

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Pope John Paul II Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 33 Lincoln Avenue, Danbury, CT 06810	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2324-C	RHNS	(Specify)	Medicare Provider 07-5354
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Medicaid Provider Numbers:	CCNH 10678	RHNS	ICF-IID
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**For Department Use Only**

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

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### General Information

Name of Facility (as licensed) Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2016	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 Pope John Paul II Care 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.

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) Courtney Young			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 Pope John Paul II Care and Rehabilitation Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 33 Lincoln Avenue, Danbury, CT 06810				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/20/2014	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 467,380	467,380		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 4,105,494	4,105,494		
5. All other wages paid	\$ 726,061	726,061		
6. <b>Total Wages Paid</b>	\$ 5,298,936	5,298,936		
7. Total salaries paid	\$ 252,721	252,721		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$ 5,551,657	5,551,657		

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-797-9300		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Pope John Paul II Care and Rehabilitation Center		Address (No. & Street, City, State, Zip ) 33 Lincoln Avenue, Danbury, CT 06810		
License Numbers:	CCNH 2324-C	RHNS	(Specify)	Medicare Provider No. 07-5354
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No         If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Courtney Young		Nursing Home Administrator's License No.:	1838	
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 Pope John Paul II Care and Rehabilitation Ce	License No. 2324-C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Pope John Paul II Care and Rehabilitation Center	101 East State Street, Kennett Square, PA 19348	PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				





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

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

Name of Facility Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?     Yes     No    If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	537,489	537,489
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	62%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	509,048	509,048
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	56%	Staffing Pool	Pg 10/A12	1,442	1,442
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	83%	Case Management	Pg 13/B8, Pg 10/A12		
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	80%	Staffing Pool	Pg 13/B11 a,b,c		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	51%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	21,591	21,591
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	223,740	223,740
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	48,140	48,140
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

**General Information and Questionnaire  
Leases (Excluding Real Property)**

**Operating Leases** - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Pope John Paul II Care and Rehabilitation Center			License No. 2324-C	Report for Year Ended 9/30/2016			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input 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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Pope John Paul II Care and Rehabi	License No. 2324-C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
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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 Cour of Probate (Danbury) 2 3 4 5	Telephone Number
--	------------------

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 Probate Court for the Conservator	\$	2,145
2	\$	
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	2,145

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

- Yes     No    Legal Fees pg. 15 1-e

### Schedule of Resident Statistics

Name of Facility Pope John Paul II Care and Rehabilitation Center			License No. 2324-C			Report for Year Ended 9/30/2016				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	141	141			141	141			141	141		
B. On last day of THIS report period	141	141			141	141			141	141		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	129	129			129	129			115	115		
B. As of midnight of THIS report period	134	134			115	115			134	134		
3. Total Number of Days Care Provided During Period												
A. Medicare	5,574	5,574			4,548	4,548			1,026	1,026		
B. Medicaid (Conn.)	38,591	38,591			28,553	28,553			10,038	10,038		
C. Medicaid (other states)												
D. Private Pay	2,076	2,076			1,700	1,700			376	376		
E. State SSI for RCH												
F. Other (Specify)	1,535	1,535			1,170	1,170			365	365		
G. Total Care Days During Period (3A thru F)	47,776	47,776			35,971	35,971			11,805	11,805		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	77	77			77	77						
B. Other Bed Reserve Days	18	18			18	18						
5. <b>Total Resident Days (3G + 4A + 4B)</b>	47,871	47,871			36,066	36,066			11,805	11,805		

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

Name of Facility Pope John Paul II Care and Rehabilitation Cen	License No. 2324-C	Report for Year Ended 9/30/2016	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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

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

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	9	111		14				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	527.10	248.10		364.10				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,849	1,849		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	908	908		
C. Other	7,479	7,479		
<b>D. Total Physical Therapy Treatments</b>	<b>10,236</b>	<b>10,236</b>		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	578	578		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	186	186		
C. Other	1,047	1,047		
<b>D. Total Speech Therapy Treatments</b>	<b>1,811</b>	<b>1,811</b>		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,365	2,365		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	979	979		
C. Other	8,098	8,098		
<b>D. Total Occupational Therapy Treatments</b>	<b>11,442</b>	<b>11,442</b>		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<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)	116,558	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	221,408	9,127				
5. Dietary Service						
a. Head Dietitian	37,674	1,143				
b. Food Service Supervisor	64,223	2,164				
c. Dietary Workers	365,483	23,435				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	64,879	2,082				
b. Other Maintenance Workers	67,370	3,346				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	136,164	2,486				
b. RN						
1. Direct Care	1,327,529	36,461				
2. Administrative**	85,956	2,089				
c. LPN						
1. Direct Care	954,998	33,539				
2. Administrative**						
d. Aides and Attendants	1,640,852	92,497				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	163,886	8,592				
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	208,518	7,028				
n. Marketing						
o. Other (Specify) See Attached Schedule	96,160	5,571				
<i>A-13. Total Salary Expenditures</i>	<i>5,551,657</i>	<i>231,652</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	\$ -	-	\$ -	-	\$ -	-
Other	0	\$ -	-	\$ -	-	\$ -	-
	0 Coordinator-Staffing Centers	\$ 31,493.13	1,843.88	\$ -	-	\$ -	-
	0 Nursing Unit Secretary	\$ 31,683.44	1,836.95	\$ -	-	\$ -	-
Central Supply	0	\$ 543.74	33.61	\$ -	-	\$ -	-
Medical Records	0	\$ 32,439.23	1,856.98	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
	0	\$ -	-	\$ -	-	\$ -	-
<b>Total</b>		\$ 96,160	\$ 5,571	\$ -	-	\$ -	-

0                      0

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

Service		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	\$ 498.91	n/a			\$ -	-
3010620020	Purchased Services	\$ 965.20	n/a			\$ -	-
3015620020	Purchased Services	\$ 17.00	n/a			\$ -	-
3155620020	Purchased Services	\$ 85.16	n/a			\$ -	-
3155620020	Purchased Services	\$ 2,536.20	n/a			\$ -	-
1020620010	Consulting Fees	\$ 87.50	n/a			\$ -	-
	0	\$ -	-			\$ -	-
<b>Total</b>		\$ 4,190	\$ -	\$ -	-	\$ -	-

4190



**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
Pope John Paul II Care and Rehabilitation Center				2324-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)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Pope John Paul II Care and Rehabilitation Center				2324-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)							
<b>Section III - Administrators***</b>										
Courtney Young	116,558				Management of Center	2,091	2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2016	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	1,254	34				
2. Dentist	15,097	103				
3. Pharmacist	9,074	185				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	403,273	5,524				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,599	225				
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	64,022	821				
b. Other						
10. Occupational Therapist						
a. Resident Care	97,681	1,338				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	(30,880)	(729)				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	4,190					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>606,309</b>	<b>7,502</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		License No.	Report for Year Ended		Page	of
Pope John Paul II Care and Rehabilitation Center		2324-C	9/30/2016		14	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"/>			
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		<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
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 291,628	291,628		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 91,290	91,290		
4. Social Security (F.I.C.A.)	\$ 411,981	411,981		
5. Health Insurance	\$ 339,203	339,203		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 242,255	242,255		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 158,103	158,103		
d. Accounting and Auditing	\$			
e. Legal (Services should be fully described on Page 7)	\$ 2,145	2,145		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 27,635	27,635		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,477	16,477		
2. Cellular Phones	\$ 1,527	1,527		
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	\$ 293	293		
3. Resident Day User Fee	\$ 869,554	869,554		
<b>Subtotal</b>	\$ 2,452,092	2,452,092		

\* 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**

Pope John Paul II Care and Rehabilitation Center  
9/30/2016

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	\$ -	\$ -	
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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	\$ 293	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
<b>Total</b>		\$ 293	\$ -	\$ -

---

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

Name of Facility	License No.	Report for Year Ended		Page	of
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	2,452,092	2,452,092			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 200	200			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 3,774	3,774			
5. Education Expenses Related to Seminars and Conventions	\$ 914	914			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 9,243	9,243			
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	\$ 3,530	3,530			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 12,332	12,332			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,918	1,918			
10. Contributions*** See Attached Schedule	\$ 1,797	1,797			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 1,915	1,915			
12. Administrative Management Services**	\$ 537,995	537,995			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 58,734	58,734			
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 3,084,444	3,084,444			

\* 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.





<b>Total Dues</b>		<b>\$ 12,332</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
1020630130 Contributions	\$ 1,797	\$ -	\$ -
1020630135 Political Contributions	\$ -	\$ -	\$ -
0	0 \$ -	\$ -	\$ -
<b>Total Contributions</b>	<b>\$ 1,797</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
1020630060 Bank Service Charges	\$ 3,942	\$ -	\$ -
1020630120 Collection Fees	\$ 85	self-disallowed	\$ -
1020630140 Education Expense	\$ 58	\$ -	\$ -
1020630140 Education Expense	\$ 3	\$ -	\$ -
1020630180 Employee Physicals	\$ 8,311	\$ -	\$ -
1020630200 Employee Relations	\$ 5,958	\$ -	\$ -
1020630380 Printing	\$ 146	\$ -	\$ -
1020630610 Training Expense	\$ 45	\$ -	\$ -
1020630610 Training Expense	\$ 710	\$ -	\$ -
1020630640 Uniforms	\$ 122	\$ -	\$ -
1020640090 Miscellaneous	\$ 62	self-disallowed	\$ -
1020660080 Rental Expense	\$ 8,197	\$ -	\$ -
1020660990 Accrued Expense Estimation	\$ (1,847)	self-disallowed	\$ -
5095720020 Cap Stk/Franchise Tax	\$ 288	\$ -	\$ -
1020720070 State Tax Annual Report Filing	\$ 1,680	\$ -	\$ -
5095720090 Landlord Operating Taxes	\$ 2,400	\$ -	\$ -
1020630120 Collection Fees	\$ 28,572	\$ -	\$ -
0	0 \$ -	\$ -	\$ -
0	0 \$ -	\$ -	\$ -
0	0 \$ -	\$ -	\$ -
0	0 \$ -	\$ -	\$ -
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0	0 \$ -	\$ -	\$ -
0	0 \$ -	\$ -	\$ -
<b>Total Other Administrative and General</b>	<b>\$ 58,734</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Pope John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	537,489	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	48,140	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
Pope John Paul II Care and Rehabilitation Center		2324-C	9/30/2016		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 201,541	201,541			
2.	Non-Food Supplies	\$ 25,510	25,510			
3.	Other (Specify) _____	\$ (2,414)	(2,414)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 5,192	5,192			
c. Management Services**						
		\$				
d. Other (Specify) _____						
		\$ 40	40			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 229,869</b>	<b>229,869</b>			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

\*\* 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
Pope John Paul II Care and Rehabilitation Center		2324-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. \$	5,700	5,700		
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. \$	6,959	6,959		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	196,537	196,537		
c. Management Services**		\$				
d. Other (Specify)		\$				
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	209,196	209,196		
3F. Laundry Questionnaire						
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
Pope John Paul II Care and Rehabilitation Cent		2324-C	9/30/2016		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.	\$ 23,105	23,105		
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.	\$ 294,678	294,678		
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)		\$ 317,783	317,783		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from		\$ 120,159	120,159		
b.	Medicine Cabinet Drugs		\$ 37,263	37,263		
c.	Medical and Therapeutic Supplies		\$ 90,233	90,233		
d.	Ambulance/Limousine****		\$ 520	520		
e.	Oxygen					
1.	For Emergency Use		\$			
2.	Other****		\$ 11,026	11,026		
f.	X-rays and Related Radiological Procedures****		\$ 9,541	9,541		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory****		\$ 19,071	19,071		
i.	Recreation		\$ 22,110	22,110		
j.	Other (Specify)**** See Attached Schedule		\$ 79,892	79,892		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 389,815	389,815		

\* 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.



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

Name of Facility Pope John Paul II Care and Rehabilitation Center			License No. 2324-C		Report for Year Ended 9/30/2016			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	196,537			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	294,678			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"/>							
		<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"/>							
		<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).

## Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended			Page	of
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 196,934	196,934				
b. Heat	\$ 101,090	101,090				
c. Light & Power	\$ 143,693	143,693				
d. Water	\$ 49,130	49,130				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 490,847	490,847				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 1,847	1,847				
b. Building & Building Improvements	\$ 424	424				
c. Non-Movable Equipment	\$ 15,108	15,108				
d. Movable Equipment	\$ 14,360	14,360				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 31,738	31,738				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,966,626	1,966,626				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 179,409	179,409				
c. Personal property taxes	\$					
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 2,177,773	2,177,773				

\* 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**

<b>Account</b>	<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
<b>Total Other Repairs and Maintenance</b>		\$ -	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Pope John Paul II Care and Rehabilitation Center		License No. 2324-C			Report for Year Ended 9/30/2016			Page 23	of 37			
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>												
1. Acquired prior to this report period		19,422		19,422		S/L	Various	0				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)		798		798				1,847				
A-4. Subtotal									1,847			
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period		4,157		4,157	71	S/L	Various	279				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)		5,321		5,321				145				
B-4. Subtotal									424			
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period		135,970		135,970	42,805	S/L	Various	15,108				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal									15,108			
		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									
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.									S/L	Various		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					121,097		121,097	52,722	S/L	Various	12,710	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					31,339		31,339				1,650	
D-3. Subtotal												14,360
<b>E. Total Depreciation</b>												31,739



<b>Total deletions for Building Improvements</b>		\$ -	\$ -

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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

<b>Acquisition Date</b>	<b>Description of Item</b>	<b>Cost</b>	<b>Useful Life</b>	<b>Depreciation</b>
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ -

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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<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



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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Pope John Paul II Care and Rehabilitation Center			2324-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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility Pope John Paul II Care and Rehabilita	License No. 2324-C	Report for Year Ended 9/30/2016	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		141		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87107	Facility Lease	11/15/10 - 6/30	127 months	1,966,626

**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
Pope John Paul II Care and Rehabilita		2324-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 48,140	48,140		
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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$ 48,140	48,140		

(Carry Subtotals forward to next page )

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

Name of Facility Pope John Paul II Care and Rehabil		License No. 2324-C		Report for Year Ended 9/30/2016		Page 27	of 37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				48,140	48,140		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 48,140	48,140		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 13,051	13,051		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 210,689	210,689		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 223,740	223,740		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 13,329,573	13,329,573		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Pope John Paul II Care and Rehabilitation Center			2324-C	9/30/2016	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	\$ 18,412	18,412		
<b>Page 13 - Professional Fees</b>							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 568,579	568,579		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 158,103	158,103		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 9,243	9,243		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,797	1,797		
21.			Unallowable Management Fees	\$ 586,135	586,135		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 99,437	99,437		
<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)				\$ 1,441,706	1,441,706		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0 \$ 18,411.63	\$ -	\$ -
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 Salaries Adjustment</b>			\$ 18,412	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020 \$ 76,727.32	\$ -	\$ -
13	5	Rehabilitation Services	3195620020 \$ 326,545.44	\$ -	\$ -
13	9	Speech Therapist	3170620020 \$ 64,022.03	\$ -	\$ -
13	10	Occupational Therapist	3105620020 \$ 97,680.62	\$ -	\$ -
13	12	Other	3010620020 \$ 965.20	\$ -	\$ -
13	12	Other	3015620020 \$ 17.00	\$ -	\$ -
13	12	Respiratory Purchased Servies	3155620020 \$ 2,621.36	\$ -	\$ -
<b>Total Other Fees Adjustments</b>			\$ 568,579	\$ -	\$ -
			\$ -		

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120 \$ 28,657.43	\$ -	\$ -
16	m-8a	Chamber of Commerce	1020630310 \$ -	\$ -	\$ -
16	m-13	Estimated Accrual	1020660990 \$ (1,847.15)	\$ -	\$ -
16	m-13	Fines & Penalties	1020640080 \$ -	\$ -	\$ -
16	m-13	Non-recurring Charges	7010800030 \$ -	\$ -	\$ -
16	m-12	0	0 \$ -	\$ -	\$ -
15	1-a-1	adj workers comp	0 \$ 72,627.01	\$ -	\$ -
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 A&amp;G Adjustments</b>			\$ 99,437	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Center				2324-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,441,706	1,441,706		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 120,159	120,159		
28.	20	5-d	Ambulance/Limousine	\$ 520	520		
29.	20	5-f	X-rays, etc	\$ 9,541	9,541		
30.	20	5-h	Laboratory	\$ 19,071	19,071		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 11,026	11,026		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 36,735	36,735		
<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	\$ 181,465	181,465		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,820,223	1,820,223		

\*\*\* 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.

Pope John Paul II Care and Rehabilitation Center  
9/30/2016

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 9,453.47	3010610300	\$ -
20	5-j	Respiratory Supplies	\$ 9,596.89	3155630530	\$ -
20	5-j	Respiratory Rental	\$ 6,373.87	3155660080	\$ -
20	5-i	Cable TV	\$ 11,311.03	3005660130	allow \$3600
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			\$ 36,735	\$ -	\$ -
			\$ -		

#### Schedule of Excess Movable Equipment Depreciation

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

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust		181464.7651	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -	\$ -
<b>Total Other Adjustments</b>				\$ 181,465	\$ -	\$ -
				\$ -		

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Pope John Paul II Care and Rehabilitation	2324-C	9/30/2016			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> )	\$ 13,653,908	13,653,908				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,243,906)	(4,243,906)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 1,489,845	1,489,845				
b. Medicare Room and Board Contractual Allowance **	\$ (374,419)	(374,419)				
4. a. Private-Pay Residents and Other	\$ 1,373,804	1,373,804				
b. Private-Pay Room and Board Contractual Allowance **	\$ (253,613)	(253,613)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 95,801	95,801				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (24,076)	(24,076)				
c. Prescription Drugs - Non-Medicare	\$ 30,971	30,971				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (6,821)	(6,821)				
2. a. Medical Supplies - Medicare	\$ 330	330				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (83)	(83)				
c. Medical Supplies - Non-Medicare	\$ 207	207				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (58)	(58)				
3. a. Physical Therapy - Medicare	\$ 386,056	386,056				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (97,021)	(97,021)				
c. Physical Therapy - Non-Medicare	\$ 151,358	151,358				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (34,124)	(34,124)				
4. a. Speech Therapy - Medicare	\$ 132,656	132,656				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (33,338)	(33,338)				
c. Speech Therapy - Non-Medicare	\$ 89,447	89,447				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (19,421)	(19,421)				
5. a. Occupational Therapy - Medicare	\$ 448,564	448,564				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (112,731)	(112,731)				
c. Occupational Therapy - Non-Medicare	\$ 198,172	198,172				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (43,586)	(43,586)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 28,619	28,619				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 177,297	177,297				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,013,838	13,013,838				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 13	13				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 3,579	3,579				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 3,592	3,592				
<b>VI. Total All Revenue</b> (III + V)	\$ 13,017,430	13,017,430				

\* 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	10,326.30	-	0
II-6-a	Medicare Part A	Radiology Service	-	-	0
II-6-a	Medicare Part A	Outpatient Therapy Program	-	-	0
II-6-a	Medicare Part A	Laboratory	12,207.73	-	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplies	232.33	-	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	0
II-6-a	Medicare Part A	Audiology	-	-	0
II-6-a	Medicare Part A	Incontinency	-	-	0
II-6-a	Medicare Part A	Oxygen & Supplies	-	-	0
II-6-a	Medicare Part A	Physician Visit	-	-	0
II-6-a	Medicare Part A	Ambulance	7,731.23	-	0
II-6-a	Medicare Part A	Flu Shot	7,728.00	-	0
II-6-a	Contractuals-Medicare	X-Ray	(2,595.15)	-	0
II-6-a	Contractuals-Medicare	Radiology Service	-	-	0
II-6-a	Contractuals-Medicare	Outpatient Therapy Program	-	-	0
II-6-a	Contractuals-Medicare	Laboratory	(3,067.98)	-	0
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplies	(58.39)	-	0
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	-	0
II-6-a	Contractuals-Medicare	Audiology	-	-	0
II-6-a	Contractuals-Medicare	Incontinency	-	-	0
II-6-a	Contractuals-Medicare	Oxygen & Supplies	-	-	0
II-6-a	Contractuals-Medicare	Physician Visit	-	-	0
II-6-a	Contractuals-Medicare	Ambulance	(1,942.97)	-	0
II-6-a	Contractuals-Medicare	Flu Shot	(1,942.16)	-	0
<b>Total Other Resident Revenue - Medicare</b>			\$ 28,619	\$ -	\$ -
			\$ -		

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	292.71	-	-
II-6-b	Medicaid	Radiology Service	-	-	-
II-6-b	Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Medicaid	Laboratory	377.38	-	-
II-6-b	Medicaid	Respiratory Therapy & Supplies	193.56	-	-
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid	Audiology	-	-	-
II-6-b	Medicaid	Incontinency	-	-	-
II-6-b	Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Medicaid	Physician Visit	-	-	-
II-6-b	Medicaid	Ambulance	-	-	-
II-6-b	Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals Medicaid	X-Ray	(90.98)	-	-
II-6-b	Contractuals Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Contractuals Medicaid	Laboratory	(117.30)	-	-
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplies	(60.16)	-	-
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals Medicaid	Audiology	-	-	-
II-6-b	Contractuals Medicaid	Incontinency	-	-	-
II-6-b	Contractuals Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Contractuals Medicaid	Physician Visit	-	-	-

II-6-b	Contractuals Medicaid	Ambulance	-	-	-
II-6-b	Contractuals Medicaid	Flu Shot	-	-	-
II-6-b	Private and Other	X-Ray	490.32	-	-
II-6-b	Private and Other	Radiology Service	-	-	-
II-6-b	Private and Other	Outpatient Therapy Program	-	-	-
II-6-b	Private and Other	Laboratory	9,585.25	-	-
II-6-b	Private and Other	Respiratory Therapy & Supplies	52.44	-	-
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	-
II-6-b	Private and Other	Audiology	-	-	-
II-6-b	Private and Other	Incontinency	-	-	-
II-6-b	Private and Other	Oxygen & Supplies	-	-	-
II-6-b	Private and Other	Physician Visit	-	-	-
II-6-b	Private and Other	Ambulance	-	-	-
II-6-b	Private and Other	Flu Shot	286.00	-	-
II-6-b	Private and Other	Capitation Contracts	206,293.00	-	-
II-6-b	Contractuals-Non-Medicaid	X-Ray	(90.52)	-	-
II-6-b	Contractuals-Non-Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals-Non-Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Contractuals-Non-Medicaid	Laboratory	(1,769.50)	-	-
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplies	(9.68)	-	-
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	-	-
II-6-b	Contractuals-Non-Medicaid	Flu Shot	(52.80)	-	-
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(38,082.95)	-	-
<b>Total Other Resident Revenue</b>			\$ 177,297	\$ -	\$ -
			\$ -		

## Interest Income

### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 30 line I	430055	Interest On Overdue Accounts	\$ 13.14	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
<b>Total Interest Income</b>			\$ 13	\$ -	\$ -

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)	
Pg 30 line I	Cable Reimbursement	430060	1.31	-	-
Pg 30 line I	Harvest Fair	0	275.00	-	-
Pg 30 line I	Payment on Bad Debt	0	\$100.00	-	-
Pg 30 line I	health fair	0	\$25.00	-	-
Pg 30 line I	Office Supplies	0	\$77.50	-	-
Pg 30 line I	Settlement Check - Pines v F	0	\$2,700.00	-	-
Pg 30 line I	employee meal reimburseme	0	\$150.00	-	-
Pg 30 line I	Reclass to 115020/0000 Ref	0	\$60.00	-	-
Pg 30 line I	GIFT IN MEMORY OF MA	0	\$150.00	-	-
Pg 30 line I	vendor table	0	\$40.00	-	-
Pg 30 line I		0	\$0.00	-	-
Pg 30 line I		0	\$0.00	-	-
<b>Total Other Revenue</b>			\$ 3,579	\$ -	\$ -
			\$ -		

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitatio	2324-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	11,134
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,356,278
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	8,356
4 Inventories			\$	43,335
5. Prepaid Expenses			\$	5,332
a. Prepaid Expenses	5,332			
b. Prepaid Personal Property Tax				
c. Prepaid Personal Property Tax				
d. Interest Receivable				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
Total Current Assets (Lines A1 thru 8)				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,424,435
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	20,220		
	Accum. Depreciation	1,847	Net	18,373
3. Buildings	*Historical Cost	9,479		
	Accum. Depreciation	495	Net	8,984
4. Leasehold Improvements	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	135,970		
	Accum. Depreciation	57,913	Net	78,057
6. Movable Equipment	*Historical Cost	152,436		
	Accum. Depreciation	67,082	Net	85,354
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</b> (Lines B1 thru 9)			\$	190,768

\* 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
Pope John Paul II Care and Rehabilitatio	2324-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,615,203
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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	(1,969,434)
I/C Due to/Due From Owned				(1,969,434)
I/C Due to/Due From Multicare				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	(1,969,434)
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	(354,231)

\* 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
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2016	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	624,342
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> )			\$	230,725
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	266
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> )			\$	579,354
Accrued Provider/Bed Tax			221,572	
A/R Credit Gross Up Liability			173,747	Accr Exp Electricity 9,732
Accr Gross Rec Tax-FY11 to FY16			14,040	Deferred Revenue 29,409
Accr Exp Water and Sewer			9,496	Accr Exp Other 118,191
Accr Exp Gas			3,614	Accr Sales and Use Tax (447)
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)			\$	1,434,687

\* 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 Pope John Paul II Care and Rehabilitation C		License No. 2324-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,434,687	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender		Purpose	Amount	Date Due	
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties ( <i>itemize</i> )					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )					
LT Debt-Financing Obligation		409,777	\$ 409,777		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					
\$ 409,777					
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					
\$ 1,844,464					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitat	2324-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	<b>(1,886,550)</b>
6. Gain or Loss for Period			\$	<b>(312,145)</b>
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	<b>(2,198,695)</b>
<b>C. Total Reserves and Net Worth</b>			\$	<b>(2,198,695)</b>
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	<b>(354,231)</b>

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitatio	2324-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(1,886,551)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,017,430
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,329,574
D. Net Income or Deficit			\$	(312,144)
E. Balance			\$	(2,198,695)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>		09/30/16	\$	(2,198,695)



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

Name of Facility Pope John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Thomas Farnan -Sr. Director of Reimbursement				
Address Address		Phone Number		
200 Brickstone Square, Andover, MA 01810		978-247-5029		