

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) St. John Paul II Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 33 Lincoln Avenue, Danbury, CT 06810	
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 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2324-C	RHNS	(Specify)	Medicare Provider 07-5354
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Medicaid Provider Numbers:	CCNH 10678	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) St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2021	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 St. John Paul II Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Townsend,Patrick Aaron			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)

Table of Contents

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

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 St. John Paul II Care and Rehabilitation Center		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 33 Lincoln Avenue, Danbury, CT 06810				
Report Prepared By Rick Fink		Phone Number 410-494-7657	Date 12/28/2021	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 3,873,047	3,873,047		
5. All other wages paid	\$ 905,433	905,433		
6. Total Wages Paid	\$ 4,778,481	4,778,481		
7. Total salaries paid	\$ 257,386	257,386		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 5,035,867	5,035,867		

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 203-797-9300		Report for Year Ended 9/30/2021	Page 2	of 37
Name of Facility (as shown on license) St. John Paul II Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 33 Lincoln Avenue, Danbury, CT 06810		
License Numbers:	CCNH 2324-C	RHNS	(Specify)	Medicare Provider No. 07-5354
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 Townsend,Patrick Aaron		Nursing Home Administrator's License No.:	1484	
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 St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2021	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	
St. John Paul II Care and Rehabilitation Center	101 East State Street, Kennett Square, PA 19348		PA	
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
Related Parties***

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2021	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	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	608,814	608,814
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	420,196	420,196
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Outside Agency	Pg 13/B11 pg 10-12, 14		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>		Respiratory Therapy	Pg 13/B12, Pg 20/C5E	189	189
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	284,211	284,211
		<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 St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2021	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.

Name of Facility St. John Paul II Care and Rehabilitation Center			License No. 2324-C		Report for Year Ended 9/30/2021		Page 6	of 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						
	<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"/>						
	<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 ***								

* 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 St. John Paul II Care and Rehabilita	License No. 2324-C	Report for Year Ended 9/30/2021	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 Included in Management Fee pg. 16 m-12

Legal Services Information

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

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Legal Fees pg. 15 1-e

Schedule of Resident Statistics

Name of Facility St. John Paul II Care and Rehabilitation Center		License No. 2324-C			Report for Year Ended 9/30/2021				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												
A. On last day of PREVIOUS report period	141	141			141	141						
B. On last day of THIS report period	141	141							141	141		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	93	93			93	93						
B. As of midnight of THIS report period	108	108							108	108		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,243	3,243			2,628	2,628			615	615		
B. Medicaid (Conn.)	32,572	32,572			23,719	23,719			8,853	8,853		
C. Medicaid (other states)												
D. Private Pay	1,415	1,415			737	737			678	678		
E. State SSI for RCH												
F. Other (Specify)	1,402	1,402			1,110	1,110			292	292		
G. Total Care Days During Period (3A thru F)	38,632	38,632			28,194	28,194			10,438	10,438		
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												
5. Total Resident Days (3G + 4A + 4B)	38,632	38,632			28,194	28,194			10,438	10,438		

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility St. John Paul II Care and Rehabilitation Center			License No. 2324-C			Report for Year Ended 9/30/2021			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	7		91			10							
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	691.20		268.63			477.99							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,483	2,483			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,246	1,246			
C. Other									6,760	6,760			
D. Total Physical Therapy Treatments									10,489	10,489			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									589	589			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									387	387			
C. Other									1,842	1,842			
D. Total Speech Therapy Treatments									2,818	2,818			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,772	1,772			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,620	1,620			
C. Other									6,597	6,597			
D. Total Occupational Therapy Treatments									9,989	9,989			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility St. John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2021	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)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,302	2,104				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	305,063	13,154				
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	75,291	2,261				
b. Other Maintenance Workers	48,557	2,054				
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	127,084	2,066				
b. RN						
1. Direct Care	1,170,772	27,288				
2. Administrative**	89,328	2,064				
c. LPN						
1. Direct Care	1,138,979	36,763				
2. Administrative**						
d. Aides and Attendants	1,337,657	70,548				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	229,628	10,965				
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	246,894	7,172				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	136,311	6,179				
<i>A-13. Total Salary Expenditures</i>	5,035,867	182,617				

* 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
Ward Clerks	\$ -	-	\$ -	-	\$ -	-
Central Supply	\$ 807	28	\$ -	-	\$ -	-
Medical Records	\$ 38,137	1,969	\$ -	-	\$ -	-
Coordinator-Staffing Centers	\$ 97,367	4,182	\$ -	-	\$ -	-
Total	\$ 136,311	6,179	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
1020620010 Consulting Fees	\$ 607	n/a	\$ -	-	\$ -	-
3010620020 Purchased Services	\$ 350	n/a	\$ -	-	\$ -	-
3015620020 Purchased Services	\$ 5,112	n/a	\$ -	-	\$ -	-
3155620020 Purchased Services	\$ 264	n/a	\$ -	-	\$ -	-
3080620020 Purchased Services	\$ 15,698	n/a	\$ -	-	\$ -	-
Total	\$ 22,031	-	\$ -	-	\$ -	-

**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
St. John Paul II Care and Rehabilitation Center				2324-C		9/30/2021			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										
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.

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	
St. John Paul II Care and Rehabilitation Center				2324-C	9/30/2021			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***										
Townsend,Patrick Aaron 12/14/2019-9/30/2020	98,806				Management of Center	1,528	2			
Cyr,Raymond 10/12/2019- 12/25/2019	22,880				Management of Center	416	2			
Kolenovic,Merisa 10/1/2019- 10/16/2019	8,616				Management of Center	160	2			
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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
St. John Paul II Care and Rehabilitation Center	2324-C	9/30/2021	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,502	58				
3. Pharmacist	14,320	292				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	334,027	4,576				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,576	194				
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	61,111	783				
b. Other						
10. Occupational Therapist						
a. Resident Care	87,502	1,199				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	32,929	778				
2. Administrative***						
c. Aides	25,458	1,042				
d. Other						
12. Other (Specify) See Attached Schedule	22,031					
B-13 Total Fees Paid in Lieu of Salaries	622,455	8,921				

* 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 St. John Paul II Care and Rehabilitation Center		License No. 2324-C		Report for Year Ended 9/30/2021	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input type="radio"/>	<input checked="" type="radio"/>	Common Ownership		
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
		<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"/>			
		<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"/>			
		<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.
 ** 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
St. John Paul II Care and Rehabilitation Center	2324-C	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 399,331	399,331		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 36,340	36,340		
4. Social Security (F.I.C.A.)	\$ 369,130	369,130		
5. Health Insurance	\$ 408,299	408,299		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 203,937	203,937		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 25,674	25,674		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 123,391	123,391		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 18,176	18,176		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 19,438	19,438		
2. Cellular Phones	\$ 8,163	8,163		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 571	571		
3. Resident Day User Fee	\$ 720,526	720,526		
Subtotal	\$ 2,332,976	2,332,976		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
1020520060 Benefit Allocations	\$ 492	\$ -	\$ -
3215520020 Union Health & Welfare	\$ 11,924	\$ -	\$ -
3225520020 Union Health & Welfare	\$ 13,258	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total	\$ 25,674	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
1020640110 Sales Tax	\$ 571	\$ -	\$ -
1020640110 Sales Tax	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total	\$ 571	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
St. John Paul II Care and Rehabilitation Center	2324-C	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,332,976	2,332,976			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 19	19			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 592	592			
5. Education Expenses Related to Seminars and Conventions	\$ 400	400			
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>)	\$ 220	220			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 20,833	20,833			
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	\$ 2,135	2,135			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,099	11,099			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 290	290			
10. Contributions*** See Attached Schedule	\$ 1,188	1,188			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 608	608			
12. Administrative Management Services**	\$ 891,566	891,566			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 173,327	173,327			
C-14 Total Administrative & General Expenditures	\$ 3,435,252	3,435,252			

* 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)
1020630020 Advertising	\$ 15,816	\$ -	\$ -
1020630330 Marketing Expense	\$ 1,747	\$ -	\$ -
1020630331 Marketing Exp- Corporate Spend	\$ 3,270	\$ -	\$ -
3165630330 Marketing Exp- Corporate Spend	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Advertising	\$ 20,833	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
1020630310 Licenses & Certifications	\$ 11,099	\$ -	\$ -
1020630310 Dues to Chamber of Commerce	\$ -	\$ -	\$ -
1020630310	\$ -	\$ -	\$ -
1020630310	\$ -	\$ -	\$ -
1020630310	\$ -	\$ -	\$ -
Total Dues	\$ 11,099	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
1020630130 Contributions	\$ -	\$ -	\$ -
1020630135 Political Contributions	\$ 1,188	\$ -	\$ -
Total Contributions	\$ 1,188	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
1020630060 Bank Service Charges	\$ 4,557	\$ -	\$ -
1020630120 Collection Fees	\$ 14,982	self-disallowed	\$ -
1020630140 Education Expense	\$ 27	\$ -	\$ -
1020630180 Employee Physicals	\$ 8,719	\$ -	\$ -
1020630200 Employee Relations	\$ 7,473	\$ -	\$ -
1020630380 Printing	\$ 882	\$ -	\$ -
1020630610 Training Expense	\$ 153	\$ -	\$ -
1020640080 Fines & Penalties	\$ 23,507	self-disallowed	\$ -
1020640090 Miscellaneous	\$ 100,498	\$ -	\$ -
1020660080 Rental Expense	\$ 3,396	\$ -	\$ -
1020660990 Accrued Expense Estimation	\$ 3,450	self-disallowed	\$ -
5095720090 Landlord Operating Taxes	\$ -	\$ -	\$ -
1020720070 State Tax Annual Report Filing	\$ 380	\$ -	\$ -
3080630440 Recruiting Fees	\$ 690	\$ -	\$ -
3080630441 Recruiting Fees	\$ 4,612	\$ -	\$ -
7010800030 Non-recurring Charges	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 173,327	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility St. John Paul II Care and Rehabilitation C	License No. 2324-C	Report for Year Ended 9/30/2021	Page of 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	608,814	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 St. John Paul II Care and Rehabilitation Center		License No. 2324-C	Report for Year Ended 9/30/2021	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	176,487	176,487		
2. Non-Food Supplies	\$	22,719	22,719		
3. Other (Specify) _____	\$	196	196		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	590,959	590,959	
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$	790,361	790,361	
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		License No.	Report for Year Ended		Page	of
St. John Paul II Care and Rehabilitation Center		2324-C	9/30/2021		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. \$	6,338	6,338		
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. \$	7,975	7,975		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	188,341	188,341		
c. Other (<i>Specify</i>)		\$				
3D. Total Laundry Expenditures (3a + b + c)		\$	202,655	202,655		
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
St. John Paul II Care and Rehabilitation Center		2324-C	9/30/2021		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. \$	17,899	17,899		
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. \$	318,331	318,331		
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	336,230	336,230		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	126,332	126,332		
b.	Medicine Cabinet Drugs	\$	14,421	14,421		
c.	Medical and Therapeutic Supplies	\$	157,419	157,419		
d.	Ambulance/Limousine***	\$	1,039	1,039		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	4,480	4,480		
f.	X-rays and Related Radiological Procedures***	\$	8,711	8,711		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	50,745	50,745		
i.	Recreation	\$	29,720	29,720		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	71,481	71,481		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	464,350	464,350		

* 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)
3060610160 Incontinency	\$ 47,369	\$ -	\$ -
3060610161 Advertising-Help Wanted	\$ (64)	\$ -	\$ -
3080630030 Advertising-Help Wanted	\$ 4,465	\$ -	\$ -
3080630080 Books, Dues & Subscriptions	\$ -	\$ -	\$ -
3080630140 Education Expense	\$ 358	\$ -	\$ -
3120630530 Supplies	\$ 418	\$ -	\$ -
3155630530 Supplies	\$ 4,927	\$ -	\$ -
3170630530 Supplies	\$ -	\$ -	\$ -
3090630535 Office Supplies	\$ -	\$ -	\$ -
3120630535 Office Supplies	\$ 243	\$ -	\$ -
3165630535 Office Supplies	\$ 18	\$ -	\$ -
3080630610 Training Expense	\$ 7,100	\$ -	\$ -
3120660080 Rental Expense	\$ 598	\$ -	\$ -
3155660080 Rental Expense	\$ 5,342	\$ -	\$ -
3010610300 Consolidated Billing	\$ 709	\$ -	\$ -
3080630630 Tuition Reimbursement	\$ -	\$ -	\$ -
3210630630 Tuition Reimbursement	\$ -	\$ -	\$ -
3225630630 Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ -	\$ -	\$ -
3080630310 Licenses & Certifications	\$ -	\$ -	\$ -
3165630530 Supplies	\$ -	\$ -	\$ -
3165630340 Meetings & Seminars	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Resident Care	\$ 71,481	\$ -	\$ -

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

Name of Facility St. John Paul II Care and Rehabilitation Center			License No. 2324-C		Report for Year Ended 9/30/2021			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	188,341			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	318,331			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	586,464			18	2b
		<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"/>							
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		<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
St. John Paul II Care and Rehabilitation Center	2324-C	9/30/2021			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 271,200	271,200				
b. Heat	\$ 52,209	52,209				
c. Light & Power	\$ 142,141	142,141				
d. Water	\$ 63,573	63,573				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 529,123	529,123				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 638	638				
b. Building & Building Improvements	\$ 4,467	4,467				
c. Non-Movable Equipment	\$ 362	362				
d. Movable Equipment	\$ 23,020	23,020				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 28,486	28,486				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 812,187	812,187				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 182,547	182,547				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,023,220	1,023,220				

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

Depreciation Schedule

Name of Facility St. John Paul II Care and Rehabilitation Center			License No. 2324-C			Report for Year Ended 9/30/2021			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. Land Improvements													
1. Acquired prior to this report period			5,264		5,264		S/L	Various	638				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			65,008		65,008								
A-4. Subtotal										638			
B. Building and Building Improvements													
1. Acquired prior to this report period			41,734		41,734	5,176	S/L	Various	4,431				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			5,784		5,784				36				
B-4. Subtotal										4,467			
C. Non-Movable Equipment													
1. Acquired prior to this report period			3,469		3,469	483	S/L	Various	362				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										362			
		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.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						102,977		102,977	6,467	S/L	Various	15,812	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						80,294		80,294				7,208	
D-3. Subtotal													23,020
E. Total Depreciation													28,486

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2021	September 2021 DSSI Accrual	\$ 65,008		
Total additions for Land Improvement		\$ 65,008		\$ - *
Deletions:				
			-	
Total deletions for Land Improvement		\$ -		\$ - **

*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:				
8/31/2021	New Hollow Metal Door & Associated Door Hardware for side exit	\$ 3,125	07 04	\$ 36
9/30/2021	September 2021 DSSI Accrual	\$ 898		
9/30/2021	September 2021 DSSI Accrual	\$ 1,762		
Total additions for Building Improvement		\$ 5,784		\$ 36 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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 Equipmen		\$	-	\$ -

Attachment Pages 23 24

*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:				
10/31/2020	2 - Contin.us 28" LTC LED HDTVs	\$ 482.42	07 00	\$ 63.18
11/30/2020	Continu.us 28" LTC LED HDTV	\$ 254.25	07 00	\$ 30.27
11/30/2020	Continu.us 28" LTC LED HDTV	\$ 254.25	07 00	\$ 30.27
11/30/2020	Continu.us 28" LTC LED HDTV	\$ 254.25	07 00	\$ 30.27
12/31/2020	Continu.us 28" LTC LED	\$ 254.25	07 00	\$ 27.24
12/31/2020	Continu.us 28" LTC LED	\$ 254.25	07 00	\$ 27.24
12/31/2020	Continu.us 28" LTC LED	\$ 254.25	07 00	\$ 27.24
1/31/2021	Record Sales & Use Tax per tax departm	\$ 398.00	07 00	\$ 37.91
1/31/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 21.17
2/28/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 18.52
2/28/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 18.52
2/28/2021	New 75lb Dryer and Unimac Extractor/ Tu	\$ 7,334.24	07 00	\$ 611.18
3/31/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 15.87
3/31/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 15.87
3/31/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 15.87
3/31/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 15.87
4/30/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 13.23
4/30/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 13.23
4/30/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 13.23
5/31/2021	Continu.us 28" LTC LED HDTV	\$ 222.26	07 00	\$ 10.58
5/31/2021	Performance Pharma Vac Compact Refri	\$ 942.26	07 00	\$ 44.87
12/31/2020	Refrigerator w/ two sections full doors	\$ 3,741.37	08 00	\$ 350.75
2/28/2021	SteamChef 6 Pan Countertop Steamer	\$ 9,426.84	07 10	\$ 702.00
3/31/2021	10 - Tracer EX2 Standard Wheelchairs, v	\$ 2,219.80	07 09	\$ 143.21
4/30/2021	Panacea Bariatric Cushion	\$ 102.98	07 08	\$ 5.60
4/30/2021	Tracer IV Heavy Duty Wheelchair w/ elev	\$ 359.98	07 08	\$ 19.56
4/30/2021	13 - Maxwell Thomas 4 drawer Chests &	\$ 10,712.31	07 08	\$ 582.19
4/30/2021	Meal Transport Cart	\$ 2,681.79	07 08	\$ 145.75
4/30/2021	Hobart Tray Assembly	\$ 901.84	07 08	\$ 49.01
7/31/2021	Tracer EX2 Wheelchair	\$ 221.98	07 05	\$ 4.99
8/31/2021	6 - UltraCare XT UCXT Beds	\$ 10,473.64	07 04	\$ 119.02
10/31/2020	Steel Rolling Scaffold 6'	\$ 318.40	05 00	\$ 58.37
11/30/2020	2 - Genesis ProMatt Plus Mattress System	\$ 3,609.32	03 00	\$ 1,002.59
12/31/2020	2 - Promatt Pluss Mattress Systems w/ co	\$ 3,609.32	03 00	\$ 902.33
4/30/2021	Panacea Original Bariatric Mattress & Ma	\$ 440.00	03 00	\$ 61.11
5/31/2021	27 - Panacea Custom Foam Mattresses	\$ 5,799.75	03 00	\$ 644.42
6/30/2021	Custom Foam Mattress	\$ 280.74	03 00	\$ 23.40
7/31/2021	Panacea Custom Foam Mattress	\$ 293.24	03 00	\$ 16.29
2/28/2021	1 - Four Drawer File Cabinet	\$ 729.34	07 10	\$ 54.31
10/31/2020	HP Laserjet Pro	\$ 484.91	03 00	\$ 148.17
8/31/2021	HP Laserjet Pro M428FDN	\$ 400.99	03 00	\$ 11.14
12/31/2020	Expansion of PRS Asterisk Phone System	\$ 6,275.00	07 00	\$ 672.32
3/31/2021	Engenius Phone System & Durafon Hand	\$ 3,322.77	07 00	\$ 237.34
10/31/2020	(3) Genesis 76ix72i Stationary Safety Partitions	\$ 760.40	5.00	\$ 152.08
Total additions for Movable Equipmen		\$ 80,294		\$ 7,208 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				

Total additions for Leasehold Improvemen		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
St. John Paul II Care and Rehabilitation Center			2324-C		9/30/2021			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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility St. John Paul II Care and Rehabilitatio	License No. 2324-C	Report for Year Ended 9/30/2021	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes <input checked="" type="radio"/> No		
*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.			If "Yes," complete Part B. If "No," complete Part C.		
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	141				
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	
GMF-CT	Facility Lease	12/21/2018-12	10 years	812,187	
650 Madison Avenue New York, NY 10022					

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
St. John Paul II Care and Rehabilitati		2324-C	9/30/2021			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
St. John Paul II Care and Rehabilita		2324-C		9/30/2021		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 18,735	18,735		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 265,476	265,476		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 284,211	284,211		
15. Total All Expenditures (A-13 thru C-14)				\$ 12,723,724	12,723,724		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
St. John Paul II Care and Rehabilitation Center				2324-C	9/30/2021	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 21,716	21,716		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 488,366	488,366		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 123,391	123,391		
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 *	\$ 20,833	20,833		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,188	1,188		
21.			Unallowable Management Fees	\$ 282,752	282,752		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 92,609	92,609		
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)				\$ 1,030,855	1,030,855		

* 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	\$ 21,716	\$ -	\$ -
Total Other Salaries Adjustment			\$ 21,716	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 133,180	\$ -	\$ -
13	5	Rehabilitation Services	\$ 200,846	\$ -	\$ -
13	9	Speech Therapist	\$ 61,111	\$ -	\$ -
13	10	Occupational Therapist	\$ 87,502	\$ -	\$ -
13	12	Other	\$ 350	\$ -	\$ -
13	12	Other	\$ 5,112	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 264	\$ -	\$ -
Total Other Fees Adjustments			\$ 488,366	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	\$ 14,982	\$ -	\$ -
16	m-13	Estimated Accrual	\$ 3,450	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ -	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Penalty	\$ 23,507	\$ -	\$ -
16	m-12		0 \$ -	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 50,669	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other A&G Adjustments			\$ 92,609	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
St. John Paul II Care and Rehabilitation Center				2324-C	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,030,855	1,030,855		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 126,332	126,332		
28.	20	5-d	Ambulance/Limousine	\$ 1,039	1,039		
29.	20	5-f	X-rays, etc	\$ 8,711	8,711		
30.	20	5-h	Laboratory	\$ 50,745	50,745		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 4,480	4,480		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 10,978	10,978		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (86,418)	(86,418)		
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	\$ 19,590	19,590		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 226,447	226,447		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,392,760	1,392,760		

*** 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	\$ 709	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 4,927	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 5,342	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 10,978	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (2,102)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (49,833)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (15,267)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (19,216)	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (86,418)	\$ -	\$ -

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)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 19,590	\$ -	\$ -
Total Other Adjustments			\$ 19,590	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 226,447	\$ -	\$ -
Total Other Adjustments			\$ 226,447	\$ -	\$ -

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
St. John Paul II Care and Rehabilitation	C 2324-C	9/30/2021			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,768,524	13,768,524				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,142,941)	(5,142,941)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,511,431	1,511,431				
b. Medicare Room and Board Contractual Allowance **	\$ 31,446	31,446				
4. a. Private-Pay Residents and Other	\$ 1,235,094	1,235,094				
b. Private-Pay Room and Board Contractual Allowance **	\$ (237,145)	(237,145)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 86,787	86,787				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ 1,806	1,806				
c. Prescription Drugs - Non-Medicare	\$ 47,477	47,477				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (10,832)	(10,832)				
2. a. Medical Supplies - Medicare	\$ 175	175				
b. Medical Supplies - Medicare Contractual Allowance **	\$ 4	4				
c. Medical Supplies - Non-Medicare	\$ 330	330				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (119)	(119)				
3. a. Physical Therapy - Medicare	\$ 283,998	283,998				
b. Physical Therapy - Medicare Contractual Allowance **	\$ 5,909	5,909				
c. Physical Therapy - Non-Medicare	\$ 247,745	247,745				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (58,983)	(58,983)				
4. a. Speech Therapy - Medicare	\$ 206,398	206,398				
b. Speech Therapy - Medicare Contractual Allowance **	\$ 4,294	4,294				
c. Speech Therapy - Non-Medicare	\$ 157,936	157,936				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (38,132)	(38,132)				
5. a. Occupational Therapy - Medicare	\$ 271,403	271,403				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ 5,647	5,647				
c. Occupational Therapy - Non-Medicare	\$ 274,972	274,972				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (68,229)	(68,229)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 35,963	35,963				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 116,389	116,389				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,737,347	12,737,347				
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	\$ 7,847	7,847				
5. Interest Income (<i>Specify</i>)	\$ 303	303				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 5,140	5,140				
8. Other (<i>Specify</i>)	\$ 1,083,651	1,083,651				
V. Total Other Revenue (1 thru 8)	\$ 1,096,941	1,096,941				
VI. Total All Revenue (III +V)	\$ 13,834,288	13,834,288				

* 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	\$ 8,559	\$ -	\$ -
II-6-a	Medicare-Laboratory	\$ 18,640	\$ -	\$ -
II-6-a	Medicare-Respiratory Therapy & Supplies	\$ 1,234	\$ -	\$ -
II-6-a	Medicare-Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare-Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare-Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare-Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare-Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare-Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare-Flu Shot	\$ 6,796	\$ -	\$ -
II-6-a	Medicare Contractual-X-Ray	\$ 178	\$ -	\$ -
II-6-a	Medicare Contractual-Laboratory	\$ 388	\$ -	\$ -
II-6-a	Medicare Contractual-Respiratory Therapy & Supplies	\$ 26	\$ -	\$ -
II-6-a	Medicare Contractual-Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual-Audiology	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual-Flu Shot	\$ 141	\$ -	\$ -
Total Other Resident Revenue - Medicare		\$ 35,963	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid-X-Ray	\$ 178	\$ -	\$ -
II-6-b	Medicaid-Laboratory	\$ 3,660	\$ -	\$ -
II-6-b	Medicaid-Respiratory Therapy & Supplies	\$ 96	\$ -	\$ -
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	Contractuals-Medicaid-X-Ray	\$ (66)	\$ -	\$ -
II-6-b	Contractuals-Medicaid-Laboratory	\$ (1,267)	\$ -	\$ -
II-6-b	Contractuals-Medicaid-Respiratory Therapy & Supplies	\$ (36)	\$ -	\$ -
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	\$ 2,444	\$ -	\$ -
II-6-b	Non-Medicaid-Laboratory	\$ 7,276	\$ -	\$ -
II-6-b	Non-Medicaid-Respiratory Therapy & Supplies	\$ 320	\$ -	\$ -
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	\$ 130,957	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid-X-Ray	\$ (469)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid-Laboratory	\$ (1,397)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid-Respiratory Therapy & Supplies	\$ (61)	\$ -	\$ -
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	\$ (25,144)	\$ -	\$ -
Total Other Resident Revenue		\$ 116,389	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts	430055	\$ 303	\$ -	\$ -
Total Interest Income			\$ 303	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Elim Basic Healthcare Revenue	\$ 492,121	\$ -	\$ -
IV-8	Federal Stimulus 4	\$ 232,436	\$ -	\$ -
IV-8	Federal Stimulus 4 - Part 2	\$ -	\$ -	\$ -
IV-8	State COVID Support - Other	\$ 351,704	\$ -	\$ -
IV-8		0	\$ -	\$ -
IV-8	Licensing and Credentialing	\$ 15	\$ -	\$ -
IV-8	610200-3070 billrom medical supplies	\$ 668	\$ -	\$ -
IV-8	Project ECHO	\$ 6,000	\$ -	\$ -
IV-8		0	\$ -	\$ -
IV-8		0	\$ -	\$ -
IV-8	Rehab Screen and Telehealth Facility Fees	\$ 707	\$ -	\$ -
IV-8		0	\$ -	\$ -
		0	\$ -	\$ -
Total Other Revenue			\$ 1,083,651	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
St. John Paul II Care and Rehabilitation	2324-C	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	22,780
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,619,078
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(163,334)
4. Inventories			\$	33,622
5. Prepaid Expenses			\$	8,628
a. Prepaid Expenses	8,628			
b. Prepaid Property Tax				
c. Prepaid Personal Property Tax				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,520,773
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	70,272	\$	69,634
	Accum. Depreciation	638		Net
3. Buildings	*Historical Cost	47,518	\$	37,875
	Accum. Depreciation	9,643		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	3,469	\$	2,624
	Accum. Depreciation	845		Net
6. Movable Equipment	*Historical Cost	183,271	\$	153,785
	Accum. Depreciation	29,486		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	263,918

* 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	
Total Prepaid Expenses			\$ -

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	
32	D7	ROU Bldg Asset-Oper Lease	150510 #VALUE!
32	D7	AccumAmort-ROU Bldg OprLease	150511 #VALUE!
Total Other Assets			#VALUE!

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	Accr Exp Other	210010 #VALUE!
33	A12	Accr Exp Water and Sewer	210090 #VALUE!
33	A12	Accr Exp Gas	210100 #VALUE!
33	A12	Accr Exp Electricity	210110 #VALUE!
33	A12	Accr Exp Suspense	210240 #VALUE!
33	A12	Accr Exp Nursing Purchased Ser	210310 #VALUE!
33	A12	Deferred Revenue	210340 #VALUE!
33	A12	A/R Credit Gross Up Liability	210345 #VALUE!
33	A12	Accrued Provider/Bed Tax	210350 #VALUE!
33	A12	Accr Gross Rec Tax-FY11	215311 #VALUE!
33	A12	Accr Gross Rec Tax-FY12	215312 #VALUE!
33	A12	Accr Gross Rec Tax-FY13	215313 #VALUE!
33	A12	Accr Gross Rec Tax-FY14	215314 #VALUE!
33	A12	Accr Gross Rec Tax-FY15	215315 #VALUE!
33	A12	Accr Gross Rec Tax-FY16	215316 #VALUE!
33	A12	Accr Gross Rec Tax-FY17	215317 #VALUE!
33	A12	Accr Gross Rec Tax-FY18	215318 #VALUE!
33	A12	Accr Sales and Use Tax - FY18	215418 #VALUE!
Total Other Current Liabilities (Itemize)			#VALUE!

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

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

G. Balance Sheet (cont'd)

Name of Facility St. John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,784,691
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>)			\$	#VALUE!
I/C Due to/Due From Owned		(1,361,370)		
I/C Due to/Due From Multicare				
See Schedule		#VALUE!		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	#VALUE!
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	#VALUE!

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility St. John Paul II Care and Rehabilitation Center		License No. 2324-C	Report for Year Ended 9/30/2021	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	580,308
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	158,894
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	1,778
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>)				\$	#VALUE!

See Schedule				#VALUE!	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	#VALUE!

* 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 St. John Paul II Care and Rehabilitation Cent		License No. 2324-C	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount	
Total Brought Forward:				#VALUE!	
Liabilities (cont'd)					
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>)				\$ 4,202,337	
LT Debt-Financing Obligation		4,202,337			
Escheatable Funds					
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,202,337	
C. Total All Liabilities (Lines A-13 + B-5)				\$ #VALUE!	

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

Name of Facility	License No.	Report for Year Ended	Page	of
St. John Paul II Care and Rehabilitation	2324-C	9/30/2021	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			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,674,908)
6. Gain or Loss for Period			\$	1,110,562
	10/1/2020	thru 9/30/2021		
7. Total Net Worth			\$	(1,564,346)
C. Total Reserves and Net Worth			\$	(1,564,346)
D. Total Liabilities, Reserves, and Net Worth			\$	#VALUE!

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
St. John Paul II Care and Rehabilitation Center	2324-C	9/30/2021	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(2,674,910)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,834,288
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	12,723,724
D. Net Income or Deficit			\$	1,110,564
E. Balance			\$	(1,564,346)
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 <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			\$	(1,564,346)

I. Preparer's/Reviewer's Certification

Name of Facility St. John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2021	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				
Rick Fink				
Address 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				