

# State of Connecticut



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

Name of Facility (as licensed) Harborside CT Limited Partnership - d/b/a: Madison House	
Address (No. & Street, City, State, Zip Code) 34 Wildwood Avenue, Madison, CT 06443	
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 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2201-C	RHNS	(Specify)	Medicare Provider 07-5405
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 21444	RHNS	ICF-IID
----------------------------	---------------	------	---------

**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)	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/b/a: Madison H	2201-C	9/30/2019	1	37

**Administrator's/Owner's Certification**

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 Harborside CT Limited Partnership - d/b/a: Madison House [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Patrick Townsend			Printed Name (Owner)		
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 34 Wildwood Avenue, Madison, CT 06443				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029	Date 12/28/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 2,237,026	2,237,026		
5. All other wages paid	\$ 360,308	360,308		
6. <b>Total Wages Paid</b>	\$ 2,597,334	2,597,334		
7. Total salaries paid	\$ 317,438	317,438		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$ 2,914,772	2,914,772		

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 203-245-8008		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Harborside CT Limited Partnership - d/b/a: Madison House		Address (No. & Street, City, State, Zip ) 34 Wildwood Avenue, Madison, CT 06443		
License Numbers:	CCNH 2201-C	RHNS	(Specify)	Medicare Provider No. 07-5405
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.				
<b>Administrator</b>				
Name of Administrator Patrick Townsend		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 Harborside CT Limited Partnership - d/b/a: M	License No. 2201-C	Report for Year Ended 9/30/2019	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	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Names of Stockholders Owning at Least 10% of Shares			

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--





Harborside Connecticut Limited Partnership  
**d/b/a Madison House**  
OWNERSHIP DISCLOSURE

**LICENSEE**

**Harborside Connecticut LP**

FEIN: 06-1496629

AGENT FOR SERVICE: Corporation Service Company, 50 Weston Street, Hartford CT 06120

Harborside Healthcare I LLC is the General Partner of Harborside Connecticut LP  
Harborside Healthcare Advisors, LP is the Sole Member of Harborside Healthcare I LLC  
Harborside Healthcare LLC is the 99% Partner of Harborside Healthcare Advisors LP  
KHI, LLC is the 1% Partner of Harborside Healthcare Advisors LP  
SunBridge Healthcare LLC is the 100% Owner of Harborside Healthcare LLC  
Sun Healthcare Group, Inc. is the 100% Owner of SunBridge Healthcare LLC  
GHC Holdings II LLC is the 100% Owner of Sun Healthcare Group, Inc.  
Address for Above Entities: 101 East State Street, Kennett Square, PA 19348 - 610-444-6350

**Genesis HealthCare LLC**

c/o CT Corporation System, 100 Pine Street, Suite 325, Harrisburg, PA, 17101

EIN: 27-3237296

Ownership: GEN Operations II, LLC. (100% membership interest)

**† ENTITIES HAVING BENEFICIAL OWNERSHIP**

**GEN Operations II, LLC**

EIN: 27-3237225

101 East State Street

Kennett Square, PA 19348

*Ownership*

GEN Operations I, LLC (100%)

---

**GEN Operations I, LLC**

EIN: 27-3237090

101 East State Street

Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

---

**FC-GEN Operations Investment, LLC**

EIN: 27-3237005  
101 East State Street  
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 59.2957%)  
Sundance Rehabilitation Holdco, Inc. (5.5444%)  
Other members that are disclosed herein as owners of Genesis Healthcare, Inc.  
Other members that do not trigger 5% ownership test

---

**Sundance Rehabilitation Holdco, Inc.**

EIN: 38-3954180  
101 East State Street  
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

**Sun Healthcare Group, Inc.**

EIN: 13-4230695  
101 East State Street  
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

---

**Genesis Healthcare, Inc.**

(publicly traded company on the New York Stock Exchange)  
(f/k/a Skilled Healthcare Group, Inc.)  
EIN: 20-3934755  
101 East State Street  
Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC (approximately 14.0%)

Senior Care Genesis, LLC (approximately 5.3%)

ZAC Properties XI, LLC (approximately 8.1%)

Welltower, Inc. (approximately 5.9%)

Others that do not trigger 5% ownership test

---

**HCCF Management Group XI, LLC**

EIN: 20-8751674

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

*Ownership*

[Arnold M. Whitman\[1\]](#)

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

---

**ZAC Properties XI, LLC**

EIN: 20-8794579

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

*Ownership*

[Steven E. Fishman\[2\]](#)

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Other members that do not trigger 5% ownership test

---

**Welltower Inc.**

EIN: 34-1096634

4500 Dorr Street

Toledo, OH 43615

*Ownership*

(publicly traded company on the New York Stock Exchange)

**Senior Care Genesis, LLC**

EIN: 20-8282470

**General Information and Questionnaire  
Related Parties\***

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison H	License No. 2201-C	Report for Year Ended 9/30/2019	Page 4	of 37
--	-----------------------	------------------------------------	-----------	----------

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 Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	472,049	472,049
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	569,942	569,942
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	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"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	57,758	57,758
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 1	235,352	235,352
Respiratory Health Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	474	474
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	142,537	142,537
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A	36,979	36,979
		<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 Harborside CT Limited Partnership - d/b/a: Mad	License No. 2201-C	Report for Year Ended 9/30/2019	Page 5	of 37
--	-----------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <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 Harborside CT Limited Partnership - d/b/a: Madison House			License No. 2201-C		Report for Year Ended 9/30/2019		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
<b>Total ***</b>								

\* 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 Harborside CT Limited Partnership	License No. 2201-C	Report for Year Ended 9/30/2019	Page 7	of 37
---	-----------------------	------------------------------------	-----------	----------

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	\$ 512
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 512

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 1 Goldman Gruder & Woods LLC 2 Wiggin And Dana LLP 3 4 5	Telephone Number 203-899-8900 203-498-4400
--	--

Address (*No. & Street, City, State, Zip Code*)  
 1 200 Connecticut Ave Norwalk, CT 06854  
 2 One Century Tower, New Haven, CT 06508  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Property Ownership search	\$
2 Deseased record services	\$
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

### Schedule of Resident Statistics

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House			License No. 2201-C			Report for Year Ended 9/30/2019				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	90	90			90	90			90	90		
B. On last day of THIS report period	89	89			90	90			89	89		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	59	59			59	59			73	73		
B. As of midnight of THIS report period	64	64			73	73			64	64		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,931	2,931			2,312	2,312			619	619		
B. Medicaid (Conn.)	18,378	18,378			13,914	13,914			4,464	4,464		
C. Medicaid (other states)												
D. Private Pay	1,338	1,338			1,054	1,054			284	284		
E. State SSI for RCH												
F. Other (Specify)	1,462	1,462			1,037	1,037			425	425		
G. Total Care Days During Period (3A thru F)	24,109	24,109			18,317	18,317			5,792	5,792		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	2	2			2	2						
B. Other Bed Reserve Days	1	1			1	1						
5. <b>Total Resident Days (3G + 4A + 4B)</b>	24,112	24,112			18,320	18,320			5,792	5,792		



### Schedule of Resident Statistics (Cont'd)

Name of Facility Harborside CT Limited Partnership - d/b/a: M			License No. 2201-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input 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)	CCNH	RHNS	(Specify)	
7/1/2019	X			1						89			Beds decreased from 90 to 89 on
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	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	8		46		10								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	587.95		245.03		439.52								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
									2,067	2,067			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									652	652			
C. Other									9,107	9,107			
<b>D. Total Physical Therapy Treatments</b>									11,826	11,826			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									291	291			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									168	168			
C. Other									980	980			
<b>D. Total Speech Therapy Treatments</b>									1,439	1,439			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,459	2,459			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									568	568			
C. Other									11,006	11,006			
<b>D. Total Occupational Therapy Treatments</b>									14,033	14,033			

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House	License No. 2201-C	Report for Year Ended 9/30/2019	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	181,278	2,136				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	95,518	3,971				
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	54,594	1,796				
b. Other Maintenance Workers	5,300	395				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	136,160	2,292				
b. RN						
1. Direct Care	623,191	15,936				
2. Administrative**	33,471	824				
c. LPN						
1. Direct Care	563,138	20,300				
2. Administrative**						
d. Aides and Attendants	976,253	54,969				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	78,663	4,236				
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	126,233	5,360				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	40,974	2,648				
A-13. Total Salary Expenditures	2,914,772	114,863				

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

Name of Facility				License No.	Report for Year Ended				Page	of
Harborside CT Limited Partnership - d/b/a: Madison House				2201-C	9/30/2019				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)							
<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.

**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	
Harborside CT Limited Partnership - d/b/a: Madison House				2201-C	9/30/2019			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>										
Patrick Townsend	73,878				Management of Center	440	2			
Archambault, Tania Marie	103,000				Management of Center	1,616	2			
Cyr, Raymond	4,400				Management of Center	80	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.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Harborside CT Limited Partnership - d/b/a: Madison	2201-C	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	9,774	67				
3. Pharmacist	9,116	186				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	433,169	5,934				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,630	241				
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	37,125	476				
b. Other						
10. Occupational Therapist						
a. Resident Care	108,726	1,489				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	158,953	2,651				
2. Administrative***						
b. LPN						
1. Direct Care	83,296	1,967				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	18,013					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>903,803</b>	<b>13,011</b>				

\* 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.



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

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/b/a: Madi	2201-C	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 128,370	128,370		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 49,659	49,659		
4. Social Security (F.I.C.A.)	\$ 216,183	216,183		
5. Health Insurance	\$ 203,828	203,828		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 81,896	81,896		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 10,113	10,113		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 189,358	189,358		
d. Accounting and Auditing	\$ 512	512		
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	\$ 10,121	10,121		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 23,830	23,830		
2. Cellular Phones	\$ 2,397	2,397		
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	\$ 311	311		
3. Resident Day User Fee	\$ 420,842	420,842		
<b>Subtotal</b>	\$ 1,337,419	1,337,419		

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

(Carry Subtotals forward to next page)





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

Name of Facility	License No.	Report for Year Ended		Page	of
Harborside CT Limited Partnership - d/b/a: Madison H	2201-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	1,337,419	1,337,419			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 153	153			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 7,508	7,508			
5. Education Expenses Related to Seminars and Conventions	\$ 503	503			
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	\$ 9,855	9,855			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,980	1,980			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 6,275	6,275			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 205	205			
9. Subscriptions	\$ 105	105			
10. Contributions*** See Attached Schedule	\$ 637	637			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 5,049	5,049			
12. Administrative Management Services**	\$ 294,045	294,045			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ (132,772)	(132,772)			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,530,960	1,530,960			

\* 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)
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 2,760	\$ -	\$ -
Marketing Expense	\$ 2,727	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 4,360	\$ -	\$ -
Marketing Exp- Corporate Spend	\$ 19	\$ -	\$ -
Marketing Expense	\$ (11)	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Total Other Advertising</b>	\$ 9,855	\$ -	\$ -

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses & Certifications	\$ 6,480	\$ -	\$ -
Dues to Chamber of Commerce	\$ (205)	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Total Dues</b>	\$ 6,275	\$ -	\$ -

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions	\$ 75	\$ -	\$ -
Political Contributions	\$ 562	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Total Contributions</b>	\$ 637	\$ -	\$ -

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 2,819	\$ -	\$ -
Collection Fees	\$ 8,087	self-disallowed	\$ -
Education Expense	\$ 5	\$ -	\$ -
Employee Physicals	\$ 8,554	\$ -	\$ -
Employee Relations	\$ 953	\$ -	\$ -
Printing	\$ 182	\$ -	\$ -
Training Expense	\$ 467	\$ -	\$ -
Fines & Penalties	\$ -	self-disallowed	\$ -
Miscellaneous	\$ (2)	\$ -	\$ -
Rental Expense	\$ 358	\$ -	\$ -
Accrued Expense Estimation	\$ 728	self-disallowed	\$ -
Landlord Operating Taxes	\$ 2,400	\$ -	\$ -
State Tax Annual Report Filing	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Recruiting Fees	\$ -	\$ -	\$ -
Non-recurring Charges	Self-disallowed \$ (157,323)	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
<b>Total Other Administrative and General</b>	\$ (132,772)	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Harborside CT Limited Partnership - d/b/a	2201-C	9/30/2019	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 Health Ventures, 101 East St., Kennett Square, PA 19348	472,049	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	36,979	Capital Interest	pg 26 12-A-1

**\* 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
Harborside CT Limited Partnership - d/b/a: Madison H		2201-C	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 120,425	120,425			
2. Non-Food Supplies	\$ 18,990	18,990			
3. Other ( <i>Specify</i> ) _____	\$ (300)	(300)			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$ 456,036	456,036			
c. Other ( <i>Specify</i> ) _____	\$				
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 595,151</b>	<b>595,151</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		License No.	Report for Year Ended		Page	of
Harborside CT Limited Partnership - d/b/a: Madison Ho		2201-C	9/30/2019		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	4,187	4,187		
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. \$	-1,270	-1,270		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$	132,724	132,724		
c. Other ( <i>Specify</i> )		\$				
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	135,641	135,641		
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
Harborside CT Limited Partnership - d/b/a: Ma		2201-C	9/30/2019		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. \$	9,282	9,282		
	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. \$	200,531	200,531		
	C. Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	209,813	209,813		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	179,599	179,599		
	b. Medicine Cabinet Drugs	\$	7,756	7,756		
	c. Medical and Therapeutic Supplies	\$	73,700	73,700		
	d. Ambulance/Limousine***	\$	111	111		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	4,086	4,086		
	f. X-rays and Related Radiological Procedures***	\$	4,323	4,323		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	29,468	29,468		
	i. Recreation	\$	16,422	16,422		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	43,108	43,108		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	358,573	358,573		

\* 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	\$ 32,695	\$ -	\$ -
Incontinency - Rebates	\$ (10)	\$ -	\$ -
Advertising-Help Wanted	\$ 2,087	\$ -	\$ -
Books, Dues & Subscriptions	\$ 120	\$ -	\$ -
Education Expense	\$ 801	\$ -	\$ -
Supplies	\$ 656	\$ -	\$ -
Supplies	\$ 3,295	\$ -	\$ -
Supplies	\$ 39	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -
Office Supplies	\$ 61	\$ -	\$ -
Office Supplies	\$ 155	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 318	\$ -	\$ -
Rental Expense	\$ 5,235	\$ -	\$ -
Consolidated Billing	\$ 446	\$ -	\$ -
Miscellaneous	\$ (1,077)	\$ -	\$ -
Miscellaneous	\$ (40)	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Miscellaneous	\$ (3,702)	\$ -	\$ -
Licenses & Certifications	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
T&E-Entertainment	\$ 28	\$ -	\$ -
T&E-Lodging/Transportation	\$ 2,003	\$ -	\$ -
<b>Total Other Resident Care</b>	<b>\$ 43,108</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility Harborside CT Limited Partnership - d/b/a: Madison House			License No. 2201-C		Report for Year Ended 9/30/2019			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	132,724			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	200,531			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	456,036			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"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Harborside CT Limited Partnership - d/b/a: M	2201-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 276,732	276,732				
b. Heat	\$ 28,144	28,144				
c. Light & Power	\$ 165,642	165,642				
d. Water	\$ 59,269	59,269				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 529,788	529,788				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 440	440				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 564	564				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 1,004	1,004				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 460	460				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 170,353	170,353				
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 171,817	171,817				

\* 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 Harborside CT Limited Partnership - d/b/a: Madison House			License No. 2201-C		Report for Year Ended 9/30/2019			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				
<b>A. Land Improvements</b>												
1. Acquired prior to this report period	25,569		25,569	9,009	S/L	Various						
2. Disposals (attach schedule)	(25,569)		(25,569)	(9,009)								
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period	287,692		287,692	46,080	S/L	Various	(0)					
2. Disposals (attach schedule)	(287,692)		(287,692)	(46,080)								
3. Acquired during this report period (attach schedule)	48,568		48,568				440					
B-4. Subtotal								440				
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period	402,972		402,972	195,463	S/L	Various						
2. Disposals (attach schedule)	(402,972)		(402,972)	(195,463)								
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
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					206,043		206,043	99,313	S/L	Various	0	
b. Disposals (attach schedule)					(206,043)		(206,043)	(99,313)				
c. Acquired during this report period (attach schedule)					31,374		31,374				564	
D-3. Subtotal												564
<b>E. Total Depreciation</b>												1,004



<b>Total additions for Non-Movable Equipmen</b>		\$ -		\$ - *
<b>Deletions:</b>				
10/1/2018	Various Asset Deletions	\$ (402,972)		
<b>Total deletions for Non-Movable Equipmen</b>		\$ (402,972)		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

-----



Harborside CT Limited Partnership - d/b/a: Madison House  
 Depreciation Expense Report  
 As of Oct 1, 2018

(922,275.75)

(349,864.30)

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	Deleted Asset	PT	DeprMeth	EstLife	Depreciable Basis	Deleted Deprn 9/30/2018
57004	150020	Land Imp	010871	000	Outside po	5/31/2016	(15,728.74)	R	SLMM	07 07	15,728.74	(4,839.61)
57004	150025	Land Imp	007495	000	Exterior si	6/30/2013	(3,141.00)	R	SLMM	10 00	3,141.00	(1,649.03)
57004	150025	Land Imp	009850	000	Braun Gea	7/31/2015	(6,698.98)	R	SLMM	08 05	6,698.98	(2,520.41)
57004	150050	Bldg Imp	012473	000	Water Sou	12/31/2017	(7,240.00)	R	SLMM	6	7,240.00	(905.00)
57004	150050	Bldg Imp	012764	000	Kohler Ge	4/30/2018	(31,281.11)	R	SLMM	5	31,281.11	(2,300.08)
57004	150050	Bldg Imp	012765	000	Additional	4/30/2018	(2,165.01)	R	SLMM	5	2,165.01	(159.19)
57004	150050	Bldg Imp	012766	000	Daikin wat	4/30/2018	(7,657.20)	R	SLMM	5	7,657.20	(563.03)
57004	150050	Bldg Imp	012928	000	Sprinkler M	6/30/2018	(43,307.85)	R	SLMM	5	43,307.85	(1,968.54)
57004	150050	Bldg Imp	012929	000	Sprinkler M	6/30/2018	(3,710.55)	R	SLMM	5	3,710.55	(168.66)
57004	150055	Bldg Imp	012284	000	Sun Valua	9/30/2017	(69,626.81)	R	SLMM	06 03	69,626.81	(11,140.29)
57004	150057	Bldg Imp	007170	000	Repairs to	2/28/2013	(2,992.69)	R	SLMM	10 00	2,992.69	(1,670.92)
57004	150057	Bldg Imp	007786	000	Plywood fl	8/31/2013	(13,719.15)	R	SLMM	10 00	13,719.15	(6,973.93)
57004	150057	Bldg Imp	011285	000	Manningto	10/31/2016	(34,530.41)	R	SLMM	07 02	34,530.41	(9,234.88)
57004	150057	Bldg Imp	011825	000	ROUNDEI	3/31/2017	(2,824.66)	R	SLMM	06 09	2,824.66	(627.70)
57004	150057	Bldg Imp	011888	000	Plank floor	4/30/2017	(7,708.18)	R	SLMM	06 08	7,708.18	(1,637.99)
57004	150057	Bldg Imp	012237	000	Vinyl plan	9/30/2017	(23,053.46)	R	SLMM	06 03	23,053.46	(3,688.55)
57004	150057	Bldg Imp	012311	000	Deposit fo	10/31/2017	(25,000.00)	R	SLMM	6	25,000.00	(3,716.22)
57004	150057	Bldg Imp	012472	000	2nd payme	12/31/2017	(10,600.00)	R	SLMM	6	10,600.00	(1,325.00)
57004	150075	Non Mova	006809	000	Sun Valua	12/1/2012	(186,280.00)	P	SLMM	09 00	186,280.00	(120,737.06)
57004	150075	Non Mova	007269	000	(2) 2hp Mc	4/30/2013	(9,571.50)	P	SLMM	10 00	9,571.50	(5,184.56)
57004	150075	Non Mova	007976	000	1st install	10/31/2013	(12,315.00)	P	SLMM	10 00	12,315.00	(6,054.88)
57004	150075	Non Mova	008167	000	Final inst	12/31/2013	(12,315.00)	P	SLMM	10 00	12,315.00	(5,849.63)
57004	150075	Non Mova	009517	000	3 Daikin a	3/31/2015	(6,992.51)	P	SLMM	08 09	6,992.51	(2,797.00)
57004	150075	Non Mova	010219	000	1st install	11/30/2015	(52,235.00)	P	SLMM	08 01	52,235.00	(18,309.18)
57004	150075	Non Mova	010224	000	Final inst	11/30/2015	(52,235.00)	P	SLMM	08 01	52,235.00	(18,309.18)
57004	150075	Non Mova	010225	000	Cooling to	11/30/2015	(4,690.00)	P	SLMM	08 01	4,690.00	(1,643.93)
57004	150075	Non Mova	010358	000	Final inst	12/31/2015	(11,610.00)	P	SLMM	08 00	11,610.00	(3,990.94)
57004	150075	Non Mova	010623	000	AO Smith	3/31/2016	(379.35)	P	SLMM	07 09	379.35	(122.37)
57004	150075	Non Mova	010915	000	Chemical I	6/30/2016	(1,414.93)	P	SLMM	07 06	1,414.93	(424.49)
57004	150075	Non Mova	010916	000	Kitchen/lau	6/30/2016	(5,610.00)	P	SLMM	07 06	5,610.00	(1,683.00)
57004	150075	Non Mova	011359	000	Hot water	11/30/2016	(13,090.00)	P	SLMM	07 01	13,090.00	(3,388.00)
57004	150075	Non Mova	011824	000	Walk in co	3/31/2017	(9,092.93)	P	SLMM	06 09	9,092.93	(2,020.66)
57004	150075	Non Mova	011956	000	Walk in co	5/31/2017	(18,185.85)	P	SLMM	06 07	18,185.85	(3,683.22)
57004	150075	Non Mova	012101	000	Sheetrock	7/31/2017	(244.30)	P	SLMM	06 05	244.30	(44.41)
57004	150075	Non Mova	012102	000	Electric fo	7/31/2017	(2,734.64)	P	SLMM	06 05	2,734.64	(497.21)
57004	150075	Non Mova	012103	000	New Sheet	7/31/2017	(3,110.00)	P	SLMM	06 05	3,110.00	(565.46)
57004	150075	Non Mova	012104	000	Electrical	7/31/2017	(635.12)	P	SLMM	06 05	635.12	(115.48)
57004	150075	Non Mova	012105	000	Sheetrock	7/31/2017	(96.18)	P	SLMM	06 05	96.18	(17.49)
57004	150075	Non Mova	012106	000	Supplies-V	7/31/2017	(108.02)	P	SLMM	06 05	108.02	(19.65)
57004	150075	Non Mova	012107	000	Sheetrock	7/31/2017	(26.73)	P	SLMM	06 05	26.73	(4.87)
57004	150080	Movable E	006810	000	Sun Valua	12/1/2012	(24,150.00)	P	SLMM	07 00	24,150.00	(20,125.00)
57004	150080	Movable E	007785	000	Hoyer lift	8/31/2013	(2,963.87)	P	SLMM	07 00	2,963.87	(2,152.34)
57004	150080	Movable E	007892	000	Attendant	9/30/2013	(7,716.65)	P	SLMM	07 00	7,716.65	(5,511.91)
57004	150080	Movable E	008600	000	Huntleigh	4/30/2014	(790.69)	P	SLMM	07 00	790.69	(498.90)
57004	150080	Movable E	008946	000	Attendant	7/31/2014	(2,004.18)	P	SLMM	07 00	2,004.18	(1,192.96)
57004	150080	Movable E	010622	000	Unimac 6:	3/31/2016	(12,905.57)	P	SLMM	07 00	12,905.57	(4,609.13)
57004	150080	Movable E	011623	000	2 Attendant	2/28/2017	(600.07)	P	SLMM	06 10	600.07	(139.05)
57004	150080	Movable E	011822	000	LED HDT	3/31/2017	(141.45)	P	SLMM	06 09	141.45	(31.44)
57004	150080	Movable E	011955	000	Sales and U	5/31/2017	(266.00)	P	SLMM	06 07	266.00	(53.88)
57004	150080	Movable E	012170	000	Sales & U	8/31/2017	(197.00)	P	SLMM	06 04	197.00	(33.70)
57004	150080	Movable E	012673	000	Sales and U	3/31/2018	(126.00)	P	SLMM	5	126.00	(10.96)
57004	150080	Movable E	012763	000	UniMac W	4/30/2018	(42,859.05)	P	SLMM	5	42,859.05	(3,151.40)
57004	150085	Movable E	007496	000	4 18x16 V	6/30/2013	(474.92)	P	SLMM	10 00	474.92	(249.33)
57004	150085	Movable E	007977	000	2 UCXT b	10/31/2013	(3,036.32)	P	SLMM	10 00	3,036.32	(1,492.85)
57004	150085	Movable E	008330	000	Economy C	1/31/2014	(231.99)	P	SLMM	09 11	231.99	(109.16)
57004	150085	Movable E	008511	000	Omni Cycl	3/31/2014	(7,019.11)	P	SLMM	09 09	7,019.11	(3,239.59)
57004	150085	Movable E	008599	000	Big Blue E	4/30/2014	(461.68)	P	SLMM	09 08	461.68	(210.94)
57004	150085	Movable E	008844	000	wheelchair	6/30/2014	(224.69)	P	SLMM	09 06	224.69	(100.52)
57004	150085	Movable E	008845	000	Regency X	6/30/2014	(444.48)	P	SLMM	09 06	444.48	(198.85)
57004	150085	Movable E	009026	000	22 inch Tr	8/31/2014	(224.69)	P	SLMM	09 04	224.69	(98.29)
57004	150085	Movable E	009027	000	Tracer EX	8/31/2014	(202.66)	P	SLMM	09 04	202.66	(88.65)
57004	150085	Movable E	009511	000	Tracer EX	3/31/2015	(130.98)	P	SLMM	08 09	130.98	(52.40)



57004	150085	Movable E009512	000	Tracer IV	3/31/2015	(353.98) P	SLMM	08 09	353.98	(141.61)
57004	150085	Movable E009513	000	Tracer EX	3/31/2015	(247.96) P	SLMM	08 09	247.96	(99.19)
57004	150085	Movable E009604	000	Direct Chc	4/30/2015	(147.15) P	SLMM	08 08	147.15	(58.02)
57004	150085	Movable E010133	000	Direct Chc	10/31/2015	(1,476.14) P	SLMM	08 02	1,476.14	(527.19)
57004	150085	Movable E010293	000	3-Gallon C	12/31/2015	(2,043.06) P	SLMM	08 00	2,043.06	(702.29)
57004	150085	Movable E010354	000	Scale Redt	12/31/2015	(184.02) P	SLMM	08 00	184.02	(63.25)
57004	150085	Movable E010625	000	Manitowic	3/31/2016	(4,131.70) P	SLMM	07 09	4,131.70	(1,332.80)
57004	150085	Movable E010757	000	Medical gr	4/30/2016	(527.54) P	SLMM	07 08	527.54	(166.29)
57004	150085	Movable E010914	000	GEN ONL	6/30/2016	(16,176.62) P	SLMM	07 06	16,176.62	(4,852.98)
57004	150085	Movable E011522	000	Food Proc	1/31/2017	(1,010.71) P	SLMM	06 11	1,010.71	(243.55)
57004	150085	Movable E011621	000	2 Direct Cl	2/28/2017	(148.85) P	SLMM	06 10	148.85	(34.49)
57004	150085	Movable E011622	000	5 Tracer E	2/28/2017	(629.90) P	SLMM	06 10	629.90	(145.96)
57004	150085	Movable E011823	000	Camshelvi	3/31/2017	(3,178.48) P	SLMM	06 09	3,178.48	(706.34)
57004	150085	Movable E012033	000	Thurmadul	6/30/2017	(5,657.80) P	SLMM	06 06	5,657.80	(1,088.04)
57004	150085	Movable E012672	000	23 Baja, In	3/31/2018	(830.33) P	SLMM	5	830.33	(72.20)
57004	150085	Movable E012760	000	18 in and 2	4/30/2018	(525.58) P	SLMM	5	525.58	(38.64)
57004	150085	Movable E012761	000	WHEELCL	4/30/2018	(255.92) P	SLMM	5	255.92	(18.82)
57004	150085	Movable E013087	000	(20) Besid	8/31/2018	(4,419.79) P	SLMM	5	4,419.79	(69.06)
57004	150087	Movable E007172	000	Turbidity r	2/28/2013	(973.94) P	SLMM	05 00	973.94	(973.94)
57004	150087	Movable E009510	000	Yard Mach	3/31/2015	(1,043.21) P	SLMM	05 00	1,043.21	(730.24)
57004	150087	Movable E010621	000	Attendant	3/31/2016	(1,177.31) P	SLMM	05 00	1,177.31	(588.65)
57004	150088	Movable E006811	000	Sun Valua	12/1/2012	(1,300.00) P	SLMM	03 00	1,300.00	(1,300.00)
57004	150088	Movable E007359	000	15 MATTI	5/31/2013	(3,621.38) P	SLMM	03 00	3,621.38	(3,621.38)
57004	150088	Movable E007654	000	MATTRE	7/31/2013	(4,705.99) P	SLMM	03 00	4,705.99	(4,705.99)
57004	150088	Movable E010620	000	30 MATTI	3/31/2016	(9,411.98) P	SLMM	03 00	9,411.98	(7,843.33)
57004	150088	Movable E011521	000	10 MATTI	1/31/2017	(3,137.33) P	SLMM	03 00	3,137.33	(1,742.97)
57004	150088	Movable E012670	000	DermaFloz	3/31/2018	(2,143.14) P	SLMM	3	2,143.14	(357.19)
57004	150088	Movable E012759	000	Panacea O	4/30/2018	(190.35) P	SLMM	3	190.35	(26.44)
57004	150088	Movable E012762	000	MATTRE	4/30/2018	(387.28) P	SLMM	3	387.28	(53.79)
57004	150100	Movable E008730	000	Credit Car	5/31/2014	(73.07) P	SLMM	09 07	73.07	(33.06)
57004	150100	Movable E011887	000	Brother Int	4/30/2017	(319.04) P	SLMM	06 08	319.04	(67.80)
57004	150100	Movable E013168	000	Light Duty	9/30/2018	(138.38) P	SLMM	5	138.38	-
57004	150110	Movable E006812	000	Sun Valua	12/1/2012	(23,440.00) P	SLMM	02 00	23,440.00	(23,440.00)
57004	150110	Movable E010353	000	1 HP OJ 8	12/31/2015	(126.38) P	SLMM	03 00	126.38	(115.85)
57004	150050	Bldg Imp		Sept 2018	9/30/2018	(2,275.15) P	SLMM		(2,275.15)	0
57004	150080	Movable Equip		Sept 2018	9/30/2018	(4,736.38) P	SLMM		(4,736.38)	0



57004	150110	Movable E:006812 000	Sun Valuation - PPE IS Equip - 3 Year	12/1/2012	23,440.00	P	SLMM 02 00	23,440.00	23,440.00	-	23,440.00
57004	150110	Movable E:010353 000	1 HP OJ 8100 Printer, tag & white cable	12/31/2015	126.38	P	SLMM 03 00	126.38	115.85	10.53	126.38
57004	150050	Bldg Imp	Sept 2018 Accruals	9/30/2018	2,275.15	P	SLMM	2,275.15			
57004	150080	Movable Equip	Sept 2018 Accruals	9/30/2018	4,736.38	P	SLMM	4,736.38			
57004	150050	Bldg Imp	Reverals Sept 2018 Accruals	10/1/2018	(2,275.15)	P	SLMM	(2,275.15)			
57004	150080	Movable Equip	Reverals Sept 2018 Accruals	10/1/2018	(4,736.38)	P	SLMM	(4,736.38)			
57004	150050	Bldg Imp	013325 000 Flooring	12/31/2018	11,613.42	P	SLMM 20	11,613.42	-	435.50	435.50 435.5033
57004	150057	Bldg Imp	013326 000 New Floors	12/31/2018	80,219.47	P	SLMM 10	80,219.47	-	6,016.46	6,016.46 6,016.46
57004	150057	Bldg Imp	013243 000 New floors and cove base coils	10/31/2018	2,275.15	P	SLMM 10	2,275.15	-	208.56	208.56 208.5554
57004	150085	Movable E:013242 000	24 curtains for windows	10/31/2018	4,736.38	P	SLMM 10	4,736.38	-	434.17	434.17 434.1682
57004	150117	Movable E:013339 000	Cabling for phone systems	11/30/2018	2,924.63	P	SLMM 7	2,924.63	-	348.17	348.17 348.1702
57004	150050	Bldg Imp	013978 000 Toto Drake Transitional Tank Toilet	06/30/19	554.19	P	SLMM 10	554.19	-	13.85	13.85 13.85475
57004	150050	Bldg Imp	013980 000 New Exhaust fan/hood in kitchen	06/30/19	7,071.00	P	SLMM 10	7,071.00	-	176.78	176.78 176.775
57004	150050	Bldg Imp	014173 000 New backflow preventer	08/31/19	1,745.20	P	SLMM 10	1,745.20	-	14.54	14.54 14.54333
57004	150050	Bldg Imp	014174 000 pmt 1 for replacement of 1 - 24,000 BTU water source heat pump	08/31/19	3,262.50	P	SLMM 10	3,262.50	-	27.19	27.19 27.1875
57004	150050	Bldg Imp	014175 000 Pmt 1 for replacement of 6 - 9,000 BTU water source heat pumps	08/31/19	15,787.50	P	SLMM 10	15,787.50	-	131.56	131.56 131.5625
57004	150050	Bldg Imp	014176 000 50% Deposit for replacement of two water source heat pumps	08/31/19	6,030.00	P	SLMM 10	6,030.00	-	50.25	50.25 50.25
57004	150050	Bldg Imp	014253 000 Replaced smoked detector w/upgraded tech	09/30/19	524.31	P	SLMM 10	524.31	-	-	- 0
57004	150050	Bldg Imp	014257 000 Horizontal water source heat pump 42,000 BTU	09/30/19	4,060.00	P	SLMM 10	4,060.00	-	-	- 0
57004	150050	Bldg Imp	014258 000 Replaced the B-1 Accelerator for sprinkler system	09/30/19	2,338.37	P	SLMM 10	2,338.37	-	-	- 0
57004	150050	Bldg Imp	014259 000 Two Swivel Rebuild Kits for repairs	09/30/19	2,483.27	P	SLMM 10	2,483.27	-	-	- 0
57004	150050	Bldg Imp	014260 000 High Performance Water Filter System ESOTMFSE02	09/30/19	4,711.20	P	SLMM 10	4,711.20	-	-	- 0
57004	150080	Movable E:013675 000	2 - Spots Vital Signs Monitors&2 - Mobile Stands	03/31/19	4,252.55	P	SLMM 7	4,252.55	-	303.75	303.75 303.7536
57004	150085	Movable E:013496 000	2 Large Bussing Carts	01/31/19	823.13	P	SLMM 10	823.13	-	54.88	54.88 54.87533
57004	150085	Movable E:013588 000	Direct Supply Beverage Cart	02/28/19	607.16	P	SLMM 10	607.16	-	35.42	35.42 35.41767
57004	150085	Movable E:013589 000	Tracer SX5 wheelchairs 18"D Adjustable Height Arms & Hemi E	02/28/19	237.98	P	SLMM 10	237.98	-	13.88	13.88 13.88217
57004	150085	Movable E:013785 000	Mobile Hot Buffet Cart	04/30/19	3,000.13	P	SLMM 10	3,000.13	-	125.01	125.01 125.0054
57004	150085	Movable E:014255 000	10 UCXT Beds w/ Assist Devices	09/30/19	18,449.25	P	SLMM 10	18,449.25	-	-	- 0
57004	150085	Movable E:014256 000	Commercial Disposal 1HP	09/30/19	1,080.10	P	SLMM 10	1,080.10	-	-	- 0
57004	150087	Movable E:013979 000	Chain Saw 16 Bar Length	06/30/19	509.42	P	SLMM 7	509.42	-	18.19	18.19 18.19357
57004	150088	Movable E:014254 000	10 Mattresses	09/30/19	2,414.25	P	SLMM 3	2,414.25	-	-	- 0

**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
Harborside CT Limited Partnership - d/b/a: Madison House			2201-C		9/30/2019			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. 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 Harborside CT Limited Partnership - d	License No. 2201-C	Report for Year Ended 9/30/2019	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		n/a		
2. Date Structure Completed		n/a		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		89		
6. Square Footage				
7. Acquisition Cost				
a. Land		n/a		
b. Building		n/a		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd 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				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87107	Facility Lease	11/15/10 - 6/30/11	127 months	460
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87107				

**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
Harborside CT Limited Partnership -	2201-C	9/30/2019	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 36,979	36,979		
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				
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>	<b>\$ 36,979</b>	<b>36,979</b>		

(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	
Harborside CT Limited Partnership	2201-C	9/30/2019	27	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		36,979	36,979		
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	36,979	36,979		
14. Insurance					
a. Insurance on Property (buildings only)	\$	26,280	26,280		
b. Insurance on Automobiles	\$				
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$	116,256	116,256		
2. Fire and Extended Coverage	\$				
3. Other (Specify)	\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	142,536	142,536		
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	7,529,832	7,529,832		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/b/a: Madison House				2201-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 94,347	94,347		
<b>Page 13 - Professional Fees</b>							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 595,407	595,407		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 189,358	189,358		
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 *	\$ 9,855	9,855		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 637	637		
21.			Unallowable Management Fees	\$ (178,003)	(178,003)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (273,229)	(273,229)		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 438,370	438,370		

\* 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	\$ 94,347	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>			\$ 94,347	\$ -	\$ -

## Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Description	\$ 91,723	\$ -	\$ -
13	5	Rehabilitation Services	\$ 341,446	\$ -	\$ -
13	9	Rehabilitation Services	\$ 37,125	\$ -	\$ -
13	10	Speech Therapist	\$ 108,726	\$ -	\$ -
13	12	Occupational Therapist	\$ -	\$ -	\$ -
13	12	Other	\$ 15,813	\$ -	\$ -
13	12	Other	\$ 574	\$ -	\$ -
<b>Total Other Fees Adjustments</b>			\$ 595,407	\$ -	\$ -

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Description	\$ 8,087	\$ -	\$ -
16	m-13	Collection Fees	\$ 728	\$ -	\$ -
16	m-13	Estimated Accrual	\$ (157,323)	\$ -	\$ -
16	m-13	Non-recurring Charges	\$ 205	\$ -	\$ -
16	m-13	Dues to Chamber of Commerce	\$ -	\$ -	\$ -
16	m-12	Penalty	\$ -	\$ -	\$ -
15	1-a-1		0 \$ (124,926)	\$ -	\$ -
0	0	adj workers comp	\$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
<b>Total Other A&amp;G Adjustments</b>			\$ (273,229)	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/b/a: Madison House				2201-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 438,370	438,370		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 179,599	179,599		
28.	20	5-d	Ambulance/Limousine	\$ 111	111		
29.	20	5-f	X-rays, etc	\$ 4,323	4,323		
30.	20	5-h	Laboratory	\$ 29,468	29,468		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 4,086	4,086		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,976	8,976		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (146,292)	(146,292)		
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>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 9,961	9,961		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 119,552	119,552		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 648,154	648,154		

\*\*\* 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	\$ 446	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 3,295	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 5,235	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			\$ 8,976	\$ -	\$ -

## Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (5,174)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (56,212)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (54,759)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (30,147)	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
<b>Total Excess Movable Equipment Depreciation</b>			\$ (146,292)	\$ -	\$ -

error

## Schedule of Other Property Adjustments

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

## Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV - Allowable \$3,600 Account#3005660130	\$ 9,961	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -

<b>Total Other Adjustments</b>			\$ 9,961	\$ -	\$ -

**Schedule of Other - Miscellaneous Administrative Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	\$ 119,552	\$ -	\$ -
<b>Total Other Adjustments</b>			\$ 119,552	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Harborside CT Limited Partnership - d/b/z 2201-C		9/30/2019		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> )	\$ 7,549,341	7,549,341			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,116,385)	(3,116,385)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,217,536	1,217,536			
b. Medicare Room and Board Contractual Allowance **	\$ (295,620)	(295,620)			
4. a. Private-Pay Residents and Other	\$ 1,230,492	1,230,492			
b. Private-Pay Room and Board Contractual Allowance **	\$ (354,645)	(354,645)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 105,373	105,373			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (25,585)	(25,585)			
c. Prescription Drugs - Non-Medicare	\$ 82,879	82,879			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (24,509)	(24,509)			
2. a. Medical Supplies - Medicare	\$ 552	552			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (134)	(134)			
c. Medical Supplies - Non-Medicare	\$ 759	759			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (313)	(313)			
3. a. Physical Therapy - Medicare	\$ 455,830	455,830			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (110,676)	(110,676)			
c. Physical Therapy - Non-Medicare	\$ 159,260	159,260			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (49,987)	(49,987)			
4. a. Speech Therapy - Medicare	\$ 111,656	111,656			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (27,110)	(27,110)			
c. Speech Therapy - Non-Medicare	\$ 37,357	37,357			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (12,807)	(12,807)			
5. a. Occupational Therapy - Medicare	\$ 596,101	596,101			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (144,734)	(144,734)			
c. Occupational Therapy - Non-Medicare	\$ 190,309	190,309			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (58,805)	(58,805)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 13,466	13,466			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 7,212	7,212			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 7,536,812	7,536,812			
<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	\$ 7,969	7,969			
5. Interest Income ( <i>Specify</i> )	\$ 11	11			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 17,131	17,131			
8. Other ( <i>Specify</i> )	\$ 96,558	96,558			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 121,669	121,669			
<b>VI. Total All Revenue</b> (III +V)	\$ 7,658,481	7,658,481			

\* 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	\$ 2,941	\$ -	\$ -
II-6-a	Medicare	Laboratory	\$ 11,677	\$ -	\$ -
II-6-a	Medicare	Respiratory Thera	\$ -	\$ -	\$ -
II-6-a	Medicare	Nursing Treatmen	\$ -	\$ -	\$ -
II-6-a	Medicare	Audiology	\$ 75	\$ -	\$ -
II-6-a	Medicare	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare	Flu Shot	\$ 3,091	\$ -	\$ -
II-6-a	Medicare Contractual	X-Ray	\$ (714)	\$ -	\$ -
II-6-a	Medicare Contractual	Laboratory	\$ (2,835)	\$ -	\$ -
II-6-a	Medicare Contractual	Respiratory Thera	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Nursing Treatmen	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Audiology	\$ (18)	\$ -	\$ -
II-6-a	Medicare Contractual	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare Contractual	Flu Shot	\$ (751)	\$ -	\$ -
<b>Total Other Resident Revenue - Medicare</b>			<b>\$ 13,466</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	\$ 156	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 1,031	\$ -	\$ -
II-6-b	Medicaid	Respiratory Thera	\$ -	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatmen	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	X-Ray	\$ (64)	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Laboratory	\$ (426)	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Respiratory Thera	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Nursing Treatmen	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	X-Ray	\$ 272	\$ -	\$ -
II-6-b	Non-Medicaid	Laboratory	\$ 8,881	\$ -	\$ -
II-6-b	Non-Medicaid	Respiratory Thera	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Nursing Treatmen	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
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 Contra	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	X-Ray	\$ (78)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Laboratory	\$ (2,560)	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Respiratory Thera	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Nursing Treatmen	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplie	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals-Non-Medicaid	Capitation Contra	\$ -	\$ -	\$ -
<b>Total Other Resident Revenue</b>			<b>\$ 7,212</b>	<b>\$ -</b>	<b>\$ -</b>

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Accounts		\$ 11	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
<b>Total Interest Income</b>			<b>\$ 11</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	POSTAGE 630370-1020		\$ 1	\$ -	\$ -
IV-8	REHAB/CARE SETTLEMENT ADMINISTRATOR		\$ 600	\$ -	\$ -
IV-8	MISC TRIAL EXPENSE - JUSTINE GUCKIN		\$ 71	\$ -	\$ -
IV-8	630530 MRC/ Medical Record		\$ 71	\$ -	\$ -
IV-8	630530 MCR R CRETELLA / Medical Record		\$ 127	\$ -	\$ -
IV-8	Reclass to Contra Meal 610104-3030		\$ 15	\$ -	\$ -
IV-8	Record Misc Income related to business interruption claim from Dec 2017 pipe burst		\$ 95,673	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
0		0	\$ -	\$ -	\$ -
<b>Total Other Revenue</b>			<b>\$ 96,558</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/	2201-C	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	6,737
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	820,389
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	477
4 Inventories			\$	36,814
5. Prepaid Expenses			\$	43,330
a. _____				
b. _____				
c. _____				
d. See Schedule		43,330		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	907,747
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
3. Buildings	*Historical Cost <u>48,568</u>		\$	48,128
	Accum. Depreciation <u>440</u> Net			
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
6. Movable Equipment	*Historical Cost <u>31,374</u>		\$	30,810
	Accum. Depreciation <u>564</u> 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 (Lines B1 thru 9)</b>			\$	78,938

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

(Carry Total forward to next page)





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

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/	2201-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	986,685
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> )			\$	(3,297,295)
I/C Due to/Due From Owned				(3,297,295)
I/C Due to/Due From Multicare				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	(3,297,295)
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	(2,310,610)

\* 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**

CSP-33 Rev. 6/95

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

Name of Facility Harborside CT Limited Partnership - d/b/a: M		License No. 2201-C	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	377,251
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> )				\$	137,733
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	(2,143)
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> )				\$	305,434
_____					
_____					
_____					
See Schedule				305,434	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	818,275

\* 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 Harborside CT Limited Partnership - d/b/a: N		License No. 2201-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				818,275	
<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> )				\$ 109,071	
LT Debt-Financing Obligation		103,760			
Escheatable Funds		5,311			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 109,071	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 927,346	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/	2201-C	9/30/2019	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			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,695,724)
6. Gain or Loss for Period			\$	(542,232)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(3,237,956)
<b>C. Total Reserves and Net Worth</b>			\$	(3,237,956)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	(2,310,610)

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Harborside CT Limited Partnership - d/b/	2201-C	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(3,366,606)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	7,658,482
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	7,529,832
D. Net Income or Deficit			\$	128,650
E. Balance			\$	(3,237,956)
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. <b>Balance at End of Period</b>			\$	(3,237,956)

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

Name of Facility Harborside CT Limited Partnership - d/b/a:	License No. 2201-C	Report for Year Ended 9/30/2019	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)		
<b>Preparer/Reviewer Certification</b>				
<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				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				