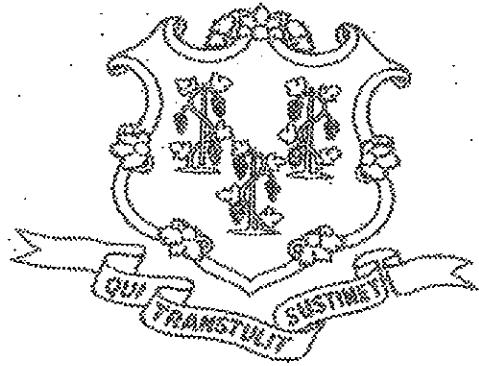


# State of Connecticut



15-10  
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## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">DEC 31 2015</div>
Address (No. & Street, City, State, Zip Code) 4 Hazel Ave., Naugatuck, CT 06770		
Type of Facility		DEPT. OF SOCIAL SERVICES OFFICE OF CON AND RATE SETTINGS
<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 10/1/2014	Report for Year Ending 9/30/2015	

License Numbers:	CCNH 2371	RHNS	(Specify)	Medicare Provider 07-5240
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000010975	RHNS	ICF-IID
----------------------------	-------------------	------	---------

**For Department Use Only**

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

RECEIVED

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**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	2371	9/30/2015	1	37

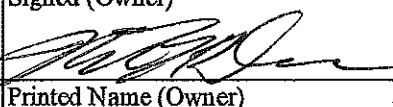

**Administrator's/Owner's Certification**

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

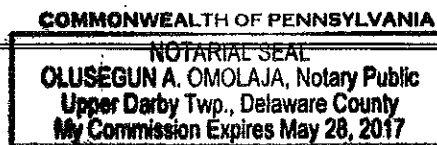
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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
					11/13/2015
Printed Name (Administrator)			Printed Name (Owner)		
Heather Rodriguez			Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)		Comm. Expires
	PA	11/13/15			1 1
Address of Notary Public					

(Notary Seal)



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**General Information**

Name of Facility (as licensed) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371	Report for Year Ended 9/30/2015	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) Heather Rodriguez			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut  
**Department of Social Services**  
 25 Sigourney Street, Hartford, Connecticut 06106

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 4 Hazel Ave., Naugatuck, CT 06770				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/20/2015	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 415,688	415,688		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 4,040,187	4,040,187		
5. All other wages paid	\$ 530,092	530,092		
6. <b>Total Wages Paid</b>	<b>\$ 4,985,967</b>	<b>4,985,967</b>		
7. Total salaries paid	\$ 298,335	298,335		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$ 5,284,302</b>	<b>5,284,302</b>		

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 203-723-1456		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		Address (No. & Street, City, State, Zip ) 4 Hazel Ave., Naugatuck, CT 06770		
License Numbers:	CCNH 2371	RHNS	(Specify)	Medicare Provider No. 07-5240
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 Heather Rodriguez		Nursing Home Administrator's License No.:	1691	
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 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	Business Address 101 East State Street, Kennett Square, PA 19348	State(s) in Which Incorporated PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
See Attached				





## General Information and Questionnaire Related Parties\*

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371	Report for Year Ended 9/30/2015	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 Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Home Office	Pg 16/m12	554,011	554,011
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63% PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,701,167	1,701,167
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	55% Staffing Pool	Pg 10/A12		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85% Case Management	Pg 13/B8, Pg 10/A12	28,680	28,680
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Staffing Pool	Pg 13/B11 a,b,c	24,891	24,891
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	43% Respiratory Therapy	Pg 13/B12, Pg 20/C5E	81,426	81,426
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Insurance	Pg 27/14	153,093	153,093
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Capital Interest	Page 17, page 26-12A	55,429	55,429

\* 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 4 Hazel Avenue Operations LLC, d/b/a/ Glenda	License No. 2371	Report for Year Ended 9/30/2015	Page 5	of 37
------------------------------------------------------------------	---------------------	------------------------------------	-----------	----------

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

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

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

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

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

--
- 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		License No.		Report for Year Ended	Page	of	
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		2371		9/30/2015	6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
				<input type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>	

Is a Mileage Log Book Maintained for All Leased Vehicles ?

\* 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 4 Hazel Avenue Operations LLC, d	License No. 2371	Report for Year Ended 9/30/2015	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	\$
2	\$
3	\$
4	\$

Charge for Services Provided
\$

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

Yes     No

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 State of Connecticut - Court of Probate 2 3 4 5	Telephone Number 203-755-1127
-------------------------------------------------------------------------------------------------------------	----------------------------------

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

1 49 Leavenworth St Waterbury, CT 06702
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Probate Court Fee for Conservatorship	\$	677
2	\$	
3	\$	
4	\$	
5	\$	

Charge for Services Provided
\$    677

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

Yes     No    Legal Fees pg. 15 1-e



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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glen	License No. 2371	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No  
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID
No. of Residents	32	61		20				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	551.64	203.03		456.11				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,798	1,798		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	413	413		
C. Other	38,964	38,964		
D. <b>Total Physical Therapy Treatments</b>	41,175	41,175		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	356	356		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	35	35		
C. Other	4,411	4,411		
D. <b>Total Speech Therapy Treatments</b>	4,802	4,802		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	2,276	2,276		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	420	420		
C. Other	40,688	40,688		
D. <b>Total Occupational Therapy Treatments</b>	43,384	43,384		

### Report of Expenditures - Salaries & Wages

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371	Report for Year Ended 9/30/2015	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)	124,755	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	170,561	7,598				
5. Dietary Service						
a. Head Dietitian	38,098	1,387				
b. Food Service Supervisor	62,677	2,255				
c. Dietary Workers	314,913	24,421				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	71,442	2,285				
b. Other Maintenance Workers	17,420	892				
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	173,580	3,020				
b. RN						
1. Direct Care	1,287,381	36,629				
2. Administrative**	207,078	5,604				
c. LPN						
1. Direct Care	819,800	26,285				
2. Administrative**						
d. Aides and Attendants	1,604,846	101,564				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	106,078	5,477				
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	164,592	7,606				
n. Marketing						
o. Other (Specify) See Attached Schedule	121,082	6,022				
<i>A-13. Total Salary Expenditures</i>	<i>5,284,302</i>	<i>233,131</i>				

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

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

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



Schedule of Other Salaries and Wages (Page 10)

Position		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
Ward Clerks	0	\$ 61,291.13	3,103			\$	
Other	0	\$ -				\$	
Central Supply	0	\$ 25,432.32	1,202			\$	
Medical Records	0	\$ 34,358.17	1,717			\$	
	0	\$ -					
	0	\$ -					
	0	\$ -					
	0	\$ -					
	0	\$ -					
	0	\$ -					
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	0	\$ -					
	0	\$ -					
	0	\$ -					
Total		\$ 121,081.62	6,022	\$ -		\$ -	

Schedule of Other Fees (Page 13)

Service		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	\$ 148.85	N/A				
1020620010	Consulting Fees	\$ 409.70	N/A				
3010620020	Purchased Services	\$ 9,895.76	N/A				
3010620020	Purchased Services	\$ (9,856.00)	N/A				
3015620020	Purchased Services	\$ 23,182.10	N/A				
3155620020	Purchased Services	\$ (61.57)	N/A				
3155620020	Purchased Services	\$ 29,629.39	N/A				
	0						
	0						
	0						
Total		\$ 53,348		\$ -		\$ -	

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371		Report for Year Ended 9/30/2015		Page 11	of 37				
	CCNH	RHNS	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
<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) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		License No. 2371		Report for Year Ended 9/30/2015		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section III - Administrators***</b>									
Heather Rodriguez 08/03/2015 - 09/30/2015	19,306			Management of Center	366	2			
Giovanna A. Griffin 10/01/2014 - 07/31/2015	105,449			Management of Center	1,720	2			
<b>Section IV - Assistant Administrators</b>									

\*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all other employment worked during the cost year.  
 \*\*\* If more than one Administrator is reported, include dates of employment for each.

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

Name of Facility	License No.	Report for Year Ended	Page	of		
4 Hazel Avenue Operations LLC, d/b/a/ Glendale ce	2371	9/30/2015	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	845	23				
2. Dentist	3,000	21				
3. Pharmacist	8,856	181				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,593,815	21,833				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	43,630	231				
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	27,792	356				
b. Other						
10. Occupational Therapist						
a. Resident Care	81,390	1,115				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	25,014	591				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	53,348					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,837,691</b>	<b>24,350</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.

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		License No. 2371	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale	2371	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 233,357	233,357		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 107,956	107,956		
4. Social Security (F.I.C.A.)	\$ 382,989	382,989		
5. Health Insurance	\$ 501,411	501,411		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 2	2		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$ 193,186	193,186		
<b>d. Accounting and Auditing</b>	\$			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 677	677		
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$			
<b>g. Office Supplies</b>	\$ 40,054	40,054		
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 44,960	44,960		
2. Cellular Phones	\$ 1,370	1,370		
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 781	781		
3. Resident Day User Fee	\$ 543,557	543,557		
<b>Subtotal</b>	\$ 2,050,299	2,050,299		

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

(Carry Subtotals forward to next page)

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

4 Hazel Avenue Operations LLC, d/b/a/ Glendale center  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

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

**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
1020640110 Sales Tax	\$ 781	\$ -	\$ -
1020640110 Sales Tax	\$ -	\$ -	\$ -
0	0	\$ -	\$ -
0	0	\$ -	\$ -
	0	\$ -	\$ -
<b>Total</b>	\$ 781	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale cent	2371	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,050,299	2,050,299			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,034	1,034			
5. Education Expenses Related to Seminars and Conventions	\$ 510	510			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 319	319			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 13,069	13,069			
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	\$ 1,968	1,968			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 15,265	15,265			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 291	291			
10. Contributions*** See Attached Schedule	\$ 1,652	1,652			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 2,141	2,141			
12. Administrative Management Services**	\$ 604,031	604,031			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 28,929	28,929			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,719,508	2,719,508			

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

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

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



**Schedule of Other Travel and Entertainment**

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
1020630020 Advertising	\$ 3,620	0	0
1020630020 Advertising	\$ 385	0	0
1020630020 Advertising	\$ 1,016	0	0
1020630330 Marketing Expense	\$ 4,881	0	0
1020630330 Marketing Expense	\$ 16	0	0
1020630330 Marketing Expense	\$ 26	0	0
1020630330 Marketing Expense	\$ 515	0	0
1020630331 Marketing Exp- Corpo	\$ -	0	0
1020630331 Marketing Exp- Corpo	\$ 1,069		
1020630331 Marketing Exp- Corpo	\$ 1,541		
<b>Total Other Advertising</b>	\$ 13,069	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
0	0	0.00	0.00
0	0	0.00	0.00
0	0	0.00	0.00
1020630310 CLIA Laboratory Prog	15,265	0.00	0.00
1020630310 Connecticut Associatio	0	0.00	0.00
1020630310 Naugatuck Valley Hea	0	0.00	0.00
1020630310 State of Connecticut	0	0.00	0.00
1020630310 The Joint Commission	0	0.00	0.00
1020630310 Clark, Lori	0	0.00	0.00
1020630310 Cornell, Margaret H	0	0.00	0.00
1020630310 Payette, Gerald	0	0.00	0.00
1020630310 Godwin, Hilary	0	0.00	0.00
1020630310 Jeereddy, Bhavani	0	0.00	0.00
1020630310 Khan, Nahida	0	0.00	0.00

1020630310	Koneswaran, Muruges	0	0.00	0.00
1020630310	Mahabir, Rabindranath	0	0.00	0.00
<b>Total Dues</b>		\$ 15,265	\$ -	\$ -

**Schedule of Contributions**

Description		CCNH	RHNS	(Specify)
1020630135	Political Contributions	1652	0	0
0	0	0	0	0
0	0	0	0	0
<b>Total Contributions</b>		\$ 1,652	\$ -	\$ -

**Schedule of Other Administrative and General**

Description		CCNH	RHNS	(Specify)
1020630060	Bank Service Charges	5325.73	0	0
1020630120	Collection Fees	4082.36	disallowed	0
1020630120	Collection Fees	22.97	disallowed	0
1020630120	Collection Fees	66.38	disallowed	
1020630140	Education Expense	93.62	0	0
1020630140	Education Expense	38.89	0	0
1020630180	Employee Physicals	10529.45	0	0
1020630200	Employee Relations	4713.75	0	0
1020630200	Employee Relations	136.65	0	0
1020630200	Employee Relations	212.1	0	0
1020630200	Employee Relations	50	0	0
1020630380	Printing	64.08	0	0
1020630380	Printing	20.56	0	0
1020630380	Printing	161.36	0	0
1020630610	Training Expense	592.37	0	0
1020630610	Training Expense	84.03	0	0
1020630610	Training Expense	617.89	0	0
1020640090	Miscellaneous	-133.25	0	0
1020640090	Miscellaneous	-4.09	0	0
1020660990	Accrued Expense Estm	2099.43	disallowed	0
5095720020	Cap Stk/Franchise Tax	175.08	0	0
			0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
<b>Total Other Administrative and General</b>		\$ 28,929	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
4 Hazel Avenue Operations LLC, d/b/a/ G	2371	9/30/2015	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	554,011	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	55,429	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
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		2371	9/30/2015		18	37
Item	Total	CCNH	RHNS	(Specify)		
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1. Raw Food	\$ 202,405	202,405				
2. Non-Food Supplies	\$ 23,378	23,378				
3. Other (Specify) _____	\$ (2,052)	(2,052)				
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>	\$ _____					
<b>c. Management Services**</b>	\$ _____					
<b>d. Other (Specify) _____</b>	\$ _____					
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 223,732</b>	<b>223,732</b>				
<b>2F. Dietary Questionnaire</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>		
<b>G. Resident Meals:</b> Total no. of meals served per day:*						
<b>H. Is cost of employee meals included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
<b>I. Did you receive revenue from employees?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify amt.
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify cost.
<b>L. Is any revenue collected from these people?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify amt.
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify cost.
<b>O. Is any revenue collected from employees?</b>	<input type="radio"/> Yes	<input checked="" type="radio"/> No				If yes, specify amt.
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						

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

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

**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
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		2371	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
<b>3. Laundry</b>					
<b>a. In-House Processing*</b>		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	5,432	5,432	
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. \$	3,762	3,762	
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>		\$	142,670	142,670	
<b>c. Management Services**</b>		\$			
<b>d. Other (Specify)</b>		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	151,864	151,864	
<b>3F. Laundry Questionnaire</b>					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

\*\*\* 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
4 Hazel Avenue Operations LLC, d/b/a/ Glendal		2371	9/30/2015		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. \$	20,724	20,724		
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. \$	209,632	209,632		
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	230,356	230,356		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	696,636	696,636		
b.	Medicine Cabinet Drugs	\$	31,976	31,976		
c.	Medical and Therapeutic Supplies	\$	164,551	164,551		
d.	Ambulance/Limousine***	\$	4,341	4,341		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	21,884	21,884		
f.	X-rays and Related Radiological Procedures***	\$	45,300	45,300		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory****	\$	72,994	72,994		
i.	Recreation	\$	40,534	40,534		
j.	Other ( <i>Specify</i> )***** See Attached Schedule	\$	113,578	113,578		
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	1,191,794	1,191,794		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
3060610160	Incontinency \$ 50,583	0	0
3060610161	Incontinency - Rebate \$ (3,044)	0	0
3080630030	Advertising-Help Wa \$ 662	0	0
3080630080	Books, Dues & Subsc \$ 120	0	0
3080630140	Education Expense \$ 19	0	0
3080630140	Education Expense \$ 156	0	0
3080630140	Education Expense \$ 604	0	0
3120630530	Supplies \$ 1,695	0	0
3155630530	Supplies \$ 6,550	0	0
3155630530	Supplies \$ 11,738	0	0
3170630530	Supplies \$ 188	0	0
3090630535	Office Supplies \$ 1,279	0	0
3080630610	Training Expense \$ -	0	0
3120660080	Rental Expense \$ 9,149	0	0
3120660080	Rental Expense \$ 1,683	0	0
3155660080	Rental Expense \$ (538)	0	0
3155660080	Rental Expense \$ 17,897	0	0
3010610300	Consolidated Billing \$ 14,838	0	0
0	0 \$ -	0	0
0	0 \$ -	0	0
0	0 \$ -	0	0
0	0 \$ -	0	0
0	0 \$ -	0	0
<b>Total Other Resident Care</b>	<b>\$ 113,578</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility		License No.	Report for Year Ended		Page of			
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		2371	9/30/2015		21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RENS (Specify)	Pg Line
		Yes	No					
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	142,670		19 3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	209,632		20 4b
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
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		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input 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
4 Hazel Avenue Operations LLC, d/b/a/ Glend	2371	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 162,559	162,559				
b. Heat	\$ 64,993	64,993				
c. Light & Power	\$ 146,958	146,958				
d. Water	\$ 35,692	35,692				
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>	\$ 410,202	410,202				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 468	468				
b. Building & Building Improvements	\$ 442,397	442,397				
c. Non-Movable Equipment	\$ 5,435	5,435				
d. Movable Equipment	\$ 97,798	97,798				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 546,097	546,097				
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	\$ 1,976,557	1,976,557				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 215,027	215,027				
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 2,737,681	2,737,681				

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





<b>Total additions for Building Improvements</b>		\$ 8,869		\$ 209 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
4/30/2015	1st installment on Carrier roof top unit	3,225.00	10.00	134.38
5/31/2015	Final install on Carrier roof top unit	3,945.00	10.00	131.50
<b>Total additions for Non-Movable Equipment</b>		\$ 7,170		\$ 266 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
3/31/2015	Whirlpool 7.4 Cu. Ft. Light Commercial	634.45	7.00	45.32
3/31/2015	X-Tra Utility Cart, 4 Open She	342.62	7.00	24.47
12/31/2014	1.6 cu ft medical grade refrigerator	527.54	10.00	39.57
7/31/2015	15" PDI Low-Voltage Healthcare TV	6,770.74	7.00	161.21
8/31/2015	5 ISL CUSTOM PTAC	7,758.45	7.00	92.36

8/31/2015	IPSO Gas Dryer	5,801.39	7.00	69.06
<b>Total additions for Movable Equipment</b>		\$ 21,835		\$ 432 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	Date of Acquisition		License No. 2371	Report for Year Ended 9/30/2015	Basis for Computing Amortization**	Rate Amortization % for This Year	Page 24	of 37
	Month	Year						
<b>A. Organization Expense</b>				Accumulated Amort. to Beginning of Year's Operations				
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 4 Hazel Avenue Operations LLC, d/b/a	License No. 2371	Report for Year Ended 9/30/2015	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					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
<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	
Healthcare REIT, Inc	Building and Equipment	04/01/11	20	1,976,557	
Address: One Seagate Suite 1500					
Toledo, OH 43603-1475					

**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
4 Hazel Avenue Operations LLC, d/b/a		2371	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 55,429	55,429		
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 55,429	55,429		

(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	
4 Hazel Avenue Operations LLC, d		2371		9/30/2015		27   37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				55,429	55,429		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 55,429	55,429		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 4,742	4,742		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 148,351	148,351		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 153,093	153,093		
15. Total All Expenditures (A-13 thru C-14)				\$ 14,995,652	14,995,652		

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0 \$ 33,788	\$ -	\$ -
0	0	0	0 \$ -	\$ -	\$ -
0	0	0	0 \$ -	\$ -	\$ -
0	0	0	0 \$ -	\$ -	\$ -
0	0	0	0 \$ -	\$ -	\$ -
0	0	0	0 \$ -	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>			\$ 33,788	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services 3120620020	\$ 77,466	0	0
13	5	Rehabilitation Services 3195620020	\$ 1,516,349	0	0
13	9	Speech Therapist 3170620020	\$ 27,792	0	0
13	10	Occupational Therapist 3105620020	\$ 81,390	0	0
13	12	Other 3010620020	\$ 40	0	0
13	12	Other 3015620020	\$ 23,182	0	0
13	12	Respiratory Purchased Services 3155620020	\$ 29,568	0	0
				0	0
				0	0
				0	0
				0	0
				0	0
<b>Total Other Fees Adjustments</b>			\$ 1,755,787	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees 1020630120	\$ 4,172	0	0
16	m-8a	Dues Chamber of Commerce	\$ -	0	0
16	m-13	Estimated Accrual 1020660990	\$ 2,099	0	0
16	m-13	Non-recurring Charges 7010800030	\$ -	0	0
16	m-13	Fines and Penalty 1020640080	\$ -	0	0
Page 15	1-e	Legal Fee Disallowed	0 \$ 2,627	0	0
0	0	0	0 \$ -	0	0
0	0	0	0 \$ -	0	0
0	0	0	0 \$ -	0	0
<b>Total Other A&amp;G Adjustments</b>			\$ 8,898	\$ -	\$ -

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center				2371	9/30/2015	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	\$ 33,788	33,788		
<b>Page 13 - Professional Fees</b>							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,755,787	1,755,787		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 193,186	193,186		
10.			Accounting & Legal	\$ 2,627	2,627		
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 *	\$ 13,069	13,069		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,652	1,652		
21.			Unallowable Management Fees	\$ 659,460	659,460		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 8,898	8,898		
<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)				\$ 2,668,465	2,668,465		

\* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			2371	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,668,465	2,668,465		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 696,636	696,636		
28.	20	5-d	Ambulance/Limousine	\$ 4,341	4,341		
29.	20	5-f	X-rays, etc	\$ 45,300	45,300		
30.	20	5-h	Laboratory	\$ 72,994	72,994		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 21,884	21,884		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 75,361	75,361		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
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.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ (46,617)	(46,617)		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 3,538,365	3,538,365		

\*\*\* 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.

4 Hazel Avenue Operations LLC, d/b/a/ Glendale center  
 9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 14,837.74	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 18,288.13	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 17,359.12	\$ -	\$ -
20	5-i	Cable TV	\$ 24,876.32	\$ -	allow \$3600
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 75,361	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Excess	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	(46,617)	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
<b>Total Other Adjustments</b>			<b>\$ (46,617)</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
4 Hazel Avenue Operations LLC, d/b/a/ (2371		9/30/2015		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> )	\$ 9,037,914	9,037,914			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,579,774)	(4,579,774)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 5,639,943	5,639,943			
b. Medicare Room and Board Contractual Allowance **	\$ (1,938,958)	(1,938,958)			
4. a. Private-Pay Residents and Other	\$ 3,830,693	3,830,693			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,437,451)	(1,437,451)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 522,472	522,472			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (179,621)	(179,621)			
c. Prescription Drugs - Non-Medicare	\$ 264,747	264,747			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (100,384)	(100,384)			
2. a. Medical Supplies - Medicare	\$ 1,617	1,617			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (556)	(556)			
c. Medical Supplies - Non-Medicare	\$ 1,031	1,031			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (387)	(387)			
3. a. Physical Therapy - Medicare	\$ 1,429,614	1,429,614			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (491,487)	(491,487)			
c. Physical Therapy - Non-Medicare	\$ 653,028	653,028			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (248,144)	(248,144)			
4. a. Speech Therapy - Medicare	\$ 326,572	326,572			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (112,272)	(112,272)			
c. Speech Therapy - Non-Medicare	\$ 131,306	131,306			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (50,224)	(50,224)			
5. a. Occupational Therapy - Medicare	\$ 1,649,543	1,649,543			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (567,097)	(567,097)			
c. Occupational Therapy - Non-Medicare	\$ 740,313	740,313			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (281,115)	(281,115)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 77,940	77,940			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 44,155	44,155			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,363,416	14,363,416			
<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	\$ 15,356	15,356			
5. Interest Income ( <i>Specify</i> )	\$ 1,548	1,548			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 25,893	25,893			
8. Other ( <i>Specify</i> )	\$ 3,994	3,994			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 46,791	46,791			
<b>VI. Total All Revenue</b> (III+V)	\$ 14,410,207	14,410,207			

\* 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 Part A	X-Ray	33,031.56	-	-
II-6-a	Medicare Part A	Laboratory	43,791.66	-	-
II-6-a	Medicare Part A	Respiratory Therapy & Supplies	30,702.06	-	-
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	-
II-6-a	Medicare Part A	Audiology	496.37	-	-
II-6-a	Medicare Part A	Incontinency	-	-	-
II-6-a	Medicare Part A	Oxygen & Supplies	7,626.30	-	-
II-6-a	Medicare Part A	Physician Visit	-	-	-
II-6-a	Medicare Part A	Ambulance	-	-	-
II-6-a	Medicare Part A	Flu Shot	3,125.00	-	-
II-6-a	Contractuals-Medicare	X-Ray	(11,355.93)	-	-
II-6-a	Contractuals-Medicare	Laboratory	(15,053.15)	-	-
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplies	(10,555.07)	-	-
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	-	-
II-6-a	Contractuals-Medicare	Audiology	(170.72)	-	-
II-6-a	Contractuals-Medicare	Incontinency	-	-	-
II-6-a	Contractuals-Medicare	Oxygen & Supplies	(2,621.85)	-	-
II-6-a	Contractuals-Medicare	Physician Visit	-	-	-
II-6-a	Contractuals-Medicare	Ambulance	-	-	-
II-6-a	Contractuals-Medicare	Flu Shot	(1,074.35)	-	-
0	0	0	-	-	-
<b>Total Other Resident Revenue - Medicare</b>			<b>\$ 77,940</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	388.12	-	-
II-6-b	Medicaid	Laboratory	64.40	-	-
II-6-b	Medicaid	Respiratory Therapy & Supplies	5,446.46	-	-
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid	Audiology	-	-	-
II-6-b	Medicaid	Incontinency	-	-	-
II-6-b	Medicaid	Oxygen & Supplies	3,699.30	-	-
II-6-b	Medicaid	Physician Visit	-	-	-
II-6-b	Medicaid	Ambulance	-	-	-
II-6-b	Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals-Medicaid	X-Ray	(196.67)	-	-
II-6-b	Contractuals-Medicaid	Laboratory	(32.63)	-	-
II-6-b	Contractuals-Medicaid	Respiratory Therapy & Supplies	(2,759.38)	-	-
II-6-b	Contractuals-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Medicaid	Audiology	-	-	-
II-6-b	Contractuals-Medicaid	Incontinency	-	-	-
II-6-b	Contractuals-Medicaid	Oxygen & Supplies	(1,874.54)	-	-
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	18,892.93	-	-



II-6-b	Non-Medicaid	Laboratory	23,886.47	-	-
II-6-b	Non-Medicaid	Respiratory Therapy & Supplies	18,283.23	-	-
II-6-b	Non-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Non-Medicaid	Audiology	-	-	-
II-6-b	Non-Medicaid	Incontinency	-	-	-
II-6-b	Non-Medicaid	Oxygen & Supplies	2,034.90	-	-
II-6-b	Non-Medicaid	Physician Visit	-	-	-
II-6-b	Non-Medicaid	Ambulance	-	-	-
II-6-b	Non-Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid	X-Ray	(7,089.49)	-	-
II-6-b	Contractuals-Non-Medicaid	Laboratory	(8,963.30)	-	-
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplies	(6,860.71)	-	-
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	(763.59)	-	-
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	-	-
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
<b>Total Other Resident Revenue</b>			\$ 44,155	\$ -	\$ -

## Interest Income

### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Account	Other Non-Operating	1,548.40	-	-
IV-5	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
<b>Total Interest Income</b>			\$ 1,548	\$ -	\$ -

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)	
IV-8	Medical Record	0	2,900.23	-	
IV-8	Donation	0	830.54	-	
IV-8	WG Suspense Bal from 201	0	263.18	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
<b>Total Other Revenue</b>			\$ 3,994	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/	2371	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	6,958
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,398,011
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	13,576
4 Inventories			\$	68,995
5. Prepaid Expenses			\$	42,999
a. Prepaid Expenses				
b. Prepaid Prop Taxes	45,842			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	(2,842)			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	1,530,540
<b>B. Fixed Assets</b>				
1. Land			\$	2,780,000
2. Land Improvements	*Historical Cost	7,756	\$	6,517
	Accum. Depreciation	1,238		Net
3. Buildings	*Historical Cost	13,284,560	\$	11,647,636
	Accum. Depreciation	1,636,925		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	43,929	\$	23,644
	Accum. Depreciation	20,284		Net
6. Movable Equipment	*Historical Cost	748,166	\$	373,998
	Accum. Depreciation	374,169		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	14,831,795

\* 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
4 Hazel Avenue Operations LLC, d/b/a/	2371	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	16,362,334
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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>			\$	
<b>D. Investment and Other Assets</b>				
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>temize</i> )				
			\$	
6. Loans to Owners or Related Parties ( <i>temize</i> )				
			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )				
I/C Due to/Due From GHV			636,664	\$ 636,664
			\$	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	636,664
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	16,998,998

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glenda		2371	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	426,204
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
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> )				\$	210,681
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	20
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> )				\$	239,785
Accrued Provider/Bed Tax		133,813	Deferred Revenue	14,018	
Accr Exp Water and Sewer		2,220	A/R Credit Gross Up Lia	71,955	
Accr Exp Gas		3,497	Accr Exp Other	2,310	
Accr Exp Electricity		14,443	Accr Exp Suspense	(2,470)	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>876,691</b>

\* 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 4 Hazel Avenue Operations LLC, d/b/a/ Gle	License No. 2371	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				876,691
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>temize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>temize</i> )				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities ( <i>temize</i> )				\$
			18,429,615	18,429,615
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 18,429,615
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 19,306,306

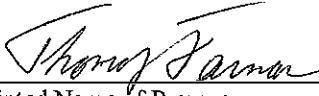
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a	2371	9/30/2015	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 <del>(equity)</del>			\$	
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			\$	(12,129)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,709,733)
6. Gain or Loss for Period			\$	(585,445)
	10/1/2014	thru 9/30/2015		
7. Total Net Worth			\$	(2,307,307)
<b>C. Total Reserves and Net Worth</b>			\$	(2,307,307)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	16,998,998

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ C	2371	9/30/2015	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(1,721,862)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,410,207
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,995,652
D. Net Income or Deficit			\$	(585,445)
E. Balance			\$	(2,307,307)
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>			\$	
<i>Name and Address (No., City, State, Zip)</i>		<i>Title</i>	<i>Amount</i>	
2. Other Withdrawings <i>(Specify)</i>			\$	
<i>Purpose</i>		<i>Amount</i>		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>			\$	(2,307,307)
09/30/15				

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/		License No. 2371	Report for Year Ended 9/30/2015	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 <i>Sr. Director of Reimbursement</i>	Date Signed <i>12/28/2015</i>		
Printed Name of Preparer Thomas Farnan - Director of Reimbursement					
Address Address 200 Brickstone Square, Andover, MA 01810			Phone Number 978-247-5029		