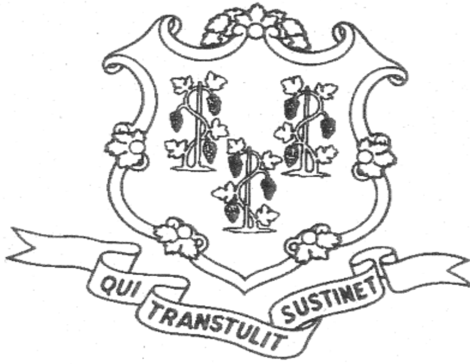
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2016

Name of Facility (as licensed)		
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center		
Address (No. & Street, City, State, Zip Code)		
99 South Canaan Road, Canaan, CT 06018		
Type of Facility		
☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	843-C			07-5202

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	000008433		

For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer N	843-C	9/30/2016	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 IMPRISIONMENT 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 Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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. {a}

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Kevin O'Connell			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center	Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 99 South Canaan Road, Canaan, CT 06018			
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 12/27/2016	

Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$				
5. All other wages paid	$				
6. ***Total Wages Paid***	$				
7. Total salaries paid	$				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$				

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-824-5137	9/30/2016	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing a	99 South Canaan Road, Canaan, CT 06018

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	843-C			07-5202

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ○ Profit Corp. ⦿ Non-Profit Corp. ○ Government ○ 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? ○ Yes ⦿ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Kevin O'Connell	1687

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
N/A	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer N	843-C	9/30/2016	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
N/A		

Name of Partners/Members	Business Address	Title	% Owned
N/A			

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/	843-C	9/30/2016	3A	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
Robert T. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation	99 South Canaan Road, Canaan, CT 06018	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			
Names of Stockholders Owning at Least 10% of Shares			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Ge	843-C	9/30/2016	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility
N/A

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nu	843-C	9/30/2016	4	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	%**				
Geer Corporation	Canaan, CT	⊙	○		Management Services	Page 16, Line M12	748,215	1,023,804
Geer Woods, Village and Foundation	Canaan, CT	⊙	○		Assisted Living/Low Inc. Housing/Fundraisi			
CA Lindell	P.O. Box 899, Canaan, CT	⊙	○		Supplies	Pg 22, Line 6a/b/c/f	15,810	15,810
Dennis Kobylarz	P.O. Box 970, Canaan, CT	⊙	○		Medical Director	Pg 13, Line B8a	30,000	30,000
Lindell Fuels	P.O. Box 609, Canaan, CT	⊙	○		Fuel/Oil	Pg 22, Line 6a/b/c/f	82,253	82,253
Lindell Gasoline	P.O. Box 609, Canaan, CT	⊙	○		Gasoline/Diesel	Pg 22, Line 6a/b/c/f	12,102	12,102
Perotti & Son's	11 Furance Fill Road, Canaan, CT	⊙	○		Plumbing/Heating	Pg 22, Line 6a/b/c/f	4,245	4,245
Riva - Just Ask Rentals	P.O. Box 899, Canaan, CT	⊙	○		Rental Equipment	Page 22, Line 6F	1,836	1,836
		○	○					

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A	843-C	9/30/2016	5	37

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

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

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

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

N/A

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

N/A - One Level of Care

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.

N/A

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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
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursin	843-C	9/30/2016	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					
Various	○	⦿	Various Copier Leases	Various	Various	22,648	22,648
	○	⦿					
	○	⦿					
	○	⦿					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ○ No **Total ***** 22,648

* 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.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital,	843-C	9/30/2016	7	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	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Accounting, audit and cost report preparation	$ 30,248
2		$
3		$
4		$
	Charge for Services Provided	$ 30,248

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

⦿ Yes ○ No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha, Cullina, Richter and Pinney, LLC	(860) 240-6000
2 Kainen, Escalera & McHale	(860) 493-0870
3 Geer Corporation	
4 Other	
5 Other	

Address (*No. & Street, City, State, Zip Code*)
1 185 Asylum Street,29th Floor, Hartford, CT 06103
2 21 Oak St., Ste 601, Hartford, CT 06106
3
4
5

Services Provided by This Firm (*describe fully*)

1	General Legal, Regulartory, Contracts	$ 7,046
2	Employee Relations	$ 959
3	General Matter	$ 420
4	Collections (Disallow)	$ 1,151
5	Probate/Estate (Disallow)	$ 2,116
	Charge for Services Provided	$ 11,692

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

⦿ Yes ○ No Page 15, Line 1e

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Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehab	843-C	9/30/2016	8	37

					Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	111	111			111	111			98	98		
B. As of midnight of THIS report period	97	97			98	98			97	97		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,602	4,602			3,512	3,512			1,090	1,090		
B. Medicaid (Conn.)	22,490	22,490			17,006	17,006			5,484	5,484		
C. Medicaid (other states)	777	777			569	569			208	208		
D. Private Pay	8,427	8,427			6,262	6,262			2,165	2,165		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	36,296	36,296			27,349	27,349			8,947	8,947		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	36,296	36,296			27,349	27,349			8,947	8,947		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/	843-C	9/30/2016	9	37

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						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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-MR
No. of Residents	14	64		19				
Per Diem Rate								
a. One bed rm.				504.07				
b. Two bed rms.	Various	239.53		429.79				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	51,140	51,140		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,856	1,856		
2. Restorative Treatments				
C. Other	52,263	52,263		
D. ***Total Physical Therapy Treatments***	105,259	105,259		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	20,715	20,715		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	20,020	20,020		
D. ***Total Speech Therapy Treatments***	40,735	40,735		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	58,121	58,121		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,511	1,511		
2. Restorative Treatments				
C. Other	50,078	50,078		
D. ***Total Occupational Therapy Treatments***	109,710	109,710		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing	843-C	9/30/2016	10	37

Are time records maintained by all individuals receiving compensation? ⦿ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	152,358	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	246,715	10,468				
5. Dietary Service						
a. Head Dietitian	56,059	1,112				
b. Food Service Supervisor						
c. Dietary Workers	476,966	31,602				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	152,257	8,134				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	34,304	2,108				
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	191,272	4,163				
b. RN						
1. Direct Care	1,500,290	43,126				
2. Administrative**						
c. LPN						
1. Direct Care	624,774	20,678				
2. Administrative**						
d. Aides and Attendants	2,066,520	131,993				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	162,973	7,669				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists	210,799	5,294				
l. Podiatrists						
m. Social Workers/Case Management	98,675	4,106				
n. Marketing						
o. Other (Specify) See Attached Schedule	866,242	42,583				
A-13. Total Salary Expenditures	6,840,204	315,116				

* 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)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
	0					
Adult Day Care	$ 395,305	27,182				
Out-Patient Rehab	$ 402,971	11,973				
Stock Room	$ 45,101	2,135				
Medical Records	$ 22,865	1,293				
Total	$ 866,242	42,583	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

	CCNH		RHNS		(Specify)	
Service	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
	0					
Clinical Services	$ 37,876	See Page 29a				
Total	$ 37,876	See Page 29a	$ -	-	$ -	-

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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
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Reh	843-C	9/30/2016	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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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
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Reh	843-C	9/30/2016	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Kevin O'Connell	152,358			Non-Discrim.	Administrator of Facility	2,080	A.2.			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Year Ended		Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer	843-C		9/30/2016		13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,946	Monthly Fee				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	470,819	6,450				
b. Other						
6. Social Worker	3,000	60				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,000	180				
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	182,294	2,431				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other	490,796	6,544				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	12,793	751				
d. Other						
12. Other (Specify)						
See Attached Schedule	37,876	See Page 29a				
B-13 Total Fees Paid in Lieu of Salaries	1,254,524	16,416				

* 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.

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CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nu	843-C	9/30/2016	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Health Drive, 888 Worcester St., Wellesley, MA 02482	Dental	○	⦿	N/A
Genesis Rehabilitation Services, 101 E State Street, Kennett Square, PA 19348	PT/OT/ST	○	⦿	N/A
Pauline Miller, MSW, 10 Main St., New Preston, CT 06777	Social Service Worker	○	⦿	N/A
Dr. Kobylarz, 10 Granite Ave., Canaan, CT 06018	Medical Director	⦿	○	Board Member
Ready Nurse	RN, LPN and Aides Staffing	○	⦿	N/A
Geron Nursing & Respite Care, inc., 42 Main St, New Milford, CT 06776	RN, LPN and Aides Staffing	○	⦿	N/A
Dr. Rashkoff, 10 Granite Ave., Canaan, CT 06018	Medical Director	○	⦿	N/A
		○	⦿	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A G	843-C	9/30/2016	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	184,772	184,772		
2. Disability Insurance	$	35,345	35,345		
3. Unemployment Insurance	$	9,692	9,692		
4. Social Security (F.I.C.A.)	$	468,746	468,746		
5. Health Insurance	$	917,001	917,001		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$				
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$	9,047	9,047		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	428,108	428,108		
d. Accounting and Auditing	$	30,248	30,248		
e. Legal (*Services should be fully described on Page 7)*	$	11,692	11,692		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	38,918	38,918		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	35,905	35,905		
2. Cellular Phones	$	1,917	1,917		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	660,147	660,147		
Subtotal	$	2,831,538	2,831,538		

* 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**

Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Ce Attachment Page 15
9/30/2016

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
EMPLOYEE TB TEST (OSHA)	$ 2,456		
PHARM-EMPLOYEE OTC	$ 6,591		
Total	$ 9,047	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	$ -	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer I	843-C	9/30/2016		16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,831,538	2,831,538		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$	37,179	37,179		
2. Holiday Parties for Staff	$	8,827	8,827		
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	8,799	8,799		
5. Education Expenses Related to Seminars and Conventions	$	3,281	3,281		
6. Automobile Expense (*not purchase or depreciation*)	$	3,490	3,490		
7. Other (*Specify*) See Attached Schedule	$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	33,708	33,708		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$	54,259	54,259		
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)***	$	16,824	16,824		
7. Postage	$	9,511	9,511		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	9,209	9,209		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	494	494		
9. Subscriptions	$	757	757		
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	293,459	293,459		
12. Administrative Management Services**	$	748,215	748,215		
13. Other (*Specify*) See Attached Schedule	$	415,616	415,616		
C-14 Total Administrative & General Expenditures	$	4,475,166	4,475,166		

* 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		
Total Other Travel and Entertainment	$ -	$ -	$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
ADVERTISING/PUBLIC RELATIONS	$ 45,876		
COMMUNITY RELATIONS	$ 5,617		
COMMUNITY RELATIONS - CANAAN	$ 482		
ADMISSIONS/PROMOTIONS	$ 2,284		
Total Other Advertising	$ 54,259	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	$ 8,189		
ACHCA	$ 340		
ALTCFM	$ 80		
CLIA Labs	$ 150		
TAHD	$ 450		
Total Dues	$ 9,209	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	$ -	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
LATE FEES	$ 249		
FUNDRAISING	$ 5,583		
CREDIT CARD FEES	$ 12,538		
INFECTION CONTROL	$ 253		
ADMIN/OTHER	$ 574		
MEDICAL ONLY W/C CLAIMS	$ 8,949		
EMPLOYEE RECOGNITION	$ 18,901		
TUITION REIMBURSEMENT	$ 2,205		
DIRECTORS & OFFICERS INS.	$ 10,200		
CREDIT CARD FEES	$ 318		
FINANCE CHARGES	$ 5,296		
ADULT DAY CARE (DISALLOWED)	$ 350,530		
CT SECRETARY OF STATE	$ 20		
Total Other Administrative and General	$ 415,616	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital, Inc. D	843-C	9/30/2016	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 #
Geer Corporation - Canaan, CT	748,215	Mgmt Facility, HR, Maintenance, CFO, Controller, AP, AR and Benefits	Pg 16, m12

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

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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
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer N	843-C	9/30/2016	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	300,736	300,736		
2. Non-Food Supplies	$	39,294	39,294		
3. Other (*Specify*)____________________	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**	$				
d. Other (*Specify*)________________________	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	340,030	340,030		

2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				

	Question	Yes	No		
H.	Is cost of employee meals included in 2E?	⦿ Yes	○ No		
I.	Did you receive revenue from employees?	⦿ Yes	○ No	If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				P30, IV1
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	⦿ Yes	○ No	If yes, specify cost.	
L.	Is any revenue collected from these people?	⦿ Yes	○ No	If yes, specify amt.	$3 per meal
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				P30, IV1
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	⦿ Yes	○ No	If yes, specify cost.	
O.	Is any revenue collected from employees?	⦿ Yes	○ No	If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				P30, IV1

* 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
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nu	843-C	9/30/2016	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. $	778	778		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	96,736	96,736		
c. Management Services**	$				
d. Other (*Specify*) Laundry Supplies	$	1,824	1,824		
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	99,338	99,338		

3F. Laundry Questionnaire

	Question	Yes	No	
G.	Is cost of employee laundry included in 3E?	○ Yes	⦿ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ Yes	⦿ 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?	○ Yes	⦿ No	If yes, specify cost.
K.	Did you receive revenue from these people?	○ Yes	⦿ 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.

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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
Robert C. Geer Memorial Hospital, Inc. D/B/A	843-C	9/30/2016	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	51,673	51,673		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	249,983	249,983		
c. Management Services*		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)		$	301,656	301,656		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$	890,855	890,855		
2. Purchased from		$				
b. Medicine Cabinet Drugs		$	163,758	163,758		
c. Medical and Therapeutic Supplies		$	41,764	41,764		
d. Ambulance/Limousine***		$				
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	45,373	45,373		
f. X-rays and Related Radiological Procedures***		$				
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$				
i. Recreation		$	44,236	44,236		
j. Other (Specify)**** See Attached Schedule		$	290,307	290,307		
5K. ***Total Resident Care Expenditures*** (5a - 5j)		$	1,476,293	1,476,293		

* 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)
	0		
PATIENT SUPPLIES - REHAB	$ 13,354		
MEDICARE ADD-ON EXPENSES	$ 59,249		
MEDICAL RECORDS SUPPLIES	$ 1,207		
IN PAT SUPPLIES - ST	$ 11,060		
PHARMACY CONTRACTED SERVICES	$ 10,307		
PHARM-SOFTWARE EXPENSE	$ 2,555		
MEDICARE OUTSIDE SVCS	$ 134,630		
OUTPATIENT EXPENSES	$ 57,945		
Total Other Resident Care	$ 290,307	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilita	843-C	9/30/2016	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
EMS, LLC	245 Main St., Suite 204, Chester, NJ 07930	○	⦿		Housekeeping Services	279,752			20	4b
ADP	P.O. Box 901006, Louisville, KY 40290	○	⦿		Payroll Services	54,390			16	m11
Point Click Care	Suite 155 Bloomington, MN 55431	○	⦿		Software Services	31,290			16	m11
US Hauling and Recycling	Windsor, CT	○	⦿		Trash Removal	32,893			22	6f
Foley Landscaping	Cannon, CT	○	⦿		Landscaping/Snow Removal	17,563			22	6f
Unitex	145 S Satellite Rd, South Windsor, CT 06074	○	⦿		Laundry P/S	104,588			19	3b
Kone, Inc.	16 Old Forge Rd, Rocky Hill, CT 06067	○	⦿		Elevator Services	13,351			22	6f
Dart Chart Systems, LLC.	Milwaukee, WI 53209	○	⦿		Software Services	14,290			16	m11
Celtic Consulting	308, Torrington, CT 06790	○	⦿		MDS Consulting	134,630			20	5j
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* 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).

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

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital, Inc. D/B/A	843-C	9/30/2016	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	39,041	39,041		
b. Heat	$	55,217	55,217		
c. Light & Power	$	111,883	111,883		
d. Water	$	43,309	43,309		
e. Equipment Lease (*Provide detail on page 6*)	$	22,648	22,648		
f. Other (*itemize*)	$	128,508	128,508		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	400,606	400,606		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	6,251	6,251		
b. Building & Building Improvements	$	103,109	103,109		
c. Non-Movable Equipment	$				
d. Movable Equipment	$	85,765	85,765		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	195,125	195,125		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$	1,204	1,204		
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	1,204	1,204		
9. Rental payments on leased real property less real estate taxes included in item 10b	$				
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$				
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	196,329	196,329		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	0		
CONTRACT MAINT SERVICES	$ 81,892		
TRASH REMOVAL	$ 31,435		
LANDSCAPING/SNOW REMOVAL	$ 13,657		
INTERNET SERVICES	$ 1,524		
Total Other Repairs and Maintenance	$ 128,508	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Reha	843-C	9/30/2016	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	139,577		139,577	109,028	S/L	Various	6,251	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								6,251
B. **Building and Building Improvements**								
1. Acquired prior to this report period	3,209,629		2,959,534	2,093,341	S/L	Various	102,388	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	27,882		27,882		S/L	Various	721	
B-4. Subtotal								103,109
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	1,423,561		1,423,561	1,423,561	S/L	Various		
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Vehicles - Added Prior 2011			Var.	Var.	235,853		225,231	225,231	S/L	4		
b. ADC Vehicle Repair 2014			6	14	2,700				S/L	4		
c. ADC Bus			7	15	15,924				S/L	4		
d. 2010 Truck			10	15	14,500		14,500		S/L	4	1,813	
2. Movable Equipment												
a. Acquired prior to this report period			Var.	Var.	2,590,426		2,562,597	2,191,695	S/L	Various	78,874	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					110,574		110,574		S/L	Various	5,079	
D-3. Subtotal												85,765
E. ***Total Depreciation***												195,125

Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

***Ties to Page 23, Line A3**
****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
4/1/2016	Resident Room Renovations	$ 12,236	15	$ 408	
12/21/2015	New Windows	$ 15,646	25	$ 313	
Total additions for Building Improvements		$ 27,882		$ 721	*
Deletions:					
Total deletions for Building Improvements		$ -		$ -	**

***Ties to Page 23, Line B3**
****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

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

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
4/21/2016	Outdoor Condensing Unit	$ 27,012	15	$ 900	
6/30/2016	Equipment	$ 83,562	10	$ 4,178	
Total additions for Movable Equipment		$ 110,574		$ 5,079	*
Deletions:					
Total deletions for Movable Equipment		$ -		$ -	**

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

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

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing	843-C	9/30/2016	24	37

Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1. Mortgage Finance	Var.	Var.		91,230	40,353	S/L		1,204	
2.									
3.									
B-4. Subtotal									1,204
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. ***Total Amortization***									1,204

* 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	License No.	Report for Year Ended	Page | of
Robert C. Geer Memorial Hospital, Inc	843-C	9/30/2016	25 | 37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ⦿ Yes ○ No

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

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

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** 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	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	11/01/11			
c. Interest Rate for the Cost Year	4.59%			
d. Term of Mortgage (number of years)	31			
e. Amount of Principal Borrowed	21,246,900			
f. Principal balance outstanding as of 09/30/2106	20,077,882			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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
Robert C. Geer Memorial Hospital, In	843-C	9/30/2016	26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	$	181,129	181,129		
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)	$	181,129	181,129		

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital,	843-C	9/30/2016	27 | 37

Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			181,129	181,129		
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) $			181,129	181,129		
14. Insurance a. Insurance on Property (buildings only) $			64,452	64,452		
b. Insurance on Automobiles $			2,700	2,700		
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*) $						
2. Fire and Extended Coverage $						
3. Other (*Specify*) $						
14d. ***Total Insurance Expenditures (14a + b + c)*** $			67,152	67,152		
15. ***Total All Expenditures (A-13 thru C-14)*** $			15,632,427	15,632,427		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing ar	843-C	9/30/2016	28 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages								
1.			Outpatient Service Costs	$				
2.			Salaries not related to Resident Care	$				
3.			Occupational Therapy	$				
4.			Other - See attached Schedule	$	1,009,075	1,009,075		
Page 13 - Professional Fees								
5.			Resident Care Physicians **	$				
6.			Occupational Therapy	$				
7.			Other - See attached Schedule	$	37,876	37,876		
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	$				
9.	15	1c	Bad Debts	$	428,108	428,108		
10.	15	1e	Accounting & Legal	$	3,267	3,267		
11.			Telephone	$				
12.	15	1h2	Cellular Telephone	$	477	477		
13.			Life insurance premiums on the life of Owners, Partners, Operators	$				
14.			Gifts, flowers and coffee shops	$				
15.	16	m13	Education expenditures to colleges or universities for tuition and related costs for owners and employees	$	2,205	2,205		
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	m1	Unallowable Advertising *	$	54,259	54,259		
19.			Income Tax / Corporate Business Tax	$				
20.	16	m13	Fund Raising / Contributions	$	5,583	5,583		
21.	16	m3	Unallowable Management Fees	$	(223,996)	(223,996)		
22.	16	m6	Barber and Beauty	$	16,824	16,824		
23.			Other - See attached Schedule	$	458,860	458,860		
Page 18 - Dietary Expenditures								
24.	30	IVI	Meals to employees, guests and others who are not residents	$	3,517	3,517		
Page 19 - Laundry Expenditures								
25.			Laundry services to employees, guests and others who are not residents	$				
Page 20 - Housekeeping Expenditures								
26.			Housekeeping services to employees, guests and others who are not residents	$				
			Subtotal (Items 1 - 26)	$	1,796,055	1,796,055		

* 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	a12k	Pharmacists	$ 210,799		
10	12o	Adult Day Care	$ 395,305		
10	12o	Outpatient Wages	$ 402,971		
Total Other Salaries Adjustment			$ 1,009,075	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	12	Outside Svcs. - Clinical - Medicare Services (self-disallowed)	$ 37,876		
Total Other Fees Adjustments			$ 37,876	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m11	Marketing	$ 51,431		
16	m8a	AANAC Membership	$ 119		
16	m8a	Canaan Exchange Club	$ 200		
16	m13	Adult Day Care (self-disallow)	$ 350,530		
16	m13	Credit Card Fees (self-disallow)	$ 12,856		
16	m13	Admin Other (self-disallow)	$ 574		
16	m13	Finance Charges (self-disallow)	$ 5,296		
10	l1	Resident Meals & Entertainment	$ 37,179		
16	m8a	Rotary Club	$ 175		
16	l2	Holiday Party Expense	$ 500		
Total Other A&G Adjustments			$ 458,860	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing	843-C	9/30/2016	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	1,796,055	1,796,055		
Page 20 - Resident Care Supplies*								
27.	20	5a1/2	Prescription Drugs	$	890,855	890,855		
28.			Ambulance/Limousine	$				
29.			X-rays, etc	$				
30.			Laboratory	$				
31.			Medical Supplies	$				
32.	20	5e2	Oxygen (non emergency)	$	45,373	45,373		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	272,566	272,566		
Page 22 - Maintenance and Property								
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	$	1,204	1,204		
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
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	$	219,133	219,133		
Not For Profit Providers Only								
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$				
51.			***Total Amount of Decrease (Items 1 - 50)***	$	3,225,186	3,225,186		

*** 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.

Attachment Page 29

Robert C. Geer Memorial Hospital, Inc. D/B/A Geer Nursing and Rehabilitation Center
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medicare Add-On Expenses(self-disallow)	$ 59,249		
20	5j	Pharm-Software Expense (self-disallow)	$ 2,555		
20	5j	Outpatient Expenses	$ 57,945		
20	5c/5j	Medical Supplies Disallowance (see attachment)	$ 10,723		
20	5c	Patient Specific Beds	$ 7,464		
20	5j	Medicare Outside Services	$ 134,630		
Total Other Ancillary Costs			$ 272,566	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8B	Mortgage Amortization	$ 1,204		
Total Other Property Adjustments			$ 1,204	$ -	$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
See	Attached	Maintenance Disallowance	$ 6,188		
See	Attached	Benefits Related to Non-Allowable Salaries	$ 143,950		
See	Attached	Outpatient Therapy Disallowance	$ 27,485		
See	Attached	Pharmacy Overhead Disallowance	$ 7,335		
30	IV8	Services Income - Beckley HSE	$ 5,888		
30	IV8	Administrative Income	$ 19,538		
30	IV3	Telephone Income	$ 8,749		
Total Other Adjustments			$ 219,133	$ -	$ -

Schedule of Unallowable Building Interest

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

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital, Inc. D	843-C	9/30/2016	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	10,168,194	10,168,194		
b. Medicaid Room and Board Contractual Allowance **	$	(5,071,216)	(5,071,216)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	2,052,188	2,052,188		
b. Medicare Room and Board Contractual Allowance **	$	(811,796)	(811,796)		
4. a. Private-Pay Residents and Other	$	3,071,767	3,071,767		
b. Private-Pay Room and Board Contractual Allowance **	$	(584,897)	(584,897)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	141,871	141,871		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	1,005,217	1,005,217		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$	1,181	1,181		
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	3,812	3,812		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	1,024,645	1,024,645		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	1,479,857	1,479,857		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	380,100	380,100		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	39,350	39,350		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	1,148,505	1,148,505		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	113,950	113,950		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	38,979	38,979		
b. Other *(Specify)* - Non-Medicare	$	5,268	5,268		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	14,206,975	14,206,975		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$	3,517	3,517		
2. Rental of rooms to non-residents	$				
3. Telephone	$	8,749	8,749		
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	1,111	1,111		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$	20,192	20,192		
8. Other (*Specify*)	$	973,567	973,567		
V. Total Other Revenue (1 thru 8)	$	1,007,136	1,007,136		
VI. Total All Revenue (III +V)	$	15,214,111	15,214,111		

* *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)
		0		
	LAB REV/MED A	$ 18,592		
	X-RAY REV/MED A	$ 20,292		
	OXYGEN REVENUE/MED A	$ 95		
Total Other Resident Revenue - Medicare		$ 38,979	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
	LAB REVENUE - PRIVATE PAY	$ 44		
	LAB REVENUE - MEDICAID	$ 3,025		
	LAB REVENUE - MANAGED CARE	$ 1,153		
	X-RAY MANAGED CARE	$ 1,211		
	OXYGEN REVENUE/CT MEDICAID	$ (95)		
	OXYGEN PRIVATE PAY	$ (70)		
Total Other Resident Revenue		$ 5,268	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
	INTEREST INCOME		$ 1,111		
Total Interest Income			$ 1,111	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
	PRIOR YEAR REVENUE	$ 268,142		
	PRIOR YEAR CONTRA ADJ	$ 30,823		
	SERVICES INCOME-BECKLEY HSE	$ 5,888		
	ADMINISTRATIVE INCOME	$ 19,538		
	UNRESTRICTED DONATION INCOME	$ 21,681		
	ADC INCOME	$ 627,495		
Total Other Revenue		$ 973,567	$ -	$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc.	843-C	9/30/2016	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 792,373
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 2,092,232
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 70,564
5. Prepaid Expenses				$ 102,614
a. Prepaid Insurance		80,718		
b. Prepaid Ins- Auto		8,628		
c. Prepaid Ins- D&O		11,828		
d. Prepaid Other		1,440		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ 16,495
EE Purchases		16,495		
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 3,074,278
B. Fixed Assets				
1. Land				$ 137,129
2. Land Improvements	*Historical Cost	139,577		$ 24,298
	Accum. Depreciation	115,279	Net	
3. Buildings	*Historical Cost	3,237,511		$ 1,041,061
	Accum. Depreciation	2,196,450	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	1,423,561		$
	Accum. Depreciation	1,423,561	Net	
6. Movable Equipment	*Historical Cost	2,701,000		$ 425,352
	Accum. Depreciation	2,275,648	Net	
7. Motor Vehicles	*Historical Cost	268,977		$ 41,934
	Accum. Depreciation	227,044	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ 280,255
Construction in Progress		106,472		
FR vs. CR Adjustment		173,783		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 1,950,029

* 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
Robert C. Geer Memorial Hospital, Inc.	843-C	9/30/2016	32 | 37

Account				Amount
			Total Brought Forward:	$ 5,024,307
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$ 4,389,678
Name and Address	Amount	Loan Date		
Due from Related Organizations	4,389,678	On Going		
7. Other Assets (*itemize*)				$ 49,774
HUD Financing Costs		38,034		
Prepaid IMP		18,162		
Amortization - Finance Costs		(6,422)		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 4,439,452
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 9,463,759

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital, Inc. D/B/A	843-C	9/30/2016	33 | 37

Account					Amount
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable					$ 690,315
2. Notes Payable (*itemize*)					$ 70,327
HUD - Current Portion		70,327			
3. Loans Payable for Equipment (*Current portion*) (*itemize*)					$
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)					$
5. Accrued Payroll (*Owners and/or Stockholders only*)					$ 726,543
6. Accrued Payroll Taxes Payable					$ 4
7. Medicare Final Settlement Payable					$
8. Medicare Current Financing Payable					$
9. Mortgage Payable (*Current Portion*)					$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)					$ 7,383
11. Accrued Income Taxes*					$
12. Other Current Liabilities (*itemize*)					$ 8,796
Accrued Accounting	(28,725)				
Accrued Sewage Usage Liab.	2,250				
Accrued Expense - Prior Year	19,081				
Accrued HRA	16,190				
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)					$ 1,503,368

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Robert C. Geer Memorial Hospital, Inc. D/I	843-C	9/30/2016	34 | 37

Account	Amount
Total Brought Forward:	1,503,368
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

Account	Amount
2. Mortgages Payable	$ 3,423,224
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

Account		Amount
4. Other Long-Term Liabilities (*itemize*)		$ 65,395
Deferred Revenue	65,395	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 3,488,619
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 4,991,987

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

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc	843-C	9/30/2016	35	37

Account					Amount
A.	**Reserves**				
	1. Reserve for value of leased land				$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				$
	3. Reserve for depreciation value of leased personal property (*Equity)*				$
	4. Reserve for leasehold real properties on which fair rental value is based				$
	5. Reserve for funds set aside as donor restricted				$
	6. Total Reserves				$
B.	**Net Worth**				
	1. Owner's Capital				$
	2. Capital Stock				$
	3. Paid-in Surplus				$
	4. Treasury Stock				$
	5. Cumulated Earnings				$ 4,891,202
	6. Gain or Loss for Period	10/1/2015	thru	9/30/2016	$ (419,430)
	7. Total Net Worth				$ 4,471,772
C.	***Total Reserves and Net Worth***				$ 4,471,772
D.	***Total Liabilities, Reserves, and Net Worth***				$ 9,463,759

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
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	Account	Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2015	$
B.	Total Revenue (*From Statement of Revenue Page 30*)	$ 15,214,111
C.	Total Expenditures (*From Statement of Expenditures Page 27*)	$ 15,633,541
D.	Net Income or Deficit	$ (419,430)
E.	Balance	$ (419,430)
F.	Additions 1. Additional Capital Contributed (*itemize*) Total Exp. PG 27 $15,632,427 Depreciation Adj. 1,114 Total Exp. Line C $15,633,541	
	2. Other (*itemize*)	
F-3.	Total Additions	$
G.	Deductions 1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

	2. Other Withdrawings (*Specify*)	$

Purpose	Amount

	3. Total Deductions	$
H.	***Balance at End of Period*** 09/30/16	$ (419,430)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Robert C. Geer Memorial Hospital, Inc.	843-C	9/30/2016	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed

Printed Name of Preparer

Matthew S. Bavolack

Addres Address	Phone Number
555 Long Wharf Drive, New Haven, CT 06511	203-781-9600

Subject to the attached accountants' consulting report