		321,444				5,353		
B-4. Subtotal												
C. <b>Non-Movable Equipment</b>												
1. Acquired prior to this report period				13,613		13,613	2,949	S/L	Various	1,361		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
D. <b>Movable Equipment</b>	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									
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period				104,841		104,841	12,241	S/L	Various	12,826		
b. Disposals (attach schedule)				(6,656)		(6,656)						
Acquired during this report period (attach schedule):												
c. Administrative				7,869		7,869						
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period				7,869		7,869						
D-3. Subtotal												
E. <b>Total Depreciation</b>												

**Schedule of Land Improvements Acquired during this report period**

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/31/2021	Separation of Dry System into 3 Separate	\$ 31,905	20	\$ 1,196
12/31/2021	Work for Dry System 1 in Attic	\$ 5,566	20	\$ 209
12/31/2021	Work for Dry System 3 in Attic	\$ 3,090	20	\$ 116
12/31/2021	Work for Dry System 1 in Attic	\$ 11,638	20	\$ 436
12/31/2021	Work for Dry System 3 in Attic	\$ 4,512	20	\$ 169
4/30/2022	Separation of Dry System into 3 Separate	\$ 14,369	20	\$ 299
7/31/2022	Separation of Dry System into 3 Separate	\$ 178,500	20	\$ 1,488
7/31/2022	Wander Guard blue starter system Payme	\$ 16,621	10	\$ 277
7/31/2022	Wander Guard blue starter system Payme	\$ 9,066	10	\$ 151
5/31/2022	I-Hot Water Heater	\$ 15,178	5	\$ 1,012
9/30/2022	rcls acc Mack Fire Protection	\$ 31,000		
<b>Total additions for Building Improvement:</b>		\$ 321,444		\$ 5,353
<b>Deletions:</b>				
<b>Total deletions for Building Improvement:</b>		\$ -		\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

<b>Total deletions for Non-Movable Equipment</b>		\$ -	\$ -

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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**Schedule of Movable Equipment Acquired during this report period**

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

**Schedule of Leasehold Improvements Acquired during this report period**

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

\*\*Ties to Page 24, Line C2

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**Amortization Schedule\***

Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall			License No. 2376		Report for Year Ended 9/30/2022			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. <b>Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
B. <b>Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
C. <b>Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility 1 Emerson Drive North Operations LL	License No. 2376	Report for Year Ended 9/30/2022	Page 25	of 37
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#### 11. Property Questionnaire

##### Part A

Is the property either owned by the Facility  
or leased from a Related Party?

Yes

No

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

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

Description	Total			
1. Date Land Purchased	n/a			
2. Date Structure Completed	n/a			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	150			
6. Square Footage				
7. Acquisition Cost				
a. Land	n/a			
b. Building	n/a			

##### Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				

##### Complete if Mortgage was Refinanced

##### During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Next HC-JV	Facility Lease	2/1/2019 -1/31	15 years	873,475
587 Fifth Avenue New York, NY 10017				

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 9/30/2022			Page of 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					
00					
2. Second Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
3. Third Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
4. Fourth Mortgage		\$			
Name of Lender	Rate				
Address of Lender					
00					
B. CHEFA Loan Information					
1. Original Loan Amount		\$			
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$			

(Carry Subtotals forward to next page )

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

Name of Facility 1 Emerson Drive North Operations	License No. 2376	Report for Year Ended 9/30/2022			Page 27	of 37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
00						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
00						
B. Item	Rate	Amount				
Lender						
Address of Lender						
00						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$				
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>		\$				
14. Insurance						
a. Insurance on Property (buildings only)		\$ 25,365	25,365			
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$ 172,462	172,462			
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>		\$ 197,827	197,827			
15. <b>Total All Expenditures (A-13 thru C-14)</b>		\$ 14,266,288	14,266,288			

## **D. Adjustments to Statement of Expenditures**

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		CCNH	RHNS	28   37
			Item Description	Total Amount of Decrease		
<b><i>Page 10 - Salaries and Wages</i></b>						
1.			Outpatient Service Costs	\$		
2.			Salaries not related to Resident Care	\$		
3.			Occupational Therapy	\$		
4.			Other - See attached Schedule	\$ 55,794	55,794	
<b><i>Page 13 - Professional Fees</i></b>						
5.	13	B-8-c	Resident Care Physicians **	\$		
6.		B-10	Occupational Therapy	\$		
7.			Other - See attached Schedule	\$ 519,275	519,275	
<b><i>Pages 15 &amp; 16 - Administrative and General</i></b>						
8.			Discriminatory Benefits	\$		
9.	15	1-c	Bad Debts	\$ 104,413	104,413	
10.			Accounting	\$		
10a.			Legal	\$		
11.			Telephone	\$		
12.			Cellular Telephone	\$		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$		
14.			Gifts, flowers and coffee shops	\$		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$		
17.			Automobile Expense (e.g. personal use)	\$		
18.	16	m-2 &	Unallowable Advertising *	\$ 33,367	33,367	
19.			Income Tax / Corporate Business Tax	\$		
20.			Fund Raising / Contributions	\$		
21.			Unallowable Management Fees	\$ #VALUE!	#VALUE!	
22.			Barber and Beauty	\$		
23.			Other - See attached Schedule	\$ #VALUE!	#VALUE!	
<b><i>Page 18 - Dietary Expenditures</i></b>						
24.			Meals to employees, guests and others who are not residents	\$		
<b><i>Page 19 - Laundry Expenditures</i></b>						
25.			Laundry services to employees, guests and others who are not residents	\$		
<b><i>Page 20 - Housekeeping Expenditures</i></b>						
26.			Housekeeping services to employees, guests and others who are not residents	\$		
Subtotal (Items 1 - 26)			\$ #VALUE!	#VALUE!		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 55,794	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>			<b>\$ 55,794</b>	<b>\$ -</b>	<b>\$ -</b>

---

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 112,911	\$ -	\$ -
13	5	Rehabilitation Services	\$ 108,965	\$ -	\$ -
13	9	Speech Therapist	\$ 49,220	\$ -	\$ -
13	10	Occupational Therapist	\$ 237,239	\$ -	\$ -
13	12	Other	\$ 755	\$ -	\$ -
13	12	Other	\$ -	\$ -	\$ -
13	12	Respiratory Purchased Services	\$ 889	\$ -	\$ -
13	11a	Nursing Agency Purchased -RN	\$ 2,983	\$ -	\$ -
13	11b	Nursing Agency Purchased -LPN	\$ 2,880	\$ -	\$ -
13	11c	Nursing Agency Purchased -Certified Nursing Aides	\$ 3,433	\$ -	\$ -
<b>Total Other Fees Adjustments</b>			<b>\$ 519,275</b>	<b>\$ -</b>	<b>\$ -</b>

---

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 44,125	\$ -	\$ -
16	m-13	Estimated Accrual	\$ -	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ 21,089	\$ -	\$ -
16	m-12		0	\$ -	\$ -
15	1-a-1	adj workers comp	#VALUE!	\$ -	\$ -
13	B12	Adj to the SNAP Strike Cost (disallowed)	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
0	0		0	\$ -	\$ -
<b>Total Other A&amp;G Adjustments</b>			<b>#VALUE!</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility			License No.	Report for Year Ended		Page of	
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall			2376	9/30/2022		29   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ #VALUE!	#VALUE!		
<b><i>Page 20 - Resident Care Supplies***</i></b>							
27.	20	5-a-2	Prescription Drugs	\$ 78,516	78,516		
28.	20	5-d	Ambulance/Limousine	\$ 473	473		
29.	20	5-f	X-rays, etc	\$ 3,770	3,770		
30.	20	5-h	Laboratory	\$ 11,487	11,487		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 2,829	2,829		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 5,689	5,689		
<b><i>Page 22 - Maintenance and Property</i></b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (29,267)	(29,267)		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b><i>Page 27 - Insurance</i></b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b><i>Other - Miscellaneous</i></b>							
42.			Other - Indirect	\$ 26,683	26,683		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ #VALUE!	#VALUE!		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b><i>Not For Profit Providers Only</i></b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	<b><i>Total Amount of Decrease (Items 1 - 48)</i></b>		\$ #VALUE!	#VALUE!			

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

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 698	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 663	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 4,328	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			<b>\$ 5,689</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ 0	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (2,757)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (0)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (26,510)	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ (29,267)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

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

**Schedule of Other - Indirect Adjustments**

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 26,683	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
<b>Total Other Adjustments</b>			<b>\$ 26,683</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other - Miscellaneous Administrative Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	#VALUE!	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
<b>Total Other Adjustments</b>			<b>#VALUE!</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other - Direct Adjustments**

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

**Schedule of Unallowable Building Interest**

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page of	
		9/30/2022		30   37	
Item		Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 16,052,815	16,052,815			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,392,438)	(6,392,438)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 936,684	936,684			
b. Medicare Room and Board Contractual Allowance **	\$ 36,921	36,921			
4. a. Private-Pay Residents and Other	\$ 2,493,083	2,493,083			
b. Private-Pay Room and Board Contractual Allowance **	\$ (291,842)	(291,842)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 49,540	49,540			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ 1,953	1,953			
c. Prescription Drugs - Non-Medicare	\$ 47,836	47,836			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (11,174)	(11,174)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 451	451			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (179)	(179)			
3. a. Physical Therapy - Medicare	\$ 232,374	232,374			
b. Physical Therapy - Medicare Contractual Allowance **	\$ 9,160	9,160			
c. Physical Therapy - Non-Medicare	\$ 243,108	243,108			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (36,465)	(36,465)			
4. a. Speech Therapy - Medicare	\$ 55,181	55,181			
b. Speech Therapy - Medicare Contractual Allowance **	\$ 2,175	2,175			
c. Speech Therapy - Non-Medicare	\$ 55,120	55,120			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (9,185)	(9,185)			
5. a. Occupational Therapy - Medicare	\$ 243,314	243,314			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 9,591	9,591			
c. Occupational Therapy - Non-Medicare	\$ 262,153	262,153			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (40,821)	(40,821)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 29,850	29,850			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 180,032	180,032			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,159,237	14,159,237			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 468	468			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 171,348	171,348			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 171,815	171,815			
<b>VI. Total All Revenue</b> (III +V)	\$ 14,331,052	14,331,052			

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

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

## Schedule of Other Resident Revenue - Medicare

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-a	Medicare - X-Ray	\$ 2,673	\$ -	\$ -
II-6-a	Medicare - Laboratory	\$ 6,999	\$ -	\$ -
II-6-a	Medicare - Respiratory Therapy & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare - Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare - Audiology	\$ 23	\$ -	\$ -
II-6-a	Medicare - Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare - Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare - Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare - Ambulance	\$ 2,303	\$ -	\$ -
II-6-a	Medicare - Flu Shot	\$ 16,719	\$ -	\$ -
II-6-a	Medicare Contractual- X-Ray	\$ 105	\$ -	\$ -
II-6-a	Medicare Contractual- Respiratory Therapy & Supplies	\$ 276	\$ -	\$ -
II-6-a	Medicare Contractual- Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual- Audiology	\$ 11	\$ -	\$ -
II-6-a	Medicare Contractual- Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual- Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual- Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual- Ambulance	\$ 91	\$ -	\$ -
II-6-a	Medicare Contractual- Flu Shot	\$ 659	\$ -	\$ -
0-		\$ -	\$ -	\$ -
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 29,850</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid- X-Ray	160.00	\$ -	\$ -
II-6-b	Medicaid- Laboratory	4,362.43	\$ -	\$ -
II-6-b	Medicaid- Respiratory Therapy & Supplies	72.00	\$ -	\$ -
II-6-b	Medicaid- Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid- Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid- Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid- Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid- Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid- Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid- Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractual-Medicaid- X-Ray	(63.71)	\$ -	\$ -
II-6-b	Contractual-Medicaid- Laboratory	(1,737.18)	\$ -	\$ -
II-6-b	Contractual-Medicaid- Respiratory Therapy & Supplies	(28.67)	\$ -	\$ -
II-6-b	Contractuals-Medicaid- Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid- Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid- Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid- Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid- Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid- Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid- Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid- X-Ray	610.00	\$ -	\$ -
II-6-b	Non-Medicaid- Laboratory	8,095.17	\$ -	\$ -
II-6-b	Non-Medicaid- Respiratory Therapy & Supplies	144.00	\$ -	\$ -
II-6-b	Non-Medicaid- Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid- Audiology	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid- Incontinency	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid- Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid- Physician Visit	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid- Ambulance	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid- Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid- Capitation Contracts	191,920.00	\$ -	\$ -
II-6-b	Contractual-Non-Medicaid- X-Ray	(71.41)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Laboratory	(947.63)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Respiratory Therapy & Supplies	(16,86)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid- Capitation Contracts	(22,466.27)	\$ -	\$ -
0-		\$ -	\$ -	\$ -
<b>Total Other Resident Revenue</b>		<b>\$ 180,032</b>	<b>\$ -</b>	<b>\$ -</b>

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts-	\$ 468	\$ -	\$ -	
0-		\$ -	\$ -	\$ -	
0-		\$ -	\$ -	\$ -	
<b>Total Interest Income</b>		<b>\$ 468</b>	<b>\$ -</b>	<b>\$ -</b>	

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Telehealth Facility Fee- 100250OTB (Other Ancil-Ins Part B)	\$ 3,665	\$ -	\$ -
IV-8	Telehealth Facility Fee- 100250OTD (Other Ancil - Medicaid)	\$ 257	\$ -	\$ -
IV-8	Telehealth Facility Fee & Rehab Screen- 100250OTB (Other Ancil - Ins Med B)	\$ 4,435	\$ -	\$ -
IV-8	Telehealth Facility Fee & Rehab Screen- 100250OTB (Other Ancil - Ins and Private)	\$ -	\$ -	\$ -
IV-8	Elm Basic Healthcare Revenue-	\$ (408,385)	\$ -	\$ -
IV-8	Federal Stimulus 4 - Part 2-	\$ 291,114	\$ -	\$ -
IV-8	State COVID Support - Other-	\$ 64,603	\$ -	\$ -
IV-8	Federal Stimulus - Phase 4-	\$ 208,667	\$ -	\$ -
IV-8	Federal Stimulus - ARP Rural-	\$ 3,685	\$ -	\$ -
IV-8	Account refund from Concast-	\$ 2,808	\$ -	\$ -
IV-8	Overpayment for invoice #2413-	\$ 500	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
IV-8	-	\$ -	\$ -	\$ -
<b>Total Other Revenue</b>		<b>\$ 171,348</b>	<b>\$ -</b>	<b>\$ -</b>

**G. Balance Sheet**

Name of Facility 1 Emerson Drive North Operations LLC	License No. 2376	Report for Year Ended 9/30/2022	Page 31	of 37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$ 12,488	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,338,736	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$ 1,140,143	
4. Inventories			\$ 49,161	
5. Prepaid Expenses			\$ 87,130	
a. Prepaid Expenses				
b. Prepaid Property Tax	74,697			
c. Prepaid Personal Property Tax	12,433			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$ 2,627,658	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost 11,305	Accum. Depreciation 2,373	\$ 8,932	Net
3. Buildings	*Historical Cost 658,893	Accum. Depreciation 55,271	\$ 603,622	Net
4. Leasehold Improvements	*Historical Cost	Accum. Depreciation	\$	Net
5. Non-Movable Equipment	*Historical Cost 13,613	Accum. Depreciation 4,311	\$ 9,302	Net
6. Movable Equipment	*Historical Cost 106,053	Accum. Depreciation 25,527	\$ 80,526	Net
7. Motor Vehicles	*Historical Cost	Accum. Depreciation	\$	Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$ 702,382	

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

(Carry Total forward to next page)

**Schedule of Prepaid Expenses Page 31 Line A5**

Page Ref	Line Ref	Description		
	31	a-a-5	Prepaid Escrow Real Estate	
	31	a-a-5	Prepaid Escrow Insurance	
	31	a-a-5	Prepaid Escrow Replace Reserve	
<b>Total Prepaid Expenses</b>				\$ -

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

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

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

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

**Schedule of Other Assets Page 32 Line D7**

Page Ref	Line Ref	Description	
32	D7	ROU Bldg Asset-Oper Lease	
32	D7	AccumAmort-ROU Bldg OprLease	
<b>Total Other Assets</b>			\$ -

**Schedule of Notes Payable (Itemize) Page 33 Line A2**

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

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 78,570
33	A12	Accr Exp Water and Sewer	\$ 14,186
33	A12	Accr Exp Gas	\$ 940
33	A12	Accr Exp Electricity	\$ 6,296
33	A12	Accr Exp Suspense	\$ 93,212
33	A12	Deferred Revenue	\$ 214,505
33	A12	A/R Credit Gross Up Liability	\$ 164,075
33	A12	Accrued Provider/Bed Tax	\$ 238,745
33	A12	Accr Sales and Use Tax - FY18	\$ 723
33	A12	CP-Self Insurance WC Reserve	\$ 174,044
33	A12	CP-Self Insurance GLPL Reserve	\$ 227,434
	33 A12		
<b>Total Other Current Liabilities (Itemize)</b>			\$ 1,212,730

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2022	32	37
Account			Amount	
			Total Brought Forward:	\$ 3,330,040
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				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$
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> )				\$ (5,235,949)
Intercompany		(5,235,949)		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$ (5,235,949)
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				\$ (1,905,909)

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

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

\* 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 1 Emerson Drive North Operations LLC,d/b/	License No. 2376	Report for Year Ended 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,223,471	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (245,163)
LT Debt-Financing Obligation				(284,873)
Escheatable Funds				39,710
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (245,163)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,978,308

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC	2376	9/30/2022	35	37
Account				Amount
<b>A. Reserves</b>				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property <i>(Equity)</i>				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
<b>B. Net Worth</b>				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$ (1,929,122)
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (2,019,860)
6. Gain or Loss for Period 10/1/2021 thru 9/30/2022				\$ 64,766
7. Total Net Worth				\$ (3,884,216)
<b>C. Total Reserves and Net Worth</b>				\$ (3,884,216)
<b>D. Total Liabilities, Reserves, and Net Worth</b>				\$ (1,905,908)

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of			
1 Emerson Drive North Operations LLC,	2376	9/30/2022	36	37			
Account				Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2021				\$ (3,948,982)			
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 14,331,053			
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 14,266,287			
D. Net Income or Deficit				\$ 64,766			
E. Balance				\$ (3,884,216)			
F. Additions							
1. Additional Capital Contributed ( <i>itemize</i> )							
2. Other ( <i>itemize</i> )							
F-3. Total Additions				\$			
G. Deductions							
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$			
Name and Address (No., City, State, Zip )	Title	Amount					
2. Other Withdrawings ( <i>Specify</i> )				\$			
Purpose	Amount						
3. Total Deductions				\$			
H. <b>Balance at End of Period</b>				\$ (3,884,216)			

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

Name of Facility 1 Emerson Drive North Operations	License No. 2376	Report for Year Ended 9/30/2022	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

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
Printed Name of Preparer		
Rick Fink		
Address		Phone Number
200 Brickstone Square, Andover, MA 01810		410-494-7657
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number
Rick Fink		410-494-7657
Contact Email Address		
Rick.Fink@genesishcc.com		