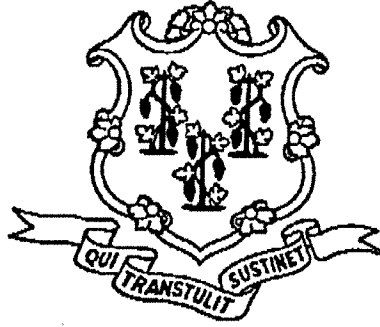


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385	
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 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2318	RHNS	(Specify)	Medicare Provider No. 07-5324
------------------	--------------	------	-----------	-------------------------------------

Medicaid Provider Numbers:	CCNH 2318	RHNS	ICF-MR
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For Department Use Only

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



**MYERS AND
STAUFFER** LLC
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier
Chief Financial Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

7 Waterside Crossing, Ste 202 | Windsor, CT 06095
PH 860.687.0790 | FH 855.716.9377 | FX 860.687.0810
www.mslc.com

Table of Contents

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

General Information

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center [facility name] for the cost report period beginning October 01, 2016 and ending September 30, 2017, 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 penalties 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) <i>Kimberly Carlson</i>	Date	Signed (Owner) <i>[Signature]</i>	Date
Printed Name (Administrator) Kimberly Carlson		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) <i>Lina Seppenga</i>
Address of Notary Public		Comm. Expires 6/30/21	
505 Pensfield Hill Rd Portland CT 06480			

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 301 Rope Ferry Rd, Waterford, CT 06385				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/9/2018		
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.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-444-1175		Report for Year Ended 09/30/17	Page 2	of 37
Name of Facility (as shown on license) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Address (No. & Street, City, State, Zip) 301 Rope Ferry Rd, Waterford, CT 06385		
License Numbers:	CCNH 2318	RHNS (Specify)	Medicare Provider No. 07-5324	
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="checkbox"/> PROPRIETORSHIP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Kimberly Carlson		Nursing Home Administrator's License No.:	2018	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

General Information and Questionnaire Individual Proprietorship

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

General Information and Questionnaire Related Parties*

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 						
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 						
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.						
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 #	Actual Cost to the Related Party
		Yes	No %**			
Procare LTC	1492 Highland Ave, Cheshire CT 06410	<input checked="" type="checkbox"/>	<50%	Pharmacy	Pg 20, 5a2	\$238,200
Shady Knoll Health Center	41 Skokorate St., Seymour, CT 06483	<input checked="" type="checkbox"/>	<98%	Swap Interest Allocation	Pg 27, 12D	\$2,062
Northbridge Healthcare Center	2875 Main Street, Bridgeport, CT 06603	<input checked="" type="checkbox"/>	<50%	Legal Fees	Pg 15, 1e	\$450
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<98%	Bank fees	Pg 16, m13	\$7,879
Athena Health Care Services	135 South Rd, Farmington, Ct 06032	<input checked="" type="checkbox"/>	<50%	Health Insurance	Pg 15, 1ae	\$1,528,162
Bayview Health Care Landlord	135 South Rd Farmington, CT 06032	<input type="checkbox"/>		Lease of Facility	Pg 22 L9 and 10b, pg 27, ln 14a	\$908,181
Athena Captive LLC	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<50%	Worker's Compensation Captive	Pg. 15 1a1	\$552,571

* Use additional sheets if necessary.

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

Bayview
 RELATED PARTIES QUESTIONNAIRE
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care Associates	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Fees, Bank Fees, Legal Marketing, Insurance, Lobbying, Compliance Gift Certificates, mortgage fees, interest, Pension, Help Wanted, Payroll Processing MIS, Maintenance & Nursing Fill-in	Pg 17, Pg 13, Pg 15, 1d, 1e & 1g pg 16, m3 7, & M13, Pg 27, 12D & 14a, Pg 16, L2, pg 27, 12D, Pg 16 m13 Pg 16 m3, Pg 22 6a, pg 13, B5 & B11	\$849,988	\$433,366
Athena Health Care Systems 401(k) plan	135 South Road Farmington, CT 06032	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility Participates in a multi-facility 401 (k) plan			

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	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.

Not Applicable

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

Not Applicable

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.

Not Applicable: No Non-Nursing Home Cost Centers

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	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318	9/30/2017		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					
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	05/17/13	60 months	\$6,194	\$5,624
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postage Meter	12/28/10	66 months	\$1,219	\$1,219
Leaf 1720A Crest St Moberly Mo 65270	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	02/27/13	48 months	\$12,313	\$11,407
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nurse Call System	02/02/15	60 months	\$7,262	\$6,657
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone System	03/02/15	60 months	\$13,528	\$12,400
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional PCC Equipment	12/01/14	60 months	\$1,598	\$1,330
	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
						Total ***	\$38,637

Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No

* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	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 Dworkin, Hillman, Lamorte & Stercza 2 3 Marcum LLP 4	Address (No. & Street, City, State, Zip Code) 4 Corporate Dr., Suite 488, Shelton, CT 06484 555 Long Wharf Drive, New Haven, CT 06511
--	---

Services Provided by This Firm (*describe fully*)

1 Audit & Tax Return Fees 2016	\$ 14,000
2	\$ -
3 Medicare Cost Report	\$ 2,700
4	\$ -
	Charge for Services Provided \$16,700

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

Yes No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Shipman & Goodwin 2 McGann, Bartlett & Brown 3 Murtha Cullina 4 Schiff, Hardin 5 Goldman, Gruder & Woods	Telephone Number 860 251-5000 860 282-4670 860-240-6000 203-899-8900
---	--

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

1 Hartford, CT One Constitution Plaza Hartford Ct
2 111 Founder's Plaza, E Hartford, CT
3 185 Asylum St Hartford, CT 06103
4
5 200 Connecticut Ave, Norwalk, CT 06854

Services Provided by This Firm (*describe fully*)

1 Employment Matters -disallowed	\$ 10,135
2 A/R Collections (Disallowed)	\$ 1,557
3 Sec. of State Filing (Allow) S61; Misc Matters (Disallow) S526	\$ 587
4 Credit Agreement	\$ 450
5 Collections - disallowed	\$ 13,332
	Charge for Services Provided \$26,061

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

Yes No **Pg 15, Line1e**

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318		09/30/17				8	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.....	127	127			127	127			127	127			
B. On last day of THIS report period.....	127	127			127	127			127	127			
2. Number of Residents													
A. As of midnight of PREVIOUS report period.....	121	121			127	127			121	121			
B. As of midnight of THIS report period.....	119	119			120	120			119	119			
3. Total Number of Days Care Provided During Period													
A. Medicare.....	5,779	5,779			4,327	4,327			1,452	1,452			
B. Medicaid (Conn.).....	33,292	33,292			25,214	25,214			8,078	8,078			
C. Medicaid (other states).....													
D. Private Pay.....	4,723	4,723			3,207	3,207			1,516	1,516			
E. State SSI for RCH.....													
F. Other (Specify) Managed Care Other	543	543			328	328			215	215			
G. Total Care Days During Period (3A thru F).....	44,337	44,337			33,076	33,076			11,261	11,261			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days.....	134	134			115	115			19	19			
B. Other Bed Reserve Days.....	133	133			107	107			26	26			
5. Total Resident Days (3G + 4A + 4B).....	44,604	44,604			33,298	33,298			11,306	11,306			

Schedule of Resident Statistics (Cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H. ICF-MR
No. of Residents	8	103	7	3				
Per Diem Rate								
a. One bed rm.	563.82	242.09	505.00	445.36				
b. Two bed rms.	563.82	242.09	495.00	445.36				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	5,874	5,874		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	732	732		
2. Restorative Treatments				
C. Other	25,740	25,740		
D. Total Physical Therapy Treatments	32,346	32,346		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,357	1,357		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	155	155		
2. Restorative Treatments				
C. Other	1,882	1,882		
D. Total Speech Therapy Treatments	3,394	3,394		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	7,373	7,373		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	781	781		
2. Restorative Treatments				
C. Other	16,564	16,564		
D. Total Occupational Therapy Treatments	24,718	24,718		

Report of Expenditures - Salaries & Wages

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)	119,645	2,240				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	227,020	10,295				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	56,956	2,126				
c. Dietary Workers	391,684	27,791				
6. Housekeeping Service						
a. Head Housekeeper	34,272	1,383				
b. Other Housekeeping Workers	256,797	19,145				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	57,757	2,195				
b. Other Maintenance Workers	46,471	2,347				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	98,732	7,068				
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	226,059	4,187				
b. RN						
1. Direct Care	773,636	24,868				
2. Administrative**	406,472	15,790				
c. LPN						
1. Direct Care	790,026	30,773				
2. Administrative**						
d. Aides and Attendants	1,812,521	115,266				
e. Physical Therapists	579,515	16,407				
f. Speech Therapists	89,542	1,953				
g. Occupational Therapists	334,808	9,395				
h. Recreation Workers	194,135	9,127				
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	206,419	7,964				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	6,702,467	310,320				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No.		Report for Year Ended		Page	of				
	2318	9/30/2017	11	37						
Name	CCNH	RHNS (Specify)	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
Section I - Operators/Owners										
Not Applicable										
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).										
Not Applicable										

* 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		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318		9/30/2017		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***									
James Michael Petty Pay: No dates of Service	27,361		Severance Pay	Day to day operations of the nursing home facility.	452	A2			
David Fife (10/30/2016-2/24/2017)	30,464		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	680	A2	See attached	1,455	72,126
Kimberly Carlson (2/25/2017-9/30/2017)	61,820		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,108	A2			
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.

ADMINISTRATOR NAME	NAME & ADDRESS OF ALL OTHER EMPLOYMENT	TOTAL HOURS WORKED	TOTAL COMPENSATION
David Fife	Laurel Ridge Healthcare Center 642 Danbury Road Ridgefield, CT 06877	117	\$4,582
David Fife	Glastonbury Healthcare Center 1175 Hebron Avenue Glastonbury, CT 06033	1338	\$67,544

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017	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.....	36,319	534				
2. Dentist.....	13,792	35				
3. Pharmacist.....	10,187	8				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....						
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	90,000	345				
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.....	1,080	4				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	1,272	16				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....	1,675	67				
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	154,325	1,009				

* 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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Joseph Allesandro, 63 Canterbury Road, Brooklyn, CT 06234	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Stephanie Owens, 15 Fourth Avenue, Waterford, CT 06385	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Kathleen LaBell, 12 Wadsworth Lane, Waterford, CT 06385	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Med Options, 20 Research Parkway, Old Saybrook, CT	Psychologist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Healthdrive Dental And Medical Group, 25 Needham St, Newtown, Ct	Dentist /Podiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
SDX Swallowing Diagnostics, LLC, PO Box 484, Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Andrea Gutierrez, D.O., 272 Allen Hill Rd., Brooklyn, CT 06234	Assistant Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Procare, LTC, 111 Executive Blvd., Farmingdale, NY 11735	Pharmacy Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners; Minority Interest
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS Nurse fill-in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

* 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
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$	552,571	552,571		
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$	116,854	116,854		
4. Social Security (F.I.C.A.).....	\$	509,677	509,677		
5. Health Insurance.....	\$	1,019,994	1,019,994		
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$	33,387	33,387		
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	(25,210)	(25,210)		
d. Accounting and Auditing.....	\$	16,700	16,700		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	26,061	26,061		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$	49,370	49,370		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$	19,788	19,788		
2. Cellular Phones.	\$	2,884	2,884		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$	250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$	817,174	817,174		
Subtotal	\$	3,139,500	3,139,500		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,139,500	3,139,500			
i. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$	2,097	2,097		
3. Gifts to Staff and Residents.....	\$	27,255	27,255		
4. Employee Travel.....	\$	3,948	3,948		
5. Education Expenses Related to Seminars and Conventions	\$	5,949	5,949		
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$	4,658	4,658		
2. Advertising Telephone Directory (all such expenses)***	\$	1,970	1,970		
3. Advertising Other (Specify)***.....	\$	25,346	25,346		
See Attached Schedule					
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.....	\$	13,733	13,733		
* 8. Dues and Membership Fees to Professional Associations (Specify)	\$	8,935	8,935		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$	2,062	2,062		
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$	427,104	427,104		
13. Other (Specify)	\$	103,297	103,297		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	3,765,854	3,765,854		

* Do not include Subscriptions, which should go in item 9.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 25,346		
Total Other Advertising	\$ 25,346	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Assoc of Health Care Facilities	\$ 8,935		
Total Dues	\$ 8,935	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 560		
Bank Charges	\$ 9,008		
Payroll Processing Fees	\$ 18,332		
Employee Physicals & Background Checks	\$ 23,109		
Penalties-US Dept of Labor citation Inspection #1045850	\$ 5,265		
Data Processing	\$ 47,023		
Total Other Administrative and General	\$ 103,297	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	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 #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$596,572	Contract Attached to a Prior Year	See Below
Allocation of Above	\$393,738 \$95,452 \$107,382	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$33,366	Admin/Gen-Other Expense	Page 16, Line 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.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs

(See Note on Page 5)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2017		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food.....	\$ 271,471	271,471			
2.	Non-Food Supplies.....	\$ 31,897	31,897			
3.	Other (Specify) _____ Dishes & Utensils = \$5,939	\$ 5,939	5,939			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$ 95,452	95,452			
d. Other (Specify) _____		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 404,759	404,759			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G.	Resident Meals: Total no. of meals served per day:*	364	364			
H. Is cost of employee meals included in 2E?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$1565		
L. Is any revenue collected from these people?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$1300		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)		Pg 18, 2a1				
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2017		Page 19	of 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. \$				
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. \$	20,674	20,674		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Supplies = \$7,388		\$	7,388	7,388		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	28,062	28,062		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2017		Page 20	of 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. \$	39,266	39,266		
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. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)....	\$	39,266	39,266		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy.....	\$				
	2. Purchased from <i>Omni Care, Inc./Procare, LTC</i>	\$	212,110	212,110		
b.	Medicine Cabinet Drugs.....	\$	20,886	20,886		
c.	Medical and Therapeutic Supplies.....	\$	305,850	305,850		
d.	Ambulance/Limousine***	\$	8,780	8,780		
e.	Oxygen					
	1. For Emergency Use.....	\$				
	2. Other***	\$	43,130	43,130		
f.	X-rays and Related Radiological Procedures***	\$	27,102	27,102		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	20,999	20,999		
i.	Recreation.....	\$	9,303	9,303		
j.	Other (Specify)**** <i>See Attached Schedule</i>	\$	191,337	191,337		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	839,497	839,497		

* 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)
Management Fee Direct	\$ 107,382		
Medical Equip Rentals-Medicaid	\$ 18,880		
Physical Therapy Supplies	\$ 29,905		
Oxygen Concentrator Rentals	\$ 965		
Cable TV Fees	\$ 11,778		
Medical Equip Rentals-Other	\$ 13,538		
Speech Therapy Supplies	\$ 8,889		
Total Other Resident Care	\$ 191,337	\$ -	\$ -

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

Name of Facility		License No.	Report for Year Ended	Page	of		
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318	9/30/2017	21	37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***		
		Yes	No		CCNH	RHNS (Specify)	Pg
ADP	100 Corporate Drive, South Windsor, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payroll Processing	18,976		16 m13
All Waste	PO Box 2472, Hartford, CT 06146	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	23,482		22 6f
Procure LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pharmacy	259,147		16 m13
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	61,468	61,468				
b. Heat..... \$	129,282	129,282				
c. Light & Power..... \$	122,674	122,674				
d. Water..... \$	10,172	10,172				
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	38,637	38,637				
f. Other (<i>itemize</i>)..... \$	83,263	83,263				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	445,496	445,496				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements..... \$	4,402	4,402				
b. Building & Building Improvements..... \$	43,726	43,726				
c. Non-Movable Equipment..... \$	25,314	25,314				
d. Movable Equipment..... \$	68,007	68,007				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	141,449	141,449				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	7,509	7,509				
d. Other (<i>Specify</i>)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	7,509	7,509				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	677,441	677,441				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	153,004	153,004				
c. Personal property taxes..... \$	18,703	18,703				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	998,106	998,106				

* 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)
Groundskeeping	\$ 15,561		
Rubbish Removal	\$ 23,482		
Snow Removal	\$ 8,924		
Supplies	\$ 35,296		
Total Other Repairs and Maintenance	\$ 83,263	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.			Report for Year Ended			Page	of			
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		2318			9/30/2017			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		47,027		47,027	32,450	S/L	5 years	4,402				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal.....									4,402			
B. Building and Building Improvements												
1. Acquired prior to this report period		837,227		837,227	541,313	S/L	Various	43,726				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)						S/L	Various					
B-4. Subtotal.....									43,726			
C. Non-Movable Equipment												
1. Acquired prior to this report period		338,953		338,953	257,872	S/L	Various	25,314				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)						S/L	Various					
C-4. Subtotal.....									25,314			
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
			9	2016	1,945,090		1,945,090	1,704,525	S/L	Various	62,067	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
			9	2017	71,263		71,263		S/L	Various	5,940	
D-3. Subtotal.....												68,007
E. Total Depreciation												141,449

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:				
Total additions for Building Improvements		\$ -		\$ - *
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 Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-16	replace catch basin top	\$ 2,138	8	\$ 133.63
Dec-16	paving service	\$ 840	8	\$ 52.50
Dec-16	outdoor sign	\$ 994	10	\$ 49.70
Feb-17	countertop and backsplash	\$ 2,685	15	\$ 89.50
Mar-17	taco pump	\$ 746	15	\$ 25
Mar-17	amana digismart 9000 btu-livac	\$ 956	15	\$ 32
Apr-17	holby mixing valve	\$ 2,369	5	\$ 237
Apr-17	replaced circulator pump for boiler	\$ 1,879	5	\$ 188
Apr-17	replaced holby mixing valve	\$ 4,220	5	\$ 422
May-17	cabinets/kitchenette	\$ 6,017	15	\$ 201
May-17	replaced condenser fan motor	\$ 1,383	15	\$ 46
May-17	replaced ceramic shower tiles-2 showers	\$ 1,064	20	\$ 27
Jun-17	5 door handlers for firm alarm	\$ 1,934	10	\$ 97
Jun-17	fire alarm control panel	\$ 2,717	10	\$ 136
Jun-17	replace baseboard in main hall	\$ 1,159	15	\$ 39
Total additions for Leasehold Improvements		\$ 31,101		\$ 1,773 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318		9/30/2017			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. Deferred Finance Fees-Refinance									
2. Deferred Finance Fees-Refinance	Var	Var	5	286,028	230,184				
3. Deferred Finance Fees-Refinance									
B-4. Subtotal.....									
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period		2016	Various	3,255,808	12,304	s/l	Var	5,736	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2017	Various	31,101			Var	1,773	
C-4. Subtotal.....									7,509
D. Total Amortization									7,509

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017	24A	37
C. Leasehold Improvements (Specify)				
1. Acquired prior to this report period	2016 Various	12,304 s/l	5,736	
2. Disposals (attach schedule)				
3. Acquired during this report period	2017 Various		1,773	
C-4. Subtotal.....				7,509
C. Other (Specify)				
1. Goodwill	7 1997 None	None		
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	2016 Various	12,304 s/l	5,736	
Total Disposals				
Total Acquired during this report period	2017 Various		1,773	

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	Page 25	of 37
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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	07/12/06				
4. Date of Initial Licensure	06/09/86				
5. Total Licensed Bed Capacity	127				
6. Square Footage					
7. Acquisition Cost					
a. Land	217,747				
b. Building	5,032,701				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD/KeyBank			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%/6.91%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	9,944,000			
f. Principal balance outstanding as of 9/30/2017	9,035,102			
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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2017			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount.....		\$					
2. Loan Origination Date.....							
3. Interest Rate %.....							
4. Term.....							
5. CHEFA Interest Expense.....							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017			27	37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment.....	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify).....	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2).....	\$					
12. D. Other Interest Expense (Specify).....	\$		35,807	35,807		
Vender Interest = \$5,110; Mortgage Bond Fees = \$27; Key Term Loan Interest = \$10,698; Line of Credit Interest = \$19,972						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....	\$		35,807	35,807		
14. Insurance						
a. Insurance on Property (buildings only).....	\$		80,432	80,432		
b. Insurance on Automobiles.....	\$					
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)...	\$		80,432	80,432		
15. Total All Expenditures (A-13 thru C-14).....	\$		13,494,071	13,494,071		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318	9/30/2017	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.	10	A12g	Occupational Therapy.....	\$ 334,808	334,808		
4.	Var	Var	Other - See attached Schedule.....	\$ 80,893	80,893		
Page 13 - Professional Fees							
5.			Resident Care Physicians **.....	\$			
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ (25,210)	(25,210)		
10.	15	1d&e	Accounting & Legal.....	\$ 26,000	26,000		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 2,771	2,771		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 27,255	27,255		
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	m2&3	Unallowable Advertising *.....	\$ 27,316	27,316		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 274,971	274,971		
	18	2c		\$ 66,660	66,660		
	20	5j		\$ 74,992	74,992		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 14,273	14,273		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 2,645	2,645		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 907,374	907,374		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 907,374	907,374		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 212,110	212,110		
28.	20	5d	Ambulance/Limousine.....	\$ 8,780	8,780		
29.	20	5f	X-rays, etc.....	\$ 27,102	27,102		
30.	20	5h	Laboratory.....	\$ 20,999	20,999		
31.	20	5c	Medical Supplies.....	\$ 25,054	25,054		
32.	20	5e2	Oxygen (non emergency).....	\$ 43,130	43,130		
33.			Occupational Therapy.....	\$			
34.	Var	Var	Other - See Attached Schedule.....	\$ 18,016	18,016		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 4,803	4,803		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.			Rental of Building Space or Rooms.....	\$			
39.			Other - See Attached Schedule.....	\$			
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 9,557	9,557		
44.	30	iv1	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.	30	ivs	Interest Income on Accounts Rec.....	\$ 1,217	1,217		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,278,142	1,278,142		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental -Other	13,538		
20	52b	Procure Pharmacy- E-Box	4,478		
Total Other Ancillary Costs			\$ 18,016	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Dep carryforward	4,803		
Total Excess Movable Equipment Depreciation			4,803		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

F. Statement of Revenue

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017			Page 30 37	
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>).....	\$ 16,634,495	16,634,495				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (8,538,164)	(8,538,164)				
2. a. Medicaid (<i>All other states</i>).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,332,430	2,332,430				
b. Medicare Room and Board Contractual Allowance **.....	\$ 454,234	454,234				
4. a. Private-Pay Residents and Other.....	\$ 3,057,996	3,057,996				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (131,969)	(131,969)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 249,042	249,042				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (249,042)	(249,042)				
c. Prescription Drugs - Non-Medicare.....	\$ 134,080	134,080				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (132,369)	(132,369)				
2. a. Medical Supplies - Medicare.....	\$ 12,354	12,354				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (11,281)	(11,281)				
c. Medical Supplies - Non-Medicare.....	\$ 16,186	16,186				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (16,186)	(16,186)				
3. a. Physical Therapy - Medicare.....	\$ 957,388	957,388				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (777,075)	(777,075)				
c. Physical Therapy - Non-Medicare.....	\$ 223,125	223,125				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (223,125)	(223,125)				
4. a. Speech Therapy - Medicare.....	\$ 271,311	271,311				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (205,838)	(205,838)				
c. Speech Therapy - Non-Medicare.....	\$ 84,398	84,398				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (84,398)	(84,398)				
5. a. Occupational Therapy - Medicare.....	\$ 1,029,454	1,029,454				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (813,582)	(813,582)				
c. Occupational Therapy - Non-Medicare.....	\$ 243,150	243,150				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (243,150)	(243,150)				
6. a. Other (<i>Specify</i>) - Medicare.....	\$					
b. Other (<i>Specify</i>) - Non-Medicare.....	\$ (164,605)	(164,605)				
III Total Resident Revenue (Section I thru Section II).....	\$ 14,108,859	14,108,859				
IV. Other Revenue*						
1. Meals sold to guests, employees & others.....	\$					
2. Rental of rooms to non-residents.....	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services.....	\$					
5. Interest Income (<i>Specify</i>)	\$ 1,217	1,217				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (<i>Specify</i>).....	\$ 920	920				
V. Total Other Revenue (1 thru 8).....	\$ 2,137	2,137				
VI. Total All Revenue (III + V).....	\$ 14,110,996	14,110,996				

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Medicaid retroactive	\$ (185,528)		
	Oxygen MC B	\$ 10,460		
	IV Therapy MC A	\$ 10,462		
	Ancillary Allowance MC B	\$ 1		
Total Other Resident Revenue		\$ (164,605)	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, LA2	Interest on A/R	N/A	\$ 1,217		
Total Interest Income			\$ 1,217	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 920		
Total Other Revenue		\$ 920	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	(31,511)
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,091,551
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	49,561
5. Prepaid Expenses.....			\$	265,875
a. Prepaid Insurance	235,103			
b. Prepaid Expense/Lease, Medical Director and Ac	12,142			
c. Prepaid Health Insurance	18,630			
d.				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	(2,219)
8. Other Current Assets (<i>itemize</i>).....			\$	22,950
Due From Related Party	22,950			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,396,207
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	47,027		
	Accum. Depreciation	(36,852) Net.....	\$	10,175
3. Buildings	*Historical Cost.....	837,227		
	Accum. Depreciation	(585,039) Net.....	\$	252,188
4. Leasehold Improvements	*Historical Cost.....	98,205		
	Accum. Depreciation	(19,812) Net.....	\$	78,393
5. Non-Movable Equipment	*Historical Cost.....	338,953		
	Accum. Depreciation	(283,186) Net.....	\$	55,767
6. Movable Equipment	*Historical Cost.....	1,989,603		
	Accum. Depreciation	(1,771,131) Net.....	\$	218,472
7. Motor Vehicles	*Historical Cost.....			
	Accum. Depreciation		\$	
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	10,802
Excluded Movable Equipment Carryforward	26,751			
Fixed Asset Difference to Books	(15,949)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	625,797

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

(Carry Total forward to next page)

301 ROPE FERRY RD
PREPAID EXPENSE
September 30, 2017

ACCT. # 1580

FMLA license for December 2017	1,262.50
Accounting Fees	2,600.00
Lease fees	305.00
Lease fees	2,974.00
Medical Director fee	5,000.00
	<hr/> <hr/>
	12,141.50

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,022,004
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	390,340
2. Land Improvements			*Historical Cost..... _____	
			Accum. Depreciation	Net..... \$
3. Buildings			*Historical Cost..... 7,019,660	
			Accum. Depreciation	(1,930,406) 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)			\$	5,479,594
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense			*Historical Cost..... _____	
			Accum. Depreciation	Net..... \$
4. Goodwill (Purchased Only).....			\$	3,360,483
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(3,802,307)
Name and Address		Amount	Loan Date	
Related Party		(3,802,307)	3/29/2012	
7. Other Assets (<i>itemize</i>).....			\$	9,430
Deposits-Security Deposits Leased Equip.			6,930	
Key Bank Retainer Fee			2,500	
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	(432,394)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	7,069,204

* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	835,710
2. Notes Payable (<i>itemize</i>).....				\$	(937,155)
Notes Payable; Related Party					(1,248,000)
Line of Credit					310,845
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>).....				\$	191,566
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	5,121
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>).....				\$	232,216
Acc'd Health Insurance					19,796
Acc'd Operating Expenses					9,438
Provider Taxes Due					207,385
Acc'd Expense Property Taxes					(4,969)
Acc'd Expenses Sales Tax					566
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	327,458

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

(Carry Total forward to next page)

** Interest Bearing - Do Not Include in Return on Equity Calculation.

Bayview

ACCRUED OPERATING EXP - 2170

DESCRIPTION	BALANCE
	\$0.00
	\$0.00
Accounting fees	\$16,173.00
Health Insurance	\$50,127.58
Health Insurance	(\$50,000.00)
Sewer invoice	\$1,045.55
Medical Director Fees	\$2,500.00
Health Insurance	(\$35,000.00)
Oxygen invoice	\$3,815.82
Pharmacy invoice	\$23,541.68
Lab invoice	\$1,350.37
Nursing Supplies	(\$4,576.43)
Office supplies	\$460.62
	\$0.00
	\$0.00
	\$9,438.19

G. Balance Sheet (cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		License No. 2318	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				327,458	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....				\$	(5,065)
3. Loans from Owners or Related Parties (<i>itemize</i>).....				\$	573,952
Name and Address of Lender	Amount	Loan Date			
HUD Reserves	573,952				
4. Other Long-Term Liabilities (<i>itemize</i>).....				\$	(1,579,925)
Due from Related Landlord		(1,584,602)			
Key Bank Term Loan		4,677			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$	(1,011,038)
C. Total All Liabilities (Lines A-13 + B-5).....				\$	(683,580)

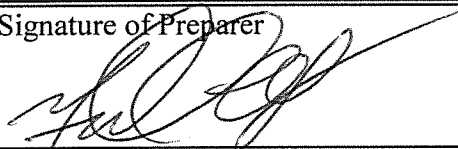
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	390,340
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	5,089,254
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.....			\$	5,479,594
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	(1,521,468)
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	3,177,733
6. Gain or Loss for Period				
	10/1/2016	thru	9/30/2017	
			\$	616,925
7. Total Net Worth.....			\$	2,273,190
C. Total Reserves and Net Worth			\$	7,752,784
D. Total Liabilities, Reserves, and Net Worth			\$	7,069,204

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2318	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	1,818,042
B. Total Revenue (From Statement of Revenue Page 30)			\$	14,110,996
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	13,494,071
D. Net Income or Deficit.....			\$	616,925
E. Balance.....			\$	2,434,967
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Change in SWAP value			4,676	
Rent Adjustment			(42,911)	
2016 wage enhancement			9,000	
2016 expense adjustment-legal/acct'g/dues/nur			(2,542)	
2. Other (<i>itemize</i>)			(130,000)	
F-3. Total Additions.....			\$	(161,777)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>).....			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. Balance at End of Period		09/30/17	\$	2,273,190

I. Preparer's/Reviewer's Certification

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFU	Date Signed 2/9/18		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2017	Page ERROR REPORT
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INCOME/EXPENSE STATEMENT

ERROR CHECK LIST

RED CELLS INDICATE POSSIBLE ERROR

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:

(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 1A PER INTERFACE				N/A
PG 1A PER COST REPORT				N/A
DIFFERENCE				
PG 10 PER INTERFACE	6,702,467	6,702,467		
PG 10 PER COST REPORT	6,702,467	6,702,467		
DIFFERENCE				
PG 1A PER COST REPORT				N/A
PG 10 PER COST REPORT				N/A
DIFFERENCE				
PG 13 PER INTERFACE	154,325	154,325		
PG 13 PER COST REPORT	154,325	154,325		
DIFFERENCE				
PG 15 & 16 PER INTERFACE	3,765,854	3,765,854		
PG 15 & 16 PER COST REPORT	3,765,854	3,765,854		
DIFFERENCE				
PG 18 PER INTERFACE	404,759	404,759		
PG 18 PER COST REPORT	404,759	404,759		
DIFFERENCE				
PG 19 PER INTERFACE	28,062	28,062		
PG 19 PER COST REPORT	28,062	28,062		
DIFFERENCE				
PG 20 PER INTERFACE	878,763	878,763		
PG 20 PER COST REPORT	878,763	878,763		
DIFFERENCE				
PG 22 PER INTERFACE	1,443,602	1,443,602		
PG 22 PER COST REPORT	1,443,602	1,443,602		
DIFFERENCE				
PG 26 & 27 PER INTERFACE	116,239	116,239		
PG 26 & 27 PER COST REPORT	116,239	116,239		
DIFFERENCE				
TOTAL EXPENSES PER INTERFACE	13,494,071	13,494,071		
TOTAL EXPENSES PER COST REPORT	13,494,071	13,494,071		
DIFFERENCE				
TOTAL REVENUES PER INTERFACE	14,110,996	14,110,996		
TOTAL REVENUES PER COST REPORT	14,110,996	14,110,996		
DIFFERENCE				
EQUIPMENT LEASES PER PAGE 6	38,637			
EQUIPMENT LEASES PER PAGE 22,LINE 6e	38,637			
DIFFERENCE				

Name of Facility	License No.	Report for Year Ended	Page
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	2198-C/2198-C	9/30/2017	ERROR REPORT

BALANCE SHEET ERROR CHECK LIST

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

RED CELLS INDICATE POSSIBLE ERROR

TOTAL

PG 31 CURRENT ASSETS PER INTERFACE	1,396,207
PG 31 CURRENT ASSETS PER COST REPORT	<u>1,396,207</u>
DIFFERENCE	
PG 31 FIXED ASSETS PER INTERFACE	625,797
PG 31 FIXED ASSETS PER COST REPORT	<u>625,797</u>
DIFFERENCE	
PG 32 LEASED ASSETS PER INTERFACE	5,479,594
PG 32 LEASED ASSETS PER COST REPORT	<u>5,479,594</u>
DIFFERENCE	
PG 32 OTHER ASSETS PER INTERFACE	(432,394)
PG 32 OTHER ASSETS PER COST REPORT	<u>(432,394)</u>
DIFFERENCE	
PG 32 TOTAL ASSETS PER INTERFACE	7,069,204
PG 32 TOTAL ASSETS PER COST REPORT	<u>7,069,204</u>
DIFFERENCE	
PG 33 CURRENT LIABS PER INTERFACE	327,458
PG 33 CURRENT LIABS PER COST REPORT	<u>327,458</u>
DIFFERENCE	
PG 34 LONG TERM LIABS PER INTERFACE	(1,011,038)
PG 34 LONG TERM LIABS PER COST REPORT	<u>(1,011,038)</u>
DIFFERENCE	
PG 34 TOTAL LIABS PER INTERFACE	(683,580)
PG 34 TOTAL LIABS PER COST REPORT	<u>(683,580)</u>
DIFFERENCE	
PG 35 RESERVES PER INTERFACE	5,479,594
PG 35 RESERVES PER COST REPORT	<u>5,479,594</u>
DIFFERENCE	
PG 35 NET WORTH PER INTERFACE	2,273,190
PG 35 NET WORTH PER COST REPORT	<u>2,273,190</u>
DIFFERENCE	
PG 35 TOTAL LIAB & WORTH PER INTERFACE	7,069,204
PG 35 TOTAL LIAB & WORTH PER COST REPORT	<u>7,069,204</u>
DIFFERENCE	
PG 32 TOTAL ASSETS PER COST REPORT	7,069,204
PG 35 TOTAL LIAB & WORTH PER COST REPORT	<u>7,069,204</u>
DIFFERENCE	
NET INCOME PER BALANCE SHEET	616,925
NET INCOME PER INCOME STATEMENT	<u>616,925</u>
DIFFERENCE	
PG 35 NET WORTH PER COST REPORT	2,273,190
TOTAL NET WORTH PER PG 36	<u>2,273,190</u>
DIFFERENCE	

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2017	Page ERROR REPORT
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**INFORMATIONAL PAGES
ERROR CHECK LIST**

*****RED CELLS INDICATE POSSIBLE ERROR*****

***** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS *****

**RECONCILIATION OF COST REPORT PAGES TO INTERFACE INPUT:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)**

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 7 TOTAL LEGAL FEES DETAIL	26,061		NOT APPLICABLE	
PG 15, LINE 1e LEGAL FEES PER COST REPORT	26,061		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
PG 7 TOTAL ACCOUNTING FEES DETAIL	16,700		NOT APPLICABLE	
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	16,700		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
PG 11 OWNER'S SALARY PER COST REPORT	-			
PG 10 OWNER'S SALARY PER COST REPORT	-			
DIFFERENCE				
PG 12 ADMINISTRATOR'S SALARY PER C/RPT	119,645		119,645	
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	119,645		119,645	
DIFFERENCE				
PG 12 ASST ADMIN'S SALARY PER COST REPORT	-			
PG 10 ASST ADMIN'S SALARY PER COST REPORT	-			
DIFFERENCE				
PT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	32,346		NOT APPLICABLE	
HORIZONTAL TOTALS	32,346		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	3,394		NOT APPLICABLE	
HORIZONTAL TOTALS	3,394		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	24,718		NOT APPLICABLE	
HORIZONTAL TOTALS	24,718		NOT APPLICABLE	
DIFFERENCE			NOT APPLICABLE	
NO. OF CERTIFIED BEDS RECONCILIATION:				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8)	127		127	
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	127		127	
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	127		127	
DIFFERENCE				

COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:

AVERAGE CERTIFIED BEDS	127.00000	127.00000
MAXIMUM PATIENT DAYS	46,355	46,355
ACTUAL PATIENT DAYS	44,604	44,604
PERCENT OCCUPIED(NOT TO EXCEED 100%)	96.2226%	96.2226%

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2017	Page ERROR REPORT
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**DEPRECIATION TIE-IN
ERROR CHECK LIST**

*****RED CELLS INDICATE POSSIBLE ERROR*****

***** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS *****

**RECONCILIATION OF COST REPORT BALANCE SHEET TO DEPRECIATION PAGES:
(BOOK VALUE NUMBERS FROM EACH COLUMN BELOW MUST EQUAL)**

FIXED ASSET CATEGORY	BOOK VALUE PG 23 OR 24	BOOK VALUE PG 31 OR 32	Difference
LAND IMPROVEMENTS	10,175	10,175	-
BUILDING AND BUILDING IMPROVEMENTS	252,188	252,188	-
LEASEHOLD IMPROVEMENTS	78,393	78,393	-
NON-MOVEABLE EQUIPMENT	55,767	55,767	-
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	243,821	218,472	
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	3,188,703	N/A **	

FIXED ASSET CATEGORY	EXPENSE PG 23 OR 24	EXPENSE PG 22	Difference
LAND IMPROVEMENTS	4,402	4,402	-
BUILDING AND BUILDING IMPROVEMENTS	43,726	43,726	-
NON-MOVEABLE EQUIPMENT	25,314	25,314	-
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	68,007	68,007	-
LEASED MOVEABLE EQUIPMENT	-	N/A *	
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	-	-	-
LEASEHOLD IMPROVES	7,509	7,509	-
OTHER AMORTIZATION	-	-	-

* NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGE 22.

**NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGES 31 OR 32.

FIXED ASSET CATEGORY		PG 23a/24a	PG 23/24	Difference
COMPARE DETAIL ADDITIONS TO PAGES 23 & 24				
LAND IMPROVEMENTS	ADDITIONS	-	-	-
	DEPREC	-	-	-
BUILDING IMPROVEMENTS	ADDITIONS	-	-	-
	DEPREC	-	-	-
NON-MOVEABLE EQUIPMENT	ADDITIONS	-	-	-
	DEPREC	-	-	-
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES	ADDITIONS	71,263	71,263	-
	DEPREC	5,940	5,940	
LEASEHOLD IMPROVES	ADDITIONS	31,101	31,101	-
	DEPREC	1,773	1,773	