

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) 1145 Poquonock Road Operations LLC ,d/b/a Groton center	
Address (No. & Street, City, State, Zip Code) 1145 Poquonock Road, Groton, CT 06340	
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 2374	RHNS	(Specify)	Medicare Provider 07-5270
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Medicaid Provider Numbers:	CCNH 000020355	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
1145 Poquonnock Road Operations LLC ,d/b/a Grotor	2374	9/30/2017	1	37

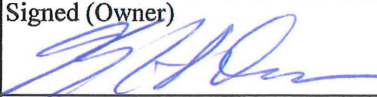
Administrator's/Owner's Certification

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 1145 Poquonnock Road Operations LLC ,d/b/a Grotor 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)			Printed Name (Owner)		
Diane Thomas			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 St. 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 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 1145 Poquonock Road, Groton, CT 06340				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2017	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 396,405	269,555		126,850
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 3,838,239	3,430,677		407,562
5. All other wages paid	\$ 592,391	390,344		202,047
6. Total Wages Paid	\$ 4,827,035	4,090,577		736,458
7. Total salaries paid	\$ 355,250	297,856		57,394
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 5,182,285	4,388,433		793,851

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 860-446-9960		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Address (No. & Street, City, State, Zip) 1145 Poquonnock Road, Groton, CT 06340		
License Numbers:	CCNH 2374	RHNS (Specify)	Medicare Provider No. 07-5270	
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 Diane Thomas		Nursing Home Administrator's License No.:	1616	
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 1145 Poquonnock Road Operations LLC ,d/b/	License No. 2374	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		
1145 Poquonnock Road Operations LLC ,d/b/a Groton 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
Basis for Allocation of Costs

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a C	License No. 2374	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 1145 Poquonnock Road Operations LLC ,d/b/a Groton cent			License No. 2374	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 1145 Poquonnock Road Operations	License No. 2374	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 3 Bloom & Witkin 4 5	Telephone Number 617-456-0500
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Address (<i>No. & Street, City, State, Zip Code</i>) 1 45 Fort Hill Road Groton, CT 06340 2 3 175 Federal Street Boston, MA 02110 4 5
--

Services Provided by This Firm (*describe fully*)

1 Conservatorship & Marshall fees	\$	971
2	\$	
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	971

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Legal Fees pg. 15 1-e

Schedule of Resident Statistics

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center				License No. 2374		Report for Year Ended 9/30/2017				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	243	162		81	243	162		81	243	162		81
B. On last day of THIS report period	243	162		81	243	162		81	243	162		81
2. Number of Residents												
A. As of midnight of PREVIOUS report period	167	120		47	167	120		47	166	111		55
B. As of midnight of THIS report period	176	115		61	166	111		55	176	115		61
3. Total Number of Days Care Provided During Period												
A. Medicare	3,442	3,442			2,742	2,742			700	700		
B. Medicaid (Conn.)	35,730	35,730			27,207	27,207			8,523	8,523		
C. Medicaid (other states)												
D. Private Pay	6,603	2,618		3,985	4,795	1,969		2,826	1,808	649		1,159
E. State SSI for RCH	15,566			15,566	11,547			11,547	4,019			4,019
F. Other (Specify)	1,183	1,183			934	934			249	249		
G. Total Care Days During Period (3A thru F)	62,524	42,973		19,551	47,225	32,852		14,373	15,299	10,121		5,178
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	516	9		507	459	9		450	57			57
B. Other Bed Reserve Days	152			152	82			82	70			70
5. Total Resident Days (3G + 4A + 4B)	63,192	42,982		20,210	47,766	32,861		14,905	15,426	10,121		5,305

Schedule of Resident Statistics (Cont'd)

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/			License No. 2374			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	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents	5		97		13			61					
Per Diem Rate													
a. One bed rm.							122.00						
b. Two bed rms.	497.62		209.71		328.87		115.00	94.00					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
B. Medicaid (Exclusive of Part B)									2,755	2,755			
1. Maintenance Treatments													
2. Restorative Treatments									596	596			
C. Other									10,988	10,988			
D. Total Physical Therapy Treatments									14,339	14,339			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									242	242			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									6	6			
C. Other									786	786			
D. Total Speech Therapy Treatments									1,034	1,034			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,046	2,046			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									477	477			
C. Other									9,845	9,845			
D. Total Occupational Therapy Treatments									12,368	12,368			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center	License No. 2374	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)	82,001	1,418			38,589	668
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	39,960	1,272			18,805	599
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	142,119	6,364			66,879	2,995
5. Dietary Service						
a. Head Dietitian	8,935	230			4,204	108
b. Food Service Supervisor	14,617	456			6,879	214
c. Dietary Workers	246,004	15,415			115,766	7,254
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	29,608	1,044			23,264	820
b. Other Maintenance Workers	28,638	1,686			22,502	1,324
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	175,895	3,926				
b. RN						
1. Direct Care	829,568	22,513				
2. Administrative**	125,645	3,355				
c. LPN						
1. Direct Care	879,298	29,841				
2. Administrative**						
d. Aides and Attendants	1,529,546	90,733			376,212	22,165
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	89,259	4,829			42,004	2,273
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	100,720	3,634			47,398	1,710
n. Marketing						
o. Other (Specify) See Attached Schedule	66,620	3,504			31,350	1,649
<i>A-13. Total Salary Expenditures</i>	4,388,433	190,220			793,852	41,778

* 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
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	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	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	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***										
Diane Thomas	82,001		38,589		Management of Center	2,086	2			
Section IV - Assistant Administrators										
Terelak, Monique Arents	39,960		18,805		Management of Center	1,871	3			

*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		
1145 Poquonnock Road Operations LLC ,d/b/a Grot	2374	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	15,375	105				
3. Pharmacist	12,191	249				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	476,104	6,522				
b. Other						
6. Social Worker	332					
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	126,335	668				
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	24,816	318				
b. Other						
10. Occupational Therapist						
a. Resident Care	84,664	1,160				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	3,311	136				
d. Other						
12. Other (Specify) See Attached Schedule	40,816					
B-13 Total Fees Paid in Lieu of Salaries	783,944	9,158				

* 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
1145 Poquonnock Road Operations LLC ,d/b/a Groton c		2374	9/30/2017	14	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"/>		
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		<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
1145 Poquonnock Road Operations LLC ,d/b/a G	2374	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 248,449	211,182			37,267
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 69,266	58,876			10,390
4. Social Security (F.I.C.A.)	\$ 379,916	322,929			56,987
5. Health Insurance	\$ 486,912	413,875			73,037
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*	\$ 26,972	18,341			8,631
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 971	660			311
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 26,921	18,306			8,615
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 37,635	25,592			12,043
2. Cellular Phones	\$ 428	291			137
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	\$ 333	226			107
3. Resident Day User Fee	\$ 814,020	814,020			
Subtotal	\$ 2,091,823	1,884,298			207,525

* 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	
1145 Poquonnock Road Operations LLC ,d/b/a Groto	2374	9/30/2017	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,091,823	1,884,298		207,525
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	494	336		158
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,828	1,923		905
5. Education Expenses Related to Seminars and Conventions	\$	663	451		212
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	\$	12,091	8,222		3,869
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	3,728	2,535		1,193
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	14,641	9,956		4,685
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	254	173		81
10. Contributions*** See Attached Schedule	\$	2,039	2,039		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	5,465	3,716		1,749
12. Administrative Management Services**	\$	553,316	376,255		177,061
13. Other (<i>Specify</i>) See Attached Schedule	\$	55,935	38,036		17,899
C-14 Total Administrative & General Expenditures		\$ 2,743,277	2,327,940		415,337

* 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
1145 Poquonnock Road Operations LLC	2374	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	675,963	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	47,457	Capital Interest	pg 26 12-A-1

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

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton		2374	9/30/2017		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 281,662	191,530		90,132	
2.	Non-Food Supplies	\$ 41,191	28,010		13,181	
3.	Other (Specify) _____	\$ (2,746)	(1,867)		(879)	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 280,281	190,591		89,690	
c. Management Services**						
		\$				
d. Other (Specify) _____						
		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 600,388	408,264		192,124	
2F. Dietary Questionnaire						
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility		License No.	Report for Year Ended		Page of
1145 Poquonnock Road Operations LLC ,d/b/a Groton c		2374	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. \$	7,991	5,434	2,557
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. \$	13,911	9,459	4,452
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	245,202	166,737	78,465
c. Management Services**		\$			
d. Other (<i>Specify</i>)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	267,104	181,630	85,474
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
1145 Poquonnock Road Operations LLC ,d/b/a		2374	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. \$	24,172	13,536		10,636
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. \$	367,462	205,779		161,683
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	391,634	219,315		172,319
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	193,674	193,674		
b.	Medicine Cabinet Drugs	\$	33,804	33,804		
c.	Medical and Therapeutic Supplies	\$	121,168	121,168		
d.	Ambulance/Limousine****	\$	7,914	7,914		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	24,176	24,176		
f.	X-rays and Related Radiological Procedures****	\$	10,540	10,540		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	27,181	27,181		
i.	Recreation	\$	50,910	28,510		22,400
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	85,762	48,027		37,735
5K.	Total Resident Care Expenditures (5a - 5j)	\$	555,129	494,994		60,135

* 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	33,116.93	-	26,020.45
3060610161	Incontinency - Rebate	(4,814.14)	-	(3,782.54)
3080630030	Advertising-Help War	114.09	-	89.64
3080630030	Advertising-Help War	422.13	-	331.68
3080630140	Education Expense	11.84	-	9.31
3080630140	Education Expense	378.49	-	297.39
3120630530	Supplies	432.50	-	339.82
3155630530	Supplies	5,317.54	-	4,178.06
3155630530	Supplies	2,406.84	-	1,891.08
3170630530	Supplies	486.37	-	382.14
3120660080	Rental Expense	587.83	-	461.86
3155660080	Rental Expense	185.01	-	145.36
3155660080	Rental Expense	9,301.60	-	7,308.40
3010610300	Consolidated Billing	136.52	-	107.27
3010610300	Consolidated Billing	(57.02)	-	(44.80)
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
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0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
Total Other Resident Care		\$ 48,027	\$ -	\$ 37,735
		0	0	0

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center			License No. 2374		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	166,738		78,465	19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	205,779		161,683	20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	187,501		88,236	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
1145 Poquonnock Road Operations LLC ,d/b/	2374	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 236,263	132,307				103,956
b. Heat	\$ 45,072	25,240				19,832
c. Light & Power	\$ 265,080	148,445				116,635
d. Water	\$ 74,617	41,786				32,831
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)	\$ 621,032	347,778				273,254
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 209	117				92
b. Building & Building Improvements	\$ 917,862	514,003				403,859
c. Non-Movable Equipment	\$ 27,278	15,276				12,002
d. Movable Equipment	\$ 101,605	56,899				44,706
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,046,954	586,295				460,659
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	\$ 2,744,023	1,536,653				1,207,370
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 247,620	138,667				108,953
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 4,038,597	2,261,615				1,776,982

* 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 1145 Poquonnock Road Operations LLC ,d/b/a Groton center			License No. 2374		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			4,185		4,185	942	S/L	Various	209			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal										209		
B. Building and Building Improvements												
1. Acquired prior to this report period			16,676,546		16,676,546	4,225,119	S/L	Various	913,780			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			147,348		147,348				4,082			
B-4. Subtotal										917,862		
C. Non-Movable Equipment												
1. Acquired prior to this report period			237,460		237,460	125,600	S/L	Various	27,278			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal										27,278		
	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					932,092		932,092	468,024	S/L	Various	96,194	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					47,040		47,040				5,411	
D-3. Subtotal												101,605
E. Total Depreciation												1,046,954

1145 Poquonnock Road Operations LLC ,d/b/a Groton center
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement:		0		0 *
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:				
3/31/2017	Carpet vinyl flooring cove base and la	22,194.47	10.00	1,109.72
3/31/2017	Mannington vinyl plank flooring	18,759.87	10.00	937.99
5/31/2017	Property Management Time Allocatio	15,304.89	20.00	255.08
6/30/2017		12,001.94	20.00	150.02
7/31/2017	GMA Crew Labor-July 2017	11,401.05	20.00	95.01
6/30/2017	Carpet and Mannington Plank	11,097.24	10.00	277.43
6/30/2017	Vinyl Plank for Hallway & Nurse Sta	9,379.94	10.00	234.50
3/31/2017	Demo prep and install flooring	9,113.25	10.00	455.66
6/30/2017	Carpet and VCT	4,556.62	10.00	113.92
3/31/2017	Carpet and labor for installation	4,471.24	10.00	223.56
6/30/2017	Carpet Installation	2,235.63	10.00	55.89
6/30/2017		1,936.78	20.00	24.21
1/31/2017	Stanley Delayed Egress Mag Lock	1,462.06	15.00	64.98
8/31/2017	Blower Motor	952.85	20.00	3.97
6/30/2017	Replacement of Motor & Pully Exhau	912.50	10.00	22.81
7/31/2017	Exhaust Fan and Pully-Final Payment	912.50	10.00	15.21
3/31/2017	Wall fixtures	839.93	10.00	42.00
	Accruals	19,814.76	-	-
Total additions for Building Improvement:		\$ 147,348		\$ 4,082 *
Deletions:				
Total deletions for Building Improvement:		\$ -		\$ - **

*Ties to Page 23, Line B3

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 Equipmen		\$ -		\$ - *
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:				
3/31/2017	25 MATTRESS,GENESIS VISCO	8,080.69	3.00	1,346.78
2/28/2017	25 MATTRESS,GENESIS VISCO S	7,843.31	3.00	1,525.09
4/30/2017	25 MATTRESS,GENESIS VISCO S	7,843.31	3.00	1,089.35
6/30/2017	(25) Genesis Visco Select Mattress	7,843.31	3.00	653.61
1/31/2017	Convection Pellet or Plate Heater	6,397.94	10.00	426.53
7/31/2017	22iW Prodigy Cuber	2,207.80	10.00	36.80
6/30/2017	Vital Signs Monitor & Rolling Stand	2,134.74	7.00	76.24
4/30/2017	Fold-Up Portable Wheelchair Scale	2,101.44	7.00	125.09
3/31/2017	XL2000 BARIATRIC WHEELCHA	940.98	10.00	47.05
9/30/2017	Resident room furniture	594.83	10.00	-
1/31/2017	Amana 3.5CF Top Ld Washr 9Cycl	484.42	7.00	46.14
3/31/2017	40 RCA Hospitality TV	418.08	7.00	29.86
2/28/2017	2 Direct Choice Overbed Table	148.85	10.00	8.68
Total additions for Movable Equipmen		\$ 47,040		\$ 5,411 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

0.30 - -

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374		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 1145 Poquonnock Road Operations LI	License No. 2374	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		243			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
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	2,744,023	
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
1145 Poquonnock Road Operations L		2374	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 47,457	26,576		20,881		
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)		\$ 47,457	26,576		20,881		

(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
1145 Poquonnock Road Operations		2374		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				47,457	26,576		20,881
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)				\$ 47,457	26,576		20,881
14. Insurance							
a. Insurance on Property (buildings only)				\$ 30,830	17,265		13,565
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 276,095	154,613		121,482
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 306,925	171,878		135,047
15. Total All Expenditures (A-13 thru C-14)				\$ 15,537,772	11,612,367		3,925,405

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374	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	\$ 14,641	14,641		
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 614,216	614,216		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 26,972	18,341		8,631
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2	Unallowable Advertising *	\$ 12,091	8,222		3,869
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,039	2,039		
21.			Unallowable Management Fees	\$ 600,773	402,831		197,942
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 36,469	36,469		
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)				\$ 1,307,201	1,096,759		210,442

* 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	14641	0
0	0	Assistant Administrator's salary disall	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 Salaries Adjustment			\$ 14,641	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	105,456.31	0
13	5	Rehabilitation Services	3195620020	359,248.10	0
13	9	Speech Therapist	3170620020	24,815.83	0
13	10	Occupational Therapist	3105620020	84,663.62	0
13	12	Other	3010620020	300.00	0
13	12	Other	3015620020	-	0
13	12	Respiratory Purchased Servies	3155620020	39,732.24	0
					0
					0
					0
					0
					0
					0
Total Other Fees Adjustments			\$ 614,216	\$ -	\$ -
			\$ -		

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310 Chamber of Commerce	0	0	0
16	m-13	1020630120 Collection Fees	6044.93	0	0
16	m-13	1020660990 Estimated Accrual	1962.51	0	0
16	m-13	7010800030 Non-recurring charges	0	0	0
16	m-13	1020640080 Penalty and Fines	17237.95	0	0
16	m-12	0	0	0	0
15	1-a-1	adj workers comp	0	11223.4	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other A&G Adjustments			\$ 36,469	\$ -	\$ -

0

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

Name of Facility			License No.	Report for Year Ended	Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,307,201	1,096,759		210,442
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 193,674	193,674		
28.	20	5-d	Ambulance/Limousine	\$ 7,914	7,914		
29.	20	5-f	X-rays, etc	\$ 10,540	10,540		
30.	20	5-h	Laboratory	\$ 27,181	27,181		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 24,176	24,176		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 71,257	71,257		
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	\$ 255,031	255,031		
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)			\$ 1,896,974	1,686,532		210,442

*** 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.

1145 Poquonnock Road Operations LLC ,d/b/a Groton center
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	141.97	3010610300	0
20	5-j	Respiratory Supplies	13793.52	3155630530	0
20	5-j	Respiratory Rental	16940.37	3155660080	0
20	5-i	Cable TV	40381.51	3005660130	allow \$3600
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 Ancillary Costs			\$ 71,257	\$ -	\$ -
			\$ -		

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
0	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)
Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)-RCH
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 Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14.c1	General liability Insurance Adjust	255030.6432	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 Adjustments			\$ 255,031	\$ -	\$ -
			\$ -		

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		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
1145 Poquonnock Road Operations LLC ,2374		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>)	\$ 11,347,590	9,305,024		2,042,566	
b. Medicaid Room and Board Contractual Allowance **	\$ (3,975,245)	(3,259,701)		(715,544)	
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,322,834	1,322,834			
b. Medicare Room and Board Contractual Allowance **	\$ (122,583)	(122,583)			
4. a. Private-Pay Residents and Other	\$ 3,444,287	2,342,115		1,102,172	
b. Private-Pay Room and Board Contractual Allowance **	\$ (366,191)	(249,010)		(117,181)	
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 122,303	122,303			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (11,333)	(11,333)			
c. Prescription Drugs - Non-Medicare	\$ 89,959	50,377		39,582	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (19,713)	(11,039)		(8,674)	
2. a. Medical Supplies - Medicare	\$ 29	29			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3)	(3)			
c. Medical Supplies - Non-Medicare	\$ 239	134		105	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (75)	(42)		(33)	
3. a. Physical Therapy - Medicare	\$ 571,110	571,110			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (52,923)	(52,923)			
c. Physical Therapy - Non-Medicare	\$ 187,266	104,869		82,397	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (31,343)	(17,552)		(13,791)	
4. a. Speech Therapy - Medicare	\$ 99,453	99,453			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (9,216)	(9,216)			
c. Speech Therapy - Non-Medicare	\$ 28,743	16,096		12,647	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (3,585)	(2,008)		(1,577)	
5. a. Occupational Therapy - Medicare	\$ 502,107	502,107			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (46,529)	(46,529)			
c. Occupational Therapy - Non-Medicare	\$ 190,252	106,541		83,711	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (30,542)	(17,104)		(13,438)	
6. a. Other (<i>Specify</i>) - Medicare	\$ 79,417	44,473		34,943	
b. Other (<i>Specify</i>) - Non-Medicare	\$ 183,492	102,755		80,736	
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,499,799	10,891,178		2,608,622	
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>)	\$ 2,938	2,938			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 1,533	1,533			
V. Total Other Revenue (1 thru 8)	\$ 4,471	4,471			
VI. Total All Revenue (III +V)	\$ 13,504,270	10,895,649		2,608,622	

* 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	X-Ray	4,343.78	-	3,412.97
II-6-a	Medicare	Laboratory	23,356.86	-	18,351.81
II-6-a	Medicare	Respiratory Therapy & Supplie	18,038.91	-	14,173.43
II-6-a	Medicare	Nursing Treatment Supplies	-	-	-
II-6-a	Medicare	Audiology	-	-	-
II-6-a	Medicare	Incontinency	-	-	-
II-6-a	Medicare	Oxygen & Supplies	-	-	-
II-6-a	Medicare	Physician Visit	-	-	-
II-6-a	Medicare	Ambulance	-	-	-
II-6-a	Medicare	Flu Shot	3,276.00	-	2,574.00
II-6-a	Contractuals-Medicare	X-Ray	(402.52)	-	(316.27)
II-6-a	Contractuals-Medicare	Laboratory	(2,164.40)	-	(1,700.60)
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	(1,671.61)	-	(1,313.41)
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	(303.58)	-	(238.52)
0	0	0	-	-	-
Total Other Resident Revenue - Medicare			\$ 44,473	\$ -	\$ 34,943
			\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	218.4	0	171.6
II-6-b	Medicaid	Laboratory	1000.9552	0	786.4648
II-6-b	Medicaid	Respiratory Therapy & Supplie	7928.8496	0	6229.8104
II-6-b	Medicaid	Nursing Treatment Supplies	0	0	0
II-6-b	Medicaid	Audiology	-	0	0
II-6-b	Medicaid	Incontinency	-	0	0
II-6-b	Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Medicaid	Physician Visit	-	0	0
II-6-b	Medicaid	Ambulance	-	0	0
II-6-b	Medicaid	Flu Shot	-	0	0
II-6-b	Contractuals-Medicaid	X-Ray	(76.51)	0	-60.11427022
II-6-b	Contractuals-Medicaid	Laboratory	(350.65)	0	-275.5114074
II-6-b	Contractuals-Medicaid	Respiratory Therapy & Supplie	(2,777.60)	0	-2182.40388
II-6-b	Contractuals-Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Contractuals-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Medicaid	Ambulance	-	0	0
II-6-b	Contractuals-Medicaid	Flu Shot	-	0	0

II-6-b	Private,insurance, other	X-Ray	1,111.65	0	873.4396
II-6-b	Private,insurance, other	Laboratory	4,571.93	0	3592.2304
II-6-b	Private,insurance, other	Respiratory Therapy & Supplie	6,995.15	0	5496.1896
II-6-b	Private,insurance, other	Nursing Treatment Supplies	-	0	0
II-6-b	Private,insurance, other	Audiology	-	0	0
II-6-b	Private,insurance, other	Incontinency	-	0	0
II-6-b	Private,insurance, other	Oxygen & Supplies	-	0	0
II-6-b	Private,insurance, other	Physician Visit	-	0	0
II-6-b	Private,insurance, other	Ambulance	-	0	0
II-6-b	Private,insurance, other	Flu Shot	1,170.64	0	919.7892
II-6-b	Private,insurance, other	Capitation Contracts	94,479.84	0	74234.16
II-6-b	Contractuals-Non-Medicaid	X-Ray	(118.19)	0	-92.8626742
II-6-b	Contractuals-Non-Medicaid	Laboratory	(486.08)	0	-381.9200793
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(743.71)	0	-584.3459172
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	0	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	(124.46)	0	-97.7904881
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(10,044.94)	-	(7,892.45)
	0	0	0	0	0
Total Other Resident Revenue			\$ 102,755	\$ -	\$ 80,736
			\$ -		\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts	Interest	2,938.05	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Interest Income			\$ 2,938	\$ -	\$ -
			\$ -		

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	SALON RENT	0	1,300.00	-
IV-8	Medical Supplies	0	93.93	-
IV-8	Medical Record	0	138.70	-
IV-8	0	0	-	-
IV-8	0	0	-	-
IV-8	0	0	-	-
IV-8	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
Total Other Revenue		\$ 1,533	\$ -	\$ -
		\$ (0)		

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	11,349
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,025,056
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(101,824)
4. Inventories			\$	50,417
5. Prepaid Expenses			\$	137,526
a. Prepaid Expenses	9,595			
b. Prepaid Property Tax	120,372			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	7,559			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,122,524
B. Fixed Assets				
1. Land			\$	1,750,000
2. Land Improvements	*Historical Cost	4,185	\$	3,034
	Accum. Depreciation	1,151		Net
3. Buildings	*Historical Cost	16,823,893	\$	11,680,913
	Accum. Depreciation	5,142,980		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	237,460	\$	84,583
	Accum. Depreciation	152,877		Net
6. Movable Equipment	*Historical Cost	979,132	\$	409,503
	Accum. Depreciation	569,629		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
PPE CIP				

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	13,928,033

* 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
1145 Poquonnock Road Operations LLC	2374	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	15,050,557
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>			\$	(586,551)
O L/T A Suspense				
I/C Due to/Due From Owned			(586,551)	
I/C Due to/Due From Multicare				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(586,551)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	14,464,006

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a		License No. 2374	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	609,010
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>)				\$	129,177
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	194
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>)				\$	309,264
Accr Sales and Use Tax - FY17		116	Accr Exp Suspense	(4,076)	
Accr Exp Water and Sewer		8,871	Deferred Revenue	31,734	
Accr Exp Gas		2,946	A/R Credit Gross Up Lia	66,884	
Accr Exp Electricity		7,177	Accrued Provider/Bed T	195,612	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,047,645

* 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 1145 Poquonnock Road Operations LLC ,d/t		License No. 2374	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,047,645	
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>)				\$ 26,133,593	
LT Debt-Financing Obligation		26,133,593			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 26,133,593	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 27,181,238	

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

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LL	2374	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			\$	(4,490,840)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(6,192,896)
6. Gain or Loss for Period			\$	(2,033,499)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	(12,717,235)
C. Total Reserves and Net Worth			\$	(12,717,235)
D. Total Liabilities, Reserves, and Net Worth			\$	14,464,003

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(10,532,956)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,353,494
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,537,772
D. Net Income or Deficit			\$	(2,184,278)
E. Balance			\$	(12,717,235)
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			\$	(12,717,235)

I. Preparer's/Reviewer's Certification

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	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 Title -Sr. Director of Reimbursement				
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 978-247-5029		