

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	
Address (No. & Street, City, State, Zip Code) 4 Hazel Ave., Naugatuck, CT 06770	
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 2371	RHNS	(Specify)	Medicare Provider 07-5240
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Medicaid Provider Numbers:	CCNH 000010975	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)	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale cent	2371	9/30/2017	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center [facility name], for the cost report period beginning October 1, 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 the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
					11/6/2017
Printed Name (Administrator) Heather Rodriguez			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Gretchen A. Jeannette	PA	11-6-17	Gretchen A. Jeannette	09/23/21	
Address of Notary Public 101 E. State Street Kennett Square, PA 19348					

(Notary Seal)

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Gretchen A. Jeannette, Notary Public
 Kennett Square Boro, Chester County
 My Commission Expires Sept. 23, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 4 Hazel Ave., Naugatuck, CT 06770				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029	Date 12/20/2017		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 283,895	283,895		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 3,824,813	3,824,813		
5. All other wages paid	\$ 565,634	565,634		
6. Total Wages Paid	\$ 4,674,342	4,674,342		
7. Total salaries paid	\$ 265,057	265,057		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 4,939,399	4,939,399		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-723-1456		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		Address (No. & Street, City, State, Zip) 4 Hazel Ave., Naugatuck, CT 06770		
License Numbers:	CCNH 2371	RHNS (Specify)	Medicare Provider No. 07-5240	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Heather Rodriguez		Nursing Home Administrator's License No.:	1691	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371	Report for Year Ended 9/30/2017	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		
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	101 East State Street, Kennett Square, PA 19348	PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
See Attached				

**General Information and Questionnaire
Related Parties***

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371	Report for Year Ended 9/30/2017	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	523,027	523,027
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	1,253,312	1,253,312
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Staffing Pool	Pg 10/A12	9,299	9,299
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	83%	Medical Director /NP	Pg 13/B8, Pg 10/A12	42,283	42,283
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	60%	Outside Agency	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"/>	44%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	72,729	72,729
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	198,001	198,001
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	40,999	40,999
		<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 4 Hazel Avenue Operations LLC, d/b/a/ Glendal	License No. 2371	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> 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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> 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 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			License No. 2371	Report for Year Ended 9/30/2017			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
							Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility 4 Hazel Avenue Operations LLC, d	License No. 2371	Report for Year Ended 9/30/2017	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 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 - Court of Probate 2 Bloom & Witkin 3 4 5	Telephone Number 203-720-7046 617-456-0500
--	--

Address (<i>No. & Street, City, State, Zip Code</i>) 1 229 Church St Naugatuck, CT 06770 2 470 Atlantic Ave-3rd Fl Boston, MA 02210 3 4 5
--

Services Provided by This Firm (*describe fully*)

1 Probate Court Fee for Conservatorship	\$	310
2 Reduction in R.E tax assessment	\$	4,085
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	4,395

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

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Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		2371			9/30/2017				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	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	99	99			99	99			96	96			
B. As of midnight of THIS report period	102	102			96	96			102	102			
3. Total Number of Days Care Provided During Period													
A. Medicare	9,062	9,062			7,175	7,175			1,887	1,887			
B. Medicaid (Conn.)	23,034	23,034			17,176	17,176			5,858	5,858			
C. Medicaid (other states)													
D. Private Pay	1,518	1,518			1,002	1,002			516	516			
E. State SSI for RCH													
F. Other (Specify)	4,394	4,394			3,475	3,475			919	919			
G. Total Care Days During Period (3A thru F)	38,008	38,008			28,828	28,828			9,180	9,180			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	19	19			19	19							
B. Other Bed Reserve Days	27	27			18	18			9	9			
5. Total Resident Days (3G + 4A + 4B)	38,054	38,054			28,865	28,865			9,189	9,189			

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glenc			License No. 2371			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID			
No. of Residents	17		70			15							
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	545.72		207.98			469.07							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,719	2,719			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									753	753			
C. Other									27,191	27,191			
D. Total Physical Therapy Treatments									30,663	30,663			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									625	625			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									31	31			
C. Other									2,798	2,798			
D. Total Speech Therapy Treatments									3,454	3,454			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,472	2,472			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									695	695			
C. Other									28,085	28,085			
D. Total Occupational Therapy Treatments									31,252	31,252			

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CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center	License No. 2371	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	115,992	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	189,529	9,177				
5. Dietary Service						
a. Head Dietitian	20,107	670				
b. Food Service Supervisor	34,704	1,286				
c. Dietary Workers	229,085	15,736				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	69,262	2,195				
b. Other Maintenance Workers	26,606	1,695				
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	149,065	2,425				
b. RN						
1. Direct Care	1,340,381	37,808				
2. Administrative**	214,622	5,727				
c. LPN						
1. Direct Care	664,619	21,651				
2. Administrative**						
d. Aides and Attendants	1,495,031	88,157				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	113,042	5,491				
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	167,195	6,969				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	110,160	5,033				
A-13. Total Salary Expenditures	4,939,399	206,106				

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

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

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center				2371	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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	
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center				2371	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***										
Heather Rodriguez	115,992				Management of Center	2,086	2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
4 Hazel Avenue Operations LLC, d/b/a/ Glendale ce	2371	9/30/2017	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						
2. Dentist	2,807	19				
3. Pharmacist	9,523	194				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,115,470	15,280				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	52,406	277				
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	54,693	701				
b. Other						
10. Occupational Therapist						
a. Resident Care	88,267	1,209				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	113	3				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	55,980					
B-13 Total Fees Paid in Lieu of Salaries	1,379,258	17,684				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		License No. 2371		Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
		<input checked="" type="radio"/>	<input type="radio"/>			
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale	2371	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 213,526	213,526		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 68,756	68,756		
4. Social Security (F.I.C.A.)	\$ 361,688	361,688		
5. Health Insurance	\$ 410,764	410,764		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
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*	\$ 164,710	164,710		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,395	4,395		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 39,843	39,843		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 34,652	34,652		
2. Cellular Phones	\$ 844	844		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 612	612		
3. Resident Day User Fee	\$ 543,149	543,149		
Subtotal	\$ 1,842,939	1,842,939		

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

(Carry Subtotals forward to next page)

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

4 Hazel Avenue Operations LLC, d/b/a/ Glendale center
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

Description			CCNH	RHNS	(Specify)
1020640110	Sales Tax		\$ 331	\$ -	\$ -
1020640110	Sales Tax		\$ 281	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -
	0	0	\$ -	\$ -	\$ -
		0	\$ -	\$ -	\$ -
Total			\$ 612	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale cen	2371	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	1,842,939	1,842,939			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 3,126	3,126			
5. Education Expenses Related to Seminars and Conventions	\$ 275	275			
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	\$ 11,965	11,965			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,623	1,623			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,585	10,585			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 616	616			
9. Subscriptions	\$ 217	217			
10. Contributions*** See Attached Schedule	\$ 1,525	1,525			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 4,126	4,126			
12. Administrative Management Services**	\$ 523,305	523,305			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 33,069	33,069			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 2,433,369	2,433,369			

* 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 C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
4 Hazel Avenue Operations LLC, d/b/a/ G	2371	9/30/2017	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	523,027	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	40,999	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) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility		License No.	Report for Year Ended		Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center		2371	9/30/2017		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	4,858	4,858		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	1,766	1,766		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	138,384	138,384		
c. Management Services**		\$				
d. Other (<i>Specify</i>)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	145,008	145,008		
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
4 Hazel Avenue Operations LLC, d/b/a/ Glenda		2371	9/30/2017		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. \$	14,331	14,331			
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. \$	207,789	207,789			
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 222,120	222,120			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from	\$	482,983	482,983			
b. Medicine Cabinet Drugs	\$	32,331	32,331			
c. Medical and Therapeutic Supplies	\$	112,561	112,561			
d. Ambulance/Limousine****	\$	13,290	13,290			
e. Oxygen						
1. For Emergency Use	\$					
2. Other****	\$	16,192	16,192			
f. X-rays and Related Radiological Procedures****	\$	36,022	36,022			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory****	\$	67,623	67,623			
i. Recreation	\$	35,203	35,203			
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	105,049	105,049			
5K. Total Resident Care Expenditures (5a - 5j)		\$ 901,253	901,253			

* 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)
3060610160	Incontinency	\$ 46,984	0	0
3060610161	Incontinency - Rebate	\$ (6,989)	0	0
3080630030	Advertising-Help War	\$ 204	0	0
3080630030	Advertising-Help War	\$ 280	0	0
3080630030	Advertising-Help War	\$ 474	0	0
3080630080	Books, Dues & Subsc	\$ 344	0	0
3080630140	Education Expense	\$ 1,265	0	0
3080630140	Education Expense	\$ 676	0	0
3015630530	Supplies	\$ 30	0	0
3120630530	Supplies	\$ 3,376	0	0
3155630530	Supplies	\$ 14,701	0	0
3155630530	Supplies	\$ 7,483	0	0
3090630535	Office Supplies	\$ 321	0	0
3080630550	T&E-Lodging/Transp	\$ 178	0	0
3120660080	Rental Expense	\$ 1,511	0	0
3155660080	Rental Expense	\$ 72	0	0
3155660080	Rental Expense	\$ 17,572	0	0
3010610300	Consolidated Billing	\$ 16,570	0	0
	0	\$ -	0	0
	0	\$ -	0	0
	0	\$ -	0	0
	0	\$ -	0	0
	0	\$ -	0	0
Total Other Resident Care		\$ 105,049	\$ -	\$ -

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			License No. 2371		Report for Year Ended 9/30/2017			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	138,384			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	207,789			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	182,486			18	2b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glenc	2371	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 112,123	112,123				
b. Heat	\$ 51,307	51,307				
c. Light & Power	\$ 148,632	148,632				
d. Water	\$ 44,420	44,420				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 356,482	356,482				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 726	726				
b. Building & Building Improvements	\$ 450,537	450,537				
c. Non-Movable Equipment	\$ 5,433	5,433				
d. Movable Equipment	\$ 86,452	86,452				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 543,148	543,148				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,996,406	1,996,406				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 213,169	213,169				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,752,723	2,752,723				

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

Depreciation Schedule

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			License No. 2371		Report for Year Ended 9/30/2017			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			
A. Land Improvements													
1. Acquired prior to this report period			7,756		7,756	1,706	S/L	Various	467				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			15,500		15,500				258				
A-4. Subtotal										725			
B. Building and Building Improvements													
1. Acquired prior to this report period			13,361,168		13,361,168	2,079,791	S/L	Various	449,942				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			43,840		43,840				595				
B-4. Subtotal										450,537			
C. Non-Movable Equipment													
1. Acquired prior to this report period			49,997		49,997	26,380	S/L	Various	5,306				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			1,520		1,520				127				
C-4. Subtotal										5,433			
		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.									S/L				
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						776,505		776,505	468,503	S/L	Various	86,452	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
D-3. Subtotal													86,452
E. Total Depreciation													543,147

4 Hazel Avenue Operations LLC, d/b/a/ Glendale center
 9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/31/2017	Pavilion 16'x24'	15500	10	258
Total additions for Land Improvement:		15500		258 *
Deletions:				
Total deletions for Land Improvement:		\$ -		\$ - **

- - -

- - -

*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:				
6/30/2017	Architectural Services	45,864.50	20.00	573.31
9/30/2017	Jeron Provider 680+ Nurse Call System	500.00	20.00	-
11/30/2016	Permiy drawings for pavillion	515.00	20.00	21.46
10/1/2017	Reserved the Sep 16 Accruals	(3,040.00)		-
Total additions for Building Improvement:		\$ 43,840		\$ 595 *
Deletions:				

- - -

Total deletions for Building Improvement:	\$ -		\$ -	**
--	------	--	------	----

*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:					
11/30/2016	Compressor RTU #4 1st install	1,520.00	10.00	126.67	
Total additions for Non-Movable Equipmen		\$ 1,520		\$ 127	*
Deletions:					
Total deletions for Non-Movable Equipmen		\$ -		\$ -	**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
Total additions for Movable Equipmen		\$ -		\$ -	*
Deletions:					

Total deletions for Movable Equipmen		\$ -		\$ -

** - - -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

* - - -

** - - -

*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
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			2371		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.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a	License No. 2371	Report for Year Ended 9/30/2017	Page 25	of 37	
11. Property Questionnaire					
Part A					
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 NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		120			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	
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 _____					
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
Well Tower /Healthcare REIT, Inc		Building and Equipment	04/01/11	20	1,996,406
Address: One Seagate Suite 1500					
Toledo, OH 43603-1475					

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility		License No.	Report for Year Ended			Page	of
4 Hazel Avenue Operations LLC, d/b/		2371	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 40,999	40,999				
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)		\$ 40,999	40,999				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/	2371	9/30/2017	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	40,999	40,999		
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	40,999	40,999	
14. Insurance				
a. Insurance on Property (buildings only)	\$	3,932	3,932	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	194,069	194,069	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	198,001	198,001	
15. Total All Expenditures (A-13 thru C-14)	\$	13,737,451	13,737,451	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			2371	9/30/2017	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 21,551	21,551		
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,311,023	1,311,023		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 164,710	164,710		
10.			Accounting & Legal	\$ (32,007)	(32,007)		
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 *	\$ 11,965	11,965		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,525	1,525		
21.			Unallowable Management Fees	\$ 564,304	564,304		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ (19,170)	(19,170)		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,023,901	2,023,901		

* 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	\$ 21,551	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
Total Other Salaries Adjustment				\$ 21,551	\$ - \$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	\$ 93,931	0 0
13	5	Rehabilitation Services	3195620020	\$ 1,021,539	0 0
13	9	Speech Therapist	3170620020	\$ 54,693	0 0
13	10	Occupational Therapist	3105620020	\$ 88,267	0 0
13	12	Other	3010620020	\$ -	0 0
13	12	Other	3015620020	\$ 21,001	0 0
13	12	Respiratory Purchased Servies	3155620020	\$ 31,592	0 0
					0 0
					0 0
					0 0
					0 0
					0 0
Total Other Fees Adjustments				\$ 1,311,023	\$ - \$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120	\$ 9,280	0 0
16	m-8a	Dues	Chamber of Commerce	\$ 616	0 0
16	m-13	Estimated Accrual	1020660990	\$ 2,942	0 0
16	m-13	Non-recurring Charges	7010800030	\$ -	0 0
16	m-13	Fines and Penalty	1020640080	\$ -	0 0
15	1-a-1	adj workers comp	0	\$ (32,007)	0 0
0	0	0	0	\$ -	0 0
0	0	0	0	\$ -	0 0
0	0	0	0	\$ -	0 0
Total Other A&G Adjustments				\$ (19,170)	\$ - \$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
4 Hazel Avenue Operations LLC, d/b/a/ Glendale center			2371	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,023,901	2,023,901		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 482,983	482,983		
28.	20	5-d	Ambulance/Limousine	\$ 13,290	13,290		
29.	20	5-f	X-rays, etc	\$ 36,022	36,022		
30.	20	5-h	Laboratory	\$ 67,623	67,623		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 16,192	16,192		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 77,198	77,198		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 110,566	110,566		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 2,827,775	2,827,775		

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

4 Hazel Avenue Operations LLC, d/b/a/ Glendale center
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 16,569.95	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 22,183.50	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 17,643.65	\$ -	\$ -
20	5-i	Cable TV	\$ 20,801.20	\$ -	allow \$3600
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 77,198	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	110,566	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Other Adjustments			\$ 110,566	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
4 Hazel Avenue Operations LLC, d/b/a/	C 2371	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 10,041,363	10,041,363				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,334,495)	(5,334,495)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,748,646	4,748,646				
b. Medicare Room and Board Contractual Allowance **	\$ (1,656,631)	(1,656,631)				
4. a. Private-Pay Residents and Other	\$ 3,146,133	3,146,133				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,150,167)	(1,150,167)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 336,324	336,324				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (117,331)	(117,331)				
c. Prescription Drugs - Non-Medicare	\$ 177,522	177,522				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (67,071)	(67,071)				
2. a. Medical Supplies - Medicare	\$ 1,895	1,895				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (661)	(661)				
c. Medical Supplies - Non-Medicare	\$ 247	247				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (120)	(120)				
3. a. Physical Therapy - Medicare	\$ 1,164,463	1,164,463				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (406,239)	(406,239)				
c. Physical Therapy - Non-Medicare	\$ 437,539	437,539				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (166,425)	(166,425)				
4. a. Speech Therapy - Medicare	\$ 291,810	291,810				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (101,802)	(101,802)				
c. Speech Therapy - Non-Medicare	\$ 81,139	81,139				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (30,325)	(30,325)				
5. a. Occupational Therapy - Medicare	\$ 1,243,882	1,243,882				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (433,946)	(433,946)				
c. Occupational Therapy - Non-Medicare	\$ 509,421	509,421				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (192,770)	(192,770)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 73,149	73,149				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 31,203	31,203				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,626,753	12,626,753				
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>)	\$ 401	401				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 23,515	23,515				
8. Other (<i>Specify</i>)	\$ 1,442	1,442				
V. Total Other Revenue (1 thru 8)	\$ 25,358	25,358				
VI. Total All Revenue (III +V)	\$ 12,652,111	12,652,111				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	29,681.37	-	-
II-6-a	Medicare Part A	Laboratory	49,265.62	-	-
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	26,759.32	-	-
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	-
II-6-a	Medicare Part A	Audiology	-	-	-
II-6-a	Medicare Part A	Incontinency	-	-	-
II-6-a	Medicare Part A	Oxygen & Supplies	-	-	-
II-6-a	Medicare Part A	Physician Visit	-	-	-
II-6-a	Medicare Part A	Ambulance	-	-	-
II-6-a	Medicare Part A	Flu Shot	6,635.00	-	-
II-6-a	Contractuals-Medicare	X-Ray	(10,354.76)	-	-
II-6-a	Contractuals-Medicare	Laboratory	(17,187.00)	-	-
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	(9,335.36)	-	-
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	-	-
II-6-a	Contractuals-Medicare	Audiology	-	-	-
II-6-a	Contractuals-Medicare	Incontinency	-	-	-
II-6-a	Contractuals-Medicare	Oxygen & Supplies	-	-	-
II-6-a	Contractuals-Medicare	Physician Visit	-	-	-
II-6-a	Contractuals-Medicare	Ambulance	-	-	-
II-6-a	Contractuals-Medicare	Flu Shot	(2,314.71)	-	-
0	0	0	-	-	-
Total Other Resident Revenue - Medicare			\$ 73,149	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	-	-	-
II-6-b	Medicaid	Laboratory	76.24	-	-
II-6-b	Medicaid	Respiratory Therapy & Supplie	4,748.15	-	-
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	-	-	-
II-6-b	Contractuals-Medicaid	Laboratory	(40.50)	-	-
II-6-b	Contractuals-Medicaid	Respiratory Therapy & Supplie	(2,522.46)	-	-
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	Non-Medicaid	X-Ray	12,496.92	-	-
II-6-b	Non-Medicaid	Laboratory	16,237.53	-	-
II-6-b	Non-Medicaid	Respiratory Therapy & Supplie	16,241.10	-	-
II-6-b	Non-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Non-Medicaid	Audiology	-	-	-
II-6-b	Non-Medicaid	Incontinency	-	-	-
II-6-b	Non-Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Non-Medicaid	Physician Visit	-	-	-
II-6-b	Non-Medicaid	Ambulance	-	-	-
II-6-b	Non-Medicaid	Flu Shot	643.00	-	-
II-6-b	Contractuals-Non-Medicaid	X-Ray	(4,568.64)	-	-
II-6-b	Contractuals-Non-Medicaid	Laboratory	(5,936.14)	-	-
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(5,937.44)	-	-
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	(235.07)	-	-
0	0	0	-	-	-
0	0	0	-	-	-
Total Other Resident Revenue			\$ 31,203	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Account	Other Non-Operating	400.69	-	-
IV-5	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
Total Interest Income			\$ 401	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)	
IV-8	Medical Record	0	1,228.26	-	
IV-8	Donation	0	100.00	-	
IV-8	T&E-Mileage/Parking/Tolls	0	113.65	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
Total Other Revenue			\$ 1,442	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a	2371	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	11,207
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,268,118
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(96,572)
4. Inventories			\$	54,260
5. Prepaid Expenses			\$	57,484
a. Prepaid Expenses				
b. Prepaid Prop Taxes	51,646			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	5,838			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,294,497
B. Fixed Assets				
1. Land			\$	2,780,000
2. Land Improvements	*Historical Cost	23,256		
	Accum. Depreciation	2,432		
	Net		\$	20,823
3. Buildings	*Historical Cost	13,405,007		
	Accum. Depreciation	2,530,328		
	Net		\$	10,874,679
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	51,517		
	Accum. Depreciation	31,814		
	Net		\$	19,703
6. Movable Equipment	*Historical Cost	776,505		
	Accum. Depreciation	554,955		
	Net		\$	221,550
7. Motor Vehicles	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	13,916,756

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a	2371	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	15,211,254
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<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>)			\$	1,041,935
	I/C Due to/Due From GHV	1,041,935		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,041,935
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	16,253,189

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

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/ Glend		2371	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	498,643
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>)				\$	136,178
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	40
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>)				\$	233,838
Accrued Provider/Bed Tax		139,804	Deferred Revenue	2,113	
Accr Exp Water and Sewer		1,988	A/R Credit Gross Up Lia	82,666	
Accr Exp Gas and Electricity		5,699	Accr Exp Other	3,974	
Accr Sales and Use Tax - FY17		64	Accr Exp Suspense	(2,470)	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	868,699

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/ Glen		License No. 2371	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				868,699	
Liabilities (cont'd)					
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>)				\$ 19,334,989	
		19,334,989			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 19,334,989	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 20,203,688	


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

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a	2371	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<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. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(12,129)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,853,029)
6. Gain or Loss for Period			\$	(1,085,341)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	(3,950,499)
C. Total Reserves and Net Worth			\$	(3,950,499)
D. Total Liabilities, Reserves, and Net Worth			\$	16,253,189

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
4 Hazel Avenue Operations LLC, d/b/a/	2371	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(2,865,158)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,652,111
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,737,452
D. Net Income or Deficit			\$	(1,085,341)
E. Balance			\$	(3,950,499)
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. Balance at End of Period			\$	(3,950,499)

I. Preparer's/Reviewer's Certification

Name of Facility 4 Hazel Avenue Operations LLC, d/b/a/	License No. 2371	Report for Year Ended 9/30/2017	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)		
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 <i>Sr. Director of Reimbursement</i>	Date Signed <i>12/19/2017</i>		
Printed Name of Preparer Thomas Farnan - Director of Reimbursement				
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 978-247-5029		